

A close-up photograph of a young girl wearing a vibrant blue headscarf. She has a serious expression and is looking directly at the camera. Her hand is raised near her face. In the background, another child is partially visible, wearing a patterned headscarf. The background is a textured, shimmering gold fabric.

# NIGERIA REGIONAL REFUGEE RESPONSE PLAN

August – December 2014

September 2014

**Cover photograph:**

Young school girls at school in Diffa, Niger, where more than half of the students are Nigerian refugees. UNHCR / K. Mahoney.

## Summary

<b>Period</b>	August – December 2014
<b>Current Population</b>	71,000 persons
<b>Population Planning Figures</b>	95,000 persons
<b>Target Beneficiaries</b>	Nigerian refugees and returning Niger nationals displaced by conflict in Nigeria
<b>Financial Requirements</b>	US\$ 34,072,394
<b>Number of Partners</b>	16

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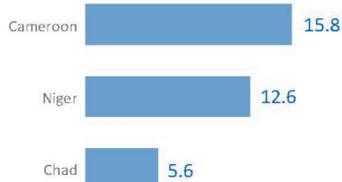
# REGIONAL REFUGEE RESPONSE DASHBOARD

as of 31 July 2014

## Requirements

**34 million** requested in total

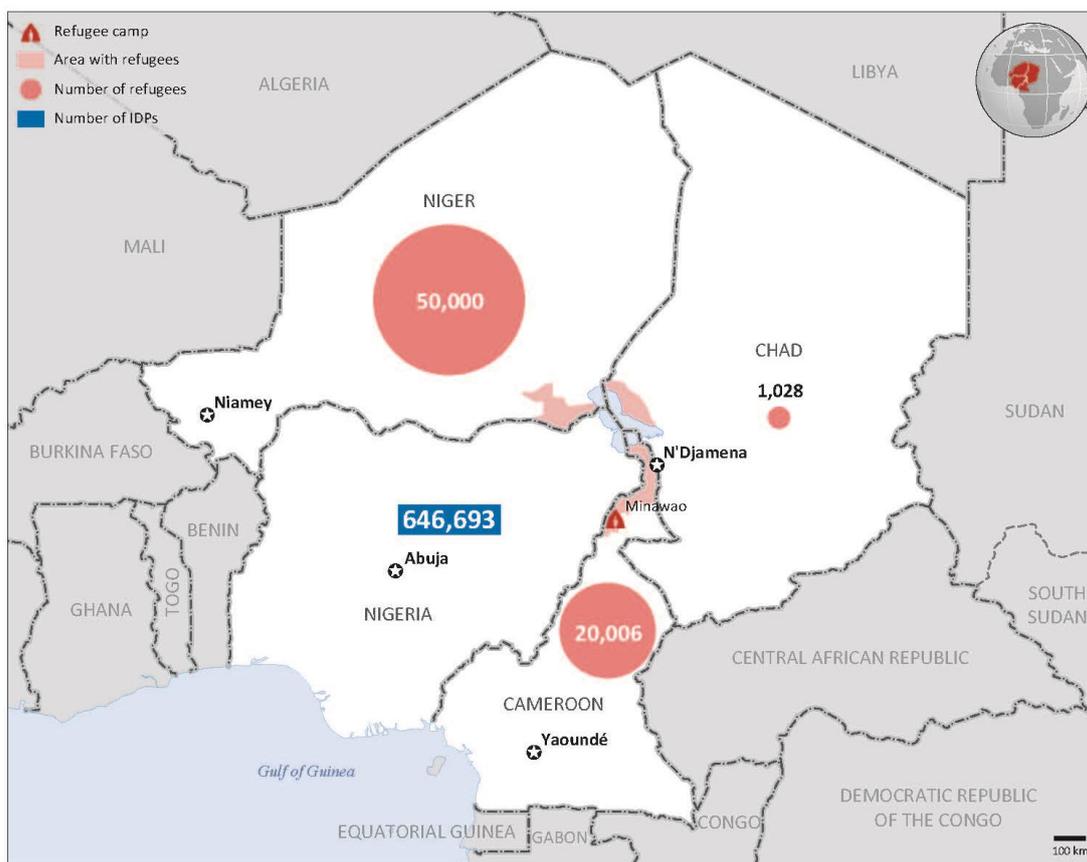
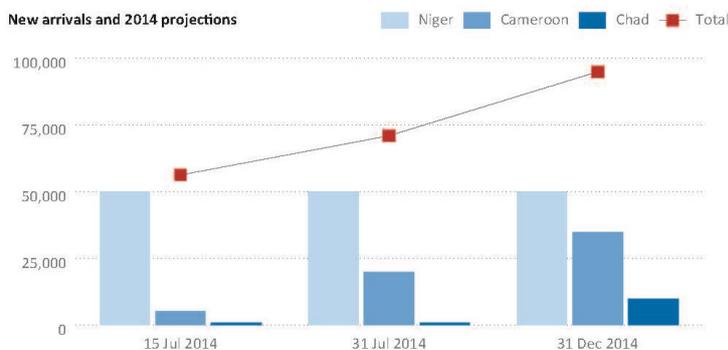
Requirements (in million US\$)



## Population trends



New arrivals and 2014 projections



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
 Creation date: 10 Sep 2014 Sources: UNHCR, UNCS, SALB, OCHA Feedback: mapping@unhcr.org

# REGIONAL STRATEGIC OVERVIEW

## Introduction

The aim of this Nigeria Regional Refugee Response Plan is to mobilize support for an inter-agency response to the refugee situation developing in south-east Niger, south-west Chad and northern Cameroon and to present the corresponding emergency programme needs. These countries are affected by a continuing influx of refugees from north-eastern Nigeria seeking safety from attacks by armed insurgents. UNHCR, together with the Governments of the countries of asylum, has already started to establish protection monitoring systems and coordinate initial emergency assistance, in close collaboration with the UN sister agencies, international and national NGOs.

Since 2011, a militant insurgent group in Nigeria operating in the north-eastern Federal States of Yobe, Adamawa and Borno has been carrying out armed attacks on civilian populations in Nigeria. In May 2013, the Government of Nigeria declared a state of emergency with the imposition of curfews. Despite military interventions by the Government, the security crisis has continued to worsen, with growing numbers of victims of killings and abductions, and the destruction of social and economic infrastructures, including the disruption of education services in the affected areas. The conflict has resulted in the deaths of over 3,700 civilians to date and massive internal displacement of populations. An inter-agency mission fielded in May 2014 assessed that the number of conflict-generated IDPs was at that point over 650,000.

Alongside the internal displacement, a growing number of Nigerians are seeking refuge in neighbouring countries:

- It is estimated there are over 30,000 Nigerian refugees in northern **Cameroon**, some 20,000 of whom have so far been registered by UNHCR and over 6,000 have been relocated from the border to Minawao camp where multi-sectoral assistance is being provided.
- Currently, **Chad** is hosting over 1,000 Nigerian refugees. A second wave of refugees (about 1,000) arrived in August 2014 on Lake Chad's Choua Island; they are being relocated further away from the border to Ngouboua where the first group was settled last year.
- More than 50,000 persons have fled Nigeria and sought refuge in the Diffa region of south-east **Niger**. The group includes Nigerian refugees, returning Niger nationals and third country nationals.
- In both Niger and Chad, refugees have settled among local communities, whereas in Cameroon, because of the specific security challenges linked to cross-border movements from Nigeria by the insurgents, refugees are being encouraged by the Cameroonian Government to settle in an organized camp (Minawao).

From the outset, UNHCR has been monitoring the evolving situation and providing protection responses and humanitarian assistance, in collaboration with the Governments, other UN agencies and civil society partners. In Cameroon, Chad and Niger contingency plans have been prepared for responding to a possible further deterioration of the situation and increased numbers of forcibly displaced people.

### Beneficiary Populations

	15 Jul 2014	31 Jul 2014	31 Dec 2014
<b>Cameroon</b>	5,324	20,006	35,000
<b>Chad</b>	1,000	1,028	10,000
<b>Niger*</b>	50,000	50,000	50,000
<b>Total Population</b>	<b>56,324</b>	<b>71,034</b>	<b>95,000</b>

\* includes refugees and returning Niger nationals

## ***Regional Protection and Humanitarian Needs***

The overall protection strategy for this emergency response seeks:

- to ensure unhindered and continuing access to asylum, freedom of movement and individual refugee documentation;
- to maintain the civilian character of asylum; and
- to assure the legal, physical and social protection of the refugees.

Since the refugee crisis started in early 2013, particularly in Niger and Cameroon, and more recently in Chad, inter-agency assessment missions to refugee areas have been coordinated jointly by UNHCR and the host Governments. These assessments have identified a number of protection problems and needs, in particular those related to child protection, protection against gender-based violence and the preservation of family unity. Further protection needs include access to services such as primary education and social protection services for vulnerable people. The overall aim of the protection interventions is to preserve life and uphold the dignity of refugees.

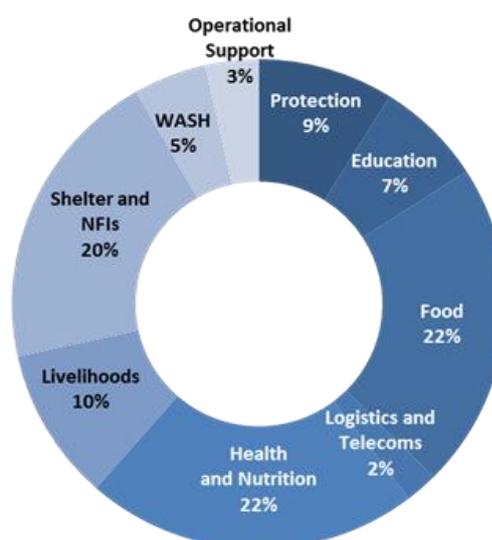
**Access to services:** With the growing refugee influx, there is a pressing need for well-coordinated deliveries of supplies and services in the most critical areas of food, shelter, health, water, sanitation and hygiene (WASH) and nutrition. Given the settlement of many refugees in local communities, and the mixed nature of some refugee outflows, assistance must be inclusive, addressing the needs of the refugees and also the hosting communities in a manner that preserves existing coping mechanisms by supporting the social infrastructure at village level.

In the provision of services, particular attention will be paid to medical and nutrition screenings, to enable early detection of malnutrition cases through systematic screening as well as treatment of acute malnutrition. WASH interventions remain an important part of the emergency response, particularly to prevent the spread of disease and to promote a healthy environment in the rural areas where refugees are settling.

Shelter is also a priority of the emergency response, in particular to accelerate family shelter construction and distribution of core relief items (CRIs) such as blankets, sleeping mats, kitchen sets, jerry cans, mosquito nets and sanitary kits for women of reproductive age.

## ***Budgetary Requirements (US dollars)***

**Total: 34,072,394**



## ***Coordination***

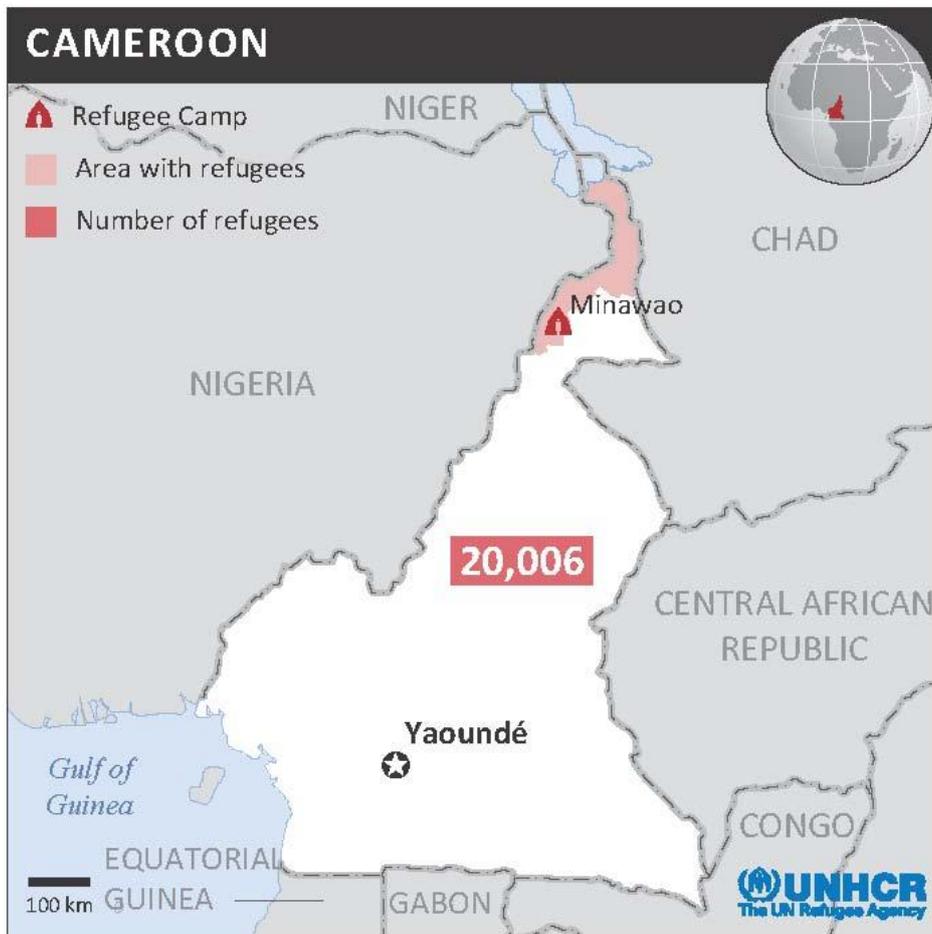
Since the beginning of 2013, UNHCR and the Governments concerned have coordinated several inter-agency assessment missions and carried out protection monitoring in the affected areas in all three affected countries.

UNHCR and all partners will continue to support the Governments of the countries of asylum to lead and coordinate the respective responses to the Nigeria refugee crisis. This regional refugee response plan therefore presents all partners' response needs, and calls for both resource mobilization as well as strong collaboration, complementarity and information sharing amongst all stakeholders: host Governments, UN Agencies, NGOs, donors and civil society

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

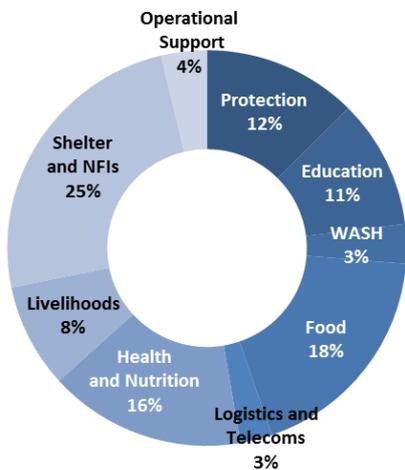
<b>Organization</b>
ACTED Agency for Technical Cooperation and Development
FAO Food & Agricultural Organization
IMC International Medical Corps
IRC International Rescue Committee
IRD International Relief and Development
LRC Luxembourg Red Cross
Public Concern
UN Women
UNAIDS Joint United Nations Programme on HIV/AIDS
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
WFP World Food Programme
WHO World Health Organization

# CAMEROON RESPONSE PLAN

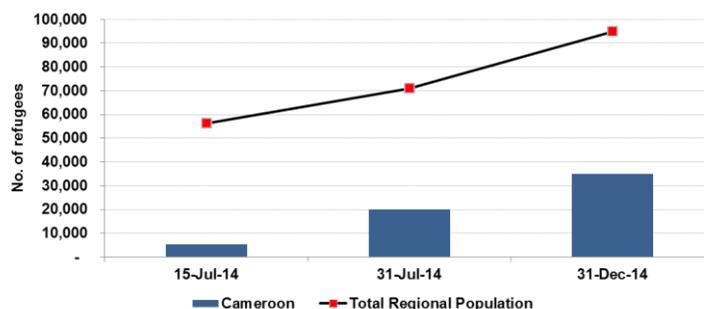


Map Sources: UNCS, UNHCR.  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 12 Sep 2014.

## Financial Requirements (US dollars) 15,849,601



## Population Trends



## ***Background and Achievements***

Before the latest influx of Nigerian refugees since 2003, Cameroon had hosted over 3,000 Nigerian refugees due to inter-ethnic conflicts, of which over 1,700 individuals settled in the Adamawa and Northwest Region and over 1,530 persons in the Southwest Region following the most recent inter-ethnic conflicts in February 2014.

Since May 2013, as a result of the most recent unrest in Nigeria caused by armed insurgents, Cameroon has witnessed the arrival of more than 30,000 persons pre-registered by local authorities. Of this number 20,000 persons have been verified by UNHCR as refugees. Whilst the situation had stabilized towards the end of 2013, following the Paris Summit on Security in Nigeria in May 2014, about 13,000 new refugees arrived in Cameroon. Currently, a total of 18,475 Nigerian refugees have been registered in the Far North Region, primarily within the districts of Mayo Tsanaga (7,685), May Sava (1,966), and Logone-et-Chari (8,824). Another 1,530 refugees are in the Southwest Region.

The Government of Cameroon has established a refugee camp at Minawao to accommodate the recent influx and to relocate refugees away from insecure border areas. To date, Minawao camp hosts a total of 6,068 Nigerian refugees with a capacity for 10,000 refugees which may be expanded to 15,000 refugees. However, almost 14,000 refugees remain at the border, many of whom are reluctant to be transferred to the camp. Moreover, the volatile security situation, including continued incursions by armed insurgents on Cameroonian territory, continues to hamper registration and relocation efforts. The Government continues to provide safety and 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 Minawao.

Humanitarian actors are providing life-saving assistance in the areas of protection, health, nutrition, WASH, shelter, education and food security. Given on-going insecurity in the region, inter-agency and NGO partners will continue to prepare for additional flows of refugees from Nigeria into Cameroon, though the security situation also makes it increasingly difficult for humanitarian actors to maintain a meaningful presence on the ground. The current planning figure is 35,000 Nigerian refugees by 31 December 2014.

### **Achievements**

- *5,294 refugees have been transferred from the border to Minawao camp.*
- *5,765 individuals have been registered in the proGres database system.*
- *1,778 family certificates have been distributed to 4,626 refugees.*
- *Two water pumps at Minawao are supplying 80,000 litres of water per day (13.2l/person/day).*
- *45 waste bins have been placed throughout the camp.*
- *263 transitional shelters have been constructed by refugees themselves and 539 emergency shelters and 110 tents have been installed.*
- *183 latrines and 93 showers are functional at Minawao camp.*
- *Out of the 1,739 students identified at Minawao camp, 700 passed the placement exam as part of preparations of the up-coming school year.*
- *Over 200 refugees are cultivating 24 hectares of peanuts and beans and are practicing apiculture (beekeeping).*
- *6,068 refugees in the camp have been assisted with monthly general food distribution (2,100 kcal/pers./day)*
- *7,534 refugees living out of the camp have been assisted with one-time food distribution.*
- *173 refugee children under five and 97 pregnant and lactating women treated for moderate acute malnutrition in the camp.*

## ***Needs and Vulnerabilities***

The security situation in the areas affected by the state of emergency in north-eastern Nigeria remains a major concern for the countries in the sub-region and the international community. The resurgence of violence and human rights violations in connection with the armed groups in the states of Yobe, Borno and Adamawa and recent ethnic conflict in Taraba State in Nigeria, suggests continuity of forced movement of Nigerian populations to Cameroon. This situation could be exacerbated by political tensions in the lead-up to the elections in Nigeria planned for February 2015.

The inter-agency contingency plan elaborates three scenarios. Scenario 1 is considered the most likely. This scenario foresees that the Government of Nigeria will maintain the pressure and continue air strikes on the positions of the armed insurgents in the three concerned states until end-2014. As a result, the civilian population will move mostly towards interior Nigeria. On the other hand, armed elements could resist attacks of the Federal Army and will continue to perpetrate attacks and kidnappings. The situation will worsen as the civilian population is no longer able to farm and food reserves will deplete. The elections in February 2015 will exacerbate the already untenable situation for the local population. Inter-ethnic conflicts are expected to continue in Taraba State. As a result of such developments, several thousand Nigerians would cross the border to seek security in Cameroon.



*Figure 1: Registration of Nigeria refugees in Mayo Sava, Cameroon. UNHCR / D. Majorem*

Accordingly, Cameroon could accommodate another 15,000 refugees on its territory of which 12,000 in the Far North Region and the remaining 3,000 in the North, Adamawa and Southwest Regions. Taking into consideration those who have already found refuge in Cameroon, the number of Nigerian refugees would total 35,000 persons by end-2014.

Cross-border attacks, kidnapping and looting by armed insurgents are still on the rise despite a robust presence of Cameroonian security forces. Humanitarian actors have been forced to suspend their activities. Some 14,000 Nigerian refugees remain close to the border including some who are reluctant to be relocated. Ten entry points have been identified along the 700km stretch of border where the refugees enter. As soon as the security situation permits, there will be five transit centres constructed to register refugees and prepare them for transfer to the camp. There is a continuous need to maintain the civilian character of asylum as the incursion of armed elements has been observed even in the Minawao camp which is 60 km away from the nearest border.

The population profile is considered normal with only a slight majority of women in the category of 18-59 years old (54%). The refugees are of rural background (farmers, pastoralists) and the vast majority are Muslims.

Fortunately, no unaccompanied or separated children have been identified so far. However, tracing and family reunification mechanisms need to be put in place to monitor the situation continuously. The risk of sexual and gender-based violence (SGBV) exists both in the border areas and in the refugee camp.

Refugees arrive in poor health and some need urgent treatment for certain medical conditions and trauma. Health facilities in the targeted region are understaffed and insufficiently equipped. Since August 2014, a cholera outbreak in the Far North Region has also affected the refugee population. To date, about 26 cases of cholera have been reported at Minawao camp, with three confirmed deaths. A measles epidemic has also been identified, which threatens especially children and other vulnerable persons.

Refugees arrive in relatively good nutritional condition (compared to CAR refugees in the East). Thus, the current estimates are 13 per cent acute malnutrition amongst refugees at the border and 16 per cent amongst refugees in the camp. The higher malnutrition rate in the camp is explained by the fact that the most vulnerable families have been transferred to the camp. Furthermore, the Far North Region is endemically food insecure as it belongs to the Sahel belt. There is relatively little nutritious food in the area and a lack of nutrition education. Therefore, the host population's coping capacities are being severely stretched with the arrival of the refugees.

Shelter construction in Minawao camp will need to be accelerated to move refugee families from community to family shelters. Currently, there are some 2,400 refugees still living in community shelters. In addition most refugees have lost all their belongings and arrive without food, money or basic items. Access to essential household items (non-food items - NFIs) such as kitchen sets, blankets, sleeping mats and hygiene kits, among others; have been identified as the most critical needs for the newly arrived.

Despite the water, sanitation and hygiene (WASH) interventions implemented so far, there is an urgent need to install additional latrines, including isolated latrines to prevent the spread of cholera. Currently, the number of latrines at Minawao camp is well below standard with a ratio of 40 people per latrine. Refugees continue to defecate outside of designated areas which further poses a major risk for the spread of cholera. Additionally, the two water pumps currently functional at Minawao camp are not providing a sufficient quantity of water and additional water pumps are urgently needed with the prospect of more new arrivals and transfers to Minawao camp.

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

**Protection:** The protection strategy seeks to ensure access to the asylum and freedom of movement through documentation. The civilian character of asylum is maintained, especially through the participation of different actors, including local authorities, local populations and the refugees. Given the volatile security situation in the region, the physical safety of refugees before and during their settlement in refugee sites will be ensured in close collaboration with the Government of Cameroon. With large numbers of Nigerian refugees pending transfer at the border, relocations to Minawao camp will be accelerated to move refugee populations away from insecure border areas.

Security permitting, UNHCR and the administrative authorities will carry out verification, registration and monitoring at border entry points to ensure international protection and to issue relevant documentation. All refugees will receive identity documents whether they live in the camp or amongst the host population. Refugee parents fully understand their obligation to register the birth of their children in order to reduce the risk of statelessness and concomitant restriction of their rights.

Persons with specific needs and children at risk are systematically and swiftly identified, assessed and referred to relevant services. Child protection services will focus particularly on providing psychological and other support for unaccompanied minors and separate children.

There is a need to develop and disseminate Standard Operating Procedures (SOP) for the prevention of and response to SGBV with a psychosocial component, including a local referral mechanism for assistance to survivors and community sensitization. Emergency integrated psychosocial assistance will be provided to women, girls and adolescent refugee survivors of SGBV and victims of trauma. A women's space will be set up in the refugee camp where women can receive orientation and professional care and also exchange experiences with and support other women. Women leaders will be trained in conflict prevention and mediation to facilitate social cohesion between refugees and the host community. Economic activities will be supported for mixed women's groups.



*Figure 2: Refugee women set up a shelter in Minawao camp, Cameroon. UNHCR / D. Mbajorem.*

**Education:** Identification of students among the refugee population will continue and additional classrooms will be built to expand the capacity of the school at the camp. Accelerated learning programmes will be put in place to accommodate over-aged learners who have missed out on schooling. To promote school enrolment, sensitization campaigns will be carried out among parents of school-aged children. The overall objective is to provide, secondary and early childhood education for all refugee girls and boys. The Nigerian refugees are Anglophone therefore the education will be in English using the Cameroonian curriculum.

**Food security:** Food assistance will be scaled up to meet the food requirements of all refugees at border entry points and at Minawao camp. General food distributions will be complemented by food-based nutrition programmes and agricultural activities.

**Health:** Medical and nutritional screenings, active surveillance and response to diseases of epidemic potential such as cholera, vaccinations (polio and measles), and sensitization campaigns about cholera prevention will be conducted early on during the registration process. Essential medical care will be provided to refugees arriving in poor health and refugees will receive treatment for common medical conditions and trauma. For patients with serious medical conditions, a referral mechanism will be put in place. Psychological first aid and referral services for people with mental health illnesses will also be provided. Reproductive health services will focus on youth as they are the most vulnerable with regard to SGBV, HIV/AIDS, sexually transmitted infections (STI) and undesired pregnancy. Government health facilities will be supported with reproductive health kits and delivery kits. Women of child-bearing age will receive dignity kits to help them preserve their dignity and also to attract them to health facilities for mother and childcare services.

**Livelihoods & Environment:** Around 200 families already receive assistance in agriculture and several partners foresee to expand livelihood projects. Some refugees brought their animals (cows) to the refugee camp. Therefore, partners need to ensure with local authorities to allocate grazing land and veterinary services will also have to be provided. With regard to the environment, refugees have been trained to fabricate improved cooking stoves from local clay and other improved cooking stoves will be procured and distributed to the population.

**Logistics:** As soon as the curfew is lifted, the transfer of the refugees to the camp will continue. All movements will be accompanied by military escorts and an ambulance with medical personnel. Upon arrival at the refugee camp, refugees will be informed about the camp life and allocated community shelters.

**Nutrition:** Early detection of acute malnutrition cases through systematic active screening at border entry points during registration and at Minawao camp will be conducted with the support of community health workers in the camp and surrounding villages. Treatment of acute malnutrition will be provided for severely and moderately malnourished children and severely malnourished adults. Nutritional support will also be provided to refugees outside the camp through existing programmes by partners for the local population.

**Shelter:** Shelter construction will be accelerated to expand the capacity of existing facilities at Minawao camp and to move refugee families from community to family shelters. Transitional shelters will be allocated to persons with specific needs and shelter kits provided to those who are able to construct themselves. The responses will also include the distribution of standard package of non-food items including blankets, sleeping mats, kitchen sets, jerry cans, impregnated mosquito nets and sanitary kits for women and girls.

**Water, Sanitation and Hygiene (WASH):** The capacity of existing WASH facilities at Minawao camp will be expanded in order to reach required minimum standards. For 15,000 refugees, an additional 27 boreholes will be needed. Additional latrines, including isolated latrines to prevent the spread of cholera will be installed and additional water infrastructure will be constructed. Standard: 1 latrine per family, communal latrines: 20 persons per latrine.

## ***Partnership and Coordination***

UNHCR has already led several inter-agency assessment missions to the far north and will continue to do so, security situation permitting. The Far North Region is in security level three and currently (August 2014) the border is closed to curb the spread of the Ebola virus. Movement has also been restricted within the border area in Cameroon (prohibition of motorcycle traffic, curfew after 8pm for all vehicles).

UNHCR will continue to lead the refugee response in close collaboration with Cameroonian authorities and with the support of UN agencies and NGOs in order to ensure effective coordination and efficient allocation of resources. The multi-sector response is being implemented by WFP, WHO, UNHCR, UNICEF, UNFPA, UN Women, IMC (International Medical Corps), IRD (International Relief and Development) and Public Concern, a local NGO. Depending on the evolution of the situation, more partners will be sought to cover needs and gaps.

Weekly coordination meetings are held in Maroua, the regional capital of the Far North Region. Moreover, bi-monthly coordination meetings are held at UNHCR in Yaoundé covering both CAR and Nigerian refugee programmes.

Partners will work in close collaboration with the local authorities and line ministries concerned, using the mechanisms already developed in other humanitarian crises (CAR refugees, epidemics, Sahel food crisis).

## ***Planned Response***

<b>Protection</b>	<ul style="list-style-type: none"> <li>- Monitor border entry points and continue advocacy for access to asylum and prevent refoulement in collaboration with Cameroonian authorities.</li> <li>- Maintain civilian character of asylum: separation of armed elements from refugees upon arrival by the administrative authorities and security forces.</li> <li>- Relocate refugees from insecure border areas to Minawao camp and conduct sensitization activities for refugees reluctant to be transferred.</li> <li>- Register refugees in a timely manner with data disaggregated by gender and age.</li> <li>- Provide documentation (refugee ID card and attestation of family composition).</li> <li>- Establish family tracing and reunification mechanisms.</li> <li>- Conduct sensitization on birth registration and the relevant procedures.</li> <li>- Establish SOP to identify and support persons with specific needs.</li> <li>- Establish SOP for the prevention of and response to SGBV including community-based activities.</li> <li>- Set up women's space in the camp where women can receive orientation and exchange experiences between each other.</li> <li>- Train 100 women leaders in conflict prevention and mediation.</li> <li>- Support the training of humanitarian actors and security forces on women protection in crisis contexts.</li> <li>- Organize and train a network of community relays on SGBV issues.</li> <li>- Provide psychosocial support and assistance through counselling and group therapy to identified cases.</li> <li>- Operate one refuge centre within the women's space for the most vulnerable.</li> <li>- Support the functioning of women peace committees and the organisation of 8 social cohesion common activities.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- Identify students among refugee population for upcoming school year.</li> <li>- Conduct awareness campaigns among parents of school-aged children regarding school enrolment.</li> <li>- Construct at least 30 additional classrooms.</li> <li>- Equip classrooms with benches, tables, blackboards.</li> <li>- Recruit and remunerate at least 30 additional teachers.</li> <li>- Distribute some 3,000 school kits and uniforms for students and teaching kits for teachers.</li> <li>- Establish nursery schools and child-friendly spaces.</li> </ul>
<b>Environment and Livelihoods</b>	<ul style="list-style-type: none"> <li>- Train refugees to produce improved cooking stoves from local clay.</li> <li>- Procure and distribute improved cooking stoves to about 10,000 households including host communities.</li> <li>- Expand agricultural assistance.</li> <li>- Support refugees to maintain their livestock.</li> <li>- Conduct economic profiling of women refugees and distribute 200 economic kits for refugee and local women.</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>- Conduct general food distributions to refugees in the camp and in host community.</li> <li>- Establish supplementary feeding programmes for malnourished children in camp and in host community.</li> <li>- Evaluate food security needs.</li> </ul>

## Planned Response (contd.)

<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Screen and provide primary health care services to new arrivals during transfer and in the camp.</li> <li>- Provide referral services to local health centres and hospitals.</li> <li>- Implement a MUAC Nutrition screening at community level with the support of CHWs and local and religious leaders in the camp and adjacent villages.</li> <li>- Reinforce the two health centres Gadala (3km from camp) and Gawar (4 km from camp) to cope with higher number of patients.</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>- Provide HIV/AIDS, STIs testing, early infant diagnosis, ART and STI drug treatment to refugees.</li> <li>- Provide reproductive health kit in targeted health facilities in the region</li> <li>- Provide dignity kits to all women in reproductive age</li> <li>- Support outreach services for emergency obstetric care, family planning services and medical assistance to GBV survivors.</li> </ul>
<b>Logistics and Transport</b>	<ul style="list-style-type: none"> <li>- Ensure safe transport of up to 12,000 refugees from border areas to camp(s).</li> </ul>
<b>Non-Food Items (NFI)</b>	<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> </ul>
<b>Shelter and Infrastructure</b>	<ul style="list-style-type: none"> <li>- Set up five transit site at border entry points.</li> <li>- Construct 250 community shelters for reception of new refugees at the camp.</li> <li>- Construct 3,000 temporary family shelters (camp).</li> <li>- Distribute 3,000 kits for semi-permanent family shelters (camp).</li> <li>- Deliver toolkits and technical support to refugees to construct shelters.</li> </ul>
<b>Water, Sanitation and Hygiene (WASH)</b>	<ul style="list-style-type: none"> <li>- Install bladders to supply water in transit sites and Minawao camp.</li> <li>- Construct 27 additional boreholes at Minawao camp.</li> <li>- Construct additional latrines, including isolated latrines with the aim of preventing the spread of cholera.</li> <li>- Carry out sensitization activities with community actors on the prevention of cholera and other diseases, food hygiene and other hygiene practices</li> </ul>

## ***Financial Requirements Summary - Cameroon***

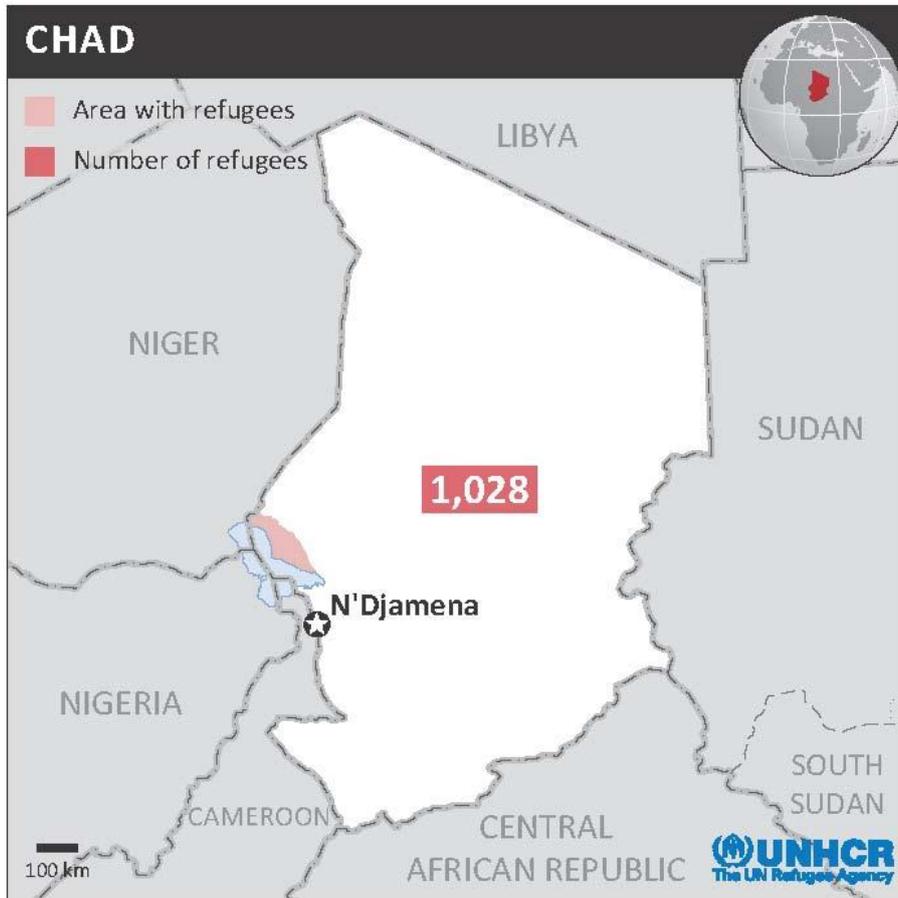
### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
IMC International Medical Corps	600,000
IRD International Relief and Development	2,500,000
Public Concern	2,362,460
UN Women	264,532
UNFPA United Nations Population Fund	170,000
UNHCR United Nations High Commissioner for Refugees	5,907,526
WFP World Food Programme	2,915,083
WHO World Health Organization	1,130,000
<b>Total</b>	<b>15,849,601</b>

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

<b>Sector</b>	<b>Total</b>
Protection	1,982,599
Education	1,669,586
Food	2,927,522
Health and Nutrition	2,531,752
Livelihoods	1,346,855
Logistics and Telecoms	409,940
Shelter and NFIs	3,884,936
WASH	509,938
Operational Support	586,473
<b>Total</b>	<b>15,849,601</b>

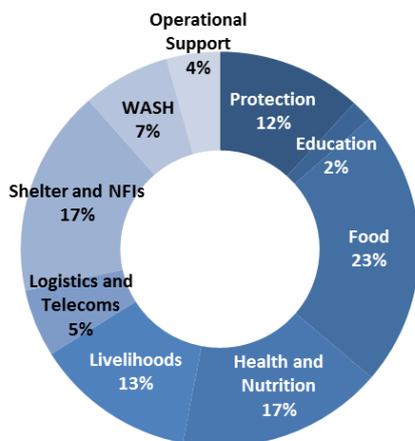
# CHAD RESPONSE PLAN



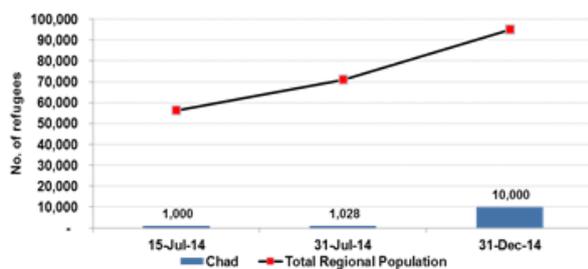
Map Sources: UNCS, UNHCR.  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 12 Sep 2014.

## Financial Requirements (US dollars)

**5,575,700**



## Population Trends



## ***Background and Achievements***

Prior to the recent emergency, Chad was already hosting a total of 553 Nigerian refugees in the Lake Chad region. On 31 July, an estimated 1,000 Nigerian asylum seekers entered Chad and stayed on Choua, an island on Lake Chad, four kilometers away from the Nigerian border. As of 30 August, 681 Nigerian refugees were being registered by the National Refugee Commission (CNARR). Reportedly, more asylum seekers are present in the region yet hide out of fear to be associated with Boko Haram by the local communities. In July, the Chadian Government closed the border with Nigeria to curb the spread of the Ebola virus. However, unpredictable tensions and riots in Nigeria, and insecurities in Niger and Cameroon, suggest that more Nigerian refugees will arrive in Chad.

At the onset of the emergency, a joint UN mission, together with local NGOs as well as the CNARR was conducted at the Lake Chad region to assess the needs and the situation. Since July, humanitarian actors are present in Ngouboua. Only very few NGOs have had a base in the region before (like IMC and ACTED).

It was agreed with the local authorities to relocate the refugees from the island Choua to close by villages Ngouboua and Kousseri, to join the existing Nigerian refugees where it is safer and easier to provide humanitarian assistance. It is not foreseen at this stage to create a camp, but to integrate the refugees into existing communities. On 25 August, the first convoys, comprised of 44 pick-ups, relocated 179 persons to Ngouboua and Kousseri villages. The refugees will stay in villages and local authorities and services will be supported.

Due to the overall tense security situation in the entire Lake Chad region, the operation aims at providing assistance in a very low profile manner, and information sharing is restricted according to security protocols.

### **Achievements**

- *179 refugees and 51 households have been relocated from the island of Choua to Ngouboa and Kousseri villages (25 August).*
- *681 individuals have been registered.*
- *Prior to relocation, energy biscuits and hot meals were provided.*
- *90 plastic sheeting, 110 mats, 116 blankets and mosquito nets, 200 pieces of soap, and 80 kitchen sets were distributed on Choua,.*
- *Several vaccination campaigns have been conducted (polio, tuberculosis, and tetanus).*
- *14 emergency family hangars, 18 latrines and 18 showers have been constructed in Ngouboua.*

## ***Needs and Vulnerabilities***

It is projected that 10,000 Nigerians will have arrived in Chad by the end of the year. Refugees are being hosted in villages. Assistance will be provided to both the refugees and host communities, which will subsequently, and depending on the sector, increase the target number of beneficiaries.

For protection purposes, regular border monitoring needs to be conducted and potential relocation to safe villages organized. Identification and registration of newly arriving refugees is needed to facilitate access to asylum as well as to enable protection and assistance. Moreover, it is vital of refugees to carry out child protection activities, including child-friendly places, referral systems and family tracing programmes, given the high number of women and children amongst the concerned population. Sexual and gender based violence is a major protection risk in the Lake Chad region, as girls are often exposed to forced marriage and unwanted pregnancies. Women and girls are also exposed to rape, sexual and physical assault in particular when washing clothes in the river or fetching firewood outside of the village. The use of drugs being run out of Nigeria to Ngouboua increases the risk of SGBV.

Preschool and primary school children need to be provided with basic learning materials as well as recreational items. Furthermore, identified teachers in the community need to be trained in child-centred pedagogy and peace education for the delivery of emergency education.



Figure 3: Arrival of Nigerian refugees in Chad (Lake Chad region). UNHCR / V. Ndakass

To control and mitigate any potential outbreaks, the vaccination status of refugees has to be checked and updated, especially as a measles outbreak has been affecting the host population since the beginning of the year. Hygiene and access to potable water are also pressing needs as cholera is already present in the north of Cameroon and Nigeria, and could easily cross into the region. The only health centre receiving refugees is in need of rehabilitation and support for drugs, staff, transport and fuel. Six cases of moderate malnutrition have been identified amongst children during the medical screening prior to the relocation.

There is a need to increase the number of sites (villages), which receive refugees and to provide emergency shelter material and construction tool kits as well as construction for the communities. Safe drinking water provision and sanitation facilities are far below minimum standards and may lead to waterborne diarrheal diseases. Solid waste management has to be initiated as well as support to local WASH services.

In the past, the Lake region including Ngouboua, has faced land conflict among the local population, which may threaten the peaceful coexistence between the newly arrived refugees, the existing refugees, and the local communities. It is important to conduct community outreach programmes, livelihood activities and activities supporting agricultural production and conservation, including fishing, as well as training, for both communities, in order to strengthen self-reliance and enhance peaceful co-existence.

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

After identification of newly arrived refugees, the overall strategic approach is to relocate refugees to safer and more accessible places and to integrate the newly refugees into host villages. This has been agreed with the Chadian Government and is in line with the operation's aim to prevent additional camps in Chad.

In addition, emphasis will be on the provision of protection and assistance to refugees while supporting the local authorities and national systems. Strengthening the national services and infrastructure will benefit both the refugee and host community. The villages of Ngouboua and Kousserie will be supported with additional infrastructure, such as latrines, emergency shelter, boreholes, and support to the local health center.

Together with the Chadian Government, registration, protection monitoring, GBV and child protection, and community outreach will be paramount. Due to the integration in villages, community programmes, targeting both refugees and host communities are key to prevent tensions and to assure peaceful co-existence. 6,000 refugee and host community children will be able to use child-friendly temporary learning spaces.

Based on the overall strategic direction of the Chad operation, efforts to enhance livelihood opportunities and to strengthen self-reliance will be part of the emergency response. This will be achieved through the provision of seeds, tools and equipment for agricultural activities, and for fishing production and conservation, through training, and awareness campaigns, as well as through socio-economic and peaceful co-existence programmes targeting both the host and refugee community.

Food will be provided by UNHCR, based on the MoU with WFP. As of 5,000 refugees arriving in Chad, the responsibility will shift to WFP.

## ***Partnership and Coordination***

UNHCR continues to work closely with the Chadian authorities, UN agencies, and NGO partners to ensure a coherent response. Immediately after the arrival of Nigerian refugees, an inter-agency mission to the lake Chad region was conducted, in close coordination with the Chadian Government. Since then, UN Agencies and local partners, such as the Chadian Red Cross and the CNARR have set up bases at Lake Chad. During the relocation of refugees to Ngouboua, UNHCR coordinated closely with all involved stakeholders, including the military, civil and traditional authorities, and all humanitarian partners.

At the Ngouboua level, regular coordination meetings are held with all stakeholders. Shared minutes and regular phone calls assure regular communication between Ngouboua and N'Djamena.

At the N'Djamena level, weekly coordination meetings are held at UNHCR to provide updates and to exchange information amongst donors, UN agencies, the CNARR, and other partners. The Inter-Agency appeal was coordinated with UN Agencies, NGOs, the Chadian Government and the respected line ministries, as well as with donors. Participating agencies are FAO, WFP, FAO, UNFPA and UNICEF. Relevant and non-sensitive information is shared on the web-portal on the Nigeria situation.

## Planned Response

<b>Protection</b>	<ul style="list-style-type: none"> <li>- Conduct border monitoring to identify newly arrived refugees.</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 prevention and response.</li> <li>- Identify unaccompanied and separated children and provide necessary assistance.</li> <li>- Identify and assist persons with specific need, based on the age, gender and diversity mainstreaming (AGDM) approach.</li> <li>- Strengthen community dialogue, community communication, and outreach to prevent conflicts between host and refugee communities.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- Establish child friendly temporary learning spaces for refugee and host community school aged children.</li> <li>- Provide psychosocial support and recreational activities to mitigate the effects of trauma and to facilitate peaceful cohabitation.</li> </ul>
<b>Environment and Livelihoods</b>	<ul style="list-style-type: none"> <li>- Provide production kits for agriculture and livestock activities, including training and awareness campaigns.</li> <li>- Provide production kits for fisheries production and conservation, including training and awareness campaigns.</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>- Provide hot meals and food rations per household for six months.</li> <li>- Establish supplementary feeding programmes for malnourished children.</li> </ul>
<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Undertake medical and nutritional screening of all new refugees.</li> <li>- Support existing health centre through provision of equipment, material and drugs, training of health staff, and enhancement of referral systems.</li> <li>- Provision of reproductive health kits, condoms, and dignity kits.</li> </ul>
<b>Logistics and Transport</b>	<ul style="list-style-type: none"> <li>- Ensure transportation to safe villages at Lake Chad region.</li> </ul>
<b>Non-Food Items (NFI)</b>	<ul style="list-style-type: none"> <li>- Provide blankets, kitchen sets, mosquito nets, sleeping mats, buckets, jerry cans, soaps, family tents and sanitary napkins.</li> </ul>
<b>Shelter and Infrastructure</b>	<ul style="list-style-type: none"> <li>- Provide tools and material to construct shelter.</li> <li>- Support the construction of shelter for people with specific needs.</li> </ul>
<b>Water, Sanitation and Hygiene (WASH)</b>	<ul style="list-style-type: none"> <li>- Support the construction of additional 900 family latrines benefiting some 1,500 households through the distribution of latrine slabs and sanitation kits (wheelbarrow, shovel, rake etc.).</li> <li>- Conduct hygiene promotion campaigns.</li> <li>- Initiate solid waste management.</li> </ul>

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

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

<b>Organization</b>	<b>Total</b>
FAO Food & Agricultural Organization	502,290
UNFPA United Nations Population Fund	230,050
UNHCR United Nations High Commissioner for Refugees	3,697,260
UNICEF United Nations Children's Fund	413,100
WFP World Food Programme	733,000
<b>Total</b>	<b>5,575,700</b>

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

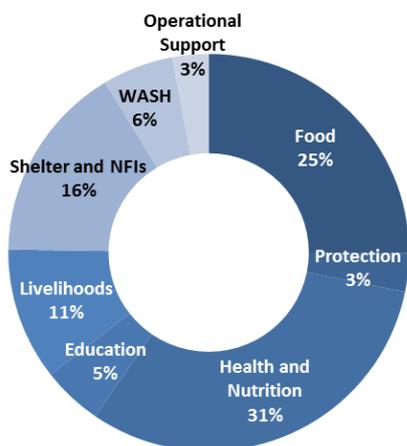
<b>Sector</b>	<b>Total</b>
Protection	655,605
Education	97,504
Food	1,268,285
Health and Nutrition	932,865
Livelihoods	729,891
Logistics and Telecoms	309,672
Shelter and NFIs	943,842
WASH	396,158
Operational Support	241,878
<b>Total</b>	<b>5,575,700</b>

# NIGER RESPONSE PLAN

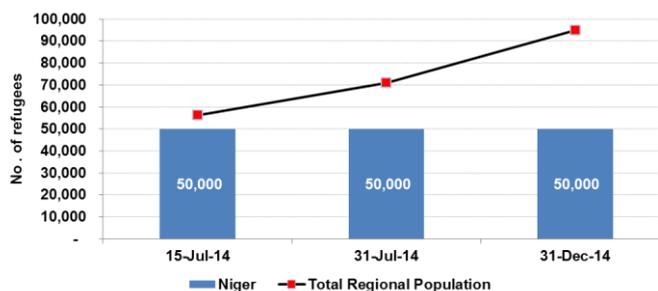


Map Sources: UNCS, UNHCR.  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 12 Sep 2014.

## Financial Requirements (US dollars) 12,647,093



## Population Trends



## **Background and Achievements**

Since the declaration of a state of emergency in May 2013 in Adamawa, Yobe and Borno states in northern Nigeria, thousands of Nigerian refugees and Niger returnees have sought refuge in Diffa region, in south-east Niger. In September 2013, a Government-led census revealed that 37,626 refugees and returnees were living in Diffa. Since January 2014, as a result of increased violence in north-eastern Nigeria more people have arrived in Niger with two peaks in March and August 2014. The Government estimates 50,000 individuals have fled Nigeria. The majority of newly arrived refugees comprises children and female headed households. In response, UNHCR jointly developed a contingency plan with the government and partners, with the objective of providing protection and humanitarian assistance for up to 100,000 people.

The Government decided not to open camps in Diffa. Most of refugees and returnees are accommodated in host families scattered across hundreds of towns and islands in a vast territory served by a poor road network. The situation is compounded by logistic and security challenges to access beneficiaries. The estimated refugees and returnees population represents more than 10 per cent of the total population of Diffa region, putting pressure on the already scarce resources of the host population. Approximately 70 per cent are Niger returnees and the remaining 30 per cent are Nigerian refugees. Only 18 per cent of arrivals have identity documents. This lack of documentation requires additional support to competent authorities in pre-registration, determination of nationality and documentation processes.

With the cereal deficit that the country endured at the end of 2013, the food stock in the region was already depleted before the start of the lean season, leading to even less food security across the entire region. The 'out-of-camp' context and the extremely precarious socio-economic situation of region has resulted in the development of a two-pronged response strategy which is supported by the Government. The 'fast lane' assistance concentrates emergency activities in the sectors of shelter, health, water, food and non-food items, and protection while the 'slow lane' programmes focus on a development perspective – to support resilience of individuals for socio-economic empowerment and institutions through the strengthening of basic social services (health, education, water, sustainable shelter). Building resilience of individuals and maintaining peaceful co-existence between the host communities and the displaced will address the needs of the population according to their vulnerability through a community-based approach. In this specific setting, the provision of emergency assistance and protection interventions require structural and development-linked investments.

The present refugee response plan has been conceived taking into account the needs already covered, the objectives of the Niger Strategic Response Plan, the new identified needs, and the operational capacity of humanitarian actors to intervene from until the end of the year.

### **Achievements**

- *25,000 vulnerable populations (refugees and host community) received food assistance.*
- *1,424 children from 6-23 months and 779 pregnant and lactating women received nutritional supplements to prevent malnutrition.*
- *7,751 Severe Acute Malnutrition (SAM) children under 5 received treatment.*
- *40,000 vulnerable individuals including the host community provided with emergency NFI assistance and shelter repair kits.*
- *20,000 persons provided with drinking water.*
- *5,000 households received water purification tabs and advice on how to prevent the spread of cholera epidemics.*
- *28,000 Niger nationals reintegrated through the partnership with the National Safety-net Agency.*
- *8,750 children received psychosocial support.*
- *New arrivals pre-registration mechanism established through community volunteers operational.*
- *New interactive mapping platform functional.*
- *7 health centres and 5 schools equipped with photovoltaic panels.*

## ***Needs and Vulnerabilities***

The border-monitoring activities reveal an uninterrupted flow of refugees and returnees crossing into Niger. The displacement pattern is not precautionary but a direct response to attacks which occur close to the border and Lake Chad. As a consequence, persons fleeing the conflict have reached Niger in a very vulnerable condition. The influx affects the poor socio-economic context of the region (43.2 per cent of the population is living with less than US\$ 1.25 USD per day) undermining the absorption capacity of the displaced population. WFP is currently assisting some 25,000 refugees and returnees in need of assistance and at the same time, seeking additional resources to support the needs of the continuous stream of refugees arriving.

The current planning figure is 50,000 refugees and returnees. Because the majority is composed by children, the challenges in terms of protection, including the provision of psychosocial support and education, are colossal.

Public health centres face a critical lack of drugs, human resources and materials with report showing that 25 and 30 per cent of new admissions are refugees. Most of the health infrastructures are dilapidated. The arrival of the new displaced continues to weaken the public health services and some host communities expressed dissatisfaction about the current limited services provided. For refugees settled in far-rural areas and in the islands basic health services are inaccessible. The risk of outbreak of diseases such as measles, poliomyelitis, cholera and Ebola is high. According UNICEF, only 17.6 per cent of children with fever receive adequate treatment against malaria and only 17.8 per cent of children under-five are sleeping under mosquito nets. The under-five Global Acute Malnutrition rate is above the alert level (14%); however almost 15,000 children under-five may be treated for severe acute malnutrition by the end of 2014. At the same time, the HIV rate is double of the average national level (0.8% for 0.4%) and partners reported an increase in high-risk behaviours.

Access to drinking water in Diffa remains very limited. The current efforts to increase the capacity of the water supply system need to be reinforced. Seventy-five percent of the population is consuming water from ponds, the Komadougou River and from Lake Chad. Faecal-borne diseases risks are high in settlement areas that become increasingly crowded.

There is limited access to land as Niger has one of the highest population growths in the world; thus the potential for conflict between the local population and refugees is high and the risk of marginalization of the most vulnerable increases as well. As time goes on, and with the continuous influx of new arrivals, the social and material capacity of the local communities to host the displaced population is progressively outstretching its limit and shelter needs are notably increasing. As refugees and returnees crossed the border, they lose most of their production means and they are solely depending on the paltry host community resources. Almost two thirds of the region's territory is affected by the desertification processes. Each year farmland and whole sections of grazing land are buried thus limiting useful agriculture and livestock resources. The pressure exerted by the arrival of refugees and returnees exacerbated the deep environmental crisis and consequently, wood resources are dwindling with soaring prices.

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

**Protection:** Registration and documentation will be done according to needs and status of refugees, returnees, and host families under the 'mixed flows' regime. UNHCR will continue to provide material and financial means as well as its technical guidance to the national competent services. Child protection, psychosocial support and SGBV prevention will be reinforced through the construction and provision of equipment of child-friendly spaces and victims support activities.

**Food Security:** To improve food consumption and prevent negative coping mechanisms, WFP will provide unconditional food assistance to 50,000 refugees and returnees and host families in the Diffa region on a monthly basis. The activity provides cereals, pulses, salt and vegetable oil. The food security response is linked to WFP's NSPAMM activity (Nutrition Supplement to Prevent Acute Malnutrition and Mortality) to ensure that the most vulnerable children 6-23 months and pregnant and lactating women receive micronutrients and caloric values to prevent malnutrition.



Figure 4: Nigerian refugees who live with host communities in Bosso, Niger. UNHCR / C. Arnaud

**Health and Nutrition:** Partners will continue to strengthen local health public services to enable to provide better services to the host communities and refugees while strengthening peaceful coexistence. Health centres will be equipped with photovoltaic panels and medical supplies. Capacity building sessions will be organized and medical teams and infrastructures will be restored. A mobile health clinic for medical screening, curative and preventive care, vaccination campaigns and identification of potential cases will be set up especially for the population hosted on the islands of the Lake Chad and other remote areas. 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. HIV prevention and treatment will be given also special attention.

**Water, Sanitation and Hygiene (WASH):** Water supply systems in areas with the highest concentration of people will be prioritized. In remote areas, water boreholes will be rehabilitated and water purification tablets (Aquatabs) as well as jerry cans will be distributed. Awareness raising campaigns for promoting good hygiene and sanitation practices will be organized in order to prevent the spread of epidemics such as cholera or Ebola. Additional family latrines will be constructed to avoid sanitation risks in the settlement areas which are becoming more and more crowded.

**Shelters, Infrastructure and Non-Food Items:** The strategy is twofold aiming to respond to immediate shelter needs and to engage in durable shelter solution. All the new arrivals will receive emergency shelter kit as well as NFI and hygienic kits to young girls and women. Transitional shelters will be provided to the most vulnerable families. To maintain a capacity response in case of new influx an emergency shelter contingency stock will be set up at Diffa level. IOM, which leads the Shelters and NFI working group, has already engaged with the regional authorities to assist the new arrivals and host communities by providing emergency non-food items kits (including specific kits for most vulnerable groups) and shelter repair kits to 3,700 households (reaching a total of 40,000 individuals, with a special attention to women and children under 5 years-old).

**Livelihoods:** The livelihood assistance will be provided at the early stage to limit the pressure on the host communities while moving rapidly to promote self-reliance. Market gardening, livestock, and fishing activities will be supported, as well as small entrepreneurship, through the provision of production kits/inputs and vocational trainings. A special attention will be given to women heads of households. High Intensity of Labour Force (HILO) activities for restoring degraded soil and protecting the agro-pastoral systems will be set up.

**Education:** To ensure a good and rapid integration of refugees and returnees children into the Niger school education system (classic school, franco-arab school, koranic school, second-chance school, vocational training centre) eleven existing schools of the Diffa region will be provided with infrastructure support, material and teachers' capacity building.

**Environment:** A pilot energy project will be set up to identify the most appropriate source of energy at the household level, to attain sustainable reduction in energy consumption, as well as limiting energy-related expenses while reducing deforestation. Tree nurseries and sensitization campaigns on environmental protection will be implemented. School canteens will receive monthly gas rations in order to reduce wood consumption.

## ***Partnership and Coordination***

In July, the Governorate of the Diffa region published a decree on Coordination and Management of returnees and refugees in the region. The decree creates the Regional Coordination Committee for the Management of the returnees and refugees (CRCGRR) which is under the authority of the Governor and comprises all Prefects of the Divisions, key Regional Directors, the Permanent Secretary of the Regional Food Crisis Unit, and the Regional Coordinator the 3N initiative (*Nigeriens Nourish Nigeriens*). A representative of each humanitarian and development actors involved are also part of the Committee. Each actor interacts with state sectorial coordination mechanisms depending on the area of intervention and for long and short-term interventions.

All the UN agencies, as well as NGOs, are working together in providing substantial support to regional authorities and the elected local officials so that they could better assume their responsibilities in this new emergency context and on future challenges. Humanitarian agencies have gradually strengthened their presence in response to the increasing number of refugees and returnees.

Coordination is done at two levels: the overall response to humanitarian crises including food crisis and floods under the coordination of OCHA; and refugees and returnees, on the basis of the UNHCR-OCHA Joint Note on mixed situations dated April 2014 until the determination of nationality will be conducted and ascertained by IOM and UNHCR.

Within the framework of an inter-agency collaboration, UNHCR and IOM are working closely on all strategies and shelter-related activities while UNHCR and FAO are strengthening its livelihood programs which are operationally linked with 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 and WFP closely coordinates with ICRC food assistance interventions in isolated areas. As lead agency for WASH, Education, Nutrition and Protection clusters, UNICEF, supports local authorities to ensure sectorial coordination and strength the capacities of regional Sub-clusters.

At the Niamey level, UNHCR hosts and leads coordination meetings on Diffa region with the high participation of humanitarian actors. In Diffa, all UN agencies share the same office space to facilitate coordination and information sharing and hold weekly coordination meetings.

Significant efforts have been made to improve information sharing among all the humanitarian actors. OCHA is publishing regular Humanitarian Bulletins, sitreps and Flash Updates specific to the Diffa situation (<http://www.unocha.org/niger/>). UNHCR shares three information tools. These are the UNHCR Niger blog (<http://unhcrniger.tumblr.com/>), the interactive mapping platform (<https://reach1.cern.ch/reach/NER/home/>), and the Sahel Situation portal (<http://data.unhcr.org/SahelSituation/country.php?id=501>).

## ***Planned Response***

<b>Protection</b>	<ul style="list-style-type: none"> <li>- Register and document arriving refugees.</li> <li>- Construct and equip 5 child-friendly spaces.</li> <li>- Provide psychosocial support to children.</li> <li>- Organize public awareness on SGBV and provide support to SGBV victims.</li> <li>- Support the regional and local authorities.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- Construct 33 semi-permanent classrooms for primary school.</li> <li>- Construct 13 collective latrines.</li> <li>- Provide school equipment and material as well as school kits.</li> <li>- Strengthen teacher and school actors capacities.</li> </ul>
<b>Environment and Livelihoods</b>	<ul style="list-style-type: none"> <li>- Support market gardening, livestock, fishing, and small entrepreneurship activities for 2,200 households.</li> <li>- Organize High Intensity of Labour Force activities for 3,000 individuals.</li> <li>- Distribute gas to six school canteens hosting forcibly displaced children.</li> <li>- Implement a pilot energy project to identify the most appropriate source of energy of the host and displaced population.</li> <li>- Create 5 tree nurseries and organize public awareness sessions on environmental protection.</li> <li>- Strengthen peaceful co-existence interventions.</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>- Distribute unconditional food assistance to 50,000 people through monthly distributions of cereals, pulses, salt and vegetable oil.</li> </ul>
<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Equip 3 health centres with photovoltaic panels.</li> <li>- Rebuild one health centre.</li> <li>- Provide medical supplies to 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>- Set up a mobile health clinic for the islands and the remote areas.</li> <li>- Organize 2 polio campaigns vaccination.</li> <li>- Organize public awareness and mass screening campaigns to prevent malnutrition.</li> <li>- Organize public awareness on HIV/AIDS (including supply of condoms).</li> </ul>
<b>Logistics and Transport</b>	<ul style="list-style-type: none"> <li>- Ensure transport of NFI, shelters and other goods for distribution.</li> <li>- Ensure safe transport of the humanitarian actors.</li> </ul>
<b>Non-Food Items (NFI)</b>	<ul style="list-style-type: none"> <li>- Distribute NFI kits.</li> <li>- Set up an NFI contingency stock.</li> <li>- Distribute “dignity” kits to 2,500 women.</li> </ul>
<b>Shelter and Infrastructure</b>	<ul style="list-style-type: none"> <li>- Distribute shelters to 2,000 households.</li> <li>- Set up an emergency shelter contingency stock of 4,000 units.</li> <li>- Equip 1 transit centre for displaced population with photovoltaic panels.</li> </ul>
<b>Water, Sanitation and Hygiene (WASH)</b>	<ul style="list-style-type: none"> <li>- Strengthen the water supply system in areas with the highest concentration of population.</li> <li>- Rebuild boreholes in remote areas.</li> <li>- Distribute water purifications tablets and jerry cans to 25,000 individuals.</li> <li>- Sensitize communities on hygiene and cholera and Ebola epidemic prevention.</li> </ul>

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

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

<b>Organization</b>	<b>Total</b>
ACTED Agency for Technical Cooperation and Development	311,631
IRC International Rescue Committee	199,944
LRC Luxembourg Red Cross	755,357
UNAIDS Joint United Nations Programme on HIV/AIDS	100,000
UNDP United Nations Development Programme	877,404
UNFPA United Nations Population Fund	540,650
UNHCR United Nations High Commissioner for Refugees	2,675,000
UNICEF United Nations Children's Fund	3,324,389
UNOCHA United Nations Office for the Coordination of Humanitarian Affairs	50,000
WFP World Food Programme	3,812,718
<b>Total</b>	<b>12,647,093</b>

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

<b>Sector</b>	<b>Total</b>
Protection	395,185
Education	616,035
Food	3,168,262
Health and Nutrition	3,972,645
Livelihoods	1,362,899
Shelter and NFIs	2,038,240
WASH	724,765
Operational Support	369,062
<b>Total</b>	<b>12,647,093</b>

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

<b>Organization</b>	<b>Cameroon</b>	<b>Chad</b>	<b>Niger</b>	<b>Total</b>
ACTED Agency for Technical Cooperation and Development			311,631	<b>311,631</b>
FAO Food & Agricultural Organization		502,290		<b>502,290</b>
IMC International Medical Corps	600,000			<b>600,000</b>
IRC International Rescue Committee			199,944	<b>199,944</b>
IRD International Relief and Development	2,500,000			<b>2,500,000</b>
LRC Luxembourg Red Cross			755,357	<b>755,357</b>
Public Concern	2,362,460			<b>2,362,460</b>
UN Women	264,532			<b>264,532</b>
UNAIDS Joint United Nations Programme on HIV/AIDS			100,000	<b>100,000</b>
UNDP United Nations Development Programme			877,404	<b>877,404</b>
UNFPA United Nations Population Fund	170,000	230,050	540,650	<b>940,700</b>
UNHCR United Nations High Commissioner for Refugees	5,907,526	3,697,260	2,675,000	<b>12,154,786</b>
UNICEF United Nations Children's Fund		413,100	3,324,389	<b>3,737,489</b>
UNOCHA United Nations Office for the Coordination of Humanitarian Affairs			50,000	<b>50,000</b>
WFP World Food Programme	2,915,083	733,000	3,812,718	<b>7,460,801</b>
WHO World Health Organization	1,130,000			<b>1,130,000</b>
<b>Total</b>	<b>15,849,601</b>	<b>5,575,700</b>	<b>12,647,093</b>	<b>33,947,394</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	1,982,599	655,605	395,185	<b>3,033,389</b>
Education	1,669,586	97,504	616,035	<b>2,383,125</b>
Food	2,927,522	1,268,285	3,168,262	<b>7,364,069</b>
Health and Nutrition	2,531,752	932,865	3,972,645	<b>7,637,262</b>
Livelihoods	1,346,855	729,891	1,362,899	<b>3,439,645</b>
Logistics and Telecoms	409,940	309,672		<b>719,612</b>
Shelter and NFIs	3,884,936	943,842	2,038,240	<b>6,692,018</b>
WASH	509,938	396,158	724,765	<b>1,655,861</b>
Operational Support	586,473	241,878	369,062	<b>1,022,413</b>
<b>Total</b>	<b>15,849,601</b>	<b>5,575,700</b>	<b>12,647,093</b>	<b>33,947,394</b>

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

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
<b>Cameroon</b>	<b>1,982,599</b>	<b>1,669,586</b>	<b>2,927,522</b>	<b>2,531,752</b>	<b>1,346,855</b>	<b>409,940</b>	<b>3,884,936</b>	<b>509,938</b>	<b>586,473</b>	<b>15,849,601</b>
IMC				600,000						600,000
IRD					1,000,000		1,500,000			2,500,000
Public Concern		1,552,460					510,000	100,000	200,000	2,362,460
UN Women	122,647				141,885					264,532
UNFPA				170,000						170,000
UNHCR	1,859,952	117,126	117,126	527,065	204,970	409,940	1,874,936	409,938	386,473	5,907,526
WFP			2,810,396	104,687						2,915,083
WHO				1,130,000						1,130,000
<b>Chad</b>	<b>655,605</b>	<b>97,504</b>	<b>1,268,285</b>	<b>932,865</b>	<b>729,891</b>	<b>309,672</b>	<b>943,842</b>	<b>396,158</b>	<b>241,878</b>	<b>5,575,700</b>
FAO					502,290					502,290
UNFPA	95,000			135,050						230,050
UNHCR	560,605	97,504	535,285	384,715	227,601	309,672	943,842	396,158	241,878	3,697,260
UNICEF				413,100						413,100
WFP			733,000							733,000
<b>Niger</b>	<b>395,185</b>	<b>616,035</b>	<b>3,168,262</b>	<b>3,972,645</b>	<b>1,362,899</b>		<b>2,038,240</b>	<b>724,765</b>	<b>369,062</b>	<b>12,647,093</b>
ACTED		9,846		186,290	115,495					311,631
IRC				117,296				82,648		199,944
LRC							663,240	92,117		755,357
UNAIDS				100,000						100,000
UNDP					877,404					877,404
UNFPA	160,185			236,403					144,062	540,650
UNHCR	150,000			355,000	370,000		1,375,000	250,000	175,000	2,675,000
UNICEF	85,000	606,189		2,333,200				300,000		3,324,389
UNOCHA									50,000	50,000
WFP			3,168,262	644,456						3,812,718
<b>Grand Total</b>	<b>3,033,389</b>	<b>2,383,125</b>	<b>7,364,069</b>	<b>7,437,262</b>	<b>3,439,645</b>	<b>719,612</b>	<b>6,867,018</b>	<b>1,630,861</b>	<b>1,197,413</b>	<b>34,072,394</b>