

SAHEL

A CALL FOR HUMANITARIAN AID

Responding to the needs of people
affected by crises in the Sahel in 2016



DECEMBER 2015

SAHEL: A REGION IN CRISIS

9 COUNTRIES APPEALING FOR AID



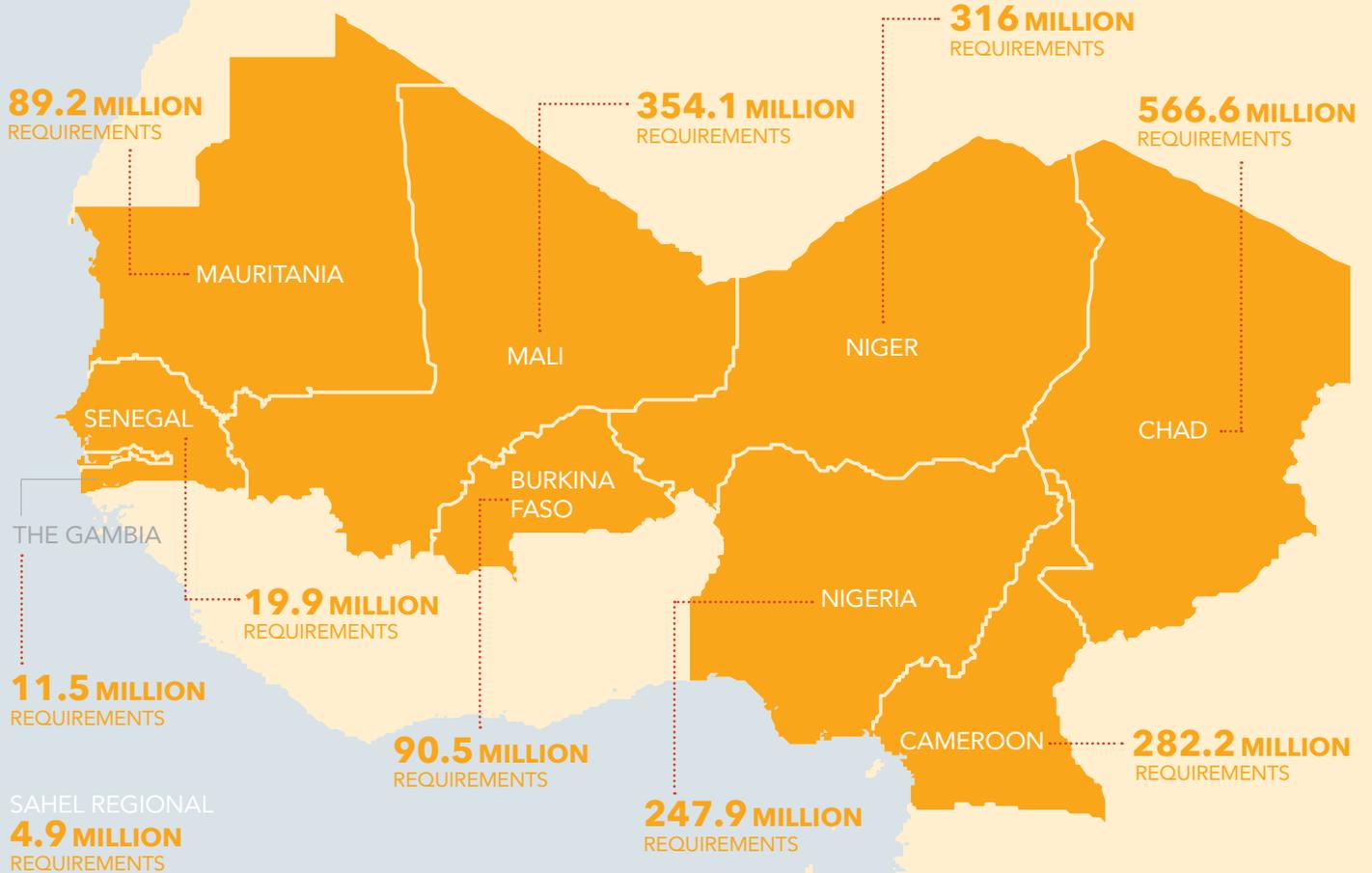
\$1.98 BILLION
TOTAL REQUIREMENTS



9 COUNTRIES



110
PARTNERS/AID ORGANISATIONS



This report is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in collaboration with humanitarian partners. It covers the period from January to December 2016 and was issued on December 2015.

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SOURCE: Sahel country and regional SRPs



150 million
people live in the Sahel region*



1 in 6
people is food insecure



1 in 25
people expected to need urgent food assistance



1 in 5
children under five is acutely malnourished



4.5 million
people are displaced by conflicts

(*) In this document, the Sahel comprises of Burkina Faso, Chad, The Gambia, Mali, Mauritania, Niger, northern Cameroon and Nigeria, and Senegal

FOREWORD



In the Sahel, abject poverty, fast population growth, climate change, recurrent food and nutrition crises, armed conflicts and violence converge dangerously and undermine the lives and assets and future prospects of millions of families across the region.

In 2016, the region will remain one of the world's main humanitarian operations. The Sahel Humanitarian Response represents no less than a tenth of the humanitarian response globally. The needs are immense. Some 23.5 million people - one in six - are expected to be food insecure, of which at least 6 million will need urgent food assistance. One in five children under five suffers from acute malnutrition. Armed conflicts, extremist violence, and military operations have driven 4.5 million people into displacement, a threefold increase in less than two years. Africa's fastest growing displacement crisis is unfolding across the Lake Chad Basin, where the lives and livelihoods of some 30 million are threatened by

Boko Haram, today's most deadly armed group.

Two years ago, over a hundred humanitarian partners launched the first Sahel Humanitarian Response Plan. The generosity of donors and the dedication of our teams have made the difference for millions across the region: each year on average, 9 million children were vaccinated against measles, 2.7 million children treated for malnutrition. Over 4 million people received food assistance and 3 million farmers and pastoralists were enabled to protect their livelihoods. Millions displaced by violence were afforded shelter and basic needs.

Beyond numbers, our impact is also measured through the crises averted and bridges being built. Timely assistance prevented families from slipping deeper into food insecurity, malnutrition and diseases. Capacity building of local actors provided the seeds for more sustainable humanitarian action.

As 2016 begins, we are appealing for US\$1.98 billion to continue to provide life-saving humanitarian assistance and build the coping capacity of the millions in need. Across nine countries our aim is to provide food security to 7.7 million people, and health care to 6.9 million people at risk. We will treat 3.1 million acutely malnourished children and ensure that another 1.4 million stay in school. We will deliver safe water and sanitation to over 5 million persons who are displaced or living in cholera-prone areas.

We are not alone in our work to help those in need. Governments are increasingly leading national emergency responses, keeping their borders open to people seeking protection, piloting national food reserves, social policies or innovative climate insurance. And across the region, communities continue to show outstanding generosity, opening their doors and sharing their meagre resources with those who have lost everything.

Early financing is imperative to tackle the seasonal nature of much of the Sahel's humanitarian need. More equitable funding across key sectors is also a must if we are to tackle complex issues such as malnutrition or food insecurity in an integrated manner. Chronic emergencies also mean predictability through more systematic multi-year humanitarian financing.

Mounting humanitarian need is the most visible symptom of the triple crisis of governance, insecurity and climate change that plagues the Sahel region. Only a coherent approach which builds on the comparative advantages of security, development and humanitarian work can address the multiple drivers of acute need across the Sahel. Given the scale of the needs and the challenge, all of our work must be marked by a renewed sense of urgency.

We'll do our part.

We also pledge to work constructively and collaboratively with countries and organisations engaged in development and stabilisation programmes, without which humanitarian aid will be required indefinitely.

Thank you,

Toby Lanzer

A handwritten signature in black ink that reads "T Lanzer". The signature is stylized and written in a cursive-like font.

Regional Humanitarian Coordinator for the Sahel

HUMANITARIAN NEEDS OVERVIEW

In 2016, **food insecurity** will affect an estimated 23.5 million people across the Sahel. At least 6 million people will face severe food insecurity and require urgent life-saving assistance (Phase 3 and above of the Cadre Harmonisé). Despite better harvests this year, persisting high levels of food insecurity are mostly due to the spiraling needs triggered by the insurgency in the Lake Chad Basin, where more than 4.45 million people face severe food insecurity. The improved analysis of food security needs in Nigeria also enabled to capture more households in crisis.

The agro-pastoral production prospects are globally satisfactory after a 2015 rainy season that started late, but brought sufficient and well distributed rains in most areas. The level of food insecurity has significantly decreased in Senegal and The Gambia. Positive harvest projections however can only partly offset the levels of chronic food insecurity, and Chad, Mauritania, Mali and Niger will see levels of food insecurity similar to the past year. Also, the number of households that rely on markets rather than production continues to increase.

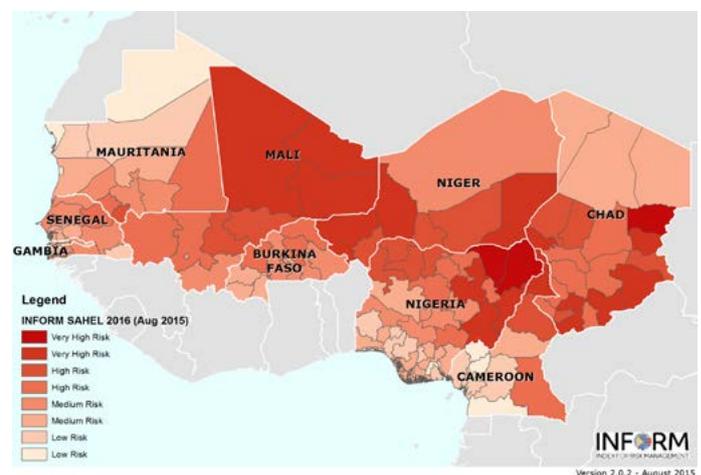
Malnutrition remains high with 7.2 million children under five and pregnant and nursing women in need of assistance in 2016. Nearly one in five children in the Sahel dies before their fifth birthday, and a third of these deaths are associated with malnutrition. An estimated 5.9 million children under five are projected to suffer from global acute malnutrition in 2016, of whom 1.9 million will require treatment for severe acute malnutrition. Chad, Mali and Niger are home to 70 per cent of all malnourished children with severe acute malnutrition in the region. Over 1.3 million pregnant and nursing mothers require nutritional assistance so that they can stay healthy and better safeguard their children from severe malnutrition and disease.

Over the past years, the impact of chronic vulnerabilities and recurrent crises on Sahel communities has been deeply worsened by the toll of **conflict and violence** across the region. Since January 2014, the number of displaced people has tripled. More than 4.5 million people are uprooted from their homes, having lost their livelihoods and often being hosted in already highly vulnerable communities. The violence in the Lake Chad Basin alone accounts for over half of the displaced regionally. The situation in Mali continues to be of concern with persisting insecurity, and some 200,000 Malians

remaining displaced. In addition, an anarchic Libya, a deteriorating situation in Darfur, and the return to civil war in the Central African Republic, had a deep impact on the Sahel countries and continue to compound their chronic difficulties. Cameroon and Chad both host over 300,000 refugees each, most of which in already extremely vulnerable areas.

The risk of **epidemics** continues to threaten communities across the region. Health systems are weak and millions lack access to adequate water and sanitation services. While cholera outbreaks have been notably less severe since 2014, recent outbreaks in IDP camps in Nigeria are a cause for concern. Meningitis, Lassa fever and Yellow fever remain serious risks. While the worst-ever Ebola outbreak that ravaged West Africa saw only a small number of cases in Sahel countries, strengthening health systems, surveillance and prevention remains critical to keep Ebola and other epidemic diseases at bay. Avian Influenza further threatens livelihoods in the region, in particular Burkina Faso and parts of Nigeria.

The recurring nature of food insecurity, malnutrition and poverty in the Sahel requires a concerted effort to assist the most vulnerable, stave off more severe hunger and malnutrition, and ensure that more communities are enabled to recover from future shocks by themselves. At the same time, now more than ever, the humanitarian community has a responsibility to protect and assist people displaced by conflict and the communities hosting them.



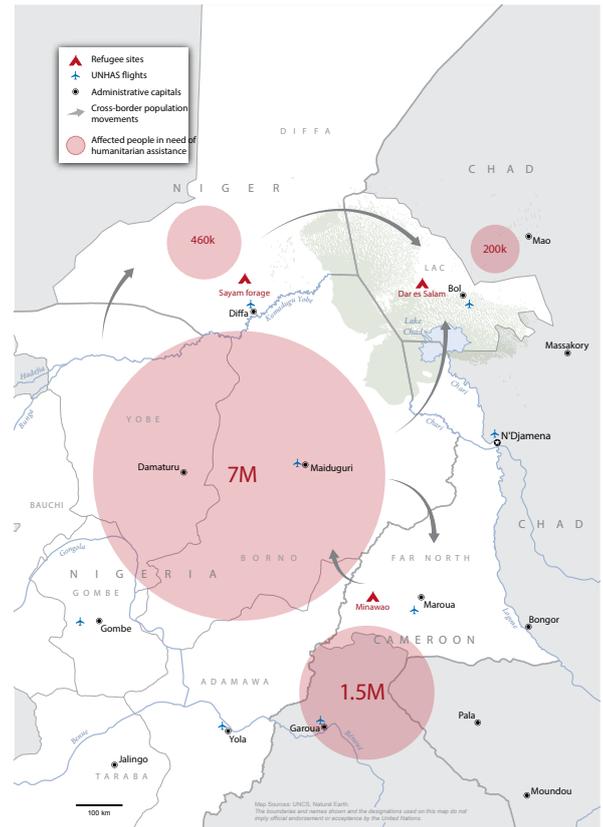
INFORM is a composite index for risk management that identifies countries at a high risk of humanitarian crisis which are more likely to require international assistance. The index envisages three dimensions of risk: hazards & exposure, vulnerability and lack of coping capacity dimensions.

Lake Chad Basin

In the Lake Chad Basin, Boko Haram-related violence seems to be never-ending, affecting 30 million people living in the poorest areas of Cameroon, Chad, Niger and Nigeria. The combined effect of the pervasive insecurity and the underlying severe vulnerability is translating into record numbers of people in need of emergency relief. As of December 2015, an estimated 9.1 million people – almost one in three – need urgent assistance and protection.

Attacks by Boko Haram are almost solely responsible for the displacement of more than 2.5 million people, of which 2 million are internally displaced within Nigeria – half of which are children. Over 80 per cent of the displaced have sought refuge with host communities, placing an unsustainable strain on their already meagre resources.

Interrupted farming and fishing, border closures and halted trade are taking their toll on communities' livelihoods and have led to a dramatic increase of the number of food insecure people. Some 4.4 million people urgently need food assistance in the Lake Chad Basin, 90 per cent of them in northeast Nigeria. The food security status of families is particularly critical in Nigeria's Borno state, where thousands have reached the most critical threshold of food insecurity (Phase 5 of the Cadre Harmonisé). At the same time, 225,000 children under five suffer from severe acute malnutrition and could die if not urgently assisted. In the Far North of Cameroon, the number of people in need of immediate food assistance has tripled since last June to reach 200,000 people. As of December 2015, the number of severe acutely malnourished children has surpassed the emergency threshold of 2 per cent.



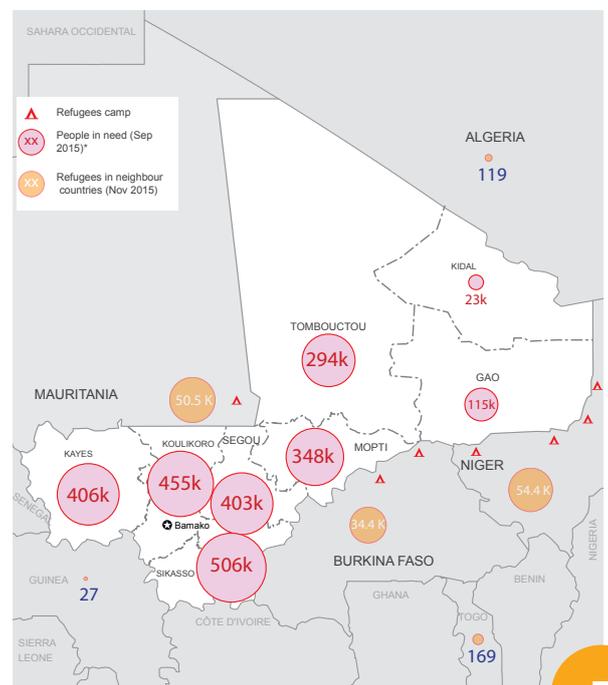
Women and children, who represent the large majority of the displaced, bear the brunt of the violence. Women and girls kidnapped by Boko Haram have been subjected to physical and psychological abuse, forced labour, forced marriage and sexual slavery. Boys have been forcibly enrolled as combatants. The education system has been hit hard. More than 1,500 schools have been destroyed or out-of-use since the start of the insurgency while the influx of displaced children in school-age has put an additional burden on already weak education systems in host communities.

Mali

Almost four years after the outbreak of the conflict in 2012, the volatile security situation continues to have a devastating impact on civilians. Communities affected by the violence still struggle to access food, water, health care, education, protection and livelihoods opportunities. The conflict has further exacerbated the vulnerabilities of communities whose capacity to withstand shocks has been eroded by repetitive droughts, floods, epidemics and chronic poverty.

Ongoing unrest continues to hamper the return of the 138,000 Malian refugees in neighbouring Burkina Faso, Mauritania and Niger and the 61,000 internally displaced, further preventing the full restoration of basic services.

The signature of the Agreement for Peace and Reconciliation in June 2015 has opened a unique window of opportunity. For many families however, especially in northern areas, humanitarian organisations are the biggest providers of essential services. The continued provision of humanitarian assistance to Mali and neighbouring countries remains critical.



REGIONAL DASHBOARD*



23.5 MILLION**
FOOD INSECURE PEOPLE

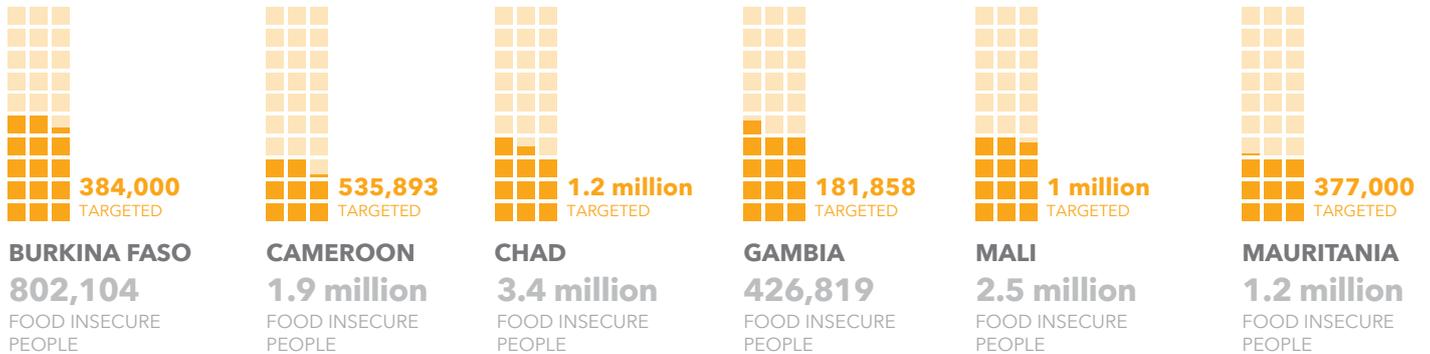
7.7 MILLION
FOOD INSECURE PEOPLE
TARGETED FOR ASSISTANCE



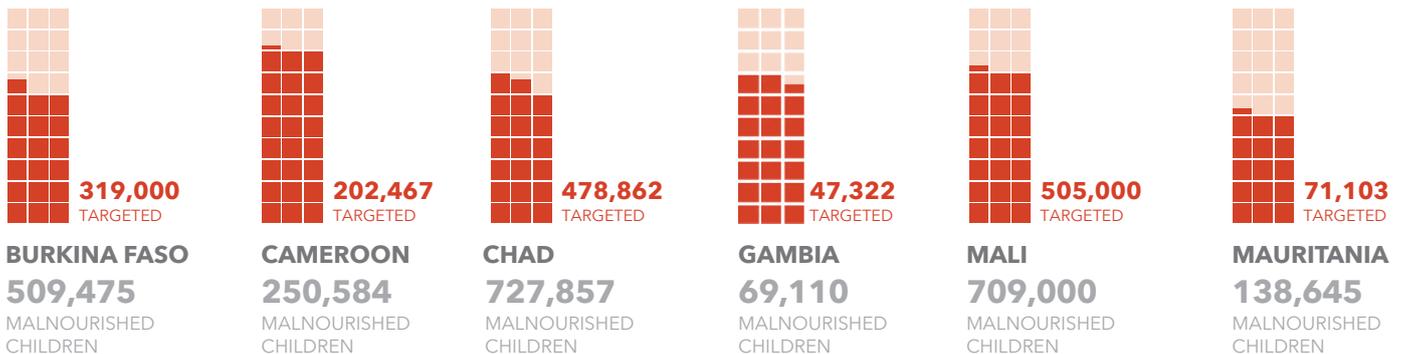
5.9 MILLION
CHILDREN WITH ACUTE MALNUTRITION

3.1 MILLION
CHILDREN WITH ACUTE MALNUTRITION
TARGETED FOR ASSISTANCE

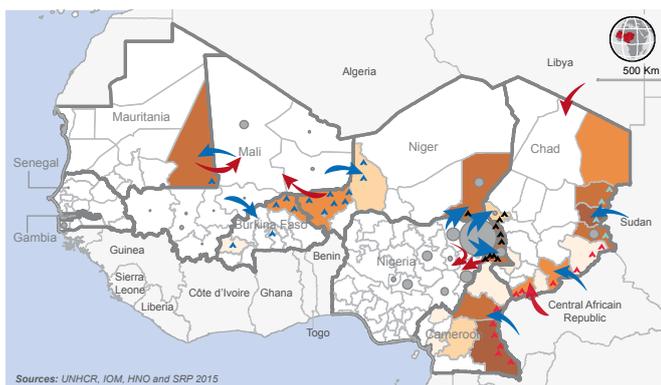
FOOD INSECURITY



MALNUTRITION



DISPLACEMENT



EPIDEMICS

MEASLES
2015
40,673 cases



MENINGITIS
2015
17,778 cases



(* For detailed country information, please visit the country 2016 Humanitarian Needs Overview and Humanitarian Response Plan (HRP) available at: above of the Cadre Harmonisé. (***) Data relate to the situation in the three north-eastern States of Nigeria most affected by Boko Haram violence, n



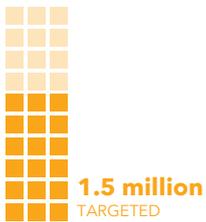
1 MILLION
REFUGEES TARGETED FOR ASSISTANCE

3.5 MILLION
INTERNALLY DISPLACED PEOPLE
AND RETURNEES TARGETED FOR ASSISTANCE

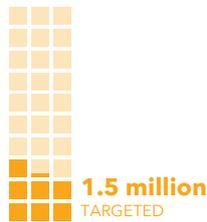


12 MILLION
AT RISK OF EPIDEMICS

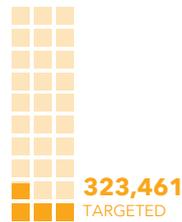
6.9 MILLION
PEOPLE TARGETED
FOR HEALTH ASSISTANCE



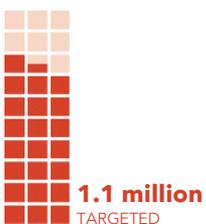
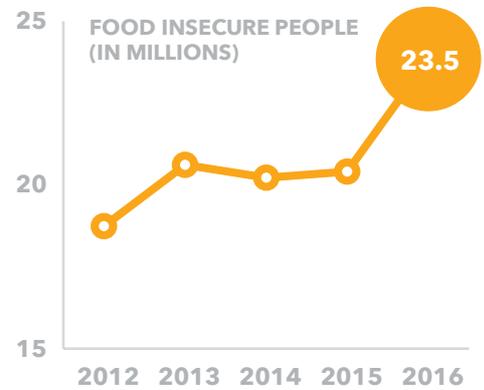
NIGER
2.5 million
FOOD INSECURE
PEOPLE



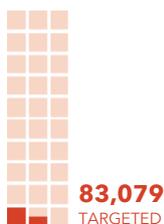
NIGERIA***
8.1 million
FOOD INSECURE
PEOPLE



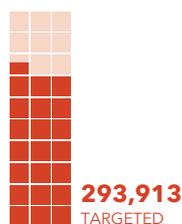
SENEGAL
2.4 million
FOOD INSECURE
PEOPLE



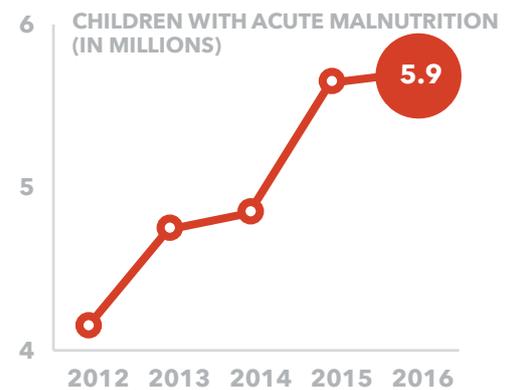
NIGER
1.5 million
MALNOURISHED
CHILDREN



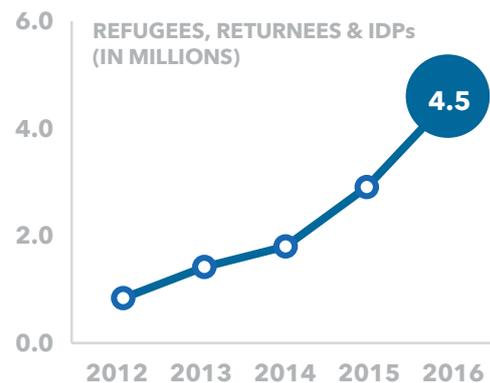
NIGERIA***
1.6 million
MALNOURISHED
CHILDREN



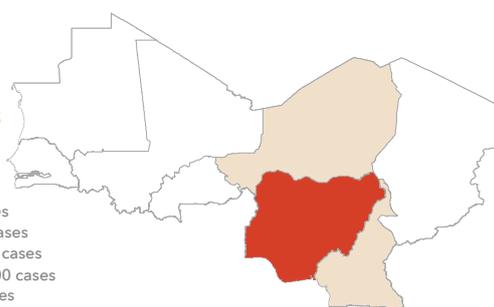
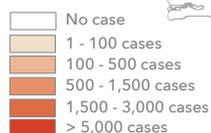
SENEGAL
407,586
MALNOURISHED
CHILDREN



Escalating violence is a worrying pattern that threatens hard-won gains in curbing the trend of growing needs in the Sahel. Conflicts and insecurity in the Lake Chad Basin and Mali create more suffering for communities that are already among the world's poorest.



CHOLERA 2015
5,376 cases



While the worst-ever Ebola outbreak that ravaged West Africa in 2014/15 saw only a small number of cases in Sahel countries – 20 in Nigeria, 8 in Mali, 1 in Senegal – strengthening health systems, surveillance and prevention remains critical to keep Ebola and other epidemic diseases at bay.

STRATEGY

In 2016, humanitarian action in the Sahel continues to be guided by the 2014-2016 Sahel Humanitarian Response Plan. Adapting to the particular context of the Sahel, the response strategy aims to strike a balance between responding to immediate life-saving needs triggered by conflicts and disasters and addressing chronic vulnerability, so as to reverse the pattern of growing humanitarian needs. The strategy brings together over 100 humanitarian organisations and shapes the regional response via:

A regional vision.

The drivers of crisis in the Sahel transcend national borders. The Sahel Humanitarian Response Plan provides a level of strategic and operational coherence across the nine country humanitarian responses in Burkina Faso, Cameroon, Chad, Mali, Mauritania, Niger, Nigeria, Senegal and The Gambia.

A multi-year plan.

Responding to chronic emergencies and protracted conflicts demands predictability. A three-year plan allows humanitarians to set more ambitious goals that require sustained, multi-year efforts, to achieve. Within this three-year framework, needs are reviewed annually to capture dynamic developments on the ground and to adapt financial requirements.

A multi-sector response.

A malnourished child requires not only urgent nutritional treatment but also clean water, safe sanitation and adequate health care. Thus, efforts are made to increase collaboration across key sectors of the humanitarian response to comprehensively address key vulnerabilities such as food insecurity, malnutrition, epidemics, conflict and natural disaster-induced displacement, in a sustainable and integrated manner.

Adapting the humanitarian mandate to buttress people's resilience.

The Sahel's persistently high humanitarian needs illustrate an erosion of its population's resilience to shocks. Vulnerable households are less able to cope with the unpredictability of the weather and the increased frequency and intensity of weather-related shocks. Humanitarian action will continue to respond to life-threatening needs as a first priority, but also prioritise early action to protect the livelihoods and assets of families and communities. Investing in early warning and responding as soon as surveillance indicates a worsening situation will help households protect assets and avoid negative coping strategies. Intervening promptly to reduce recovery times and rebuild assets will preclude ever-mounting needs and programmes which cost more money.

Building partnerships to curb the trend of growing needs.

The recurring problems of the Sahel require structural solutions that are mostly beyond the realm of humanitarian response. The region's large humanitarian needs will only substantially ease if underlying drivers of vulnerability are addressed by governments and their development partners, as well as affected communities themselves. Relief teams are committed to engage with, support and influence these key actors more systematically to promote policies and investments that will protect the most vulnerable.



STRATEGIC OBJECTIVES

- 1 Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.
- 2 Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.
- 3 Deliver coordinated and integrated life-saving assistance to people affected by emergencies.



An inter-agency mission meets with internally displaced families in their settlement near Mokolo, in Cameroon's Far North Region
© OCHA/Ivo Brandau

RESPONDING TO NEEDS



FOOD SECURITY

Adequate rainfall and better harvests have been reported in many areas across the Sahel, but the region continues to be affected by food insecurity, reaching crisis level in many communities that require emergency assistance, especially in conflict-affected areas.

The response in 2016 will target 7.7 million people for assistance, including over 890,000 people affected by critical levels of food insecurity who will be assisted through conditional cash/voucher transfers and more than 874,000 who will be targeted to receive conditional food transfers. Together with governments, the humanitarian community will continue to reinforce the mechanisms that aim to resolve the root causes of severe food insecurity through early detection and early action. In 2016, emergency agricultural support will assist 3.8 million people ahead of the lean season to reduce the severity of its impact and decrease the amount of people requiring urgent assistance in 2017. This includes the provision of agriculture and livestock inputs to protect and restore the livelihood of households affected by conflicts and climatic hazards.

Recurrent crises have weakened the livelihoods and coping capacities of communities that are mainly dependent on agriculture and livestock for income and food. Restoring the livelihoods of affected populations and protecting those at risk are key actions to strengthen resilience and reduce food insecurity. The type of assistance to be provided will be adapted to levels of vulnerability, i.e. moderate or severe food insecurity, and adjusted to seasonal calendars. An emphasis will be placed on providing early support to the most vulnerable communities to avoid livelihood depletion that could subsequently affect food security, particularly during the lean season.



HEALTH

Humanitarian health needs in the Sahel fall primarily in the category of prevention and treatment of infectious diseases. This includes epidemic-prone illnesses such as cholera, Ebola virus disease, measles and meningitis. Shortages of essential medicines and vaccines remain an enduring weakness of many health systems throughout the region, with particularly concerning situations in conflict-affected areas where access to health services is often severely constrained. Addressing these weaknesses will be prioritised by the humanitarian response in 2016, facilitating the provision of essential medicines and strengthening the resilience of health systems and communities for 6.9 million people. Health support will focus on providing consultations for people living in vulnerable districts supported by humanitarian partners, and reproductive health support for over 111,000 pregnant women.



NUTRITION

In 2016, nutrition services will be provided to 1.1 million children suffering from severe acute malnutrition (SAM) and to 2 million children suffering from moderate acute malnutrition (MAM). Humanitarian partners and governments will provide nutrition support to over 950,000 pregnant and lactating women who will be assisted with supplementary feeding to prevent acute malnutrition. Partners will renew efforts to deliver complementary nutrition services together with other sectors to address the root causes of child undernutrition.

Nutrition services will be strengthened in at least 8,400 health facilities across the Sahel. National health systems will be supported to improve adequate access to life-saving treatment for children under five, with a particular emphasis on the provision of Ready to Use Therapeutic or Supplementary Food and systematic medical treatment for all SAM and MAM children. Especially in conflict-affected areas, displaced children and women will be provided with nutrition support including micronutrients, Vitamin A supplements, de-worming and prevention activities. Across the region partners will work to identify malnutrition early and screen women and children in their communities to ensure widespread coverage. This will be done alongside Infant and Young Child Feeding counselling.





A woman in Dalori camp, in Maiduguri. The capital of Borno state has seen its population swell to 2.6 million following an influx of 1.6 million people internally displaced by violence in north-eastern Nigeria. Credit: © OCHA/Jaspreet Kindra



PROTECTION

Protection actors will seek to support close to 1 million refugees and more than 3.5 million internally displaced persons (IDPs) and returnees out of the 9 million people in need of protection in the Sahel. Ongoing and escalating conflicts in northeast Nigeria and the broader Lake Chad Basin require continuous protection measures including legal and physical protection with a focus on vulnerable groups, notably women and children. Protection services range from registration and documentation of people with specific needs to the provision of medical and psycho-social treatment for victims of sexual and gender-based violence (SGBV) for IDPs and host communities. At least 4.4 million IDPs and returnees and their host communities will benefit from protection services, including those affected by Boko Haram in the Lake Chad Basin. Another 485,000 Malian IDPs and returnees and will also require assistance. Strengthening the protective environment through advocacy and technical support to governments in line with the Kampala Convention will also be a priority to ensure protection and assistance to IDPs in accordance with relevant international and regional legal instruments.



WATER, SANITATION & HYGIENE

Organisations working in this sector plan to support 8.1 million people currently lacking adequate WASH services. This target includes 3.1 million children suffering from acute malnutrition (SAM and MAM), 2.5 million displaced people and host communities, 1 million people living in conflict affected areas where basic services have been severely impacted, and 1.5 million people living in communities assessed as vulnerable to floods and epidemics. The regional approach to humanitarian water and sanitation support looks to deliver WASH assistance as a complete package, along with other key sectors such as health and nutrition. In 2016 this continues to include the integration of WASH services at malnourished children houses and in nutrition centres to provide safe drinking water, hand washing with soap, hygienic latrines and adequate waste management. WASH partners will continue to support the development of contingency and response plans in cooperation with national and local authorities, notably for flooding and cholera prevention and response.



EDUCATION

The Sahel region has the highest rate of out-of-school children in the world. Conflict, poverty and low quality of education throughout the region contribute to low attendance and retention, particularly of the most vulnerable girls and boys. In 2016, education partners will work with governments to provide access to quality and relevant education for children affected by crisis and will put a focus on boosting the protective role of education in emergencies, particularly in contexts of high insecurity. Education partners will promote and support school safety through capacity building for children, teachers and community mobilisation. Partners will also build the capacity of governments to improve the resilience of the education system to recurrent emergencies or attacks.



REFUGEE RESPONSE

Intensified violence and continued attacks by Boko Haram insurgents in northeast Nigeria and across the Lake Chad Basin continues to cause a refugee influx and mass displacements, with some 200,000 Nigerian refugees in Cameroon, Chad and Niger. At the same time, Cameroon and Chad together host 70 per cent of the 441,000 Central African refugees. Over 138,000 Malian refugees remain unable to return home in safety and security, and continue to need protection support.

The refugee response will continue to pay particular attention to guaranteeing access to asylum and to preventing refoulement of refugees. Identification, registration

and documentation, including of at-risk children, remain priority activities. Awareness-raising and multi-sectoral assistance to SGBV survivors will continue to be provided to refugees, with a focus on vulnerable groups of people. The provision of quality education will remain central to protection, stability and to broaden the range of opportunities for refugee boys and girls alike. The response will ensure access to basic services such as shelter, food, NFI, health care, water and sanitation to meet minimum standards. Activities are also planned to encourage self-reliance, resilience and environmental protection for refugees facing protracted displacement.





un peintre - des grains -
sein - du pain - il a mal aux dents -
la faim - un timbre - du pain -
une eau limpide - grimper -
mais - je fais - chez - je n'ai pas fini -
pendant - après - plus - mais -

Les enfants ont mangé leur repas
à l'école. Ils ont obtenu de la nourriture



An elementary school class have a go at their lunch provided through a school feeding programme in northern Burkina Faso.
© OCHA/Ivo Brandau

Sahel key indicators and targets

EDUCATION

1.4 million people targeted

regional targets

1 Number of pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial group's emergency response (desegregated by gender)

1.4 million children

2 Average number of school days per month in which one school meal or snack is provided

19

3 Number of school meals distributed

74.3 million meals

FOOD SECURITY

7.5 million people targeted

regional targets

1 Number of targeted persons that received unconditional transfers (food based)

1.5 million

2 Number of targeted persons that received conditional transfers (cash, cheque-based)

892,000

3 Number of targeted persons that received conditional transfers (food based)

874,000

4 Number of targeted persons that received unconditional transfers (cash, cheque-based)

1.6 million

5 Number of targeted households that received agricultural support

2.9 million 🏠

6 Number of people having received livestock support

176,572 🏠

HEALTH

6.9 million people targeted

regional targets

1 Number of births assisted by a skilled attendant in districts supported by cluster members

114,951 births

2 Number of weekly epidemiological reports completed and received at a central level

2,520 📄

3 Number of outpatient consultations in districts supported by cluster members

2.6 million consultations

4 Number of children under five vaccinated against measles in districts supported by cluster members

293,791 children



MULTI-SECTOR FOR REFUGEES

1.4 million people targeted

regional targets

- 1 Number of eligible persons registered 184,023
- 2 Number of persons attaining a durable solution (return, local integration, or resettlement) 24,510
- 3 Number of persons under UNHCR with special needs have received support 26,697
- 4 Number of reported SGBV incidents for which survivors receive medical assistance **2,850**



NUTRITION

4.1 million people targeted

regional targets

- 1 Number of 6-59 month-old children with severe acute malnutrition admitted in therapeutic nutrition programmes **1.1 million** children
- 2 Number of 6-59 month-old children with moderate acute malnutrition admitted in TSFP (Targeted Supplementary Feed Programmes) **2 million** children
- 3 Number of 6-23 month-old children and PLWs admitted in BSFP (Blanket Supplementary Feed Programmes) **3 million** children and women
- 4 Number of health centers implementing nutrition activities **8,400** health centers



PROTECTION

4.5 million people targeted

regional targets

- 1 Number of affected persons (adults and children) assisted to obtain civil documents 194,660
- 2 Number of IDPs and returnees/repatriated refugees registered 856,006
- 3 Number of service providers providing psychosocial services to survivors of GBV **160**
- 4 Number of girls and boys reached with psychosocial support through child friendly spaces/child club **247,081** children



WATER, SANITATION & HYGIENE

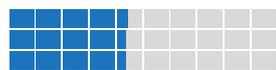
8.1 million people targeted

regional targets

- 1 Number of affected people provided with a WASH minimum package adapted to their vulnerabilities (safe drinking water, sanitation, hygiene supplies, key messages/behaviors counselling). **5 million**
- 2 Number of children admitted for SAM treatment having received a WASH kit with key hygiene messages/behaviors counselled to parents/care givers (household water treatment and hygiene supplies) **2 million** children
- 3 Number of nutritional centers with a minimum WASH package (safe drinking water with chlorine residual, disinfecting hand washing soap and food utensils, hygienic defecation, key hygiene messages / behaviorus counseling). **8,400** nutritional centers

FUNDING REQUIREMENTS

2014



864.7 million
FUNDING
44% funded

1.94 billion
REQUIREMENTS

BURKINA FASO
50%

99.3 million
49.2 million

CAMEROON
58%

125.8 million
73.2 million

CHAD
37%

618.5 million
226.5 million

THE GAMBIA
24%

18.3 million
4.4 million

MALI
50%

481 million
238.7 million

MAURITANIA
41%

90.9 million
37.7 million

NIGER
57%

305.2 million
173.0 million

NIGERIA
19%

93.4 million
17.8 million

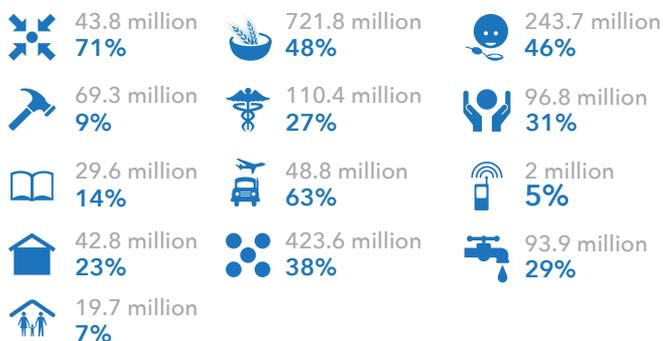
REGION
47%

49.8 million
23.3 million

SENEGAL
33%

64.1 million
20.9 million

BY SECTOR SRP FUNDING REQUESTED VS. RECEIVED



2015 (mid-year)



814.3 million
FUNDING
41% funded

1.97 billion
REQUIREMENTS

BURKINA FASO
31%

99.8 million
30.4 million

CAMEROON
44%

264 million
117.1 million

CHAD
44%

571.6 million
253.5 million

THE GAMBIA
5%

23.7 million
1.1 million

MALI
34%

377.4 million
128.9 million

MAURITANIA
54%

94.6 million
50.8 million

NIGER
44%

375.7 million
166.3 million

NIGERIA
55%

100.3 million
54.8 million

REGION
15%

10.3 million
1.6 million

SENEGAL
17%

59.4 million
10.2 million

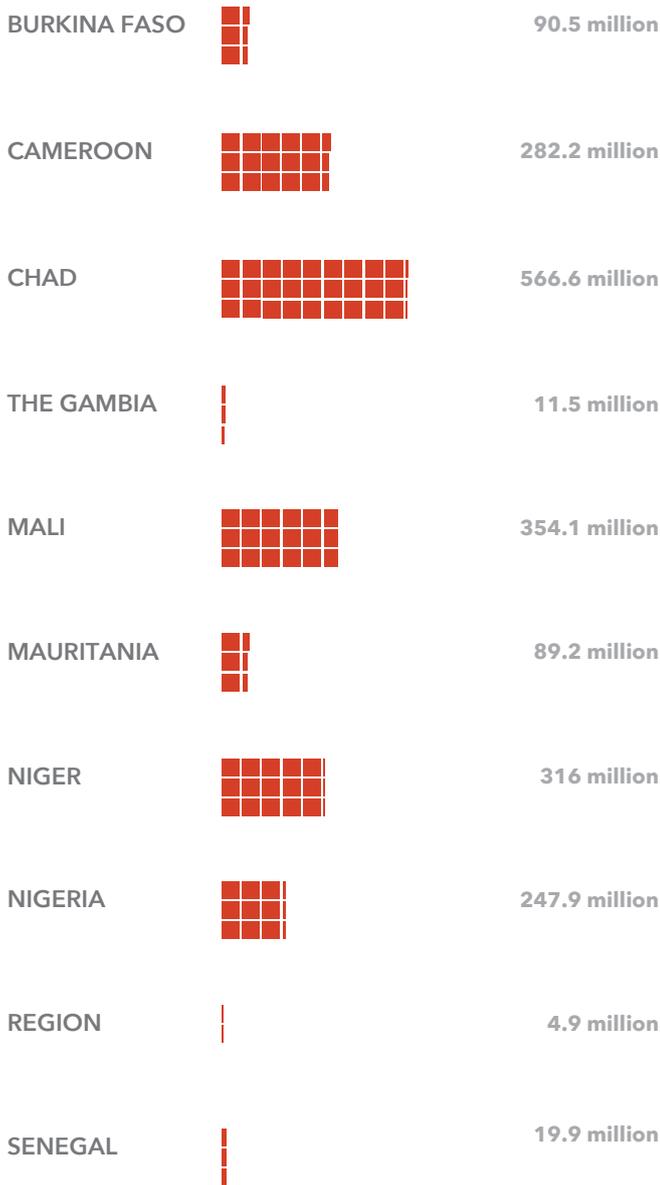
BY SECTOR SRP FUNDING REQUESTED VS. RECEIVED



2016

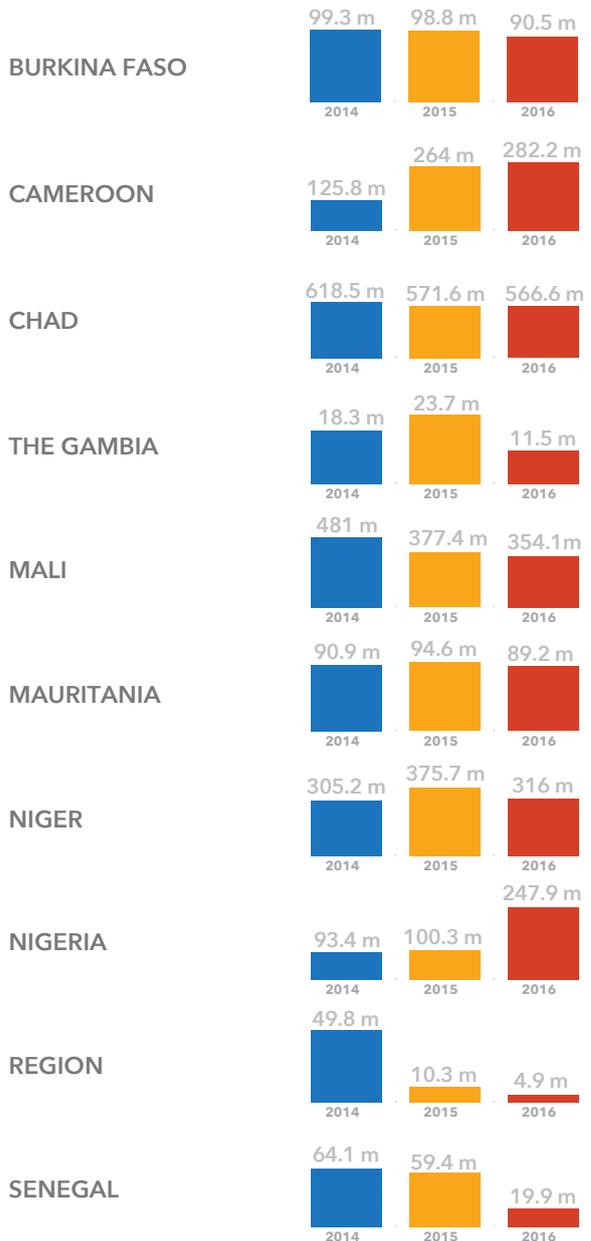
\$ 1.98 billion

REQUIREMENTS



REQUIREMENTS

2014 - 2016



BY SECTOR SRP FUNDING REQUESTED



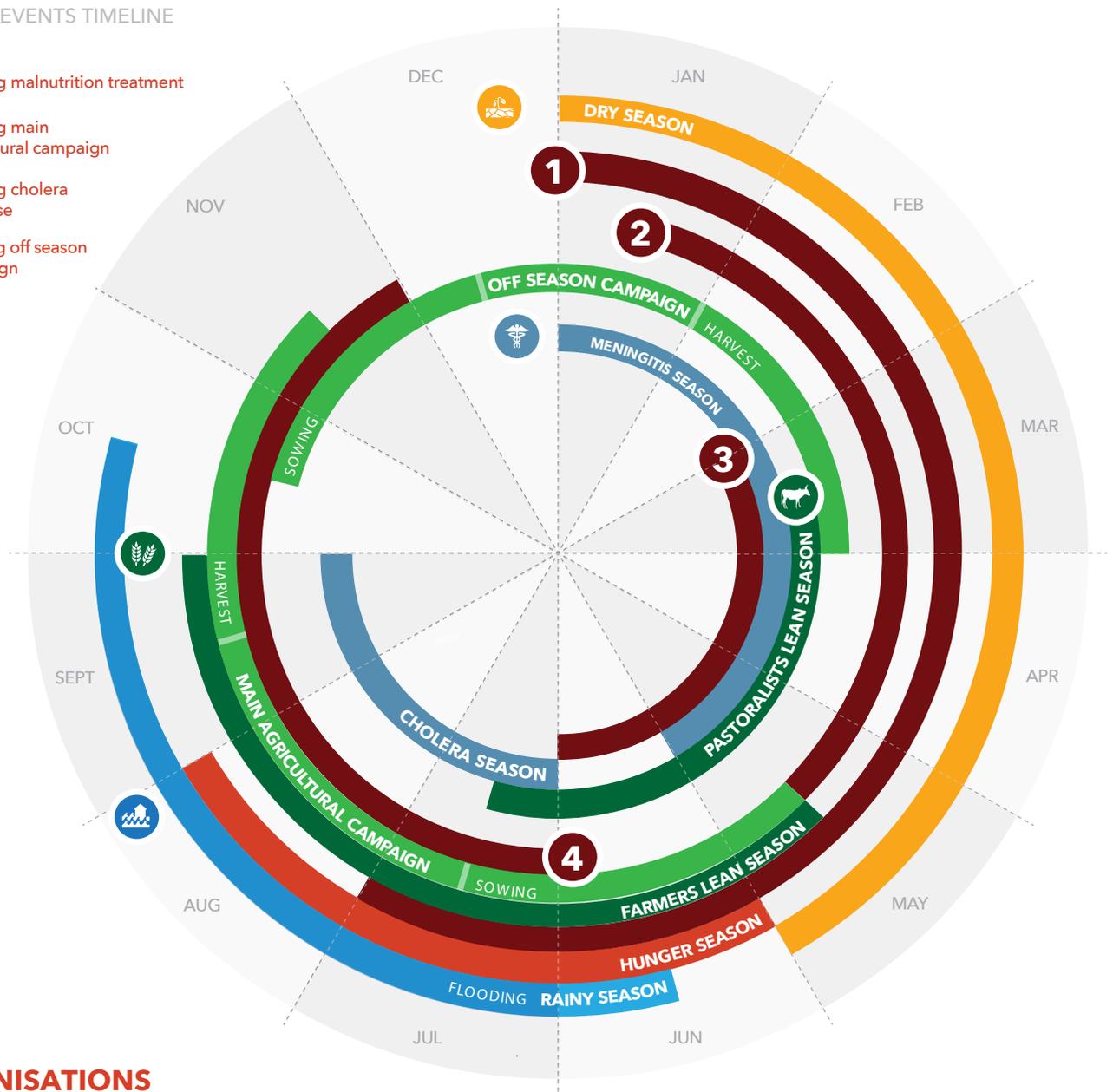
LEGEND



SEASONAL CALENDAR

CRITICAL EVENTS TIMELINE

- 1** Funding malnutrition treatment
- 2** Funding main agricultural campaign
- 3** Funding cholera response
- 4** Funding off season campaign



ORGANISATIONS

PARTICIPATING IN THE SAHEL HUMANITARIAN RESPONSE PLAN

ACF - Spain | ACRA - Cooperazione Rurale in Africa e America Latina | ACT Alliance / Christian Aid UK | ACT Alliance / DanChurchAid | ACT Alliance / Norwegian Church Aid | Action Contre la Faim | Action Locale pour un Développement Participatif et Autogéré | Action Pour la Restauration et la Protection de l'Environnement Soubana | ActionAid | Adamawa Peace Initiative | Adopt-A-Camp | Adventist Development and Relief Agency | Africa Humanitarian Action | African Initiatives for Relief and Development | Afrique Solidarité - Suisse | Agence Humanitaire Africaine | Agency for Technical Cooperation and Development | Alliance for International Medical Action | Association d'appui pour le service humanitaire | Association de Lutte contre les Violences faites aux Femmes (Antenne de l'Extrême-Nord) | Association des Femmes et Adolescents Solidaires | Association Jeunesse et Développement du Mali | Association Koom pour l'Auto Promotion des Femmes du Burkina Faso | Association pour le Développement Economique et Social | Association Sini-Labe | Burkinabe Red Cross Society | Cameroon Red Cross Society | CARE International | CARE USA | Caritas Chad | Caritas Développement Niger | Catholic Relief Services | Centre d'Appui aux Initiatives de Développement Local | Centre de Récupération des Enfants Déshérités au Tchad | Centre Evangelique pour l'Encadrement Nutritionnel | Christian Relief & Development Organization | Civil Society Action Coalition on Education for All | Comitato Internazionale per lo Sviluppo dei Popoli | Concern Worldwide | Consortium ONG SIA AFASO Mali | Convergence d'Actions pour l'Environnement et la Santé | Cooperazione Internazionale - COOPI | Danish Refugee Council | Diakonie Katastrophenhilfe | Education des Filles | Empower54 | Food & Agriculture Organization of the United Nations | French Red Cross | GOAL | Halt Death Stalker | Handicap International | Hilfe zur Selbsthilfe e.V. | Initiative Malienne d'Appui au Développement Local | Intermon Oxfam | International Centre for Energy, Environment and Development | International Emergency and Development Aid | International Emergency and Development Aid Relief | International Federation of Red Cross and Red Crescent Societies | International Medical Corps | International Medical Corps UK | International Organization for Migration | International Rescue Committee | INTERSOS | Islamic Relief Worldwide | Luxembourg Red Cross | Majesty Community Rural Development Foundation | Mauritanian Red Crescent | Médecins aux Tours de la Terre (Doctors around the Earth) | Médecins du Monde France | Medicos del Mundo | Medicus Mundi | Mercy Corps | Norwegian Refugee Council | Office de Développement des Eglises Evangéliques | Office for the Coordination of Humanitarian Affairs | Office of the High Commissioner for Human Rights | ONG - Développement / Association pour la Paix et la Solidarité | ONG Au Secours | ONG Moundi - Association Pour le Secours et le Développement | ONG STOP - Sahel | OXFAM | OXFAM Netherlands (NOVIB) | Plan International | Plan Niger | Première Urgence - Aide Médicale Internationale | Render Effective Aid to Children | Resident Coordinators Support Office | Rhema Care Integrated Development Center | Riplington Education Initiative | Save the Children | Soins pour tous international | Solidarité Internationale pour l'Afrique | Solidarités International | SOS SAHEL International Burkina Faso | SOS Villages d'Enfants | UN Resident Coordinator's Office | United Nations Children's Fund | United Nations Department of Safety and Security | United Nations Development Programme | United Nations Entity for Gender Equality and the Empowerment of Women | United Nations High Commissioner for Refugees | United Nations Humanitarian Air Service | United Nations Joint Programme on HIV/AIDS | United Nations Mine Action Service | United Nations Population Fund | Voluntary Service Overseas | World Food Programme | World Health Organization | World Vision International

SAHEL

HUMANITARIAN RESPONSE PLAN 2016



DECEMBER 2015



FUNDING REQUIREMENTS
FOR THE SAHEL

US\$ 1.98 BILLION

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Guide to Giving to the humanitarian response in the Sahel

CONTRIBUTING TO INDIVIDUAL EMERGENCIES AND STRATEGIC RESPONSE PLANS

To consult and contribute to the 2016 Humanitarian Needs Overview and Response Plans for the nine Sahel countries, please visit:

wca.humanitarianresponse.info

This website includes information on organisations participating in the 2016 HRPs as well as people to contact concerning donations. We count on donors to provide financial support, at the outset of 2016, directly to UN agencies and non-governmental organisations in each appeal.

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

CERF is one of the fastest and most effective ways to support rapid humanitarian response. The Fund is for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient financing. Contributions are received year-round, mainly from governments, but also from private companies, foundations, charities and individuals. More information about CERF and how to contribute can be found at:

www.unocha.org/cerf/donate

IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If only in-kind contributions in response to disasters and emergencies are available, please contact:

logik@un.org.

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which curates, validates and publishes all reported humanitarian contributions (cash, in-kind, multilateral and bilateral), including to humanitarian and regional response plans. Many donor, recipient and implementing agencies regularly report their contributions through designated reporting focal points. For further details, please visit FTS Beta: ftsbeta.unocha.org.

ADAPTING DONATIONS TO THE SAHEL'S CHRONIC AND ACUTE EMERGENCIES

A resilience approach requires donors to operate differently in supporting humanitarian efforts.

- **Multi-year humanitarian financing** is critical to sustain and increase the impact of assistance in chronic humanitarian crises;
- **Equitable funding of all key sectors** across the response plan is essential to deliver an integrated and sustainable response to chronic and acute challenges such as malnutrition, epidemics, displacement or food insecurity;
- **Early financing** is necessary to anticipate the inherently seasonal nature of the Sahel's humanitarian challenges and respond on time to cyclical peaks of acute needs.

WHAT IF?

... WE FAIL TO RESPOND

If humanitarians are not able to raise funds and deliver aid for the Sahel crisis...

- 1 The absence of critical WASH services will increase the risk of epidemics and, given the link between malnutrition, diarrhoea and malaria, also lead to a considerable increase in malnutrition and double the length of the SAM treatment required.**
- 2 About one million people in insecure areas will be left without access to drinking water.** Lack of safe and secure access to drinking water and appropriate toilets or washing facilities will increase the risk of sexual and gender-based violence in IDP/refugee camps and conflict areas, notably against women and children, and heighten the risk of epidemics spreading.
- 3 1.4 million children will not be able to access education.** Children will be left vulnerable to harmful labour conditions, recruitment, trafficking and abuse. Social and human capital development indicators in the region will likely plummet, thus perpetuating poverty cycles, vulnerability and risks.
- 4 People displaced across the Sahel will continue to face violence displacement, abuse and exploitation.** Without psycho-social care and safe space to play and learn, we risk losing an entire generation of children in the most affected countries of Cameroon, Chad, Mali, Niger and Nigeria.
- 5 Over 3.1 million people across the Sahel will lose out on crucial livelihood support which helps get them back on their feet.** Livelihood activities aimed at reducing dependency on assistance will end. Missing this opportunity to protect and restore livelihoods will result in an increase in food and nutrition insecurity as well as in vulnerability to forthcoming shocks.
- 6 The number of people facing acute food insecurity will further increase.** Early warning systems will not provide timely alerts to enable coordinated early response and the severity of a possible food crisis may be increased. Vital food aid pipelines may be depleted and agriculture and livelihood programmes may be scaled down.
- 7 The risk of cholera outbreaks spreading will increase, and the risk of other epidemics and waterborne diseases will remain high.** Without sufficient support, 100,000 cases of cholera are to be expected in the region. 6.2 million children will not be immunized against measles.
- 8 Close to 1 million refugees and more than 3.4 million IDPs across the region may lack protection by presence and assistance to meet their most basic needs.**

