



Participatory Assessment Report Adagom & Anyake Settlement Cross River & Benue States, Nigeria

“Participatory Assessment is a process of building partnerships with refugee women and men of all ages and backgrounds by promoting meaningful participation through structured dialogue”.

November 2018

Introduction

The objective of the Participatory Assessment (PA) is to provide information on specific thematic areas and guidance for planning and programming by gathering views, feedback and experiences shared directly by UNHCR's persons of concern, particularly in South-south of Nigeria, Cameroon refugees in Cross River and Benue States.

The 2018 Cameroon refugees' Participatory Assessment (PA) involved 10 focus group discussions (FGDs) and 1 semi-structured site view in **Adagom** and **Anyake** settlements. The exercises were conducted respectively on 24 and 26 November 2018. UNHCR and its partners utilized the **Age** (5 age groups from 10 years old up to 60 and above, male and female totally 10 subgroups), **Gender** (male and female) and **Diversity** approach (ethnicity/language, religion, people with specific needs, roles and functions in communities, geographical coverage from services, minority, and socio-economic status, etc.) in consulting 369 refugees (including 181 male and 188 female) of different age and backgrounds (please see [Annex 1](#)). Participants' feedback was compiled using a systematic and solution-oriented approach.

A Road Map for the PA Exercise (please see [Annex 2](#)) was developed that led the exercise to be organized in line with the expectation of the *UNHCR Tool for Participatory Assessment in Operations*. The Thematic Areas for Focus Group discussions (please read [Annex 3](#)) were made to: 1) Protection and Education; 2) Health and Psychosocial support; 3) Registration and Documentation; 4) SGBV; 5) Security and Safety; 6) Livelihood and CBI; 7) WASH; 8) Child Protection; and 9) Shelter.

In addition and following the FGD, some spot checks with interviews were organized in the areas of: 1) Collective centre; 2) Health post; 3) School; 4) Latrines & bathrooms; 5) Shelter; and 6) Community leadership structures.

The overarching concerns of refugees in the above settlements identified through the above PA consultation included: 1) serious shortage of schooling and educational materials; 2) lack of livelihood opportunities and means to initiate income generating activities; 3) poor economic situation at household level led to an increased negative impacts and SGVB challenges to girls, women, and boys and men.

Refugee leadership in Anyake settlement raised serious concerns on the on-going tension between refugees and host community. They requested UNHCR to support in harmonizing a coherent relationship with host communities. In Adagom, some refugee leaders also highlighted the importance of job opportunities for refugees.

Acknowledgement

UNHCR is grateful for the successful participation, support and contribution of local authorities – the State Emergency Management Agency (SEMA),), Ministry of Education, Ministry of Environmental Health, Office of the Local Government Administration, etc. and UNHCR’s Partners, i.e. Catholic Caritas Foundation Nigeria (CCFN, also Caritas); Catholic Diocese of Makurdi – Foundation for Justice Development and Peace (FJDP); MEDATRIX Development Foundation; Norwegian Church Aid (NCA); and Rhema Care Integrated Development Centre. In addition, UNHCR would like to acknowledge the active involvement of refugee leadership, refugee volunteers and refugee women, men, boys and girls whose participation demonstrated a commitment to improving their well-being and finding solutions to their protection needs, despite the challenges and difficulties they face in the current situation.

Cameroon Refugees in South-East of Nigeria

Cameroon's Anglophone regions' pursuit of self-determination and autonomy dates back to the 1970s when Cameroon moved from a form of federalism to the creation of a unitary state. A series of sectorial grievances morphed into political demands, leading to strikes and riots at the end of 2016 when thousands of Cameroonians including lawyers, teachers and students and several civil society groups demonstrated in the Anglophone regions of Cameroon and launched strikes in opposition to discrimination by the central government. As a result of a massive deployment of Cameroon security intervention, people have been crossing into Taraba, Akwa Ibom, Cross River and Benue States since 2017, given the porous nature of the border. However, the situation had since changed after the escalation of military operations by the Government, with ordinary civilians from rural areas and some towns forced to flee into Nigeria. Current statistics indicate that 56 percent of registered are women and girls and 51 percent are under the age of 18.

The Nigeria Government has granted a two-year Temporary Protection Status to Cameroonians seeking asylum in Nigeria. Majority of the refugees are hosted in Cross River States. Following the government's request for encampment of the refugees due to security related concerns, two sites were developed in Anyake, Benue State and Adagom, Cross River State respectively for relocation of refugees from the border communities. SEMA is the government partner responsible for coordination and management of both refugee settlements in Benue and Cross River State. As of 30 Oct. 2018, a total of **4,997** refugees living in Adagom settlement, while **2,999** are in Anyake settlement.

Participatory Assessment Findings

1. Registration & Documentation:

The FGD with the sub-groups discussion above revealed that the majority of the refugees in the settlement of Adagom & Anyake possess Cameroonian national identity cards, refugee identity cards and/or proGres print out or ration cards issued by the National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI) and UNHCR. A good number of walk-ins both in the collective centre and settlement (in Adagom) were undocumented due to lack of a stabled registration team in the settlement. An estimated **98%** of refugees do not possess civil status documentation namely birth certificate, marriage certificates, or death certificate, etc.

Refugees reported that they face a number of risks due to lack of registration and documentation and these include: 1) arrest and detention by State authorities, namely Immigration and sometimes police at the State levels; 2) not access to job opportunities, financial services including banking; 3) not access to relief supplies and other services both in the refugee settlements and in local facilities.

Further, it was reported during the PA exercise that refugees without documentation are at higher risks than those with refugee identity cards. However, refugees reiterated that refugee identity cards are not always recognized by the various institutions namely Immigration officials, financial service providers, thus hampering access to services, sometimes facing discrimination especially in health facilities and restrictions on freedom of movement of refugees.

Delays in the registration process and rotation of the NCFRMI/UNHCR registration teams to other locations outside of the settlement also impede on timely registration of walk-ins and new arrivals at settlement level, so do delays in the issuance of identity cards to refugees after registration.

Coping strategies from community:

Coping strategies developed by refugee communities to minimize the risks highlighted above include: payment of bribes/tips to security agents at check points in order to avoid arrest and detention by Immigration or Police; engaging in menial jobs for their daily survival while awaiting registration by the government and UNHCR; embarking on late travels (mostly in the evenings) when check points are closed in order to avoid arrest, detention or payment of tips/bribes; sharing of relief supplies with relatives and friends who are yet to be registered in order to access services; resorting to traditional healers when sick due to lack of documentation or money to access health care facilities. In terms of community's capacities, they receive support from relatives and friends. The refugee leaders, protection monitors are existing sources of information within the community.

Solutions proffered by the various groups include:

Refugees requested that the Government and UNHCR need to improve on the registration system to ensure timely registration and issuance of identity documents to refugees, with priority given to spontaneous arrivals/walk-ins who have been in the settlement for a while unregistered.

They further believed that a series of advocacy with relevant government authorities as well as financial and other institutions for recognition of refugee identity card issued by the NCFRMI

and UNHCR would contribute to the improvement of their physical security and livelihood; Training of Immigration authorities on rights of refugees would prevent unnecessary suffering from arrest and detention;

Within refugee communities, provision of megaphones for refugee security volunteers and community leadership to facilitate dissemination of information and sensitization to the wider populace; to sensitize other service providers such as health, education, etc. to raise awareness on refugees' rights including recognition of refugee identity cards is also essential.

2. Safety and Security

Though no serious security incidents and criminal activities in the above settlements were reported, there were however some security issues have identified by refugees. Lacking of lockable tents and low security consciousness with high rate of thefts and break-ins have been recognized by refugees in safety and security of communities in Adagom settlement.

Violence and crime resulting from late night sales of alcohol with increased drugs and substance abuse have made refugees over 60 years old people worrying than others.

Coping strategies from community:

Provision of whistles and padlocks for every households; uniform, ID Cards, torchlights, and walkie talkies, incentive for members of vigilante as incentives have been recommended by refugees as cost-effective items in supporting safety and security in the settlement. It was also highly suggested to provide public lighting in the communities, training of govt. agencies and the police, provision of bicycles or motorbikes to aid workers in prevention of security in settlements.

Reporting to SEMA and police and enhance sensitization activities on drugs and substance abuse in the settlements have been suggested by the elderly in the community.

3. SGBV

Domestic Violence, attempted rape and Sexual/ Gender based violence, Teenage pregnancy, and Physical violence have been recognized by refugees as most serious SGBV problems in the settlements. More and more teenage pregnancy has challenged parents and community leaders seriously than ever. Alcoholism, drug abuse, risky life style, and Poverty have increased more domestic violence and teenage sex survivors.

Community coping strategies and solutions:

Provision of livelihood opportunities and desk counselling have been requested from both refugee men and female, while peer support, vocational training and skills development programme, and peace building activities among youth were also seen as effective coping mechanisms.

4. Child Protection and Education

Lacking of class rooms, overcrowded in each and all local school classrooms with too many students sitting on ground without textbooks and school uniform have been identified as the first and most serious challenges in each group discussion during the PA exercise.

Maltreatment of UASCs by relatives and foster families; substance abuse most by boys, a few by girls; and lacking of play facilities and equipment for children in settlements have been recognized by refugees as most serious child protection issues. It is essential to conduct BIA/BID and have regular monitoring and follow up of UASCs in both settlements, through which UNHCR, local authorities and partners can support and intervene. The Child Protection Committee can play a better role to improve the above situation.

Further, it goes beyond refugee communities' capacity to have a coping mechanism to improve the situation soon. As the result, many children ended up to engage in economic activities to support family livelihood as child labour. It has been suggested to have a more targeted programs for adolescents and children who are out of school and enrolment them on vocational or life skills training programs.

5. Livelihood, Food Security and CBI:

Starvation with one meal per day have led many refugees with malnutrition situation, while potential insecurity in CBI implementation have worried refugees in the settlements. More specifically, harassment from the local motorcycle riders' association have time by time made refugee youth losing job opportunities since refugees' motor cycles are not registered.

Refugees also complained that lack of adequate means of livelihoods; low payments are offered for labour/jobs conducted by refugees while nationals receive higher payments. Refugees have faced discriminated situation.

Coping strategies from community:

Refugee communities have identified more flexible coping mechanisms to manage difficult situation, such as to do small farming in host community land; growing variety of vegetables; buy-and-sell from higher price items, e.g. rice, to increase capital capacity for other household items; life skills development targeting market needs, as practical sewing machines; primary teachers, photographers, carpenters; hair dresser; and establish small business through provision of small start-up capitals.

Majority of refugees preferred the CBI to food and non-food items. they like the CBI program and learn to prevent security risks from cash distribution, while the majority of female prefer food distribution while male like cash; however, However some of the refugee women preferred food to cash while male refugees preferred cash, while 37% of refugees in group discussion raised their concerns and worries that the cash provided was not equivalent to the quantity of food they used to receive during distributions.

6. Health:

In the area of psychosocial support, poor state of mental health was identified by the sub-groups as a serious issue in the settlement. Causes of poor mental health highlighted include: experience of violence in home country before and during the flight from Cameroon and these include: killing of loved ones; separation from families; breakdown of family structures; burning of houses; loss of property as well as difficulties in the asylum country.

in Adagom, refugees have raised their serious concerns and challenges on health sector, such as not easy to access to primary healthcare at the health post; lack of in-patient care at the health facilities during admission; inadequate drugs at the health post; and inconsistent/irregular immunization of refugee children.

Coping strategies from community:

Those affected suffer from intrusive reactions including nightmares, flashbacks, panic reactions and anxiety, psychosomatic illnesses, etc. Refugees engage in psycho-spiritual therapy, drug and substance abuse, sports and music, peer support, etc. as mechanisms to cope with their trauma. Refugees receive support from family members, friends, religious leaders and elders within their communities.

Refugees also suggested: to set up the first-Aid unit; have Chemists within the host community; availability of refugee volunteers to be employed as care givers in health facilities; support from young refugees to assist in cooking and dishing; establishment of a hospital in the settlement; incorporating refugee nurses within the settlement into the health post's employ; UNHCR partners to supply drugs and other medical accessories to the health facilities.

7. Water, Sanitation and Hygiene Promotion:

Refugees raised their concerns over inadequacy of clean water and in some occasions of tasty water¹. Sanitation facilities are poor and limited (81 blocks of latrines and 162 drop holes in Adagom, while a total of 68 blocks of latrine with 136 drop holes in Anyake). As a result, the number of people using a single drop hole far exceeds the standard and thus, many refugees especially women and adolescent girls are reluctant to use these facilities due to risks of getting infections. Persons with disability have very few latrines constructed for them and as such they could not easily use or access latrines meant for others.

Positively, all refugees reflected their hygiene awareness by washing their hands regularly before and after handling food, after visiting latrine, before and after feeding or cleaning children's buttocks; that they always cover their food and drinking water to keep it safe from

¹ Adagom settlement was opened on 15th August 2018. The current water supply is by trucking where estimated daily rate being consumed ranges between 13 - 17 liters per person per day. A borehole was drilled recently but it yields very low, 0.3 l/s. A geophysical search for a new drilling site has been completed and there is a possibility to drill another borehole as the earlier drilled borehole cannot meet half of daily water demand in the settlement.

Anyake settlement was established in May 2018. Norwegian Church Aid drilled and established emergency water supply system to provide clean water for persons of concern (PoCs) living in the settlement. The submersible pump in the borehole pumps water into three of the 10m³ bladder tanks from which two centrifugal pumps push the water into number of 5m³ plastic water tanks. Initially, the water supply system provided sufficient water for (POC). However, with onset of dry season, it seems the yield of the borehole has dropped and this has resulted to insufficient supply of water to refugees. They reported that, the shortage of water in Anyake settlement is aggravated by frequent breakdown of the water pumping system, this could be due to long hours of operation of the pump on daily basis.

contamination. Refugees only complained of limited access to soap for and hand-washing and cleaning materials for latrines and bathrooms.

Coping strategies from community:

The coping mechanism adopted by refugee community for scarcity of water includes: few people buying clean water from vendors, while others fetch water from either unprotected hand dug wells or streams, and boil it for domestic use. The community has its capacity to collect water from stream or hand dug wells or buy from local vendors who sell clean water for drinking.

Refugees further recommended the following activities for improving water provision: 1) drilling more boreholes and construct water supply system; 2) treat surface water and distribute to refugees; 3) increasing quantity of water being supplied by trucks and construct more water collection points.

Open defecation, defecating in bucket, plastic bags and potties meant for children are some of the coping mechanism adopted by refugees as an alternative to access latrine. Refugees also proposed the following actions for solving latrines problems: 1) construction of more prefabricated latrines in order to reduce number of users per a drop hole; 2) use chemicals to disinfect latrines so as to reduce smell and risk of infection by pathogens; 3) construct more latrines which are suitable for disable people; 4) introduce family/ household latrine instead of communal latrine; 5) construct pour flush latrine to replace pit latrines; and 6) distribute more potties for children's defecation.

8. Shelter:

Provision of materials for partitioning of shelter is a high priority as the refugees have stressed the need for privacy². Fast tracking the construction of shelters is an ongoing process and is currently being undertaken. Rhema Care can also provide the materials (brick, sand, cement and water) and the required tools. There is a need to provide cash for labour. It requires further approval from UNHCR since it has budgetary implications.

² The shelter types were designed considering the family size. Type A for 3-5 persons, Type B for 6-9 persons and Type C for 1-2 persons. Assistance to large families of 10 and more members may be considered by providing one more Type A or Type C shelter which can be done now by providing formal instruction to Rhema Care

Recommendations:

To the Authorities of the Nigeria Government and UNHCR

Recommendation	Program Proposed
1. To streamline the border monitoring and provide a timely registration and status documentation to any Cameroonian who has to flee into Nigeria for asylum;	<ul style="list-style-type: none"> A working group set to cover bordering entry points by a joint GoN and UNHCR field/protection monitoring system for identification, screening and referral individual asylum-seekers to the National Eligibility Committee; a small budget for capacity building is essential. A network to catch up any influx with registration and timely refugee ID cards will ensure a systematic refugee protection in both settlements and urban areas. A budget for capacity building for immigration, police and other law enforcement is necessary.
2. To ensure all status documents, e.g. birth certificate, marriage certificate, death certificate, refugee ID card, food ration card, and license be issued to individual refugees;	<ul style="list-style-type: none"> With status documentation, Cameroon refugees can enjoy national services. A budget to support States Registrar office will be cost-effective, comparatively speaking.
3. To provide protection of and assistance to refugees with durable solutions for their plights;	<ul style="list-style-type: none"> Three durable solutions plus legal services for Cameroon refugees in mixed marriage with local people are in need of consideration from the beginning of influx. A strategy to use resettlement as a protection tool is required.
4. To ensure refugee children in schooling with sufficient education materials;	<ul style="list-style-type: none"> Small investment to education section will ensure refugee children enrolled into local education facilities. A budget to ensure UNHCR mandate in primary education is vital.
5. To map refugees' skills with a targeted skill development programme in suitable to Nigeria market	<ul style="list-style-type: none"> An advanced registration data with profile information is necessary to facilitate refugees in livelihood individually and by group is useful; a budget to complete the mapping exercise in the first quarter of 2019 will be necessary.

To UNHCR's IPs

Recommendations	Program Proposal
1. To empower refugee leadership and security volunteers with basic equipment and tools for co-existing and peace maintenance in the society;	<ul style="list-style-type: none"> A better settlements management and refugee leadership selection will prevent and reduce SGBV problems and maintain peace with host communities. A small project for tools and equipment is necessary.

2. To provide psychosocial counselling and other support to refugees with specific needs;	<ul style="list-style-type: none"> Staff with expertise and skills for persons with specific needs will ensure refugee rights and well-being. To recruit skillful staff with right programs in this aspect is essential.
3. To construction of a community centre to conduct media-based psychosocial activities for entertainment/social activities, outdoor activities like football competition, cultural dance competition, arts and other social events;	<ul style="list-style-type: none"> The projects for children and youth development will contribute to peace building and co-existing with host communities. A program for youth is critical in both settlements.
4. To have fast track mechanism for refugee children to access to education with school materials;	<ul style="list-style-type: none"> An ear-marked school and education programme will help to improve the situation for both local and refugee children' education.
6. To conduct continuously awareness campaign to increase participation of refugees in water collection for hygiene promotion;	<ul style="list-style-type: none"> It is essential to have WASH programs in settlements to improve health of refugees in settlements.
7. To distribute soaps on a regular basis and recruit more hygiene promoters to elevate level of hygiene.	<ul style="list-style-type: none"> Projects for refugee volunteers among girls and boys to involve hygiene promotion will contribute to family and community livelihood in both refugee and local society.

Multi-functional Team for the 2018 PA
 November 2018

Annex 1 Mapping of Diversity, PA Exercise in Adagom Settlement, 24 Nov. 2018

Mapping out community according to following profile:

- Age cohort
 - 10 - 13 yrs
 - 14 - 17 yrs
 - 18 - 45 yrs
 - 46 – 59 yrs
 - 60 and above
- Gender
 - Male
 - Female
- Ethnicity (and/or language speakers)
- Religion
 - Christian
 - Muslim
- Specific needs
 - Unaccompanied children
 - Separated children
 - Children at risk (including school drop-outs, scavengers, etc)
 - Elderly at risk
 - Woman at risk
 - Persons with disabilities
 - Single parent
 - Survivors of SGBV, etc

- Roles and functions
 - Community Based Committees (including SGBV, refugee leadership)
 - Religious leaders
 - Caregivers
 - Teachers
- Geographical coverage
 - Communities
 - Distance from service centres (health care, school, market, etc)
- Minority groups
- Socio-economic status

Annex: 2

ROAD MAP FOR PARTICIPATORY ASSESSMENT EXERCISE IN ADAGOM

WHEN	WHAT	WHO
21 November 2018	Planning meeting with stakeholders	UNHCR/SEMA/Partners
	Session with refugee leadership	
	Notification to relevant line ministries in Ogoja	Jointly with MFT UNHCR/SEMA
22 November 2018	Sensitization of refugee community and Selection of focus groups using Age Gender & Diversity (AGD)	SEMA/Caritas/UNHCR/ Refugee Leadership
23 November 2018	Participatory Assessment Training: <ul style="list-style-type: none"> • Overview • Methodology • Tools • Formation of Multi- Functional Teams (MFT), Themes and Focus Groups 	UNHCR
24 November 2018	Share the tools with teams	MFT Team leaders
	Conduct Focus Group Discussions (FGD) in Adagom settlement	
	Collation of group findings	
	Presentation/debriefing session	

Annex 3

PARTICIPATORY ASSESSMENTS IN ADAGOM SETTLEMENT

DATE: 24 NOVEMBER 2018

THEMATIC AREAS FOR FOCUS GROUP DISCUSSIONS

- 1) Education
- 2) Health and Psychosocial support
- 3) Registration and Documentation
- 4) SGBV
- 5) Security/safety
- 6) Livelihood/CBI
- 7) WASH
- 8) Child Protection
- 9) Shelter

SPOT CHECKS TO THE FOLLOWING AND INTERVIEWS:

- 1) Collective centre
- 2) Health post
- 3) School
- 4) Latrines & bathrooms
- 5) Shelter
- 6) Community leadership structures