



LAKE CHAD BASIN CRISIS

REGIONAL HUMANITARIAN CONTEXT

The Boko Haram crisis has caused a tremendous population displacement in Nigeria and the countries surrounding Lake Chad (Chad, Niger and Cameroon), affecting millions of people. In three years, it has turned into the largest humanitarian crisis of the region.

Since 2013, there has been an upsurge in violence in Nigeria, primarily targeting the civilian population with devastating effects for local communities. Attacks have also been carried out in the neighboring countries, on the Nigerian, Cameroonian and Chadian side of Nigeria's northeastern borders. Boko Haram's escalating violence has caused both internal displacement and cross border population movements leading to unprecedented humanitarian consequences and widespread suffering.

According to UNHCR, there are about 2.4 millions displaced persons in the region, including 1.64 million Internally Displaced Persons in Nigeria and over 183,000 people who have sought refuge in neighboring countries, exacerbating an already precarious situation by creating shortages of food and increasing the risk of outbreaks of infectious diseases such as cholera. These hosting areas suffer from structural very poor and vulnerable which increase the pressure on the already limited resources.

KEY DATA

- › 2,4 millions displaced people
- › 7 millions food insecure people
- › 515,000 children with Severe Acute Malnutrition (SAM)

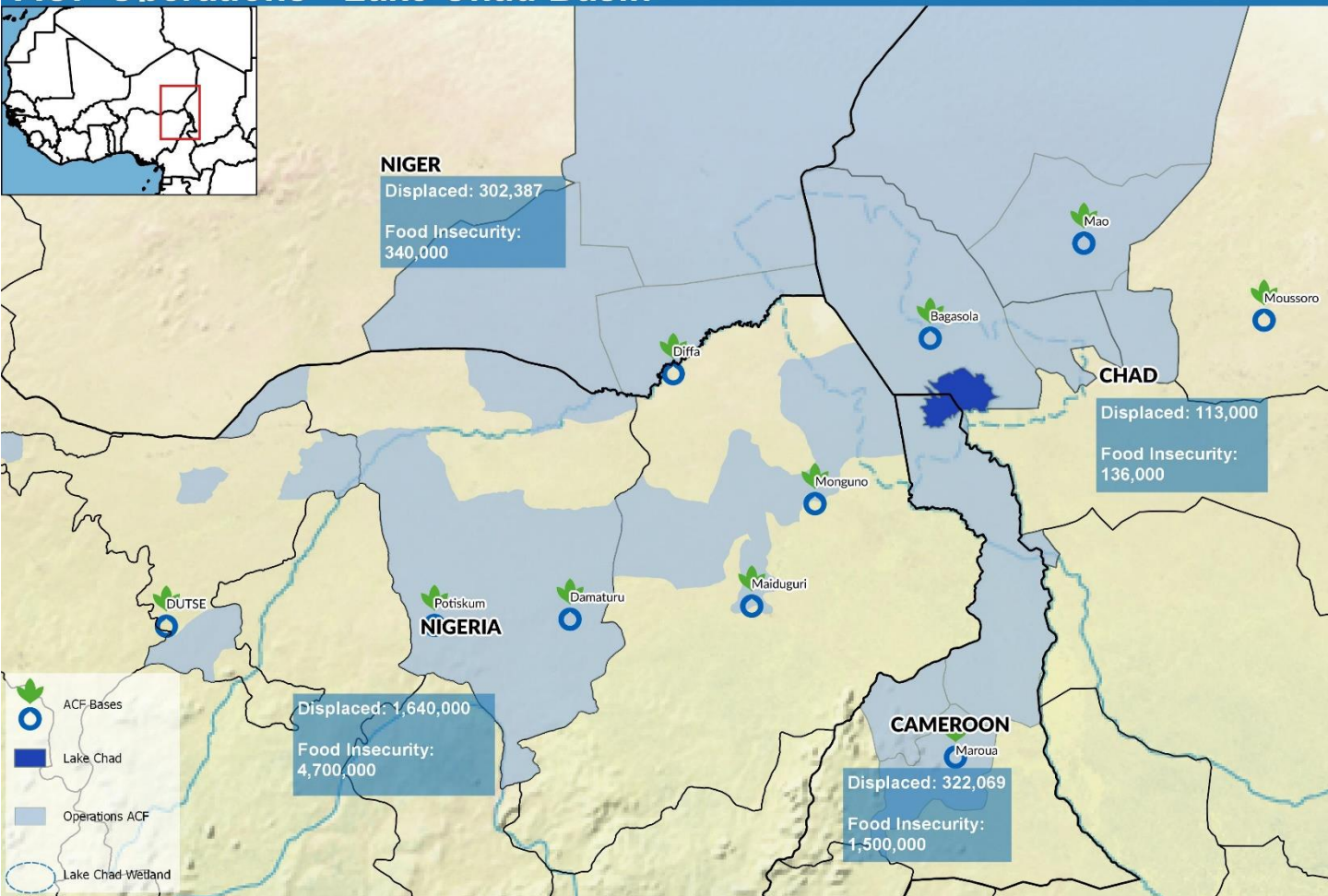
IMMEDIATE PRIORITIES

- › Food Assistance
- › Nutrition treatment
- › Protection and humanitarian access
- › Water, Sanitation and Hygiene (WASH)
- › Livelihood
- › Contingency Plans

Protection, food, shelter, health, nutrition and water, hygiene and sanitation (WASH) needs remain largely unmet in the affected areas and have continued to escalate over the last year. In 2017, OCHA estimates that up to 7 million people are food insecure and **515,000 the number of children suffering from severe acute malnutrition.**

Furthermore, persistent insecurity has reduced humanitarian **organizations'** access to affected populations and their ability to accurately assess needs in remote or newly liberated areas.

ACF Operations - Lake Chad Basin



Sources: Cadre Harmonisé, November 2016, OCHA and UNHCR December 2016

ACTION AGAINST HUNGER REGIONAL STRATEGY

Action Against Hunger's strategy in the Lake Chad area is to provide a multi-sectoral emergency response to the ongoing food and nutritional crisis, while contributing to the early recovery of the communities. AAH also strives to strengthen long term resilience and social cohesion in the affected areas to guarantee a sustainable way out of the crisis. The main pillars of our intervention are:



Respond to and prevent food insecurity and undernutrition through emergency food assistance (food, cash or vouchers) and nutritional supplements for persons at risk of undernutrition.



Provide treatment for children with severe acute malnutrition



Meet the emergency needs of displaced people and refugees, focusing on water, sanitation and hygiene.



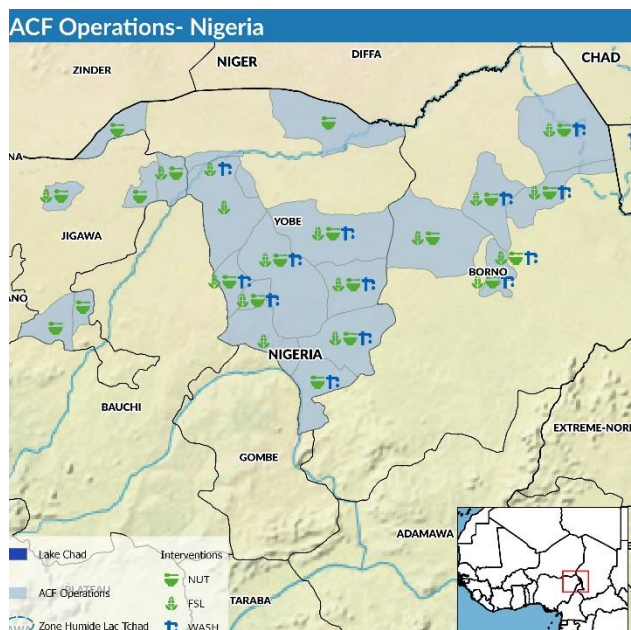
Engage in regional advocacy for an efficient and coordinated humanitarian response to the LCB crisis.

HUMANITARIAN CONTEXT - NIGERIA

Since 2011, the prolonged conflict has made communities more vulnerable, destroyed livelihoods and increased malnutrition and food insecurity. Likewise, already scarce basic services have become practically inaccessible.

The government of Nigeria has declared a food and nutrition emergency in Borno. Today, northern Nigeria accounts for more than half of the food insecurity caseload of the entire Sahel. In the areas recently made accessible to humanitarian actors, severe acute malnutrition rates are disturbingly high, with 3 to 4 children dying every day from causes linked to malnutrition.

Already fragile communities have been further destabilized by massive internal population flows. As a result, around 700,000 people in insecure areas are inaccessible to humanitarian actors, with no access to basic services or assistance.



KEY FIGURES

- › **1,64 million** internally displaced people
- › **700,000** inaccessible people
- › **4,7 million** food-insecure people
- › **450,000** children with SAM

AAH INTERVENTIONS

- › **512,000** beneficiaries of Wash/NFI activities and shelter
- › **160,800** beneficiaries of emergency food assistance
- › **18,245** pregnant and nursing women and under 5 years old beneficiaries of Blanket Feeding
- › **32,886** children beneficiaries of nutritional and primary health treatment in 93 Health Centers

INTERVENTION GAP

- › **\$2,700,000** unmet needs in WASH

Globally only 52,5% of the financing needs were met in 2016. Moreover, people in famine and children suffering from SAM are facing immediate mortality risks. There remains an urgent need for food, water, sanitation structures, shelters, medicine and nutritional complements.

AAH RESPONSE IN NIGERIA

AAH has active interventions in both Yobe and Borno. The main interventions concern the distribution of WASH/NFI kits, emergency food assistance and Nutritional/Health treatment for SAM, malaria, diarrhea and respiratory infections.

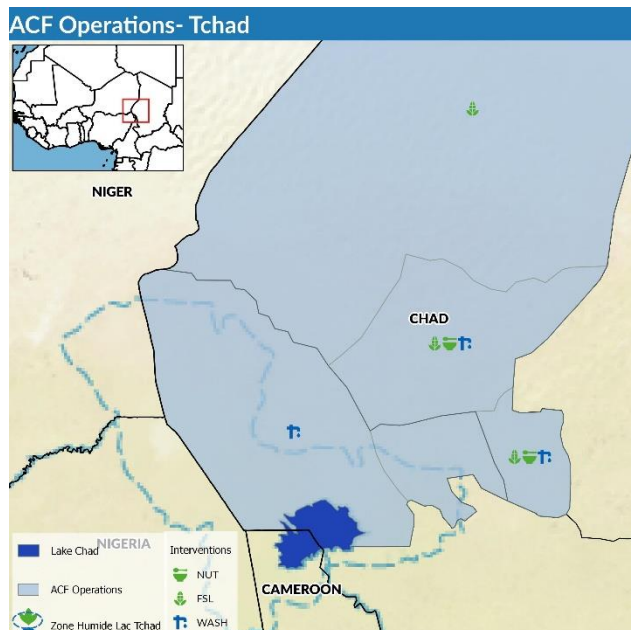
In total, AAH supported **1,4 million** beneficiaries with emergency humanitarian assistance in 2016 and will increase its caseload in 2017 while expanding early recovery activities. Nonetheless, needs remain very high. This is particularly true for WASH and psychosocial support activities, which are markedly underfinanced.

HUMANITARIAN CONTEXT - CHAD

The Lake Chad region has faced structural problems for decades, to which the insurrection in Northern Nigeria has added considerable difficulty. Local populations are in a struggle to meet their basic needs with continuously declining economic opportunities.

Boko Haram's atrocities have pushed scores of refugees to flee the conflict. The « relocation » of these people to nearly 60 islands in Lake Chad has exacerbated displacement problems and has fostered the rise of spontaneous refugee/IDP settlements.

AAH's multisector evaluations in May & June 2016 underlined major unmet needs in WASH, Food Security and psycho-social care. These needs are considerably complicated by logistical concerns rising from difficult access and long distances between sites.



KEY DATA

- › **105,000** IDPs and **8,200** refugees
- › **136,000** food-insecure people
- › **20,672** children with SAM

AAH INTERVENTION

- › Approx. **22,300** displaced and host-community beneficiaries in WASH and
- › Approx **1,000** people benefiting from psychosocial support

INTERVENTION GAP

- › **2,000,000€** in Food Security & Livelihoods, psychosocial care and health/nutrition
- › Need for additional evaluations in food security.
- › Increased humanitarian advocacy

AAH RESPONSE IN CHAD

In the Lake Chad Region, AAH is implementing an emergency WASH response targeting 23,000 people (displaced and host community).

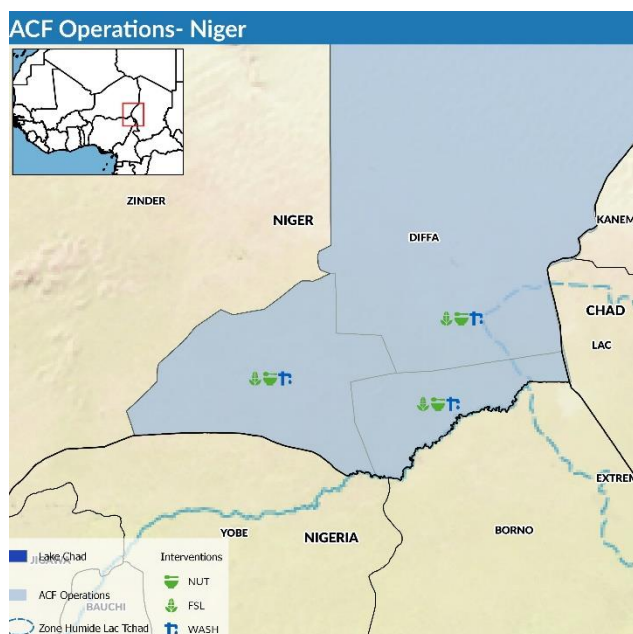
AAH has further deployed emergency stocks of WASH kits and NFIs as a preparatory measure to cover the needs of 10,000 people. These contingency stocks are linked to vulnerability-monitoring system that can trigger the release of supplies within 72 hours. AAH's psychosocial treatment for victims of violence begins in February 2017.

AAH is seeking additional financing to expand its activities in food security and livelihoods. This specifically concerns food fairs, kitchen kits, shelter and general food distributions. AAH likewise seeks to expand its humanitarian advocacy and assure a cross-border coordination within the four countries of the basin region.

HUMANITARIAN CONTEXT - DIFFA

The Diffa region is acutely vulnerable to climate hazards, security crises and economic shocks. As a result, this region has considerable problems in malnutrition, food security and access to WASH and basic services in general. The latest attacks in the region (especially in the town of Bosso in June 2016) have led to an increase of internally displaced persons. They are now estimated at 300,000, including 89,000 refugees. The settlement of these populations in already exposed and fragile zones remains a deep concern for their food security and nutrition situation, and puts further pressure on vulnerable host communities.

Almost 340,000 people are facing food insecurity in the Diffa region, and more than 12,000 children suffering from severe acute malnutrition are in need of immediate nutritional treatment (SMART 2016). Furthermore, commerce is perpetually paralyzed by ongoing insecurity and the renewed state of emergency. Some areas remain poorly accessible for humanitarian actors. Humanitarian response has been provided to the main displaced people camps, as well as some spontaneous sites and host villages.



Humanitarian actors have been able to respond to immediate needs in shelter, NFI, healthcare access, nutrition treatment, food security, WASH, protection and education. However, the current frame of humanitarian response does not yet allow for a sustainable intervention, because of insufficient and inflexible financing.

KEY FIGURES

- › **184,404** IDPs& **88,668** refugees and **29,315** returnees
- › **340,000** food-insecure people
- › **12,000** children with SAM

AAH INTERVENTIONS

- › **126,837** displaced and host beneficiaries of WASH activities
- › **31,325** beneficiaries of food assistance
- › **10,500** beneficiaries of livelihood recovery

INTERVENTION GAP

- › **3,5 M€** unmet needs for AAH interventions in WASH, Nutrition, Food assistance and Livelihoods for the Diffa region.

AAH RESPONSE IN NIGER

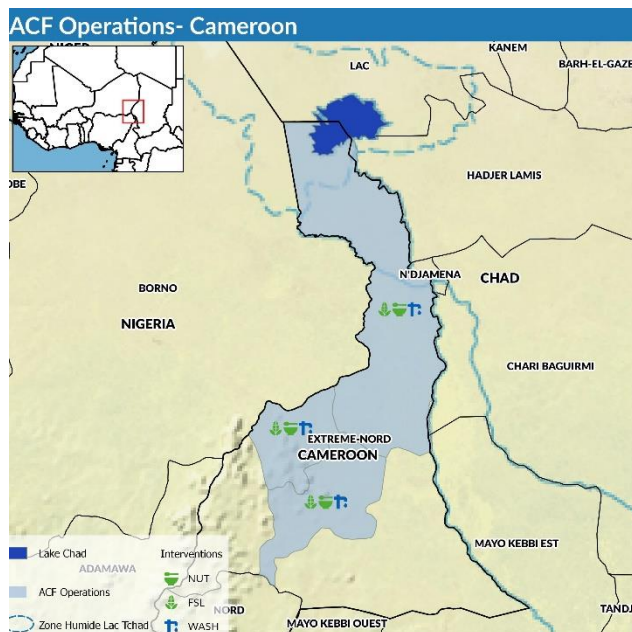
AAH in Niger intervenes in WASH, food security and livelihoods and currently present in the departments of Diffa, Mainé-Soroa and Goudoumaria. The interventions concern both spontaneous sites and host villages. Almost 24,095 households have been supported, including 18,120 households receiving WASH assistance and 5,975 households receiving food security and livelihood interventions. Furthermore, AAH has an active pastoral surveillance network in the Diffa region with 3 sentinel sites which enables a weekly monitoring of the situation.

Despite these efforts, important needs remain unmet, notably in WASH and food security and livelihoods. AAH is currently exploring the addition of nutrition interventions and the expansion of operational coverage to more remote areas in the department of Nguigmi.

HUMANITARIAN CONTEXT - CAMEROON

Bordering Nigeria, the Far North Region faces a number of risks linked to migratory flows of people fleeing the Boko Haram conflict. Since, the region has been destabilized by a deteriorating security situation from violence and terrorist attacks. 60% of displaced people are located in the most inaccessible zones of the region. Taking advantage of socio-economic and religious divides, Boko Haram has expanded influence in the area and created numerous conflict zones in the region.

This instability exacerbated existing problems of chronic malnutrition and food-insecurity. As a result, 1,5 million are food-insecure, of which 200,000 are severely food insecure. 70% of farmers have had to abandon their fields, due to insecurity. Furthermore, 50% of children in Cameroon admitted to therapeutic nutritional treatments come from the Extreme-Nord region.



KEY FIGURES

- › **198,889** IDPs, **87,112** refugees and **36,068** returnees
- › **1,5 million** food-insecure people
- › **31,074** children with SAM

AAH INTERVENTIONS

- › **26,699** people benefiting from integrated health, nutrition and WASH programmes.

INTERVENTION GAP

- › **1,000,000€** for health/nutrition in Mora District
- › **2,000,000€** for health/nutrition and psychosocial care in Logone-Chari department.
- › Additional food security evaluations
- › Humanitarian Advocacy

AAH RESPONSE IN CAMEROON

Since 2015, AAH has been responding with its partners to the escalating humanitarian situation in the Far North Region. Two multisector evaluations have been conducted in the departments of Mayo Sava and Diamare. A health-nutrition intervention has been launched in the health district of Tokombere, where alarming rates of malnutrition have been aggravated by a rise in displacement and violent incidents. AAH's interventions seek to strengthen the health system's response capacity for pregnant women and children under five. The other side of the intervention is to improve water access and quality in health facilities. In total, AAH reaches 26,699 beneficiaries in the district.

AAH is seeking additional financing to expand interventions of healthcare, nutritional treatment, psychosocial care and WASH provision in the Logone-Chari department. AAH also seeks to expand its evaluations and analyses to bring an adapted response to cover the needs of other areas that have recently been made accessible (particularly Kolofata). Moreover, AAH seeks to expand its humanitarian advocacy and assure a cross-border coordination within the four countries of the basin region.

ACTION AGAINST HUNGER IN WEST AFRICA

Our vision is a world without hunger. A world in which all children and adults have sufficient food and water and access to the resources that sustain a healthy life. We believe that in today's world no one should suffer from hunger and undernutrition and we are committed to address the root causes and consequences of hunger.

Action Against Hunger has been working in West Africa since 1983, with 11 country offices currently operational. In 2015 we reached 2,3 million people in the region through nutrition, health, food security and livelihoods and water, sanitation and hygiene (WaSH) projects.

We worked with partners to strengthen the regional early warning system, and ensured nutrition data is included in the analysis; on health systems strengthening and stronger integration between health and nutrition; and successfully influenced the inclusion of nutrition in the regional agricultural policy.

We advocate at community, national and regional level for a better accountability of governments and stakeholders towards nutrition challenges.



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Data presented in this document on food security, nutrition and population movements stem from OCHA reports, UNHCR reports, HRP reports from December 2016 and January 2017 and from the Cadre Harmonisé results from November 2016



FOR FOOD FOR WATER

January 2017

AGAINST HUNGER

