

SAHEL

A CALL FOR HUMANITARIAN AID

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



FEBRUARY 2015



SAHEL: A REGION IN CRISIS

9 COUNTRIES APPEALING FOR AID



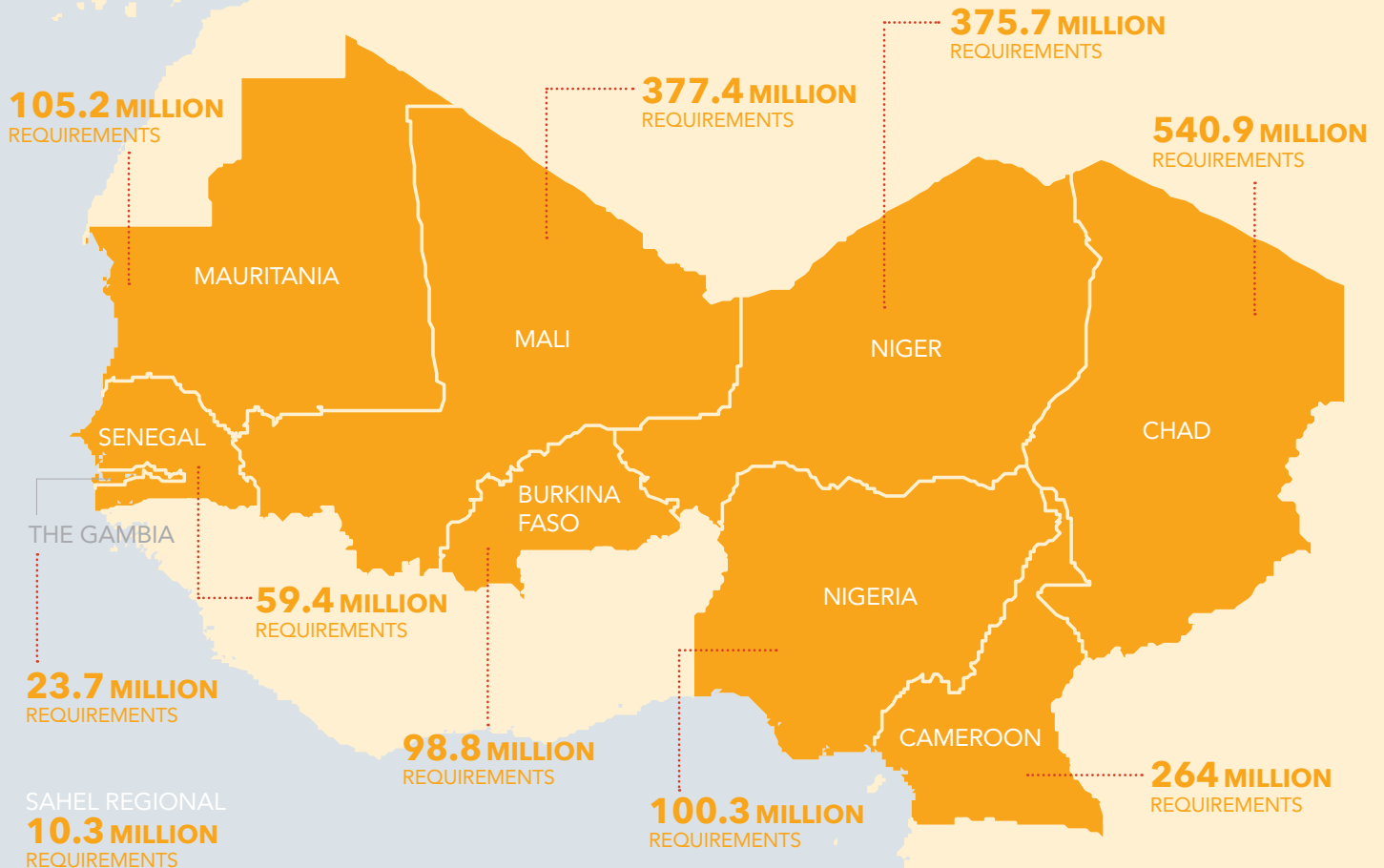
\$1.96 BILLION
TOTAL REQUIREMENTS



9 COUNTRIES



103
PARTNERS/AID ORGANIZATIONS



SOURCE: Sahel country and regional SRPs

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 2015 and was issued on 12 February 2015.

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Situation Overview



20.4 MILLION
FOOD INSECURE
PEOPLE



5.8 MILLION
ACUTELY
MALNOURISHED



2.8 MILLION
PEOPLE DISPLACED

Grave concerns persist for some 20 million people in the Sahel. Recurrent conflict, erratic weather patterns, epidemics and other shocks continue to weaken the resilience of households across a region still suffering chronic levels of food insecurity and malnutrition.

An estimated 20.4 million people remain food insecure at the start of 2015. Rains in the region were late and erratic in 2014, affecting farmers and pastoralists in several countries, in particular in The Gambia, Mauritania and Senegal and in parts of Chad, Cameroon and Niger. At least 2.6 million people have already crossed the crisis threshold, 70 percent of whom are in Niger, Nigeria, Mali and Chad where insecurity and poverty compound food insecurity. With the lean season in sight, it will be important to provide timely livelihood support to reduce the number of people crossing the crisis threshold.

An estimated 1.2 million children under five die annually in the Sahel and some 570,000 of these deaths are associated with malnutrition and related diseases. Acute malnutrition persists at appallingly high levels. An estimated 5.8 million children under five are projected to suffer from global acute malnutrition in 2015 (down from 6.4 million last year), of whom 1.4 million will require treatment for severe acute malnutrition. Niger and northern Nigeria are home to 65 per cent of all malnourished children across the Sahel.

Epidemics continue to demand urgent attention in 2015. Besides cholera, meningitis, Lassa and yellow fever, more recently, Ebola has been posing a serious threat to the Sahel region and has already impacted Mali, Nigeria, and Mali directly. Surveillance and preparedness actions need to be sustained against a scourge of such epidemic threats.

Beyond the chronic threats of food insecurity, malnutrition and epidemics, violent conflict in and around the Sahel region has led to a surge in population displacement. The region begins 2015 with some 2.8 million people displaced; over a million more than in early 2014.

With escalating conflict in northeast Nigeria, an estimated one million people have been internally displaced. Some 150,000 Nigerian refugees have fled to neighbouring Niger, Chad and Cameroon. In Cameroon, local populations near the Nigerian border are also being internally displaced as a result of insecurity. The economic implications of instability in Nigeria reverberate well beyond the confines of the northeast of the country, given the size and importance of Nigeria vis-à-vis West African markets.

The volatile security situation in northern Mali continues to have a devastating impact on civilians, hampering the return of refugees, affecting markets and preventing the full restoration of basic services. Some 133,000 Malian refugees remain in Mauritania, Niger and Burkina Faso and more than 80,000 Malians remain internally displaced. As in Nigeria, high levels of insecurity in northern Mali also greatly impact the ability of humanitarians to access those in need.

Ongoing conflict along the Sahel's borders has a direct impact on the Sahel region as it leads to people (often accompanied by their livestock) seeking refuge in neighbouring countries. Conflict in the Central African Republic (CAR) has displaced people into Chad and Cameroon where over 330,000 refugees, returnees and others now need to be cared for. Malnutrition, epidemics and food insecurity in Cameroon threaten many in the Sahel belt in the North. The influx of over 240,000 refugees from CAR and some 40,000 from Nigeria is placing a strain on host communities, as is the rising insecurity stemming from an unstable neighbourhood.

Chad is also confronting high rates of food insecurity, malnutrition and under-development exacerbated by instability along its borders. Chad is the seventh largest refugee-hosting country in the world, home to some 460,000 refugees from CAR, Libya, Nigeria and Sudan. In addition to refugees, some 230,000 Chadians have returned abruptly from Libya and CAR, many of them in desperate conditions and in need of considerable support to resettle. Humanitarian partners recognize that the chronic nature of food insecurity, malnutrition and poverty in the Sahel requires a concerted effort to align humanitarian priorities with the work of development partners. This is at the heart of the Sahel strategy. Sadly, an alarming rise in violence and insecurity in and around the region are expected to take a toll on such efforts in 2015.

REGIONAL DASHBOARD



20.4 MILLION
FOOD INSECURE PEOPLE

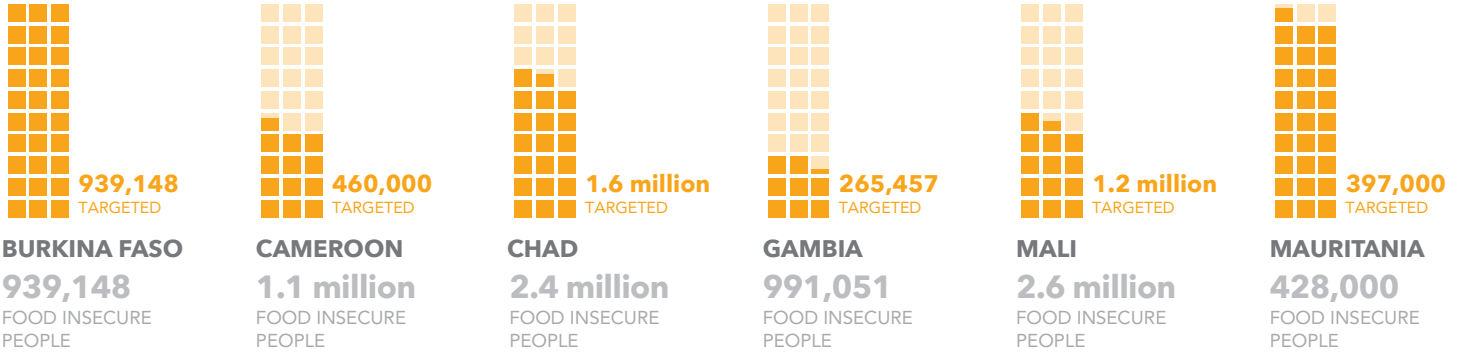
9.3 MILLION
FOOD INSECURE PEOPLE
TARGETED FOR ASSISTANCE



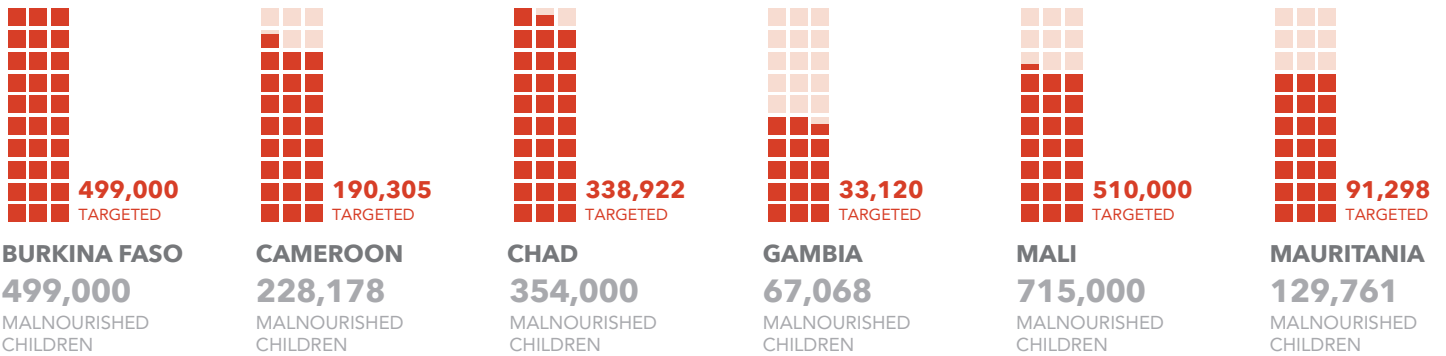
5.8 MILLION
CHILDREN WITH ACUTE MALNUTRITION

3.2 MILLION
CHILDREN WITH ACUTE MALNUTRITION
TARGETED FOR ASSISTANCE

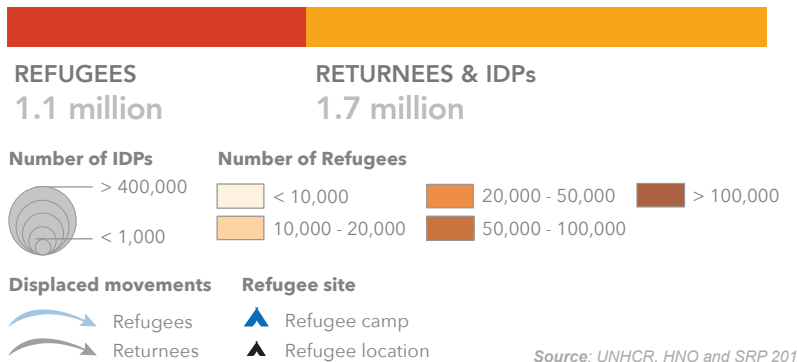
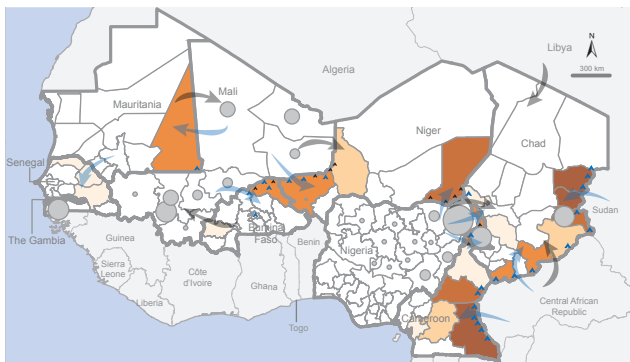
FOOD INSECURITY



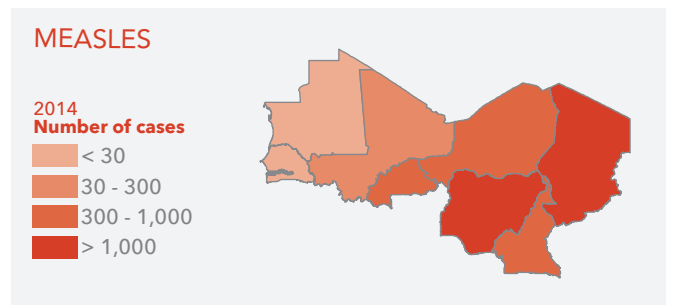
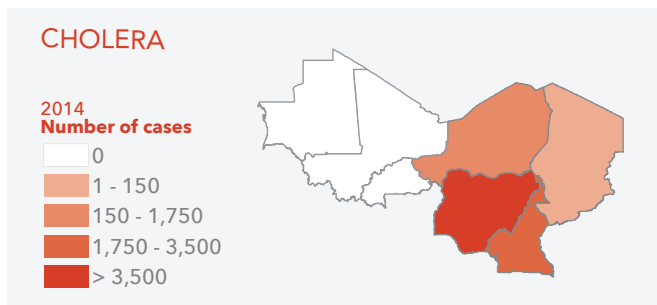
MALNUTRITION



DISPLACEMENT



EPIDEMICS



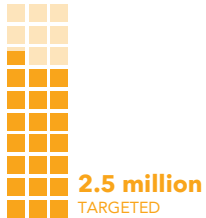


1.1 MILLION
REFUGEES TARGETED FOR ASSISTANCE

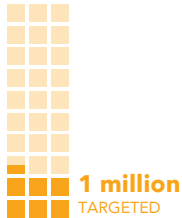
1.4 MILLION
INTERNALLY DISPLACED PEOPLE
AND RETURNEES TARGETED FOR ASSISTANCE



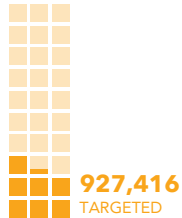
- CHOLERA
- MEASLES
- MENINGITIS



NIGER
3.5 million
FOOD INSECURE
PEOPLE



NIGERIA
4.6 million
FOOD INSECURE
PEOPLE

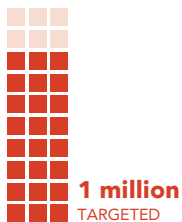
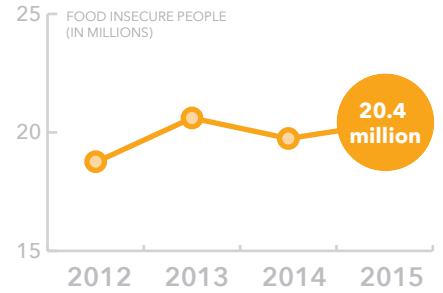


SENEGAL
3.8 million
FOOD INSECURE
PEOPLE

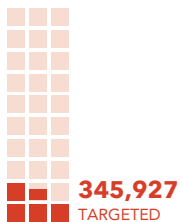
1 OUT OF 7
people in the sahel
is food insecure.

1 OUT OF 50
people in the Sahel
needs emergency
food assistance.

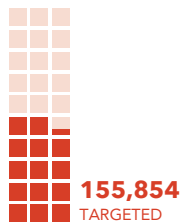
FOOD INSECURITY TREND
IN THE SAHEL (2012-2015)



NIGER
1.3 million
MALNOURISHED
CHILDREN



NIGERIA
2.1 million
MALNOURISHED
CHILDREN

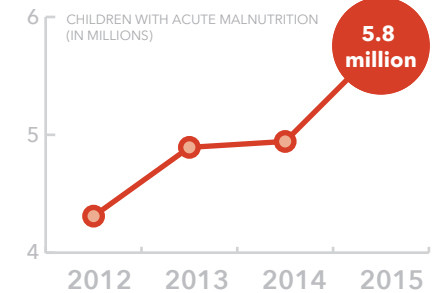


SENEGAL
332,292
MALNOURISHED
CHILDREN

1 OUT OF 5
children will be acutely
malnourished in 2015.

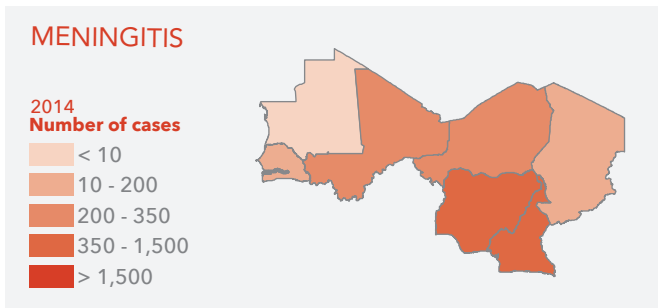
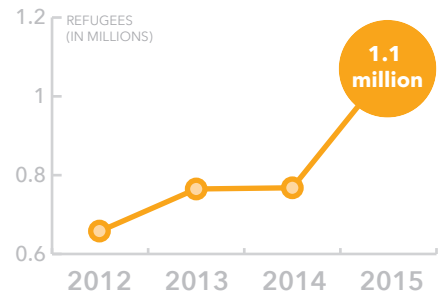
1 OUT OF 20
children will be **SEVERE**
acutely malnourished
in 2015.

MALNUTRITION TREND
IN THE SAHEL (2012-2015)



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 northeast Nigeria, Mali and the Central African Republic create more suffering for communities that are already amongst the world's poorest.

REFUGEE DISPLACEMENT TREND
IN THE SAHEL (2012-2015)

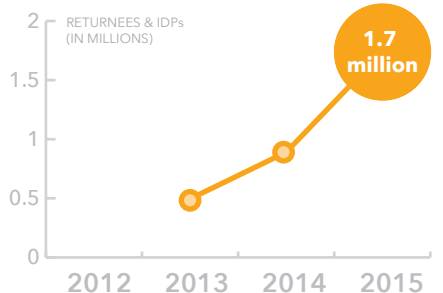


40,820
CHOLERA CASES

16,101
MENINGITIS CASES

11,790
MEASLES CASES

**RETURNEE & INTERNAL
DISPLACEMENT TREND**
IN THE SAHEL (2012-2015)



Strategy

In 2015, humanitarian action in the Sahel continues to be guided by the 2014-2016 Sahel Regional Strategic Response Plan which aims to deliver coordinated and integrated life-saving assistance to people affected by emergencies. Beyond addressing immediate life-saving needs, the strategy shapes the response to chronic needs in the region, through:

A regional vision. The fate of the nine Sahel countries is intertwined and whether climate or conflict-induced, national crises frequently have a regional dimension. For this reason, the Sahel Response Plan provides a framework to ensure regional coherence across the Strategic Response Plans of Burkina Faso, Cameroon, Chad, Mali, Mauritania, Niger, Nigeria, Senegal and The Gambia.

A multi-year plan. A three-year plan allows humanitarians to set more ambitious goals that require sustained, multi-year efforts to achieve progress than could be realistically attained with a planning horizon of 12 months. Within this three-year framework, context and priority needs are reviewed annually for each country to capture developments on the ground and to identify financial needs.

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

Adapting the humanitarian response to build the Sahel's resilience to crisis. The Sahel's increasing humanitarian caseload illustrates a worrying erosion of its population's resilience to shocks. Vulnerable households are less able to cope with the increased frequency, unpredictability and intensity of weather events. To save lives and rebuild the livelihoods of millions, humanitarian action will continue to respond to life-saving needs as a first priority. Taking into account both acute and chronic vulnerabilities, the strategy also aims to protect the asset base of families and communities. Early action therefore complements the life-saving component. Responding as soon as surveillance indicators detect a worsening situation will help households protect assets and avoid negative coping strategies. Intervening quickly to reduce recovery times and rebuild assets will preclude a deeper crisis.

New kinds of partnership to curb the trend of growing needs. The chronic problems of the Sahel require structural solutions. The region's large humanitarian caseload will only substantially ease if underlying drivers of vulnerability are addressed. Actors likely to wield the most influence in tackling the future humanitarian caseload are, ultimately, governments and their development partners and the affected communities themselves. Thus, the humanitarian community in the Sahel is committed to engage with, partner and influence these key actors more systematically to promote policies and investments that will help the Sahel's most vulnerable people to cope with shocks and protect their assets. The strategy aims to improve understanding of the risks and vulnerabilities facing people in the region and to promote the transfer of expertise to communities and governments, equipping them to manage an uncertain future. Only an integrated response, with coordinated and sustained action from governments, humanitarians and development actors can break the recurring cycle of spiralling needs in the Sahel.



The Regional Humanitarian Coordinator for the Sahel, Robert Piper, meets with refugees from the Central African Republic (CAR) in eastern Cameroon. The influx of people fleeing violence in CAR and Nigeria has put additional strain on vulnerable host communities in Chad, Niger and Cameroon.
© OCHA/Ivo Brantley



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.

Responding to needs

EDUCATION IN EMERGENCIES

The Sahel has the highest rate of out-of-school children in the world. Education partners will provide support to increase access and quality of education for children aged 3-17 with a primary focus on children caught up in emergencies. Priority measures to improve classroom retention and increase the quality of education services will include distribution of school meals, rehabilitation of schools, provision of additional learning spaces equipped with WASH services, adequate teaching and learning materials and teacher training.

FOOD SECURITY

The main priorities for food security actors will be to ensure continued food assistance to those most affected by food insecurity and to support and restore their livelihoods.

Recurrent crises have weakened the livelihoods and coping capacities of populations that are mainly dependant 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.

The 2.6 million severely food insecure people already identified at the start of 2015 will be assisted through monthly food distributions and cash and voucher programmes. An additional 600,000 households will benefit from seasonal agricultural support and 270,000 households will receive support to preserve their livestock, particularly during the lean period. This assistance will include agricultural inputs and vaccination of livestock. Furthermore, 2.4 million people will benefit from conditional cash/voucher transfers and 1.9 million from conditional food transfers.

HEALTH

Infectious diseases comprise the bulk of health concerns in the Sahel. They include epidemic prone diseases such as Ebola, cholera and measles, and vector borne disease such as malaria. The risk posed by Ebola to the Sahel persists and will require investment in preparedness and vigilance measures.

The risk of occurrence of other epidemics including haemorrhagic fevers, such as Lassa fever, and waterborne diseases such as cholera remain high and will be prioritized this year. Attention will also be paid to addressing pneumonia, diarrhoea, malaria in children under five and reproductive health for pregnant women.

Drug and vaccine shortages remain an enduring weakness of the health system, as do ill-designed and poorly implemented strategies for service delivery to the most vulnerable and most deprived groups especially in rural and remote areas.

Addressing these weaknesses will be prioritized in order to facilitate the provision of essential drugs and strengthen the resilience of health systems and communities.

NUTRITION

Acute malnutrition in the Sahel persists at appallingly high levels. Emergency needs will remain high unless the root causes of malnutrition are addressed and the resilience of the poorest people is strengthened. In 2015, nutrition services will be provided to 1.25 million (or 90 per cent of the estimated total 1.4 million) children suffering from severe acute malnutrition (SAM) and to two million (or 47 per cent of the estimated total 4.3 million) children suffering from moderate acute malnutrition (MAM). Humanitarian partners and governments will provide nutrition support to 495,000 pregnant and lactating women. 665,000 children under two and 352,000 pregnant and lactating mothers will be targeted for blanket supplementary feeding to prevent acute malnutrition during the lean season.

Nutrition services will be strengthened in at least 7,200 health facilities across the Sahel. National health systems will be supported to ensure adequate access to life-saving treatment for children under five. Targeted supplementary feeding to treat MAM will be implemented in all regions where GAM exceeds 10 per cent irrespective of the food security situation.





Barry is a pastoralist in northern Burkina Faso. Increasingly struggling with erratic rainfall and the impact of climate change, he has seen his livestock diminish year after year. "The grazing land is dry in no time. If we do not manage to retain the water, we will have to give up the village."

© OCHA/Ivo Brandau





PROTECTION

Protection actors will seek to support over one million refugees and more than 1.45 million internally displaced persons (IDPs) in need of protection in the Sahel. On-going and escalating conflicts will require increased protection measures including physical protection, protection from refoulement and protection of vulnerable groups, notably women and children. The new influx of refugees fleeing the conflict in northeast Nigeria requires protection services ranging from registration to treatment for victims of sexual and gender-based violence. Some 133,000 Malian refugees remaining in exile will require continued protection support given their prolonged state of vulnerability. At least one million IDPs in Nigeria and another 80,000 Malian IDPs and their host communities will benefit from protection services.

In addition to providing direct services protection actors will work with affected communities and local and national authorities to build protection response capacity in line with basic protection principles and through camp coordination and management training, notably in Mali and Nigeria.



WATER, SANITATION & HYGIENE

Water, sanitation and hygiene partners will support 4.2 million people currently lacking adequate WASH services. This target includes 1.25 million children suffering from severe acute malnutrition (SAM), more than 1.45 million displaced people and their host communities, half a million people living in conflict affected areas where basic services have been severely impacted, and one million people living in communities assessed as vulnerable to floods and epidemics.

The regional WASH approach looks to deliver minimum WASH packages tailored to vulnerabilities and supported by cross-sector and regional strategies. Approaches such as "WASH in Nut", which integrates WASH services at nutrition centres to provide safe drinking water, access to hand washing, and secure latrines will be strengthened.

WASH partners will continue to work across sectors to support the development of contingency and national plans in cooperation with national authorities. The establishment of early warning systems will be promoted to ensure the functionality of basic WASH facilities, including facilities at health centres and displacement sites.

REFUGEE RESPONSE

With nearly three million people in the region displaced due to insecurity and conflict, a multi-sector approach to accommodate their needs and those of host communities will be undertaken across sectors. Particular attention will be devoted to addressing the needs of those displaced by the crises in northeast Nigeria and Mali, and of those displaced into Chad, Cameroon, and Niger as a result of crises in neighbouring countries. Monitoring of countries at risk, including in Burkina Faso, will be strengthened to anticipate triggers for additional displacement. The response to the crisis in northeast Nigeria will be significantly scaled-up to include support to IDPs inside Nigeria and to refugees, returnees, and host communities in Cameroon, Chad and Niger. Durable solutions for those displaced by the Mali crisis, including return, will be pursued.



EVD IMPACT AND PREPAREDNESS

Since the Ebola virus disease (EVD) outbreak in West Africa was first identified in 2014 more than 22,500 people have been infected and over 9,000 people have died of the disease. Countries most affected by the epidemic are Guinea, Liberia and Sierra Leone. The virus also traversed borders into countries of the Sahel, prompting cases in Mali (8), Nigeria (20) and Senegal (1). With a view to stopping and preventing the further spread of the virus, national governments and humanitarian partners have elaborated national Ebola preparedness and response plans and related checklists. In the Sahel, preparedness missions and simulation exercises have been conducted in Burkina Faso, Cameroon, Mali, Mauritania, Niger, Senegal and The Gambia. The Ebola outbreak has demonstrated the crucial need to strengthen access to and quality of healthcare services as well as the relevance of engaging actively in response preparedness to limit the complexity and scope of humanitarian crises.





Thirteen-year-old Hadja was at school when her town in northern Nigeria was attacked. She had to run for her life and cross a river to find refuge in a camp in Diffa, Niger.

© OCHA/Katy Thiam




Sahel key indicators and targets

EDUCATION

1.9 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
- 2 Average number of school days per month in which one school meal or snack is provided
- 3 Number of school meals distributed


1.8 million
children


19


63.8 million
meals

FOOD SECURITY

9.3 million people targeted


regional targets

- 1 Number of targeted persons that received unconditional transfers (food based)
- 2 Number of targeted persons that received conditional transfers (cash, vouchers based)
- 3 Number of targeted persons that received conditional transfers (food based)
- 4 Number of targeted persons that received unconditional transfers (cash, vouchers based)
- 5 Number of targeted households that received agricultural support
- 6 Number of targeted households that received support for their livestock


2.9 million


2.4 million


1.9 million


3 million

591,376[🏠]

270'069[🏠]

HEALTH

9.3 million people targeted


regional targets

- 1 Number of births assisted by a skilled attendant in districts supported by cluster members
- 2 Number of complete monthly epidemiological reports received at central level
- 3 Number of outpatient consultations in districts supported by cluster members
- 4 Number of under five children vaccinated against measles in districts supported by cluster members

8.1 million
births


1,057

2.5 million
consultations


6.2 million
children



MULTI-SECTOR FOR REFUGEES

1.2 million people targeted

regional targets

- 1 Number of eligible persons registered 681,612
- 2 Number of persons attaining a durable solution (return, local integration, or resettlement) 32,667
- 3 Number of PoC with specific needs receiving support 89,150
- 4 Number of reported SGBV incidents for which survivors receive medical assistance **2,162**



NUTRITION

3.8 million people targeted

regional targets

- 1 Number of 6-59 month-old children with severe acute malnutrition admitted in therapeutic nutrition programmes 1.3 million children
- 2 Number of 6-59 month-old children with moderate acute malnutrition admitted in TSFP (Targeted Supplementary Feed Programmes) 1.9 million children
- 3 Number of 6-23 month-old children and PLWs admitted in BSFP (Blanket Supplementary Feed Programmes) 1.1 million children
- 4 Number of health centers implementing nutrition activities **7,527** health centers



PROTECTION

2.9 million people targeted

regional targets

- 1 Number of affected persons lacking personal identity/civil documents assisted 590,000
- 2 Number of IDPs/affected population/returnees registered 407,000
- 3 Number of service providers providing psychosocial services to survivors of GBV **101**
- 4 Number of targeted communities with a functioning referral system for children at the community level 165



WATER, SANITATION & HYGIENE

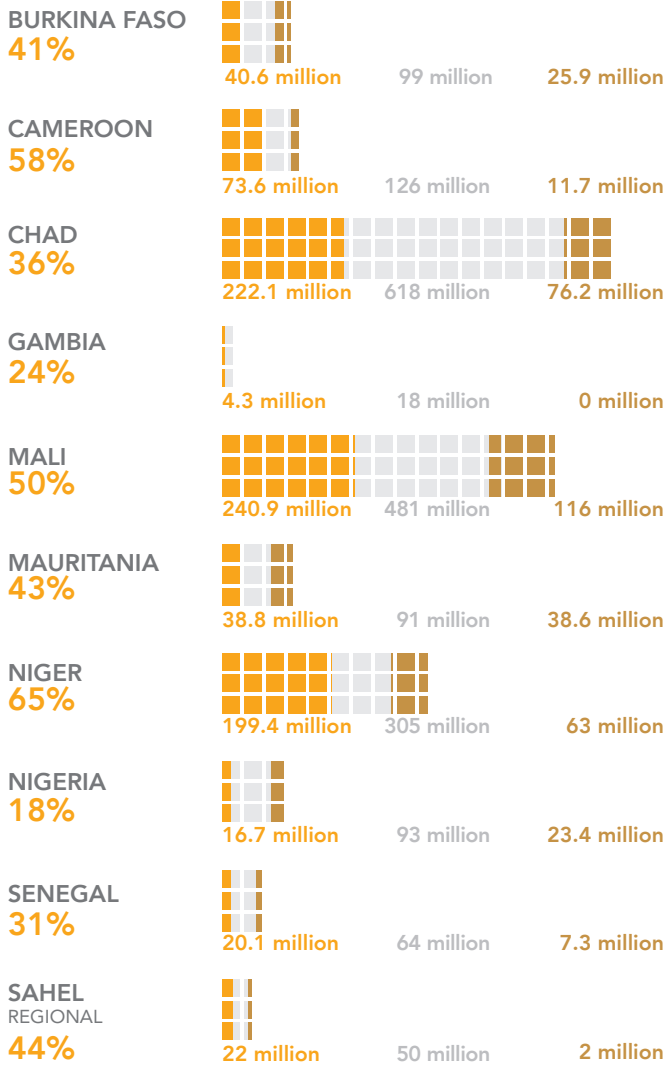
4.2 million people targeted

regional targets

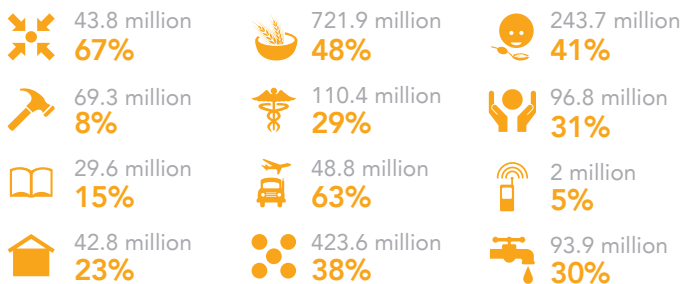
- 1 Number of affected people provided with a WASH minimum package adapted to their vulnerabilities (safe drinking water, sanitation, hygiene supplies, key messages/behaviors counselling). 3.5 million
- 2 Number of children admitted for SAM treatment having received a WASH kit with key hygiene messages/behaviors counselled to parents/care givers (household water treatment and hygiene supplies) 686,514 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). **3,533** nutritional centers

Funding requirements

2014 at mid-year review



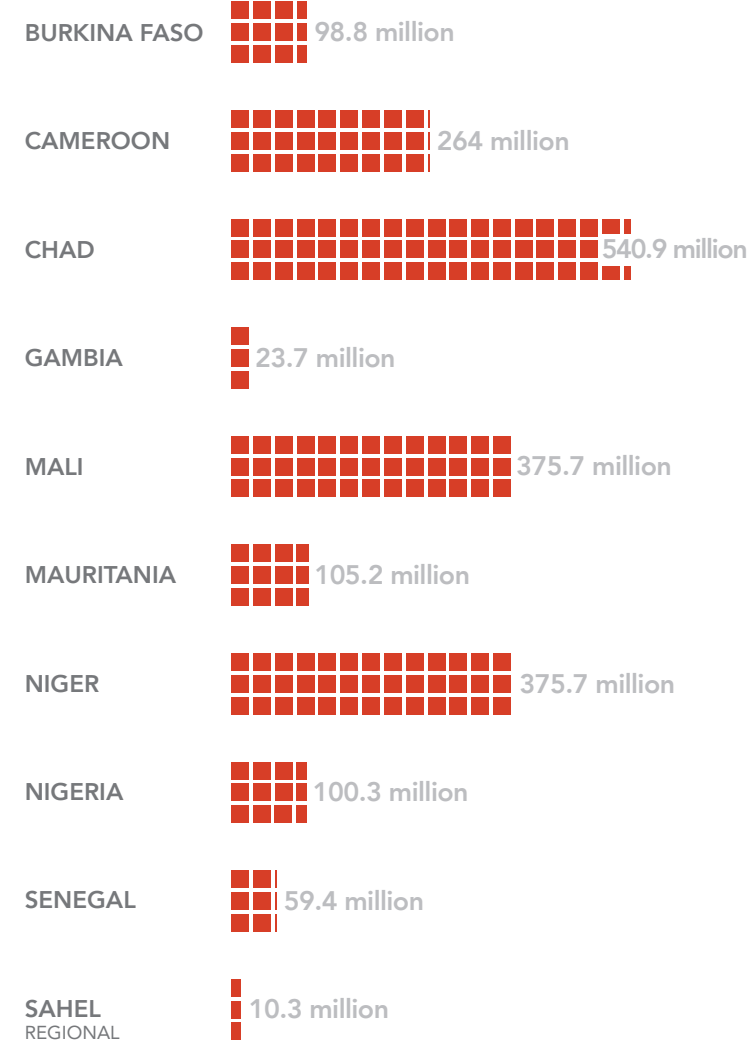
SRP FUNDING REQUESTED VS. RECEIVED BY SECTOR



2015

\$ 1.96 billion

REQUIREMENTS



SRP FUNDING REQUESTED BY SECTOR



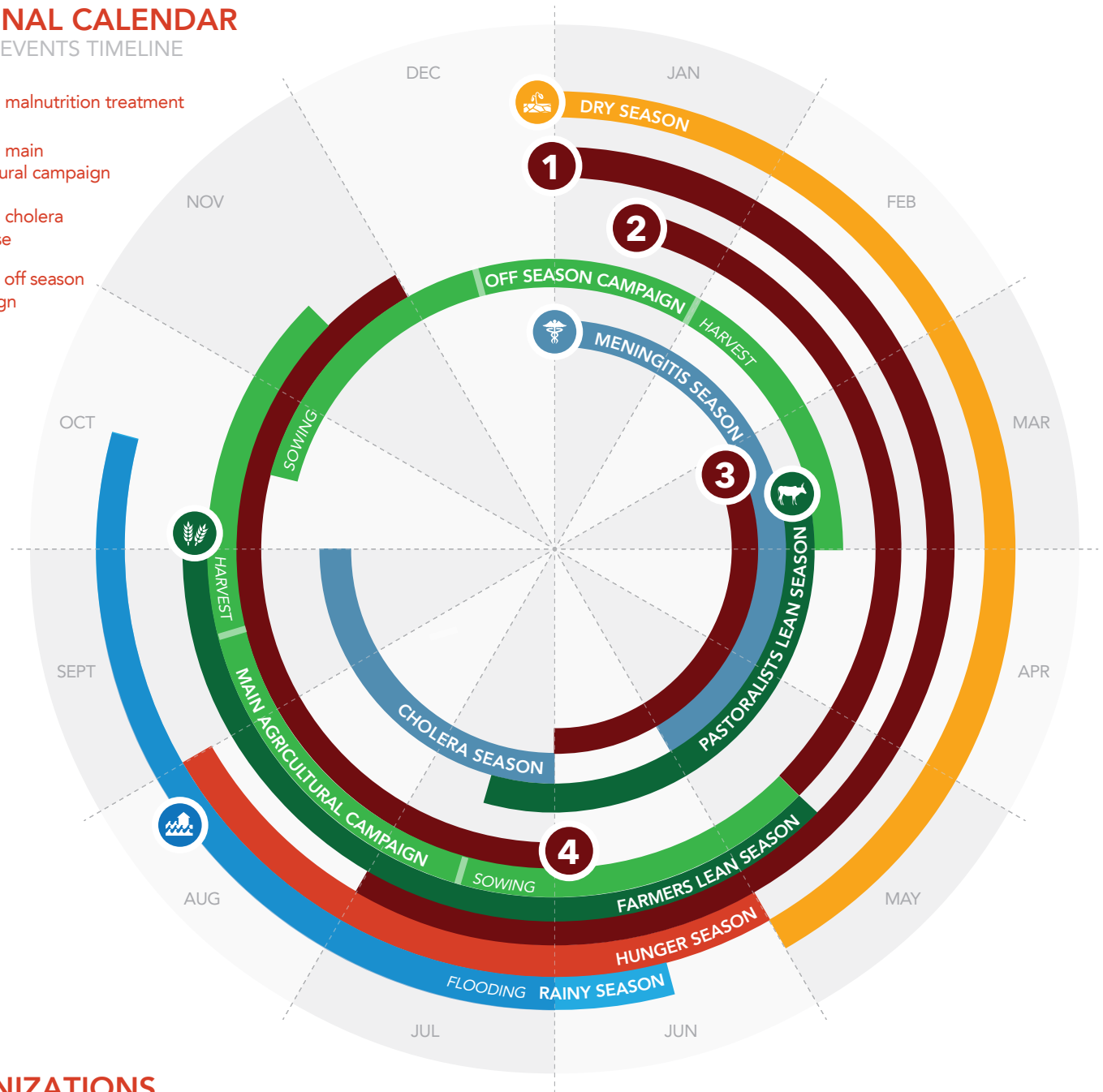
LEGEND

- COORDINATION & SUPPORT SERVICES
- FOOD SECURITY
- MULTI-SECTOR FOR REFUGEES
- LOGISTICS
- HEALTH
- NUTRITION
- WATER & SANITATION
- PROTECTION
- EMERGENCY SHELTER & NFIs
- EDUCATION
- EARLY RECOVERY
- SHELTER/CAMP COORDINATION & CAMP MANAGEMENT
- EMERGENCY TELECOMMUNICATIONS

SEASONAL CALENDAR

CRITICAL EVENTS TIMELINE

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




ORGANIZATIONS


PARTICIPATING IN THE SAHEL SRPs

ACF - France | 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 pour la Protection de la Santé, de l'Environnement et la Lutte contre la Pénurie Alimentaire | Adventist Development and Relief Agency | Afrique Solidarité - Suisse | Agence Humanitaire Africaine | Agency for Technical Cooperation and Development | Alliance for International Medical Action | Arbeiter-Samariter-Bund Deutschland e.V | Association des Femmes et Adolescents Solidaires | Association Jeunesse et Développement du Mali | Association Malienne des Droits de l'Homme | Association pour la Promotion de la Femme et de l'Enfant | Association pour le Développement Intégré du Guidimakha | Belgian Red Cross | Burkinabe Red Cross Society | CARE International | CARE USA | Catholic Relief Services | Centre d'Appui aux Initiatives de Développement Local | Centre de Support en Santé Internationale | Christian Relief & Development Organization | Clinique Mobile du Burkina Faso | Comitato Internazionale per lo Sviluppo dei Popoli | Concern Worldwide | Cooperazione Internazionale - COOPI | Danish Refugee Council | Développement Paix et Secours sans Frontières | Eau Vive | Empower Africa | FAIRMED Foundation | Food & Agriculture Organization of the United Nations | French Red Cross | Groupe Action et Recherche pour le Développement Local | Handicap International | Hilfe zur Selbsthilfe e.V. | Intermon Oxfam | International Aid Services | International Emergency and Development Aid | International Emergency and Development Aid Relief | International Federation of Red Cross and Red Crescent Societies | International Medical Corps | International Organization for Migration | International Relief and Development | International Rescue Committee | INTERSOS | Initiative Locale d'Actions pour la Femme | Islamic Relief Worldwide | Luxembourg Red Cross | Mauritanian Red Crescent | Médecins du Monde Belgium | Médecins du Monde France | Medici Mundi | Mines Advisory Group | 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 Akarass | ONG Au Secours | ONG Moundi - Association Pour le Secours et le Développement | Organisation Humanitaire et de Développement | Organisation Pour l'Appui au Développement Communautaire | OXFAM | OXFAM GB | OXFAM Netherlands (NOVIB) | Plan International | Plan Mali | Plan Niger | Planete Urgence | Population Services International | Première Urgence - Aide Médicale Internationale | Réseau Africain Jeunesse Santé et développement | Réseau des organisations sur la sécurité alimentaire | Réseau MARP Burkina | Resident Coordinators Support Office | Save the Children | Secours Islamique pour le Développement | Senegalese Red Cross Society | Solidarités International | UN Resident Coordinator's Office | Union Nationale des Associations Diocésaines de Secours et Développement | 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 Joint Programme on HIV/AIDS | United Nations Mine Action Service | United Nations Population Fund | Vision Plus | Vulgarisation et Développement au Tagant | WaterAid | World Concern Development Organisation | World Food Programme | World Health Organization | World Vision Senegal


Humanitarian aid to the Sahel in 2014



1 MILLION
PEOPLE DISPLACED AND AT RISK OF CHOLERA WERE PROVIDED WITH ACCESS TO SAFE DRINKING WATER





6.6 MILLION
PEOPLE RECEIVED LIFE-SAVING FOOD ASSISTANCE OR CASH ASSISTANCE




73%
OF PLANNED BENEFICIARIES ACCESSED EMERGENCY HEALTH CARE IN **NIGER**

5,700
MALIAN REFUGEE CHILDREN WERE ENROLLED IN PRIMARY SCHOOL IN MBERA REFUGEE CAMP IN **MAURITANIA**


80% 
OF SUDANESE REFUGEE PUPILS FROM 6-13 YEARS OLD WERE ENROLLED IN PRIMARY EDUCATION IN **CHAD**



330,000
CHILDREN UNDER TWO YEARS OLD RECEIVED FOOD COMPLEMENTS TO AVERT THE RISK OF ACUTE MALNUTRITION



73,090
PEOPLE IN **MALI** RECEIVED ASSISTANCE FOR PASTORALIST ACTIVITIES




17 MILLION
PEOPLE WERE PREVENTED FROM CONTRACTING CHOLERA THROUGH PREVENTIVE MEASURES




MOST VULNERABLE HOUSEHOLDS IN 7 SAHEL COUNTRIES RECEIVED CASH AND VOUCHERS WORTH **\$35 MILLION**



284,000
CHILDREN IN **NIGERIA** WERE TREATED FOR ACUTE MALNUTRITION IN 618 THERAPEUTIC CENTRES



191,000 MT
OF FOOD COMMODITIES WERE DISPATCHED TO THE MOST VULNERABLE PEOPLE IN THE FIRST NINE MONTHS OF THE YEAR



2.2 MILLION
CHILDREN UNDER FIVE, OF WHOM 1 MILLION WERE SEVERELY MALNOURISHED, WERE TREATED FOR ACUTE MALNUTRITION


39,604 
IDENTIFICATION DOCUMENTS WERE ISSUED BY LOCAL AUTHORITIES TO REFUGEES IN **CAMEROON** TO ENSURE THEIR FREEDOM OF MOVEMENT




680,000 PEOPLE IN **CHAD** RECEIVED FOOD VOUCHERS WORTH **\$10 MILLION**



3 MILLION+
FARMERS AND AGRO-PASTORALISTS RECEIVED AGRICULTURAL AND LIVESTOCK SUPPORT SUCH AS TOOLS, QUALITY CEREAL SEEDS, VETERINARY PRODUCTS, AND/OR WATER POINT REHABILITATION FOR THEIR LIVESTOCK



9.5 MILLION
INFANTS WERE IMMUNIZED AGAINST MEASLES





142,971
PUPILS IN EMERGENCIES RECEIVED A DAILY MEAL AT SCHOOL



1,400
CHILDREN BETWEEN 3-5 YEARS OLD PARTICIPATED IN PRE-SCHOOL ACTIVITIES IN CHILD FRIENDLY SPACES IN **MAURITANIA**

4,000 
REFUGEE FAMILIES RECEIVED CASH ASSISTANCE IN **NIGER**

2,812 
MALIAN REFUGEE PUPILS IN **BURKINA FASO** RECEIVED A NUTRITIOUS DAILY MEAL AT SCHOOL




51.33 MT
OF HUMANITARIAN SUPPLIES WERE TRANSPORTED TO REMOTE AREAS BY UN HUMANITARIAN AIR SERVICES IN **MALI**




510,000
PREGNANT OR NURSING WOMEN WERE TREATED FOR ACUTE MALNUTRITION



688,846 
CHILDREN IN EMERGENCIES ACCESSED EDUCATION THROUGH THE CONSTRUCTION OF TEMPORARY CLASSROOMS AND SAFE LEARNING SPACES, AND THROUGH PROVISION OF LEARNING MATERIALS AND ADEQUATELY TRAINED TEACHERS



79
CHOLERA AFFECTED DISTRICTS WERE REACHED WITH TREATMENT



76%
OF SEVERE ACUTELY MALNOURISHED CHILDREN TARGETED FOR ASSISTANCE IN **BURKINA FASO** RECEIVED TREATMENT THAT SAVED THEIR LIVES

3,036 
HECTARES OF FARM PLOTS WERE ALLOCATED TO THOUSANDS OF CENTRAL AFRICAN REFUGEE FAMILIES IN **CHAD** TO SUPPORT THEIR LIVELIHOODS



221,000
FARMERS IN **SENEGAL** RECEIVED ASSISTANCE TO BOOST THEIR LIVELIHOODS



7,209
HEALTH FACILITIES WERE SUPPORTED WITH SUPERVISION AND TRAINING TO PROVIDE ADEQUATE NUTRITION CARE FOR CHILDREN


3,000 
NUTRITIONAL CENTRES WERE EQUIPPED WITH SAFE DRINKING WATER, HYGIENE AND SANITATION FACILITIES



113,650
FARMERS IN **THE GAMBIA** BENEFITED FROM LIVELIHOOD ASSISTANCE



20,596
PEOPLE RECEIVED PSYCHOLOGICAL SUPPORT IN **MALI**

5,300 
VULNERABLE REFUGEES IN **MAURITANIA** RECEIVED SPECIAL ASSISTANCE SUCH AS HOME VISITS, COUNSELLING AND SHELTER IMPROVEMENT



Guide to Giving

to humanitarian response in Sahel

CONTRIBUTING TO INDIVIDUAL EMERGENCIES AND STRATEGIC RESPONSE PLANS

To access the humanitarian needs overview and individual strategic response plans by country, and to donate directly towards country plans, view the Sahel country pages. Each country plan contains links to participating organizations and contact persons for those wishing to make donations.

www.unocha.org/sahel

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. In 2014, the CERF contributed \$84.4 million to support response to acute emergencies and underfunded operations in the Sahel.

Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and also to make sure the most needed aid materials are the ones delivered. If your only option is in-kind contributions in response to disasters and emergencies, please contact: logik@un.org.

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (i.e. cash, in-kind, multilateral and bilateral) to emergencies. Its aim is to give due credit and visibility to donors for their generosity and to show the total amount of funding and the extent of gaps in resources for humanitarian appeals. Please report your contributions to FTS, either by email to fts@un.org or through the on-line contribution report form at fts.unocha.org.

FTS tables are updated on-line daily. Please click the link below for real-time updates on funding to meet the requirements of the Sahel 2015 Strategic Response Plan, and for information on remaining resource gaps.

<http://goo.gl/e7qtDU>

FUNDING ARRANGEMENTS ADAPTED 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.

KEY SEASONAL FUNDING MOMENTS

Main agricultural campaign
January – May

Off season campaign
June – November

Pastoralists support
All year

Food assistance
February – September

Malnutrition treatment
January – July

Prevention of acute malnutrition
April – November

Cholera response
March – July

WHAT IF?

... WE FAIL TO RESPOND

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

- 1 Approximately 320,000 children with severe acute malnutrition will not receive treatment and may die in 2015.** Others will suffer from irreversible damage to their mental and physical wellbeing, undermining their capacity to learn and develop in their adult life.
- 2 The absence of critical WASH services will lead to a considerable increase in malnutrition and twice the length of SAM treatment,** given the association between malnutrition and diarrhoea and malaria.
- 3 About half a million people in insecure areas will lack access to drinking water.** Existing WASH supply systems will collapse, notably those providing WASH kits to SAM and MAM children. 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 infectious diseases.
- 4 Over 1 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.
- 5 People displaced across the Sahel will continue to face violence, displacement, abuse and exploitation.** Livelihood activities aimed at reducing refugee dependency on assistance will discontinue and response capacity in emergencies will be reduced, particularly in the most affected countries of Nigeria, Niger, Cameroon, Chad, CAR and Mali.
- 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. 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.
- 7 The risk of the Ebola virus disease spreading to other countries will persist, and the risk of other epidemics and waterborne diseases will remain high.** Without sufficient support, 20,000 cases of cholera are to be expected in the region. 5 million children will not be immunized against measles.
- 8 Over 1 million refugees and more than 1.45 million internally displaced people across the region may lack physical protection and protection from refoulement, and assistance with emergency food, water and sanitation, shelter, health and nutrition services,** particularly in Nigeria, Niger, Cameroon, Chad, and Mali.

