

NIGERIA

REGIONAL REFUGEE RESPONSE PLAN



JANUARY - DECEMBER 2017

CREDITS

UNHCR wishes to acknowledge the contributions of partners and all staff in the field and at Headquarters who have participated in the preparation of the narrative, financial and graphic components of this document.

Concept design: UNHCR, Regional Representation of West Africa (RRWA), Dakar, Senegal. With the support of Field Information and Coordination Support Section (FICSS/DPSM).

The maps in this publication do not imply the expression of any opinion on the part of UNHCR concerning the legal status of any country or territory or area, of its authorities, or the delimitation of frontiers or boundaries.

All statistics are provisional and subject to change.

For more information on the Nigeria crisis go to: [Nigeria Information Sharing Portal](#)

Cover photo: UNHCR/George Osodi

Foreword photo: UNHCR

Table of Content

REGIONAL REFUGEE RESPONSE PLAN

Foreword by the Regional Refugee Coordinator	5
Regional Overview	6
Introduction	7
Regional Humanitarian Needs	12
2017 Regional Protection Strategy	14
2017 Regional Response Strategy	16
Regional Coordination	18
Financial requirements	20

CAMEROON REFUGEE RESPONSE PLAN

Country Overview	24
Introduction	25
Identified needs	27
Strategic overview for the response	27
Partnership and coordination	28
Planned Sector Response	29
Financial requirements	52

CHAD REFUGEE RESPONSE PLAN

Country Overview	56
Introduction	57
Identified needs	58
Strategic overview for the response	59
Partnership and coordination	60
Planned Sector Response	61
Financial requirements	79

NIGER REFUGEE RESPONSE PLAN

Country Overview	82
Introduction	83
Identified needs	85
Strategic overview for the response	85
Partnership and coordination	86
Planned Sector Response	87
Financial requirements	107

ANNEX

FOREWORD BY

The Regional Refugee Coordinator



In 2016, the number of Nigerian refugees and forcibly displaced populations in the Lake Chad Basin continued to rise. Indiscriminate attacks and serious human rights violations by Boko Haram insurgents against civilians in Nigeria and the Lake Chad Basin countries continued apace, causing multiple displacements and new refugee flows. While the deployment of the military Multi-National-Joint-Task-Force (MNJTF) proved successful in liberating several Local Government Areas (LGAs) in north-eastern Nigeria and provided humanitarian access to over 800,000 Nigerians who had been trapped for years in Boko Haram controlled areas, neighboring countries of asylum witnessed escalated hit-and-run attacks, including suicide bombings, by the insurgents. Despite gains made by military counter-insurgency operations, the needy populations were not always easily accessible to humanitarian workers because of the fragile and volatile security situation.

To date, local communities in the countries of asylum are carrying the highest burden of this crisis. They not only live in a socio-economically deprived area with scarce natural resources, but they have not benefitted from the humanitarian assistance that they would deserve, mainly due to funding shortfalls. Yet they have generously hosted 170,000 Nigerian refugees and nearly 460,000 IDPs in 2016.

Notwithstanding the funding shortfalls, the 28 partners who participated in the 2016 Nigeria Regional Refugee Response Plan (RRRP) were able to provide protection and assistance to Nigerian refugees, returned nationals and host community members in Cameroon, Chad and Niger, albeit falling below expectations. As of 10 December, out of the 198 million USD required, 85 million USD were received, covering 43 per cent of the needs.

As the situation still remains unpredictable, the international community must remain steadfast in meeting the growing humanitarian and protection needs of these vulnerable populations. Considering that the voluntary return of refugees in safety and dignity is not a viable option at this stage, the 36 partners, (showing an increase of 8), participating in the 2017 Nigeria RRRP, the third of its kind, commit to assist nearly 458,000 persons affected by the Boko Haram conflict, including over 183,000 Nigerian refugees. They will build on progress made in 2016; seek to meet life-saving needs in sectors such as food, nutrition and water, while pursuing the reinforcement of self-reliance of the populations in need, in close cooperation with the Governments of the affected countries. Programmes developed in 2017 will further aim at gradually mainstreaming refugee assistance into national development plans, were the crisis to continue beyond 2017.

The inter-agency coordination structures implemented through the Regional Refugee Response Plan in the past two years have proven to be operational and effective. I therefore wish to thank all partners, UN agencies, international and national NGOs and Government counterparts, and most importantly, our donors for their joint efforts to meet some of the critical needs of one of the most vulnerable populations in Africa, if not globally.

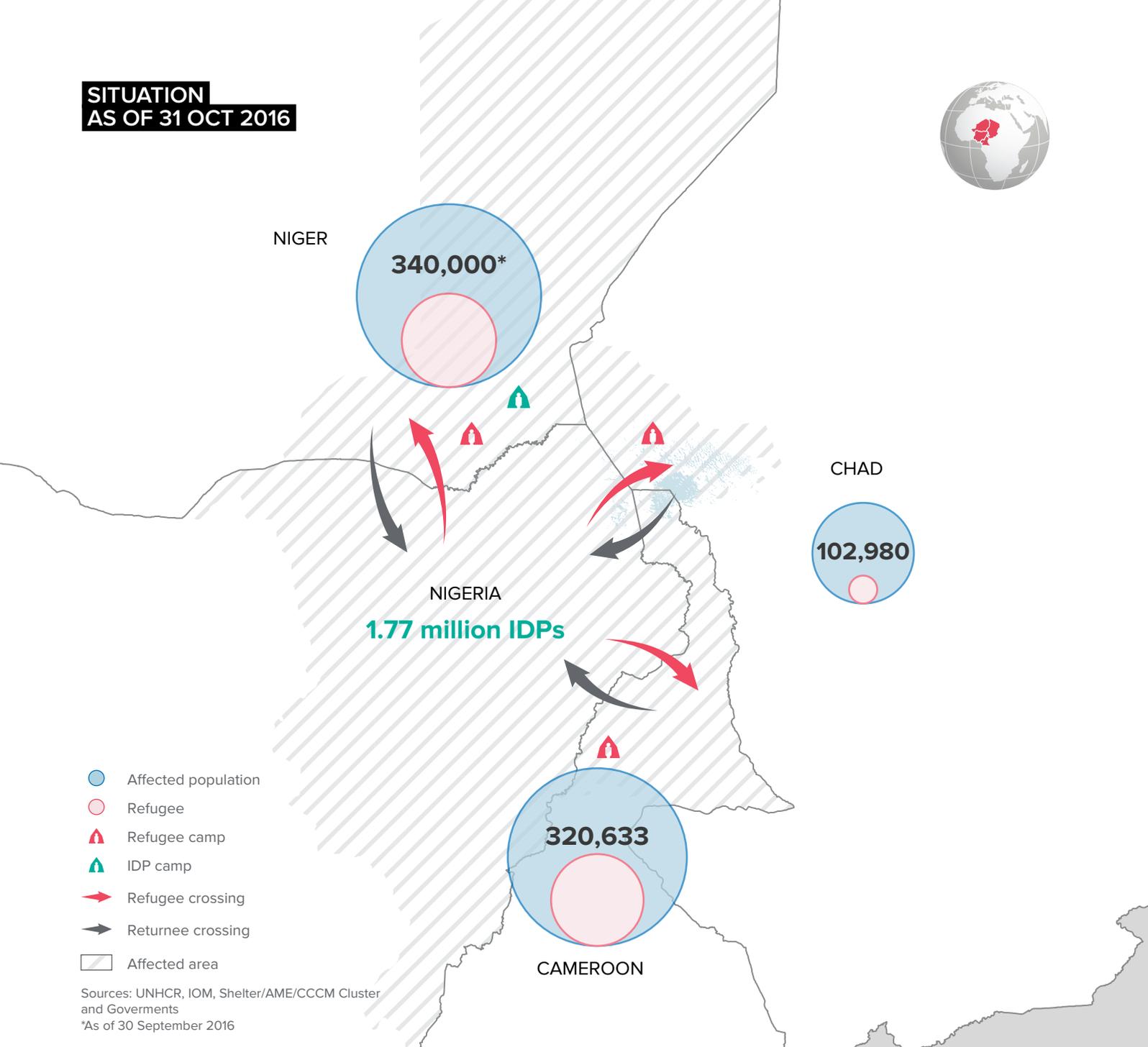
The international community must not relent in seeking a political solution for this conflict, lest it spills over and engulfs the entire region and beyond. UNHCR and all RRRP participating agencies urge our donors, once again, to stand side by side with the population, in the spirit of engaged solidarity, to provide required financial support. We are committed to improve our response to refugees, returnees and expand it to host communities in the countries of asylum, in order to maintain and strengthen peaceful coexistence as we all march expectantly, towards the re-establishment of normalcy in the Lake Chad Basin.

Thank you!

Liz Kpam Ahua

UNHCR Regional Refugee Coordinator for the Nigeria crisis

**SITUATION
AS OF 31 OCT 2016**



**2017
PLANNED RESPONSE**

457,833

TOTAL POPULATION TARGETED

183,226

REFUGEES TARGETED

241.2M

REQUIREMENTS (US\$)

36 CENTRAL AFRICAN REPUBLIC

PARTNERS INVOLVED

**2017
MAIN PRIORITIES**

1. Provide protection to Nigerian refugees and other populations of concern, in line with the Abuja Action Statement

2. Provide humanitarian assistance and basic services to the populations of concern

3. Encourage self-reliance and strengthen environmental protection

EQUATORIAL GUINEA

REPUBLIC OF THE CONGO

Regional Overview

INTRODUCTION

Throughout 2016, Boko Haram insurgents continued to commit grave human rights violations and carry out attacks against civilians including suicide bombings, widespread sexual and gender based violence (SGBV), kidnapping and forced recruitment, in north-eastern Nigeria and in the Lake Chad Basin. Despite achieving considerable gains in counter-insurgency operations, the Nigerian Armed Forces and Multi-National Joint Task Force (MNJTF) military operations' led to further forced population movements. Boko Haram's guerilla tactics led to new large-scale and secondary displacements towards Cameroon, and inside Niger, where entire villages were emptied. At the beginning of 2016, the majority of new arrivals into Cameroon's Minawao refugee camp came from border areas, where they had previously sought asylum and safety, but owing to Boko Haram incursions and military retaliations, they were forced to move further inland. Since June, the majority of new arrivals have come directly from Nigeria, some claiming to have escaped Boko Haram captivity while others cited leaving because of the deplorable conditions in IDP camps. As of October 2016, about 170,000 Nigerian refugees were hosted in Cameroon, Chad and Niger. The conflict had also internally displaced 192,912 persons in Cameroon's Far North region, 82,260 in Chad's Lake region (as of 31 Oct) and 184,230 persons in Niger's Diffa region (as of 30 Sept).

Encouragingly, a great number of civilians were freed from Boko Haram captivity by the military in Nigeria. In addition, Local Government Areas (LGAs) in north-eastern Nigeria where 800,000 persons had been trapped over the past years, were liberated. However, owing to the highly volatile security and protection situation, it remains to be seen whether conditions in north-eastern Nigeria will become conducive for the voluntary repatriation of refugees in safety in dignity and whether respective tripartite agreements between Nigeria, host countries and UNHCR will be signed.

In a region, which is already characterised by extreme poverty, harsh climatic conditions, poor infrastructure, limited access to basic services and epidemic outbreaks, continued protection and assistance for refugees, IDPs and other affected communities are required in 2017.

POPULATION TARGETED & IN NEED

Total population

	Targeted	in Need
Cameroon	110,000	110,000
Chad	22,250	42,500
Niger	325,583	340,425

Refugees

	Targeted	in Need
Cameroon	90,000	90,000
Chad	8,000	15,000
Niger	85,226	89,111

2016 Achievements

Despite the gravity of the crisis, refugee and IDP responses remain seriously underfunded, with only 36 per cent of required funds received as of November for the 2016 Nigeria Regional Refugee Response Plan (RRRP). Despite the limited funding and based on the 2016 Nigeria RRRP, UN agencies and NGOs, in collaboration with the Governments of Cameroon, Chad and Niger, provided protection and humanitarian assistance to refugees and host communities in all three countries as well as to IDPs and returning Niger nationals. Respective achievements include:

Protection - The most prominent achievement at a politico-strategic level was the commitment made by the governments of Nigeria, Cameroon, Chad, and Niger to implement the Regional Strategic Protection Framework for the Lake Chad Basin situation, the so called 'Abuja Action Statement' (see Annex I). This statement was the result of a Regional Protection Dialogue, organized in Abuja, Nigeria from 6 to 8 June 2016 by the Government of Nigeria and UNHCR, to discuss key protection concerns and priorities in the Lake Chad Basin. It brought together high-level government representatives of the four countries, donors, UN agencies, NGOs and civil society. The statement sets forth the regional

response strategy in key protection areas relating to persons of concern affected by the crisis. It guides the protection sector plan for refugees, IDPs and other affected populations of the 2017 RRRP and the 2017 Lake Chad Humanitarian Response Plan (HRP).

In terms of response, through ongoing advocacy with local authorities, armed forces and Governments at national level, under the leadership of UNHCR, RRRP partners promoted access to asylum in Niger, Cameroon and Chad, as well as the maintenance of the civilian and humanitarian character of refugee hosting areas. In Chad, their advocacy resulted in the decision by the Chadian Government to drop its initial plan to relocate Dar Es Salam refugee camp agreeing to support UNHCR's "Alternatives to camps" policy instead. This policy aims at assisting refugees to settle outside camps as members of the host communities in order for them to live self-sufficiently. In Cameroon, joint committees were established in the three departments of the Far North region to reinforce border and protection monitoring and referral mechanisms and ensure equitable access to asylum for refugees. These Committees, which include local authorities and humanitarian partners, track population movements, pre-register new arrivals, and act as an early warning mechanism. Humanitarian partners coordinate with security forces to enable them to reach people in need of assistance in remote areas and enhance joint screening and other security measures to maintain the civilian and humanitarian character of refugees hosting areas. RRRP partners conducted training and awareness-raising on international protection, human rights and refugee rights, including on the *non-refoulement* principle and minimum detention standards for government representatives, security forces, judiciary, prison staff, etc. In Niger, interventions targeting members of the Anti-Terrorism cell were prioritized to prevent arbitrary arrest and the detention of

refugees, including minors, perceived as being affiliated with Boko Haram. Additionally, an Memorandum of Understanding was signed with the Niger Bar Association for the provision of legal aid to the latter.

Mechanisms for the registration of refugees were established and maintained in transit centres and/or refugee hosting areas in Cameroon and Chad. Civil registration such as birth and marriage registration in camps was ensured in all hosting countries and mobile court hearings were promoted for late birth registrations. Physical verification has been conducted regularly since the beginning of the year in Minawao refugee camp in Cameroon, to ensure that refugee data are updated and that they possess valid attestations and other necessary documentation. In Niger, the preparatory phase for a biometric registration project aiming to register all the Diffa population was initiated, and a Technical Working Group with the Ministry of Interior was created to this effect. The project will be prioritized in 2017. Globally, these interventions contributed to improving protection for refugees, preventing statelessness and enhancing humanitarian assistance.

Multisectoral referral networks for assistance to persons with specific needs (PWSN), including sexual and gender-based violence survivors, unaccompanied minors (UAMs) and separated children (UASC), were strengthened. UAMs and UASC benefitted from legal and psychosocial support as well as from family tracing and reunification, where possible. Child protection and SGBV committees and community-based mechanisms were established and their members trained, in all three countries of asylum. The activities of these committees as well as SGBV trainings and awareness-raising campaigns helped to increase the identification of SGBV survivors. There are currently 105 child friendly spaces and 27 youth peer educator committees operational in more than 53 sites in the Diffa region of Niger.

2016 MAIN ACHIEVEMENTS



78,950

households received NFIs in Cameroon (55,538), Chad (3,544) and Niger (19,868)



75%

of identified unaccompanied minors (UAMs) received adequate support



417,253

people received food assistance on a monthly basis in Cameroon (66,444), Chad (5,424) and Niger (345,385)

Community-watch teams were also established and maintained to improve the security in refugee camps. Community empowerment and self-management structures were strengthened, for example in Chad, where almost 57 per cent of camp committee members are women.

Conditions in most parts of north-eastern Nigeria are not conducive for the return of Nigerian refugees, due to continuing insecurity and the absence of basic services which pose serious humanitarian and protection risks for the affected populations, particularly in Adamawa, Borno, and Yobe States. UNHCR facilitated consultations between the Governments of Nigeria and Cameroon in June 2016 on a tripartite agreement for voluntary repatriation and committed to incorporating elements that guarantee the voluntary, dignified and safe return of refugees. Moreover, surveys on return intentions were organized. In Cameroon's Minawao camp for example, where out of the more than 8,000 refugees were surveyed in September 2016, 71 per cent expressed the wish to return, once conditions are conducive.

Humanitarian assistance - RRRP partners provided humanitarian assistance to refugees and host communities in all three countries as well as to IDPs and returning Niger nationals in Niger, prioritizing PWSN. More than 70 per cent of the targeted population received food assistance on a monthly basis. In Niger, cash assistance was provided and refugees, IDPs, and returning Niger nationals, were engaged in cash-for-work initiatives. Noteworthy in this regard was also the expansion of school canteens.

In all concerned countries, refugees benefitted from basic emergency shelter and NFI assistance. IDPs and returning Niger nationals in camps and spontaneous sites in Niger also benefitted from this type of assistance. Furthermore, tool kits for shelter construction and rehabilitation were distributed to communities in Chad and Cameroon and shelter kits were distributed to non-vulnerable households in order for them to transform their emergency shelters into transitional shelters. Transitional shelters were also distributed in two camps and in several spontaneous sites in Niger as well as to households with PWSN in Chad.

Access to basic services - The education sector made substantive progress, including with the rehabilitation and construction of schools, school canteens and examination centres. School supplies and equipment were also distributed and capacity building was carried out for teachers. In Chad for example, all teachers targeted for 2016 were enrolled in on-going training leading to professional certification. Noteworthy, is also

the establishment and maintenance of three Distance Education Centres and French courses for Nigerian refugees in Niger and of Temporary Learning and Protection Spaces in Cameroon. A joint response plan to support the Ministry of Education is being finalized in Niger. These activities, combined with awareness-raising campaigns on the importance of education for both boys and girls, including with the participation of Parent-Teacher Associations, contributed to increased school attendance. As a result, more than 80 per cent of refugee children have access to primary school. In Chad the success rate for the end of year exam, taken by 1,555 pupils was 88 per cent; out of this group 40 per cent of students were girls. The net enrolment rate in primary school was of 76 per cent, with girls constituting 48 per cent of the student body. It is important to note that the majority of the refugee children had never been to school prior to arriving in Chad. In Cameroon, an adult literacy program was promoted with 540 students enrolled, out of which 44 per cent were women.

The health sector also witnessed noteworthy progress. For instance in Chad and Cameroon, free access to primary health care for refugees and host populations was ensured. Health centres were constructed, rehabilitated and/or equipped with essential drugs and health personnel were trained. Mass vaccination campaigns against measles in all three countries ensured 88 per cent of targeted refugee children in Chad and 105,000 people in Niger were treated. In Cameroon, these efforts even led to the end of a measles epidemic that had started in 2014. Preventive treatment and the distribution of mosquito nets, combined with awareness-raising in Cameroon, resulted in the reduction of malaria infections among children under-5 by 50 per cent during the rainy season, compared to the same period in 2015. In Niger, 16 mobile clinics for reproductive health were supported, offering attended births, family planning, immunization for women and children, antenatal care and treatment for sexually transmitted infections (STIs).

In the nutrition sector, the global acute malnutrition rate (GAM) and crude mortality were maintained at the standard of < 1 (per 1,000 persons/month) within the refugee camps. In Cameroon, the crude mortality rate was reduced to 0.1 deaths/1000/month and the under-5 mortality rate to 0.7 deaths/1000/month, while the rate in Chad's Dar Es Salam camp was reduced from 5.2 to 0.4, and among children under-5 from 6.6 to 1.2. In Niger, 50 integrated health centres in the Diffa region provided a nutritional programme. Children suffering from severe acute malnutrition (SAM) were treated in all three countries, including in hospitals, and with supplementary feeding.

Water and sanitation infrastructure was constructed, rehabilitated and maintained and water management committees established in camps and host villages. In an effort to address the endemic water shortage, WASH actors in Cameroon achieved near completion of a water piping system, in collaboration with the national water provider, CamWater, which will allow for a sustainable and adequate supply of drinking water in Minawao camp and in the surrounding communities. Moreover, WASH promotion activities, including training and awareness-raising activities were carried out. In Niger and Chad the construction of refuse pits and the collection of refuse bins improved waste management.

Livelihoods - In an effort to help refugees earn an income and become gradually self-sufficient, the latter benefitted from livelihood assistance as well as vocational and skills training. This assistance was provided predominantly for activities such as fishing, agricultural production and trading. In Chad, women represented almost 40 per cent of refugees in agricultural production. In Cameroon, more than 1,000 women benefitted from training on the use of energy-efficient stoves and support for growing and marketing groundnuts, millet and sorghum. In Chad, more than 100 refugee women were provided with loans to engage in small scale trading.

To improve rain-fed agriculture in Chad, namely for the production of corn, preparatory activities such as land clearing, and the procurement of tools and seeds were undertaken. Refugees also planted maize and other crops. Advocacy with traditional leaders and communities surrounding the refugee camp in Cameroon resulted in 25 hectares of arable land being made available to refugees, in proximity to the camp. In Niger, the local authorities of seven municipalities were provided with financial, administrative and legal support to enable them to service land and prepare areas for building plots or 'social parcels' allowing beneficiary families, to settle legally and to construct homes. The construction phase will begin in 2017.

A joint World Bank-UNHCR assessment¹ on the sources of the Boko Haram conflict and the resilience dynamics of populations in the Lake Chad Basin was completed in July 2016. The assessment's goal was to provide affected Governments and humanitarian actors with a better understanding of the socio-economic situation and resilience of refugees, IDPs and other crisis-affected populations in order to design national and regional development programmes, aimed at improving resilience and preventing new sources of conflict.

Peaceful coexistence and environmental protection –

To support peaceful coexistence between refugees and host communities, RRRP actors ensured that protection and humanitarian assistance was also provided to host communities. Partners conducted awareness-raising campaigns, constructed or rehabilitated local infrastructures and enhanced environmental protection. In Cameroon, where deforestation by refugees was proving to be a source of conflict with their hosts, environmental protection activities such as reforestation were organized involving both populations to promote peaceful coexistence. In Niger, a gas-provision system was established to benefit 20,000 vulnerable households including refugees, IDPs, returning Niger nationals and host communities. Beneficiary households were supplied with gas bottles and 6-month refills for domestic energy. Refill stations to supply gas in the region were also installed. This assistance also served as an effective protection tool against SGBV for girls and women. Furthermore, community mobilisers were recruited and trained by the Regional Directorates for Environment, Energy, Business and Protection of Women and Children.

2016 Challenges

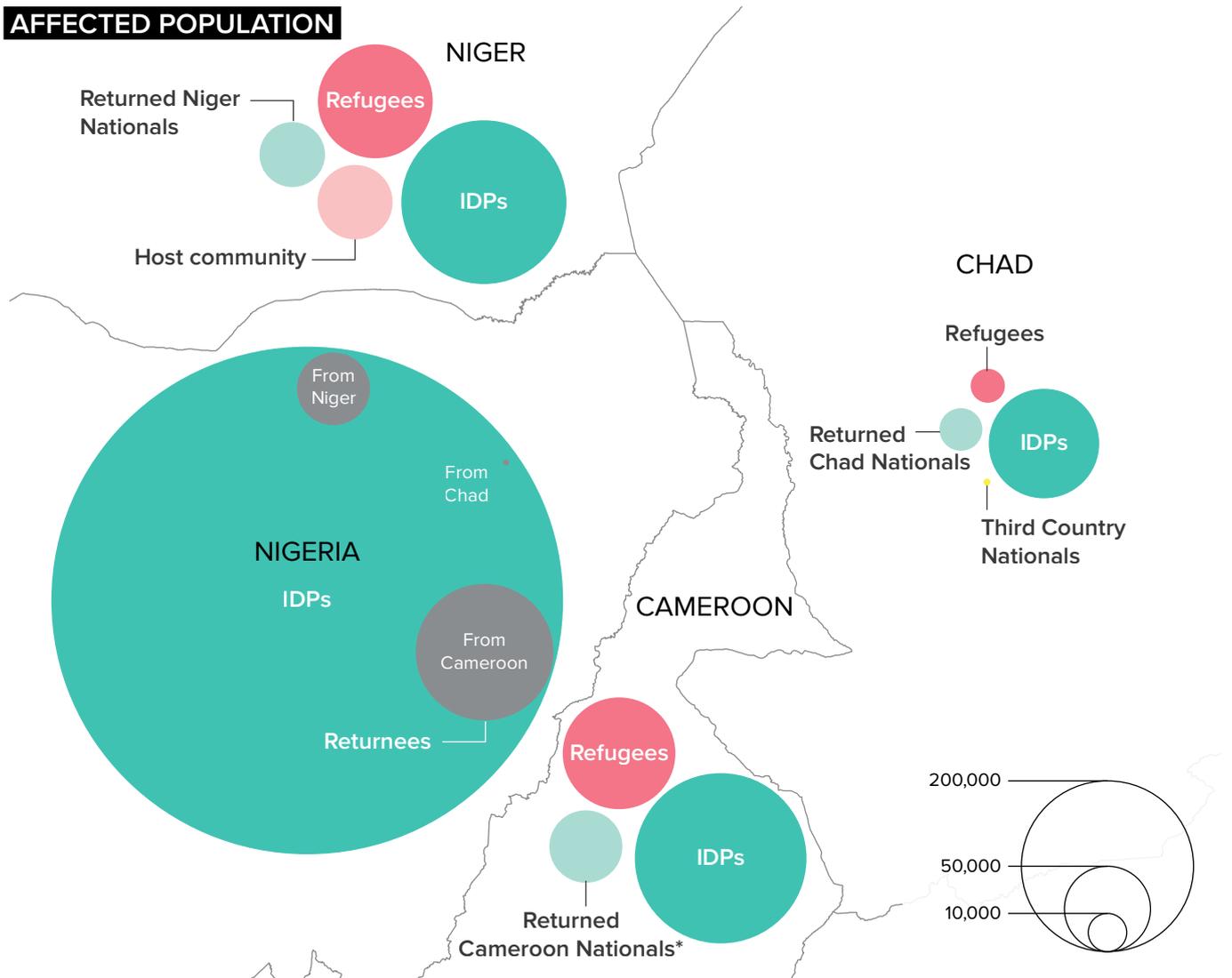
The key challenges for the response in 2016, some of which continue to persist, were the following:

Humanitarian access – The biggest challenge has remained insecurity in the Lake Chad Basin area due to the presence of Boko Haram insurgents, military counter-insurgency operations, the use of landmines and improvised explosive devices (IEDs), suicide bombings and grave human rights violations. These challenges have been felt predominantly in border areas, hampering humanitarian access and the delivery of assistance to refugees and other persons of concern.

Protection – Limited humanitarian access also presents a serious challenge for the protection of refugees and other affected populations in remote out-of-camp areas, including for registration.

In all affected countries, concerns have been raised since the start of the crisis over the risk of *refoulement*, either caused by border closures and/or forced or induced returns. Refugees, including children, suspected of being affiliated with Boko Haram have at times been arbitrarily detained or refouled. While recognizing the legitimate national security concerns of states affected by the Boko Haram crisis in the context of ongoing insecurity and terrorism threats, and the need

1. World Bank/UNHCR "Forced Displacement by the Boko Haram conflict in the Lake Chad region"



Sources: UNHCR, IOM, Shelter/AME/CCCCM Cluster and Governments
 Note: *Returned Cameroon Nationals (IDPs, Cameroon nationals returned from Nigeria and CAR)

to implement security measures, some of which may affect refugees, asylum seekers and other persons of concern, such measures must be implemented in accordance with international standards and obligations. In addition, carrying out detention monitoring and providing assistance to detained refugees, including minors suspected of being affiliated with Boko Haram, is sometimes difficult.

Violence against women and children and SGBV are widespread, and many persons have suffered from traumatic and violent experiences, leaving many with mental health issues. Survivors and people at risk face significant challenges in accessing assistance, such as legal aid and psychosocial support. In the out-of-camp context, the identification of persons with specific protection risks is particularly difficult. This is caused by a lack of humanitarian access to certain areas as well as by the fact that SGBV issues are highly sensitive.

Although conditions in much of north-eastern Nigeria are not conducive to return, the return of Nigerian nationals including of refugees continues. As of October 2016, a total of 164,281 Nigerian returnees had been registered in Nigeria.

Basic services - The provision of basic services is very weak in certain areas and often highly dependent on aid organizations. Local authorities and existing providers of basic services, such as hospitals and health centres as well as schools, face serious problems in recruiting and retaining qualified staff who are willing to remain in the Lake Chad region for extended periods of time. This trend is further exacerbated by insecurity. Moreover, in the Diffa region of Niger, several health centres have been attacked and looted. As for the education sector, the fact that some parents do not see the added value of formal education or cannot afford to send their children to school remains another challenge. In Niger and Chad, additional challenges exist due to the fact that French is

the language of instruction and that Nigerian refugees speak English. Furthermore, over 150 schools in Niger have thus far been forced to close due to insecurity. Water supply remains a major problem in the Far North region of Cameroon, because the natural conditions do not favor high ground water levels and in Niger, due to the increased demographic pressure on water provision systems. As a consequence, RRRP partners have so far not been able to achieve the standard for water provision of 20l/person/day throughout the region.

Livelihoods – Insecurity has also led to an economic crisis by negatively affecting general livelihood opportunities. More specifically, as some borders remain closed, socio-economic activities benefitting affected populations have been put on hold. In Niger and Chad for example, farming, fishing, pastoralism and trade are hampered by limited freedom of movement and limited access to land due to heavy military strikes and bombings carried out in the area. As a consequence, the Diffa region faces a severe economic crisis which affects all areas of its economy. In this context it is difficult for displaced and host populations to be self-reliant. However, it should be noted that refugees rarely have access to agricultural land, because most land belongs to the local population and is leased on a temporary basis only, and under strict conditions, despite ongoing advocacy with the respective governments.

Peaceful coexistence - Boko Haram insurgent infiltrations and the perception that refugees are associated with the group continue to cause fear and mistrust among the local populations. Combined with tensions arising out of a lack of natural resources in hosting countries, these fears challenge peaceful coexistence.

In Niger, inter-communal and inter-ethnic tensions are on the rise, especially among pastoralists, many of whom have been forced to leave their livestock behind. Some have even resorted to using water points meant for the population to water their livestock.

Lack of funding - A challenge severely affecting the response to all targeted populations all three countries is the limited funding, even for basic activities. As mentioned above, as of November 2016, RRRP partners had only received 36 per cent of required funding.

REGIONAL HUMANITARIAN NEEDS

The needs of Nigerian refugees in Cameroon, Chad and Niger, as well as IDPs and returning Niger nationals remain significant. RRRP partners will continue to work together with concerned Governments through enhanced civil-military coordination, enabling



humanitarian actors to reach people in need of assistance in remote areas, and to ensure appropriate distinctions between the roles of humanitarian actors and security forces are drawn.

Protection – States have the prime responsibility and duty to promote and protect the human rights and fundamental freedoms of persons within their jurisdiction. RRRP partners will continue to strengthen awareness-raising among government and security forces on key international humanitarian standards and human rights, and to support the Governments in providing legal assistance for detainees suspected of being associated with Boko Haram. Given that the insurgents are increasingly using IEDs and mines, mine education for all populations is a priority, especially in Chad and Niger.

Protection monitoring and registration must be maintained, especially in out-of-camp areas, to identify needs, including those of PWSN, and to be able to plan humanitarian assistance interventions more effectively. It should be noted that the emergency affects PWSN most severely and that it has resulted in an increase in their numbers.

SGBV - To further enhance the prevention of and response to SGBV, child protection and other protection issues, community-based protection mechanisms in all three countries need to be further strengthened, for instance through awareness-raising activities and training. RRRP partners should continue to support efforts to ensure women and youth are adequately represented in community self-management structures, with a view to empowering the different population of concern. Given the rising number of identified SGBV survivors, there is a need to increase and improve mental health services to treat their trauma, especially in Cameroon and Niger.

Documentation - A lack of identity documentation in populations and hence difficulties in proving nationality is a widespread phenomenon, especially in the area most affected by the current crisis. In Diffa, Niger, a UNHCR study conducted in 2015 revealed that 82 per cent of displaced persons and returnees interviewed were without documentation.² This phenomenon is largely linked to the region's low rate of civil registration, including of births. The lack of civil registration and identity documentation can pose a risk of statelessness, especially in the context of displacement. Respective authorities, for instance in Cameroon and Niger, require support in terms of material and human resources, in order to facilitate the issuance of civil documentation.

Basic services - In general, the capacity of Governments to provide basic services such as health and education for refugees, IDPs, returning Niger nationals and host communities in all three countries needs to be further increased, including with human resources, capacity building, infrastructure, technical support and equipment. As for health services, including specialised services such as for reproductive health and HIV, routine vaccination programmes, surveillance and management of severe and moderate acute malnutrition need to be established or maintained. The Lake Chad region is a cholera-prone zone. Therefore, adequate water and sanitation infrastructure as well as the promotion of good hygiene practices in the camps among the priority needs for the health and WASH sectors. As for education, despite the interventions that have taken place, there is still a lack of schools, libraries, school kits, etc.

Food, Shelter and WASH - The construction of emergency, semi-permanent and permanent shelters continues to be a necessity, considering the harsh climatic conditions. Newly arriving refugees, IDPs and returning Niger citizens need NFIs, especially considering that those distributed in all three countries in the past could potentially no longer be usable, and therefore need to be replaced. The refugee camp in Cameroon, which hosts almost four times as many people as it was originally designed for, with new refugees arriving every week, needs particular support to establish and maintain its WASH infrastructure. This is not only important to reach the standard of 20l/ person/day, instead of the current 14l, but also to prevent outbreaks of diseases, such as cholera, and epidemics and to address other health hazards. Refugees and other affected populations will continue to need food assistance, particularly outside of sites, where malnutrition needs to be monitored and addressed.

Livelihoods - Refugees require access to land for farming and their livestock, fishing space and access to other livelihoods opportunities to improve their food security and become less dependent on humanitarian assistance. In particular young refugees require support and skills-training to engage in alternative income generating activities. They also would also continue to benefit from vocational and entrepreneurial training, as well as access to financial services. To support peaceful co-existence, the prevention of environmental degradation and promotion of environmental protection to lessen the impact of the presence of refugees on host communities, is another priority need.

2. UNHCR, Atelier de validation de l'Etude sur la documentation des personnes déplacées du Nord Nigeria vers la Région de Diffa, Niamey, 2 June 2015.

2017 REGIONAL PROTECTION STRATEGY

In line with the Abuja Action Statement (see Annex I), the 2017 Nigeria RRRP aims to provide protection to Nigerian refugees in Cameroon, Chad and Niger, IDPs and returned Niger nationals, as well as to impacted host communities in all three countries.

Strategic Objective 1. All refugees, IDPs and returned Niger nationals have enhanced access to protection.

To ensure access to asylum and protection, RRRP actors will continue to support governments in strengthening and establishing appropriate mechanisms and preventive measures that enable States to identify persons entering their territory in a manner, which responds to protection as well as security concerns, in line with their obligations under international law. This entails protection monitoring, including community-based monitoring; joint screening of new arrivals with government actors, pre-registration, including in transit-centres and other measures, which are conducted in an age-and-gender-sensitive manner. They will also ensure advocacy and awareness-raising as well as capacity building, for all relevant stakeholders such as border officials, joint committees and other government representatives on key international protection and human rights standards such as the principle of non-*refoulement*. RRRP actors will provide assistance for those detained on suspicion of association with

terrorist groups, through detention monitoring, capacity-building of legal service providers and provision of legal assistance as well as support for their reintegration into their community after being released.

Strategic Objective 2. Civil-military coordination is strengthened to maintain the civilian character of refugee and IDP hosting areas.

RRRP partners will continue to work together with the Governments through enhanced civil-military coordination, to enable humanitarian actors to reach people in need of assistance in isolated areas, and ensure appropriate distinctions between the roles of humanitarian actors and security forces are drawn. For areas with no or limited humanitarian access, RRRP partners may develop guidance on procedures aimed at promoting such access and on the engagement of humanitarian and protection actors.

RRRP partners will advocate for the deployment of camp-based security personnel, including female staff. Mine risk education for refugees, IDPs, returnees and host populations will be promoted as a preventive security measure.

A capacity building programme will be organized for security forces, including police and camp-based security personnel, the MNJTF and local authorities on key international protection, refugee, humanitarian and human rights standards to maintain the civilian and humanitarian character of refugee and IDP sites. RRRP actors will also sensitize government and military actors



PROTECTION

OBJECTIVE: Quality of registration and profiling improved and level of individual and civil status documentation increased

INDICATOR: 100% of persons of concern registered/documented on an individual basis

OBJECTIVE: Contribute to the protection of all children at risk through a community-based approach

INDICATOR: 2,955 UASC identified and supported (placed in alternative/ad interim care, reunified and monitored)

OBJECTIVE: Contribute to the reduction of risks associated with SGBV and provide a holistic response to survivors

INDICATOR: 100% of identified SGBV survivors assisted with appropriate support

OBJECTIVE: Access to the territory improved and risk of refoulement reduced

INDICATOR: 0 known cases of refoulement for which interventions to promote non-refoulement were necessary

on civil-military coordination to protect and promote humanitarian principles.

Strategic Objective 3. Persons with specific protection risks are safe and receive appropriate preventive, responsive and restorative services.

Together with respective governments and authorities, RRRP partner will continue to strengthen the identification, documentation and monitoring of PWSN, such as women and children at risk, persons with disabilities and the elderly, through multisectoral needs assessments, collaboration with community-based networks and improved registration and profiling, ensuring PoC data is protected.

RRRP partners will also continue to support coordinated response to the specific needs of PWSN, including through multisectoral referrals and response mechanisms and community-based protection mechanisms, ensuring access to psychosocial support and basic services. Child protection mechanisms will be enhanced by strengthening the means for the identification, registration and documentation of children at risk and through conducting Best Interest Determinations (BID). Separated or unaccompanied minors will continue to be reunified with their families or provided with alternative care. The same applies for SGBV prevention and response mechanisms, which will also be enhanced by improved identification, data management and reporting. In addition, focus will continue to be placed on awareness-raising and capacity building for all stakeholders working on child protection or SGBV prevention and response as well as on promoting community-based protection.

RRRP partners will seek to ensure that all persons of concern enjoy their rights on an equal footing and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities. They will also support governments in their commitment to promulgate national legislation aimed at protecting and increasing the involvement and engagement of affected populations through advocacy and awareness-raising campaigns.

Strategic Objective 4. Refugee and IDPs are assisted through a comprehensive solutions approach.

RRRP partners will support the implementation of durable solutions such as local integration and voluntary return for refugees and IDPs, and resettlement to a third country for refugees, whenever appropriate.

Local integration will be supported, including by enhancing access to basic services, livelihood opportunities and financial services; promoting peaceful co-existence among refugees, IDPs and host communities and encouraging the use of environmentally friendly measures.

RRRP actors will also support governments in ensuring that refugee returns are voluntary, safe, carried out in conditions of dignity, and based on well-informed decisions, once conditions are conducive, and that facilitated returns of refugees are within the framework of tripartite agreements and respect the principle of non-refoulement. For example, subject to the signing of such Tripartite Agreement between the Government of Nigeria, Cameroon and UNHCR and that conditions in Nigeria are conducive, UNHCR and partners will provide technical assistance and capacity building to the Government of Cameroon for its implementation, including by facilitating the repatriation. Moreover, they will closely monitor refugee returns.

Strategic Objective 5. Refugees and other persons of concern receive documents and rights to nationality are upheld.

With a view to improving assistance, reducing the risk of statelessness and tracking population movements, RRRP partners will continue to work closely with relevant government authorities to increase access to civil registration and documentation such as birth, marriage and death certificates or identity cards. This work will include; simplifying birth registration and civil documentation procedures, organizing and equipping mobile registration centres and creating more registration centres especially in remote areas, integrating birth registration into other sectors, such as education and health, reducing the cost of birth registration and documentation, and conducting awareness-raising campaigns on its importance.

They will also support governments in ensuring national laws and policies comply with existing relevant international and regional standards, for example as defined in the 1954 and 1961 Conventions on Statelessness and the African Charter on the Rights and Welfare of the Child, and to support the adoption of a Protocol to the African Charter on Human and Peoples' Rights on the right to nationality and the eradication of statelessness.

2017 REGIONAL RESPONSE STRATEGY

In tandem with implementing the regional protection strategy with core protection activities as outlined above, RRRP partners aim to concentrate on the following:

Provide humanitarian assistance and basic services

Access to health care services, including specialized services will be maintained and improved, by providing health centres with equipment and essential drugs and capacity building for health workers. RRRP partners also plan to rehabilitate more health facilities in the surrounding host communities. Referral systems to hospitals for secondary health care as well as routine immunisation programmes will also be maintained. The use of family planning services, antenatal care and post-natal care will be improved with a focus on ensuring that deliveries take place in health facilities.

To enhance the nutritional status of refugees, host communities and other affected populations, above all children and pregnant and lactating women, will be monitored, including through regular screening, and where necessary, they will be provided with the required response. Community participation in health promotion will be further strengthened, including with the establishment and maintenance of health committees.

Access to quality education in safe learning environments for all, including for children who are out of school, will be further improved. RRRP partners will support their integration into the education system of their respective asylum countries and the completion of recognised certificates through temporary and alternative learning opportunities. The Distance Education Programme will be extended to members of the host communities in Niger. The construction, rehabilitation and equipment of additional classrooms and schools, distribution of school materials, school feeding, the recruitment of teachers, including female ones, and capacity building for teachers will be ensured. The latter will focus on professional development in order to meet the formal education, psychosocial and life skills needs of pupils. Monitoring and evaluation of education activities will be prioritized. Community participation in education matters will be improved. Awareness-raising on the importance of education will continue to be carried out. In Niger, RRRP partners will also organise recreational activities for children inside and outside schools.

Water and sanitation infrastructure will be constructed or rehabilitated and in parallel, continued hygiene promotion will include information on the use of latrines as well as personal and community hygiene practices. Community mobilisation will be improved to be more effective in WASH activities.

Assistance with adequate shelter, shelter kits, NFIs and food will continue to be provided to refugees, IDPs and host communities. Food assistance will be provided to refugees in all three countries and to IDPs in Niger and returned Niger nationals. The implementation of a cash and voucher or food for work system to replace commodity-based assistance will be explored or implemented with the participation of the refugees, IDPs and other concerned communities, based on the needs of the household. Moreover, capacity building will be provided for food security actors and representatives of the Niger Government on data collection, evaluation and analysis of assessments. In addition, refugees and other affected populations will be assisted to engage in livelihood activities to improve their food security needs.

Encourage self-reliance and environment protection

Self-reliance and socio-economic local integration will be supported. RRRP actors will support livelihoods, including traditional activities such as farming and fishing but also small-scale trading, to help refugees, IDPs, returning Niger nationals and other affected populations. They will also ensure that skills, entrepreneurial training and access to financial services are increased.

Environment protection will continue to be a priority in 2017. All populations will be introduced to energy-saving stoves in order to promote the rational use of firewood and they will be engaged in planting tree seedlings to mitigate environmental degradation. In Niger, cash-for-work activities will include plant production, reforestation and awareness-raising on environmental protection, while gas will continue to be distributed as a cheaper alternative to wood. Awareness-raising campaigns on the prevention of inter-communal tensions and conflict will be organised. Moreover, host communities will be targeted with comprehensive assistance to support peaceful coexistence.

To achieve all these objectives, RRRP partners will work closely with Government and development partners to establish synergies, including by integrating the refugee response into development programmes and seeking the support of national institutions in strengthening refugee resilience activities.

EDUCATION

OBJECTIVE: Population has optimal access to education

INDICATOR: 131,981 primary school-aged children enrolled in school/temporary learning spaces

ENVIRONMENT

OBJECTIVE: Population has sufficient access to energy and natural resources and the environment is better protected

INDICATOR: 28,465 households received fuel, energy saving stoves and equipment

FOOD SECURITY

OBJECTIVE: Ensure the food needs of crisis-affected populations of concern are met in a coordinated manner

INDICATOR: 282,950 PoCs received food assistance

HEALTH

OBJECTIVE: Improve access to and quality of primary health care and referrals

INDICATOR: 89,820 children vaccinated against measles

LIVELIHOODS

OBJECTIVE: Improve self-reliance and livelihoods

INDICATOR: 62,407 households received production kits or support for agriculture/livestock/fisheries activities

NUTRITION

OBJECTIVE: Strengthen the prevention of and response to malnutrition

INDICATOR: 11,483 children screened, identified and admitted into MAM and SAM programmes

SHELTER & NFI

OBJECTIVE: Work in a coordinated manner to provide persons of concern with adequate shelter, necessary for their protection and dignity

INDICATOR: 62,065 households benefited from shelter interventions

OBJECTIVE: Population has sufficient basic and domestic items, necessary for their protection

INDICATOR: 43,980 households received core relief items

WATER, SANITATION & HYGIENE PROMOTION

OBJECTIVE: Contribute to ensuring that all Nigerian refugees have access to a minimum amount of clean drinking water in refugee camps

INDICATOR: Average 20 of litres of potable water available per person per day

OBJECTIVE: Population lives in satisfactory conditions of sanitation and hygiene

INDICATOR: 6,176 household sanitary facilities constructed/improved

REGIONAL COORDINATION

The primary responsibility to assist and protect refugees rests with the host Governments of Cameroon, Chad and Niger. In cooperation with these Governments and within the [Refugee Coordination Model \(RCM\)](#), the Regional Refugee Coordinator for the Nigeria situation (RRC) leads and coordinates the 2017 Nigeria RRRP, which is elaborated and will be implemented by UN agencies and NGOs. The RRRP and its elaboration and implementation process takes into consideration the different coordination structures that are in place in all three countries.

In Cameroon, to respond to the mass influx of Nigerian refugees into the Far North region of the country, UNHCR established and led a coordination mechanism that was based on refugee sector WGs in early 2014. Upon request of the Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT) in April 2014, UNHCR agreed to extend the scope of this coordination mechanism by ensuring that these sector WGs not only cover refugees and host communities, but also IDPs, considering UNHCR's strong presence and operational capacity in northern Cameroon. This agreement was endorsed by the UN High Commissioner and the Emergency Relief Coordinator (ERC) in line with the "[Joint OCHA-UNHCR Note on Mixed Situations – Coordination in Practice](#)". According to this agreement, the HC remains accountable for the IDP and other non-refugee related response, while UNHCR maintains its responsibility and accountability for the refugee response. An Inter-Agency mission on the Application of the Joint UNHCR/OCHA Note on Mixed Situations to Cameroon in April 2016, which included representatives of OCHA, UNHCR, UNICEF and UNFPA, provided some feedback on its implementation and provided some recommendations on how to further strengthen coordination, especially at capital-level. A joint letter of the UN High Commissioner and ERC (UNHCR/OCHA) in September 2016 confirmed the relevance and applicability of the Mixed Note for the ongoing response in the far north region of Cameroon.

In practice, the application of the Mixed Note means that various sector WGs in the field in Maroua, which are led by Government authorities and co-led by UNHCR or other UN agencies (e.g. UNICEF or WFP) coordinate the humanitarian response to both, IDPs and refugees. Supported by OCHA, UNHCR leads an Operational Multisectoral Coordination team with all sector co-leads, which meets regularly at field level. In parallel at National level, UNHCR chairs regular meetings of the

multisectoral operations team with all sector leads and co-leads, on the refugee response, while OCHA leads an Inter-Sector coordination WG, which coordinates the response to needs of IDPs and other populations, in Yaoundé. Both WGs liaise on their area of responsibility with the Operational Multisectoral Coordination team in the field.

In Chad, UNHCR continues to coordinate the refugee response together with the Chadian Government, represented by the Commission Nationale d' Accueil et de Réinsertion des Réfugiés et des Rapatriés (CNARR) and local authorities. This includes leading and organizing regular coordination meetings of multisector and sector working groups (WGs) in the capital N'Djamena and in the field in Baga Sola, close to the point of delivery in the border area of Lake Chad Basin. UN agencies and NGOs are also engaged as co-leads of these sector WGs. The CNARR continues to serve as a link between RRRP partners and relevant Ministries at capital level. At national level, RRRP partners participate in Operational Task Force bi-monthly meetings which offer humanitarian actors the opportunity to discuss issues pertinent to the crisis in the Lake Chad Basin.

In Niger, the Ministry of Humanitarian Affairs and Disaster Management was created in the capital Niamey in 2016, to institutionalize the ever growing cooperation between the Government and the humanitarian community. At Diffa level, the overall coordination of the crisis in the region is the responsibility of the Governor of the Diffa region, through the Regional Committee for the Management of the Displaced (which is composed of Regional Directors, Department Prefects, the President of the Regional Council and humanitarian representatives). The President of the Regional Council is the Co-President of the Committee for questions related to development. The Humanitarian Coordination Cell (CCH), a cell under the Prime Minister's Cabinet, has a field office in Diffa, which supports the Governor in this role. The sectoral response is coordinated by Sectoral Technical WGs, under the leadership of the various Regional Technical Directorates, with the support of the national clusters based in Niamey.

An inter-organization coordination committee (CCIO/ Diffa) has been set up at Diffa level, and is co-led by UNHCR and OCHA. This CCIO plays the role of interface between the humanitarian community and the authorities at regional level and is directly linked to the HCT at national level. With regards to coordination and planning for 2017, UNHCR and OCHA worked closely on the development of both the HRP and the RRRP.

RRRP PARTNERS

- ACF
- ACTED
- ADRA
- ALVF
- ASOL
- Care International
- Concern Worldwide
- COOPI
- CRS
- FAO
- GOAL Global
- HELP/
Welthungerhilfe
- HKI
- IAS
- IEDA Relief
- IMC
- INTERSOS
- IOM
- IRC
- LRC
- OCHA
- OXFAM
- Plan International
- PU-AMI
- Public Concern
- QRC
- Samaritan's Purse
- Save the Children
- SdA
- UN Women
- UNFPA
- UNHCR
- UNICEF
- WFP
- WHO
- World Vision International



Financial requirements

BY AGENCY & COUNTRY

ORGANIZATION	CAMEROON	CHAD	NIGER	TOTAL REQUIREMENTS (USD)
ACF			9,192,072	9,192,072
ACTED			1,400,000	1,400,000
ADRA			268,773	268,773
ALVF	150,000			150,000
ASOL	408,333			408,333
Care International			1,292,651	1,292,651
Concern Worldwide			1,563,937	1,563,937
COOPI			345,895	345,895
CRS	2,595,076			2,595,076
FAO		126,870	1,793,000	1,919,870
GOAL Global			609,883	609,883
HELP/Welthungerhilfe			300,000	300,000
HKI			1,106,326	1,106,326
IAS			550,000	550,000
IEDA Relief	612,500		1,050,000	1,662,500
IMC	287,003			287,003
INTERSOS	950,000			950,000
IOM			4,854,683	4,854,683
IRC	500,000		2,297,026	2,797,026
LRC			569,181	569,181
OCHA			1,000,000	1,000,000
OXFAM			600,000	600,000
Plan International	4,198,538		2,495,932	6,694,470
PU-AMI	1,129,196			1,129,196
Public Concern	835,000			835,000
QRC			500,000	500,000
Samaritan,s Purse			5,110,689	5,110,689
Save the Children			6,841,000	6,841,000
SdA	971,819			971,819
UN Women	1,450,400		2,700,000	4,150,400
UNFPA	1,290,000	825,552	2,594,780	4,710,332
UNHCR	33,384,663	11,777,880	48,532,008	93,694,551
UNICEF	3,182,892	4,540,432	12,607,444	20,330,768
WFP	15,193,942	1,322,247	37,954,485	54,470,674
WHO	114,800	1,017,375	940,423	2,072,598
World Vision International			5,222,500	5,222,500
TOTAL	67,254,162	19,610,356	154,292,688	241,157,206

BY SECTOR & COUNTRY

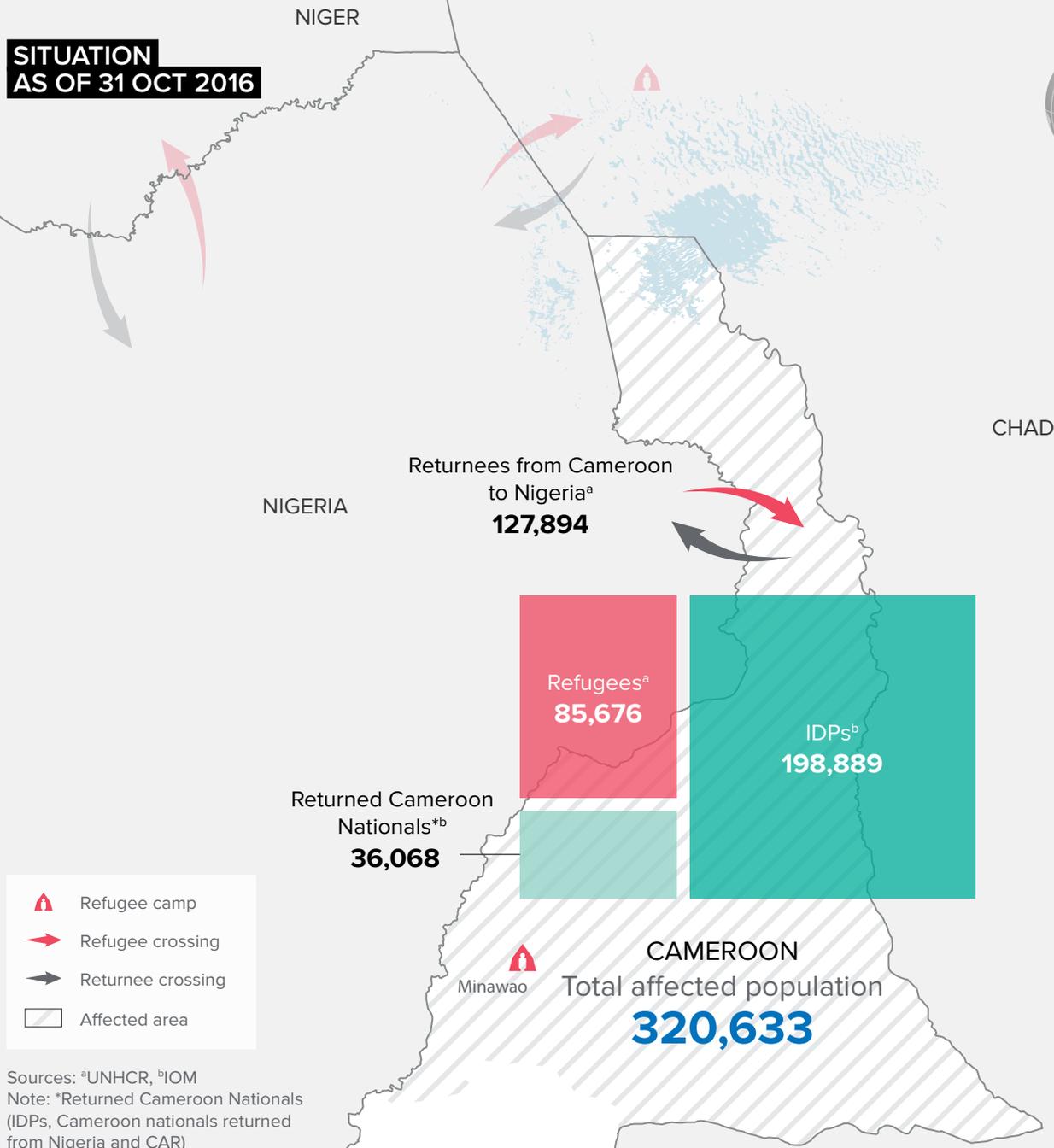
SECTOR	CAMEROON	CHAD	NIGER	TOTAL REQUIREMENTS (USD)
Protection	13,566,196	3,757,202	26,560,706	43,884,104
Education	8,160,175	2,684,715	8,278,956	19,123,846
Food Security	14,992,826	1,221,516		16,214,342
Food Security & Livelihoods			63,717,018	63,717,018
Health	5,745,927			5,745,927
Health & Nutrition		3,754,818	17,202,610	20,957,428
Livelihoods & Environment	9,952,274	3,450,418		13,402,692
Nutrition	2,606,982			2,606,982
Shelter and NFI	6,296,465	2,005,620	19,538,586	27,840,671
WASH	5,933,317	2,736,068	17,994,812	26,664,197
Inter-agency coordination			1,000,000	1,000,000
TOTAL	67,254,162	19,610,356	154,292,688	241,157,206



CAMEROON

Refugee Response Plan

**SITUATION
AS OF 31 OCT 2016**



**2017
PLANNED RESPONSE**

110,000
TOTAL POPULATION TARGETED

90,000
REFUGEES TARGETED

67.3M
REQUIREMENTS (US\$)

17
PARTNERS INVOLVED

**2017
MAIN PRIORITIES**

1. Provide international protection to Nigerian refugees and host communities (access to asylum, documentation and registration, child protection, SGBV response)

2. Ensure international humanitarian assistance standards are met across all sectors in Minawao camp

3. Support authorities with the management of refugee protection and assistance, including strengthening their self-reliance

Country Overview

INTRODUCTION

In 2016, the Far North region of Cameroon continued to endure violent cross-border attacks perpetrated by Boko Haram. As a result, local trade and livelihood activities were interrupted and 198,889 people were left internally displaced across the region. Owing to ongoing violence in Nigeria, Nigerian refugees continued to arrive steadily into Cameroon, some claiming to have fled Boko Haram captivity and others citing poor living conditions in IDP camps as a reason for their departure. Since the beginning of the crisis, the Boko Haram conflict in north-eastern Nigeria has forced 86,676 Nigerians to seek safety in Cameroon, following attacks on their villages in Nigeria's Borno, Adamawa and Yobe states. At the beginning of 2016, the majority of new arrivals into Cameroon's Minawao refugee camp came from border areas, where they had previously sought asylum and safety, but owing to Boko Haram incursions and military retaliations, the latter had been forced to move further inland, in search of protection, security and assistance. Since June, the majority of new arrivals have come directly from Nigeria.

As of end-October, UNHCR had registered 58,933 refugees in Minawao camp including new arrivals and newborns. The camp continues to operate at three times its maximum capacity and the resulting congestion makes providing assistance in a manner aligned with international humanitarian standards, a key challenge.

In addition, 26,743 unregistered refugees live in villages along the border with Nigeria, mainly in the departments of Logone-et-Chari (12,770) and Mayo-Tsanaga (12,986)¹.

Within the context of this Regional Refugee Response Plan (RRRP) and taking into account the Government's clearly stated encampment policy for Nigerian refugees in the Far North region due to security concerns, refugees at Minawao camp and surrounding host communities are the main population targeted. With the exception of the protection sector, the humanitarian needs of unregistered refugees who settled in villages in border areas alongside host communities and Internally Displaced Persons (IDPs) are considered within the wider humanitarian response, which is detailed in the respective chapters of the 2017 Humanitarian Response Plan (HRP) for Cameroon.

POPULATION TARGETED & IN NEED

	Targeted		in Need
Refugees	90,000		90,000
Host Community	20,000		20,000

Persons with specific needs have been most affected by this crisis, particularly women and children at risk, the elderly, and persons with disabilities or serious medical conditions. Violence against women and children is widespread, many people are suffering from trauma and there has been a significant rise in the number of child and female-headed households.

Throughout 2016, RRRP partners continued to advocate access to asylum for Nigerians seeking safety in Cameroon. Security forces remained vigilant at the border and a strategy to reinforce protection and border monitoring and to strengthen referral mechanisms with the establishment of Joint Committees (local authorities and UNHCR) was put into place. The aim of these committees is to reinforce protection assistance for out-of-camp refugees, track population movements, pre-register new arrivals, and act as an early warning system in order to improve protection space and access to asylum. Proposals have also been made for the establishment of additional transit centres closer to entry points, where refugees could be screened, and, as required, transferred to Minawao camp.

Two return intention surveys were carried out at Minawao camp in 2016. In April, 76 per cent of those interviewed, expressed the wish to return to their places of origin should conditions be conducive. In September only 71 per cent indicated they would return if all conditions for a return in safety and dignity were met, such as security, access to livelihoods, education, health services and shelter. This is particularly relevant to Nigerian refugees who come from Borno State, and more specifically from areas such as Bama and Gwoza where access to basic services is lacking.

1. IOM Displacement Tracking Matrix (DTM) – Number 5 - October 2016

2016 Achievements

- A major achievement has been the immediate registration of new arrivals at Gourounguel transit centre next to Minawao camp and the issuance of documents since April 2016. Furthermore, all children in the camp have been registered and issued with documentation under regular birth registration procedures, thus reducing the risk of statelessness.
- Minawao camp has two fully operational pre-primary schools, six primary schools and one secondary school. In addition, the camp provides Early Childhood Development (ECD) activities and is equipped with 15 Temporary Learning and Protection Spaces (TLPS).
- Psychosocial support was provided to 7,369 children at risk including unaccompanied and separated children (UASC). These children also benefitted from legal support, family tracing and reunification.
- Thanks, in part, to the training of 193 community workers who engaged in improving community-based vaccination activities, a measles epidemic that had lasted for two years, ended in April.

- All newly arrived families received shelters and Non-Food Items (NFIs) including mats, blankets, jerry cans, and kitchen sets.

2016 Challenges

- Due to the unpredictable and volatile security context in the Far North region of Cameroon, and the heavy presence of Cameroon's national security personnel, humanitarian access to refugees in certain areas outside Minawao camp, remained challenging. Maintaining the civilian and humanitarian character of asylum in the current security context will continue to pose a challenge in 2017.
- The perception that refugees could be affiliated with Boko Haram insurgents has sometimes impeded their access to asylum and affected screenings and status determination procedures. Advocacy efforts with local authorities and communities remain central to the continued response.
- Owing to the Far North region's semi-arid conditions and rocky soil, the provision of water remained difficult.



- As an overall challenge, limited funding continued to affect the response and delivery of high quality of assistance.

IDENTIFIED NEEDS

The needs of Nigerian refugees in Cameroon remain significant. The strong presence of security forces and fears of potential infiltrations in the camp require renewed engagement in order to maintain and ensure the civilian and humanitarian character of asylum. The number of security personnel in Minawao camp needs to be increased as the current ratio is of one Gendarme per 2,300 refugees, above the standard of 1:1,000.

Out-of-camp refugees must be provided with better assistance which requires RRRP partners to collect more information on their needs. Partners will also have to focus on building the capacity of young refugees through alternative livelihood activities and skills-trainings. This would offer them the opportunity of sustaining themselves and their families and becoming less dependent on humanitarian aid. The allocation of land is necessary to ensure that refugees can access pastures with their livestock.

Humanitarian needs persist in all sectors. These include strengthening the prevention of and response to malnutrition and increasing surveillance as well as improving access to primary health care and to education on a non-discriminatory basis and providing water in a sustainable manner. Furthermore, sanitary infrastructures in Minawao camp need to be improved and a greater focus should be placed on the use of participatory approaches.

STRATEGIC OVERVIEW FOR THE RESPONSE

Considering arrival trends into Cameroon so far in 2016, and the number of Nigerians already in Cameroon moving to the camp, the Nigeria 2017 RRRP plans to protect and assist a total of 90,000 Nigerian refugees.

The camp has been growing continuously and is expected to host at least 60,000 refugees by the end of 2016 with 15,000 new arrivals in the course of 2017. This projection includes 5,000 arrivals directly from Nigeria, and 10,000 from out-of-camp locations, seeking protection due to the volatile security situation in the Mayo-Sava, Mayo-Tsanaga and Logone-et-Chari departments bordering Nigeria, most affected by the



Boko Haram insurgency. This second figure is expected to increase if cross-border incursions, lootings, pillaging and suicide attacks continue.

Alternatively, some refugees may consider voluntary repatriation in 2017, if conditions in their areas of origin become conducive for return in safety and dignity. Should refugees be able to make well-informed decisions, and subject to the signing of the Tripartite Agreement between the Governments of Nigeria and Cameroon and UNHCR, RRRP partners will facilitate the repatriation of an estimated 15,000 Nigerian refugees in 2017.

In addition to assisting refugees, this response includes the humanitarian needs of some 20,000 host community members. The latter have been extremely generous in hosting almost 60,000 refugees on their land but this presence has put enormous pressure on natural resources, basic social infrastructures and services. To help alleviate some of it and preserve peaceful coexistence, most projects in this response plan take the needs of host communities into account.

Cameroonian authorities continue to require that a strict encampment policy for Nigerian refugees in the Far North region be followed due to security concerns. The policy states that refugees should only be assisted at Minawao camp. Therefore, the RRRP does not foresee any specific assistance projects for out of camp refugees, although they may be able to benefit from projects aimed at IDPs, outlined in the 2017 HRP for Cameroon.

PARTNERSHIP AND COORDINATION

Following the outbreak of the crisis in Nigeria, UNHCR established coordination mechanisms to respond to the initial refugee influx into the Far North of Cameroon in early 2014. In April of the same year, the Humanitarian Country Team (HCT) asked UNHCR to extend the scope of its established sectors to also include the coordination of the response for IDPs and their host communities. In light of its strong presence and operational capacity in northern Cameroon, UNHCR agreed to take on this additional coordination responsibility, in accordance with the “Joint OCHA-UNHCR Note on Mixed Situations – Coordination in Practice².” The High Commissioner and the Emergency Relief Coordinator endorsed the HCT’s proposal accordingly.

The coordination of the overall humanitarian response for all impacted populations in the Far North has been delegated to UNHCR’s Head of Sub-Office in Maroua. The Humanitarian Coordinator remains accountable for the non-refugee related response while UNHCR

maintains its accountability for the refugee response. All sectors are operational and each one is led by a Government entity and co-led by one or two UN agencies. UNHCR chairs the bi-monthly multi-sector operations team meeting with all sector leads and co-leads in Maroua. UNHCR also leads a multisectoral operations team for the refugee response as well as the national Protection Working Group in Yaoundé.

A recent joint UNHCR and OCHA letter released in September 2016 confirmed the relevance and applicability of the Joint Note and therefore for the ongoing response in the Far North region of Cameroon.

RRRP PARTNERS

- ALVF
- ASOL
- CRS
- IEDA Relief
- IMC
- INTERSOS
- IRC
- Plan International
- PU-AMI
- Public Concern
- SdA
- UN Women
- UNFPA
- UNHCR
- UNICEF
- WFP
- WHO

2. OCHA/UNHCR "Joint OCHA-UNHCR Note on Mixed Situations - Coordination Practice"

Planned Sector Response

PROTECTION SECTOR



Current situation

The protection environment for Nigerian refugees in Cameroon has remained challenging, with continued insecurity in the Far North limiting humanitarian access to refugees outside Minawao camp and complicating refugee access to the camp. There have been continued reports of forced returns of individuals from border areas to Nigeria, in particular during the first months of 2016. Three Joint Committees, made up of local authorities and UNHCR, were set up. Tasked with tracking population movements, protection monitoring and pre-registration of new arrivals, they acted as an early warning system in order to improve protection space and access to asylum. Moreover, in order to maintain the civilian and humanitarian nature of the camp, two further police posts were created and 47 new police and gendarmes appointed. The capacity of community safety committees was improved and government officials were fully involved in the screening of new arrivals. Emphasis was also placed on the training of government staff on issues relating to protection and non-*refoulement*, with 406 persons trained so far.

As of October 2016, nearly 59,000 refugees were registered in Minawao camp. Level three registration was carried out in line with continuous registration procedures that were revised in early 2016. Newborn children were registered by UNHCR and declared to state structures in order to obtain birth certificates. Over 13,000 persons with specific needs were identified, including 1,737 unaccompanied and separated children (UASC). Community-based protection mechanisms were reinforced through the capacity-development of 67 Child Protection Committees to ensure follow-up of children at risk in the camp. Protection actors also identified and provided assistance to 326 sexual and gender-based violence (SGBV) survivors in 2016.

The evolving context also led to discussions between the governments of Cameroon and Nigeria on voluntary repatriation, with UNHCR supporting the process including through a ministerial meeting in Abuja in June 2016 on the margins of the Regional Protection Dialogue. In the field, return intention surveys were also conducted in April and September, with over 70 per cent (76 per cent in April / 71 per cent in September) of sample households surveyed indicating a preference for return once conditions are conducive in their areas of origin.

Prioritized sector needs

Prioritized needs for the 2017 RRRP have been identified through a consultative planning process that has included local authorities and the protection sector. Key among these priorities is the need for strengthened border and protection monitoring in the three border departments hosting refugees outside of Minawao camp, advocacy with the Government and capacity building for the Joint Committees to enhance access to asylum and uphold the principle of non-*refoulement*.

To ensure access to documentation and protection for all refugees, including for more than 26,743 persons living outside Minawao camp, the sector aims to increase the registration rate through the implementation of outreach activities and the establishment of mobile registration teams. Additional transit centres may eventually be set up, to facilitate screening and registration of new arrivals closer to entry points. Civil registration structures require both material support and capacity building to ensure timely and full coverage of the refugee population in need of civil status documentation. With around 250 births per week at Minawao camp, the civil registry in Mokolo has been reinforced and must be further supported with additional personnel.

Persons with specific needs must be identified and assisted. In this respect, children at risk need immediate access to targeted services including referral and response mechanisms. Community-based protection capacity also needs to be strengthened and SGBV prevention and response enhanced through improved community participation, monitoring, referral and holistic assistance to survivors. Moreover, the limited capacities of reproductive health services around Minawao Camp, including Gadala Health Centre and Mokolo Hospital also have to be strengthened in collaboration with the health sector to effectively respond to SGBV and related reproductive health issues.

Through the training and capacity building of security forces and the judiciary and administrative authorities, RRRP partners plan to enable the government to fully take ownership of refugee protection. Detention centres need to be monitored through regular visits to ensure persons of concern in detention are identified and provided with appropriate assistance, including legal services. Currently, 18 Nigerians including two minors are kept in detention in Mokolo on suspicion of having ties

to Boko Haram and 231 Nigerians including 10 minors are detained in Maroua. While access to refugees in detention is generally granted, monitoring and follow-up of detained refugees, including children remains a significant challenge.

To reduce potential tensions and to promote the peaceful coexistence of refugees and impacted host communities, joint community activities, projects and access to livelihoods for both groups are necessary. The development of alternative energy solutions for refugees also requires attention.

Finally there is a need to support the Cameroonian government to promote durable solutions, with a focus on ensuring that refugee returns are voluntary, carried out in safety and dignity and based on well-informed decisions taken by the refugees themselves. Once conditions are conducive, facilitated returns will need to be organized within the framework of a tripartite agreement and in respect for the principle of non-*refoulement*.

In addressing these needs, the sector has identified a series of challenges, most notably related to the ongoing volatile security situation, affecting protection monitoring in border areas, aimed at detecting cases of *refoulement* and ensuring full access to asylum.

Moreover, humanitarian partners lack the capacity to meet the psychosocial needs of all refugees, especially of women and children, targeted by Boko Haram militants. Child-protection mechanisms in Minawao camp and especially outside the camp lack the capacity to address the needs of all children-at-risk and a number of refugee children born in Cameroon have not yet been registered with the authorities for the issuance of birth certificates. Challenges also persist due to social norms and taboos. Refugees for example, are reluctant to report SGBV incidents and to seek appropriate assistance.

Sector response plan

In line with the 'Abuja Action Statement' (see Annex I), protection response in 2017 will continue to give a high priority to enhancing access to asylum, building protection space for refugees and ensuring that their rights, including the rights of children, are upheld.

Focus will be given to consolidating coordinated actions with the Cameroonian Government, particularly through building the capacity of Joint Committees in the three departments hosting refugees outside of Minawao camp, thus strengthening border monitoring and ensuring

POPULATION IN MINAWAO CAMP

as of 31 October 2016

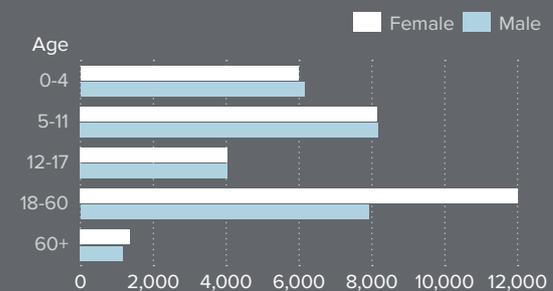
58,933

REGISTERED REFUGEES

9,452

NEWLY REGISTERED IN 2016

Demographic representation



Monthly registration in 2016



respect for the principle of non-*refoulement*. Targeted training for key government staff as well as advocacy on issues of protection and *refoulement* will also be given a high priority. Collaboration with and capacity-building of Cameroonian law enforcement agencies, including in the screening of new arrivals and camp policing, will be strengthened to ensure that security measures aimed at maintaining the civilian and humanitarian character of asylum are conducted in a dignified manner, and are gender and age-sensitive. All of the above will provide a solid framework to improve access to asylum and protection space for refugees in the Far North region.

The registration and documentation of refugees will continue to be improved and maintained. UNHCR in collaboration with Cameroonian authorities will ensure the implementation of biometric verification in the

camp, as well as outreach registration activities nearer to strategic crossing points in order to facilitate access to all refugees and new arrivals. Priority will also be given to strengthening the capacity, by providing human resources, material support and training, of government structures for the issuance of birth, marriage and death certificates and ensuring that awareness is raised amongst refugees on the importance of civil registration. Detention monitoring, capacity-building of legal service providers and the provision of legal assistance will aim to strengthen access to justice.

In line with the conclusions of the Regional Protection Dialogue, identification, multisectoral referral and assistance provided to people with specific needs will be strengthened, including with the provision of appropriate assistance to the elderly, people with disabilities, and those in need of psychosocial support. Building on mechanisms already in place, child protection will be enhanced by strengthening systems for identification, registration and documentation, as well as through conducting Best Interest Determinations (BID).

Focus will also be placed on capacity building for actors working with children, promoting community-based protection including through existing child protection structures in Minawao and ensuring children's

participation throughout. Children and adolescents will be targeted for life-skills activities, promoting their psychosocial abilities to adapt a positive behaviour in coping with the demands and challenges of everyday life. These include cultural, sports, and other social mobilisation activities. SGBV prevention and response mechanisms will be strengthened through the provision of multisectoral assistance to SGBV survivors, improved identification, data management and reporting mechanisms, awareness-raising activities and capacity building for all stakeholders, as well as the promotion of access to assistance and education on a non-discriminatory basis for all women and girls.

In order to enhance peaceful coexistence between refugees and impacted communities, concrete activities will include participatory consultations to identify potential tensions, awareness-raising, joint community activities and providing targeted assistance for impacted communities.

Finally, close monitoring will be conducted to ensure that any refugee returns are voluntary, in safety and dignity and based on well-informed decisions. The Cameroonian government will be supported through technical advice and capacity-building to ensure that the principle of non-*refoulement* is respected.



© UNHCR / D. JERASSEM MBAIOREM

1. OBJECTIVE: Access to the territory improved and risk of *refoulement* reduced

INDICATOR: 0 known cases of *refoulement*

OUTPUT	TARGET & INDICATOR
Advocacy conducted to promote access to entry points and detention centres	48 advocacy interventions carried out to promote access to entry points and detention centres
Government officials capacity development supported	200 border guards and government officials trained
Populations moved to safe locations	10,000 PoCs moved to safe locations

2. OBJECTIVE: Quality of registration improved and level of individual and civil status documentation increased

INDICATOR: 100% of persons of concern (PoCs) registered on an individual basis

OUTPUT	TARGET & INDICATOR
Eligible cases identified and registered	100% of eligible persons registered
Outreach registration targeting dispersed population conducted	75% of PoCs living out of camp registered through registration outreach methods
Biometric verification exercise conducted	75,000 PoCs verified through biometrics
Birth registration carried out and certificates provided	100% of children registered and issued with documentation under regular birth registration procedure
Reception and transit centre infrastructure established and maintained	4 transit centres established and maintained

3. OBJECTIVE: Child protection interventions for boys and girls at risk are strengthened and harmonized

INDICATOR: 100% of refugee and host community children at risk benefited from specialized child protection services

OUTPUT	TARGET & INDICATOR
Targeted services, including psychosocial support for refugee children in Minawao camp and in host communities provided	17,500 children benefited from MHPSS services
Individual cases of UASC identified, documented, assisted, reunited with their families or placed in alternative care arrangements	900 UASC identified and/or placed in alternative care arrangements and/or who benefited from follow-up
Awareness-raising sessions on child protection conducted	20,500 parents, children and adolescents sensitized on child protection issues
Conflict-affected adolescents (13-17 years) provided with life skills activities	5,500 conflict-affected adolescents (13-17 years) provided with life skills activities

4. OBJECTIVE: Risk related to detention reduced and freedom of movement increased

INDICATOR: 0 instances of arbitrary detention due to status or displacement

OUTPUT	TARGET & INDICATOR
Situation of PoCs monitored	24 monitoring visits to detention centres carried out
Legal assistance provided	100 PoCs received legal assistance

5. OBJECTIVE: Potential for voluntary return realized

INDICATOR: 30% of PoCs who expressed the intention to return, returned voluntarily

OUTPUT	TARGET & INDICATOR
Evaluation and analysis of return intentions conducted	3 return intention surveys conducted
Return assistance provided	10,800 PoCs received return packages
Tripartite commissions established and sustained	1 tripartite commission established and sustained

6. OBJECTIVE: Community mobilization strengthened and peaceful coexistence with local communities promoted

INDICATOR: 50% of active female participants in leadership/management structures

OUTPUT	TARGET & INDICATOR
Community self-management supported	10 community self-management structures strengthened
Social cohesion promoted through participatory community events	24 social events organized by the community
Community sensitization campaigns implemented	50,000 people reached through community awareness and sensitization campaigns

7. OBJECTIVE: Risk of SGBV is reduced and quality of response improved

INDICATOR: 100% of known SGBV survivors received appropriate support

OUTPUT	TARGET & INDICATOR
Psychosocial counselling provided	1,800 PoCs received psychosocial assistance
Participation of the community in SGBV prevention and response enabled and sustained	60 community-based committees/groups worked on SGBV prevention and response
Safe and survivor-centred SGBV procedures and coordination mechanisms functional	100% of reported cases were registered using an SGBV data management system

8. OBJECTIVE: Services for persons with specific needs strengthened

INDICATOR: 100% of PoCs with disabilities received support

OUTPUT	TARGET & INDICATOR
Support to PoCs with specific needs provided	6,500 PoCs with specific needs received psychosocial support
Specific services for PoCs with disabilities provided	2,500 PoCs with disabilities received specific support

EDUCATION SECTOR



Current Situation

Children constitute about 62 per cent of the refugee population in Minawao camp. As of mid-October 2016, there were 29,253 school-aged (3 to 17 years) children in the camp including 14,581 girls and 14,672 boys. Among them 16,864 children (6 to 13 years) were in need of primary education. The school year began on 5 September 2016 and by mid-October, 17,604 children were enrolled, representing 60 per cent of all school-aged children. Per level the breakdown is as follows: 4,380 children (3 to 5 years) in pre-school, 11,821 children in primary school, and 1,403 children in secondary school. By the end of 2016, 2,388 children aged 14-17 will be enrolled in secondary education for an enrolment rate of 49 per cent.

However, a total of 11,649 school-aged children are not yet enrolled in school. Within this group, 10,000 adolescents aged between 14 to 17 years had never been to school in Nigeria or had been attending Koranic School, leaving them with little to no previous educational experience. The education sector faces a major challenge in implementing an accelerated basic education learning programme to provide them with life skills and to increase their employability. Out-of-school youth in this age range face particular protection risks. The provision of quality education and safe learning environments remains a challenge at all levels but particularly at the secondary level, because children do not meet requirements or because they are working.

In the Far North region, French is the official schooling language. This has constituted a challenge for Nigerian refugees, who are for the most part English-speakers or who only speak local languages. In response, the Government of Cameroon supported the establishment of a bilingual secondary school in Minawao camp in 2014, which accommodates 1,400 students.

In 2016, RRRP partners in the education sector have prioritized the expansion of pre-primary, primary and secondary education infrastructure, the provision of school supplies including teaching and learning materials to meet the education needs of refugee children and adolescents. At the primary level classes run in a double shift (mornings and evenings) to ensure that all children registered in the schools receive an education. This includes Accelerated Curricula for the Insertion and Reinsertion of out-of-school children (remedial classes) provided during summer time to children aged between 3 and 13 years old.

In 2016, an examination centre for secondary level General Certificate of Education (GCE-OL) was established. The Ministry of Education oversees all education activities in Minawao camp including basic and secondary education.

The key challenges hindering the provision of quality and age-appropriate education in safe learning environments for children and adolescents have been the following: limited infrastructural capacity and human resources, insufficient amounts of school kits, a lack of libraries, and a lack of a computer centre for secondary school children. In addition, parents' behaviour towards formal education further limited the adoption of good practices and sustained attendance. For those enrolled in school, learning and teaching processes were impacted by excessively high student to classroom ratio (150-200:1 at primary level and 90-100:1 at secondary level) and by the lack of qualified and trained teachers at all levels.

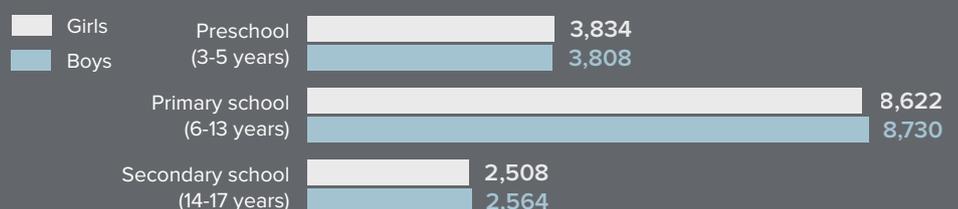
Prioritized sector needs

The results of the participatory assessments conducted in November 2015 and February 2016 revealed that

RESPONSE PLAN

30,066

CHILDREN TO RECEIVE
AN EDUCATION



despite the double shift system in place, there is a need for more than 250 additional classrooms, in order to achieve the national standard of 60 students per classroom and teacher. Currently, only 89 classrooms are available.

Given the lack of financial resources available to build the required infrastructures in 2016, the education sector recommends the prioritized construction of 105 classrooms in 2017, including upgrading 53 existing temporary classrooms, ten water points and 50 latrines.

In order to ensure quality education at all levels, the distribution of school kits, uniforms and teaching materials, the construction and equipment of six libraries, and the equipment of classrooms with benches and desks need to be prioritized based on the availability of funds.

As teachers are key to providing education response, the recruitment and training of at least 50 additional teachers for the schools under construction and the payment of 267 currently recruited teachers will need to be considered, in consultation with the Government.

Sector response plan

For 2017, the Sector estimates that a total of 30,066 refugee children and adolescents (15,102 boys and 14,964 girls) will be in need of formal education in Minawao Camp.

The main objective of the sector will be to ensure that the population has optimal access to formal education targeting 100 per cent of school-aged children. However, considering that 11,649 children are not yet enrolled due to reasons explained above and also taking new arrivals

into account, the sector will focus on enrolling at least 20,000 children, representing 67 per cent of refugee children in need.

RRRP partners in the education sector will aim to provide access to quality education through the construction and rehabilitation of 105 classrooms as well as 50 latrines in synergy with the WASH sector, the distribution of school uniforms to 20,000 students, the distribution of learning and teaching materials to 20,000 students and 317 teachers, and hygiene kits for 937 girls. Some 320 children sitting exams in primary and secondary schools will be assisted with the payment of exam fees. RRRP partners will ensure the monitoring and supervision of pedagogical activities with the technical support of the relevant Ministries (MINEDUB and MINESEC). RRRP partners will advocate the deployment of trained teachers in the camp, and provide capacity building, including for the training of 17 teachers in mental health care. In order to increase awareness of the importance of education at all levels, RRRP partners will engage in community mobilization and in mass information campaigns, focusing mainly on the importance of girls' education and safe schooling environments.

In order to respond to the needs of the 11,649 out-of-school children and adolescents, the sector will work in synergy with the livelihood sector to provide them with vocational and skills training activities. Adult literacy programmes will target 3,000 adults in Minawao camp and will also promote vocational training, integrating beneficiaries from the host communities.

Last but not the least, the education sector will work in synergy with sectors such as WASH, child protection, nutrition and health at all levels in order to ensure children's rights are respected.

1. OBJECTIVE: Refugee population has optimal access to education in the camp

INDICATOR: 60% of PoCs aged 6-13 years enrolled in primary education

OUTPUT	TARGET & INDICATOR
Educational infrastructure constructed, improved or maintained	105 classrooms constructed or improved
Early childhood education provided	4,585 children attended early childhood education
Primary education promoted, provided or supported	12,372 children enrolled in primary education; 16 out of school outreach programmes established
Secondary education provided or supported	3,043 students enrolled in lower secondary education
Adult education provided	540 persons regularly attended adult education in the camp



FOOD SECURITY SECTOR

Current Situation

The most recent Emergency Food Security Assessment (EFSA)³ estimated the number of food insecure people in Cameroon's Far North region at nearly 2.3 million, or one third of the population in the region. Nigerian refugees are the most vulnerable group, as the opportunities open to them to engage in income generating activities or otherwise ensure their food security are limited.

Around 25 per cent of Nigerian refugees in Cameroon's Far North were farmers in Nigeria, but access to land around the camp is very limited and the semi-arid climate reduces their ability to engage in agricultural activity and provide for their food needs.

In 2016, all refugees living in Minawao camp received food assistance on a monthly basis. WFP currently distributes a standard household ration, with an enhanced nutrition micronutrient component. The commodity food basket includes cereals, oil, beans, super cereal, and salt. Over the last year, malnutrition prevention activities have been scaled up to address growing concerns. A Blanket Supplementary Feeding Programme targets all children under-2 and pregnant or lactating mothers.

The last Rapid Food Security Assessment in the camp was carried out in June 2015. Results revealed that 41 per cent of Nigerian refugees were moderately food insecure while six per cent were severely food insecure. In 2017, a Joint Assessment Mission (JAM) will be carried out in Minawao to obtain an updated picture of the food security situation in the camp.

Under this RRRP, refugees in Minawao camp are the main population targeted by the response in the food security sector and unregistered refugees who settled in villages in border areas alongside IDPs are targeted within the IDP response of the food security sector, as described in the 2017 HRP for Cameroon. The Food Security sector plans to support up to 75,000 refugees in Minawao camp in 2017.

Another key challenge is the limited humanitarian access to refugees living in host communities, due to security risks and the remoteness of some of the hosting areas, which also impedes monitoring.

3. WFP - EFSA Sept 2016 Food security situation in Cameroon (North, Far North, East and Adamawa)

Prioritized sector needs

The number of food insecure people more than doubled throughout Cameroon from June 2015 to June 2016, reaching 2.7 million people.

The Far North region faces recurrent food insecurity, mostly due to conflict and environmental degradation. The main priority, therefore, is to assist all refugees to meet their basic dietary needs. A comprehensive strategy to improve food security and self-reliance remains to be developed.

Priorities identified by the sector aim to address longer-term food security needs with the objective of reducing dependency on food distributions. However, these will be necessary until refugees become self-reliant. An assessment for the implementation of cash-based transfers in Minawao camp needs to be organized.

Sector response plan

RRRP partners in the food security sector will continue to carry out general monthly food distributions in order to meet the basic needs of Nigerian refugees and as part of a live-saving humanitarian intervention. Ready-to-eat high energy biscuits will be provided between food distribution cycles, and if appropriate, in temporary sites during the first days of displacement.

During participatory consultations, refugees requested that food assistance be provided through in-kind modalities. However, RRRP actors plan to undertake further feasibility studies for cash-based interventions and where appropriate, will consider implementing such interventions during the course of 2017.

SECTOR GAP

41% of the population in Minawao camp faces food insecurity



In close coordination with the livelihoods sector, partners will facilitate preparations for the sowing season to assist host populations living in out-of-camp settings and to engage them in community-led activities. Allocating land to refugees is one of the major strategic goals. If they are not able to access land freely, they will be encouraged to contract land loans with the local communities. Improved access to land will offer new opportunities for agricultural support and therefore contribute to refugees' self-reliance.

The Food Security sector works with the authorities at regional and local levels who are closely involved in the implementation of all programmes. UNHCR, FAO and WFP ensure that authorities are also fully involved at the planning and monitoring stages.

A follow-up committee will be set up and will include local decision makers, UN agencies and representatives of the refugee community to monitor the progress of food security interventions. Twice per month, the Food Security sector, together with the Livelihood/Environment sector, will hold joint coordination meetings.

1. OBJECTIVE: Ensure the food needs of crisis affected populations of concern are met

INDICATOR: 100% of food distributions in which the composition of the food basket met the recommendations of the latest needs assessment including those of the JAM

OUTPUT	TARGET & INDICATOR
Adequate quantity and quality of food aid provided	75,000 PoCs received food assistance
Adequacy of food assistance monitored	12 Food Basket Monitoring (FBM) exercises conducted over the past year with analysis conducted and reports finalized and shared in a timely manner; 4 Post Distribution Monitoring (PDM) exercises conducted over the past year with analysis conducted and reports finalized and shared in a timely manner
Joint assessments, plans and strategies agreed to and implemented to address malnutrition	1 JAM conducted according to recommended schedule



© UNHCR / JOHANNES ZECH

HEALTH SECTOR



Current situation

Refugees living in Minawao camp are the main population targeted by the response in the area of public health covered by this RRRP. Unregistered refugees who settled in villages in border areas alongside IDPs and host communities will have their healthcare needs covered within the IDP and host community response of the health sector, which is detailed in the respective chapter of the 2017 HRP for Cameroon.

Health service provision for Nigerian refugees living in Minawao camp has remained challenging due to the increase of new arrivals and the limited resources available. The proportion of patients coming from surrounding host communities also increased throughout the year and now accounts for ten per cent of all consultations at health facilities in the camp, demonstrating the extent to which health infrastructures are stretched in the region. The average number of consultation per clinician per day stood at 50:1 in August and 61:1 in September. Minawao camp is situated in an area where epidemics such as cholera, measles, malaria, meningitis, polio, etc. are recurrent. Thankfully, no epidemics broke out in 2016 in Minawao camp, save for seasonal malaria cases that occur every year in sub-Saharan Africa during the rainy season. As of June, malaria had barely represented 1.5 per cent of consultations by the time the seasonal increase in cases was recorded. In response, 7,000 mosquito nets were distributed to households with children under-5 and the Ministry of Public Health (MoPH) launched a malaria prevention campaign in the region. Between August and September, a total of 22,343 patients were treated (30 per cent for respiratory tract infections cases, 18 per cent for malaria and six per cent for gastro-intestinal diseases.). Essential drug provision in 2016 was carried out through national institutions mandated by the government of Cameroon to procure drugs and other

medical items for public health facilities (CENAME and CAPR/EN).

A major health sector achievement in 2016 has been the construction of a new permanent health facility. All primary health services have been moved into the new building, in which far better working environment and conditions exist. Two primary health facilities are fully operational at the camp, each one of them being run by a separate health partner. Both are connected to the district health system by a referral mechanism and a coordination team. Both facilities offer primary health care, reproductive health and HIV services as well as mental health and psychosocial support to all refugees living in the camp and to 61,500 members of the host community who also benefit from the services of three health centres based in their community.

HIV prevention services such as awareness-raising activities and condom distributions were undertaken. Both health centres offered free voluntary HIV testing services. As of end-August, a total of 98 persons living with HIV had been detected. They were transferred to the district hospital and put on treatment. Their condition is monitored in the health centre where they receive follow-up treatment.

On average, 30 to 40 refugees are referred to Mokolo District Hospital per week and 10 per cent of these referrals are referred onwards to the Regional Hospital in Maroua or even to Yaoundé. To this effect, the health sector reinforced the District Hospital, with human resources (one doctor, four nurses, two midwives) and medical supplies including a blood bank.

The mortality rate for children under-5 stood at 0.4 deaths/1,000/month in August 2016, within acceptable standards. However, keeping this rate below tolerable values and within standards has remained a key challenge for the health sector.

PRIORITIES



Construction of
2 health centres



Medical staff,
equipment and
drugs

Prioritized sector needs

All primary health services currently in place will need to be maintained and expanded in 2017 and supported by a stable and reinforced drug procurement system. The UNHCR standard for health centres in refugee camps is of one health facility per 20,000 refugees. There are currently two health facilities for almost 60,000 refugees. Taking the 75,000 refugee projection for 2017 into account means that the establishment of two additional health centres for primary care is essential to maintain health standards in the camp. Key equipment, materials and drugs are urgently needed to make the new health facility in Minawao fully operational. Host community health centres in Gadala and Gawar also need to be reinforced.

Additional human resources are required to continue providing quality health care to refugees and their host communities. Taking into consideration the anticipated scaling down of operations by key health partners due to funding constraints, at least eight Medical Doctors, 28 nurses, eight Midwives and 30 Nurse Assistants are needed for Minawao camp alone, to maintain the current level of services provided. More health workers will be needed as the population increases.

There is a high turn-over of personnel as experienced staff often leave the operation for more convenient or better paid employment opportunities and it proves difficult to find experienced health personnel. This situation leads to increased and continued need for training activities and in-situ support in order to ensure new health personnel are able to continue providing health care and monitoring services in line with established standards.

UNHCR signed an agreement with the MoPH in August 2016 to establish a clear policy for the provision of health services to refugees in Cameroon. The MoPH committed to covering 30 per cent of costs incurred by refugees and providing support through existing public infrastructure and UNHCR committed to covering 70 per cent of the costs. Costs for medication will be covered by UNHCR upon verification of the adequacy of the treatment. The referral system and hospital need strengthening so as to assist patients with severe diseases.

In order to promote peaceful coexistence and improve the overall health situation, local health facilities need to be supported.

Surveillance for epidemic-prone diseases including polio needs to be enhanced by establishing an Early Warning and Response System (EWARS). This will facilitate

monitoring of disease trends and early detection of potential disease outbreaks.

Life-saving integrated basic primary health care services are required, which involve the treatment of common ailments among children, adults and the elderly and the treatment of communicable and non-communicable disease.

Complementing community-outreach campaigns on the prevention of communicable diseases, vaccination campaigns for vaccine-preventable diseases, especially measles and poliomyelitis, need to be reinforced, in accordance with the vaccination protocols of the MoPH. Lastly, screening for and prevention of HIV infection need to be emphasized in 2017 together with family planning.

Sector response plan

In 2017, the health sector plans to support up to 75,000 refugees in Minawao camp. The provision of drugs will be prioritized. This will continue to be shared between UNHCR and WHO for refugees and host communities respectively. UNFPA will continue to be in charge of the provision of reproductive health kits.

Health Sector partners will deliver emergency life-saving health services including basic integrated primary health care, mental health interventions, maternal, child, sexual and reproductive health services as well as referral services for refugees and host communities.

Health sector partners will monitor causes and trends of morbidity and mortality including by running an early warning alert and response system for disease.

The sector plans to maintain and improve both health facilities at the camp, by providing the personnel with suitable equipment and materials to enable them to make correct diagnoses and make informed therapeutic decisions. The health sector also plans to carry out rehabilitation activities in health facilities in the surrounding host communities in order to improve their conditions and capacity.

Members of the health sector will continue to manage and train the primary healthcare workforce in the camp while the MoPH will continue to do so for health facilities in the host community. In order to ensure continuity of high quality services, the health sector also plans to hire eight Medical Doctors, 28 nurses, eight Midwives, one Psychiatric Nurse, two Psychologists and 30 Nurse Assistants to keep the two health facilities in the camp operational throughout 2017. In addition,

numerous community health workers will have to be hired and trained to strengthen community-based health activities, including childhood disease management, clinical management of rape, HIV prevention and the management of Sexually-Transmittable Infections (STIs). All trainings will target refugee host community health workers.

Community-based activities will be a key component of the response in 2017. More effort will be placed on preventive activities in the refugee community. Other planned activities will include mosquito net distributions, support for measles and polio vaccination for new arrivals, as well as support for locally organized MoPH vaccination campaigns to ensure a high coverage in and around the camp. To this end, the Expanded Immunization Programme and epidemiologic surveillance

will continue to be supported by WHO with a view to improving coverage rates of vaccinations against the most deadly childhood diseases. Health education and promotion, mental and psychosocial support, follow up of chronic diseases including HIV/AIDS, tuberculosis, and diabetes will be a critical component of the response. To tackle cultural and religious barriers to family planning, community based reproductive health activities geared toward a higher involvement of adolescents, men and women in family planning will be implemented.

If the convention on the integration of refugee health care in national public health facilities is implemented, it is expected that at least one of the health centres in the camp will be taken over by the MoPH. The referral system put in place will be maintained and updated.

1. OBJECTIVE: Health status of the population improved

INDICATOR: Under 5 mortality rate < 0.75 (per 1,000 population/month)

OUTPUT	TARGET & INDICATOR
Access to primary health care services provided or supported	6 health facilities equipped, constructed or rehabilitated; 69 health workers recruited
Access to essential drugs provided	0 days of shortage in Amoxicillin or Artemisinin Combination Therapy (ACT) medication
Preventative and curative community-based health services provided	20,000 long-lasting insecticide treated bed nets distributed; 100% of community health workers trained on sensitization
Health services delivered to children aged under 5	5 refrigerators installed (cold chain); 75,000 children immunized against measles; 15,000 children aged under 5 immunized with pentavalent vaccine
Referral to secondary and tertiary medical services provided to PoCs	2,150 PoCs referred to secondary and/or tertiary medical services

2. OBJECTIVE: Population has optimal access to reproductive health, HIV and SGBV services

INDICATOR: 98% of livebirths attended by skilled personnel

OUTPUT	TARGET & INDICATOR
Comprehensive safe motherhood neonatal services provided	8 qualified midwives deployed
Voluntary counselling and testing services provided	6 trainings conducted
Preventive reproductive health and HIV services provided	6,000 reproductive health kits provided

NUTRITION SECTOR



Current situation

The nutrition sector continued to ensure the coordination and facilitation of activities implemented by RRRP partners for the prevention and response to acute malnutrition inside the camp and in surrounding villages.

According to the monthly Health Information System (HIS) reports in Maroua, from January to July 2016, respective activities by partners led to a reduction in the crude mortality rate to 0.1 deaths/1,000/month. In April and June 2016, two comprehensive nutritional screenings were conducted in Minawao camp. The last one included 7,727 children aged between 6-59 months. Results indicated a global acute malnutrition (GAM) rate of 4.3 per cent, a moderate acute malnutrition (MAM) rate of 3.5 per cent and a severe acute malnutrition (SAM) rate of 0.8 per cent, all within WHO emergency standards (GAM < 5%, SAM < 2%). Nutrition programmes implemented in Minawao, such as therapeutic feeding, the Blanket Supplementary Feeding Programme (BSFP) and regular nutritional screenings in the refugee community helped to improve and stabilize the nutritional situation.

Refugees in Minawao camp are the main population targeted by the response in the nutrition sector, unregistered refugees who settled in villages in border areas alongside IDPs are targeted within the IDP response of the sector, which is detailed in the respective chapter of the 2017 HRP for Cameroon.

A Standardized Expanded Nutrition Survey (SENS) was carried out in the camp between 29 July and 8 August 2016 to help define nutritional programme guidelines

for refugees. Results revealed a 4.2 per cent GAM rate and a 0.2 per cent SAM rate, a 44.7 per cent prevalence of chronic malnutrition (above the WHO standard of ≤ 40 per cent) and that 25.5 per cent of children were severely underweight (above the WHO standards of ≤ 20 per cent). The survey further highlighted that 50.05 per cent of refugee children under-5 were anaemic. The survey also covered food security and WASH components, such as the availability and quantity of food and drinking water and the availability, use and functionality of latrines and mosquito nets.

BSFP was carried out six times during the year for 7,550 children aged 6-23 months in Minawao camp. During the first week-long campaign focused on infant and maternal nutrition, 10,325 children aged between 6-59 months received Vitamin A supplements, and 10,223 children aged 12-59 months received mebendazole treatment for deworming.

In the nutritional centres in Minawao camp, 1,165 children aged 6-59 months and 341 pregnant and lactating women were treated for MAM and 577 refugees for SAM.

Prioritised sector needs

Following various assessments (AGDM, nutritional screenings and a SENS) in Minawao camp, the priority needs identified include strengthening the quantity and quality of human resources through training and recruitment of staff working in the camp and the training of health staff in health and nutrition facilities working outside the camp. Community-based nutrition activities need to be improved in a decentralized manner as the community network is the driving force of the nutritional programme. Within the nutritional programmes additional focus will need to be given to pregnant and lactating women.

Although the prevalence of GAM is within standards, the situation remains worrying with cases of stunted growth, underweight children, high rates of anaemia, low breastfeeding rates of and the slow introduction of complementary foods in children. The use of latrines and safe drinking water also remains of concern. If RRRP actors fail to prevent acute malnutrition in a decentralised manner at community level, mortality rates are likely to go up.

ACHIEVEMENTS

Global acute malnutrition (GAM)

4.3% >>> 4.2%

Severe acute malnutrition (SAM)

0.8% >>> 0.2%

A response strategy needs to be set up to treat anaemia and micronutrients deficiencies in the camp and preventive and curative responses need to be put in place to address the critical levels of anaemia recorded during the SENS.

The nutrition sector needs to maintain and reinforce its capacity in the support provided to children with SAM. Furthermore, strengthening community participation and improving the quality of care is critical. Associating the response to malnutrition with other sectors such as WASH and health needs to be reinforced and a high level of sector and inter-sector coordination maintained.

Sector response plan

In 2017, the nutrition sector plans to target a total population of 95,000 people, (75,000 refugees and 20,000 host population), including 19,000 children under-5, and 4,750 pregnant and lactating women. The sector expects to target 2,289 malnourished children,

including 1,383 refugees in the camp and 906 within the host community. 7,500 children will be targeted for BSFP activities.

Partners in the nutrition sector will ensure a higher proportion of the population is covered by nutrition activities at the community level, particularly activities related to Infant and Young Child Feeding, couple with BSFP. Community response to those suffering from acute malnutrition (detection, referral of cases and home care) will be further improved and implemented in order to help prevent malnutrition among the most vulnerable such as infants, young children and pregnant and lactating women. The sector also plans to sensitize pregnant and lactating women in order to prevent malnutrition. Following the result of the SENS, the sector will implement measures to fight anaemia and other micronutrient deficiencies by raising awareness on good feeding and eating practices, hygiene measures, the use of malnutrition treatments, and on how to fight intestinal parasites and malaria.

1. OBJECTIVE: Nutritional well-being improved

INDICATOR: Prevalence of global acute malnutrition among children aged 6-59 months < 5%

OUTPUT	TARGET & INDICATOR
Community management of acute malnutrition programs implemented and monitored	2,289 new admissions into community management of acute malnutrition programmes
Nutrition surveillance system implemented	100% of screened children with SAM and MAM referred to and admitted into nutrition programme
Appropriate infant and young child feeding practices promoted	8,000 children (6-23 months) admitted in BSFP; 9,000 mothers receiving support in IYCF programme
Measures to control anaemia and other micronutrient deficiencies undertaken, including among pregnant and lactating women	13,000 cases of anaemia (6-59 months) admitted into nutrition programme; 1,000 cases of anaemia admitted into nutrition programme; 10,000 cases with micronutrient deficiencies (6-59 months) admitted into nutrition programme

LIVELIHOODS & ENVIRONMENT SECTOR



Current situation

Livelihoods opportunities for refugees in Minawao camp are very limited for a variety of reasons, including a lack of access to arable land, restricted freedom of movement, insecurity and little or no access to markets. For refugees living outside the camp, the situation is even more precarious.

The sector is faced with two main challenges, the first being that 25 per cent of the refugee population are farmers and that access to cultivable land is scarce, and secondly that the quality of soil is poor and that water for crop irrigation is not available in adequate quantities.

Less than 10 per cent of the population has access to renewable energy in Minawao which is challenging in terms of environmental protection and peaceful coexistence but also offers an opportunity for innovative livelihoods activities in the clean energy sector.

Despite these challenges, the Livelihoods sector has started to expand its activities in 2016 and plans to further strengthen the response in 2017 with a view to reducing refugees' dependency on humanitarian assistance and promoting self-reliance.

As of August 2016, the Livelihoods sector had distributed 11,551 agricultural kits to targeted populations including 6,801 to refugees, 4,750 to host communities in the Far North region. These kits are composed predominantly of improved crop seeds, fertilizers, and agricultural tools.

The sector engaged in advocacy with competent authorities and concerned communities in the areas surrounding Minawao refugee camp to obtain arable land for the refugee population, and nearly 75 hectares of land have been made available by traditional leaders of the nearby villages of Zamai, Gadala and Gawar. A first harvest is still to be expected. Plot sizes were determined to enable refugee households to sell part of their harvest and use the remainder for their own subsistence.

To promote female entrepreneurship, more than 1,070 women benefitted from training and the distribution of economic kits to kick-start their own small businesses, in areas such as production of improved and energy-efficient stoves and the growing and marketing of groundnuts, millet and sorghum. To this end, 25 hectares of cultivable land were made available to refugees and host communities by traditional leaders. In order to reinforce sustainable livelihood support in Minawao refugee camp, a vocational training centre was established in which 110 refugees have so far been trained in carpentry and tailoring.

While some progress has been made, the above mentioned efforts are far from offering sufficient and sustainable livelihoods support to all refugees. All livelihoods interventions complement regular food assistance received by all refugees and aim at increasing self-reliance. In many cases, additional income generated through livelihood activities allows refugees to satisfy specific needs in a targeted manner.

Prioritised sector needs

The results of the most recent Age, Gender, and Diversity Mainstreaming (AGDM) assessment conducted in February 2016 highlighted the need to facilitate refugees' access to livelihoods in order to empower them to be more self-reliant. In the Far North region, one in three people is food insecure. Given that over 95 per cent of the camp-based refugee population is entirely dependent on humanitarian assistance and taking into consideration the volatile security situation in their areas of origin and across the Lake Chad Basin, scaling-up livelihoods activities is a pre-requisite to fostering self-reliance.



In order to gather evidence-based information on livelihood opportunities for camp-based Nigerian refugees, a baseline study and market and value chain analysis will be conducted by RRRP partners in the livelihoods sector in the first quarter of 2017. In anticipation of the results of such a comprehensive assessment, the sector has identified the following priority needs. Firstly, refugees require access to arable land and water resources for agricultural activities. Secondly, support is needed with regards to the provision of agricultural inputs (crop and vegetable seeds), specific trainings on agricultural activities such as crops production, animal husbandry, agro-forestry and agricultural produce processing. Finally, material, technical and financial support for the implementation of other Income Generating Activities (IGAs) is also needed to ensure aid dependency is sustainably reduced.

Pressure on energy remains high and increases with the growing refugee population. All households use wood as the main source of cooking energy, with 97.2 per cent of households using traditional fireplaces for cooking their meals and so far only 2.8 per cent using energy-efficient stoves. The electrification of the camp is insufficient with only 30 street lights installed in 2015 equivalent to a coverage rate of six per cent of the camp. Sources of alternative and renewable energy need to be made available and reforestation campaigns in and around the camp have to be reinforced.

Sector response plan

Refugees in Minawao camp are the main population targeted by the response in the area of livelihoods and environmental protection covered by this RRRP.

Taking into consideration the above mentioned constraints including very limited access to land, limited freedom of movement of refugees and a socio-economic environment, which offers few economic opportunities other than agriculture, the Livelihoods sector response is multifaceted and based on promoting agricultural

activities including livestock rearing, investment in other sustainable IGAs, integrating small businesses into local markets and providing training and learning opportunities.

The sector will systematically explore and promote livelihood opportunities, such as the local production of school uniforms and energy-efficient stoves, and the processing of agricultural produce. Trade exchanges between the camp and surrounding markets will be developed and refugees will be enabled to obtain loans at micro-finance institutions.

RRRP partners will work to ensure refugees have access to land and agricultural opportunities, including by encouraging them to contract land loans with local communities. Moreover, they will support the diversification of agricultural activities such as crop production, animal production and agro forestry and provide refugees with seeds in order to improve their dietary intake and supply local markets. Support for livestock will be provided through the distribution of small animals supplemented with animal feed especially for the lean season to address the lack of pastures.

In addition, the sector plans to reinforce the resilience capacity of Nigerian refugees in Minawao camp and in host communities by developing IGAs related to waste management and waste transformation. Fully functional waste treatment plants will be built in Minawao in order to deal with the challenge of waste disposal. Residents will be sensitized on how to collect waste for processing and a rapid market analysis will be conducted to identify potential revenue streams from recycling. Organic waste will be recycled for compost and wooden waste transformed into fuel briquettes. A waste management plant will be built and will provide cash-for-work opportunities.

The sector plans to further invest in energy-efficient stoves and electrification in order to mitigate the environmental impact of the camp, which will also support peaceful coexistence and contribute to the protection of refugees in Minawao.

1. OBJECTIVE: Self-reliance and livelihoods improved**INDICATOR:** 100% of refugees aged 18-59 years earned at least minimum wage for more than 6 months per year

OUTPUT	TARGET & INDICATOR
Access to agricultural/livestock/production enabled	9,000 PoCs received production kits or inputs for agricultural/livestock/fisheries activities
Access to financial services facilitated (formal and informal)	600 PoCs received loans
Access to self-employment/business facilitated	650 small business associations formed/supported
Access to training and learning enabled	2,250 PoCs provided with financial literacy training for livelihood purposes

2. OBJECTIVE: Population has sufficient access to energy**INDICATOR:** 12,000 households had access to sustainable energy

OUTPUT	TARGET & INDICATOR
Alternative/renewable energy promoted	12,000 households used alternative and/or renewable energy (e.g. solar, biogas, ethanol, environmentally friendly briquettes, wind)
Capacity development supported	800 PoCs received environmental education
Domestic fuel provided	10,000 PoCs per month received fuel
Electricity/lighting provided	15,000 households had access to electricity/lighting

3. OBJECTIVE: Forest protection/development undertaken**INDICATOR:** 65,000 tree seedlings planted

OUTPUT	TARGET & INDICATOR
Forest protection/development undertaken	65,000 tree seedlings planted

SHELTER & NFI SECTOR



Current situation

Minawao refugee camp covers 623 hectares of land but a considerable part of this land cannot be used for extension as it is made up of marshes that are frequently inundated during the rainy season. In 2016, Minawao camp continued to operate far beyond its capacity as it was initially designed for 15,000 people. Since the camp was first opened in 2013, the population has grown from 7,000 hosted refugees in December 2013, to almost 60,000 in October 2016. Humanitarian actors have mobilized efforts to provide shelter and Non-Food Items (NFIs), but due to lack of funding, not all aspects of the assistance meet humanitarian standards.

By August 2016, more than 1,000 family shelters were constructed in Minawao camp, 435 family tents were installed, and eight community shelters were built. In addition, 6,341 shelter material kits had been distributed to 5,828 households in order for them to build their own transitional shelters and 698 community shelter tool kits had been distributed. Overall, around 90 per cent of the camp population live in adequate shelter solutions, including in temporary emergency shelters for new arrivals. In addition, RRRP partners in the shelter/ NFI sector had distributed NFIs (including mats, blankets, jerry cans, and kitchen sets) to all newly arrived families.

Key challenges faced by the shelter and NFI sector include Minawao's limited absorption capacity, which makes it extremely difficult to provide adequate shelter and NFIs to some 100-200 new arrivals every week. Moreover, access roads to the camp are in a very poor condition and the camp lacks a sufficiently developed internal road system which is a pre-requisite for the implementation of most activities including community mobilization. Children often face difficulties in getting to school when it rains heavily as roads become impassable.

According to the shelter strategy, all newly arriving households receive an emergency family shelter consisting of plastic sheeting and a wooden frame. Families then transform these emergency shelters into more adequate transitional shelters. To this end, the shelter sector provides refugee households with plastic sheeting, construction wood and nails. A wheelbarrow and tools are provided to groups, composed of 12 households enabling them to manufacture environmentally sustainable clay bricks, made of clay, straw and water, to transform their emergency shelters into more solid "transitional" homes. The shelter sector provides technical assistance and construction is organized by the community. Only vulnerable families receive ready-made transitional shelters.

The construction of new emergency family shelters for new arrivals and the expansion of the current absorption capacity of the camp site remains a challenge. Furthermore, the timely provision of quality construction material in sufficient quantities, such as wood and other materials, that need to be transported from as far as Bertoua, 1,000 km south-east of Maroua, has also remained a challenge.

Prioritized sector needs

In 2017, the sector plans to cover the needs of 75,000 refugees in the camp, including some 15,000 new arrivals. According to assessments conducted in 2016, one of the priority needs for the Shelter and NFI sector remains the rehabilitation of 35 kilometres of access roads to Minawao camp and the construction of roads as well as watercourse crossings in order to allow for goods, people and services to move without difficulty within the camp. Together with the Government and partners, UNHCR will continue to explore opportunities to decongest the camp by negotiating areas to expand

SECTOR RESPONSE



5,000
new emergency shelters to be constructed



20,000
households to receive Non-food items (NFIs)

the site and construct new shelters with the aim of increasing the absorption capacity for newly-arriving refugees.

An estimated 15,000 new arrivals will need assistance with emergency shelter, requiring the construction of about 5,000 emergency shelters in 2017. Those families who arrived in 2016 and who have not yet received a family shelter will have to be provided with one. While the average family size at the camp is four persons, it should be noted that numerous elderly persons have been arriving unaccompanied often settling on their own. In addition, the accommodation of the current camp population needs to be improved and transitional shelters have to be provided for those who have not yet received them. An estimated 3,500 transitional shelters will have to be constructed for vulnerable households. The capacity of distribution centres need to be expanded in order to ensure the swift provision of relief items to all refugees. In accordance with the growth rate of the camp, more community centres and recreation spaces for children have to be constructed and equipped.

All refugees continue to require NFIs in accordance with distribution protocols. Each household member is entitled to one sleeping mat and one blanket while each household receives two jerry cans, two mosquito nets and one kitchen set. According to applicable humanitarian standards, NFI kits should be renewed on an annual basis. This is particularly relevant in the case of Minawao, given the harsh environmental conditions. Due to funding constraints thus far, since 2013, NFI kits have not been renewed. In consequence, a total of 20,000 NFIs kits will be required.

In addition, many refugees, in particular children, need clothing and shoes to attend school at the very least and women of child-bearing age need sanitary kits.

Sector response plan

The sector response in 2017 will target 75,000 Nigerian refugees living in Minawao camp. The main goal of the shelter and NFIs response in 2017 is to build, improve and maintain shelters and other infrastructures, including rehabilitating the access road, which will allow trucks to reach the camp even during the rainy season, and to ensure minimum NFI standards are met.

A total of 5,000 emergency shelters, 3,500 transitional shelters for vulnerable households, 9,000 transitional shelter kits (for some 36,000 refugees) and 1,000 shelter construction tool kits for non-vulnerable households will be provided using a community-based approach. About 35 kilometres of access roads to Minawao camp will be constructed and a total of 20,000 NFIs kits and 16,000 sanitary kits will be distributed. Partners will distribute clothing to refugees upon availability.

Transitional shelters will be made of the basic material provided in the transitional shelter kit and complemented with local materials, such as mud bricks and rocks, which increase thermal isolation and are better adapted to the Sahelian context. In accordance with the sector strategy, non-vulnerable households will be assisted with shelter materials to build their own transitional shelter with the help of their communities and technical assistance provided by the shelter sector.

1. OBJECTIVE: Shelter and infrastructure established, improved and maintained

INDICATOR: 100% of households living in adequate dwellings

OUTPUT	TARGET & INDICATOR
Access roads constructed, repaired and maintained	35 kilometres of access roads constructed
Emergency shelters provided	5,000 emergency shelters provided
Shelter materials and maintenance tool kits provided	36,000 PoCs received shelter support
Transitional shelters provided	3,500 transitional shelters provided
Construction and rehabilitation of community infrastructure	4 community infrastructures constructed; 4,000 shelters maintained

2. OBJECTIVE: Population has sufficient basic and domestic items

INDICATOR: 100% of households' needs for basic and domestic items met

OUTPUT	TARGET & INDICATOR
Non Food Items (NFIs) provided	20,000 households received core relief items
Sanitary materials provided	16,000 women received sanitary materials



WATER, SANITATION & HYGIENE SECTOR



Current situation

Access to water remained a challenge in Minawao camp, as it is located in a semi-arid area with scarce natural resources. The steady arrival of new refugees in 2016, continued to strain already limited water provision activities. Despite the fact that drinking water in the camp is supplied by water trucking and through infrastructures built by RRRP partners, the daily amount of water provided per person per day for 2016 was 13 litres, far under the UNHCR standard of 20 litres. The construction of a water supply system from the town of Mokolo to supply Minawao camp and surrounding villages is ongoing, and should enable WASH actor to address water needs in 2017, within UNHCR's recommended standards. This project is viewed as providing a critical and necessary long-term solution to refugees and people in the host communities who face difficulties in accessing clean drinking water.

With regards to sanitation, a total of 105 hygiene promoters were trained. They conducted door-to-door awareness-raising campaigns and mediated discussion groups, with an average of 550 people per promoter. As of August 2016, 2,091 latrines had been built with a ratio of 28 persons per latrine (against the UNHCR standard of 20:1), and 2,097 showers were constructed with a ratio of 28 people per shower. In addition, 30 functional waste pits, and 691 waste bins with a ratio of 22 households per waste bin (against the UNHCR standard of 10:1) were available.

The walls of the new pit latrines were protected from the base to the roof in order to prevent rainwater from flooding them. As the camp expands every day, RRRP partners were able to obtain a site from the administrative authorities, to manage and process solid waste and liquids. However, continuous arrivals impacted regular WASH activities, which include ensuring the

adoption of good hygiene practices. Innovative initiatives are therefore being developed jointly with refugees and WASH partners to address the matter.

Prioritized sector needs

In 2017, the WASH sector plans to respond to the needs of 85,000 beneficiaries including 75,000 refugees in the camp and 10,000 host community members. The response will include aspects related to gender, protection and environment.

In order to increase or maintain the supply of drinking water and to reach the UNHCR standard of 20 litres/person/day in Minawao camp and surrounding villages, it will be necessary to expand and maintain the permanent water supply system, currently under construction. Moreover, at least 50 additional water points need to be built in the camp and 18 boreholes equipped with hand pumps in the surrounding host communities. A total 96 boreholes equipped with hand pumps (32 in the camp and 64 in surrounding villages) need to be rehabilitated and maintained. The monitoring of groundwater levels and water quality will continue, including with the maintenance of water works and the capacity building of partners and water management committees.

A total 4,026 latrines need to be constructed in order to ensure sanitary and hygiene standards are met, but only 3,050 are planned in view of limited funding capacities. Furthermore, the construction of additional 2,510 separate showers and 526 emergency latrines is required in order to ensure sanitary and hygiene standards are met. Concerning waste management, the construction of 130 waste pits is necessary as well as the distribution of 1,460 new waste bins.

ACHIEVEMENTS AND WAY FORWARD



Litres/Person/Day

2015	2016	2017
15	16	20



Person/Latrine

2015	2016	2017
20	28	20

As part of continued hygiene promotion activities in Minawao camp, 160 hygiene promoters will need to be trained and equipped to sensitize the camp population on good practices.

Sector response plan

The WASH sector response will target 85,000 people including 75,000 refugees and 10,000 host community members. Access to clean and sufficient drinking water will be improved through the construction of a permanent water supply system (currently underway), the construction of 18 boreholes and the rehabilitation and maintenance of 96 boreholes. These activities aim at providing an average of at least 18 litres of water per person per day, with a view of gradually reaching the UNHCR standard of 20 litres. Moreover, boreholes in the camp and in nearby areas will be monitored during the rainy season (owing to the risk of diarrheal disease) and bucket chlorination will be carried out.

In terms of hygiene and sanitation, partners will build 3,050 family latrines and 1,500 showers to reach the UNHCR ratio of 20 persons per latrine and 50 persons per communal shower head. Family latrines will be built in elevation to avoid the risk of upwelling during the rainy season. Household latrines will be constructed with the participation of refugees. Hygiene and sanitation

response activities in host communities will also be based on a community-led approach.

The WASH sector plans to distribute 17,050 hygiene kits consisting of two bath towels, two sanitary napkin packets, four 250g pieces of soap (per month/family), as well as a bucket and a 10L jerry can.

Regarding infrastructure for schools, the WASH sector plans to build 120 gender-specific latrine stalls (30 blocks) for the schools in the camp and in surrounding villages. All teachers in the camp and in the host communities will be trained on hygiene promotion. Schools will receive material support in order to implement the Government's scholastic action plans, the objective of which is to sanitize 70 per cent of concerned by end-2017. WASH partners also plan to organize 52 awareness-raising sessions - one per week - to sensitize refugees on hygiene and sanitation as well as 12 mass information campaigns throughout the year.

A solid and liquid waste management service will be implemented, which will include the separation of biodegradable and non-biodegradable waste (with training on recycling provided). Furthermore, the construction of waste pits, the provision of waste bins and the active involvement of community-hygiene committees will improve waste management in the camp.

1. OBJECTIVE: Supply of potable water increased or maintained

INDICATOR: 20 litres of potable water available per person per day

OUTPUT	TARGET & INDICATOR
Water system constructed, expanded and/or upgraded	68 boreholes or tap stands constructed
Water system operations maintained	96 boreholes or tap stands rehabilitated or maintained

2. OBJECTIVE: Population lives in satisfactory conditions of sanitation and hygiene

INDICATOR: 10 persons per family latrine

OUTPUT	TARGET & INDICATOR
Capacity development supported	85,000 persons trained in basic hygiene practices through sessions conducted in schools and communal areas
Household sanitary facilities/latrines constructed	3,050 household sanitary facilities/latrines constructed

Financial requirements

BY AGENCY & SECTOR

ORGANIZATION	PROTECTION	EDUCATION	FOOD SECURITY	HEALTH	NUTRITION	LIVELIHOODS & ENVIRONMENT	SHELTER & NFI	WASH
ALVF	150,000							
ASOL								408,333
CRS	500,000	410,000				934,000		751,076
IEDA Relief							612,500	
IMC	28,545				258,458			
INTERSOS	950,000							
IRC	500,000							
Plan International	603,446	462,585	25,000	30,000	284,724	1,609,053	411,000	772,730
PU-AMI						750,000		379,196
Public Concern		800,000	35,000					
SdA		650,000				321,819		
UN Women	1,450,400							
UNFPA	470,000			570,000	250,000			
UNHCR	8,127,133	3,778,870	1,385,884	4,913,627	1,218,800	5,137,402	5,200,965	3,621,982
UNICEF	786,672	2,058,720		117,500	220,000			
WFP			13,546,942		375,000	1,200,000	72,000	
WHO				114,800				
GRAND TOTAL	13,566,196	8,160,175	14,992,826	5,745,927	2,606,982	9,952,274	6,296,465	5,933,317

BY AGENCY

ORGANIZATION	TOTAL
ALVF	150,000
ASOL	408,333
CRS	2,595,076
IEDA Relief	612,500
IMC	287,003
INTERSOS	950,000
IRC	500,000
Plan International	4,198,538
PU-AMI	1,129,196
Public Concern	835,000
SdA	971,819
UN Women	1,450,400
UNFPA	1,290,000
UNHCR	33,384,663
UNICEF	3,182,892
WFP	15,193,942
WHO	114,800
GRAND TOTAL	67,254,162



CHAD

Refugee Response Plan

**SITUATION
AS OF 31 OCT 2016**



CHAD

Total affected population
102,980

NIGER

Refugees^a
7,917

Returned Chad
Nationals^b
12,481

Dar Es Salam

IDPs^b
82,260

Returnees from
Chad to Nigeria^a
237

Third Country
Nationals^b
322

NIGERIA

CAMEROON



Sources: ^aUNHCR, ^bShelter/AME/CCCM Cluster

**2017
PLANNED RESPONSE**

22,550

TOTAL POPULATION
TARGETED

8,000

REFUGEES TARGETED

19.6M

REQUIREMENTS (US\$)

6

PARTNERS INVOLVED

**2017
MAIN PRIORITIES**

1. Provide international protection to Nigerian refugees focusing on physical protection and assistance for those with specific needs

2. Provide basic services

3. Support self-reliance activities to facilitate socio-economic integration

Country Overview

INTRODUCTION

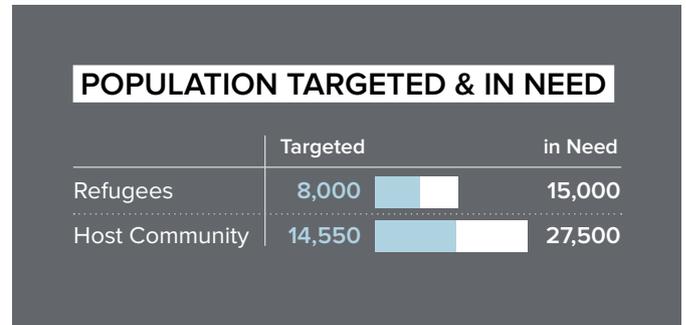
Background

In 2016, the fight against Boko Haram insurgents intensified as the regional military Multi-National Joint Task Force (MNJTF), was deployed to Cameroon, Chad, Niger and Nigeria. Furthermore, local authorities in Chad's Lake region, provided strong leadership in community mobilisation efforts to prevent Boko Haram from infiltrating communities. In response, the insurgent group changed its modus operandi, switching from attacking villages and civilians, to attacking military positions and planting mines instead. The state of emergency in the region decreed in November 2015 is still in force.

As a result of counter-insurgency operations, the number of Internally Displaced Persons (IDPs) and Chadian returnees increased. By end-October 2016, IOM had registered 82,260 IDPs and 12,481 returnees¹. Heavy military presence in the area jeopardized the civilian and humanitarian character of IDP sites and Dar Es Salam refugee camp, increasing the number of incidents related to sexual and gender-based violence (SGBV). Lastly, humanitarian space and access were further reduced. Since May 2016, armed escorts have been necessary to provide humanitarian assistance to refugees in Ngouboua and Tchoukoutalia. Those hosted in more remote areas continued to receive minimal assistance through close collaboration with the authorities and volunteers from the Chadian Red Cross.

As of end-October 2016, a total of 7,917 Nigerian refugees had been registered², with women and girls representing 48 per cent, children 55 per cent and elderly persons three per cent of the population. While 73 per cent of registered refugees live in Dar Es Salam camp, 21 per cent have settled in Ngouboua and Tchoukoutalia. The rest live in other parts of the region including remote islands, which are difficult to access.

In 2017, RRRP partners will continue to provide protection and assistance to 8,000 Nigerian refugees and 14,550 host community members, to support affected



communities in a region already characterised by harsh climatic conditions, poor infrastructure, poor service delivery and frequent epidemic outbreaks. Despite these efforts, an estimated 27,500 host community members would actually be in need of assistance.

2016 Achievements

- RRRP partners continued to collaborate with the Government to preserve asylum space for Nigerian refugees. In line with [UNHCR's 'Alternatives to Camps'](#) policy, the Government allowed refugees to settle in host communities such as Ngouboua and Tchoukoutalia.
- Refugee children had access to education, which helped develop their potential and protected them from forced recruitment. In 2016, net enrolment at primary school level increased to 76 per cent even though the majority of refugee children had never been to school prior to arriving in Chad. To date, girls represent 48 per cent of primary school pupils.
- Refugees were engaged in community-based fora. Their participation in SGBV prevention and response activities contributed to an increase in the number of reported cases, with 68 incidents reported from January to August compared to only 15 incidents recorded in 2015.
- Community watch teams played a crucial role in ensuring the physical protection of refugees. Community-based networks assisted in identifying unaccompanied and separated children (UASC), helping to respond to their needs. A number of refugee families currently provide alternative care for 39 unaccompanied children until they are reunified with their families. As of August 2016, 123 UASC had been identified and documented.

1. Mise à jour du cluster Abris/AME/CCCM Tchad, 31.10.2016

2. UNHCR proGres database

- The number of households assisted with livelihood activities such as fishing and agricultural production almost doubled in 2016 reaching 980. Furthermore, 101 women were given access to loans, enabling them to engage in petty trading.

2016 Challenges

- While MNJTF counter-insurgency operations have reduced the frequency of Boko Haram attacks in the Lake Region, the insurgency still poses a threat. Military operations continue to adversely impact humanitarian and socio-economic activities as borders remain closed. The state of emergency has an impact on the livelihoods of refugees and local communities, the space available for fishing continues to shrink.
- The strong adherence to socio-cultural norms and practices, particularly child marriage, challenges the fight against SGBV. Refugees believe that giving a girl away in marriage guarantees her purity. Families who oppose this practice risk being stigmatized by their community.
- On some occasions refugees have been accused of collaborating with Boko Haram and subjected to investigation. Some have even been detained for a few days and later released. Strong advocacy efforts need to be made to ensure strict compliance with legal procedures.
- Refugee resilience is challenged owing to the limited access to arable lands. Land is owned by local communities who lease it on a temporary and restrictive basis. Furthermore, the lack of basic services and infrastructure in host communities

could impact the extent to which the local population supports refugees. Therefore increased engagement of development partners will be required.

IDENTIFIED NEEDS

Needs identified in the Nigeria refugee context are the result of participatory assessments and regular monitoring of protection and assistance programmes. In the first half of 2016, UNHCR undertook a study on the dynamics of resilience mechanisms in the Lake Chad Region³ aiming to provide humanitarian actors with a better understanding of the socio-economic situation and resilience of the population.

During the “Regional Protection Dialogue on the Lake Chad Basin” in Nigeria’s capital Abuja (6 - 8 June 2016), the four countries affected by the Boko Haram crisis agreed on a number of protection priorities for affected populations in the region. Their commitments as summarized in the 'Abuja Action Statement' (see Annex I) of 8 June 2016, underline priority needs which had already been identified by Protection partners. In line with these commitments, registration activities, as well as the issuance of identity cards and birth certificates for refugee children born in Chad need to be pursued.

Overall, and in the spirit of the 'Abuja Action Statement' (see Annex I), RRRP partners will advocate for preserving the humanitarian character of asylum, despite the serious security risks the Government sees itself confronted with. Community self-management structures are a useful tool in achieving this goal and need to be reinforced, ensuring women and youth are adequately represented.

Child development and recreational activities require improvement, and will benefit host populations, thus contributing to peaceful coexistence. Access to quality education entails better infrastructures such as additional classrooms and the recruitment of trained teachers including women. In order to contribute to peace in the region, initiatives must be developed to prevent youth from being recruited by armed groups.

Basic services such as primary health care in the refugee camp



3. UNHCR "Enquête sur la dynamique de résilience des populations de la Région du Lac Tchad (1 juin au 30 août 2016)"

and accessible hosting areas, as well as secondary health care in district hospitals need to be enhanced by all means, through hiring qualified personnel and providing essential drugs, medical equipment and technical support. In order to respond to the needs of populations, specialised services such as ophthalmology, reproductive health and HIV care should be provided. Routine vaccination programmes need to be maintained and the management of severe and moderate acute malnutrition through specialized programmes deserves partners' full engagement. In order to be successful, all these measures require adequate funding.

Another critical sector RRRP partners will focus on is supplying clean water and improving sanitation. Furthermore refugees should be enabled to construct their own transitional shelters given the harsh climatic conditions in the Lake Region. The provision of non-food items (NFIs) is key as refugees do not have the means to acquire new ones on their own.

A key area for humanitarian interventions in 2017 is to provide refugees with increased access to livelihood opportunities, in order to also improve food security and make refugees less dependent on humanitarian assistance. In parallel, efforts need to be made to mitigate environmental degradation in the region, which is accelerated by the presence of refugees.

In general, the capacity of the Government to provide basic services for both host communities and refugees is limited. In certain sectors such as health, education and WASH, state technical personnel can support humanitarian actors in responding to the needs of refugees and affected communities. However, in other areas such as child protection, this type of support is very limited. Ongoing capacity building of stakeholders including partners, local and central authorities, military, police, MNJTF and refugees is therefore key, in order to provide effective protection and assistance to all affected populations in the Lake Region.

STRATEGIC OVERVIEW FOR THE RESPONSE

Ensure protection for Nigerian refugees, in particular physical protection and response to vulnerabilities

In line with the 'Abuja Action Statement' (see Annex I) of 8 June 2016, the Government will be supported in implementing the National Plan of Action in order to measure progress made. The physical protection of refugees will be strengthened, civil-military cooperation will be enhanced and access to refugee hosting areas

outside the camps will be promoted to the extent possible.

All refugees will be individually registered and will receive appropriate documentation including birth certificates for newborns. Refugees living outside camps will be targeted where the security situation permits.

Child protection mechanisms to provide appropriate assistance to children at risk and to prevent and respond to abuse, neglect, exploitation and violence, especially for refugee girls, will be strengthened. SGBV prevention and response as well as assistance to survivors, will be improved. Targeted interventions for persons with specific needs will be stepped up. The implementation of a cash and voucher systems to replace commodity-based assistance will be explored in close collaboration with the refugee communities.

Community mobilisation will be strengthened to enable refugees to participate in setting up structures for their own physical protection. Additional projects to promote peaceful co-existence are also planned.

Capacity building of all stakeholders including partners, local and central authorities, military, police, MNJTF and refugees in international protection and human rights will be enhanced.

Provide basic services to refugees

Food assistance will continue to be provided to refugees. In addition, they will be assisted to engage in livelihood activities to improve their food security.

Access to health care services including reproductive health and HIV services will be strengthened and the referral system to the district hospitals for secondary health care will be maintained.

The use of family planning services, antenatal care and post-natal care will be enhanced by ensuring that deliveries take place in health facilities. HIV prevention activities will be stepped up through awareness-raising, voluntary testing and counselling, as well as prevention of mother to child transmission. Persons living with HIV/AIDS will receive antiretroviral therapy and efforts will be made to ensure they follow the treatment.

The nutritional status of children between 6 and 59 months and pregnant and lactating women will be improved through regular screening and the provision of necessary response. In order to assess the nutritional status of refugees, a Standard Expanded Nutrition Survey (SENS) will be carried out in addition to monthly mass nutritional screenings. Camp health committees consisting of up to one third of host community members

and community health workers will be strengthened to guarantee community participation in health/nutrition matters.

RRRP partners are also committed to providing access to quality education. Focus will be on professional development for all teachers including women, in order to meet the formal education, psychosocial and life skills needs of pupils. Girls' education as well as inclusive education will be given due attention. Given the high demand, partners will make additional efforts to organize literacy classes and skills-training courses. Monitoring and evaluation of education activities will be a priority activity. Overall, community participation in education matters will be strengthened.

Refugees will need to be provided with adequate shelter and NFIs. Refugee households in Dar Es Salam camp who live in emergency shelters will be assisted to construct their own transitional shelters and will receive NFIs.

The water infrastructure and sanitation system will be further constructed or rehabilitated. Hygiene promotion will touch on the use of latrines, personal hygiene practices and basic education on community hygiene to make WASH activities more effective.

Support self-reliance activities to facilitate socio-economic integration

Livelihood activities as well as skills and entrepreneurial training are essential for refugees to become self-reliant and less dependent on humanitarian aid. In addition, these activities help facilitate their socio-economic integration. Traditional livelihoods activities, namely agricultural production and fishing, as well as other income generating activities such as small-scale trading will, therefore, be supported and increased.

To achieve these overall strategic goals, synergies between humanitarian and development activities need to be identified. RRRP partners will work closely with the Government and development partners to integrate Nigerian refugees into Chadian development programmes. Chad's United Nations Development Assistance Framework (UNDAF) 2017-2021, in which refugee issues have already been incorporated, provides the foundation for this integration. In addition, partners will seek the support of national institutions such as the Société de Développement du Lac (SODELAC) to play an active role in strengthening refugee resilience activities as well as peaceful co-existence projects to enhance relations between refugees and their hosts.

PARTNERSHIP AND COORDINATION

UNHCR will continue to collaborate with the Government through the Commission Nationale pour l'Accueil et la Réinsertion des Réfugiés et des Rapatriés (CNARR) to coordinate the refugee response in close cooperation with local authorities. CNARR will also continue to serve as a link between UNHCR and relevant Ministries. RRRP partners include UN agencies as well as their implementing partners, namely international and national non-governmental organizations. In N'Djamena and Baga Sola, UNHCR will continue to lead coordination meetings with partners in close collaboration with local authorities. Multisectoral coordination meetings regarding the refugee situation in the Lake Region will also continue to be held in N'Djamena and in Baga Sola, with UNHCR as the lead agency. Bi-monthly meetings organised by the Child Protection and SGBV sub-working groups in Baga Sola will contribute to strengthening the response.

UNHCR's coordination role also includes conducting participatory needs assessments, using its Age, Gender and Diversity Mainstreaming (AGDM) policy, which is based on the participation of refugees and partners to enable a full analysis of priorities and gaps, and facilitate harmonized approaches to interventions, implementation, monitoring and reporting.

RRRP PARTNERS

- FAO
- UNFPA
- UNHCR
- UNICEF
- WFP
- WHO

Planned Sector Response

PROTECTION SECTOR



Current situation

In 2016, UNHCR successfully advocated with the Government to support its 'Alternatives to Camps' policy in secure and accessible zones rather than relocating Dar Es Salam refugee camp from its present location as previously proposed by the Government, with the intention to evacuate populations and clear land for military operations. During 2016, refugees living in accessible areas who expressed the wish to move to Dar Es Salam camp were relocated and received protection and assistance. Those who had opted to live in host communities received assistance, depending on accessibility. All accessible refugees in and outside the camp have been registered and issued with a family certificate. However, refugee children are currently not being issued with birth certificates yet. Discussions with relevant authorities to address this issue are ongoing in close collaboration with CNARR.

In terms of child protection, best interest assessments are conducted for UASC to ensure they receive appropriate care. Currently, 39 unaccompanied children are provided with alternative care by refugee families. The Child Friendly Space in the camp, which is frequented by an average of 1,170 children a week, has contributed to their protection and psychosocial well-being. Furthermore, collaboration with local authorities, ICRC and UNICEF in 2016 resulted in the reunification of nine unaccompanied children with their families in Nigeria.

Progress has been made in the area of SGBV prevention and response. As of end of August, eight awareness-raising campaigns had been conducted reaching 6,980 people including members of the host community, out of which 39 per cent were women and girls. The creation of 14 camp committees has helped to enhance community mobilization efforts. Women represent almost 57 per cent of committee members. A centre for women has been constructed and equipped, and contributes to their empowerment. In addition, 101 women benefit from income generating activities through loans, and women represent almost 40 per cent of refugees involved in agricultural production.

Awareness-raising sessions on international protection have been organized for a total of 50 persons including local authorities, security personnel and partners to help reduce protection risks for refugees.

Prioritized sector needs

Registering and updating refugee profiles and issuing documentation needs to continue. Given the current security context, in which individuals risk being associated to Boko Haram, the issuance of refugee identity cards for adults is a priority in order to properly ensure their safety. Refugees also need these identity cards to access banks and other social services. Among the top priorities for RRRP partners remains the fact that refugee children born in Chad need to be get birth certificates.

It is paramount to maintain Child Friendly Space activities to contribute to the general well-being of children and to help them adapt to the current context. Community-based child protection networks need to be strengthened to ensure timely identification, documentation, monitoring and provision of appropriate assistance to children at risk, including UASC and those living with disabilities, as well as to prevent and respond to abuse, neglect, exploitation and violence.

In the fight against SGBV, the strong adherence to socio-cultural practices and the ignorance of human rights pose challenges. For instance, child marriage is widely practiced with impunity. SGBV prevention and response activities, awareness-raising and training particularly on human rights, as well as delivery of multisectoral assistance particularly legal assistance and psychosocial support to survivors have to be strengthened. Community mobilisation efforts have to be enhanced to contribute to a reduction of SGBV incidents.

Identifying persons with specific needs and updating their profile in a timely manner is required to ensure appropriate interventions. As of end of August, 732 persons with specific needs had been registered in UNHCR's database. However, the response to their needs has not been adequate due to funding shortfalls.

The physical protection of refugees must be ensured through the deployment of camp-based security personnel including female staff. In addition, refugees, like all other populations, urgently need mine education programmes in order to minimize related risks.

Community mobilisation needs to be strengthened through awareness-raising, training and the provision of the necessary equipment to the camp committees.

Peaceful coexistence between refugee and host communities also has to be improved through peacebuilding activities and quick impact projects which will also benefit host communities.

Advocating refugee protection and the humanitarian character of the camp with civil and military authorities including MNJTF officers and African Union officials will need to continue. This advocacy will be carried out simultaneously with training on the international protection of refugees and human rights-related issues for the refugee community, local authorities, military, police, and partners.

To address possible long term solutions, a return intentions survey will have to be conducted among the refugee population hosted in Dar Es Salam camp.

Sector response plan

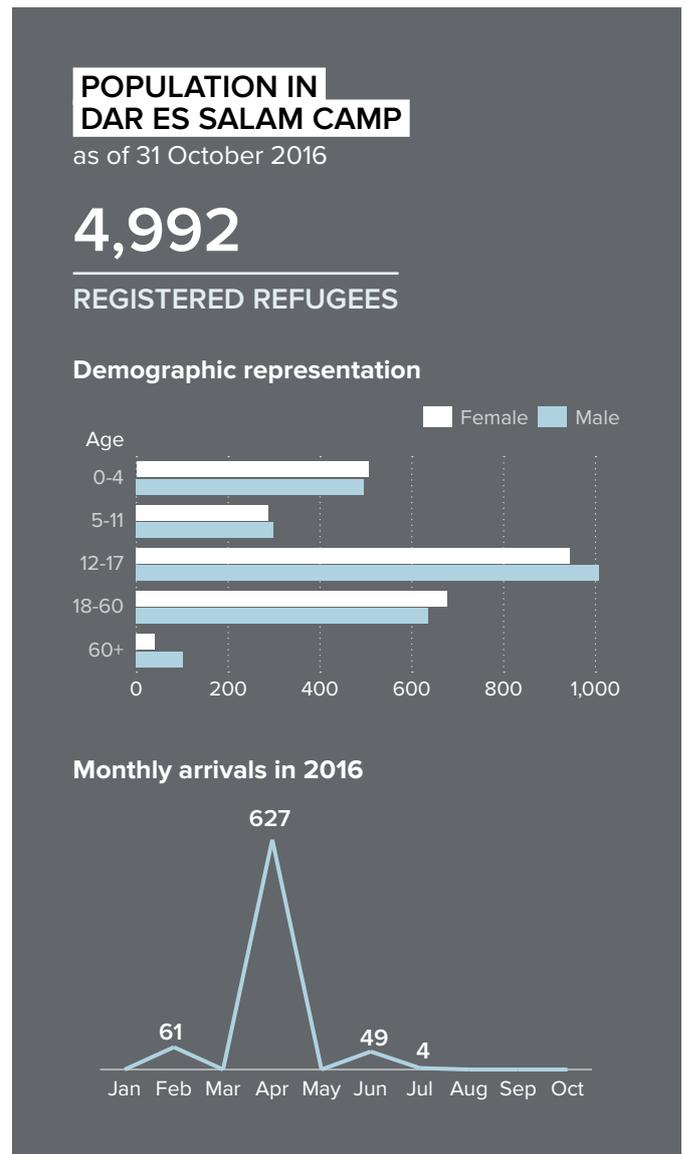
The sector response will target 8,000 refugees (2,664 households). Registration activities will continue and refugee profiles will be updated regularly. All refugees aged 18 years and above registered in UNHCR's database will be issued with refugee identity cards. UNHCR, CNARR and partners will work with relevant authorities to ensure refugee children born in Chad will be issued with birth certificates in accordance with official procedures.

RRRP actors will continue to identify persons with specific needs, update their profiles and follow-up on the provision of appropriate interventions. Community mobilisation efforts, through the activities of the different committees, will be enhanced to contribute to the protection and assistance of refugees, including the management of persons with specific needs.

Children at risk will be identified, documented, monitored, and provided with assistance. Family reunification procedures for UASC will be pursued, in close collaboration with the authorities, ICRC, UNICEF and partners. Alternative care will be provided to unaccompanied children until they are reunified with their families. Recreational activities in Child Friendly Spaces will be maintained.

SGBV prevention and response activities will be improved through awareness-raising and multisectoral assistance to survivors. All refugees will be involved in the fight against SGBV and will receive basic training on human rights.

The physical protection of refugees will be ensured through the deployment of camp-based security



personnel that will ideally include female personnel in order to respond to the needs of refugee women and girls. Mine risk education is paramount and will be organized for refugees including for those living in host communities as well as for affected populations.

The military, police, camp-based security personnel and local authorities will be trained in international protection and humanitarian principles in order to maintain the humanitarian character of the camp, as well as to reduce protection risks for refugees. The targeted locations for the training will be Baga Sola, Dar Es Salam camp, Ngouboua, Tchoukoutalia and other accessible areas where refugees are hosted. Advocacy will be carried out with the authorities and the MNJTF to improve refugee protection.

In view of potential returns to north-eastern Nigeria, should conditions be conducive, a return intentions survey will be conducted.

- 1. OBJECTIVE:** Quality of registration and profiling improved and level of individual and civil status documentation increased

INDICATOR: 100% of persons of concern (PoCs) registered on an individual basis

OUTPUT	TARGET & INDICATOR
Registration data updated on a continuous basis	100% of registration data updated during the last year; 3,200 identity documents issued for registered refugees
Birth registration carried out and certificates provided	190 children registered and issued with documentation under regular birth registration procedure; 60 PoCs registered and issued with documentation through procedure for late birth registration

- 2. OBJECTIVE:** Protection of children strengthened

INDICATOR: 100% of registered unaccompanied and separated children (UASC) for whom a best interest process was initiated or completed

OUTPUT	TARGET & INDICATOR
Best Interest of the Child procedure established for the identification, documentation, response, tracing and reunification of unaccompanied and separated children (UASC)	100 UASC identified; 100 UASC placed in alternative care arrangements (foster family) received regular monitoring visits; 20 unaccompanied minors (UAMs) reunified with their biological families
Provision of psychosocial activities for children in child friendly spaces (CFS)	1,300 children in the camp reached with psychosocial support

- 3. OBJECTIVE:** Risk of SGBV is reduced and quality of response improved

INDICATOR: 100% of known SGBV survivors received appropriate support

OUTPUT	TARGET & INDICATOR
Participation of the community in SGBV prevention and response enabled and sustained	60 awareness-raising campaigns on SGBV prevention and response conducted; 4 community-based committees/groups worked on SGBV prevention and response;
Multisectoral assistance (legal, medical, psychosocial, security, socio-economic reintegration) provided	260 reported SGBV incidents for which survivors received assistance (medical, psychosocial, security, socioeconomic reintegration)
Capacity of actors strengthened	30 health workers trained on clinical management of rape; 60 humanitarian actors trained on SGBV prevention and response; 50 government and security personnel trained on SGBV prevention and response; 30 paralegal aid workers trained on SGBV prevention and response; 60 refugees trained on SGBV prevention and response
Emergency Reproductive Health Kits acquired	8 reproductive health kits acquired
Dignity kits acquired and distributed	2,000 beneficiaries received dignity kits

4. OBJECTIVE: Community mobilization strengthened and expanded

INDICATOR: 95% of PoCs represented in leadership management structures

OUTPUT	TARGET & INDICATOR
Support to PoCs with specific needs provided	732 PoCs with specific needs received support (non-cash)
Community self-management supported	17 community groups supported; 17 community self-management structures strengthened
Mine risk education conducted	4,000 persons benefited from awareness-raising sessions on mine risks

5. OBJECTIVE: Potential for voluntary return realized

INDICATOR: 80% of persons of concern able to make an informed choice concerning return

OUTPUT	TARGET & INDICATOR
Assessment and analysis undertaken	2 assessments of conditions of return conducted or updated



© UNHCR / OUALID KHELIFI

EDUCATION SECTOR



Current situation

During the past two school years, RRRP partners with the support of the Ministry of Education have provided refugee children in Dar Es Salam camp with access to pre-school and primary education. At the end of the second school year (2015/2016), the gross enrolment rate stands at 123 per cent. This high rate is due to the number of over-age and host community children who attend the two schools in Dar Es Salam camp. Host community children represent about 13 per cent of the primary school population. The current net enrolment rate of 76 per cent is satisfactory. Currently, 24 teachers – 11 deployed by the state and 13 from the community – work in the two primary schools.

In 2016, a total of 16 Temporary Learning Spaces (TLS), which deteriorated rapidly, have been rehabilitated. The construction of 12 permanent classrooms to increase access and mitigate the effects of the harsh climatic conditions as well as 36 latrines and two sport fields are in progress.

School feeding for 1,978 children has been carried out during most of the school year and has helped improve attendance by 78 per cent. School materials have been distributed to 1,978 pupils with girls representing 48 per cent of beneficiaries. Academic performance has been satisfactory with an 86 per cent success rate.

The Parents Teachers Association and the Mothers' Education Association have been strengthened to improve enrolment and community participation in school management, and to follow up on irregular attendance with pupils and parents.

Prioritized sector needs

At least 31 additional permanent classrooms have to be constructed in Dar Es Salam camp to improve the current student to classroom ratio (from 124:1 to 60:1). Permanent classrooms will better protect children and teachers from the effects of harsh weather. There is also an urgent need to equip classrooms with table-benches as there are currently none. Nineteen additional teaching staff including female teachers, have to be recruited to reach an acceptable teacher to student ratio (from 90:1 currently to 60:1).

With 24 per cent of school-aged children not attending school and a 21 per cent drop-out rate, sustained awareness-raising on the importance of education for boys and girls

is required, with an emphasis on girls' education. This is particularly important considering that some parents prefer to involve their children in livelihoods activities. Others prefer to enroll their children in Koranic schools in the camp. While these schools are not officially recognised by the Ministry of Education, they are the preferred option for the refugee society who consider Koranic schools to be key in providing a faith-based education. Therefore, community participation in education issues needs to be strengthened.

Owing to widespread food insecurity and low enrolment rates in the region, which existed already before the Boko Haram crisis, the implementation of school feeding needs to be prioritized to increase enrolment and sustain attendance.

Given that refugees in Dar Es Salam camp have expressed interest in an adult literacy course, materials and guidance are required to ensure the initiative is taken forward in a way that is inclusive of all age groups and genders. Furthermore, skills training for youth is also essential for their empowerment.

Monitoring and evaluation as well as the management of educational activities are among those priority needs which should involve the active participation of the Ministry of Education.

Sector response plan

Education activities will target 2,600 children (2,250 refugees and 350 host community children) aged 6 to 11 years for primary education, and 450 youths aged 13 to 24 years in the camp for skills training.

ACHIEVEMENT

Gross enrolment rate

2015/16	2016/17
23%	123%

RRRP partners will build additional classrooms to bring the number of fully functional classrooms up to 43 in the primary schools. The classrooms will be equipped with table-benches to facilitate children's learning. Furthermore, additional latrines and water points will be constructed to address current gaps.

Advocacy will be carried out with the Ministry of Education to deploy additional teachers including female teachers. Newly recruited teachers will be given training on international protection, psychosocial support for traumatized children and social cohesion. All teachers will be trained in subject teaching methods, technology innovation and life skills such as disease prevention and good hygiene practices.

Educational materials including school kits and recreational kits will be distributed to all pupils and teachers will receive manuals. To address young women's hygiene needs, dignity kits will be distributed to girls aged 12 years and above in Dar Es Salam camp.

Pupils, teachers and other sections of the community will be encouraged to participate in activities aimed

at ensuring a safe learning environment such as awareness-raising on child recruitment and SGBV prevention and response. The two associations will be strengthened through training to improve community participation in school management as well as girls' education. In addition, the refugee community will be mobilised to explore ways in which to help teachers improve their living and working conditions. One way will be to strengthen community resilience through a specific income generating activity to be implemented by the community.

Peacebuilding activities will be organized to promote peaceful coexistence between refugees and host communities. RRRP partners also plan to organise literacy classes for adults and children beyond the primary school age (13-24 years) as these are on high demand. A skills training centre aimed at providing three-month courses will be constructed in the camp and will offer training in carpentry, tailoring and motorcycle mechanics. These courses will be in line with the Government of Chad's skills training initiative for youth. Technical staff from the State will be involved in the monitoring and evaluation of education activities.

1. OBJECTIVE: Population has optimal access to education

INDICATOR: 2,600 school-aged children (6-11 years) enrolled in primary education

OUTPUT	TARGET & INDICATOR
Educational infrastructure constructed, improved or maintained	31 educational facilities constructed or improved in Dar Es Salam refugee camp; 775 table-benches produced
WASH situation in the Dar Es Salam camp schools improved	16 latrines constructed; 6 hand pumps constructed
Measures to improve access to primary education implemented	2,600 primary school students received school kits
Distribution of dignity kits to girls	600 kits distributed
Advocacy conducted	20 sensitization and community mobilization campaigns conducted to promote school enrolment

2. OBJECTIVE: Quality of education improved

INDICATOR: 65% of teachers had professional teaching qualifications

OUTPUT	TARGET & INDICATOR
Teacher training improved	62 teachers obtained professional teaching qualifications
Measures to improve primary education quality and learning achievement implemented	60 children per teacher; 50% of schools with a maximum textbook to student ratio of 1:3, within national norms
Peace education capacity building conducted	2,643 children and teachers trained
Basic non-formal activities established	70 youth participated in non-formal training

FOOD SECURITY SECTOR



Current situation

Insecurity, ongoing military operations, and poor harvests have impacted the general food security in the Lake Region. Having been obliged to abandon its farmlands, fishing zones and grazing lands, the displaced population now share these resources with host communities outside the military operation zones, thereby putting pressure on already limited resources. According to a regional market evaluation of the Lake Chad Basin carried out by WFP and partners between February and March 2016⁴, border closures have affected food flows and transportation costs in countries surrounding the lake. In addition, the UNHCR resilience study, quoting an evaluation carried out by WFP/MINAGRI in 2015, indicated that 42 per cent of the population are in a situation of food insecurity⁵.

WFP responds to refugee food needs in Dar Es Salam camp by providing cereals, pulses, corn soya blend (super cereal) and oil to ensure their nutritional well-being and food security. In 2016, the ration provided approximately 2,100 kilocalories per person per day during a three months period. Due to reductions in the quantity of rations and/or occasional shortage of certain commodities refugees only received an average of 1,863 kilocalories per person per day during five months, which often resulted in their discontent. Only 5,400 refugees (77 per cent of refugees in Dar Es Salam, Ngouboua and Tchouloutalia) present themselves in the camp to receive their monthly food assistance. Some have explained that livelihood activities have hindered them from traveling all the way to Dar Es Salam camp to collect their monthly ration. Most refugees rely on farming and fishing activities, which help them meet their

food needs, but which can only be practiced at 10 to 30 kilometres from the camp. In sight of the constraints refugees face, RRRP partners plan to move to cash and voucher-based assistance in the near future. According to a recent market analysis, Baga Sola market and other small traders around the camp should be able to provide the requested commodities. There are only limited inflationary risks as the markets are competitive and well supplied. While discussions on the advantages of the system are ongoing among partners, awareness-raising on the possible implementation of a cash-voucher based assistance to replace commodity-based assistance and a survey to collect refugees' views on it have been scheduled for the last quarter of 2016.

Prioritized sector needs

In 2017, there will continue to be an ongoing need for monthly food distributions. Refugees remain among the most vulnerable population to suffer from food insecurity as they can only count on external support to satisfy their basic needs, even if they have access to limited livelihood activities. So far, insufficient funding levels remain the main constraint to provide them with adequate food support, be it through in-kind, cash, or voucher assistance. Therefore, refugees also need to be given the possibility of engaging more broadly in agricultural or small business activities in order to gradually become self-reliant. RRRP partners will provide support, including through providing agricultural inputs, such as seeds and tools and through offering specific trainings for those interested in engaging in agricultural activities.

Sector response plan

The sector response plan will target 8,000 refugees composed of 2,664 households. Monthly food distributions will be organized in Dar Es Salam camp for all refugees living within and outside the camp. Food basket monitoring (FBM) will be carried out to control efficiency at food distribution points. Post distribution monitoring (PDM) will be done to ensure the effective use and quality of food rations as well as to collect

SECTOR GAP

42% of the population in the Lake Region faces food insecurity



4. Lake Chad Basin Crisis Regional Market Assessment Preliminary Observations

5. Enquête sur la dynamique de résilience des populations de la Région du Lac Tchad (1 juin au 30 août 2016)

other information related to the food security needs of refugees. In 2017, cash based intervention will be implemented depending on the results of the survey as well as on prevailing market conditions.

Agricultural support activities will engage refugees in crop and vegetable production to enable them to start producing their own food and improve their diary intake.

Vegetable production is an effective way of coping with food shortages, notably during the lean season. Nutritional education training sessions will be conducted for farmers engaged in agriculture. PDM will be carried out every three months. FBM will be conducted at distribution points (random checks depending on the number of persons served per day).

1. OBJECTIVE: Ensure the food needs of crisis affected populations of concern are met

INDICATOR: 8,000 PoCs received food assistance

OUTPUT	TARGET & INDICATOR
Food assistance provided	8,000 refugees received food assistance and/or CASH transfers; 12 Food Basket Monitoring (FBM) exercises conducted over the past year with analysis conducted and reports finalized and shared in a timely manner



© UNHCR / IBRAHIMA DIANE

HEALTH & NUTRITION SECTOR



Current situation

Chad's Lake region is prone to epidemics. Among many other diseases, the region experienced a cholera outbreak in 2014, and a measles outbreak in 2015. Poor health infrastructure, shortage of medical equipment and of qualified health staff including for the delivery of emergency obstetrical and neonatal care, continue to pose challenges to health care delivery in this region. Lack of nutritional support for persons living with HIV/AIDS and receiving antiretroviral therapy constitute another challenge.

Primary health care, reproductive health and HIV services as well as nutrition programmes provided at Dar Es Salam camp and Ngouboua health centres benefit about 6,700 refugees as well as over 14,000 host community members from surrounding villages. An average of 32 per cent of consultations in the camp's health centre benefit the local population, while refugees living outside the camp use the health centres in host communities. Among refugees, children under-5 constitute 18 per cent of the population.

The main causes of morbidity among the refugee population, are respiratory tract infections, diarrhoeal diseases and malaria, accounting for 18 per cent, 15 per cent and nine per cent of consultations respectively. In the camp, one of the major achievements of the health sector is the significant reduction in mortality rates. Between January and August 2016, the crude mortality rate was at 0.4 deaths/1,000/month (standard < 1.5) while the under-5 mortality rate stood at 1.2 deaths/1,000/month (standard < 3). This is a remarkable decrease in comparison to the results collected in 2015, where the crude rate stood at 5.2 and the under-5 rate stood at 6.4⁶. Support to health centres and a functional referral system which is in place between the health centres

and Baga Sola District Hospital have contributed to this achievement.

Another major achievement has been the establishment of a nutrition programme which aims at early detection, referral and treatment of children under-5 suffering from moderate and severe acute malnutrition. Blanket feeding targeting 643 children aged between 6 and 24 months is undertaken in the camp to contribute to the prevention of malnutrition and anaemia. However, in the first half of the year, 78 malnourished pregnant and lactating women received supplementary feeding only during the month of January, because of serious funding shortages. Supplies for women only resumed as of July. Integrated Management of Acute Malnutrition (IMAM) services have been established in the health centres in Dar Es Salam camp and Ngouboua, and in Baga Sola District Hospital.

The establishment of a 52-member health committee of whom 19 are women and which includes eight members of the host community is another achievement worth noting. Trainings for the members are organized to enable them to participate in awareness-raising sessions on health and hygiene issues in an effort to prevent the outbreak of epidemic diseases.

Prioritized sector needs

Maintaining access to primary health care services, reproductive health and HIV services, and nutrition services for refugees and host communities is a priority need. The health centres in Dar Es Salam and Ngouboua as well as the Baga Sola and Liwa District Hospitals require support with medical supplies, equipment, human resources and capacity development. In view of the increased risk of disease outbreaks in the region, strengthening disease surveillance for epidemic-prone

6. UNHCR Health Information System (HIS)

PRIORITIES



Medical
supplies



Immunization
campaigns

diseases including polio by establishing an Early Warning and Response System (EWARS) will facilitate monitoring of disease trends and early detection of potential disease outbreaks. Health prevention activities including routine immunization are also essential.

Improving access to and quality of comprehensive reproductive health services is another priority for the health sector. As a result of poor health seeking behaviour, the uptake of reproductive health services is low. From January to August 2016, Complete Antenatal Care Coverage of only 23 per cent was recorded while proportion of births attended by skilled personnel was 71 per cent. In the same period, three maternal deaths were reported. Due to security concerns, there is no 24-hour coverage by qualified midwives at Dar Es Salam health centre.

The need to strengthen interventions for the prevention of HIV transmission among refugees and the host population has also been identified. Furthermore, persons living with HIV/AIDS need to be supplied with antiretroviral therapy.

Prevention and management of acute malnutrition continues to be among the main priorities for both refugee and host populations. Mass nutritional screening using Mid Upper Arm Circumference (MUAC) conducted in the camp in September 2016, showed a prevalence of Global Acute Malnutrition (GAM) of 17.5 per cent, above the WHO emergency threshold of 15 per cent. Severe Acute Malnutrition (SAM) stood at 3.6 per cent, above of the WHO emergency threshold of 1.5 per cent. Apart from the fact that malnutrition is an endemic issue in the Lake Chad Basin region, stock-outs of ready to use therapeutic food which are essential in the treatment of severe acute malnutrition have also contributed to increase GAM and SAM rates.

Sector response plan

The sector response plan will target 8,000 refugees and 14,500 host community members in the Ngouboua and Dar Es Salam health centres. Partners aim to maintain a crude mortality rate below 1 death/1000/month and an under-5 mortality rate below 1.5/1000/month. To this end, partners will ensure that refugees and the host population have access to primary health care services by supporting Dar Es Salam and Ngouboua health centres through the provision of drugs, equipment, human resources and capacity development. The referral system from the health centres to Baga Sola District Hospital for secondary health care will also be maintained.

Disease surveillance activities including the early warning system, and the routine immunisation programme will be strengthened with the aim of achieving an immunisation coverage against measles above 95 per cent.

Provision of comprehensive reproductive health services (family planning, antenatal care, conducting deliveries, basic and comprehensive emergency obstetrical and neonatal care and post-natal care) will also be reinforced. Partners will provide the necessary supplies and support the hiring of midwives with the aim of ensuring that over 95 per cent of all deliveries are conducted in a health facility and by a qualified midwife. If the security situation permits, 24-hour coverage of the maternity at Dar Es Salam health centre will be put in place in order to increase the proportion of deliveries conducted by qualified midwives. Midwives and nurses working in the maternity and antenatal care clinic will be trained in Emergency Obstetric and Neonatal Care (EMONC) to improve the quality of care.

HIV prevention activities including awareness-raising, voluntary testing and counselling, and prevention of mother to child transmission will be carried out. Persons living with HIV/AIDS will be provided with antiretroviral therapy.

Several measures will be reinforced to reduce the prevalence of GAM to less than ten per cent. Among them, RRRP partners will actively screen children between 6 and 59 months throughout the year in order to identify affected children at an early stage and acutely malnourished children will be referred through a community-based approach for treatment.

RRRP partners plan to reinforce the capacity of health staff and provide ready to use therapeutic feeding for treatment of malnourished children. Vitamin A supplementation and deworming will be carried out twice a year targeting children aged between 6 and 59 months. In addition, efforts will be made to prevent malnutrition and anaemia through the provision of supplementary food to children aged between 6 and 24 months through a blanket supplementary feeding program (BSFP). Advocacy will be carried out to ensure pregnant and lactating women and persons living with HIV/AIDS are provided with supplementary food. Interventions aimed at promoting best Infant and Young Child Feeding (IYCF) practices will be reinforced. A Standard Expanded Nutrition Survey (SENS) will be carried out in addition to monthly mass nutritional screenings. Community-based activities will be strengthened.

1. OBJECTIVE: Health status of the population improved**INDICATOR:** Crude mortality rate < 1 (per 1,000 population/month)

OUTPUT	TARGET & INDICATOR
Access to primary health care services provided or supported	5 health facilities equipped and/or supplied
Capacity development supported	50 health care workers trained
Referral to secondary and tertiary medical services provided to PoCs	500 patients referred to secondary and/or tertiary medical services
Preventive health care services provided	4,320 children vaccinated against measles during routine immunization

2. OBJECTIVE: Population has optimal access to reproductive health and HIV services**INDICATOR:** 95% of livebirths attended by skilled personnel

OUTPUT	TARGET & INDICATOR
Comprehensive reproductive health services provided	19 qualified midwives/MCH staff deployed
Care and treatment of PoCs living with HIV provided	100 PoCs living with HIV received ART
Prevention of HIV mother to child transmission services provided	3,400 pregnant women counselled and tested for HIV

3. OBJECTIVE: Strengthen the prevention and response to malnutrition**INDICATOR:** Prevalence of global acute malnutrition (GAM) among children aged 6-59 months < 10%

OUTPUT	TARGET & INDICATOR
Malnourished children identified and referred for treatment	12 mass nutrition screenings conducted; 382 children screened, identified and admitted into MAM treatment; 186 children screened, identified and admitted into SAM treatment
Children aged 6-59 months provided with Vitamin A supplementation	1,398 children aged 6-59 months provided with Vitamin A supplementation
Blanket feeding carried out for children aged 6-23 months	643 children aged 6-23 months provided with complementary food
Malnourished pregnant and lactating women treated	125 pregnant and lactating women treated

LIVELIHOODS & ENVIRONMENT SECTOR



Current situation

The ongoing insurgency and counter-insurgency operations in the Lake Region have impacted the livelihood activities of both the displaced population and other affected populations. In addition, the closure of the border has severely reduced trade in timber, agricultural production, livestock, fisheries, and small commerce⁷.

In Dar Es Salam camp, 1,081 households have been supported to engage in livelihood activities – fishing, farming and small-scale trading activities. They represent 59 per cent of households in the camp, and 44 per cent of all Nigerian refugee households. Good relations between humanitarian actors and local authorities have enabled some refugees to undertake fishing and farming activities in two designated areas in Baga Sola despite the state of emergency declared in the region. Still, the limited access to arable lands and the limited space for fishing is challenging, given that almost all refugee households are keen to engage in these activities. Traditional authorities collaborate with administrative authorities to lease farmlands to refugee farmers. However, these farmlands are located 10 kilometres away from the camp while the designated areas for fishing activities, are located between 20 and 30 kilometers away, hence exposing refugees to additional protection risks.

For the 500 households who have received tools for maize production, the main concern is limited farmland space. For the 330 crop farmers who have been assisted with tools and seeds to cultivate onions, okra, lettuce, garlic, cucumber, eggplant and watermelon, as well as for the 150 fishermen, the harvest and the small revenue they generate enable them to cater for some of their basic needs such as food and clothing. The 101 women who were assisted with engaging in petty trading through loans, have been successful in their endeavour and are now keen to repay them, subsequently benefitting other women.

The impact of the presence of refugees in Dar Es Salam on the environment is now starting to be visible. As they depend solely on firewood for cooking and lighting purposes, the commodity has become scarce not only for refugees but also for host communities. Currently, people have to travel long distances to remote areas

to collect firewood despite the protection risks that this entails. Those who are unable to search for firewood sell part of the food rations to buy it. Refugees do not have access to energy-saving stoves to help them reduce their firewood consumption to a reasonable amount, which adds to the degradation of the environment.

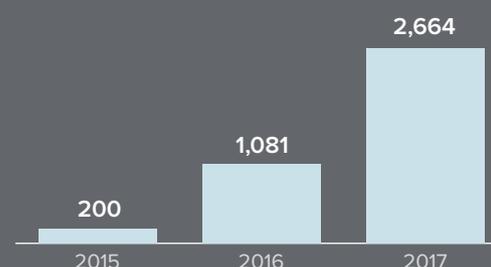
Prioritized sector needs

The refugee community will need to access more arable land and fishing space, and obtain seeds and tools in order to increase the number of agricultural and fishing activities. Increased access to financial services is also necessary for those keen to engage in small business and commerce. In addition, training in entrepreneurship to strengthen individual skills as well the capacity of cooperatives/associations will have to be provided. Expanding opportunities such as poultry and goat breeding supplemented with veterinary care is required to empower particularly female heads of households and elderly women who are unable to engage in any of the other key livelihoods activities. Livestock are important assets as they support agricultural production and supplement household nutrition and income. As such, livestock is a major component of a multi-faceted sustainable livelihoods/food security strategy for the population.

In terms of environment, refugees need to be equipped with energy-saving stoves. The possibility of the use of

ACHIEVEMENTS AND WAY FORWARD

Number of households engaged in livelihood activities



7. Enquête sur la dynamique de résilience des populations de la Région du Lac Tchad (1 juin au 30 août 2016)

alternative energy such as solar lights must be explored. The need for tree-planting in and around the camps is a matter of urgency to help rehabilitate the environment.

RRRP partners will make sure that refugees and host communities are involved in the design and implementation of projects aimed at promoting peaceful coexistence.

Sector response plan

The response plan will target 2,664 refugee households and 1,285 host community households. Refugees in accessible areas will receive support to increase agricultural and fishing activities through advocacy for more arable land and fishing space in secure areas as well as through the provision of food crop and vegetable

seeds and agricultural tools. Refugees will be provided with business and skills training to facilitate or enhance livelihood activities.

Those refugees who are currently not engaged in any livelihoods will also be supported to engage in at least one activity to the extent that this is possible. To restore and strengthen refugees' livelihoods, the focus will be on small businesses, market gardening in the dry season, and the provision of poultry and goats.

As part of the protection and preservation of the environment, the refugee community will be made familiar with the use of energy-saving stoves in order to promote the rational use of firewood. If possible, areas will be identified for firewood collection for both refugees and host community members. Both groups will also be engaged in planting tree seedlings to mitigate environmental degradation.

1. OBJECTIVE: Self-reliance and livelihoods improved

INDICATOR: 40% of PoCs aged 18-59 years had own business/were self-employed for more than 12 months

OUTPUT	TARGET & INDICATOR
Access to agriculture/livestock/fisheries production enabled	3,510 refugees received production kits or inputs for agriculture/livestock/fisheries activities
Access to financial services facilitated (formal and informal)	355 refugees received loans through UNHCR partners
Access to self-employment/business facilitated	15 small business associations formed/supported

2. OBJECTIVE: Natural resources and shared environment better protected

INDICATOR: 80% of PoCs received environmental education and benefited from awareness-raising activities

OUTPUT	TARGET & INDICATOR
Forest protection/development undertaken	5,000 tree seedlings planted; 15 environmental awareness and education sessions organized; 5 firewood collection areas identified and used correctly
Energy saving practices promoted	1,465 households provided with energy saving equipment

3. OBJECTIVE: Peaceful coexistence with local communities promoted

INDICATOR: 1,500 refugees integrated in host villages

OUTPUT	TARGET & INDICATOR
Projects benefiting local and displaced communities implemented	12 peaceful coexistence projects implemented

SHELTER & NFI SECTOR



Current situation

Refugees in Dar Es Salam camp live in emergency shelters, consisting of a timber frame covered by plastic sheeting – a construction that offers little protection from the harsh climatic conditions, including heavy winds, extreme heat and sand storms. The lifespan of these shelters is limited to six months. In comparison, the construction cost of transitional shelters is relatively high in the region as timber and roofing sheets need to be brought from the capital N'Djamena, on a 400 kilometre-long journey that takes eight hours by road.

The clay required to manufacture bricks is available but it is located five kilometres from the camp and only accessible on very bad roads. Therefore, only pick-up vehicles are able to transport clay on these routes. Due to the high costs involved, only households with specific needs such as those headed by women, children and elderly persons with no family support or supported by minors or persons living with disabilities have been targeted for this assistance. So far, only 90 households with specific needs have been provided with transitional shelters.

The distribution of 130 shelter maintenance tool kits has enabled refugee households to rehabilitate their homes as well as certain community buildings such as transit and distribution centres. Refugees living outside the camp build their shelters with local materials available in host communities.

In terms of non-food items (NFIs), refugee households have been supplied with kitchen sets, jerry cans, mats and mosquito nets. The NFIs are replaced as they wear out. So far, every refugee has received soap on a monthly basis.

Prioritized sector needs

In Dar Es Salam camp refugees need transitional shelters to replace the emergency shelters in which they currently live. The challenge posed by transporting clay to the camp to manufacture bricks has to be addressed. As only 90 households have so far been provided with transitional shelters, RRRP partners still need to address the current gap.

Refugees also need shelter kits containing the necessary tools to rehabilitate their homes. Camp infrastructures such as the distribution centre and schools that were constructed with emergency materials need to be converted into transitional structures. As NFIs wear out, they have to be replaced. Hangars will have to be maintained to stock NFIs for over 2,000 refugee households. Additional stocks of plastic sheeting will also be necessary. Key among the most needed items is soap, to improve personal hygiene and prevent diseases.

Sector response plan

The sector response will target 300 households in Dar Es Salam camp who will be assisted in constructing their own transitional shelters. The refugee community will provide labour to reduce construction costs. Community infrastructures (a distribution centre and 2 classrooms) will be constructed with durable materials. Shelter kits will be provided for 2,163 refugee households in the camp to enable them to rehabilitate their shelters.

Concerning NFIs, a total of 2,163 households will be provided with necessary relief items. The priority will be to ensure that adequate stocks of NFIs will be accessible and well-maintained in hangars.

SECTOR RESPONSE



300
households to receive
transitional shelters



2,163
households to receive
Non-food items (NFIs)

1. OBJECTIVE: Shelter and infrastructure established, improved and maintained

INDICATOR: 30% of households living in adequate dwellings

OUTPUT	TARGET & INDICATOR
Transitional shelters provided	300 households received transitional shelters
Shelter materials and maintenance tool kits provided	2,163 households benefited from the distribution of 300 shelter maintenance tool kits and materials

2. OBJECTIVE: Population has sufficient basic and domestic items

INDICATOR: 60% of households' needs for basic and domestic items met

OUTPUT	TARGET & INDICATOR
Core relief items provided	2,163 households received core relief items



© UNHCR / OUALID KHELIFI

WATER, SANITATION & HYGIENE SECTOR



Current situation

RRRP partners in the sector have focused on reinforcing Water, Hygiene and Sanitation (WASH) activities in Dar Es Salam refugee camp as well as in 20 host villages in 2016 as the Lake Region is a cholera-prone area. In the camp, regular maintenance of existing water points has enabled refugees to have access to 33 litres of potable water per person per day (well above the minimum of 20 litres). In the host villages, eight new boreholes were constructed and 15 water points were rehabilitated.

The percentage of households who now have family latrines increased from 17 per cent to 23 per cent through the construction of 340 additional latrines, a project in which the refugee community actively participated by engaging in pit digging and building superstructures. Furthermore, the construction of refuse pits and the distribution of refuse bins as well as cleaning kits for refugees have improved waste management in the camp.

In both refugee and host communities, over 2,700 hygiene promotion awareness-raising activities including campaigns and home visits have been conducted by hygiene promoters trained and equipped with information, education and communication (IEC) materials. Refugees have been trained in water management as well as in basic hygiene practices in schools and communal areas, in collaboration with local authorities and partners.

A Knowledge, Attitudes and Practices (KAP) survey was conducted in June 2016 to assess refugees' knowledge, attitudes and practices in the WASH sector to enable partners and the communities to adopt appropriate measures or design activities to help improve their well-being.

Prioritized sector needs

Supply of potable water remains a priority need. In the refugee camp, maintenance and repair of existing hand pumps pose a challenge mainly due to the limited access to spare parts and tools. The capacity of refugees to maintain and repair hand pumps as well as to ensure the proper management of other facilities has to be strengthened.

There is a need to construct more family latrines to address the current gap of 77 per cent of households who have no latrines. The results of the KAP survey shows poor hygiene practices among the refugee population. For instance, 43 per cent of households indicated they opt for open defecation while only 47 per cent washed their hands after defecation. There is a need to conduct more awareness-raising campaigns and effective community mobilization based on Behaviour Change Communication (BCC) to promote good hygiene practices.

In some of the targeted host villages (Ngouboua, Baga Sola, Boma, Bouroubia 2, Bouroubia Gourane), the existing water and sanitation facilities are not enough to respond to real needs. Additional protected water points are required to improve access to enough safe drinking water. Open defecation is practiced in some of the villages. Furthermore, inhabitants in the host villages do not have a proper waste management systems in place.

Sector response plan

The response plan will target 8,000 refugees and 14,550 host community members. To maintain the existing quantity and quality of water available in Dar Es Salam camp, the focus will be on regular maintenance and rehabilitation of existing boreholes and strengthening

ACHIEVEMENTS AND WAY FORWARD

Households with family latrines



2015

17%



2016

23%



2017

100%

the capacity of water management committees. Community mobilization efforts will focus on social water management as well as on advocacy aimed at implementing cost recovery.

In targeted host villages, efforts will be made to improve the availability of safe water through rehabilitation and construction of water points. The Community-Led Total Sanitation (CLTS) approach will be used to support the construction of family latrines and to end open defecation practices, while improving safe hygiene practices.

In an effort to address needs amongst refugees and hosts communities, sector partners will monitor water quality at water points and household levels. New boreholes equipped with hand pumps will be constructed in host villages and non-functional hand pumps will be rehabilitated (18 in Dar Es Salam refugee camp and ten in host villages).

Partners will also support the construction of 2,776 family latrines and the implementation of a Community Led Total Sanitation (CLTS) approach to improve sanitation

coverage as well as the construction of 30 public latrines to improve access to sanitation facilities in public areas such as schools and markets. Solid waste management will be reinforced by constructing landfills, and installing refuse bins.

Environmental health and hygiene campaigns will be organized in Dar Es Salam refugee camp and host villages, and some 302 persons will be trained in basic hygiene practices. These target group will include teachers, members of hygiene clubs, community leaders, as well as hygiene promotion, youth and women's committees. Hygiene promotion activities will also include cholera prevention. The capacity of WASH committees will be strengthened through further training and technical support.

Partners will collaborate with the technical services of the State to strengthen the maintenance system for water points. This will include making spare parts and tools available, training refugee technicians, and monitoring hand pumps. RRRP partners' existing coordination mechanisms will be reinforced in order to improve interventions in the sector's response area.

1. OBJECTIVE: Population lives in satisfactory conditions of sanitation and hygiene

INDICATOR: 2,776 family latrines constructed

OUTPUT	TARGET & INDICATOR
Access to sanitation increased	2,776 family latrines constructed in Dar Es Salam camp and host communities
Environmental health and hygiene campaigns organized	176 hygiene campaigns conducted in Dar Es Salam camp and host communities
Capacity development supported	302 PoCs (refugees and host community members) trained in basic hygiene practices through sessions conducted in schools and communal areas in Dar Es Salam camp and host communities

2. OBJECTIVE: Supply of potable water increased or maintained

INDICATOR: 20 litres of potable water available per person per day

OUTPUT	TARGET & INDICATOR
Water system constructed, expanded and/or upgraded	17 boreholes constructed in host communities
Water system operations maintained	28 hand pumps rehabilitated or maintained in Dar Es Salam camp and Baga Sola
Water management committees established and active	29 water management committees active in Dar Es Salam camp and host communities

Financial requirements

BY AGENCY & SECTOR

ORGANIZATION	PROTECTION	EDUCATION	FOOD SECURITY	HEALTH & NUTRITION	LIVELIHOODS & ENVIRONMENT	SHELTER & NFI	WASH
FAO					126,870		
UNFPA	425,552			400,000			
UNHCR	2,181,650	1,544,283		1,586,712	3,323,548	2,005,620	1,136,068
UNICEF	1,150,000	1,140,432		650,000			1,600,000
WFP			1,221,516	100,731			
WHO				1,017,375			
GRAND TOTAL	3,757,202	2,684,715	1,221,516	3,754,818	3,450,418	2,005,620	2,736,068

BY AGENCY

ORGANIZATION	TOTAL
FAO	126,870
UNFPA	825,552
UNHCR	11,777,880
UNICEF	4,540,432
WFP	1,322,247
WHO	1,017,375
GRAND TOTAL	19,610,356



NIGER

Refugee Response Plan

**SITUATION
AS OF 30 SEP 2016**



NIGER

Total affected population

340,000



Returned Niger Nationals^b
29,000

Kabelawa

Sayam Forage

Returnees from Niger to Nigeria^a
36,150

CHAD

CAMEROON

NIGERIA

- Refugee camp
- IDP camp
- Refugee crossing
- Returnee crossing
- Affected area

Sources: ^aUNHCR, ^bDREC/MISP/UNHCR

**2017
PLANNED RESPONSE**

325,583

TOTAL POPULATION TARGETED

85,226

REFUGEES TARGETED

154.3M

REQUIREMENTS (US\$)

28

PARTNERS INVOLVED

**2017
MAIN PRIORITIES**

1. Include persons with specific needs from the host and displaced populations in humanitarian interventions to maintain social cohesion and peaceful coexistence

2. Strengthen the population's self-reliance and engage in joint efforts identify sustainable solutions for all PoCs including the host community

Country Overview

INTRODUCTION

Background

On an unprecedented scale, almost half of the Diffa region's population was forcibly displaced in 2016.

As of September, the Government of Niger estimated that 302,000 persons, comprised of refugees (30 per cent), IDPs (60 per cent) and returning Niger nationals (10 per cent), was displaced. Owing to the insecurity caused by Boko Haram and counter-insurgency operations, the number of settlement areas open to the displaced was reduced. The total number of sites hosting refugees, IDPs and returning Niger nationals declined from approximately 150 to 80, as people moved to sites in safer and more accessible locations, mainly located along the Route Nationale 1. Although, the population of concern is now more easily accessible to the humanitarian community, continued access challenges remain in the Bosso and N'Guigmi areas.

At the beginning of the crisis, the majority of refugees and IDPs were hosted by local families in towns and villages. However, with the dramatic increase in displacement, the majority now have to settle on the outskirts of towns and villages or in isolated sites, resulting in the creation of rural ghettos. This exerts additional pressure on already scarce natural resources, infrastructure and limited basic services. As a result, inter-communal and inter-ethnic tensions have augmented and the causes of this worrying development are being investigated. The displaced's tendency to move to either Sayam Forage refugee camp or Kabelawa IDP camp grew during 2016 as more and more people sought security and access to basic assistance. Still, both camps combined host less than 20,000 people, representing less than ten per cent of the total displaced population, the great majority of whom live in out-of-camp settings.

2016 Achievements

- Efforts were made to improve the Community-Based Protection Mechanism in the Diffa region, including with the establishment of additional committees and protection monitoring focal points. A Memorandum

POPULATION TARGETED & IN NEED

	Targeted	in Need
Refugees	85,226	89,111
Host Community	36,389	38,048
IDPs	176,198	184,230
Returnees	27,770	29,036

of Understanding was signed with the Niger Bar Association for the provision of legal aid to Nigerians held in custody who are suspected of collaborating with Boko Haram.

- After it had signed the 'Abuja Action Statement' (see Annex I) on 8 June, RRRP partners provided support to the Niger Government with establishing an action plan. Extensive capacity building of state and non-state actors was carried out, in particular for security and defence forces (FDS) on basic protection principles, refugee rights, physical security and the civilian character of asylum.
- Over 2,250 refugees were assisted to voluntarily relocate to Sayam Forage refugee camp, following increased violence in the Diffa region in May and June. Efforts were made to assist the government with establishing a community-based registration and verification mechanism in the region.
- Some 947 unaccompanied or separated children (UASC) were identified, and 105 Child Friendly Spaces as well as 27 youth peer educator committees were operational in over 53 sites.
- Approximately 17,825 children have received continued access to formal education.
- During the lean season, Food Security actors reached 345,385 persons of concern (PoCs) with food assistance and 59,468 PoCs with cash assistance. Fifty Integrated Health Centres offer a nutritional programme and in the first half of 2016, some 7,740 children under-5 suffering from severe acute malnutrition (SAM) were admitted into therapeutic feeding programmes.
- Over 150,000 PoCs benefitted from gas distribution for domestic energy, including IDPs, refugees and host community members.

- Over 65,000 PoCs received emergency shelter assistance in the first half of 2016.
- By July 2016, 125,787 PoCs affected by the crisis had gained improved access to drinking water and 313,980 PoCs had received hygiene kits and had access to related awareness-raising activities.

2016 Challenges

- As a result of the Boko Haram conflict, the Diffa region suffers from an acute economic crisis. The conflict has reduced access to fertile land along the Komadougou River and nearby Lake Chad. In addition, security measures established under the State of Emergency impose further restrictions on livelihoods activities. The humanitarian situation

continues to deteriorate as affected populations do not have the means for self-reliance.

- Insecurity has adversely affected the resilience of the population, transforming host families into IDPs, and therefore destroying the socio-economic fabric of the society. In certain areas there are clear signs indicating the degradation of social cohesion.
- The provision of basic services is highly dependent on aid organizations as local structures are not able to cope with the increasing demographic pressure. Funding shortages for RRRP partners in 2017 would have a devastating effect on the displaced populations.



IDENTIFIED NEEDS

More than half of the target population in Diffa is under 18 years old. In fifty per cent of households, at least one member has specific needs. The negative impact of the crisis on livelihood activities is alarming, as approximately 50 per cent of the displaced population, including refugees, IDPs and returning Niger nationals do not have any source of income. In the host community this figure is almost just as high at 41 per cent. Due to the security situation, approximately 40 per cent of PoCs have been displaced multiple times, forced to move to new locations up to four times. This has resulted in the further loss of peoples' assets and the fragmentation of families.

The target population is forced to cope with a lack of self-reliance opportunities and alternative solutions. The majority of refugees, IDPs and returning Niger nationals are settled in areas where few or no basic services are available, aside from a small minority living in the camps. In this mixed and mainly out-of-camp context, refugees, IDPs, and returning Niger nationals, share the same needs and the same space as the vulnerable host populations. As over 80 per cent of the affected population lacks any form of identification document, humanitarian assistance is provided based on vulnerability, rather than status.

Social cohesion and solidarity remain key in coping with the multiple side effects of the Boko Haram conflict. The host population in Diffa is the "first donor" in this crisis, and its efforts are complemented by humanitarian assistance, with the aim of strengthening existing community strategy mechanisms. However, due to weaker resilience capacities among the affected population, and the increasing numbers of vulnerable persons, RRRP partners must step up their response in 2017, to avoid a degradation of the situation.

STRATEGIC OVERVIEW FOR THE RESPONSE

The key priority in the Diffa response is to enhance social cohesion and peaceful coexistence through the various cluster responses and to strengthen institutional, community and individual resilience throughout the region.

The level of solidarity shown by the host population is remarkable, given the sheer pressure exerted by refugees, IDPs and returning Niger nationals on already scarce and weakened natural resources, basic services and infrastructure. With the increasing strain on basic

resources, it is paramount to strengthen peaceful coexistence, as its degradation could be the catalyst for a new conflict in the region. It is therefore essential that humanitarian interventions continue to include the most vulnerable members of the host communities, as well as the displaced populations. In 2016, the government and humanitarian actors were already engaged in strengthening national systems providing basic services.

In 2017, community based protection committees, which now exist in over 98 locations, will be reinforced to ensure that they represent the entire population. Inter-communal dialogue will be prioritized and efforts will be made to identify the source of inter-communal and inter-ethnic conflicts. As the vulnerable population increases, efforts will be made to integrate the community into the humanitarian response in a participative manner.

The Education Cluster and Technical Working Group (TWG) will support emergency schools and learning spaces, as well as existing national schools with financial and material resources, school equipment, training and meals. Many of the schools have already integrated refugees, IDPs and returning Niger nationals.

RRRP partners in the Health Cluster and TWG will strengthen the capacities of integrated health centres (CSIs), by providing financial resources, staffing and capacity development. Meanwhile, partners in the Nutrition Cluster and TWG will focus on reinforcing the integrated nutrition programmes, in particular through assisting children and pregnant and lactating women suffering from mild and severe acute malnutrition (MAM and SAM).

Partners in the WASH Cluster and TWG will continue to provide an emergency response to newly displaced persons through temporary emergency measures such as water trucking, but will also work on enhancing existing water provision systems, for the benefit of the entire population. In addition, increased efforts will be made to incorporate the needs of pastoralists, as this has reportedly been a key source of conflict with farmers.

In terms of food security and livelihoods, the Household Economic Approach (HEA) will continue to be applied to target the most vulnerable with an appropriate response, including through the distribution of food and cash assistance, as well as the distribution of gas for domestic energy.

As regards the provision of shelter and non-food items (NFIs), in addition to rapid emergency assistance to the newly displaced, long term solutions benefitting the most vulnerable will also be pursued. One such solution is the Diffa urbanization project. It includes the distribution

of land parcels to both displaced and vulnerable host populations, it has a positive effect on economic revenues and helps create jobs in targeted communities.

One of the RRRP partners' strategic goals, closely connected to the maintenance of social cohesion, is the strengthening of resilience means. The conflict and subsequent implementation of security measures, have had a devastating effect on the economy in the region. Joint efforts to identify sustainable solutions for all affected populations will be made, with the aim of creating synergies between humanitarian and development-oriented programmes. In terms of institutional resilience, national authorities will continue to play a central role in the crisis, guaranteeing the sustainability of the response.

Last but not least, a major priority for 2017 is to link, whenever possible, emergency response to sustainable solutions in order to reduce dependency on humanitarian aid and improve affected populations' self-reliance.

PARTNERSHIP AND COORDINATION

RRRP partners and authorities at national, regional, and local levels are working closely together to respond to the needs of the affected population. It must be acknowledged, that the Government's response is key in the Diffa crisis, especially in terms of food and

NFI distribution. Despite structural weaknesses and difficulties in mobilizing human resources at Diffa level, government services demonstrate a clear engagement and leadership in the everyday response.

After the Presidential Elections in 2016, the Ministry of Humanitarian Affairs and Disaster Management was created, to institutionalize the cooperation between the Government and the humanitarian community. At Diffa level, the overall coordination of the crisis falls under the responsibility of the Governor of Diffa, through the Regional Committee for the Management of the Displaced (composed of Regional Directors, Department Prefects, the President of the Regional Council and representatives of humanitarian actors). The President of the Regional Council is the Co-President of the Committee for questions related to development. The Humanitarian Coordination Cell (CCH) - a cell under the Prime Minister's Cabinet - has a field office in Diffa, which supports the Governor.

RRRP partners' sectoral response is coordinated by Sectoral Technical Working Groups, under the leadership of the various Regional Technical Directorates, with the support of the national clusters based in Niamey.

Despite the technical and financial challenges faced, strengthening the national authorities' capacity to manage the crisis and enhancing institutional resilience must continue to be a priority. Persistent challenges in terms of research and information management must also be addressed.

An inter-organization coordination committee (CCIO/Diffa) has been set up at Diffa level, and is co-led by UNHCR and OCHA. This CCIO plays an interface role between the humanitarian community and the authorities at Diffa level and is directly linked to the Humanitarian Country Team at national level. Concerning coordination and planning for 2017, UNHCR and OCHA have worked closely to develop the 2017 Humanitarian Response Plan and Regional Refugee Response Plan.

RRRP PARTNERS

- ACF
- ACTED
- ADRA
- Care International
- Concern Worldwide
- COOPI
- FAO
- GOAL Global
- HELP/Welthungerhilfe
- HKI
- IAS
- IEDA Relief
- IOM
- IRC
- LRC
- OCHA
- OXFAM
- Plan International
- QRC
- Samaritan's Purse
- Save the Children
- UN Women
- UNFPA
- UNHCR
- UNICEF
- WFP
- WHO
- World Vision International

Planned Sector Response

PROTECTION SECTOR



Current situation

With over 302,000 refugees, IDPs and returning Niger nationals in the Diffa region, protection needs have never been so high. In the first half of 2016, Boko Haram carried out 40 reported attacks and a national human rights NGO, the Association Nigérienne pour la Défense des Droits de l'Homme (ANDDH) reported a total of 294 suspected protection incidents during the same period, including casualties attributed to unexploded ordnance (UXOs) and improvised explosive devices (IEDs).

The lack of identity documentation amongst the population remains a key protection concern. According to a study commissioned by UNHCR and conducted by the University of Niamey's Faculty of Law, in 2015, up to 82 per cent of the population in Diffa do not possess any identity documentation helping to establish their nationality. This puts hundreds of thousands of persons at risk of statelessness.

An almost complete absence of means of subsistence in the region, coupled with the fact that most of the refugees, IDPs and returning Niger nationals have experienced multiple displacements, is exacerbating the vulnerability of the population, in particular of women and children, and increasing the risk of exploitation and abuse, including psychosocial distress. It is estimated that approximately 52 per cent of refugees, returning Niger nationals and IDPs are children, many of whom have suffered or witnessed traumatic events. In addition, the number of unaccompanied and separated children identified following recent population movements is on the rise. Reports of SGBV incidents have increased in correlation with population movements, and negative survival strategies including survival sex are reportedly higher than ever.

With 150,000 people including host populations supported in a sustainable manner with domestic gas in 2016, inter-communal tensions have been reduced, contributing to peaceful coexistence. However, around Lake Chad, a worrying increase in inter-ethnic tensions has been witnessed. These tensions existed before the Boko Haram conflict, but insecurity has exacerbated the situation. During a recent study on the scope and underlying factors of inter-ethnic tensions in the Diffa

region¹, 94 per cent of respondents indicated that these tensions preoccupy them more than the Boko Haram conflict.

Significant efforts have been made throughout 2016 to strengthen community-based protection mechanisms, many of which, have been disrupted by new displacements. In order to collect information on protection risks and incidents and to better adjust the overall humanitarian response, protection monitoring has been identified as an urgent need.

Detention and a lack of access to legal services continues to be a key protection concern especially as the number of arbitrary arrests following attacks perpetrated by insurgents are on the rise. As of September 2016, authorities in Diffa estimated that more than 1,400 individuals had been arrested and placed in detention on terrorism charges, 450 of whom are Nigerian nationals, believed to be asylum-seekers. Efforts are ongoing to ensure that the fundamental requirements of due process are observed for these cases. Additionally, training and capacity building for judiciary personnel handling the cases, and the provision of legal aid to asylum-seekers and minors, is a key priority.

Improving the legal framework governing IDPs has been identified as an important task, with a focus on the domestication of the 2009 Kampala Convention.

Prioritized sector needs

In this mixed and dynamic context, identification and registration as well as the profiling of refugees and IDPs is essential. National authorities have made efforts throughout 2016 to identify the displaced, mainly in the spontaneous sites along the Route Nationale 1. However, as up to 82 per cent of the population do not possess any sort of identification document, it is essential that they be properly registered, in order to develop a reliable database for targeted activities. The use of biometric technology is required for this exercise.

The training of security and defence forces, national authorities and community and religious leaders is a priority, and advocacy for the respect of protection principles and human rights is also required. In order

1. REACH, Search for Common Ground, 'Sondage sur les tensions communautaires, Diffa' August 2015

to adequately prevent and respond to protection incidents, a robust and effective protection monitoring system is being put into place. Despite the training of over 100 community protection monitoring focal points, and the establishment of almost 100 community based-protection committees throughout the region, continuous population movements have weakened the system in place.

The number of survival sex and SGBV incidents is on the rise. Strengthening holistic response mechanisms and community-based monitoring are therefore essential to stop this trend. In some displacement sites, where it takes an average of 2 hours per day for girls and women to collect firewood, the introduction of gas has proven to be an effective protection tool.

According to government estimates (Institut National de la Statistique) an estimated 52 per cent of refugees and IDPs are children, many of whom have suffered extreme distress. Increased efforts are required to provide adequate psychosocial support and recreational activities, building on the efforts made in 2016. The number of UASC has increased and more emphasis must be placed on identifying, documenting and responding to their needs, including carrying out family reunification. With high rates of malnutrition amongst children and an on-going food security crisis in parts of the region, children face an even higher risk of neglect, exploitation, forced recruitment, forced labour and abuse.

In the spontaneous sites along the Route Nationale 1, female heads of households must be provided with gas for cooking. More generally, gas distributions must be carried out across all sites where tensions around the use of natural resources tend to occur. Increased efforts are required to prevent inter-communal and inter-ethnic conflicts, as these represents a serious threats to stability in the region.

Legal aid and support needs to be provided to Nigerian refugees and children detained on suspicion of being associated with terrorist groups. Children who are released require support for their reintegration into society and to prevent them from being stigmatized by their communities. It is also necessary to improve the legal framework governing displacement, especially regarding domestic legislation on IDPs and national counter-terrorism legislation, as well as the principle of non-refoulement.

Lastly, ongoing efforts to map UXO-contaminated areas, sensitize refugees, returning Niger nationals, IDPs and host community members, as well as humanitarian workers against associated risks must continue.

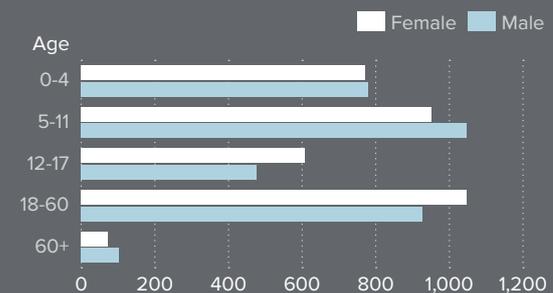
POPULATION IN SAYAM FORAGE CAMP

as of 31 October 2016

6,763

REGISTERED REFUGEES

Demographic representation



Monthly registration in 2016



Sector response plan

The Protection Cluster, Child Protection and SGBV Sub-Clusters and the Protection TWG estimate that amongst the affected population in the Diffa region, there are approximately 236,461 in need of protection. Of those in need, 160,321 people (60 per cent) will be targeted. This includes 92,220 children (75 per cent), 33,369 men and 34,731 women (68 per cent). For SGBV specifically, ten per cent of each of these groups will be targeted, thus a total of 16,032 persons.

In line with the prioritized sector needs, humanitarian interventions will target the most vulnerable displaced populations in the most affected areas. These areas will be identified through multi-sectorial assessments. Interventions will seek as much as possible to build on existing development plans including the Government's Plan National de Soutien and other similar national mechanisms. Interventions will be community-based

and include community participation at each step of the process. Protection will be mainstreamed throughout interventions and will therefore remain central to all interventions. Strong partnerships will be required to implement the response.

Protection monitoring activities will be conducted with the aim of informing not only the protection response, but also other sectoral responses. Considering the nature of the Boko Haram insurgency, and the devastating impact of the current crisis on education, emphasis will be placed on collaborating with education authorities in Niger and in Nigeria, with the aim of ensuring Nigerian refugees are able to continue pursuing their education.

The registration and documentation of the population in the Diffa region will be carried out with a view to improving assistance, reducing the risk of statelessness and tracking population movements. Community-based protection monitoring and risk identification will be strengthened in order to improve prevention and response activities. The capacity of community-based protection mechanisms will also be prioritized, in particular with regards to psychosocial assistance for persons with specific needs. Community-based mechanisms will be provided with guidance on the prevention of inter-communal tensions and conflict.

The mapping of UXO-contaminated areas, and the organization of awareness-raising activities on the subject for refugees, IDPs, returning Niger nationals and host community members, as well as humanitarian partners will be prioritized. Those in custody on suspicion of being associated with terrorist groups, and in particular children and asylum seekers, will be provided with support for legal recourse and other basic social services, bearing in mind that children should always be considered victims and thus not be subjected to legal proceedings.

For children released from detention, community reintegration will be key. Efforts to identify, document, respond to and monitor cases will be enhanced and psychosocial support and recreational activities will be provided.

Increased efforts will be made to identify survivors and document cases of SGBV, with adequate holistic support and response provided, including medical, psychosocial, legal and economic assistance. The community will be sensitized on how to identify SGBV-related risks, how to support survivors and on the overall consequences of SGBV incidents.



- 1. OBJECTIVE:** Contribute to a protective environment by making information on protection risks and incidents available, with a view to providing an adequate response

INDICATOR: 50 community-based structures strengthened

OUTPUT	TARGET & INDICATOR
Refugees, returnees and IDPs registered and documented	138,320 men, women, girls and boys documented
Community-based protection structures benefiting children, PWSN and SGBV prevention/response strengthened	50 community-based structures strengthened
Legal assistance provided to persons arrested in connection with being associated to terrorist groups	1,250 women, men, girls and boys received legal assistance
Community structures trained and sensitized on the prevention of intercommunal conflict	100 people trained and sensitized

- 2. OBJECTIVE:** Contribute to the protection of all children at risk, including unaccompanied and separated children (UASC), children associated with armed groups, and other children with specific needs, through a community-based approach

INDICATOR: 76,027 girls and boys benefited from socio-recreational activities and psychosocial support through child friendly spaces (CFS)

OUTPUT	TARGET & INDICATOR
Unaccompanied and separated children identified, documented, provided with interim care and monitored	505 separated and 235 unaccompanied children identified, documented, provided with interim care and monitored
Socio-recreational activities and psychosocial support provided to displaced children	76,027 girls and boys benefited from socio-recreational activities and psychosocial support through CFS
Separated and unaccompanied children reunited with their families	785 separated children and 310 unaccompanied children reunited with their biological family
Community-based child protection mechanisms established/strengthened	430 community-based child protection mechanisms in place and strengthened

- 3. OBJECTIVE:** Contribute to the reduction of risks associated with SGBV and provide a holistic response to survivors

INDICATOR: 200 cases of SGBV identified and documented

OUTPUT	TARGET & INDICATOR
Community sensitized on causes and consequences of SGBV	73,541 men, women, girls and boys sensitized
Economic assistance provided to SGBV survivors	600 cases received social and economic assistance
Cases of SGBV identified and documented	200 cases of SGBV identified and documented
Provision of medical support for SGBV survivors ensured	1,000 cases received medical support

EDUCATION SECTOR



Current situation

The Government is strongly engaged in the education sector, but it remains one of the most underfunded sectors, with the lowest number of humanitarian actors intervening. Before the crisis, the Diffa region had the lowest school enrolment rates in Niger. The Boko Haram conflict has had direct and devastating consequences on the education sector, further reducing enrolment rates.

Since February 2015, some 151 primary schools have been forced to close in the Diffa region, mainly those located close to the Niger-Nigeria border, resulting in at least 12,000 children being deprived of education. About 9,000 students were relocated to emergency schools or to other existing national schools in order for them to continue their studies. To date 77 schools remain closed, leaving more than 3,000 primary school children without access to education.

In 2015, UNHCR opened a primary school in the Sayam Forage camp. At the end of the 2015/2016 academic year, 175 students were enrolled. With the increase in the camp's population through the second half of 2016, the number of enrolled children increased up to 477, highlighting the need for additional resources to cater to the new students, including four new classrooms and additional teachers. Similarly in Kabelawa IDP camp, a primary school was opened in March 2016 for the first time, with eight classrooms and eight teachers. Major efforts were made to make up for lost time, and for the 2016/2017 academic year, 598 students were enrolled. Given that the population of the camp continues to grow, at least four new classrooms and additional teachers will be required.

Following the massive displacement of almost 70,000 people after Boko Haram attacked the Department of Bosso in June, efforts were made to find examination centres for newly displaced refugees, IDPs, returning Niger nationals and host community students, who were set to sit their end of year school exams. The Regional Directorate of Primary Education (DREP) in Diffa released the results of the exams at the end of the school year 2015/2016: Out of 1,727 candidates (918 girls and 809 boys), 1,231 (590 girls and 641 boys) had successfully passed the exam.

Three Distance Education Centres are currently operational in the Diffa region with almost 400 Nigerian refugee students enrolled. In April and May, 69 students travelled to Kano in Nigeria to complete their end of year exams (29 senior cycle, 40 junior cycle). This programme allows refugee students to continue their studies under the Nigerian curriculum despite being forcibly displaced in Niger. The programme receives the full support of the West African Examination Council and the Ministries of Education of Niger and Nigeria.

Education is a particularly important sector in the Diffa region as it is also a key protection tool, in a context where many children are at a heightened risk of being recruited by armed groups, in addition to already existing heightened risks of neglect, abuse, exploitation and violence. Additional initiatives are being undertaken to encourage students to attend school, such as providing them with hot meals, which have proved to be a key motivational factor. Furthermore, approximately 1,755 refugee children benefitted from French intensive courses during the first half of 2016, preparing them to be integrated into Niger's national schooling system.

ACHIEVEMENT AND WAY FORWARD

Enrolment in primary school



Prioritized sector needs

The disruption of formal education is one of the key aims of the insurgent group. Owing to continuous forced displacement, it is estimated that over 55 per cent of children in the region are out of school, and some of them have never attended school at all.

In September, a recent survey conducted across the main spontaneous sites revealed that, 90 per cent of parents, expressed a desire to see their children enrolled in school. The respondents reported that their children are out of school because they are forcibly displaced



and because there are not enough educational structures in place; they also denied that they prefer to keep their children at home for work.

Populations living in the spontaneous sites along the Route Nationale 1 and in sites outside towns or villages, do not have access to permanent education facilities and depend on emergency structures put in place by the humanitarian community. Children from these sites often spend over an hour walking to the closest school, exposing themselves to protection risks. Food insecurity combined with harsh climatic conditions make daily school attendance extremely challenging for children.

RRRP partners in the education sector will continue to provide support to the Regional Directorate for Primary Education (DREP). A mapping exercise and census conducted by the DREP in over 110 sites affected by the conflict has registered 33,810 refugee, returning Niger nationals and IDP children (47 per cent girls, 53 per cent boys), aged between 4 and 14 years old, in need of support to access quality education. A key constraint lies in the fact that it is extremely difficult for the government to recruit and mobilize qualified teaching staff willing to live in Diffa under the current security situation. The Distance Education Programme for Nigerian students

has been very successful, however in order to reach the maximum number of beneficiaries, it must be scaled up. Services also need to be extended to vulnerable children, especially girls, among the host population.

Sector response plan

The Education Cluster and Education Technical Working group will target 137,376 children (47 per cent girls, 53 per cent boys) in need of education in the Diffa region, including approximately 29 per cent at pre-school level (4-6 years), 51 per cent at primary level (7-13 years) and 20 per cent for informal education (14-18 years). Some 2,747 teachers will receive training in providing psychosocial support. The government and responsible national authorities do not have adequate resources to respond to the region's educational needs. Therefore, humanitarian actors will provide an integrated, inter-sectoral response, incorporating protection and focusing on strengthening the resilience of children and their communities.

During 2017, RRRP partners will collaborate more closely within the Child Protection Sub-Cluster. Joint activities will include the establishment of mechanisms to organize

recreational activities for children and adolescents, including the distribution of recreational kits. Capacity development will be enhanced for teachers, volunteers, and parents to enable them to provide protective learning environments for students.

Strategies will be developed to ensure equal access to continuous education for children affected by the crisis, while the capacity of local primary and secondary host schools to cater for the increased number of students will be supported. Due to the complexity of the situation, alternative solutions will also be implemented. These will include temporary learning spaces and radio programmes, which enable students who have been forced out of school to learn basic competencies and life skills such as non-violent conflict resolution.

Efforts will be made to cater to the increasing numbers of students. In Sayam Forage refugee camp, the number of pupils has more than doubled, and additional classrooms will be constructed. Similarly in Kabelawa IDP camp, there is an urgent need for additional classrooms as the population of the camp has grown to almost six times its size over the past 12 months. Additionally, alternative learning facilities and trained teachers are required in Sayam Forage for children aged 9-14 years old. Security in the schools will also be strengthened in 2017, while studies to assess changes in perceptions of safety and well-being of children, will be conducted for parents and teachers.

In 2017, the Distance Education Programme for Nigerian refugee students will be scaled up to cater for up to 650 students, and to provide additional resources, including access to online educational programmes. Alternative learning spaces and teaching will be expanded to host community members in Diffa, Mainie Soroa and Kabelawa.

Strengthening the resilience of schools and families will be promoted through focusing on disaster risk reduction and conflict management. Cash transfers will be introduced to families as a new innovative element of the response, while efforts to increase the accountability of beneficiaries will be promoted through the involvement of pupils and community structures in the management of schools and the humanitarian response.

The Education Cluster and Technical Working Group have validated five engagements to take equality between boys and girls in education into account. These include measures to identify specific barriers faced by both boys and girls, gender disaggregated data collection and analysis, special attention to girls in the final years of school to minimize drop-out rates, the construction of separate latrines for boys and girls and provision of education for girls on the menstrual cycle and hygiene.

- 1. OBJECTIVE:** Ensure access to formal and non-formal education in a protective environment for children affected by the crisis

INDICATOR: 117,019 children learning in protected temporary learning spaces

OUTPUT	TARGET & INDICATOR
Temporary learning spaces established	117,019 children learning in protected temporary learning spaces
Separate latrines for girls and boys constructed	3,422 latrines constructed for girls and boys
Sensitization carried out in schools on risks related to disasters and explosive devices	117,019 children sensitized on disaster and explosive device-related risks
Permanent classrooms constructed in Sayam Forage camp	4 classrooms constructed

- 2. OBJECTIVE:** Ensure a high quality of formal and non-formal education for children affected by the crisis

INDICATOR: 2,341 teachers received pedagogic and/or psychosocial training

OUTPUT	TARGET & INDICATOR
Teachers trained	2,341 teachers received pedagogic and/or psychosocial training
School manuals distributed	234,038 school manuals distributed
Digital learning facilities made available in Distance Education Centres	500 children benefited from digital learning facilities in Distance Education Centres

FOOD SECURITY & LIVELIHOODS SECTOR



Current situation

The vulnerability of persons affected by the conflict is adding to that of the host communities, which already existed prior the Boko Haram conflict. Thousands of people living in locations where military operations are ongoing have seen their means of subsistence, such as pastoralism, agriculture and fishing, affected.

Security restrictions, such as bans on the cultivation of certain tall crops as well as limited access to pasture, have contributed to increasing the vulnerability of agricultural and pastoral households. Those who used to trade pepper with Chad are no longer permitted to do so, and have lost their means of generating income. Others can no longer migrate with their livestock. In addition, several markets have been shut down and this contributes to the fact that an estimated 340,000 people (88,700 refugees, 29,300 returned Niger nationals and 222,000 IDPs and members of host communities) are currently food-insecure.

Despite the volatile security situation, food security actors, including the Niger government, were able to increase distributions in 2016. The coverage rate has been maintained at around 65 per cent. In parallel, following the Bosso attacks in June, food security actors were able to rapidly respond to the immediate food needs of approximately 16,400 newly displaced households.

Because of ongoing military operations, access to some areas, specifically those close to the Lake Chad, remained limited. In these areas, food security assessments have not been carried out for most of 2016.

In February 2016, food security actors launched the mobile Vulnerability Assessment Mapping (mVAM) exercise, aimed at monitoring the food security situation of the beneficiaries, as well as market prices in remote areas, on a bi-monthly basis. Results indicated that the food security situation for WFP beneficiaries has not significantly deteriorated since February. They also indicated that prices are below the average recorded over the past five years. This may be explained by an increased households' purchasing power, especially those receiving cash assistance.

Delivery of food assistance is closely linked to the security situation in the Diffa region. In the south-

east, where security remains extremely volatile and access to natural resources is limited, the provision of unconditional food assistance continues to be the priority. In the more secure parts of western Diffa, such as Ngourti, Maine Soroa and Goudoumaria, and in more stable spontaneous sites, food security actors started early recovery activities through conditional cash and food assistance in an effort to strengthen the resilience of the population. In 2016, around 60,000 people benefitted from this support. In Sayam Forage refugee camp and Kabelawa IDP camp, unconditional food assistance continues to be provided to all of the camp's inhabitants, based on status rather than vulnerability.

During the year, an autonomous and sustainable mechanism to access gas for domestic energy was set up across the Diffa region. This system has enabled the transition from wood to gas as the primary form of domestic energy for 20,000 households (approximately 140,000 persons). Wood is the second highest household expenditure after food and for some parts of the population, the cost of wood accounts for 20 to 30 per cent of expenditure.

Prioritized sector needs

Since the beginning of the crisis, PoCs living outside Sayam Forage refugee camp and Kabelawa IDP camp have been targeted on the basis of their vulnerability. Household targeting is carried out based on the Household Economic Approach (HEA) combining both food security indicators and other vulnerabilities, such as women-headed households, pregnant and lactating women as well as elderly and persons with disabilities.

SECTOR GAP

50% of the population have no source of income



Vulnerability-based targeting in out-of-camp sites and status-based targeting in camps will continue in 2017.

Because of the insecure environment, two thirds of the displaced population have been forced to move more than once. Tracking displacement constitutes a challenge and may hinder peoples' access to assistance in 2017. To address this issue, partners in Diffa have opted for the "one village one partner" rule in order to avoid overlapping of assistance.

Despite encouraging preliminary results of the national 2016/2017 cereal harvest, some communities in the Diffa region are at risk of a cereal deficit, especially in Maine Soroa, Bosso, N'Guigmi and Goudoumaria, owing to the bans put in place by the government on a number of crop species, which have prevented the populations of some 70 villages from planting crops.

Prior to the Boko Haram crisis, the Diffa region was characterized by a dynamic economy, positively affected by the mobility of the population and characterized by multiple economic activities. However, today, in certain spontaneous sites, almost 50 per cent of the population has no source of income and depends exclusively on assistance and the solidarity of the local community for its survival. At the spontaneous sites along the Route Nationale 1, monthly household income is generally less than 15,000 FCFA (approx. 30 USD). Economic opportunities in these locations are extremely rare.

It is unlikely that the situation will improve in the short to medium term, or that there will be significant returns to fertile zones in the region, as the State of Emergency in the Diffa region is continuously extended. Thus it is

evident that humanitarian actors must seek alternative solutions to enable the beneficiaries to provide for themselves. Where possible, it is thus essential to prioritize early recovery interventions in 2017.

The demand to substitute wood for gas as a form of domestic energy is increasing amongst both refugee, IDP and returning Niger nationals, and amongst host community members. In Diffa, gas, which is produced in Niger, is available at approximately 25 per cent of the price of wood. Additionally, it is estimated that the total amount of time needed for a woman to cook and collect wood can reach 20 hours per week. This severely limits their capacity to engage in other activities such as small business.

Sector response plan

In collaboration with the Government, RRRP partners in the Food Security Cluster and Food Security Technical Working Group will target 200,000 persons in the Diffa region with food security assistance in 2017. This target may be reviewed after a thorough analysis of the 2016/2017 crop results and depending on the evolution of the food security situation.

In 2017, RRRP partners in the Food Security Cluster and Food Security Technical Working Group aim to provide life-saving assistance and protect the livelihoods of the affected populations by enabling them to develop their resilience. Partners will provide a coordinated emergency response to almost 60 per cent of the estimated 340,000 persons in need in the Diffa region.



The results of the emergency food situation assessment carried out by food security actors in July 2016 showed that the crisis has affected the livelihoods of populations in the region to different extents, often depending on their location. Populations are more food insecure in areas along the Komadougou River, which borders Nigeria and where the conflict is still ongoing. Therefore, the sector will tailor its assistance according to the accessibility and availability of food in affected areas.

The response will be two-fold: in camps, assistance will be provided to refugees and IDPs based on status, unconditionally. Out-of-camp, assistance will be provided on the basis of vulnerability through a targeted approach.

In the Goudoumaria, Ngourti and Maine *Soroa* departments where early recovery activities are encouraged, food security actors will provide conditional cash and food assistance through specific activities. In Diffa, Bosso and N'guigmi, unconditional assistance will be provided to vulnerable households through cash or food assistance. Overall, agricultural support will be provided to vulnerable agro-pastoral households.

Excessive wood cutting for cooking and shelter purposes, in a region already deprived of the resource, is contributing to the deterioration of the environment. In order to mitigate the consequences of this phenomenon, unconditional cash transfers will support beneficiaries to enable them to purchase gas, and cash for work activities will include plant production, reforestation and awareness-raising on environmental protection.

The gas project will be strengthened and specific emphasis will be placed on maintaining and improving access to gas for the 20,000 households who benefitted from the intervention in 2016 as well as ensuring that the autonomous gas provision mechanism is adapted to their needs. In the camps, all new households will be supported with gas and outside camps, an additional 5,000 vulnerable households will be targeted.

In 2017, specific attention will be put on continuing to strengthen the capacities of the government and food security actors in terms of data collection, evaluation and analysis in order to continuously monitor the food security situation and improve the response.

1. OBJECTIVE: Provide coordinated food and agricultural assistance to save lives and protect livelihoods

INDICATOR: 199,950 people received unconditional food assistance

OUTPUT	TARGET & INDICATOR
Agricultural assistance provided to households in an emergency situation	26,086 households received agricultural support; 23,811 households received support for their livestock
Food assistance provided to persons in an emergency situation	199,950 people received unconditional cash assistance; 199,950 people received unconditional food assistance

2. OBJECTIVE: Strengthen the capacity of households to respond to and withstand shocks in areas affected by the crisis

INDICATOR: 5,000 households received gas stoves and accessories

OUTPUT	TARGET & INDICATOR
Conditional food assistance provided for the resilience of vulnerable households	270 households who had not adopted negative survival strategies assisted
Gas provided as domestic energy to increase resilience	5,000 households received gas stoves and accessories

3. OBJECTIVE: Strengthen the capacity of national structures to ensure monitoring and evaluation of activities and a gender-sensitive response and analysis

INDICATOR: 2 joint evaluations carried out using tools harmonised between the cluster and technical working group

OUTPUT	TARGET & INDICATOR
Capacities of state and non-state actors strengthened	2 joint evaluations carried out using tools harmonised between the cluster and technical working group

HEALTH & NUTRITION SECTOR



Current situation

There are 51 Integrated Health Centres (CSIs) in the Diffa region, four of which are temporarily closed and five are only operational during the daytime. Fifteen CSIs are staffed with just one health professional, and only six can rely on the presence of a qualified doctor. For a region with a population of over 700,000 people, including over 302,000 refugees, IDPs and returning Niger nationals, the primary health care facilities that are available, are inadequate.

While all operational CSIs offer an integrated nutrition programme, they do not have the capacity to respond to the increased needs. The Health and Nutrition Technical Working Group in Diffa estimates that only 42 per cent of the population in the region have access to health services. Due to the lack of services and qualified personnel, essential activities such as the promotion of mental health and the provision of psychological assistance are neglected, despite high needs, as many people among the population are suffering from conflict related trauma.

Along the Route Nationale 1, over 200,000 refugees, IDPs and returning Niger nationals are settled in over 50 spontaneous sites. A recent survey (REACH, September 2016) of 47 sites revealed that 20 per cent of these are situated more than 3 kilometres from the nearest health centre. In May and June 2016, the health centres in Yebi (Bosso) and Kabelawa were targeted by insurgents and looted. As a result of the insecurity, mobile and night-time health services are extremely limited.

Following an extensive polio vaccination campaign, Niger was removed from the WHO polio-endemic list for the first time in September 2016, however vigilant monitoring is still required. Vaccination coverage against

certain illnesses has improved, but still falls short of requirements. Major efforts are on-going to provide treated mosquito nets to all PoCs.

According to a rapid Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey carried out in September 2016 among the displaced populations, the prevalence rate of global acute malnutrition (GAM) was at 13.6 per cent, thus reaching the highest emergency threshold of 15 per cent. According to the Socioeconomic and Demographic Indicators (ENISED) survey in 2015, the rate of GAM stood at 17.1 per cent with 3 per cent SAM. Of an estimated 14,338 children from 0-59 months suffering from SAM in July 2016, only 7,740 had been admitted into therapeutic feeding programmes. Food insecurity, a lack of income, recurring epidemics, poor hygiene conditions and a lack of access to clean water contribute to the serious malnutrition and health situation in the region.

Prioritized sector needs

The key priority need which must be addressed by RRRP partners and the Government, is the lack of adequate human resources. Access to quality primary health care and referrals, including reproductive health and prevention of HIV for the most vulnerable populations in target zones, and the strengthening of national capacities in terms of coordination of health interventions must be prioritized.

Not only is there a serious lack of staffing, but many refugees, IDPs and returning Niger nationals are not using the health services available. Initiatives must be undertaken to raise awareness regarding their use. As the majority of the displaced population live in extremely vulnerable conditions without access to

SECTOR GAPS



42%
of people in the region have access to health services



15%
GAM emergency threshold nearly reached in the region

financial resources, free health care must be provided for all. Currently Niger provides free health care to all children aged 0 – 59 months and to pregnant and breastfeeding women. However, under the current circumstances, it is important that vulnerable populations are also be treated free of charge. The Health and Nutrition Working Group in Diffa, along with the Regional Directorate for Primary Health are currently working on a proposal with the Ministry of Health to offer free health care to all affected populations in the Diffa region for at least as long as the emergency phase persists.

Due to security constraints, mobile clinics can only operate on a limited basis. They lack adequate staffing and financial resources. Furthermore, health care facilities lack WASH in NUT kits (Water and Sanitation for Health minimum package including access to safe drinking water as well as sanitation and hygiene facilities integrated into nutrition programmes), Post-Exposure Prophylaxis (PEP) kits for survivors of SGBV, and resources for the provision of an adequate Integrated Management of Childhood Illnesses (IMCI) Programme. In addition, it is essential to provide energy for the maintenance of cold chains in the various CSIs. A measles vaccination campaign needs to be completed in 2017, and increased efforts must be made through sensitization and awareness-raising campaigns on basic hygiene rules to avoid a cholera outbreak.

More emphasis must be placed on the provision of services for SGBV survivors and awareness-raising on sexual and reproductive health for youth. With markedly increased prevalence rates of HIV in the region, these activities as well as assisted births and obstetric care, must be prioritised.

The rate of GAM in the region has nearly reached the emergency threshold of 15 per cent. It is therefore essential that steps are taken to prevent and respond to this situation. Urgent steps must be taken as a child suffering from SAM is nine times more likely to die than a healthy child of the same age. Community prevention and management of malnutrition mechanisms also need to be strengthened in order to play a central role in the response.

Sector response plan

In 2017, the main objective of RRRP partners in the health and nutrition sector is to reduce the rates of morbidity and mortality and to re-establish access for refugees, IDPs, returning Niger nationals and host community members to health centres. A total of 231,000 people in need will be targeted in 2017.

As regards specific nutrition activities, 59,000 PoCs will be targeted out of a total of 72, 455. The following specific groups will be assisted in the affected communities: 11,998 children under-5 suffering from SAM; 44,098 children from 6-59 months suffering from MAM; 14,618 pregnant or lactating women, and 1,741 children aged 0-23 months at risk of malnutrition, requiring nutritional supplements.

Prioritized nutrition activities for 2017 include the provision of treatment for SAM and MAM amongst children in order to save lives. Regular community-based screenings, and continued patient referrals will be carried out. Preventive nutritional supplements will be provided to young children, particularly in the areas with the highest concentration of vulnerable populations. Partners will engage in promoting a Infant and Young Child Feeding (IYCF) clinic and establish an emergency IYCF programme. Systematic deworming and the provision of Vitamin A supplements will be incorporated into the nutrition response. Evaluations and nutritional surveys will be carried out and regional coordination strengthened.

As regards health, key activities in 2017 include providing support to improve access to health-care for vulnerable PoCs, namely through mobile clinics and free health care, including for those who are chronically ill. A Minimum Initial Service Package for sexual and reproductive health in emergency situations including for HIV/AIDs, STIs and support for SGBV survivors will be made available. Vaccination campaigns will be organised against measles for children in displacement zones. Emergency health and trauma kits will be distributed and an early warning system for potential epidemics established. Support for mental health activities must be increased, through providing psychosocial support to affected persons.

In Sayam Forage refugee camp, and Kabelawa IDP camp, increased efforts will be made in 2017 to respond to needs of the increased populations. Partners plan to build a new Type 2 Integrated Health Centre in Sayam Forage camp, to cater for refugees as well as host community members, as the current temporary structure in place is inadequate. In Kabelawa IDP camp, the population has been using the services of the local CSI. However, with the massive population increase since the month of June, the CSI can no longer cater for all patients. In response, a new temporary health centre will be constructed within the camp. Both health centres will incorporate a nutrition programme. Preventive activities including sensitization campaigns, screenings and vaccinations will be carried out in both camps.

- 1. OBJECTIVE:** Improve access to and quality of primary health care and referrals, including reproductive health and HIV care for vulnerable populations in targeted areas

INDICATOR: 385,000 consultations carried out through mobile clinics

OUTPUT	TARGET & INDICATOR
Vaccination campaigns against measles carried out for children under 5	10,500 children under 5 vaccinated against measles
Access to primary health care improved through mobile health clinics in the region	385,000 consultations carried out through mobile clinics
Type II durable Integrated Health Centre (CSI) constructed in Sayam Forage refugee camp	1 health centre constructed

- 2. OBJECTIVE:** Ensure equitable access to quality nutritional support for acutely malnourished children

INDICATOR: 138 centres for nutritional recovery and education (CREN) had an adequate stock of nutritional supplements and medication

OUTPUT	TARGET & INDICATOR
Integrated nutritional programme in the Sayam Forage refugee camp health centre strengthened	100% of girls and boys aged 6-59 months suffering from malnutrition provided with nutritional inputs
Provision of therapeutic inputs in CREN and hospitals ensured	138 CREN had an adequate stock of nutritional supplements and medication

- 3. OBJECTIVE:** Prevent malnutrition in children under 5 and in pregnant and lactating women

INDICATOR: 5,400 mothers/child guardians benefited from Infant and Young Child Feeding (IYCF) programme activities and nutritional advice

OUTPUT	TARGET & INDICATOR
IYCF programme established with minimum activities and advisory service in place for maternal feeding	5,400 mothers/child guardians benefited from IYCF programme activities and nutritional advice
WASH in nutrition activities available in all nutritional rehabilitation centres	1,025 mother/child pairs received a WASH kit to use at home
Community early detection and reference system for children suffering from SAM operational	8,626 girls and boys aged 6-59 months screened for malnutrition in the community and health centres

SHELTER & NFI SECTOR



Current Situation

During 2016 partners in the Shelter/NFIs Technical Working Group in Diffa were able to step up their efforts, thanks to new findings, based on the results of two extensive and comprehensive needs assessments carried out in January and September². The Rapid Response Mechanism is now well established in the Diffa region, and enables the provision of emergency NFI assistance within 48 hours following new displacements. Despite these improvements and increased response capacity, shelter and NFIs needs are higher than ever as affected populations continued to move. It is estimated that up to 80 per cent of the displaced population in the Diffa region currently does not have access to adequate shelter or NFIs.

In the Sayam Forage and Kabelawa camps, and in more stable spontaneous sites on the Route Nationale 1, a few emergency shelters have been progressively replaced by transitional shelters. These are larger, more durable, more resistant to the extreme weather conditions and do not need to be replaced on a regular basis. Those beneficiaries who received transitional shelters have expressed high levels of satisfaction. Many of the transitional shelters are being constructed by refugee youth, who benefit in the process from learning new skills. All new arrivals to both camps receive a shelter upon registration and/or identification.

The Urbanization Programme that was established in 2014 by UNHCR to support the national and regional authorities, is assuring legal access

to land for refugees and returning Niger nationals. The Programme has benefitted vulnerable beneficiaries in seven communities. However demand remains high. Authorities are aware that harmonious urban development is key to maintaining peaceful coexistence. The support of a Niger law firm with expertise in land law has been a major asset for this project. Buy-in from the authorities has facilitated the process and the Ministry of Urbanism has provided particular exemptions to the Regional Directorate of Urbanism in Diffa to ensure the programme goes smoothly.

URBANISATION PROJECT

In Sub-Saharan Africa, access to land is a complex issue. Since 2014, the Urbanization Project has sought to address this challenge in the Diffa region by providing access to land to persons with specific needs on a legal basis and improving the local economy. The Project addresses land issues in a realistic, structural and sustainable manner to provide a durable solution for individuals in need of shelter. It reinforces host communities' housing and absorption capacities, while economically supporting targeted municipalities, ensuring peaceful coexistence between the displaced and their hosts.

RRRP partners provide technical, administrative, legal and financial support to the targeted municipalities, enabling them to develop land for new constructions. Training in urban planning is provided to optimize land use. Developed land is divided into 'parcels', which are either distributed to persons with specific needs from the host community or displaced populations, sold by the community

to increase local revenue, or set aside for the construction of public infrastructure and roads. Parcels allocated to beneficiaries are known as 'social parcels' and are a mix between social housing and land ownership. Beneficiaries may use the land for accommodation and build homes on it, but may not rent or sell it. If they decide to leave, the parcels become communal property, benefitting the local municipality.

The project is fully supported by local authorities with whom it is essential to work closely if results are to be sustainable. All elements of the project are monitored and overseen by committees created to address a specific target area in order to limit setbacks and overlap. These committees are comprised of representatives from regional technical services (water, urbanism, rural engineering), the town council as well as the prefect, a traditional representative and local landowners.

The aim of the project is not only to provide legal access to land for persons with specific needs but also to construct housing for beneficiary families. The construction phase will begin in 2017.

2. REACH, *Evaluation Rapide en Abris dans la Région de Diffa, Rapport d'Évaluations, Niger (Janvier 2016)*; REACH, *Evaluation Abris/BNA Diffa, Niger : Résultats Préliminaires – phase de validation (septembre 2016)*

Prioritized sector needs

Having lost their means for subsistence, refugees, IDPs and returning Niger nationals have witnessed a sharp reduction in their purchasing power. Their capacity to purchase NFIs and materials for the construction of shelters is now almost non-existent. At the end of 2016, almost 40 per cent of all refugees, IDPs and returning Niger nationals in the region were dependent on aid distributions for NFIs and shelter. It is estimated that there are approximately 280,959 individuals (40,137 households) in need of shelter and NFIs in the Diffa region.

According to a recent survey, obtaining materials for the construction or repair of shelters constitutes the second most important need for refugees, IDPs and returning Niger nationals after food. This need is particularly felt by populations that have most recently been affected by displacement such as in Toumour and Gueskerou in the east.

More than 65 per cent of affected populations outside the camps have not yet received an emergency shelter and less than 11 per cent of existing emergency shelters are in good condition. The Diffa region is subject to harsh climatic conditions including sand storms, extreme heat and severe flooding in certain areas during the rainy season. The region lacks natural shelters and shade, which accelerates the deterioration of emergency shelters. Providing durable transitional shelters is therefore key.

Uncontrolled occupation of agricultural land by displaced populations is proving to be a new source of tension in the region. In fact, certain villages have been completely absorbed by sprawling spontaneous sites, where the ratio of host to displaced (mainly IDPs) is sometimes as high as 1:700, thus increasing protection risks.

The main towns, such as Maine Soroa, Diffa, Toumour, Kabelawa and N'Guigmi were already hosting many refugees and returning Niger nationals who had arrived in 2014 and 2015. However, following recent population movements, suburban ghettos are developing in close proximity to these towns. With the constant risk of infiltration by Boko Haram elements amongst the displaced populations, the uncontrolled sprawl of these spontaneous sites close to towns and villages is an additional concern for local authorities.

For many Nigerian refugees, and particularly for returning Niger nationals, who had previously settled in Nigeria, but returned to Niger following the first waves of displacement in 2013 and 2014, return intentions to Nigeria are weak. According to a recent survey carried

out in September most expressed the desire to settle and remain in Niger. Therefore, local and regional authorities are prioritising urbanization activities to increase legal access to land for longer-term settlement while also seeking benefits for the local community. Beneficiaries who were granted access to land parcels are now in need of assistance for the construction of durable homes, in order to settle in a sustainable manner.

Sector response plan

In 2017, the Shelter / NFI Cluster at Niamey level and Technical Working Group in Diffa intend to target 25,688 households or 179,815 individuals with shelter and NFI assistance.

The key objective is to provide a rapid, concerted and coordinated response to the most vulnerable persons. The Government and national authorities will be supported, and improving the resilience of the population will be prioritised throughout. Emergency, transitional and longer terms solutions will be included in the overall response strategy.

During 2017, further needs assessments will be carried out, and results will be shared widely. Profiling as well as targeting of the most vulnerable will be enhanced and strengthened. As the economy has been severely damaged, efforts to enhance resilience must be prioritised. Partners plan to move towards additional cash based initiatives (CBIs) within the shelter and NFI response, enabling affected populations to have more autonomy and to live in dignity. In addition, the overall costs of the intervention will be reduced. In Sayam Forage refugee camp and Kabelawa IDP camp, a cash-voucher system will be put into place for the sale of NFIs and shelter materials, security conditions permitting.

Emergency capacity and stock will be maintained to respond to sudden crises, particularly in the 48 hours following population movements, when needs are most critical. However, actions will also be taken to find sustainable long-term solutions. It is expected that in 2017, 20 per cent of those in need will be provided with transitional shelters. This exercise will be prioritised in Sayam Forage refugee camp and in Kabelawa IDP camp, and in more stable spontaneous sites in the region. The programme will also have a positive effect on the environment, as wood will not be required to repair damaged shelters. Furthermore, as only 11 per cent of emergency shelters were found to be in 'good condition', increased efforts will be made to repair and strengthen existing structures.

To provide durable solutions, the Urbanization project, will be scaled up to reach five more communities in 2017. The second phase of the project is also planned to take place, and involves the construction of houses for beneficiaries who have received land parcels. Local host

populations and the displaced community will participate in this phase. The project is strongly supported by national and regional authorities in Diffa, as it contributes to strengthening the local economy.

- 1. OBJECTIVE:** Work in a coordinated manner to provide all vulnerable beneficiary households with NFI kits, necessary for their protection

INDICATOR: 21,817 kits distributed to households affected by the conflict

OUTPUT	TARGET & INDICATOR
NFI kits provided	21,817 kits distributed to households affected by the conflict
Rapid evaluations carried out	36 evaluations carried out 72 hours following alert

- 2. OBJECTIVE:** Work in a coordinated manner to provide all vulnerable households with adequate shelter, necessary for their protection and dignity

INDICATOR: 13,475 emergency shelters constructed

OUTPUT	TARGET & INDICATOR
Emergency shelter kits and construction assistance provided	13,475 emergency shelters constructed
Transitional shelters and construction assistance provided	2,627 transitional shelters constructed
Transitional shelters provided in Sayam Forage Refugee camp	1,000 transitional shelters constructed
Durable shelters provided to vulnerable refugees and returnees	1,500 durable shelters provided as part of the Urbanization Project

- 3. OBJECTIVE:** Improve the quality of assistance through the use of cash/vouchers for the purchase of NFIs

INDICATOR: 1,751 households benefited from cash-based assistance

OUTPUT	TARGET & INDICATOR
Cash-based assistance for NFIs provided	1,751 households benefited from cash-based assistance

WATER, SANITATION & HYGIENE SECTOR



Current situation

Access to water has always been challenging, as the Diffa region is resource poor. According to the Ministry of Hydraulics and Sanitation (MHA)³, water is available across 61 per cent of the territory but only 48 per cent of the population have access. Therefore, less than 1 in every 2 people residing in the Diffa region have access to drinking water. Added to this is the pressure placed on existing water points and water provision systems by the growing population. And even if people have access to drinking water in a locality they must often pay for the commodity. The latter is a limiting factor for the most vulnerable families who often have no other choice than to drink from water holes and water points for animals, exposing themselves to a much higher risk of contamination.

The quality of the water at various water provision systems is not monitored in a regular manner. Additionally, up to 9,5 per cent of water points are broken. In the spontaneous sites for the displaced, the percentage of non-functional water points was as high as 30 per cent according to a survey done in June 2016 (REACH, June 2016). Despite the challenges, the WASH Cluster response enabled 125,787 refugees, IDPs and returning Niger nationals in the region to benefit from improved access to drinking water in the first six months of 2016. However, the needs remain high. Besides financial needs, the weakness of the private sector for the construction of adequate water infrastructure in the Diffa region remains a major challenge.

According to the data of the Survey on Living Conditions of Households and Agriculture / INS / 2012, prior to the conflict just 3,21 per cent of the population used toilets. Field observations as well as household surveys carried

out by various NGOs confirm this estimation and show that the rate of those with access to a clean toilet is rather weak. According to a multisector evaluation in Diffa in 2015, 70 per cent of persons still defecate in open spaces. The number of public toilets is insufficient to guarantee a maximum of 50 persons per toilet, in line with SPHERE standards.

No data exists regarding hygiene practices and behaviour in the region. According to a recent field survey in the spontaneous sites (REACH, June 2016), 46 per cent of the population wash their hands at least twice per day, and 68 per cent use soap. However, WASH actors believe the actual figures to be much lower.

Prioritized sector needs

In the Diffa region there are 330,208 persons in need of humanitarian support in the WASH sector, out of which 325,584 will be targeted in 2017. The majority of PoCs are in need of coverage for the full minimum WASH package, namely provision of safe drinking water, sanitation and hygiene. All population groups, including IDPs, refugees, returning Niger nationals and host community members are included in this figure.

WASH support for children with SAM in Intensive Nutrition Recuperation Centres for Severe Malnutrition (CRENI), and Out-patient Nutrition Recuperation Centres for Severe Malnutrition (CRENAS) has been identified as another priority. The patients must be provided with a minimum WASH package, and supported, even after they are discharged from the centres. The availability of drinking water, sanitation and hygiene in all CRENI and CRENAS must be adequate, functional, well-equipped and maintained.

Urgent humanitarian support in terms of WASH must also be provided to populations in Diffa areas affected by flooding, whereby access to drinking water and/or sanitation is critically disrupted. Attention needs to be paid to people in risk of being affected by cholera. The increasing levels of population movements in the region, including cross border movements from cholera prone areas in Nigeria, raise the possibility of a cholera outbreak in Diffa. WASH actors must play a central role

ACHIEVEMENT AND WAY FORWARD



Litres/Person/Day

2016

13

2017

20

3. World Bank, WSP, MHA "Strengthening Water Supply and Sanitation Planning and Monitoring Systems in Niger" May 2015

in terms of sensitization, rapid intervention and of a targeted action plan in case of cholera-related deaths.

Sayam Forage and Kabelawa camps suffer from increased pressure on the existing WASH infrastructure, including water provision systems, after the population increased substantially following the attacks by Boko Haram in May and June. Major efforts will be required in 2017 to respond to the needs of the populations in the two camps, and to provide WASH services in line with SPHERE standards.

Three years after the beginning of the crisis, long-term durable infrastructure is essential to respond not only to the needs of the newly displaced, but also to the rising needs of the vulnerable host population.

Sector response plan

Partners in the WASH Cluster and Technical Working Group will target a total of 325,584 persons in the Diffa region, including refugees, IDPs, returning Niger nationals and the host population. The key elements of the response will include the provision of drinking water either through emergency temporary measures, or through longer-term durable solutions, depending on the site and the context. Temporary emergency measures include water trucking and emergency boreholes, while longer term interventions include the rehabilitation of existing water provision systems, drilling of sustainable boreholes, establishment of mini-AEPs (water provision systems) and the construction of water points.

Emergency sanitation measures will be improved, whilst sensitization regarding good hygiene practices will be increased. The WASH interventions will also include the distribution of family hygiene kits and kits for specific groups of targeted at risk individuals, including persons with specific needs.

Specific targeted support will be provided to structures supporting children with SAM, including Intensive Nutrition Recuperation Centres for Severe Malnutrition (CRENI) and Out-patient Nutrition Recuperation Centres for Severe Malnutrition (CRENAS). This will be carried out in the communities and departments with the highest rates of SAM. Support in provision of drinking water, improved sanitation and training regarding minimum hygiene practices will be enhanced. The activities will

also include the provision of specific hygiene kits for children suffering from SAM when they are discharged. These activities will target approximately 7,294 children in Diffa, Maine *Soroa* and N'Guigmi.

Concerning the prevention of cholera, preparatory WASH activities will be carried out primarily in the spontaneous sites and amongst the host population in close proximity to the sites, where an estimated 178,565 people are at risk. WASH actors will also contribute to support an emergency front line intervention in case of a cholera epidemic, in close collaboration with state actors.

For people living in Diffa regions affected by flooding, WASH interventions will primarily focus on the temporary provision of drinking water for a limited amount of time, and on sensitizing vulnerable persons in regards to basic hygiene practices. These activities and interventions will be carried out in a coordinated manner relying on existing structures and mechanisms put in place by actors operating in the region (Humanitarian Coordination Cell, civil protection, Food Crisis Cell, etc.) and only in those areas or in situations where the authorities do not have the capacity to provide an adequate response.

In Sayam Forage and Kabelawa camps, efforts will continue to provide adequate levels of drinking water in adherence with SPHERE standards. With growing populations in both camps, the establishment of sustainable water provision systems is essential. In order to maintain peaceful coexistence with local communities, systems should incorporate response to the needs of the local population. In line with the increasing populations in the two camps, adequate hygiene and sanitation facilities, including latrines and showers will be provided. The health centre in Kabelawa IDP camp will be enabled to respond to the nutritional and WASH needs of the IDP population, while plans are underway to begin the construction of a Type 2 Integrated Health Centre in Sayam Forage camp, which will include an integrated nutrition and WASH programme.

All WASH interventions will be integrated into the various development strategies for the region. They will contribute to increase the resilience of vulnerable populations, to disaster risk reduction and they will strengthen communities and actors in national and local institutions.

- 1. OBJECTIVE:** Contribute to ensuring that all PoCs have access to a minimum amount of clean drinking water, a clean area for defecation and a protected and suitable place to wash their hands at least three times a day

INDICATOR: 318,289 people had access to at least 15L (outside the camps) and 20L (in Sayam Forage refugee camp) of water per person per day

OUTPUT	TARGET & INDICATOR
Durable long-term drinking water provision systems established/maintained	318,289 people with access to at least 15 litres of water per day
Information and sensitization provided to PoCs on the use of long-term, improved, protected and adapted sanitation facilities	318,289 people using a semi-durable or durable sanitation facility that had been improved, protected and adapted
Good hygiene practices promoted through mass or group sensitization and awareness-raising sessions	5 mass/group sensitization and information sessions on good hygiene practices organized
Durable long-term drinking water provision systems established/maintained in Sayam Forage refugee camp	7,000 people with access to at least 20 litres/person/day
Permanent and semi-permanent sanitation facilities established and/or improved in Sayam Forage refugee camp	350 sanitation facilities improved/established

- 2. OBJECTIVE:** Contribute to the preparation of response and the rapid and effective response to epidemics in collaboration with the authorities to save the lives of those affected, through appropriate interventions and targets

INDICATOR: 287 people trained in epidemics/cholera response

OUTPUT	TARGET & INDICATOR
Family hygiene kits distributed	45,103 family hygiene kits distributed
Temporary emergency drinking water provision mechanisms/measures established	318,289 persons with access to at least 7.5 litres/person/day in emergency situation
Temporary emergency sanitation facilities established	66 temporary sanitation installations improved (drop holes)
Staff from NGOs, government, public works and services, trained on hygiene practices in case of epidemic or cholera outbreak	287 people trained in epidemics/cholera response

- 3. OBJECTIVE:** Contribute to the systematic collection, analysis and sharing of suitable WASH information including spatial and cartographic information, for effective intra and intersectoral coordination, including with the government and development actors

INDICATOR: 80% of WASH actors provided monthly updates to local WASH authorities and the WASH cluster

OUTPUT	TARGET & INDICATOR
WASH database on water and sanitation infrastructure updated by all WASH actors on a monthly basis	80% of WASH actors provided monthly updates to local WASH authorities and the WASH cluster

Financial requirements

BY AGENCY & SECTOR

ORGANIZATION	PROTECTION	EDUCATION	FOOD SECURITY & LIVELIHOODS	HEALTH & NUTRITION	SHELTER & NFI	WASH	INTER-AGENCY COORDINATION
ACF			5,000,000	3,092,072		1,100,000	
ACTED						1,400,000	
ADRA			268,773				
Care International	992,651					300,000	
Concern Worldwide		140,937	1,023,000			400,000	
COOPI				345,895			
FAO			1,793,000				
GOAL Global				379,392	230,491		
HELP/ Welthungerhilfe						300,000	
HKI				1,106,326			
IAS						550,000	
IEDA Relief						1,050,000	
IOM					4,854,683		
IRC		820,800	450,000		326,226	700,000	
LRC					569,181		
OCHA							1,000,000
OXFAM	600,000						
Plan International	1,636,092	859,840					
QRC						500,000	
Samaritan,s Purse			5,110,689				
Save the Children	895,000	600,000	3,046,000	2,000,000		300,000	
UN Women	2,700,000						
UNFPA	1,093,970			1,500,810			
UNHCR	15,562,933	2,340,075	10,610,850	2,867,333	10,756,005	6,394,812	
UNICEF	2,307,060	1,983,819		1,214,565	2,802,000	4,300,000	
WFP		908,485	33,815,206	3,230,794			
WHO				940,423			
World Vision International	773,000	625,000	2,599,500	525,000		700,000	
GRAND TOTAL	26,560,706	8,278,956	63,717,018	17,202,610	19,538,586	17,994,812	1,000,000

BY AGENCY

ORGANIZATION	TOTAL
ACF	9,192,072
ACTED	1,400,000
ADRA	268,773
Care International	1,292,651
Concern Worldwide	1,563,937
COOPI	345,895
FAO	1,793,000
GOAL Global	609,883
HELP/Welthungerhilfe	300,000
HKI	1,106,326
IAS	550,000
IEDA Relief	1,050,000
IOM	4,854,683
IRC	2,297,026
LRC	569,181
OCHA	1,000,000
OXFAM	600,000
Plan International	2,495,932
QRC	500,000
Samaritan's Purse	5,110,689
Save the Children	6,841,000
UN Women	2,700,000
UNFPA	2,594,780
UNHCR	48,532,008
UNICEF	12,607,444
WFP	37,954,485
WHO	940,423
World Vision International	5,222,500
Grand Total	154,292,688

ANNEX

ANNEX I

Regional Protection Dialogue on the Lake Chad Basin Abuja Action Statement

We, the Governments of Nigeria, Cameroon, Chad and Niger, with the support of technical and financial partners gathered in Abuja, Nigeria, on 6 to 8 June 2016 within the framework of the Regional Protection Dialogue on the Lake Chad Basin, hosted by the Federal Government of Nigeria, with the technical facilitation of the United Nations High Commissioner for Refugees (UNHCR) to discuss the most urgent protection risks in the Lake Chad Basin resulting from the conflict-induced crisis;

Agree on comprehensive actions to enhance protection and respond to the most urgent needs of refugees, internally displaced persons (IDPs) and other affected populations;

Note that the Boko Haram insurgency and its spill over into neighbouring Cameroon, Chad and Niger have caused the displacement of over 2.7 million people in the region, of whom 2.1 million are internally displaced in Nigeria, while some 155,000 Nigerian refugees have sought asylum in Cameroon, Chad and Niger. The refugee-hosting countries also have sizeable IDP populations (Cameroon: 200,000; Chad: 110,000; and Niger: 127,208);

Reaffirm the validity of the principles and standards of the 1951 Convention relating to the Status of Refugees and its 1967 Protocol as well as the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa ("OAU Refugee Convention"), in particular the principle of non-refoulement; the 2009 African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa ("Kampala Convention"), especially the prohibition of forced displacement and the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness ("1954 and 1961 Conventions on Statelessness");

Recognize that while military operations have led to significant advances in the fight against Boko Haram and have brought back a number of areas in north-eastern Nigeria under Government control, conditions in much of the north-east are not yet conducive for the return of Nigerian refugees and IDPs, due to continuing insecurity and the absence of basic services which pose acute humanitarian and protection risks for the affected populations, particularly in Borno state;

Further note that alongside persistent threats from Boko Haram, the presence of mines and unexploded improvised devices, climatic change as well as the drying up of Lake Chad, which exacerbate pre-existing vulnerabilities, further poses protection risks for the affected populations in the border regions of Cameroon, Chad and Niger, where Boko Haram attacks on civilians also continue or have intensified in some instances;

Recognize the legitimate national security concerns of the States and the need to ensure an appropriate balance between security and human rights, the obligation to protect IDPs and refugees, and the right to seek and enjoy asylum;

Stress the importance of maintaining the civilian and humanitarian character of refugee and IDP-hosting areas as an important protection standard with broad implications on other protection issues such as physical security, the prevention of sexual and gender-based violence (SGBV), prevention of child recruitment as well as access to assistance;

Note that the crisis has seriously impacted the most vulnerable civilians, including refugees, IDPs and host communities, particularly women and children at risk, older persons and persons with disabilities or serious medical conditions; that violence against women and children, including SGBV, is widespread, that many persons have suffered the trauma of violent experiences and that there is a significant rise in the number of child and female-headed households;

Welcome the progress made in the region in identifying, preventing and reducing statelessness, including the signing of the 2015 Abidjan Declaration of Ministers of ECOWAS Member States on Eradication of Statelessness by

Nigeria and Niger, while recognizing that there are still important challenges, in particular the high number of persons in the region who lack documentation and have difficulties proving their nationality and therefore remain at risk of statelessness.

In view of the foregoing:

In the area of forced displacement and freedom of movement in conflict, we agree to:

1. Take concrete steps, including continuous monitoring, to ensure that security measures such as restrictions on freedom of movement in the context of state of emergency and evacuations comply with international standards, and are temporary and exceptional in nature.
2. Strengthen collaboration between government actors, humanitarian organisations, and other relevant stakeholders to ensure the voluntariness of return and the freedom of movement of displaced persons as well as their physical security.
3. Develop and implement practical measures to ensure an appropriate balance between security and respect for the right to seek and enjoy asylum, including respect for the principle of non-refoulement, protection of IDPs and related human rights.
4. Promote knowledge and training among all stakeholders, including government actors, such as security forces, international organizations and civil society, of the limits and safeguards of refugee and IDP protection, as outlined in international and regional legal instruments such as the 1951 Refugee Convention, the 1969 OAU Convention, and the Kampala Convention.
5. Enhance regional coordination and exchange of best practices through greater engagement by States and humanitarian actors with regional institutions such as the Multinational Joint Task Force (MNJTF), the Lake Chad Basin Commission, the Economic Community of West African States (ECOWAS), and Economic Community of Central African States (ECCAS).
6. Commit to prioritize the ratification, domestication and implementation of international conventions, including the Kampala Convention.

In the area of civil-military coordination and the civilian character of refugee and IDP hosting areas, we agree to:

7. Develop a capacity building program (training) for security forces and the MNJTF on key international humanitarian standards, international protection and human rights, civilian and humanitarian character of refugee and IDP sites, and sensitize humanitarian and military actors on civil-military coordination to protect and promote humanitarian principles.
8. Enhance civil-military coordination to ensure an appropriate distinction between the roles of humanitarian actors and security forces as well as to enable humanitarian actors to reach people in need of assistance in difficult to reach areas.
9. Enhance screening and other security measures to maintain the civilian and humanitarian character of refugee and IDP sites, ensuring that these are conducted in a dignified manner and are gender and age-sensitive. Encourage at the same time greater information-sharing, while ensuring the protection of informants, IDPs, refugees, humanitarian actors, etc.
10. Strengthen access to justice, support the development of legal frameworks, provide legal assistance and encourage communities to use traditional conflict resolution mechanisms, where applicable and provided these are not in violation of national law.

In the area of persons with specific protection risks, we agree to:

11. Strengthen the identification of persons with specific needs, such as women and children at risk, through multi-sectoral needs assessments, improved registration and profiling, while ensuring data protection.
12. Improve multi-sectoral referral and response mechanisms in order to ensure better access to basic services.

13. Pay particular attention to the needs of children at risk, including unaccompanied and separated children and children at risk of exposure to SGBV, child recruitment, forced marriage, exploitation and abuse; and ensure referral to appropriate services, such as psychosocial support and post-traumatic services.
14. Ensure an increased involvement of local communities and community-based organizations in the provision of support and services to most vulnerable groups, including older persons, the chronically ill, persons with disabilities and youth, through improved protection coordination and a greater involvement of the affected populations.
15. Commit to promulgate national legislation aimed at protecting and increasing the involvement and engagement of affected populations through advocacy and awareness campaigns.

In the area of comprehensive solutions approach, we agree to:

16. Support the processes aimed at achieving all durable solutions [local integration, voluntary return, and relocation for IDPs and resettlement to a third country for refugees], including by enhancing access to basic services, livelihood opportunities, and financial services; promoting peaceful co-existence among refugee, IDP and host communities; and encouraging environmentally friendly measures.
17. Ensure that refugee and IDP returns are voluntary, in safety and dignity, and based on well-informed decisions, once conditions are conducive, and that facilitated returns of refugees are within the framework of a tripartite agreement, and respect the principle of non-refoulement.
18. Establish the nexus between humanitarian response and development to support durable solutions such as local integration and reintegration, through joint and coordinated planning between humanitarian and development actors to ensure the inclusion of refugees, IDPs and returnees in development planning.
19. Guarantee the centrality of protection by ensuring the participation of affected persons in the planning and implementation of solutions, taking into account age, gender and diversity, and paying particular attention to persons with specific needs.

In the area of right to nationality and documentation, we agree to:

20. Conduct awareness campaigns on the importance of civil registration and relevant procedures, through the use of local media and the involvement of traditional and religious leaders.
21. Simplify birth registration and civil documentation procedures; organize and equip mobile registration centers and create more registration centers especially in remote areas; integrate birth registration in other sectors, such as education and health; and reduce the cost of birth registration and documentation.
22. Ensure national laws and policies comply with existing relevant international and regional standards, for example as defined in the 1954 and 1961 Conventions on Statelessness, the African Charter on the Rights and Welfare of the Child, and to support the adoption of a Protocol to the African Charter on Human and Peoples' Rights on the right to nationality and eradication of statelessness.
23. Create a forum for consultation and sharing of best practices between States on issues of civil documentation and the risk of statelessness in the Lake Chad Basin.

Follow-up mechanism

To ensure follow-up of the above outlined actions, we further agree to:

24. Establish a plan of action at national level within 6 months of the adoption of the Action Statement, and review progress in implementation at national level at regular periods of no more than 6 months, and at regional level after 12 months.

Done in Abuja, Nigeria, on 8 June 2016

ANNEX II

List of acronyms

ACF	Action Contre la Faim	INTERSOS	INTERSOS Organizzazione Umanitaria
ACTED	Agency for Technical Cooperation and Development	IOM	International Organization for Migration
ADRA	Adventist Development and Relief Agency	IRC	International Rescue Committee
AGDM	Age, Gender and Diversity Mainstreaming	IYCF	Infant and Young Child Feeding
ALVF	Association de Lutte contre les Violences faites aux Femmes	JAM	Joint Assessment Mission
ANDHH	Association Nigérienne pour la Défense des Droits de l'Homme	KAP	Knowledge, Attitudes and Practices
ASOL	Afrique Solidarité Suisse	LRC	Luxembourg Red Cross
BSFP	Blanket Supplementary Feeding Programme	MAM	Moderate Acute Malnutrition
CAPR/EN	Centre d'Approvisionnement Pharmaceutique Régional Extrême Nord	MHA	Ministère de l'Hydraulique et de l'Assainissement
CBI	Cash-based initiative	MHPSS	Mental Health and Psychosocial Support
CCH	Cellule de Coordination Humanitaire	MINEDUB	Ministère de l'Éducation de Base
CCIO	Comité de Coordination Inter-Organisations	MINESEC	Ministère des Enseignements Secondaires
CENAME	Centrale Nationale d'Approvisionnement en Médicaments Essentiels	MINSANTE	Ministère de la Santé Publique
CFS	Child Friendly Space	MNJTF	Multi-National Joint Task Force
CNARR	Commission Nationale pour l'Accueil et la Réinsertion des Réfugiés et des Rapatriés	MoPH	Ministry of Public Health
COOPI	Cooperazione Internazionale	MUAC	Mid-upper arm circumference
CREN//AS	Centre de récupération nutritionnelle/intensive/ambulatoire pour sévères	NFI	Non-food item
CRS	Catholic Relief Services	PDM	Post Distribution Monitoring
CSI	Centre de santé intégré	PEP	Post-exposure prophylaxis
DREP	Direction Régionale de l'Enseignement Primaire	PoC	Person of concern
DTM	Displacement Tracking Matrix	PU-AMI	Première Urgence-Aide Médicale Internationale
ECD	Early Childhood Development	PWSN	Persons with specific needs
EFSA	Emergency Food Security Assessment	QRC	Qatar Red Crescent
EmONC	Emergency Obstetric and Neonatal Care	SAM	Severe acute malnutrition
ENISED	Etude Nationale d'Évaluation d'Indicateurs Socio-Economiques et Démographiques	SdA	Solidarités d'Afrique
FAO	Food and Agriculture Organisation	SENS	Standardised Expanded. Nutrition Survey
FBM	Food Basket Monitoring	SGBV	Sexual and gender-based violence
FDS	Forces de Défense et de Sécurité	SMART	Standardized Monitoring and Assessment of Relief and Transitions
GAM	Global Acute Malnutrition	SODELAC	Société de Développement du Lac
HCT	Humanitarian Country Team	STI	Sexually Transmitted Infection
HKI	Hellen Keller International	UAM	Unaccompanied Minor
HRP	Humanitarian Response Plan	UASC	Unaccompanied and Separated Child
IAS	International Aid Services	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
IDP	Internally Displaced Person	UNDAF	United Nations Development Assistance Framework
IEC	Information, education and communication	UNFPA	United Nations Population Fund
IED	Improvised Explosive Device	UNHCR	United Nations High Commissioner for Refugees
IGA	Income Generating Activity	UNICEF	United Nations Children's Fund
IMAM	Integrated management of moderate acute malnutrition	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
IMC	International Medical Corps	UXO	Unexploded Ordnance
		WASH	Water, Sanitation and Hygiene
		WFP	World Food Programme
		WHO	World Health Organisation

WORKING TOGETHER

