Health actors, including U.S. Government (USG) partners, continue to scale up health and water, sanitation, and hygiene (WASH) activities in response to the cholera outbreak in northeastern Nigeria’s Borno State. Between mid-August and September 13, health authorities recorded more than 1,900 suspected and confirmed cases, including 44 associated deaths, in Borno’s capital city of Maiduguri and Dikwa and Monguno local government areas (LGAs), according to the Borno State Ministry of Health (SMoH).

Despite favorable expectations for agroclimatic conditions in the Lake Chad Basin, the USAID-funded Famine Early Warning Systems Network (FEWS NET) predicts that populations will continue to experience acute food insecurity through the remainder of the lean season due to conflict, with the persistent risk of Famine—IPC 5—levels of acute food insecurity in inaccessible areas of northeastern Nigeria.4 In response, relief actors are providing food and relief assistance in northeastern Nigeria’s Adamawa, Borno, and Yobe states, reaching more than 3.2 million people in July.

Members of the U.S. Congress discussed deteriorating security conditions and other operational impediments to humanitarian activities in northeastern Nigeria during a late August visit to the country, which included meetings with USG and humanitarian leadership and a visit to a humanitarian hub and an internally displaced person (IDP) camp in Maiduguri.

The number of IDPs located in Adamawa, Borno, and Yobe slightly decreased by 4 percent in August compared to the number of IDPs identified in June, according to the International Organization for Migration (IOM).

1 USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)
2 USAID’s Office of Food for Peace (USAID/FFP)
3 U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)
4 The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC I—to Famine—IPC 5.
NIGERIA

- Since Borno SMoH authorities confirmed the state’s first cholera cases of 2017 in mid-August, local officials continue to report increased cholera transmission, with more than 1,900 suspected and confirmed cases of cholera and 44 related deaths as of September 13, according to the SMoH. The current case fatality rate of nearly 2.3 percent exceeds the UN World Health Organization (WHO) emergency threshold of 1 percent, likely due to delayed identification of cases, as well as some patients’ limited ability to access treatment facilities, according to WHO.

- WHO estimates that nearly 60 percent of cholera cases reported to date have originated in Maiduguri’s Muna Corridor, including Muna Garage IDP camp and several other camps. To date in the cholera outbreak, SMoH officials have recorded approximately 1,100 cases in Muna, 560 cases in Dikwa, and 250 cases in Monguno. A recent WHO rapid assessment found a high risk of increased cholera transmission in Maiduguri due to weak infrastructure hindering the availability of WASH services and significant congestion at ports delaying the delivery of WASH supplies.

- The UN Office for the Coordination of Humanitarian Affairs (OCHA) reports that approximately 20,000 IDPs reside in Muna Garage IDP camp and cautions that cholera can spread quickly in heavily populated areas with limited access to safe drinking water and poor hygiene and nutrition conditions. The UN agency also notes that women and girls in Borno face an elevated risk of contracting cholera, as females typically care for ill household members, clean latrines, and retrieve untreated water.

- National and international relief organizations continue to scale up health, social mobilization, and WASH interventions to meet the needs of affected and at-risk communities and reduce the spread of the disease. Nigeria’s local and national ministry authorities are coordinating efforts to ensure Borno authorities have adequate resources to lead the response.

- USAID/OFDA partners are expanding health and WASH activities in Borno in response to the ongoing cholera outbreak. In recent days, USAID/OFDA partners opened an 80-bed cholera treatment center (CTC) at Dikwa General Hospital, established oral rehydration points (ORPs) at IDP camps in Dikwa and Maiduguri, and provided 600 units of intravenous fluids to Maiduguri’s Dala CTC. A USAID/OFDA non-governmental organization (NGO) partner conducted a health campaign to educate households on how to prevent and treat cholera, reaching approximately 3,600 individuals in Maiduguri with health messages. USG partner the UN Children’s Fund (UNICEF) activated 30 volunteer community mobilizers to disseminate key cholera messages throughout the Muna Garage IDP camp in early September, and is chlorinating six motorized boreholes in the IDP camp and nearly 30 additional water points in the Muna Corridor.

- In Dikwa’s Agric and Bulabulin IDP camps, USAID/OFDA partners recently assisted with repairing and sanitizing at least 250 latrines, distributing 240 sachets of water purification tablets, and training nearly 50 hygiene promoters. In addition, a USAID/OFDA partner is conducting bucket chlorination at a main water-fetching point in Bulabulin, and reached more than 150 households with hygiene promotion messaging; disinfected more than 40 shelters; and sanitized nearly 50 latrine and shower blocks in Agric and Bulabulin in early September.

- Security conditions continue to deteriorate in Borno, particularly in Konduga LGA and camps, highways, and towns near Maiduguri. Boko Haram militants attacked a displacement camp in Borno’s Ngala LGA on September 9, resulting in at least seven civilian deaths, international media report. In addition, a September 1 Boko Haram attack on an IDP camp in Borno’s Banki town resulted in at least 11 Nigerian refugee returnee deaths, the European Commission’s Directorate-General for Humanitarian Aid and Civil Protection (ECHO) reports. The incidents are the latest in a series of recent attacks deliberately targeting displacement sites in northeastern Nigeria, according to ECHO. An Office of the UN High Commissioner for Refugees (UNHCR) team conducted an assessment of humanitarian needs in Banki on September 2 and distributed 500 bags of charcoal to vulnerable IDPs and refugee returnees to mitigate protections risks associated with collecting firewood.

- After Government of Nigeria (GoN) authorities reopened the highway between Maiduguri and Konduga’s Gubio town—part of a major transit route between Chad, Niger, and Nigeria—in December 2016. Armed militants have increasingly targeted motorists traveling without military escorts along the highway, resulting in at least two deaths and four injuries in late August, in addition to numerous abductions and looted materials, according to international media. The highway was previously closed for two years due to frequent armed group attacks.

- During the week of August 28, U.S. Senators Michael Bennet, Christopher Coons, and Gary Peters, as well as U.S. Representatives Lisa Blunt Rochester, Charlie Dent, Barbara Lee, Terri Sewell, and Frederica Wilson traveled to Nigeria to meet with leadership at the U.S. Embassy in Abuja and gain insights into the ongoing humanitarian crisis in the
country. On August 29, Senators Bennet, Coons, and Peters, and Representatives Blunt Rochester, Lee, and Sewell, accompanied by a member of the USAID Disaster Assistance Response Team (DART) and U.S. Embassy staff, visited the Red Roof humanitarian hub and Kawar Mala IDP camp in Maiduguri. While at the sites, the group met with humanitarian actors and observed USAID/OFDA-funded interventions, including a health clinic and a child-friendly space. On the same day, Representatives Dent and Wilson participated in a humanitarian roundtable discussion in Abuja, where international NGO and UN agency leadership stressed the importance of continuing international support for urgent response activities and long-term, political solutions to the crisis.

- Despite projected average to above-average yields for upcoming harvests in most areas of Nigeria, conflict and insecurity in the northeast continue to limit agricultural production and food availability, resulting in the persistent risk of Famine—IPC 5—levels of acute food insecurity in inaccessible areas, according to FEWS NET. Most areas of Borno, as well as conflict-affected areas of Adamawa and Yobe states, will continue to experience Emergency—IPC 4—levels of acute food insecurity until at least January 2018, FEWS NET projects.

- In response to persistent food insecurity, humanitarian actors continue to provide food and other humanitarian assistance in Adamawa, Borno, and Yobe, reaching more than 3.2 million people with some form of food or relief commodities in July. USAID/PP partner the UN World Food Program (WFP) and its partners dispatched 11,500 metric tons of food commodities, reaching an estimated 973,000 people in northeastern Nigeria with food assistance in August, including nutrition support for approximately 119,000 children ages 6–23 months and 9,000 pregnant and lactating women. However, insecurity and access constraints prevented WFP from providing assistance to nearly 400,000 people in need in Borno’s Dikwa, Gubio, Gwoza, Jere, Kala Balge, Kukawa, Mobar, Monguno, and Ngala LGAs. In recent weeks, WFP lifted a food distribution suspension in Maiduguri’s Gubio IDP camp, which the UN agency enacted in late August after unidentified actors damaged NGO vehicles at the site during a protest over planned changes in the food commodities distributed to IDPs, UNHCR reports. In addition, a USAID/FP partner provided in-kind food assistance to approximately 105,000 people in Borno, including IDPs and host community members, in August. The partner also reached nearly 70,000 people with cash-based transfers for the purchase of food in areas with functioning markets—improving households’ access to food and stimulating local economic recovery.

- In early September, GoN and USAID partner the UN Food and Agriculture Organization (FAO) signed a technical cooperation project agreement as part of an enhanced joint effort to manage the spread of fall armyworm (FAW)—an invasive and destructive crop pest—across Nigeria, FAO reports. The project aims to improve national capacities for FAW surveillance, management, and monitoring in affected areas; disseminate educational messages on the pest; and restore productive capacity and enhance livelihoods in the worst-affected households.

- GoN authorities emphasized the need to build capacity of countries in West Africa for effective control of the pest, citing the significant economic effect of FAW on maize crops, as well as rice, sorghum, vegetable, and wheat crops. FAO cautioned government and relief actors on the agricultural, environmental, and public health hazards of excessive use of pesticides, noting that an increase in demand for pesticide application to protect crops from FAW could lead to increased pesticide exposure for humans, livestock, and other organisms. As of September 7, FAO had reached nearly 1.1 million people in 2017 with livelihoods assistance, including fertilizer and seeds with complementary integrated pest management training, in Adamawa, Borno, and Yobe.

- Between July and August, GoN Federal Ministry of Health (FMoH) authorities, in coordination with UNICEF, conducted round three of its food security and nutrition surveillance exercise. The exercise, which included assessments of more than 5,800 households in Borno and Yobe, found an overall increase in the prevalence of global acute malnutrition (GAM) in children ages five years and younger as compared to results from the two previous rounds conducted in October-November 2016, and February-March 2017. While the July-to-September lean season has contributed to increased malnutrition, conflict and food insecurity continue to exacerbate deteriorating nutrition conditions. According to preliminary findings, GAM prevalence in children ages five years and younger in central Yobe and central, eastern, and northern Borno was high—between approximately 10 and 15 percent. The WHO emergency threshold for GAM is 15 percent; however, WHO also classifies GAM levels between 10 and 15 percent as serious. Health actors recorded the highest level of GAM prevalence in northern Yobe among children ages five years and younger—16.4 percent, including an estimated 3 percent of children who exhibited signs of severe acute malnutrition (SAM)—using the weight-for-height methodology. In comparison, the GAM level in northern Yobe during round two was significantly lower, at 8.1 percent.
• In response to the findings of the food security and nutrition surveillance exercise, the FMoH recommended that relief actors scale up nutrition activities alongside food security, health, and WASH interventions to improve the nutrition situation for children in Borno and Yobe during the coming months. The FMoH also suggested that partners incorporate more community-based management of acute malnutrition (CMAM), infant and young child feeding (IYCF) practices, micronutrient supplementation, and women's nutrition interventions into response efforts in the northeast. Given the poor nutrition levels recorded in Yobe, the FMoH emphasized the importance of increasing attention to nutrition needs in the state, which hosts a smaller IDP population compared to Borno.

• USAID/FFP and USAID/OFDA partners are providing emergency health and nutrition assistance in Borno’s Damboa LGA. As of mid-August, a USAID/OFDA partner had assisted nearly 1,200 children experiencing SAM through nine outpatient therapeutic program (OTP) sites in Damboa. In addition to providing CMAM, OTP sites offer IYCF programs, which have benefitted nearly 2,100 pregnant and lactating women to date. Between mid-June and late July, another USAID/OFDA partner provided critical health care services to more than 2,000 IDPs and host community members through the partner’s free health care clinic in Damboa’s Hausari IDP camp.

• In early August, a USAID/OFDA partner completed the drilling of five boreholes and finished equipping three boreholes with hand pumps to facilitate improved IDP access to safe drinking water, in addition to supplying safe drinking water to displaced populations sheltering at Damboa’s Abori and Hausari IDP camps. The partner also reached nearly 2,000 displaced households in both camps with targeted hygiene promotion messaging. Additionally, the partner established four solid waste management points in Abori and constructed a drainage channel and rehabilitated latrines and showers in Hausari.

• In August, IOM estimated that more than 1.6 million IDPs were located in Adamawa, Borno, and Yobe, representing a 4 percent decrease compared to the nearly 1.7 million IDPs identified in the three states in June. IOM reports that the chief drivers of the decrease included people returning to places of origin and/or seeking improved livelihood opportunities. In addition, more than 10,200 IDPs returned to areas of origin from June–August, bringing the total returnee population to nearly 1.3 million people. Borno continued to host the majority of IDPs—nearly 1.4 million people—while Adamawa and Yobe hosted approximately 139,000 and 107,000 IDPs, respectively. IOM found that approximately 72 percent of IDPs identified food as the most immediate need, an increase of 4 percent compared to June.

• As of late July, humanitarian actors had provided protection assistance to approximately 370,400 children in northeastern Nigeria, or 42 percent of the 871,500 planned beneficiaries outlined in the 2017 Humanitarian Response Plan for Nigeria. Protection activities implemented by NGOs and UN agencies include establishing child-friendly spaces, providing case management and psychosocial support services, and reunifying unaccompanied and separated children with family members.

• UK Department for International Development (DFID) authorities recently informed GoN authorities of plans to reduce foreign assistance to Nigeria by approximately 50 percent, providing approximately $237 million to the response over the next four years, according to international media. DFID provided the GoN more than $127.6 million in 2017 alone. UK officials noted that the GoN needs to increase efforts to secure the safety and well-being of its own people and urged other donor agencies to increase funding assistance to the Nigerian response.

CAMEROON

• Fall armyworm has recently infested more than 91,400 acres of maize—a major source of food and livelihoods—in northern Cameroon, according to the Government of the Republic of Cameroon (GoRC). As of September 6, fall armyworm had spread to all 10 regions of Cameroon, threatening food security conditions countrywide, international media report. GoRC authorities have reportedly launched pesticide control measures to combat the infestation; however, the pesticides have been unsuccessful in containing the spread, according to international media. The pests also attacked millet and sorghum crops, two of Cameroon’s other staple crops, earlier this year.
**CHAD**

- In Chad’s Lac Region, FEWS NET anticipates populations will continue to experience Crisis—IPC 3—levels of acute food insecurity through late September; however, many households will likely improve to Stressed—IPC 2—levels of food insecurity from October through January, provided current levels of humanitarian assistance remain ongoing.

**NIGER**

- In Niger’s Diffa Region, persistent conflict has negatively affected households’ abilities to conduct key agricultural activities, including maize and sweet pepper production, as well as fishing near Lake Chad, FEWS NET reports. FEWS NET predicts that poor and displaced populations will continue to experience Crisis levels of acute food insecurity until January 2018. In addition, poor households in areas inaccessible to relief assistance are likely to face continued food shortages and a high risk of diarrheal diseases during the December-to-January winter season.

- Seasonal flooding in all eight regions of Niger had resulted in 23 deaths, affected more than 82,000 people, and destroyed approximately 4,900 houses as of August 30, the UN reports. By contrast, flooding in Niger during the same period in 2016 resulted in 38 deaths, affected nearly 92,200 people, and destroyed more than 9,400 houses.

- Niger’s hepatitis E outbreak, which began in April, had affected more than 1,600 people as of September 4, according to a USAID/OFDA partner. In recent months, the partner has distributed hygiene kits and soap, installed latrines, and conducted hepatitis E prevention messaging in Diffa. The organization stresses that enabling a safe WASH environment is key to preventing further spread of the disease.

- An additional USAID/OFDA partner is supporting Government of Niger efforts to respond to Diffa’s hepatitis E outbreak through the distribution of more than 1,400 hygiene kits to displaced persons in Assaga District, as well as nearly 40 cartons of soap to nine of the region’s integrated health centers. In addition, partner-supported mobile teams have conducted hygiene awareness activities that reached more than 5,500 beneficiaries; distributed 128,000 water purification tablets across 80 affected villages; and facilitated the construction of nearly 280 household hand-washing stations.

**CONTEXT**

- Following escalated violence in northeastern Nigeria, the GoN declared a state of emergency in Adamawa, Borno, and Yobe in May 2013. Between 2013 and 2015, Boko Haram attacks generated significant displacement within Nigeria and eventually to the surrounding countries of Cameroon, Chad, and Niger. As Boko Haram expanded its reach in Nigeria, controlling territory and launching attacks in neighboring countries, the scale of displacement continued to increase, and deteriorations in markets and loss of livelihoods exacerbated conflict-related food insecurity.

- By early 2016, advances by the Nigerian military and the Multi-National Joint Task Force—comprising forces from Benin, Cameroon, Chad, Niger, and Nigeria—had recovered large swathes of territory from Boko Haram in Nigeria, revealing acute food insecurity and malnutrition in newly accessible areas. Insecurity, including attacks by Boko Haram and the Islamic State of Iraq and Syria—West Africa, continues to restrict access to basic services, and both displaced people and vulnerable host communities are in need of emergency food assistance, safe drinking water, and relief commodities, as well as health, nutrition, protection, shelter, and WASH interventions.


- On November 10, 2016, USAID activated a DART to lead the USG response to the humanitarian crisis in northeastern Nigeria. USAID also stood up a Washington, D.C.-based Response Management Team to support the DART.
## USG Humanitarian Funding for the Lake Chad Basin Response in FY 2017

<table>
<thead>
<tr>
<th>Implementing Partner</th>
<th>Activity Details</th>
<th>Location</th>
<th>Amount</th>
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<td><strong>NIGERIA</strong></td>
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ICRC
Protection and Assistance to Victims of Conflict
Countrywide
$3,930,000

UNHAS
Logistics Support and Relief Commodities
Countrywide
$700,000

UNHCR
Protection and Multi-Sector Assistance to IDPs and Refugees
Countrywide
$10,400,000

UNICEF
Education, Health, Protection, Shelter and Settlements, WASH
Diffa
$1,710,000

TOTAL STATE/PRM FUNDING FOR THE NIGER RESPONSE IN FY 2017
$16,740,000

TOTAL STATE/PRM FUNDING FOR THE LAKE CHAD BASIN RESPONSE IN FY 2017
$56,090,000

USAID/NGERIA

IPs
Education, Health, Nutrition, and ERMS Assistance for IDPs and Host Communities
Adamawa, Borno, Yobe
$6,182,734

TOTAL USAID/NGERIA FUNDING FOR THE NIGERIA RESPONSE IN FY 2017
$6,182,734

TOTAL USG HUMANITARIAN FUNDING FOR THE LAKE CHAD BASIN RESPONSE IN FY 2017
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USG HUMANITARIAN FUNDING FOR THE LAKE CHAD BASIN RESPONSE IN FY 2016

TOTAL USAID/OFDA FUNDING FOR THE NIGERIA RESPONSE IN FY 2016
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TOTAL USAID/OFDA FUNDING FOR THE CAMEROON RESPONSE IN FY 2016
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TOTAL USAID/OFDA FUNDING FOR THE CHAD RESPONSE IN FY 2016
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TOTAL USAID/OFDA FUNDING FOR THE NIGER RESPONSE IN FY 2016
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TOTAL USAID/OFDA FUNDING FOR THE LAKE CHAD BASIN RESPONSE IN FY 2016
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TOTAL USAID/FFP FUNDING FOR THE CAMEROON RESPONSE IN FY 2016
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TOTAL USAID/FFP FUNDING FOR THE CHAD RESPONSE IN FY 2016
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TOTAL USAID/FFP FUNDING FOR THE NIGER RESPONSE IN FY 2016
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TOTAL USAID/FFP FUNDING FOR THE LAKE CHAD BASIN RESPONSE IN FY 2016
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TOTAL USAID/NGERIA FUNDING FOR THE NIGERIA RESPONSE IN FY 2016
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TOTAL USG HUMANITARIAN FUNDING FOR THE LAKE CHAD BASIN RESPONSE IN FY 2016
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TOTAL USG HUMANITARIAN FUNDING FOR THE NIGERIA RESPONSE IN FY 2016
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TOTAL USG HUMANITARIAN FUNDING FOR THE CAMEROON RESPONSE IN FY 2016–2017
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TOTAL USG HUMANITARIAN FUNDING FOR THE CHAD RESPONSE IN FY 2016–2017
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TOTAL USG HUMANITARIAN FUNDING FOR THE NIGER RESPONSE IN FY 2016–2017
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TOTAL USG HUMANITARIAN FUNDING FOR THE LAKE CHAD BASIN RESPONSE IN FY 2016–2017
$640,338,010

1 Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding represents publicly reported amounts as of September 14, 2017.

2 Estimated value of food assistance and transportation costs at time of procurement; subject to change.
PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of NGO humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
  - USAID Center for International Disaster Information: www.cidi.org or +1.202.661.7710.
  - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.