

# NIGERIA REGIONAL REFUGEE RESPONSE PLAN

January - December 2015



Version of 20 April 2015

**Cover photograph:**

*Nigerian refugees arrive in Bagasola, Chad, after disembarking from canoes that had transferred them from islands on Lake Chad. UNHCR/B. de Cazenove*

## Strategic Overview

|                                    |  |
|------------------------------------|--|
| <b>Period</b>                      | January – December 2015  |
| <b>Current Population</b>          | 192,000 persons  |
| <b>Population Planning Figures</b> | 240,000 persons  |
| <b>Target Beneficiaries</b>        | Nigerian refugees, returning Niger nationals displaced by conflict in Nigeria and host communities |
| <b>Financial Requirements</b>      | 174,409,924  |
| <b>Number of Partners</b>          | 23   |

*In response to the massive influxes of refugees fleeing the violence in Nigeria that escalated throughout 2014, UNHCR and partners launched an initial inter-agency appeal, the Nigeria Regional Refugee Response Plan for August to December 2014, to cover the needs of refugees in the neighbouring countries of Cameroon, Chad and Niger.*

*For 2015, with population displacements from Nigeria into neighbouring countries continuing, the 23 partners working to respond to this emergency are appealing for USD 174.4 million through the Nigeria Regional Refugee Response Plan for January to December 2015.*

***Since the launch of the 2015 Regional Refugee Response Plan on 9 April in Dakar, Senegal, this adjusted version is being re-issued for technical reasons. There are no changes to the population planning figures or financial requirements.***

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# REGIONAL REFUGEE RESPONSE DASHBOARD

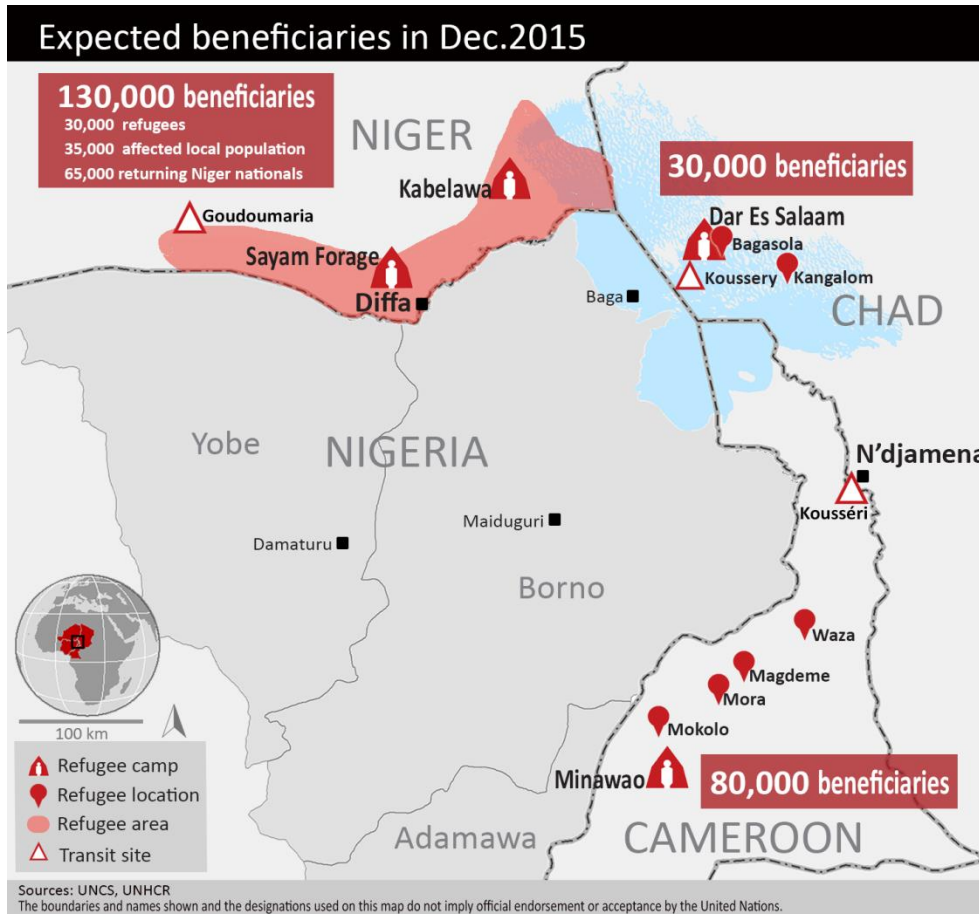
BENEFICIARIES  
Dec 15 Dec 14



**95,939** Beneficiaries in Cameroon, Chad and Niger

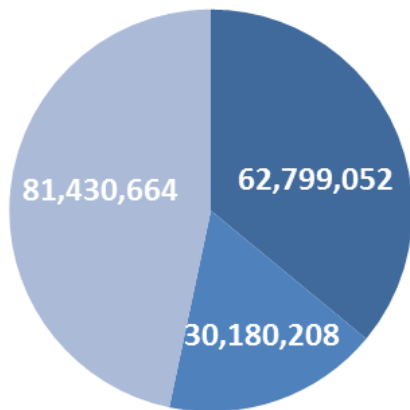


**240,000** Expected beneficiaries



2015 FINANCIAL REQUIREMENTS

**USD 174,409,924**



■ Cameroon ■ Chad ■ Niger

REGIONAL STRATEGY

- Ensure unhindered and continuing access to asylum, freedom of movement and individual refugee documentation
- Maintain the civilian character of asylum
- Assure the legal, physical and social protection of the refugees
- Engage a community-based approach that supports the coping mechanisms of host families

# REGIONAL STRATEGIC OVERVIEW

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## ***Introduction***

Violence in North-East Nigeria continues to escalate; in early 2015 insurgents carried out deadly armed attacks in the states of Bauchi, Gombe, Kano and Taraba resulting in territorial gains. As a result of the violence, more than 192,000 people have fled the country according to government estimates, and are currently seeking safety and protection in neighbouring Cameroon, Chad and Niger. These countries have also been directly affected by the ongoing violence, with cross-border attacks by armed groups leading to internal displacement in both Northern Cameroon and the Diffa Region of Niger. In response, Chad, Cameroon and Niger, members of The Lake Chad Basin Commission, have engaged their armed forces in the fight against insurgency.

The recent peaceful election of General Muhammadu Buhari as President of Nigeria, will also likely impact on the overall security situation in the North in the coming months. General Buhari emphasized his commitment to defeating insurgents on the day he was announced winner of the presidential elections. It is possible that military action to reclaim territory could result in further displacement, or equally that increased security in the North leads to spontaneous return. Nevertheless, insurgent attacks and military counter attacks are expected to continue over the coming months and as a result UNHCR and its partners are preparing for further displacement both within and outside of Nigeria.

This second Nigeria Regional Refugee Response Plan (RRRP) is integral to this preparation and the on-going response; providing a framework for how emergency assistance can be provided to meet the immediate humanitarian needs of populations fleeing violence in Northern Nigeria. Responses to the protection concerns, as well as fulfilling basic needs and providing access to essential services (such as safety, food & non-food assistance, healthcare and education) are central to this plan.

RRRP partners will continue to mobilize support for an inter-agency response to the deteriorating displacement situation in Nigeria and neighbouring countries. UNHCR, together with the governments of the countries of asylum, will continue to implement protection monitoring activities and coordinate emergency assistance in close collaboration with UN agencies, international organizations, non-governmental organizations (NGOs) and other civil society partners.

This RRRP presents an overview of the requirements of all partners identified in the inter-agency response, and calls for both resource mobilization to facilitate a timely and effective response based on the operating principles of collaboration, coordination and complementarity amongst all stakeholders.

## **BENEFICIARY POPULATIONS**

|                         | <b>31 Dec 2014</b> | <b>31 Mar 2015</b> | <b>31 Dec 2015</b> |
|-------------------------|--------------------|--------------------|--------------------|
| <b>Cameroon</b>         | 43,000             | 74,000*            | 80,000             |
| <b>Chad</b>             | 2,939              | 18,131             | 30,000             |
| <b>Niger</b>            | 50,000             | 100,000**          | 130,000            |
| <b>Total Population</b> | <b>95,939</b>      | <b>192,131</b>     | <b>240,000</b>     |

\*Government estimate of refugees.

\*\* Government estimate of refugees and returnees.

## ***Achievements***

In response to the ongoing outflow of people fleeing violence in Nigeria to neighbouring countries, humanitarian response partners including UN agencies, international organizations and local NGOs, in collaboration with the Governments of Cameroon, Chad and Niger, have provided assistance to address the most basic needs of the most vulnerable refugees. This includes the provision of shelter, food assistance, access to health, education, water and sanitation facilities, as well as livelihood support where appropriate.

Protection remains central to the response. UNHCR is committed to ensuring refugee access to territory, safety and asylum. Through registration, protection monitoring and community-based mechanisms, response partners have been able to identify people with specific needs and provide required assistance and support, including to unaccompanied and separated children, survivors of SGBV, female heads of households and the elderly.

In order to minimize tension between refugee and host communities, interventions have been designed to also benefit host communities where possible, including through improvements in capacity and quality of existing infrastructure and services. Details of the achievements to date in each of the refugee hosting countries are provided in the chapters on Cameroon, Chad and Niger.



*Refugee women queue up to receive high protein biscuits in Minawao refugee camp, Cameroon.  
UNHCR / H. Caux*

# REGIONAL RESPONSE STRATEGY

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## ***Humanitarian Needs***

The humanitarian needs outlined in this plan are the most pressing and urgent as identified by the Governments of the refugee-hosting countries, humanitarian and development actors and, most importantly, refugees themselves. Information was collected at the end of 2014 and in early 2015 through participatory assessments, focus group discussions and one-on-one interviews with the men, women, girls and boys affected by the on-going crisis. The results of these assessments highlight the need for urgent, coordinated action to respond to the immediate needs of refugees, returnees and host communities in Cameroon, Chad and Niger. in the sectors of Camp Coordination & Camp Management (CCCM) and Shelter, Nutrition and Food Assistance, Health (including Water, Sanitation and Hygiene) and Non-Food Items.

Discussions with those affected by the conflict highlighted the acute vulnerability of people especially due to the high level of violence to which they have been subjected. The psychological consequences of the context of extreme violence are already starting to show. This is a stark reality on top of the challenges of those with specific needs including: children, female-headed households, the elderly and people living with disabilities who have, to date, not received adequate or adapted assistance. In order to ensure the identification of most vulnerable individuals and families, individual registration and profiling of refugees will be an essential first step in any response.

Child protection issues are of particular concern as serious violations of child rights (including forced recruitment into armed groups, attacks on schools and hospitals, sexual violence) having been committed in Nigeria. This, coupled with the large number of unaccompanied minors resulting from spontaneous displacement, the lack of prevention measures in place and limited response services available for survivors of violations underline the need for urgency to protect refugee children.

Sexual and gender-based violence (SGBV), often hidden due to the stigma attached to these violations must be addressed with appropriate and culturally sensitive referral pathways and response mechanisms. The climate of impunity and a weak justice system hampers the prevention and response to violations against women and children. Only few survivors report violations due to fear of reprisals by perpetrators and/or stigmatization by their own communities, while the lack of recourse to justice also represents another major barrier to reporting. Survivors urgently need assistance in the form of access to health services, security and psychosocial support.

These protection concerns are further compounded by the dry and difficult living conditions and poor access to basic and essential services such as water, health and education, faced by refugees on arrival in the neighbouring countries. As a result, many refugees especially the most vulnerable are victims of the consequences of poor nutrition and the outbreaks of endemic disease in areas with inadequate access to basic water and sanitation services and primary health care facilities.

The arrival in such a large number of Nigerians in border areas of Cameroon, Chad and Niger, along with the on-going cross-border attacks, is also putting already impoverished host communities under extreme pressure; with basic services unable to respond to existing needs, let alone those of refugee populations. As a result, host communities are in dire need of assistance to respond to emergency needs along with the on-going problems of outbreaks of disease, cyclical droughts, chronic food insecurity, malnutrition and natural disasters.



## ***Protection Response Strategy***

The overall protection strategy for the Nigeria situation seeks to ensure unhindered and continuing access to asylum, with a particular emphasis on maintaining an “open door policy”. It also seeks to strengthen cooperation with government authorities so as to facilitate freedom of movement by continuing to work together on verification, registration and documentation of new arrivals. With mixed populations arriving in the three neighbouring countries (refugees, returnees and third country nationals - TCNs), this particular activity will be crucial in determining the population of concern and what type of assistance is required.

There are over 74,000 Nigerian refugees (government estimate) estimated to be in northern Cameroon, some 42,000 of whom have so far been registered by UNHCR and over 33,000 have been relocated from the border to Minawao camp, where multi-sectoral assistance is being provided. Chad is currently hosting 18,131 Nigerian refugees, including a wave of about 15,000 refugees who arrived in January 2015. More than 100,000 people fleeing Nigeria have sought refuge in the Diffa region of south-east Niger. This mixed group includes Nigerian refugees, returning Niger nationals and third country nationals, and have essentially settled among local communities.

In the early stages of the emergency, UNHCR and partners conducted monitoring missions to locations where refugees had settled, often in isolated areas amongst host populations, to assess needs and provide assistance. However, following the increase of new arrivals and the need to ensure their safety, the governments of Chad and Niger requested the establishment of camps, despite the non-camp policy that had been favoured until then. New arrivals have the option to move to settle in new and established refugee camps in Cameroon, Chad and Niger for their protection and to receive a wide range of assistance.

Maintaining the civil character of asylum will be a key activity conducted by local authorities, UNHCR and partners. To this end, border monitoring and protection monitoring activities in camps and host communities will be critical.

Particular attention will be given to child protection activities through the establishment of community-based systems and mechanisms to monitor child rights violations, to respond to individual cases of violence, abuse and exploitation including SGBV, to conduct family tracing and to prevent child and youth recruitment. In addition, the response will address the release and reintegration of children associated with armed groups. Emergency education and access to education will be of crucial importance to ensure a safe environment for children and youth.

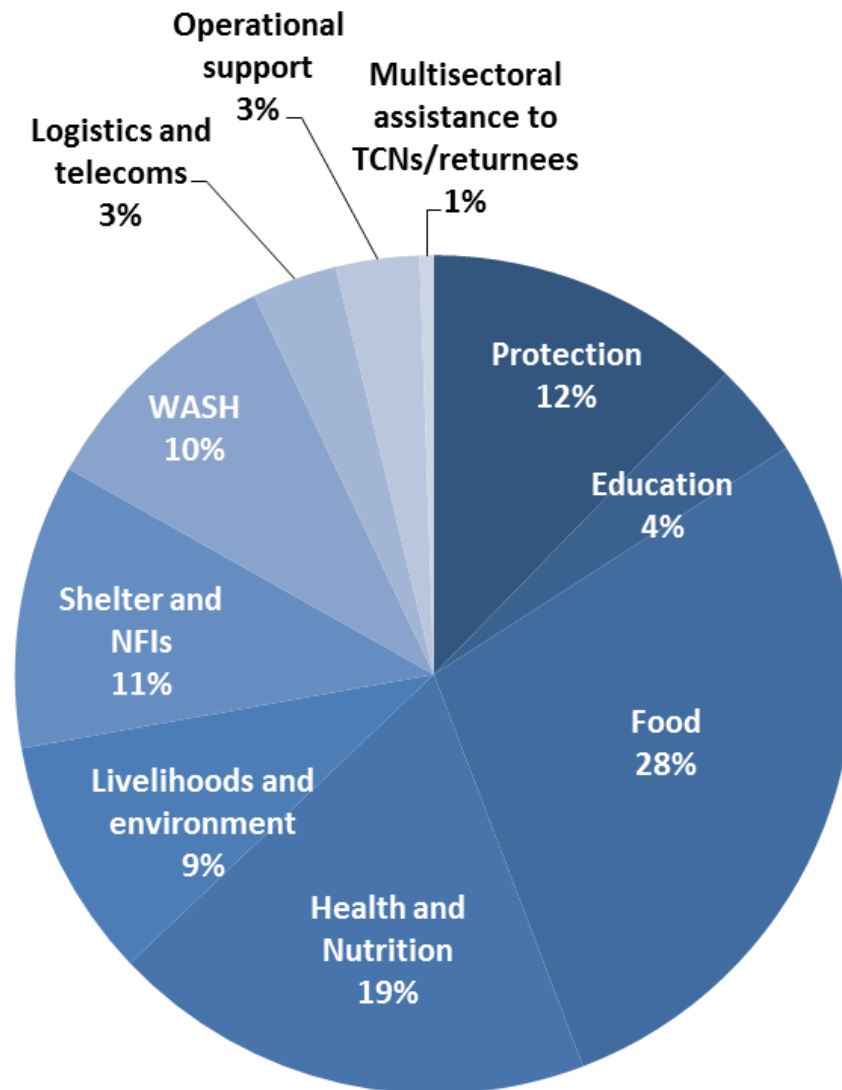
With regard to potential spontaneous returns of both refugees and IDPs, as soon as security conditions permit and there are indications that people wish to return, UNHCR will support the conclusion of tripartite frameworks with the country of origin and all the major countries of asylum to establish a predictable framework for working on return questions in a systematic way.

To further promote peaceful co-existence and ensure that host communities participate in the protection of refugees, UNHCR and its partners will ensure extended access to services for affected communities.

## ***Budgetary Requirements (USD)***

**Total: USD 174,409,924**

Detailed financial requirements by country, agency and sector can be found in the annexes.



## ***Regional Coordination Strategy***

On the basis of the Refugee Coordination Model and in conformity with the Transformative Agenda, the coordination of the refugee response will continue to be led by UNHCR in support of the governments of the respective hosting countries, and in full partnership with UN agencies, NGOs and the affected population.

A Regional Refugee Coordinator (RRC) for the Nigeria Situation was appointed in February 2015, and will be accountable for ensuring that the response to the protection and assistance needs of Nigerian refugees in Cameroon, Chad and Niger is coordinated in a coherent, comprehensive and timely. The RRC based in Dakar, will work closely with regional partners to ensure inclusive and coordinated refugee response planning across the region.

## ***Organizations in the Response***

| <b>Organizations</b>  |
|---|
| ACTED Agency for Technical Cooperation and Development                    |
| ACF <i>Action Contre la Faim</i>  |
| HELP/ <i>Welthungerhilfe</i>  |
| IEDA International Emergency and Development Aid                          |
| IRC International Rescue Committee  |
| IRD International Relief and Development                                  |
| <i>Karkara</i>  |
| LRC Luxembourg Red Cross  |
| Oxfam   |
| Save the Children   |
| SFCG Search for Common Ground   |
| IMC International Medical Corps   |
| IOM International Organization for Migration                              |
| FAO Food and Agriculture Organization                                     |
| UNAIDS  |
| UNDP United Nations Development Programme                                 |
| UNFPA United Nations Population Fund                                      |
| UNHCR United Nations High Commissioner for Refugees                       |
| UNICEF United Nations Children's Fund                                     |
| UNOCHA United Nations Office for the Coordination of Humanitarian Affairs |
| UN Women  |
| WFP World Food Programme  |
| WHO World Health Organization   |

# CAMEROON RESPONSE PLAN

NIGERIAN REFUGEES  
Dec 14

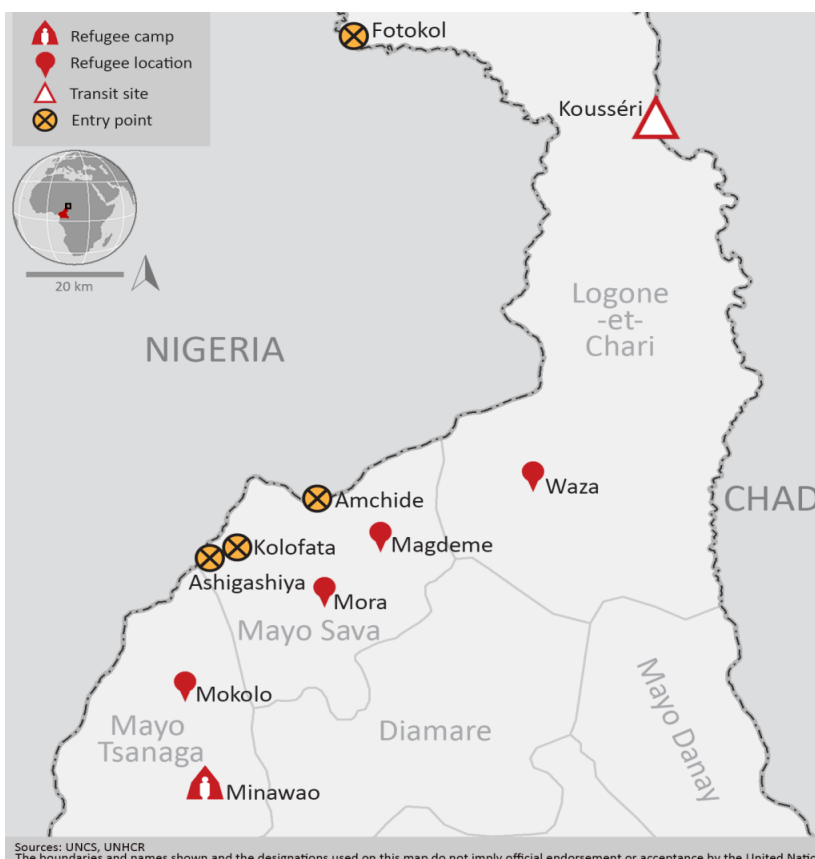


**43,000** Beneficiaries in Cameroon

NIGERIAN REFUGEES  
Dec 15

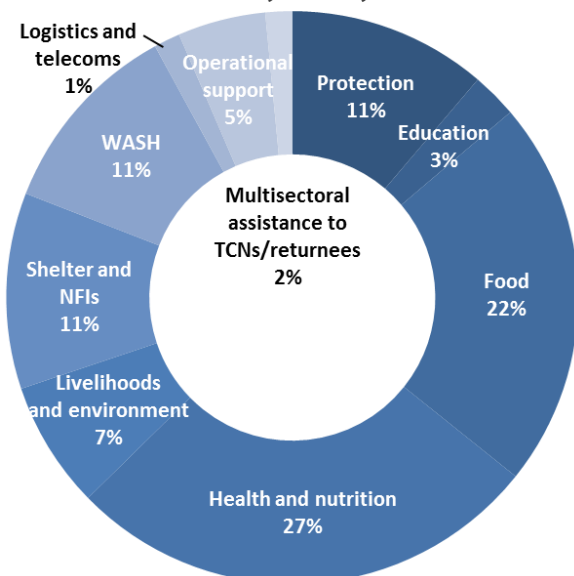


**80,000** Expected beneficiaries (including returnees and Third country nationals—TCNs)



**USD 62,799,052**

2015 FINANCIAL REQUIREMENTS



COUNTRY STRATEGY

- Ensure safe access to territory
- Transfer refugees from border areas to designated camps
- Assure the legal, physical and social protection of the refugees
- Ensure the basic needs of new arrivals are met (food, WASH, health, shelters)

## ***Background and Achievements***

Cameroon has witnessed a significant influx of Nigerian refugees, particularly in the Far North region where the vast majority of people have fled to escape escalating violence in Nigeria's Borno and Yobe states. According to the Cameroonian authorities, as of end of March 2015, more than 74,000 Nigerian refugees had sought refuge in Cameroon. Despite increased security measures by the Cameroonian military and the deployment of a multi-national force along the border, the extremely volatile security situation, marked by recurrent cross-border attacks by armed insurgents and attempted incursions onto Cameroonian territory, continues to provoke refugee and IDP movements within Cameroon. The increased insecurity hinders border monitoring, registration and transfer of new arrivals. Since May 2013, about 42,000 refugees have been verified and registered by UNHCR.

The Government and people of Cameroon have received Nigerian refugees in successive waves. With the growing insurgency in Nigeria's north-east, nearly 39,000 refugees fled to Cameroon's Far North region between May 2013 and December 2014, following the offensive launched by the Nigerian army against insurgents. In July 2013, the Government established a refugee camp at Minawao, located 130 kilometres from the border in the Far North Region, to facilitate the relocation of refugees away from insecure border areas.

Since January 2015, escalating insurgent retaliations and targeted attacks against civilian populations have further prompted nearly 20,000 new arrivals to flee to Cameroon. According to authorities, refugees continue to cross into extremely volatile border zones, mostly in the remote border areas of Makaria, Logone Birni, and Fotokol.

UNHCR, in collaboration with local authorities has relocated thousands of refugees from border towns to the Minawao camp. Other refugees seeking safety are also arriving spontaneously at the camp. In response to the influxes, the Government granted an extension at Minawao, increasing the capacity to 35,000 people. Access to a third site, with better access to ground water, is being negotiated.

Relocation of arrivals to a transit site in Kousseri, located 90 km from the border and 370 km north of Minawao camp, started on 4 March 2015. Screening of protection needs and emergency assistance are being provided at the transit site.

Violence has also spilled over into Nigeria's Adamawa state, which may further prompt refugee influxes towards Cameroon's North and Adamawa administrative regions.

In the context of ongoing insecurity and volatility, it is expected that a total of 80,000 Nigeria refugees will have sought refuge in Cameroon by the end of 2015.

In addition to the refugee influx, the ongoing conflict in border areas has displaced thousands of Cameroonian nationals. According to government authorities, about 100,000 local residents in the far north have been displaced and are now accommodated by host communities. UNHCR is increasing its capacity for the overall coordination and protection response.

Emergency multi-sectoral assistance provided to beneficiaries at Minawao camp has contributed to a considerable improvement in living conditions. Nevertheless, response partners are working to address remaining gaps and continue to prepare for new arrivals. The Government of Cameroon continues to play a critical role in providing security for refugees and humanitarian actors in operational areas through armed escorts for humanitarian and relocation convoys and through a security post on site at the camp. However, humanitarian actors remain severely limited by the security situation, poor road conditions and logistical challenges, which are hindering access to border areas and delaying relocation operations.

In the context of regional insecurity, the general outlook suggests a probable aggravation of the Nigerian refugee situation in Cameroon and increasing urgency to provide a coordinated response in

the most critical sectors of protection, food, WASH, shelter, and health and nutrition services. Other essential services, such as education, community empowerment and livelihoods, will also be accelerated with the aim of restoring the dignity of refugees and promoting self-sufficiency.

UNHCR is working closely with other UN agencies, international organizations and NGO partners to coordinate the multi-sectoral response to the Nigerian refugee situation in Cameroon. Coordination of the IDP response is currently being discussed in Yaoundé and UNHCR has offered to coordinate both the IDP and refugee response through the existing coordination structures and is looking into further strengthening its coordination capacity.

## Achievements

**Protection:** Between July 2014 and March 2015, more than 27,000 Nigerian refugees were transferred from insecure border areas to Minawao camp. In addition, the security post at Minawao camp has been reinforced with 32 security personnel with the support of local authorities. At Minawao camp, 32,720 refugees have been registered by UNHCR and 11,695 identification documents have been issued to refugees to provide verification of their refugee status. In addition, in February and March 2015 alone, 475 birth certificates have been issued for newborns at Minawao camp to prevent statelessness and facilitate access to education.

Over 40 cases of SGBV have been identified and referred to appropriate medical and psychosocial care. Community sensitization activities continue to be carried out on SGBV awareness and prevention, as well as training sessions for actors involved in response activities. Over 6,030 persons with specific needs have been identified and assisted by partners in the response.

Some 53 separated and unaccompanied children have been identified and temporarily placed with host families. Activities to reunify family members and find durable solutions for this particularly vulnerable group continue.

Four child-friendly spaces have been constructed, where refugee children are participating in recreational and child protection activities on a regular basis.

**Education:** 64 per cent of the 9,300 children of primary school age and 52 per cent of the 3,092 secondary school children have been enrolled in school. Given the large numbers of students, classes have been split into two sessions a day.

In November 2014, the Government issued a decree authorizing the construction of a bilingual secondary school at the camp for both refugees and host populations.

**Food:** All refugees at Minawao camp are receiving monthly food rations. However, due to shortage in food stocks, the food basket being provided is incomplete. WFP is looking into increasing supplies. New arrivals receive hot meals and food rations to cover their food needs through monthly general food distributions.

**Health and Nutrition:** The capacity of the existing health unit at Minawao camp has been expanded both in terms of facilities and personnel. Mass vaccination campaigns against polio and measles have been carried out, and routine vaccinations are conducted for new arrivals. On average, 1,153 medical consultations are taking place per day, including about 400 consultations for children under five.

Nutrition screenings have been systematically carried out among new arrivals. While malnourished and malnutrition cases are referred to public health facilities for immediate care. The nutrition centre in Mokolo has also been expanded to ensure adequate capacity to care for severe cases.

**Livelihoods:** Some 330 livelihood kits have been distributed to refugees, including 150 refugee women, to support income generating activities in agriculture, sewing, small commerce, embroidery and cooking. In addition, 282 refugees are currently receiving livelihood support to cultivate 20 hectares of land, while another 40 beneficiaries have received material and technical support for poultry farming.

**Shelter:** Some 2,681 family shelters have been built, including more than 300 by refugees. In addition, 1,068 family tents have been erected and more than 170 community shelters, accommodating some 5,000 refugees, have been constructed.

UNHCR has started the extension of the Minawao camp by 145 hectares to provide space for additional shelters to host up to 35,000 refugees in the camp.

**Water, Sanitation and Hygiene (WASH):** The water supply in the Minawao camp remains below UNHCR emergency standard of 15 litres per person per day. The current average is 11 litres of water per person per day. Water trucking by MSF and the local fire brigade has temporarily relieved the situation. A total 732 latrines have been installed at a ratio of 45 people per latrine. In addition, over 266 showers have been constructed at a ratio of 123 persons per shower.

## ***Needs and Vulnerabilities***

**Protection:** Nigerian refugees in Cameroon have been psychologically affected by events in their country, and a significant number of unaccompanied and separated children have been identified. Women and girls are exposed to heightened risks of SGBV during their flight, at the border, and in the camp. As such, mental health and psychosocial support (MHPSS) interventions and SGBV awareness and prevention activities are increasingly necessary. A psychosocial support centre will need to be constructed to ensure confidentiality.

Many refugees fled without their belongings and documents or have lost them, and many children do not have birth certificates; hence there is a critical need to provide refugees with identification and birth certificates to avoid potential statelessness.

**Education:** Many Nigerian refugee children have never received formal education in their country, or were forced to drop out by insurgent groups. With over 16,000 school-age refugee children (pre-school to secondary school) identified in Minawao camp, there is a need for additional classrooms, teachers, equipment and supplies.

**Health and Nutrition:** Refugees are arriving to an area where cholera and measles are endemic and their vaccination coverage is known to be very low. The health unit at Minawao has limited capacity and lacks medical equipment. Local health infrastructure is basic, with a critical lack of medical personnel and equipment. Moreover, the nearest health centre and referral hospital are located over 20 km from the camp. The mass screening of acute malnutrition was completed in March 2015 for all children under five. Results show that the situation is serious given the poor health conditions of refugees on arrival at the camp. Nutrition centres are ill-equipped and the nutrition programme drop-out rate remains high. There is an urgent need to stabilize food rations and increase nutrition monitoring activities.

**Shelter:** Construction of family and community shelters began when Minawao camp was opened in July 2013. During the second mass influx of refugees in July 2014, community shelters were prioritized to cater to the growing number of arrivals, while family shelters continued to be constructed. With some 5,000 refugees still living in community shelters, construction of family shelters will need to be accelerated to improve living conditions for refugee families.

**WASH:** Despite the construction of water access points and latrines, basic WASH standards have still not been reached. Construction of additional boreholes, latrines and showers will need to be accelerated to meet basic needs for a growing population at Minawao camp. In addition, the management committees are not yet fully operational and the quality of water will need to be monitored regularly.

## ***Response Strategy and Priorities***

The response strategy in Cameroon aims to achieve protection outcomes in all sectors to ensure the protection of refugees, including safe access to the territory. Assistance such as provision of emergency food, access to water and sanitation facilities, health care and shelter, are priorities. Refugees will participate in the construction or improvement of their family shelters and sanitation facilities. Livelihood activities will be enhanced in and around the camps to also benefit the host community. All interventions will be implemented using an age, gender, diversity approach and ensuring accountability to affected population.

On the basis of the planning figure of 80,000 refugees by end-2015, and the policy of the Government to transfer refugees to designated sites, a new camp will be established to accommodate new arrivals. The strategy also incorporates contingency planning to respond to new influxes. Humanitarian organizations will continue to follow security protocols in collaboration with the Government throughout programme implementation.

**Protection:** The protection strategy seeks to strengthen collaboration with local authorities to ensure access to asylum, reduce the risk of *refoulement* and facilitate freedom of movement. In this respect, UNHCR will continue to verify, register and document new arrivals to validate refugee status. Support to local authorities and state structures will continue in order to facilitate registration of births among refugees.

In response to the preference of some refugees to stay in border areas instead of being transferred to safer locations, a mass information campaign with the involvement of local authorities and community leaders will continue to sensitize refugees to the risks.

Community mobilization and community-based protection will be a critical element to the protection strategy. Given the trauma that refugees have endured and the level of insecurity in the region, community structures will be established to provide support to the most vulnerable, taking into account socio-cultural specificities. Efforts will be made to reinforce coordination mechanisms to facilitate family reunification and mitigate conflict between refugee and host communities. Holistic care for victims of SGBV will be strengthened and construction of adequate infrastructure will be undertaken.

The child protection strategy will be threefold: management of children at risk will be strengthened; coordination mechanisms with other sectors will be enhanced and registration and delivery of civil documentation of children will be accelerated. Partners will focus on strengthening partnerships with State structures to implement child protection SOPs, including a best interest assessment/determination panel with the participation of local authorities. In this respect, child protection actors will seek alignment with other sector strategies, in particular SGBV prevention and response, education, and livelihoods.

**Education:** The education strategy aims to provide optimal access to education for all refugee children and to reinforce measures to improve the quality of education. Improvements of existing infrastructure and construction of new education spaces in the areas hosting large numbers of refugees will be prioritized. Emphasis will be placed on setting up mechanisms to facilitate girls' attendance as well as for young mothers, particularly through the establishment of a child day-care programme. To accelerate the socio-economic integration of adolescents, vocational training will be provided to encourage income generation as appropriate.

**Food:** Food assistance will continue to target all registered refugees in the camps and at the transit sites during their transfer. Food distribution by WFP and partners will be undertaken on a monthly



basis, and will be complemented by targeted nutrition programmes and livelihood activities. Hot and cold meals will continue to be provided to new arrivals until they are fully integrated into the monthly food distributions.

**Health and Nutrition:** Partners will aim to implement public health interventions for refugees in the camps to facilitate access to primary health care and to decrease mortality and morbidity rates in the emergency setting. In addition, reproductive health, mental health, prevention of HIV, immunization, emergency lifesaving and obstetric referral care are priorities in the response. Partners will continue support public health facilities located close to the camps.

Partners will focus on improving the quality of treatment of malnutrition in the camps, at the border and in transit sites before transfer to camps. Early detection of malnutrition will continue through regular mass screenings, using a community network of health workers, regular home visits and established monitoring mechanisms in the camp. Treatment of acute malnutrition will be provided for severely and moderately malnourished children and severely malnourished adults. In addition to detection and treatment, prevention activities focusing on the appropriate care and feeding of infants and young children will be implemented. Nutritional support will also be provided to refugees outside the camps through existing programmes for local populations. Furthermore, a mobile nutrition clinic will be set up with adequate and trained staff to strengthen malnutrition care.

**Livelihoods and Environment:** The overall objective is to promote self-reliance among refugees, taking into consideration the camp setup and the environment. Livestock farming and agriculture activities will continue with the support of partners in training and inputs. Cattle vaccination and identification of grazing land will be negotiated with local authorities and communities. Other livelihood activities will be encouraged through financial support (micro-credit systems) through existing local structures. Protection of the environment will be critical to foster peaceful coexistence. Refugees will be trained in the production of enhanced cooking stoves that will be distributed to the refugee population in order to reduce the consumption of firewood. Community projects to plant trees around the camps will be coordinated with local communities.

**Logistics:** A strong logistics structure will need to be established to transport equipment and supplies for all sectors to the Far North Region, as well as to transfer refugees from border areas to camps. Adequate warehouses will be set up for storage. Partners will also assess the logistics needs in the North and Adamawa regions to prepare for potential new influxes in 2015.

**Shelter and NFIs:** While community shelters will continue to host new arrivals, construction of family shelters will be accelerated in sites allocated by the Government to provide more durable structures that ensure a minimum level of comfort against harsh climatic conditions and provide better security for refugee families. Support to vulnerable people, such as women heads of households, will be prioritized within the refugee population as well as host community. Construction kits will be provided to refugees to encourage them to construct and reinforce their own shelters. The response will also include the distribution or replacement of the standard package of non-food items such as jerry cans, blankets, mosquito nets, sleeping mats, kitchen sets, hygiene kit, and sanitary kits for women and girls. In addition, support to host communities will be provided in the form of technological support to produce compacted bricks (hydraform) by trained refugee subcommittees to assist the construction of schools, health centres and markets etc.

**Water, Sanitation and Hygiene (WASH):** Partners will accelerate construction of additional WASH infrastructure to meet international standards in the existing camp, as well as in new camps. The quality of water and WASH infrastructure will need to be monitored. Additional family latrines and showers will be installed so as to ensure adequate sanitation conditions and to prevent the spread of

diseases. The construction of WASH facilities in schools and health centres will also be prioritized. Hygiene promotion through community hygiene promoters will be undertaken.

## Planned Response

|                          |  |
|--------------------------|--|
| <p><b>Protection</b></p> | <ul style="list-style-type: none"> <li>- Continue border monitoring to advocate for access to asylum and prevent <i>refoulement</i>.</li> <li>- Maintain civilian character of asylum.</li> <li>- Relocate refugees from insecure border areas to camps and sensitise those reluctant to be transferred.</li> <li>- Register refugees upon arrival with data disaggregated by gender and age.</li> <li>- Initiate a pilot in biometrics registration once the overall UNHCR system is in place.</li> <li>- Provide refugee documentation and support for civil document establishment.</li> <li>- Establish family tracing and reunification mechanisms.</li> <li>- Reinforce birth registration procedures for children born in the camps as well as those born before their arrival.</li> <li>- Identify children at risk and girls victims of early marriage, and management of the cases (placement in other families, schooling, etc.).</li> <li>- Establish SOPs for the best interest of the child, in collaboration with local authorities and structures.</li> <li>- Implement SOPs to identify and support persons with specific needs.</li> <li>- Establish community support for persons with specific needs through the “community outreach activities, and provide them with specific support (adapted location in the camp, orthopaedic equipment, adapted NFIs, etc.)</li> <li>- Implement SOPs for the prevention and response to SGBV</li> <li>- Support the provision of integrated assistance (medical, psychosocial, legal and judiciary,) to survivors of SGBV in Women friendly space</li> <li>- Establish a referral and case management mechanism for SGBV</li> <li>- Reinforce community-based activities through refugee committees and community workers, and train them.</li> <li>- Establish vigilance committees to provide safety inside the camps.</li> <li>- Continue to train women leaders in conflict prevention and mediation.</li> <li>- Support the women peace committees and the organization of social cohesion activities.</li> <li>- Support training of humanitarian actors and security forces, especially on women protection.</li> <li>- Provide psycho-social support and assistance through counselling and group therapy.</li> </ul> |
| <p><b>Education</b></p>  | <ul style="list-style-type: none"> <li>- Identify students and advocate with the parents for their enrolment at school through awareness campaigns.</li> <li>- Construct additional classrooms and equip them with benches, tables, blackboard and supplies.</li> <li>- Organize teacher training.</li> <li>- Organize supplementary courses for students who missed classes during the crisis in Nigeria and during the flight.</li> <li>- Establish mechanisms to facilitate young women to attend school (e.g. nurseries, school feeding, etc.)</li> <li>- Facilitate school attendance for handicapped children.</li> <li>- Advocate with the Government to allocate additional teachers.</li> <li>- Distribute school kits and uniforms for students and additional teaching kits for teachers.</li> <li>- Establish nursery schools and child-friendly spaces.</li> </ul>  |
| <p><b>Food</b></p>       | <ul style="list-style-type: none"> <li>- Conduct general food distribution to refugees in camps and in host communities.</li> <li>- Establish supplementary feeding programmes for malnourished children in camps and in host communities.</li> <li>- Evaluate food security needs and undertake JAM assessments.</li> </ul>   |

|  |   |
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|  | <ul style="list-style-type: none"> <li>- Assess the potential for cash and/or voucher distribution instead of in-kind to minimize logistics costs and boost the local economy.</li> <li>- Ensure coherence between food supply and agriculture production support.</li> </ul>   |
| <p><b>Health and Nutrition</b></p>                             | <ul style="list-style-type: none"> <li>- Screen and provide primary health care services to new arrivals during transfer and in the camps</li> <li>- Identify and provide referral services to local health centres and hospitals</li> <li>- Implement a MUAC (Middle Upper Arm Circumference) nutrition screening at community level with the support of community health workers, various committees, local and religious leaders</li> <li>- Reinforce local health centres to cater for the additional number of patients, refugees and Cameroonians</li> <li>- Provide additional capacity through increasing number of beds, equipment and supplies</li> <li>- Support health structures with increased number of health workers, such as doctors, nurses, etc.</li> <li>- Ensure regular supply of medicines and their proper management to avoid stock shortages</li> <li>- Strengthen emergency early-warning, detection of, and response to outbreaks of communicable diseases</li> <li>- Conduct vaccination campaigns for polio and measles</li> <li>- Ensure continuation of ART (Anti-Retroviral Therapy) treatment and start comprehensive HIV programmes for elimination of mother to child transmission and STI management. Provide reproductive health services including kits in targeted areas of the three administrative regions</li> <li>- Support outreach services for emergency obstetric case, family planning services, clinical management rape survivors</li> <li>- Support basic mental health and psychosocial support.</li> <li>- Implement campaign for general identification of malnourished children and adults</li> <li>- Set up a nutritional structure with appropriate nutritionists</li> <li>- Implement a blanket feeding programme</li> <li>- Establish appropriate IYCF (Infant Young Child Feeding) activities for the prevention of malnutrition</li> <li>- Implement regular nutritional surveys.</li> </ul> |
| <p><b>Logistics and Transport</b></p>                          | <ul style="list-style-type: none"> <li>- Continue to ensure safe transport of refugees from border areas to camps through transit sites whenever necessary</li> <li>- Establish adequate warehousing for food, NFIs, and other equipment</li> <li>- Establish a proper transport fleet</li> <li>- Strengthen distribution systems with proper controls mechanisms</li> <li>- Equip all partners with appropriate telecommunication means for security purposes</li> </ul>   |
| <p><b>Shelter, Infrastructure and Non-Food Items (NFI)</b></p> | <ul style="list-style-type: none"> <li>- Procure, transport and distribute NFIs for an estimated 35,000 refugees (blankets, mats, jerry cans, soap, hygiene kits, kitchen sets, mosquito nets, tarpaulins, improved stoves, solar lights).</li> <li>- Provide sanitary materials to women of child-bearing age.</li> <li>- Set up new transit sites to assist with the transfer of refugees in the three administrative Regions, while existing transit sites are maintained operational</li> <li>- Design and construct new camps whenever sites are approved by the three administrative Regions, in locations of new influx of refugees</li> <li>- Construct community shelters in new sites for the reception of new arrivals in camps</li> <li>- Construct family shelters of temporary nature with plastic sheets and wood that will need to be procured</li> <li>- Distribute kits for semi-permanent family shelters, with the use of the hydraform technology on which beneficiaries need to be trained</li> <li>- Deliver toolkits and technical support to refugees to construct shelters</li> <li>- Provide support to communities to assist in the construction of community structures, such as new classrooms at schools, expand health centres, common centres for children and adolescents, girls and women</li> <li>- Procure and distribute NFIs for newly arrived refugees (blankets, mats, jerry cans, kitchen sets, mosquito nets, etc.), as well as other items such as solar lamps, improved stoves, etc.</li> </ul>  |

## Water, Sanitation and Hygiene (WASH)

- Provide hygiene kits and sanitary materials to women
- Install bladders to supply water in new transit sites and in new camps in the three administrative Regions
- Construct additional boreholes and latrines in the existing camp and in new camps
- Ensure constructions take into account the risk of cholera spreading
- Carry out sensitization activities with communities on the prevention of cholera and other diseases, food hygiene and other hygiene practices
- Setup systems to control the quality of water on regular basis
- Establish community committees to manage the use and maintenance of water supply systems
- Promote semi-durable family latrines
- Cater for other WASH essential activities, such as construction of separate shower for women and men, waste management, clothes cleaning areas, trash bins, etc.

## Partnership and Coordination

UNHCR leads the refugee response in close collaboration with the Cameroonian authorities, as well as other UN agencies, IOs and NGOs. UNHCR has designated a Regional Refugee Coordinator for the Nigeria Refugee situation to support the strategic, policy and planning consultations and information sharing with partners and stakeholders in the region. The multi-sector refugee response is implemented by WFP, WHO, UNHCR, UNICEF, UNFPA, UN Women, IOM, IMC (*International Medical Corps*), IRD (*International Relief and Development*), IEDA Relief, and local NGOs, including Public Concern, SAADEP, and ADELPA. Additional partners are needed to respond to the growing needs of the refugee crisis.

Weekly coordination meetings are held in Maroua, and monthly coordination meetings are held at UNHCR in Yaoundé.



Classes in Minawao camp are often overcrowded – frequently accommodating up to 100 pupils in a room for one teacher. UNHCR / H. Caux

## ***Financial Requirements Summary – Cameroon***

### **Financial requirements by agency (in US dollars)**

| <b>Organization</b>                                 | <b>Total</b>      |
|---|-------------------|
| IEDA International Emergency and Development Aid    | 1,850,000         |
| IMC International Medical Corps                     | 549,940           |
| IRD International Relief and Development            | 250,000           |
| IOM International Organization for Migration        | 950,000           |
| UN AIDS   | 1,050,000         |
| UNFPA United Nations Population Fund                | 950,000           |
| UNICEF United Nations Children’s Fund               | 3,023,690         |
| UNHCR United Nations High Commissioner for Refugees | 31,019,434        |
| UN Women  | 500,000           |
| WFP World Food Programme                            | 15,375,598        |
| WHO World Health Organization                       | 7,280,390         |
| <b>Total</b>  | <b>62,799,052</b> |

### **Financial requirements by sector (in US dollars)**

| <b>Sector</b>                               | <b>Total</b>      |
|---|-------------------|
| Protection                                  | 7,053,972         |
| Education                                   | 1,611,723         |
| Food  | 13,776,845        |
| Health and Nutrition                        | 16,906,335        |
| Livelihoods and Environment                 | 4,510,815         |
| Shelter and NFIs                            | 6,953,976         |
| WASH  | 6,983,336         |
| Logistics and Transport                     | 931,533           |
| Multi-sectoral assistance to returnees/TCNs | 950,000           |
| Operational Support                         | 3,120,517         |
| <b>Total</b>                                | <b>62,799,052</b> |

# CHAD RESPONSE PLAN

NIGERIAN REFUGEES

Dec 14



**2,934** Beneficiaries in Chad

Dec 15

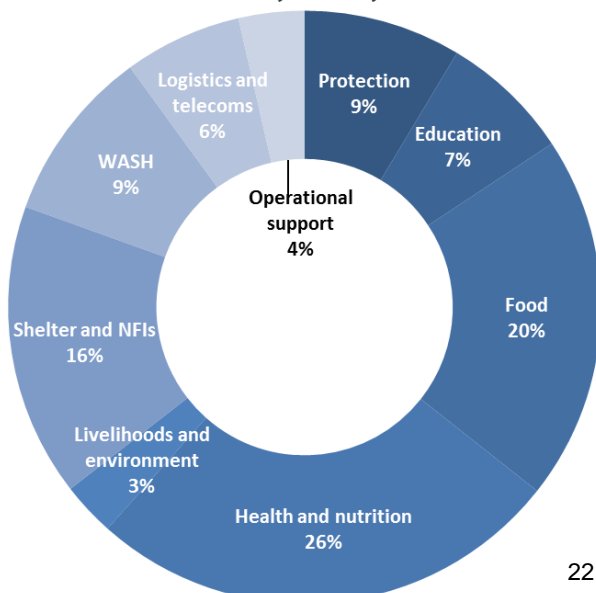


**30,000** Expected beneficiaries



**USD 30,180,208**

2015 FINANCIAL REQUIREMENTS



COUNTRY STRATEGY

- Ensure access to territory and asylum in order to enjoy safety and security
- Development of a new refugee camp and relocation of refugees
- Ensure basic assistance is provided, at the same time, to refugees settled within host communities

## ***Background and Achievements***

Following the attacks of insurgents on 3 January 2015 in Bagakawa, in Nigeria's Borno State, the Prime Minister of Chad called for humanitarian support to meet the needs of Nigerian refugees, given the very challenging socio-economic context of the country. Given the importance and proximity of Bagakawa town to Chad and geopolitical and security considerations, the Chadian Parliament approved the deployment of troops into Cameroon. Chad, Cameroon and Niger have engaged their armed forces to fight the insurgents as part of the "*Communauté du Bassin du Lac Tchad*", a regional body which also includes Benin.

As of March 2015, over 18,000 Nigerian refugees have fled into Chad, including some 3,000 who arrived prior to 2015. As more people are expected to seek refuge in Chad, the humanitarian community, in close consultation with local authorities including the Governor of the Lake Region and the *Commission Nationale d'Accueil, de Réinsertion des Réfugiés et des Rapatriés* (CNARR), have revised the planning figure to 30,000 refugees for 2015.

Access to refugees on the many small islands on Lake Chad presents both logistical and security challenges. Many refugees have not received humanitarian assistance despite ongoing efforts to reach people in need.

The Lake Chad area is an extremely harsh environment where there is no existing infrastructure. This necessitates additional investment to establish refugee settlements and to ensure the safety of refugees and humanitarian workers.

The groups of people fleeing Nigeria also include a small number of third-country nationals, predominantly Cameroonians, who intend to return to their country of origin after a short stay, as well as refugees who intend to travel further afield to Niger for family reunification purposes. A small number of Chadian returnees have been recorded, most of whom return to their places of origin around the lake islands. UNHCR will also respond to the protection needs of these smaller groups of forcibly displaced populations, in cooperation with relevant humanitarian agencies including IOM and the Government.

Following the arrival of a large number of refugees in a scarcely populated and poor region, and taking into consideration the heightened risk of conflict spill-over into Chad, the Government revised its host-community approach and identified a site further inland in Dar Es Salam. The site is being developed for the relocation of new arrivals as well as the most vulnerable amongst the refugees who arrived in 2013 and 2014. Efforts are being made, in particular with the Governor of the Lake Region, to ensure that the benefits of the community-based assistance approach for the refugees are not lost with the establishment of the new site.

The revised financial requirements of partners delivering assistance and protection to people fleeing Nigeria amount to USD 30,180,208. The main elements of this revised plan include:

- a higher planning figure of 30,000 refugees against the initial 10,000 people.
- the development of the Dar Es Salam refugee camp and construction of emergency shelter and WASH infrastructures.
- the emergency relocation of some 15,000 new arrivals from the islands of Lake Chad to the Dar Es Salam site, as well as the most vulnerable among the 2013-2014 arrivals. Until the completion of the relocation of all refugees, assistance will continue to be provided to refugees settled within host communities.
- emergency response in the priority areas of physical protection and relocation, food, water and sanitation, health and nutrition, as well as shelter, in collaboration with the Government of Chad,

its line ministries, WFP, UNICEF, WHO, UNFPA, ACTED, IMC, as well as national and other international partner agencies.

## **Achievements**

At the end 2014, 2,939 Nigerian refugees had sought refuge in Chad in the Lake Chad region. All have been jointly registered by CNARR and UNHCR and were settled in host communities on the islands of Ngouboua, Tchoukoutalia and Kousseri. The overall emergency response for this group was based on a host-community approach through the reinforcement of existing structures. Eight classrooms and two health centres have been rehabilitated or constructed. Health and education services to both local and refugee populations have been expanded. Four boreholes and 36 latrines were constructed to increase the absorption capacity of the receiving communities. Both refugees and host populations were assisted with emergency food provided by UNHCR and partners. Refugee households were provided with assistance to build their houses and to undertake livelihoods activities. Individual assistance was provided to persons with specific needs.

Following the events of Bagakawa and the sudden influx of more than 15,000 new Nigerian refugees, the Government decided to accommodate all newly-arrived Nigerian refugees at a new site. The Nigerian refugees who arrived in 2015 are mostly from Bagakawa and surrounding areas (Dorobaga, Maiduguri, Kalwaram). UNHCR, the Government of Chad, local authorities and the Chadian Red Cross (CRC) have organized relocation convoys from various locations to the Dar Es Salam site near Bagasola, some 75 km from the Nigerian border. Dar Es Salam has a capacity of 15,000 and was hosting 4,617 refugees as of 24 March 2015.

UNHCR and its partners, including CNARR, CRT, IMC, UNFPA, UNICEF, WFP and WHO, alongside the local population, civil society organizations and the Ministry of Health are currently assisting this population with food, NFIs, shelter, water, and medical assistance. The Government is ensuring the civilian character of asylum. Chadian returnees as well as third-country nationals are among the affected population in limited numbers, which will be confirmed when verifications are conducted.

## ***Needs and Vulnerabilities***

**Protection:** Following insurgent attacks in and around the north-east Nigerian town of Bagakawa thousands of refugees fled towards the Lake Chad by canoes and boats. Families had been separated as people fled in all directions. Many people went hungry for days before reaching Chad in very poor physical state. Refugees are in need of protection and assistance to address specific needs, registration, documentation, mental health and psychosocial support, as well as basic emergency relief items and life-saving services, primarily shelter, water and sanitation, health and nutrition and food.

New arrivals are exposed to various protection risks and limited access to basic assistance and services. Refugee women and girls are vulnerable to all forms of SGBV including rape or other forms of physical abuse, child marriage, survival sex, sexual exploitation and HIV transmission. Children constitute a significant number of the refugee population, including unaccompanied or separated children and child-headed households. Refugees require urgent psychosocial care, having experienced violence and the loss of family members, homes and livelihoods. Efforts for family reunification, including carrying out searches in other asylum countries, need to be increased. Competition for land and natural resources between communities could potentially intensify.

**Education:** An estimated 60 per cent of the new arrivals are children, including 40 per cent primary-school-aged children (between 6 and 12 years old). Due to the protracted unrest in Borno State, most children have never attended school. Schooling has been discontinued for many years for the remaining children. They are thus exposed to other vulnerabilities and abuses, and constitute easy kidnapping targets for insurgents.

**Food:** Nutrition survey data for Nigerian refugees in Chad is not yet available. However, partner MUAC's recent screenings in Kousseri and Dar Es Salam indicate high levels of acute malnutrition (GAM), affecting between 26 and 35 per cent of children aged 6-59 months.



**Health and nutrition:** The already strained public health infrastructure in the Lake Chad region, insufficient health personnel and limited financial resources are increasingly overstretched by the refugee influx. There is a need to provide emergency and life-saving health care, increase availability of essential medicines, conduct medical screenings upon arrival in the Dar Es Salam site, refer the most critical cases to Bagasola and Bole hospitals and provide vaccinations to children. Low technical capacity in existing health and nutrition facilities must also be addressed, and referral systems and medical supply chains established.

**Livelihoods:** The Nigerian refugee population is made up of businessmen, fishermen, mechanics, farmers and traders who are seeking to lead a normal life instead of staying idle in the camp. Livelihoods opportunities are required to help them cope with their new situation until conditions are conducive to their voluntary return to their areas of origin.

**Logistics and Transport:** Logistics is a huge challenge. The islands of Lake Chad, where thousands of refugees have been identified, are not easily accessible in normal conditions. Boats and canoes are needed for the relocation of refugees to Dar Es Salam camp. The Lake Chad region is 500 km from N'Djamena, where building materials and other items required to assist refugees, including food, are available. As a desert region, there are minimal established facilities. Temporary accommodation for humanitarian workers, warehouses for storage, and tanks for fuel and water have to be erected.

**Shelter and NFIs:** For the accommodation of refugee families in Dar Es Salam, communal shelters, emergency shelters as well as permanent shelters are needed. The building of emergency shelters requires wood, which needs to be transported from N'Djamena over 500 km to the site. An emergency shelter for a family of 5 people costs USD 400 and is expected to last six months to one year. Temporary schools, health centres and other infrastructures have also to be built before being replaced after one year by more permanent infrastructures.

Refugees arrive by canoes and boats with little or no personal belongings and are in an urgent need of clothes and other essential domestic items.

**Water, Sanitation and Hygiene (WASH):** Access to WASH facilities is required in Dar Es Salam for up to 30,000 people. Access to WASH facilities is also important for the host community that has also been affected by the presence of refugees.

## ***Response Strategy and Priorities***

The basis for this revised response strategy are the findings and recommendations of an inter-agency assessment mission, other evaluations, monitoring and assessments carried out by UNHCR and partners, as well as new security considerations. A core element of the response is to ensure that refugees have access to territory and asylum in order to enjoy safety and security. Priority interventions will focus on the development of the new camp site and the urgent relocation of refugees. Therefore, until refugees have been relocated to Dar Es Salam, assistance will continue to be provided to refugees settled within host communities. Emergency assistance will be followed by activities aiming at building the resilience of refugees.

**Protection:** The objective of the response is to ensure protection of the rights of all individuals, as enshrined in refugee law and human rights, without any discrimination. Capacity building on the basic principles of protection and state responsibility will be provided to national authorities, armed people and civil society actors involved in the humanitarian response, who will also work to mitigate any tensions between refugees and host communities. Border and protection monitoring will be increased, including in relation to the various isolated islands, using a community based approach. New arrivals will be identified, relocated and registered. The civilian character of asylum will be preserved. To ensure peaceful co-existence between refugees and host communities, peace education and awareness-raising activities will be organized.

Groups facing particular protection risks such as women, children, youth, the elderly, persons with disabilities and those living with HIV/AIDS will be identified and referred to specialized institutions or agencies. Identification, documentation, protection risks assessment, tracing and family reunification of unaccompanied and separated children will be conducted, including provision of interim care for unaccompanied children. A free telephone service will be set up allowing families to contact their relatives. The establishment of child-friendly spaces in particular for education will be prioritized. Strengthening capacity in and around Dar Es Salam site and host villages to address the comprehensive needs of survivors of SGBV (safety, legal, medical and psychosocial support) and other violence will be part of the strategy to fight SGBV.

**Education:** Interventions will focus on school-aged children (3 to 5 years) for pre-school and (6 to 12 years) for primary education in Dar Es Salam. The education sector in partnership with communities, local authorities and civil society organizations will establish learning spaces to enable refugee and host community children to access education. Students will be provided with school materials such as slates, exercise books, pens and pencils. Teachers will be identified in the community and trained to deliver emergency education while pedagogical support will be provided by the inspectorates ensuring close monitoring of learning outputs. Teachers will be provided with didactic materials and teaching guides. In coordination with other sectors such as health and nutrition, WASH and protection, education interventions will not only enable children to continue their education but also help them and adults acquiring life skills and good hygiene and sanitation practices. To mitigate the effects of trauma and enable peaceful cohabitation, psychosocial support, recreational activities and life skills for peace building will be provided. Schools will also serve as venues for the sensitization of community members on peaceful cohabitation to strengthen social cohesion and reduce the risk of social conflict.

**Food:** WFP intervention in the Lake Chad region aims at meeting the urgent food and nutrition needs of Nigerian refugees and host communities, in line with its strategic objectives to save lives and protect livelihoods in emergencies. The provision of food assistance will also mitigate additional burden on the local population and ease tensions between communities in this fragile region. WFP has installed two warehouses at the Dar Es Salam site to support the logistics of the operation. In this appeal, WFP plans to assist 30,000 Nigerian refugees. Additionally, 10,000 host populations living in villages affected by this crisis will be also assisted during the lean season (from June to August).

WFP will provide assistance through the distribution of high energy biscuits (HEB) to new arrivals, unconditional general food distribution (one month) and voucher transfers (two months) and prevention of acute malnutrition among children aged 6–23 months through the distribution of Plumpy'Doz (4,500).

WFP will partner with NGOs including, the Chadian Red Cross in food distribution, ACTED in voucher transfers and IMC in the prevention of acute malnutrition among children aged 6-23 months (blanket feeding). For the voucher transfers, WFP will work with local traders from whom beneficiaries will receive commodities.

**Health and Nutrition:** The main objectives of the response are to ensure access to preventive and curative health care and referral services; reduce mortality and morbidity among the refugees and the host population and provide reproductive health care services. Refugees will be vaccinated upon arrival at the Dar Es Salam transit centre. Partners will provide support to Government health facilities in Bagassola and Bol to enable access to secondary and tertiary health care to refugees. The mental health programme will integrate community-based psychosocial services into the health facilities.

Interventions to improve the nutritional status of the refugees will be implemented through the prevention of micronutrient deficiencies, treatment of acute malnutrition and support of appropriate infant feeding practices, nutrition surveillance and analysis.

**Livelihoods and Environment:** Focus groups will be organized to further inform livelihood activities. Considering the socio-economic profile of the refugee population and the livelihood activities undertaken by host communities, the provision of agricultural inputs, fishery equipment and materials will be made available to refugee and host population households that have the capacity to utilize these inputs appropriately. Support for animal husbandry will focus on proper vaccine coverage in all crisis-affected zones. Provision of agricultural, veterinary and environment kits will allow beneficiaries to diversify their diet and enable self-reliance.

**Logistics and Transport:** In order to meet the various transportation requirements, both for the relocation of refugees and transportation of goods, boats and canoes will be purchased or rented, life jackets will be purchased, existing fleets will be increased by purchase or hiring of trucks and light vehicles. Fleet management and repair systems will need to be enhanced. It is also necessary to strengthen the capacity of fuel stations to meet increased needs. To meet the needs for NFI and food distributions, warehouse capacity will be increased and management improved. New rub halls (with some equipment i.e. pallets, weighting machines, forklift) will also be set up in various locations. There is further need to secure air transportation for staff from Ndjamená to support the operation.

**Shelter and NFIs:** Refugees relocated from the islands will be accommodated in communal shelters in a transit centre, where they undergo protection and health screening, and receive medical and food assistance. Each family is provided with an emergency shelter as available, which will last six months to one year. After that, refugee families will be assisted with construction materials to build their permanent shelters. Temporary schools, health centres and other infrastructures need to be built and replaced after one year by more permanent infrastructures.

NFI distribution to relocated refugees will take place in Dar Es Salam upon arrival. Direct distribution may be replaced by cash or voucher mechanisms. The NFIs include blankets, mats, soap, plastic sheets, buckets, jerry cans, plastic rolls, mosquito nets, kitchen sets, kettles and sanitary materials and kits. Agencies involved in NFI distribution will coordinate their responses to avoid duplication.

**Water, Sanitation and Hygiene (WASH):** An increase of available potable water and the number of emergency latrines in Dar Es Salam site and in host villages is needed. WASH partners will increase their capacity to provide the minimum package of emergency assistance. Coordination between WASH and the health and nutrition sectors will ensure that the spread of infectious diseases is prevented.

## Planned Response

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| <p><b>Protection</b></p>                  | <ul style="list-style-type: none"> <li>- Conduct regular border and protection monitoring, to identify newly arrived refugees.</li> <li>- Ensure safe access to the asylum territory.</li> <li>- Register and document arriving refugees and continue to update registration data.</li> <li>- Conduct Capacity building sessions on international protection for local authorities.</li> <li>- Conduct awareness-raising campaigns on SGBV and establish prevention and response mechanisms.</li> <li>- Ensure an efficient family tracing and reunification (FTR) mechanism is set up to address the needs of separated and unaccompanied children.</li> <li>- Strengthen a community based protection intervention.</li> <li>- Identify and assist persons with specific need, based on the age, gender and diversity mainstreaming (AGDM) approach.</li> <li>- Strengthen community dialogue, peaceful-co-existence, community communication, and outreach to prevent conflicts between host and refugee communities.</li> </ul> |
| <p><b>Education</b></p>                   | <ul style="list-style-type: none"> <li>- Enroll 4,500 children from 4 to 18 years in formal education.</li> <li>- Train 50 teachers on the Chadian curriculum, in coordination with the Ministry of Education (MoE).</li> <li>- Build 50 Temporary Learning Spaces (preschool and primary) and 16 classrooms with durables materials in Dar Es Salam site.</li> <li>- Supply 50 school kits as well as 15 recreational kits.</li> <li>- Promote girl's education.</li> <li>- Implement early Childhood development interventions in Dar Es Salam through psychosocial support, well-being promotion and recreational activities.</li> <li>- Establish management committees and local women's organizations.</li> <li>- Advocate in favour of pedagogical supervision and monitoring.</li> </ul>  |
| <p><b>Environment and Livelihoods</b></p> | <ul style="list-style-type: none"> <li>- Conduct rapid environmental and socio-economic assessment on risks of conflicts around natural resources, fire wood and livelihood opportunities.</li> <li>- Provide fire wood for refugees of Dar Es Salam site (2000 tons per every three months).</li> <li>- Sensitize the community and provide training on fuel efficient stoves.</li> <li>- Allocate land for agricultural activities.</li> <li>- Provide seeds and tools for market gardening.</li> <li>- Provide production 1500 kits for agriculture (watering can, hoes, and shovels) and livestock activities, including training and awareness campaigns for refugees and host communities (mixed committees).</li> <li>- Provide 250 production kits for fisheries production and conservation, including training and awareness campaigns.</li> </ul>  |
| <p><b>Food</b></p>                        | <ul style="list-style-type: none"> <li>- Distribute food rations provided by the Red Cross.</li> <li>- Assist 30,000 Nigerian refugees and 10,000 host population living in villages affected by this crisis during the lean season (From June to August) in priority affected areas</li> <li>- Distribute HEB to new arrivals to ensure urgent food provision and during their transfer from transit centers (Islands).</li> <li>- Implement unconditional general food distribution (1 month) and voucher transfers (2 months).</li> <li>- Prevent acute malnutrition among children aged 6–23 months through distribution of Plumpy'Doz (4,500).</li> </ul>  |
| <p><b>Health and Nutrition</b></p>        | <ul style="list-style-type: none"> <li>- Reinforce healthcare support through the creation of a new Health Centre at Dar Es Salam refugee camp.</li> <li>- Provide primary healthcare services both in Ngouboua and Dar Es Salaam.</li> <li>- Provide essentials drugs for health centres for primary and secondary health care.</li> <li>- Facilitate transfer to Bagasola hospital for secondary healthcare from</li> </ul>   |

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|  | <p>Ngouboua and Dar Es salaam,</p> <ul style="list-style-type: none"> <li>- Procure two new ambulances.</li> <li>- Support Bagasola hospital in the delivery of secondary healthcare services.</li> <li>- Provide reproductive health activities (Maternal health – Antenatal Care/Postnatal Care, HIV services).</li> <li>- Undertake awareness and prevention activities to sensitize the population on health and hygiene (through CHWs). Eighty CHWs are working effectively increasing access to Health services and improving attitudes.</li> <li>- Ensure access to basic mental health and psychosocial support.</li> <li>- Provide nutritional surveillance and services (through CMAM approach using Bagasola hospital to transfer severe cases).</li> <li>- Provide emergency and routine vaccination to 95 per cent of children under 5 years old against measles and polio.</li> <li>- Establish appropriate IYCF activities for the prevention of malnutrition.</li> </ul> |
| <p><b>Logistics and Transport</b></p>              | <ul style="list-style-type: none"> <li>- Ensure transportation to safe villages at Lake Chad region.</li> <li>- Provide ICT equipment.</li> <li>- Purchase fuel and maintenance of vehicles.</li> <li>- Erect one warehouse.</li> <li>- Trucks are made available to haul items.</li> <li>- Rent/procure sufficient vehicles (4x4 mini trucks and boats) to relocate refugees from Ngouboua and inlands on lake Chad.</li> <li>- Procure equipment and light vehicles to support the operation.</li> <li>- Improve roads to safely transport refugees and material assistance.</li> <li>- Set up a logistics base( workshop with tools) to maintain trucks, light vehicles, generators and fuel tank including logistics, warehousing, procurement, and transport.</li> </ul>  |
| <p><b>Non-Food Items (NFI)</b></p>                 | <ul style="list-style-type: none"> <li>- Make available contingency stock including fleece blankets, kitchen sets, mosquito nets, sleeping mats, buckets, jerry cans, soaps, family tents, sanitary napkins, cloth for 30,000 people.</li> <li>- Purchase 40,000 Plastic Tarpaulins (4 x 5 m) and 200 Plastic Tarpaulins Rolls (4 x 50m).</li> </ul>   |
| <p><b>Shelter and Infrastructure</b></p>           | <ul style="list-style-type: none"> <li>- Prepare Dar Es Salam site (160 Ha).</li> <li>- Install tents (99).</li> <li>- Construct a transit centre with 8 communal shelters, 6 hangars, 1 temporary health unit and a distribution centre.</li> <li>- Construct 7,500 family emergency shelters (5x3.5m each).</li> <li>- Provide construction kits for non-vulnerable people (6,360).</li> <li>- Construct semi-permanent warehouse (1).</li> <li>- Construct permanent shelters for PBS (563).</li> <li>- Construct roads (15 km).</li> <li>- Construct temporary offices for partners (4).</li> <li>- Construct temporary compounds for DPHR (6).</li> <li>- Construct a temporary health centre (1), schools (5) and kitchens (3).</li> <li>- Construct semi-permanent primary schools (3), secondary (1), woman and youth community centres (6); distribution centre (1).</li> <li>- Electrification of the transit centre</li> </ul>  |
| <p><b>Water, Sanitation and Hygiene (WASH)</b></p> | <ul style="list-style-type: none"> <li>- Support the construction of additional 420 showers, 600 family latrines through the distribution of latrine slabs and sanitation kits (wheelbarrow, shovel, rake etc.).</li> <li>- Drill water points equipped with manual pumps.</li> <li>- Initiate solid waste management (construction of 20 landfills,60 refuse pits and installation of 600 refuse bins)</li> <li>- Conduct hygiene promotion campaigns including cholera and Ebola prevention activities.</li> <li>- Construct 17 boreholes and rehabilitation of 6 non-functional hand pumps</li> <li>- Capacity building of WASH committees.</li> <li>- Monitor water quality at water points and households levels.</li> </ul>  |

## ***Partnership and Coordination***

Following the Bagakawa attacks, UNHCR initiated the revision of the Chad response and contingency plan for the Nigeria situation. UNHCR in collaboration with the CNARR will continue to coordinate the emergency refugee response. The refugee multi-sector response is implemented by UNHCR, UNICEF, WFP, WHO, UNFPA, IMC, CRC, ACTED and other partners who are also appealing partners in this 2015 RRRP for the Nigeria situation.

Also, a UNHCR-led contingency planning task force was established comprising of Government, UN and NGO partners. Together with partner agencies and the Government, the planning figure was revised from 10,000 people to 30,000 for 2015. Sector coordination groups were also established with UNHCR or the government as leads. Co-leaders have been designated for each sector. UNHCR's protection focal point remains CNARR with the Permanent Secretary being the contact person. The process of updating the contingency plan includes a practical and action-oriented response strategy for each sector to assist the 15,000 who have arrived in Chad and additional 15,000 people that may seek asylum in Chad till end of March 2015.

On the ground in Bagasola, two (2) coordination meetings are held weekly with the participation of the authorities including the Sous-Prefet and other regionals representative of line ministries (health, education, water and human right), and all agencies, WFP, UNICEF, OCHA, WHO, UNFPA, partner NGOs such as IMC, ACTED and CRC, as well as other interested organizations. UNHCR also organizes weekly information meetings in Ndjamena to brief stakeholders on the emergency response and the situation in the Lake Chad region.



*Nigerian families, rescued by Chadian authorities from hiding on islands in the Lake Chad area, will be transferred to the Dar Es Salam camp. UNHCR / O. Laban-Mattei*

## ***Financial Requirements Summary - Chad***

### **Financial requirements by agency (in US dollars)**

| <b>Organization</b>                                    | <b>Total</b>      |
|--|-------------------|
| ACTED Agency for Technical Cooperation and Development | 242,500           |
| IMC International Medical Corps                        | 729,696           |
| UNFPA United Nations Population Fund                   | 2,320,000         |
| UNHCR United Nations High Commissioner for Refugees    | 16,559,597        |
| UNICEF United Nations Children's Fund                  | 6,365,984         |
| WFP World Food Programme                               | 2,922,856         |
| WHO World Health Organization                          | 1,039,575         |
| <b>Total</b>   | <b>30,180,208</b> |

### **Financial requirements by sector (in US dollars)**

| <b>Sector</b>               | <b>Total</b>      |
|-----------------------------|-------------------|
| Protection                  | 2,595,605         |
| Education                   | 2,144,426         |
| Food                        | 6,017,503         |
| Health and Nutrition        | 7,824,014         |
| Livelihoods and Environment | 882,801           |
| Shelter and NFIs            | 4,827,931         |
| WASH                        | 2,864,918         |
| Logistics and Telecom       | 1,939,672         |
| Operational Support         | 1,083,338         |
| <b>Total</b>                | <b>30,180,208</b> |

# NIGER RESPONSE PLAN

NIGERIAN REFUGEES

Dec 14

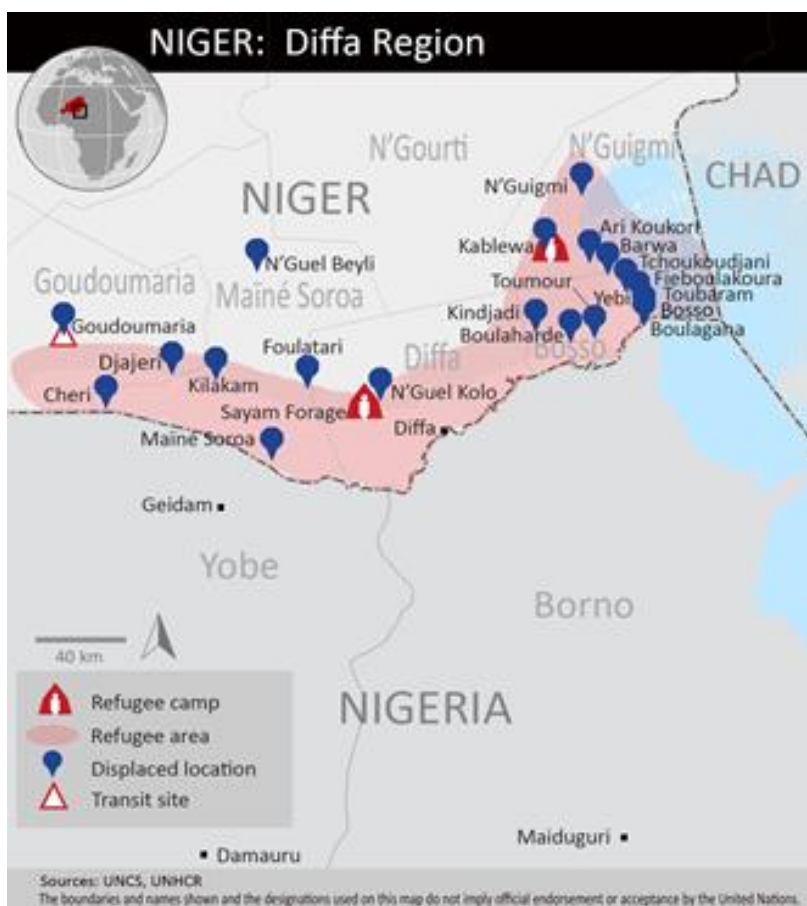


**50,000** Beneficiaries in Niger

Dec 15

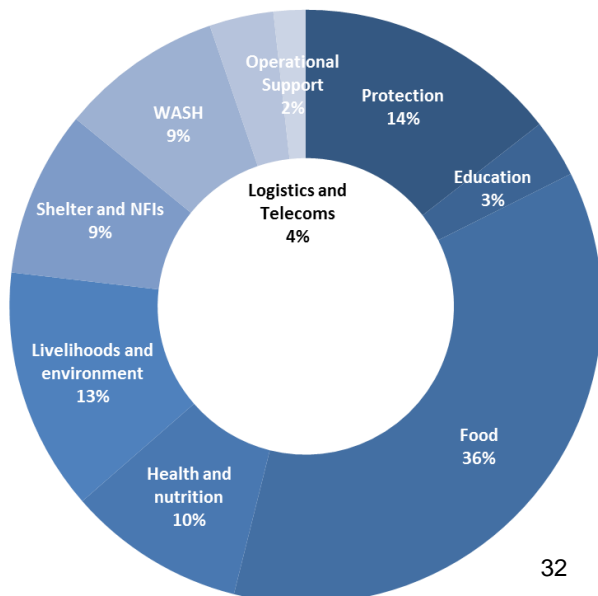


**130,000** Expected beneficiaries (including returnees)



**USD 81,430,664**

2015 FINANCIAL REQUIREMENTS



COUNTRY STRATEGY

- “Fast lane” assistance - emergency activities in the sectors of shelter, health, water, food and non-food items, protection and the set-up and maintenance of camps/ sites for refugees
- “Slow lane” assistance - support the resilience of individuals and to strengthen he access for all to the basic social services and needs



## ***Background and Achievements***

By the beginning of 2015, the number of people displaced from Nigeria living in the Diffa region was estimated by the Niger authorities to be above 100,000, comprised of Nigerian refugees, returning Niger nationals, and a large group of individuals whose nationality has yet to be determined. These displaced people are present in more than 150 towns, villages and islands of Lake Chad, across an area of more than 28,000 km<sup>2</sup> in the south-east of the country. According to the authorities, the displaced population is likely to reach 130,000 by the end of 2015.

The causes of instability in north-eastern Nigeria date back several years and show no signs of immediate resolution, especially in the Nigeria border state of Borno with more than 5 million inhabitants. Even though the Nigeria crisis is only starting to draw media attention, it will be two years, in May 2015, since the first displaced persons arrived in Diffa. The absorption capacity of the crisis in the Diffa region and the availability of basic social services are overstretched. Therefore, in December 2014, the Government of Niger asked UNHCR to assist in opening refugee camps. In 2015, the operational approach is both a camp and out-of camp approach; however, the predominant model is expected to remain the out-of-camp approach: 70 per cent of the displaced claim to be Niger nationals.

In February 2015, the violence that has marked Nigeria in recent years once again spilled over into Diffa region, and cross-border attacks on 6 February in Niger created an additional wave of forced displacement: according to the authorities there are at least 50,000 internally displaced persons. Most IDPs are from Diffa and Bosso towns, and since March 2015 there are new IDP movements arriving from the islands of Lake Chad onto the mainland.

Since mid-February, the presence of land mines is becoming a serious threat to agriculture and animal husbandry as well as for the movement of the population and humanitarian workers.

The fact that more than 80 per cent of the displaced are not in possession of ID documents creates numerous protection concerns: in the short-term the inability to identify oneself might lead to detention and other problems in an area with ongoing security operations, while in the long-run the lack of papers and undetermined nationality raises the risk of statelessness in a context where security issues and consequently protection risks are growing day by day. Hence, from a protection point of view, the documentation of the displaced population remains a central issue.

The out-of-camp context has led the actors involved in Diffa to continue to focus their interventions on the basis of vulnerability and not on status. On a broader scale, the vulnerability of the host communities and the absorption capacity of the current and future host villages constitute significant considerations in the operation. The social and political stability of the Diffa region is also at stake.

A two-pronged strategy remains essential:

- the “fast lane” assistance concentrates on emergency activities in the sectors of shelter, health, water, food and non-food items, and protection, and now includes the setting-up and maintenance of camps/ sites for Nigerian refugees;
- The “slow lane” with structural and development linked investments to support the resilience of individuals (socio-economic empowerment) and to strengthen, from a sustainable perspective, the access for all (refugees, returnees, and host communities) to the basic social services and needs (health, education, water, sustainable shelter, energy).

The escalation of hostilities in February 2015 seems to have had a major impact on the peaceful coexistence of the various communities in the region. Host communities are reaching their capacity to accommodate refugees, and many refugees are more willing than before to move to camps. The deterioration of the global economic situation since the February attacks has also impacted the capacity of the local population, as well as the potential of the displaced, to undertake economic

activities. The contingency response capacity therefore needs to be increased both for internal movement and new influx from Nigeria.

In this context, all humanitarian and development actors are accompanying the authorities in their task but not substituting them. The stakeholders involved in the present appeal are aware that their collective responsibility is to enable the Diffa region to successfully deal with the problems created by the influx and the demographic crisis that ensued. Very few of the current actors were present before the Diffa displacement crisis erupted. Their presence triggered by this crisis necessitates the adoption of a holistic and inclusive intervention strategy, i.e. outside the strict confines of refugee assistance. The present RRRP plans to assist 130,000 displaced persons and 150,000 persons from the host community.

## **Achievements**

Since May 2014, displaced persons fleeing Nigeria have been received by local authorities and committees in over 150 villages in the south-east of Niger. Most of the displaced people have been hosted by local families, while others received emergency shelter assistance, allowing them to settle independently. To facilitate the reception of displaced persons, two transit centers were constructed in Maine Soroa and Bosso.

A population movement and protection monitoring system was established to identify the needs of the newly displaced but also to collect and share data on population trends with the humanitarian community. UNHCR and IRC deployed monitors to the four main sites (Bosso, Diffa, and Kablewa Mainesoroa) and identified and trained community focal points in 136 sites. Displaced households were recorded, documented, and informed about the available services so that they know where to go for medical, psychological or material assistance. The most vulnerable were identified and assisted directly and others referred to the support services. In the second semester of 2014, after multiple insurgent attacks from Nigeria, spontaneous sites were set up to accommodate the increased influx. Towards the end of 2014 the Government decided to establish two refugee camps.

In the course of 2014, an agreement with the Government of Niger allowed for the provision and recognition of individual documentation. In December 2014, the Niger Eligibility Commission for Refugees (CNE) started to identify Nigerian refugees amongst the mixed displaced population. Out of the 12,193 identified Nigerian refugees, 707 choose on a voluntary basis to be transferred to the newly established camp of Sayam Forage where biometric registration was to be done and temporary protection attestations delivered.

A major challenge in Diffa region was the lack of awareness among communities about the causes and consequences of SGBV, or of available services. Thus, capacity-building activities for 50 actors (local authorities and humanitarians) were undertaken on SGBV, the identification and documentation of cases, and referral mechanisms for a holistic response (medical, psychosocial, legal, sedentary and economic). In order to reinforce the training, an SGBV Working group was established. Coordination tools such as the Terms of Reference of the SGBV working group and SOP for SGBV cases were elaborated and validated.

Also, in partnership with IEDA relief, a project to support the development of livelihoods for 700 households including displaced and host households was implemented.

## ***Needs and Vulnerabilities***

Since the last RRRP, the Diffa region has recorded an uninterrupted influx of people fleeing the violence in north-east Nigeria. Recent violence that has spilled over the border has created a new group of affected people: IDPs. Four kinds of affected populations are now concerned: refugees, returnees, IDPs and vulnerable hosts. As a result, a high level of out-of-camp activities needs to be maintained.

The high proportion of people without any identity documents (80%) increases the risk of statelessness. General protection risks for women and children are growing in parallel with the prominence of internal security questions since the Niger authorities declared a state of emergency.

Military gains by insurgents close to Niger territory have increased the risk of recruitment of young vulnerable local men. At the height of the upcoming dry season, from April until June, the Komadougou Yobé River, the natural border between Niger and Nigeria, will just be a trickle of water easily crossed on foot.

The Diffa economy, clearly dependent on trade with Nigeria, is struggling. The host communities therefore have fewer resources to share with refugees arriving in Niger and dependent on their hosts. In November 2014, after the harvest, WFP carried-out a food security and vulnerability assessment in the Diffa region that revealed that 52.7 per cent of households were severely (14%) or moderately (38.7%) food insecure and in need of food assistance. Compared to the previous food security assessments conducted during the same period (post-harvest) last year, the situation is critical (from 2006-2013 the average for severe or moderate food insecurity did not exceed 35%). The study also showed that GAM rates of children (6-23 months) from refugee and returnee households according to MUAC screening were much higher than those of the host populations. Some, 28 per cent of displaced children are affected by GAM compared to 19.5 per cent within host populations, both remaining a concern. The Diffa region is facing a chronic food production deficit.

According to the regional agricultural technical services, 405 agricultural villages out of 606 (67%) have experienced a deficit in their agricultural production. Therefore, the deterioration of the security situation since December 2014 has further exacerbated the already precarious and critical situation.

Limited access to arable land could increase the risk of a further marginalization of the most vulnerable groups and constitute a breeding ground for conflict between the local population and the displaced.

The capacity of the public health centres in the Diffa region continuously stretched by the increasing numbers of new patients. Currently, 30 per cent of new admissions to the regional health centres are from Nigeria and there is a critical lack of drugs, human resources and supplies. The most vulnerable persons, and those living in remote areas like the islands on Lake Chad, are totally excluded from the health system. Consequently, the risk of outbreak of diseases is high, as in October 2014 when a cholera epidemic hit the area.

Diffa is the region with the lowest coverage of mother and child health care in Niger. Only 17.6 per cent of children with fever receive adequate treatment against malaria and 17.8 per cent of children under five sleep under mosquito nets. The incidence of HIV in Diffa region is double the average level of the country (0.8 % for 0.4%) and partners report an increase in high-risk behaviour.

The access to drinking water in Diffa is limited. During the second semester of 2014, the region registered the highest rate of people affected by cholera in the country. Seventy-five per cent of the population are consuming water from ponds, the Komadougou Yobé River and from Lake Chad. Faecal-borne disease risks are evident in settlement areas which are becoming more and more crowded.

The entire Diffa region is facing a structural problem in terms of access to household energy. Besides regular fuel shortages, the region registers recurrent power cuts affecting the normal functioning of public services and local health structures in particular. The pressure exerted by the arrival of the displaced population and their own domestic requirements for wood accentuates a deep environmental crisis. Wood resources are dwindling and result in soaring prices. For vulnerable households the monthly expenses for wood could reach 20 per cent of the total of their budget.

Even prior to the displacement crisis, Diffa recorded the lowest school attendance rate in the whole of Niger: only 35 per cent of children attend primary school and 13 per cent secondary school, compared to 84 per cent and 43 per cent, respectively, for the Niamey Region. The challenge to increase the education rate is even higher with the arrival of the displaced because enrolment rates in Nigeria are traditionally equally low. The existing schools are overcrowded and most of them are in an advanced state of decay, or are simple straw-huts. The region is entirely unprepared for the arrival of students who have been following a foreign curriculum and where the language of instruction is not French but English.

## ***Response Strategy and Priorities***

**Protection:** Protection activities will not be confined to camps but will also take into account the needs of the displaced population outside the camps. The main priority is the protection of displaced persons with special emphasis on maintaining an “open door policy” for displaced persons from Nigeria, as well as the civilian character of asylum, identification and documentation, including the determination of nationality of displaced persons.

A grass-roots-oriented strategy is unpredictable to maintain the pacific coexistence between host communities and the displaced. An example of Community Based Protection is the existing “Communitarian Action Committees” who will be trained according to the needs of the situation (rumour management, conflict transformation, identification of at-risk youth). Community radio will continue to play a central role in supporting peaceful coexistence between displaced populations and host communities. ‘Soft’ activities such as mobile cinema will be also implemented.

**Education:** To ensure the integration of displaced children into the Niger education system (classic school, Franco-Arab school, Koranic school, second-chance school, vocational training centres) support for infrastructure, material and teacher capacity building will be provided at 43 existing schools in the Diffa region. Alternative education systems will also be implemented in the camps. Four distance learning centres for secondary school students will be built and equipped. In 2015, a distance learning project for secondary students will continue following the Nigerian curriculum and using English as the language of instruction.

**Food:** WFP has launched a regional emergency operation with Cameroon, Chad, and Niger, to respond to the growing needs of the displaced population from northern Nigeria. Urgent resources are required for this purpose. To avoid overlap between operations, from June 2015, displaced and host populations staying outside camps will be covered under the PRRO lean season response. At the camp level, general food distribution will be organized. A comprehensive malnutrition-prevention package will complement this food assistance: blanket supplementary feeding (BSF) will provide nutritional supplements to prevent acute malnutrition and mortality among children between the ages of 6-59 months: children will receive “Supercereal Plus”. MUAC screening will be done on site during the monthly distribution and detected cases will be referred to treatment centres as appropriate. Sensitization sessions including cooking demonstrations, will take place at each distribution site.

For the out-of camp interventions targeting the displaced population, WFP has now switched to unconditional monthly food assistance. Planned food-for-work activities have been suspended due to the security situation. Nutritional Support for the prevention of acute malnutrition and mortality activities will be implemented for children 6-59 months and pregnant and lactating women of households receiving food assistance.

The vulnerable host population and internally displaced will also receive food assistance.

**Health and Nutrition:** Access to primary health care facilities for 70,000 refugees and returnees will be ensured through the establishment of a mechanism for the integration of the displaced population within the national health care system. Partners will continue to strengthen local public health services to meet the needs of additional population, provide better services to the host communities and reinforce peaceful coexistence. Health centres will be equipped and medical supplies will be provided. Capacity building sessions will be organized for the medical teams and infrastructures will be restored. Mobile health clinics for medical screening, curative and preventive care, vaccination campaigns and an epidemiological surveillance system will be set up especially for the population hosted on the islands of Lake Chad and other remote areas. Basic services for MHPSS will be integrated within existing services.

Substantial efforts will be made to reduce the prevalence rate of malnutrition among children under five. Public awareness and mass-screening campaigns will be organized and the health centres will be furnished with therapeutic inputs in order to ensure the treatment of children under five suffering from SAM. Special attention will be given to HIV/AIDS prevention and treatment interventions. This will include public awareness, taking care of the HIV-positive population and condom distributions.

**Livelihoods and Environment:** Assistance will be provided both to support the host communities and to promote self-reliance for the displaced. Agriculture (rainy season and irrigated season), livestock, fishing, small entrepreneurship activities will be supported, through the provision of production kits/inputs and vocational trainings. Some 30 ponds will be rehabilitated and restocked. Special attention will be given to young people at high risk of recruitment, and to female heads of households.

In order to limit energy-related expenses, reduce deforestation and protect women and girls who would otherwise need to collect firewood, an initial number of 5,000 households will receive gas stoves and monthly allowances for gas through cash grants or vouchers.

**Shelter and Non-Food Items:** The establishment of camps will provide Nigerian refugees who choose to move there with the necessary shelter. These camps are established, according to international norms, at a distance of at least 50 km from the border. All new arrivals (whether in or out of camps) will receive emergency shelter kits, NFIs and hygiene kits for young girls and women. Vouchers for NFIs will be provided to ensure the beneficiaries have access to the items they need as well as to support the local economy. In the out-of-camp areas, the “urbanisation project” (providing secure plots and shelter) will be increased. So-called “transitional shelters” will be provided for the most vulnerable families especially for those who accommodate returnees within the host communities. An IDP shelter programme will be implemented to respond to this new group.

**Water, Sanitation and Hygiene (WASH):** A water supply system will be installed in each camp. The water supply system in areas with the highest concentration of displaced population will continue to be strengthened. In remote areas, water boreholes will be rehabilitated and water purification tablets and jerry cans will be distributed. Awareness raising campaigns for promoting good hygiene and sanitation practices will be organized in order to prevent the outbreak of water borne diseases such as cholera. Additional family latrines will be constructed to avoid sanitation risks in the settlement areas which are becoming more and more crowded.

## Planned Response

|                                    |   |
|------------------------------------|---|
| <b>Protection</b>                  | <ul style="list-style-type: none"><li>- Conduct border monitoring to identify newly arrived displaced.</li><li>- Register and document arriving refugees and continue to update registration data.</li><li>- Reinforce the reliability of the community pre-registration mechanism</li><li>- Strengthen the inter-agency coordination mechanism</li><li>- Reinforce through a community based approach the geographical coverage of the protection activities</li><li>- Strengthen the prevention and response in terms of SGBV</li><li>- Conduct capacity building sessions on international protection for local authorities, security forces</li><li>- Establish a system to respond to cases of violence, abuse and exploitation including SGBV against children.</li><li>- Provide immediate assistance to separated /unaccompanied children</li><li>- Family Tracing and Reunification</li><li>- Establish a registration process and database of individual cases.</li><li>- Establish a formal mechanism for the release and reintegration of children associated with armed groups</li><li>- Conduct awareness-raising campaigns on SGBV prevention and response.</li><li>- Develop a strategy to reduce risks of child recruitment and assist children formerly associated to armed forces.</li><li>- Construct and equip 30 child-friendly spaces.</li><li>- Provide psychosocial support to children, women and persons with specific needs</li><li>- Identify and assist persons with specific needs</li><li>- Strengthen community dialogue, community communication, and outreach to prevent conflicts between host and refugee communities through local actors (Communitarian Action Committees, community radios)</li><li>- Develop a landmine response</li></ul> |
| <b>Education</b>                   | <ul style="list-style-type: none"><li>- Construct and electrify (photovoltaic) 4 Distance Learning Centre</li><li>- Construct additional semi-permanent classrooms for primary school in host communities and in the camps</li><li>- Construct additional collective latrines. in host communities and in the camps</li><li>- Provide school equipment, material, school kits, textbooks and teachers guides</li><li>- Strengthen teacher and school actor's capacities.</li><li>- Provide psychosocial support and recreational activities to mitigate the effects of trauma and to facilitate peaceful cohabitation.</li></ul>  |
| <b>Livelihoods and Environment</b> | <ul style="list-style-type: none"><li>- Provide production kits / inputs for agriculture, livestock and small entrepreneurship activities to 29,200 persons</li><li>- Create 8 agricultural inputs shops</li><li>- Distribute quality seeds of improved varieties of millet (rain fed season) and quality seeds of improved varieties of maize and cowpea (irrigated cropping season) to 49,980 persons</li><li>- Support 15 communitarian micro-projects to support local economy and create adequate environments to invest and develop the area of intervention</li><li>- Strengthen the local training centres and the capacity of regional technical services to ensure better access and quality of the vocational training for young and vulnerable people</li><li>- Facilitate the access to domestic energy (gas) for 37,000 vulnerable people</li><li>- Distribute monthly cash assistance to 540 vulnerable displaced families.</li><li>- Rehabilitate and restock 30 ponds</li><li>- Organize High Intensity of Labour Force activities</li></ul>   |

|   |   |
|---|---|
| <b>Food</b>                                 | <ul style="list-style-type: none"> <li>- Provide general food distribution all the refugees in the camps (40,000 persons)</li> <li>- Provide unconditional monthly food assistance for displaced out-of camps (55,000 persons)</li> <li>- Provide unconditional monthly food assistance for vulnerable host population (70,000)</li> <li>- Provide nutritional supplements for children 6 to 59 months and pregnant and lactating women to prevent malnutrition</li> <li>- Active screening for malnutrition during distribution activities with referral of detected cases.</li> <li>- Establish supplementary feeding programmes for malnourished children.</li> </ul>  |
| <b>Health and Nutrition</b>                 | <ul style="list-style-type: none"> <li>- Establish a mechanism for the integration of the displaced population within the national health care system</li> <li>- Establish an epidemiological surveillance system</li> <li>- Strengthen referral systems.</li> <li>- Set up mobile health clinics for the islands and the remote areas</li> <li>- Rehabilitate 8 health centres</li> <li>- Transform 7 health centres from type 1 (Primary care) to Type 2 (Primary care + maternity)</li> <li>- Construct 3 hospitalization rooms</li> <li>- Electrify (photovoltaic) 9 health centres</li> <li>- Provide medical supplies to 50 health centres (including malaria treatment; therapeutic inputs for malnourished children, pregnant women, and lactating women; caesarean and delivery kits; HIV testing and treatment).</li> <li>- Increase the quantity and the capacity of human resources in health centres and hospitalization rooms.</li> <li>- Provide reproductive health kits, condoms, and dignity kits.</li> <li>- Organize a polio campaigns vaccination for 19,261 children</li> <li>- Organize measles vaccination campaigns for 300,000 children aged 9 month-14 years old</li> <li>- Establish basic mental health and psychosocial support services.</li> <li>- Organize public awareness and mass screening campaigns to prevent malnutrition for 180,000 children</li> </ul> |
| <b>Logistics and Transport</b>              | <ul style="list-style-type: none"> <li>- Ensure transportation to safe place and camps</li> </ul>   |
| <b>Shelter and NFI</b>                      | <ul style="list-style-type: none"> <li>- Install 2 refugee camps and 1 transit site</li> <li>- Provide construction material kits for all refugees households in the camps</li> <li>- Provide emergency shelter camp and out-of-camp</li> <li>- Provide long-term/permanent shelter to 19,250 persons</li> <li>- Support host families to increase their housing capacity</li> <li>- Provide NFI kits to the new arrivals through classic distribution or fair/voucher mechanism</li> </ul>   |
| <b>Water, Sanitation and Hygiene (WASH)</b> | <ul style="list-style-type: none"> <li>- Provide water, sanitation and hygiene access in each refugee camps</li> <li>- Support the construction of latrines out of the camps for 19,500</li> <li>- Strengthen the water supply system in areas with the highest concentration of population.</li> <li>- Construct/rehabilitate borehole/water point for 110,000 persons</li> <li>- Distribute water purifications tablets and jerry cans to 20,000 individuals.</li> <li>- Provide soap to 20,000 persons out of the camps</li> <li>- Distribution of hygiene kits to 25,000 displaced and vulnerable host populations</li> <li>- Conduct hygiene promotion/sensitization campaigns on hydric diseases, cholera, Ebola</li> <li>- Strengthen and develop the solid waste management systems</li> </ul>  |
| <b>Operational Support</b>                  | <ul style="list-style-type: none"> <li>- Strengthen the data management and the information sharing</li> <li>- Carry out continuous needs assessments (camp and out-of camp)</li> </ul>   |

## ***Partnership and Coordination***

In 2015, the overall coordination of the response will continue to be undertaken by the Regional Coordination Committee for the management of the returnees and refugees which is under the authority of the Diffa Region Governor. The Humanitarian Crisis Cell (CCH - Prime Minister's Cabinet) will provide its support from Niamey. The National Eligibility Commission for the Status of Refugees (CNE) will open an office in Diffa to facilitate the identification and documentation of refugees from Nigeria, as well as the administration of the camps / sites.

Depending on the area of intervention, each actor will integrate the existing mechanism and reinforce the sectorial working groups created by the Regional Authority in response to the crisis. For the out-of-camp interventions special attention will be paid on the existing sectorial regional development plans. UN agencies, IOs and NGOs will focus their intervention strategy on supporting regional authorities and elected local officials to allow them to better take up their responsibilities in this emergency and contribute to development plans. The regional sectorial working group will work in close consultation with the respective clusters and other coordination mechanisms (such as the Refugee Protection Working Group) at the national level.

From December 2014 to January 2015, two camps have been finalized in the Commune of Diffa, Kablewa and a third one is being prepared in Goudoumaria. The latter site, according to the inter-agency contingency plan, might also be used as transit site for displaced people wishing to travel to Nigerian States not affected by the conflict such as Kano. The management of all the camps is done by an international NGO (ACTED) in collaboration with a national NGO (*Karkara*). More globally, in this context the involvement of national institutions with strong expertise and good understanding of the challenges and existing levers is essential: OXFAM will work with *Karkara*, AEN (*Association pour la Redynamisation de l'Élevage au Niger*) AEC (*Alternative Espaces Citoyens*), ROTAB (*Réseau des Organisations pour la Transparence et l'Analyse Budgétaire*), REFEPFA (*Réseau des Femmes pour la Paix*) and FCMN NIYA (*Fédérations des Coopératives Maraichères du Niger*).

Humanitarian agencies will continue to strengthen their presence in Diffa according to the evolution of the situation (needs and security trends). The needs and opportunities on the islands of Lake Chad will be better taken into account by developing remote management mechanism by UNHCR, WFP and UNICEF, where appropriate. In general, government coordination is being supported by the UN agencies according to their respective mandates: OCHA supports the CCH in the Prime Minister's Office in its overall response to all humanitarian crises including food security, nutrition and flooding while UNHCR takes the lead in supporting the roles of the Ministry of the Interior at the level of the capital. At the Niamey level, UNHCR also hosts and leads a bi-monthly coordination meeting on the Diffa situation. The role and place of NGOs will be further reinforced. In Diffa, UN agencies and IOs hold weekly coordination meetings aimed at evaluating achievements and making recommendations.

Within the framework of interagency collaboration, UNHCR and IOM work closely on shelter-related activities. UNHCR and FAO are strengthening a livelihood programme which is linked to the reintegration of Niger returnees-national program implemented by the Social Safety Net Unit (PM's Office). WFP and FAO co-lead the food security cluster. WFP is organizing coordination meetings to avoid duplication after the influx of new actors and ICRC has joined forces to reach the most affected populations in areas with difficult access and also to ensure the coordination of two food pipelines without duplication of activities on the ground.

UNHCR and UNICEF are working closely to reinforce the protection cluster. UNICEF as lead agency for WASH, Education, and Nutrition clusters, and the Child Protection Sub Working group is supporting local authorities to ensure sectorial coordination by reinforcing the capacities of the existing regional mechanisms. In the field, UNICEF and its partners will concentrate their efforts to provide WASH, Education, Nutrition, Child Protection, and Health related assistance to the 'out-of-camp' population. UNICEF will ensure education and support Child Protection activities in the three camps.

In terms of information management and information sharing, OCHA publishes regular Humanitarian Bulletins, situation reports and Flash Updates specific to the Diffa situation



(<http://www.unocha.org/niger/>). UNHCR has three information tools: the UNHCR Niger blog (<http://unhcrniger.tumblr.com/>), the Sahel Situation portal (<http://data.unhcr.org/NigeriaSituation>), and a special internet website focused on operational information, the humanitarian community and the authorities [http://reach1.cern.ch/reach/ner\\_6w/index.html](http://reach1.cern.ch/reach/ner_6w/index.html). This website provides an interactive mapping of the hosting sites of the Diffa region and a new 3W matrix that is more operational and easy to extract information.

Due to the longer-term development aspects, operational partnerships with development donors/stakeholders with a presence in Niger are of high importance. Partnerships with the private sector will also be extended, especially in terms of gas supply.



*Nigerian refugee children on their way to school in Diffa, south Niger. UNHCR / H. Caux*

## ***Financial Requirements Summary - Niger***

### **Financial requirements by agency (in US dollars)**

| <b>Organization</b>   | <b>Total</b>      |
|---|-------------------|
| ACTED Agency for Technical Cooperation and Development                    | 390,888           |
| ACF <i>Action Contre la Faim</i>  | 750,000           |
| HELP/ <i>Welthungerhilfe</i>  | 746,274           |
| IEDA International Emergency and Development Aid                          | 1,086,356         |
| IRC International Rescue Committee  | 775,000           |
| <i>Karkara</i>  | 691,776           |
| LRC Luxembourg Red Cross  | 770,000           |
| Oxfam   | 4,800,000         |
| Save the Children   | 6,400,000         |
| SFCG Search for Common Ground   | 529,592           |
| IOM International Organization for Migration                              | 1,900,000         |
| FAO Food and Agriculture Organization                                     | 1,500,000         |
| UNDP United Nations Development Programme                                 | 888,750           |
| UNHCR United Nations High Commissioner for Refugees                       | 27,575,888        |
| UNICEF United Nations Children's Fund                                     | 5,532,000         |
| UNOCHA United Nations Office for the Coordination of Humanitarian Affairs | 195,000           |
| WFP World Food Programme  | 26,401,540        |
| WHO World Health Organization   | 497,600           |
| <b>Total</b>  | <b>81,430,664</b> |

### **Financial requirements by sector (in US dollars)**

| <b>Sector</b>               | <b>Total</b>      |
|-----------------------------|-------------------|
| Protection                  | 11,784,810        |
| Education                   | 2,570,778         |
| Food                        | 29,534,519        |
| Health and Nutrition        | 7,898,761         |
| Livelihoods and Environment | 10,771,897        |
| Shelter and NFIs            | 7,372,775         |
| WASH                        | 7,224,284         |
| Logistics and Telecom       | 2,849,179         |
| Operational Support         | 1,423,661         |
| <b>Total</b>                | <b>81,430,664</b> |

## Annex 1: Financial Requirements by Agency and Country (US dollars)

| Organization  | Cameroon          | Chad              | Niger             | Total              |
|---|-------------------|-------------------|-------------------|--------------------|
| ACTED   |                   | 242,500           | 390,888           | <b>633,388</b>     |
| ACF Action Contre la Faim   |                   |                   | 750,000           | <b>750,000</b>     |
| HELP/Welthungerhilfe  |                   |                   | 746,274           | <b>764,274</b>     |
| IEDA International Emergency and Development Aid                          | 1,850,000         |                   | 1,086,356         | <b>2,936,356</b>   |
| IMC International Medical Corps   | 549,940           | 729,696           |                   | <b>1,279,636</b>   |
| IRC International Rescue Committee  |                   |                   | 775,000           | <b>775,000</b>     |
| IRD International Relief and Development                                  | 250,000           |                   |                   | <b>250,000</b>     |
| Karkara   |                   |                   | 691,776           | <b>691,776</b>     |
| LRC Luxembourg Red Cross  |                   |                   | 770,000           | <b>770,000</b>     |
| Oxfam   |                   |                   | 4,800,000         | <b>4,800,000</b>   |
| Save the Children   |                   |                   | 6,400,000         | <b>6,400,000</b>   |
| SFCG Search for Common Ground   |                   |                   | 529,592           | <b>529,592</b>     |
| IOM International Organization for Migration                              | 950,000           |                   | 1,900,000         | <b>2,850,000</b>   |
| FAO Food and Agriculture Organization                                     |                   |                   | 1,500,000         | <b>1,500,000</b>   |
| UNAIDS  | 1,050,000         |                   |                   | <b>1,050,000</b>   |
| UNDP United Nations Development Programme                                 |                   |                   | 888,750           | <b>888,750</b>     |
| UNFPA United Nations Population Fund                                      | 950,000           | 2,320,000         |                   | <b>3,270,000</b>   |
| UNHCR United Nations High Commissioner for Refugees                       | 31,019,434        | 16,559,597        | 27,575,888        | <b>75,154,919</b>  |
| UNICEF United Nations Children's Fund                                     | 3,023,690         | 6,365,984         | 5,532,000         | <b>14,921,674</b>  |
| UNOCHA United Nations Office for the Coordination of Humanitarian Affairs |                   |                   | 195,000           | <b>195,000</b>     |
| UN Women  | 500,000           |                   |                   | <b>500,000</b>     |
| WFP World Food Programme  | 15,375,598        | 2,922,856         | 26,401,540        | <b>44,669,994</b>  |
| WHO World Health Organization   | 7,280,390         | 1,039,575         | 497,600           | <b>8,817,565</b>   |
| <b>Total</b>  | <b>62,799,052</b> | <b>30,180,208</b> | <b>81,430,664</b> | <b>174,409,924</b> |

## ***Annex 2: Financial Requirements by Country and Sector (US dollars)***

| <b>Sector</b>                               | <b>Cameroon</b>   | <b>Chad</b>       | <b>Niger</b>      | <b>Total</b>       |
|---|-------------------|-------------------|-------------------|--------------------|
| Protection                                  | 7,053,972         | 2,595,605         | 11,784,810        | <b>21,434,387</b>  |
| Education                                   | 1,611,723         | 2,144,426         | 2,570,778         | <b>6,326,927</b>   |
| Food  | 13,776,845        | 6,017,503         | 29,534,519        | <b>49,328,867</b>  |
| Health and Nutrition                        | 16,906,335        | 7,824,014         | 7,898,761         | <b>32,629,110</b>  |
| Livelihoods and Environment                 | 4,510,815         | 882,801           | 10,771,897        | <b>16,165,513</b>  |
| Shelter and NFIs                            | 6,953,976         | 4,827,931         | 7,372,775         | <b>19,154,682</b>  |
| WASH  | 6,983,336         | 2,864,918         | 7,224,284         | <b>17,072,538</b>  |
| Logistics and Telecoms                      | 931,533           | 1,939,672         | 2,849,179         | <b>5,720,384</b>   |
| Operational Support                         | 3,120,517         | 1,083,338         | 1,423,661         | <b>5,627,516</b>   |
| Multi-sectoral Assistance to TCNs/returnees | 950,000           | -                 | -                 | <b>950,000</b>     |
| <b>Total</b>                                | <b>62,799,052</b> | <b>30,180,208</b> | <b>81,430,664</b> | <b>174,409,924</b> |

### ***Annex 3: Financial Requirements by Country, Agency and Sector (US dollars)***

| <b>Organization</b> | <b>Protection</b> | <b>Education</b> | <b>Food</b>       | <b>Health and Nutrition</b> | <b>Livelihoods and Environment</b> | <b>Shelter/NFIs</b> | <b>WASH</b>      | <b>Logistics and Telecom</b> | <b>Operational Support</b> | <b>Multi-sectoral assistance to TCNs/returnees</b> | <b>Total</b>      |
|---------------------|-------------------|------------------|-------------------|-----------------------------|------------------------------------|---------------------|------------------|------------------------------|----------------------------|--|-------------------|
| <b>Cameroon</b>     | <b>7,053,972</b>  | <b>1,611,723</b> | <b>13,776,845</b> | <b>16,906,335</b>           | <b>4,510,815</b>                   | <b>6,953,976</b>    | <b>6,983,336</b> | <b>931,533</b>               | <b>3,120,517</b>           | <b>950,000</b>                                     | <b>62,799,052</b> |
| IEDA                | 1,100,000         |                  |                   |                             | 750,000                            |                     |                  |                              |                            |  | <b>1,850,000</b>  |
| IMC                 |                   |                  |                   | 549,940                     |                                    |                     |                  |                              |                            |  | <b>549,940</b>    |
| IRD                 |                   |                  |                   |                             | 250,000                            |                     |                  |                              |                            |  | <b>250,000</b>    |
| IOM                 |                   |                  |                   |                             |                                    |                     |                  |                              |                            | 950,000  | <b>950,000</b>    |
| UN AIDS             |                   |                  |                   | 1,050,000                   |                                    |                     |                  |                              |                            |  | <b>1,050,000</b>  |
| UNFPA               |                   |                  |                   | 950,000                     |                                    |                     |                  |                              |                            |  | <b>950,000</b>    |
| UNICEF              | 385,000           |                  |                   | 520,000                     |                                    |                     | 2,118,690        |                              |                            |  | <b>3,023,690</b>  |
| UNHCR               | 5,068,972         | 1,611,723        | 1,186,857         | 3,770,395                   | 3,510,815                          | 6,953,976           | 4,864,646        | 931,533                      | 3,120,517                  |  | <b>31,019,434</b> |
| UN Women            | 500,000           |                  |                   |                             |                                    |                     |                  |                              |                            |  | <b>500,000</b>    |
| WFP                 |                   |                  | 12,589,988        | 2,785,610                   |                                    |                     |                  |                              |                            |  | <b>15,375,598</b> |
| WHO                 |                   |                  |                   | 7,280,390                   |                                    |                     |                  |                              |                            |  | <b>7,280,390</b>  |
| <b>Chad</b>         | <b>2,595,605</b>  | <b>2,144,426</b> | <b>6,017,503</b>  | <b>7,824,014</b>            | <b>882,801</b>                     | <b>4,827,931</b>    | <b>2,864,918</b> | <b>1,939,672</b>             | <b>1,083,338</b>           |  | <b>30,180,208</b> |
| ACTED               |                   |                  | 242,500           |                             |                                    |                     |                  |                              |                            |  | <b>242,500</b>    |
| IMC                 |                   |                  |                   | 729,696                     |                                    |                     |                  |                              |                            |  | <b>729,696</b>    |
| UNFPA               | 570,000           |                  |                   | 1,750,000                   |                                    |                     |                  |                              |                            |  | <b>2,320,000</b>  |
| UNHCR               | 1,215,605         | 1,194,426        | 2,852,147         | 1,717,259                   | 882,801                            | 4,827,931           | 846,418          | 1,939,672                    | 1,083,338                  |  | <b>16,559,597</b> |
| UNICEF              | 810,000           | 950,000          |                   | 2,587,484                   |                                    |                     | 2,018,500        |                              |                            |  | <b>6,365,984</b>  |
| WFP                 |                   |                  | 2,922,856         |                             |                                    |                     |                  |                              |                            |  | <b>2,922,856</b>  |
| WHO                 |                   |                  |                   | 1,039,575                   |                                    |                     |                  |                              |                            |  | <b>1,039,575</b>  |

| <b>Niger</b>       | <b>11,784,810</b> | <b>2,570,770</b> | <b>29,534,519</b> | <b>7,898,761</b>  | <b>10,771,897</b> | <b>7,372,775</b>  | <b>7,224,284</b>  | <b>2,849,179</b> | <b>1,423,661</b> |                | <b>81,430,664</b>  |
|--------------------|-------------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------------|------------------|----------------|--------------------|
| ACTED              |                   |                  |                   |                   | 40,441            |                   | 277,173           |                  | 73,274           |                | <b>390,888</b>     |
| ACF                |                   |                  |                   |                   |                   |                   | 750,000           |                  |                  |                | <b>750,000</b>     |
| HELP               |                   |                  | 596,424           | 149,850           |                   |                   |                   |                  |                  |                | <b>746,274</b>     |
| IEDA               |                   |                  |                   |                   | 1,086,356         |                   |                   |                  |                  |                | <b>1,086,356</b>   |
| IRC                | 550,000           |                  |                   | 150,000           |                   |                   |                   |                  | 75,000           |                | <b>775,000</b>     |
| <i>Karkara</i>     | 21,215            | 89,029           |                   |                   |                   |                   | 581,532           |                  |                  |                | <b>691,776</b>     |
| LRC                |                   |                  |                   |                   |                   | 520,000           | 250,000           |                  |                  |                | <b>770,000</b>     |
| Oxfam              | 800,000           |                  | 2,000,000         |                   |                   |                   | 2,000,000         |                  |                  |                | <b>4,800,000</b>   |
| Save the Children  |                   |                  |                   | 3,050,000         | 3,240,000         |                   | 110,000           |                  |                  |                | <b>6,400,000</b>   |
| SFCG               | 529,592           |                  |                   |                   |                   |                   |                   |                  |                  |                | <b>529,592</b>     |
| IOM                | 500,000           |                  |                   |                   |                   | 1,000,000         |                   | 400,000          |                  |                | <b>1,900,000</b>   |
| FAO                |                   |                  |                   |                   | 1,500,000         |                   |                   |                  |                  |                | <b>1,500,000</b>   |
| UNDP               |                   |                  |                   |                   | 888,750           |                   |                   |                  |                  |                | <b>888,750</b>     |
| UNHCR              | 8,234,003         | 1,501,749        | 536,555           | 1,699,311         | 4,016,350         | 5,852,775         | 2,205,579         | 2,449,179        | 1,080,387        |                | <b>27,575,888</b>  |
| UNICEF             | 1,150,000         | 980,000          |                   | 2,352,000         |                   |                   | 1,050,000         |                  |                  |                | <b>5,532,000</b>   |
| UNOCHA             |                   |                  |                   |                   |                   |                   |                   |                  | 195,000          |                | <b>195,000</b>     |
| WFP                |                   |                  | 26,401,540        |                   |                   |                   |                   |                  |                  |                | <b>26,401,540</b>  |
| WHO                |                   |                  |                   | 497,600           |                   |                   |                   |                  |                  |                | <b>497,000</b>     |
| <b>GRAND TOTAL</b> | <b>21,434,387</b> | <b>6,326,927</b> | <b>39,524,489</b> | <b>42,433,488</b> | <b>16,165,513</b> | <b>19,154,682</b> | <b>17,072,538</b> | <b>5,720,384</b> | <b>5,627,516</b> | <b>950,000</b> | <b>174,409,924</b> |

