

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

West Africa¹

AMOUNT: EUR 185 574 635.17²

The full implementation of this version of the HIP is conditional upon the necessary appropriations being made available from the 2018 general budget of the European Union

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2018/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for DG ECHO's partners and to assist them in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

This HIP covers mainly Burkina Faso, Guinea, Mali, Mauritania, Niger, Nigeria and Senegal. It may also respond to sudden or slow-onset new emergencies in Benin, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea Bissau, Liberia, Sierra Leone and Togo, if important unmet humanitarian needs emerge, given the exposure to risk and vulnerabilities of populations in these countries.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Eighth modification as of 27/11/2018

The amounts available on Strategic Objective 1 (SO1) and Strategic Objective 2 (SO2) are adapted to fully reflect the selection of projects based on the proposals received for the additional allocation in November 2018 (Version 8 of the HIP 2018 West Africa). To this end, this modification is increasing Specific Objective 1 by EUR 4 738 842.00 (new amount SO1: EUR 125 238 842.00) and reducing Specific Objective 2 by the corresponding amount (new amount SO2 51 335 793.17) as detailed in the Technical Annex per country. This modification will not change the total amount of the HIP West Africa 2018 or any other part of this HIP.

Seventh modification as of 11/10/2018

Since February 2018, the situation in the Sahel region has been deteriorating steadily regarding the food and nutrition situation of the population; combining with unforeseen –

¹ For the purpose of this Humanitarian Implementation Plan, the countries concerned are Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

² Including EUR 25 374 635,17 in External Assigned Revenues from the United Kingdom Department for International Development (DFID). This DFID contribution concerns four of the countries covered by this HIP (Burkina Faso, Mali, Mauritania and Niger), with potential support to other countries, including Gambia and Senegal. The exact amount will be defined on the base of the Inforeur tax rate of the month of reception of funds from DFID.

and unmet – emergency needs resulting from conflicts and forced displacement of populations in Burkina Faso, Mali, Mauritania, Niger and Nigeria.

This year's food and nutrition crisis is being as severe as the one in 2012. 10.7 million people are estimated to be in need of emergency food assistance during the lean season in the countries mentioned, which started as early as February in pastoral areas and May in agricultural areas. 3.8 million children suffering from Severe Acute Malnutrition (SAM) are in need of life-saving nutrition.

At the same time, increased humanitarian needs also stem from increased displacement due to conflict, widespread insecurity and violence. In total, 2.3 million people have been forcibly displaced throughout the five countries.

An additional allocation of EUR 35 million is therefore considered necessary to help meet the increasing needs of vulnerable populations affected by acute food or nutrition insecurity or conflict. This modification will bring the total amount of the HIP West Africa 2018 to EUR 185 574 635.17.

Sixth modification as of 02/10/2018

Niger

A cholera outbreak is currently affecting three regions in Niger (Maradi, Zinder and Tahoua) and could potentially reach Niamey and Diffa. The health system is under pressure as the outbreak comes at a time of a surge in acute undernutrition and the malaria season. Furthermore, the rainy season is ongoing, with floods affecting already more than 200 000 people.

In order to support the urgent response and prevent the spreading of the outbreak, the Commission has decided to reallocate an amount of EUR 174 635.17 proceeding from de-committed funds from the External Assigned Revenues from DFID.

This modification will bring the total amount of the HIP West Africa 2018 to EUR 150 574 635.17.

Fifth modification as of 26/06/2018

Nigeria

Humanitarian needs in Northeast Nigeria continue to increase. In the past seven months, over 130 000 people have been newly displaced due to the ongoing conflict. Humanitarian actors expect further displacement in the next few months. Massive food assistance has contributed reduce acute food insecurity. However in the absence of livelihood opportunities and freedom of movement, 2.5 million people remain dependent on monthly support from aid organisations.

In addition, an estimated 930 000 people are still unable to access services and assistance, which appears to be leading to alarming malnutrition rates among people coming from these remote hard to reach rural areas, indicating an urgent need for humanitarian response.

In order to respond to the emergency needs in Nigeria, the Commission has mobilised an additional amount of EUR 13 000 000.

This modification will bring the total amount of the HIP West Africa 2018 to EUR 150 400 000.

Fourth modification as of 27/4/2018

The agro-pastoral crisis continues to aggravate the food and nutrition crisis in Mali and Burkina Faso, where the number of people in severe food insecurity has sharply increased compared to initial projections and is reaching alarming levels in a context of an early onset of the lean season. An increase of 80 % is observed in Mali and of 54 % in Burkina Faso. Hence, in Mali, the total number of people requiring urgent food assistance during the lean season has risen to more than 1.4 million, and in Burkina Faso to over 954 000 people. The expected number of children under 5 suffering from Severe Acute Malnutrition has also sharply increased, reaching 275 000 in Mali and 187 177 in Burkina Faso.

In order to scale up the response to the acute food and nutrition needs for the most vulnerable populations affected by the agro-pastoral crisis in Mali and Burkina Faso, additional funding of EUR 12 000 000 is considered necessary.

This modification will bring the total amount of the HIP West Africa 2018 to EUR 137 400 000.

Third modification as of 26/03/2018

For Nigeria an amount of EUR 1 000 000 remains unused on the DIPECHO budget line. The capacity to implement DRR projects remains limited in Nigeria. This amount will therefore be de-committed and allocated to another HIP with urgent and uncovered needs.

Second modification as of 01/03/2018

Both Burkina Faso and Mauritania are facing a new food and nutrition crisis in 2018, linked to an early agro-pastoral lean season and affecting particularly the Southern regions. In Mauritania, rates of Global and/or Severe Acute Malnutrition are above the emergency threshold in six out of 13 regions out of 13, and at least 10% of the population (378 600 people) require immediate emergency humanitarian aid, an increase of 220% compared to last year. This figure is expected to reach 15% of the total population – i.e. 602 000 people - by May 2018.

In Burkina Faso, the population in the entire Northern Sahelian band is affected by the agro-pastoral crisis. Overall, more than 620 000 people are expected to face a food crisis. This is more than double than number as compared to 2017. Over 187 000 children are expected to suffer from Severe Acute Malnutrition in the Sahel region of the country, which implies a rate of Severe Acute Malnutrition rate of 4.1%, way beyond the international emergency threshold.

In order to reduce the current gaps in food and nutrition assistance for the most vulnerable affected populations, additional funding of EUR 4 500 000 is considered necessary in Mauritania and EUR 2 500 000 in Burkina Faso.

This modification will bring the total amount of the HIP West Africa 2018 to EUR 126 400 000.

Furthermore, following the assessment of proposals under the initial allocation of this HIP, for Burkina Faso a shift of EUR 500 000 is required from the Man-made Disaster Specific Objective to the Natural Disaster Specific Objective. For the same reason, for Niger a shift of EUR 750 000 from the Natural Disaster Specific Objective to the Man-made Disaster Specific Objective is required.

First modification as of 06/12/2017

An additional amount of EUR 25 200 000 has been made available from a contribution in External Assigned Revenues from the UK's Department for International Development (DFID) for several Sahel countries. These funds will benefit vulnerable populations in Burkina Faso, Mali, Mauritania and Niger. This amount will be used in line with the overall objectives agreed with DFID for the joint PHASE (Providing Humanitarian Aid for Sahel Emergencies) programme in the Sahel: (1) decreasing at least 550 000 people's vulnerability to chronic food insecurity and malnutrition, (2) alleviating the needs of at least 300 000 people affected by conflicts and (3) increasing the capacity of target communities to cope with natural disaster.

1. CONTEXT

Overview of the main humanitarian challenges in the region

West Africa is the poorest region in the world. Out of the twenty least developed countries of the Human Development Index (HDI), ten are in West Africa. Some 353 million people living in the region are confronted to large-scale extreme poverty, uncontrolled demographic growth, rising insecurity, conflict and resulting displacement, fragility, the impact of climate change, epidemics and, subsequently, clearly growing humanitarian needs. There is a sustained level of extreme vulnerability, without a real prospect of improvement in the short or medium-term. Overall, approximately 16.4 million³ people are in immediate need of humanitarian assistance.

Over the past few years, conflicts and insecurity in the region have led to continued large-scale forced displacement. Out of a population of 105 million people living in the areas affected by armed conflict in the region⁴, 4.9 million people have been forced to flee. The population affected by conflicts is facing high protection risks. In Nigeria, the continued terrorist attacks by Boko Haram have a direct and acute impact on civilians. Whilst the situation has stabilised in some areas of the Northeast, the humanitarian situation remains critical in most parts of Borno State, and the delivery of humanitarian assistance is still challenged by the lack of security. The spillover to Niger and other neighbouring countries in the Lake Chad region remains significant. The security situation in Mali remains extremely volatile despite the Peace Agreement signed in June

³ Estimated figure based on latest data concerning severe food insecurity, Severe Acute Malnutrition and forced displacement. To note some data may overlap.

⁴ Burkina Faso, Mauritania, Mali, Niger and Northern Nigeria

2015. The area affected by clashes and incidents involving illegal armed groups is expanding, increasingly reaching the Central areas. The spillover of the conflict to neighbouring Burkina Faso, Mauritania and Niger continues, and the Mali regional crisis is considered as a forgotten one.

Amongst the many challenges in West Africa, acute undernutrition and food insecurity in all West African countries is a major concern as it leads to high levels of child and maternal mortality and morbidity. In fact, DG ECHO considers Sahel food and nutrition insecurity a forgotten crisis. Severe Acute Malnutrition (SAM) of children under five years of age is the deadliest consequence of the humanitarian crises in the region. An estimated 1 025 000⁵ children under five die in the Sahel⁶ every year, 461 250⁷ of them as a consequence of maternal and child undernutrition.

In 2012, the AGIR (Global Alliance for Resilience Initiative in its French acronym) and the 11th EDF (European Development Fund) process brought positive perspectives to resilience building in the region. However, increasing fragility, continuing conflicts, lack of resources and competing priorities hamper the governments and partner's first commitment towards resilience building and more globally vulnerability and poverty reduction. The 2017 Commission Communication on Forced Displacement has added fresh impetus to the process, resulting in positive perspectives for the population affected by conflicts.

Main vulnerability indicators per country

Nigeria ranks 152/188 on the HDI⁸. The overall INFORM Risk Index in 2017 is 6.3 (Hazard and Exposure 6.9; Vulnerability 5.5; Lack of Coping Capacity 6.5). The INFORM Crisis Index for Nigeria has remained at 3/3 in 2016, resulting from a Conflict Intensity score of 3/3, from an Uprooted People index of 2/3 and a People Affected by Natural Disasters index of 0/3. However, these indicators being nationwide, they do not provide an accurate picture of the conflict in the Northeast, considering also that Nigeria has a total population of 193.4 million of whom 8.5 million are directly affected by crises, i.e. 4.7% of the total population. 88.4 million people, i.e. 48% of the total population, are estimated to be indirectly affected. The country's humanitarian outlook indicates that the situation is deteriorating in the areas affected by Boko Haram's violence, with spill-over effects in neighbouring countries.

Mali ranks 175/188 on the HDI. The overall INFORM Risk Index in 2017 is 6.1 (Hazard and Exposure 5.4; Vulnerability index 6.1; Lack of Coping Capacity 6.8). The INFORM Crisis Index for Mali has been lowered to 2 in 2017, resulting from a Conflict Intensity score of 3, an Uprooted People of 0 and a People Affected by Natural Disasters index of 0. Mali has a total population of 17 600 000 of whom about 3 700 000 are directly affected by the crisis, i.e. 21% of the total population. 13 400 000 people, i.e. 76.1 % of the total population, are estimated to be indirectly affected. The country's humanitarian outlook

⁵ Child Mortality Estimates 2015, UNICEF Global Data base, State of the World Children, 2016

⁶ Burkina Faso, Gambia, Mali, Mauritania, Niger, Nigeria, and Senegal (Chad and Cameroon being integrated in the HIP 2018 Central Africa)

⁷ The Lancet, Maternal and Child Nutrition, June, 2013 – 45.4% of total deaths in children younger than 5. years attributed to nutritional disorders

⁸ Human Development Report 2015, compiled by United Nations Development Programme

indicates that the situation is deteriorating, particularly in the areas affected by conflict in the Northern and increasingly Central regions. The conflict in the North and the Sahel food and nutrition crisis in the South are both characterised as forgotten crises. Peacekeeping and peace-making military operations have been deployed in the country: MINUSMA, EUTM, EUCAP, G5 Sahel, Barkhane.

Niger ranks 187/188 and, thus, penultimate on the HDI. The overall INFORM Risk Index in 2017 is 7.4 (Hazard and Exposure 7.3; Vulnerability 7.1 Lack of Coping Capacity 7.7). The INFORM Crisis Index for Niger has increased slightly in 2017, resulting from a Conflict Intensity score of 3/3, an Uprooted People index of 3/3 and a People Affected by Natural Disasters index of 2/3. Niger has a total population of 19 million, 5 million of whom are directly affected by the crisis, i.e. 27% of the total population. 17 million people, i.e. 90% of the total population, are estimated to be indirectly affected. In June 2017, 1.8 million people are estimated to be in need of emergency food assistance. It represents a sharp deterioration from the first estimation of 1.2 million early 2017.

Mauritania ranks 157/188 on the HDI. The overall INFORM Risk Index in 2017 is 5.7/10 (Hazard and Exposure 5.2/10; Vulnerability 5.1/10; Lack of Coping Capacity 7/10). The INFORM Crisis Index for Mauritania is stable at 2/3 in 2017, resulting from a Conflict Intensity score of 0/3, an Uprooted People index of 2/3 and a People Affected by Natural Disasters index of 0/3. Mauritania has a total population of 4.2 million people, of whom 1.2 million are directly affected by the 2 crises (1.18 million affected by food insecurity and 52 000 Malian refugees), i.e. 29% of the total population. The country's humanitarian outlook indicates that the situation is stagnant and of concern.

Burkina Faso ranks 185/188 on the HDI. The overall INFORM Risk Index in 2017 is 5.5/10 (Hazard and exposure 4.4/10; Vulnerability is 6.1/10; Lack of Coping Capacity 6.2). The INFORM Crisis Index for Burkina Faso is decreasing to 1/3 in 2017, resulting from a Conflict Intensity score of 0/3, an Uprooted People index of 0/3 and a People Affected by Natural Disasters index of 1/3. Burkina Faso has a total population of 18.1 million people, with half of the Burkinabe population living in extreme poverty with little access to health and basic services. Structural food insecurity is exacerbated by high food prices and the recurrent indebtedness of vulnerable families. During the lean season, 1.7 million people are estimated to be under stress and 257 000 in a situation of food crisis.

Senegal ranks 162/188 on the HDI. The overall INFORM risk Index in 2017 is 5.1/10 (Hazard and Exposure 4.5/10; Vulnerability 4.8/10; Lack of Coping Capacity 6/10). The INFORM Crisis Index for Senegal is decreasing to 1/3 in 2017, resulting from a Conflict Intensity score of 0/3, an Uprooted People index of 0/3 and a People Affected by Natural Disasters index of 1/3. Senegal has a total population of 15.13 million, of whom 4.4 million are directly affected by the crisis (food insecurity), i.e. 28% of the total population. The country's humanitarian outlook indicates that the situation is stable but preoccupying.

Guinea ranks 183/188 on the HDI. The overall INFORM Risk Index in 2017 is 5.0/10 (Hazard and exposure 3.5/10; Vulnerability is 4.8/10; Lack of Coping Capacity 7.4). The INFORM Crisis Index for Guinea Conakry is 0/3 in 2017, resulting from a Conflict Intensity score of 0/3, an Uprooted People index of 0/3 and a People Affected by Natural Disasters index of 0/3. Guinea Conakry has a total population of 12.6 million people.

Between December 2013 and April 2016 Guinea Conakry has been affected by the largest Ebola Virus Disease outbreak to date, which started in Guinea Forestière and spread to neighbouring countries (Sierra Leone and Liberia). Recurrent outbreaks are possible in the future. In addition to Ebola, the country is prone to Cholera, Measles, Yellow Fever, Anthrax and Lassa fever among others. The health system often faces these diseases but struggles with early detection and early response.

2. HUMANITARIAN NEEDS

1) People in need of humanitarian assistance:

a. Forcibly displaced people and households affected by conflicts

The conflict in Northeast Nigeria has resulted in the forced displacement of over 2 million people in Nigeria, Niger, Chad and Cameroon - in an area with an already vulnerable population, notably due to underdevelopment. The most affected country is Nigeria with an estimated 1.7 million displaced people (mainly in the Northeastern states) and 14.8 million affected by the conflict. Over half of the displaced population lives with host communities who are themselves increasingly burdened by limited access to basic services and resources, high staple food prices, the disruption of trade and lack of assistance. There are an estimated 8.5 million people in need of humanitarian assistance in the states of Borno, Adamawa and Yobe in North East Nigeria alone.

As of July 2017, Niger hosts about 240 000 displaced people in the region of Diffa. Due to continuous violence, forcibly displaced people are unable to access sufficient food, water, shelter and basic services. Displacement and lack of institutional framework is exacerbating their protection risks. Insufficient assistance, sharing already limited resources and the disruption of livelihoods have also a dramatic impact on the host and local populations.

The conflict in Northern Mali continues to fuel displacement both in Mali and neighbouring Burkina Faso, Mauritania and Niger. In total, there are over 210 000 displaced people, the majority of whom are refugees (140 895). The perspectives for a durable return of IDPs or refugees are limited, given the continued insecurity and limited access to basic services (especially health and education) in parts of North and Center Mali. The conflict also has negative impact on the food and nutrition security situation, in particular in the Northern regions. In 2017 in Mali, in total approximately 3 million people are estimated to be food insecure during the lean season, out of which estimated 600 000 are in need of emergency food assistance.

b. Children with the highest risk of mortality due to acute undernutrition and their caretakers

In 2017, over 8 million children under five and pregnant and nursing women are in need of emergency nutrition assistance across the region. 3.1 million children suffer from Severe Acute Malnutrition (SAM) and face immediate risk of mortality. Extreme poverty, climate change, very high birth rates, combined with weak basic service provisions and limited social safety nets compound the vulnerability of communities to persistent malnutrition levels. Acute undernutrition is exceeding the emergency thresholds in several regions in Mauritania, Burkina Faso, Mali, Niger, Senegal and Nigeria.

c. Very vulnerable populations affected by acute food crises or natural disasters and epidemics

i. Population affected by acute food crises

During the peak of the lean season from June to August 2017, 46.532 million people were food insecure, with 12.37 million of them suffering from severe food insecurity according to the Cadre Harmonisé (Harmonised Framework – CH) food security information system (compatible with IPC – Integrated Food Security Phase Classification - phase 3 and above). All six countries have reached the emergency alert level (IPC phase 4) in 2017: Nigeria (1 482 089 people), Niger (43 973 people), Burkina Faso (5 552 people), Mali (21 757 people), Mauritania (29 404 people) and Senegal (19 528 people). In addition to the structural underlying causes of food insecurity, the region recurrently suffers from natural disasters, mainly floods and droughts, threatening lives and livelihoods and triggering seasonal scale food and nutritional crises. The poorest households are the most vulnerable to food crises, which are regularly triggered by staple food price spikes.

ii. People affected by natural disasters and epidemics

The 353 million people living in West Africa are also regularly affected by epidemics, such as yellow fever, Lassa fever, measles, meningitis and cholera. Floods, flash floods, landslides and droughts also affect the region regularly.

2) Description of the most acute humanitarian needs

Multi-sectoral assistance to vulnerable populations affected by conflict

The Lake Chad crisis is characterized by forced displacement. Forcibly displaced people are settled mainly in informal camps or hosted in environments that are poorly resourced, prone to epidemics and at high protection risks. Therefore, basic assistance is needed to ensure survival in dignity and prevention of future threats. For the most vulnerable refugees and IDPs, the provision of adequate food assistance, nutrition and health services, shelter, Non-food Items (NFI), water and sanitation and protection is essential and should be adapted to each context. Assistance to vulnerable host and local populations affected by the conflicts is also required.

As for the conflict in Northern and Central Mali, the situation remains very fragile and volatile. The departments of Mopti, Kidal, Gao and Timbuktu in Mali, the department of Hodh Ech Chargui in Mauritania, the Sahel region of Burkina Faso and Tillabery and Tahoua regions in Niger are particularly affected, with populations forced to move in informal settlements or seeking protection and assistance in refugee camps. The armed conflicts affect both displaced populations and local communities. Needs are most acute in sectors such as protection (including Education in Emergencies), food assistance, nutrition, health, shelter, WASH (water, sanitation, hygiene). Coordination and support to operations (air transport, security, etc.) are also needed, accompanied by Rapid Response Mechanisms (RRM), resilience building and early recovery and support to self-reliance of refugees.

The structural health systems weakness is further exacerbated in conflict affected areas. Specific support is needed for those affected by displacement to ensure **access to basic services** as well as to prevent epidemics. Particular attention is given to the most vulnerable: children, women and elders.

In line with DG ECHO policy, particular attention to gender and age-specific needs and unaccompanied minors and pregnant women is crucial in conflict areas.

Displaced populations and people affected by conflict require protection throughout the region. Legal protection, freedom of movement and a voluntary and informed nature of relocation and returns in safety and dignity are essential and have to be improved. In addition, high incidence of gender-based violence has to be addressed. The particular needs of children and youth, such as risk of recruitment and use and family separation are an issue in all conflicts in the region.

Access to education has been heavily impacted, school buildings have been damaged or destroyed, or schools have been forced to close and teachers have fled.

In Mali, 61% of victims of Explosive Remnants of War (ERW) are children. The risk of becoming victims is higher for out-of-school children, who are estimated at 391 000. Sexual gender-based violence continues to be reported in the Northern regions, whilst impunity prevails.

In Northeast Nigeria, many women and girls have to resort to harmful coping mechanisms; sexual exploitation and abuse. These are reportedly used as a precondition to access food and other types of assistance. Acute child protection issues persist. An estimated 20 000 unaccompanied and separated children and over 7 000 women and children have been subjected to Boko Haram's related sexual violence, including forced marriage. Parties to the conflict reportedly use and recruit children. Between January and August 2017 alone, 83 children, especially girls, have been sacrificed as 'human bombs' in northeast Nigeria.

Similar protection needs to prevail in Boko Haram's conflict-affected Diffa in Niger. Repeated violent outbreaks force population to move from one location to another; some have been displaced up to eight times.

Treatment and prevention of Severe Acute Malnutrition

Global Acute Malnutrition is above the emergency threshold (15%) in several regions in Mauritania, Burkina Faso, Mali, Niger, Senegal and Nigeria according to nutritional surveys of 2016⁹. While the capacities of some national health systems to manage Severe Acute Malnutrition in the region have increased, overall, they still remain limited and cannot cope with the remaining high caseload without the support from NGOs and the UN partners. Support is therefore necessary to ensure quality health care services at scale to avoid further increase in child mortality. Access to maternal and child health care remains a major obstacle for poor households. Prevention of acute undernutrition is equally lagging behind. There is a clear need for an integrated nutrition and health response, focusing on the key causes of morbidity and mortality as well as maternal health, considering that health centres are the entry point for children and women affected by undernutrition. Insufficient availability of and access to clean water combined with poor hygiene practices and feeding practices are aggravating undernutrition.

⁹ The results from 2017 national surveys will become available by November 2017.

In Northeast Nigeria, SAM and mortality rates have by far surpassed the emergency level. IPC Phase 5 – famine - pockets have been reported and famine is predicted to be faced by 50 000 people in the least accessible areas during the lean season of 2017. In the meanwhile the food security situation has considerably deteriorated, with 5.2 million people estimated to be in need of food assistance and 450 000 children under five suffering from severe acute malnutrition. Scaling up on food and nutrition assistance is urgently needed, in particular for children under five and pregnant and lactating women, as well as support destined to improve their livelihoods.

Food Assistance for vulnerable households

The poorest households face acute and severe food insecurity during the lean season in all countries of the region. Based on national estimates of affected populations provided by the CH analysis, governments are expected to develop national response plans and implement them in collaboration with the humanitarian and development stakeholders. Overall needs remain largely uncovered, contributing to the further erosion of households' livelihoods and capacities to withstand shocks year after year. Building their resilience to recurrent and severe shocks requires nationwide social measures and mechanisms, such as safety nets. In 2017, humanitarian food assistance remained critical to ensure a minimal coverage of the most acute needs in all the countries of the region.

Disaster risk reduction (DRR) and preparedness for emergencies

West Africa is amongst the most exposed regions to disasters. All countries are ranked in high or very high risk of disasters¹⁰ due to a lack of coping capacity and a very high level of vulnerability of the local population. In addition to structural issues of chronic poverty and resilience deficit, conflicts and insecurity, vulnerable populations are exposed to natural hazards such as droughts, floods, epidemics.

In 2017, local droughts and high level of insecurity resulted in severe food shortages and survival deficits in many areas whilst livestock crises were reported in several countries. A sudden price inflation in Niger, at the beginning of 2017, increased the number of people in need of urgent food assistance from 1.2 to 1.8 million. The UK-based Centre for Ecology and Hydrology (CEH), with an international team of scientists, shows that global warming is responsible for a tripling in the frequency of extreme West African Sahel storms observed in the last 35 years. They are up to four times more frequent than 35 years ago. On average, we count up to 80 events a year compared to 20 in 1982. With very fragile health systems, countries of West Africa remain very exposed to epidemics. Less than two years after the most deadly outbreak of Ebola to date, a serious outbreak of measles was declared in Guinea whilst other disease such as hepatitis E, rift valley fever, uncommon in the region before, affected several countries in 2017.

To save the lives and protect the livelihoods of vulnerable populations exposed to hazards, notably insecurity, droughts, price inflation, floods and epidemics, suitable and viable preparedness measures, rapid response mechanisms and early warning systems are highly required. Consequently, disaster risk reduction concerns should be mainstreamed or specifically addressed in the humanitarian response.

¹⁰ United Nations University, World Risk Report 2015

Coordination

In order to address humanitarian needs in an efficient and effective manner, enhanced humanitarian coordination is necessary. For effective coordination, it is also important to take into account the spillover effects of the crises in their neighboring countries. Systematic and timely needs assessments, data collection, analysis, presentation and dissemination are needed to improve humanitarian coordination. Further, the complex nature of the conflicts in the region requires coordination and understanding of the civil-military coordination guidelines.

Coordination is also key in critical sectors such as DRR, protection, health, nutrition, food security and livelihoods. In addition and considering the complexity of access in conflict-affected areas in the region, Rapid Response Mechanisms have to be promoted along the establishment of humanitarian hubs which are meant to enable swift and secured deployment of teams and assistance to deep field locations.

Besides conflicts, coordination is essential in promoting the Linking Relief, Rehabilitation and Development (LRRD), resilience and AGIR agenda in West Africa and the Sahel, where food insecurity and undernutrition are of a chronic nature and mainly relate to structural under-development and are aggravated by on-going conflicts.

3. HUMANITARIAN RESPONSE

1) National / local Response and involvement

In West Africa, Burkina Faso, Mali, Mauritania, Niger, Nigeria and Senegal are currently coordinating the emergency response through national multi-sector response plans which include all stakeholders. Coordination, targeting, timing, transparency, efficiency, as well as systematic monitoring and evaluation need to be improved in order to ensure the prioritisation of essential urgent needs at the country level. Furthermore, the government's capacities remain limited in all Sahel countries, and humanitarian interventions are thus still needed to complement the governments' efforts. Although the governments have subscribed to AGIR, the implementation and the scaling up of the commitments towards the most vulnerable populations are yet to fully materialise.

The CADRI initiative¹¹ brought a diagnosis of national capacity in nine countries of West and Central Africa in Disaster Risk Reduction (DRR). It highlights that although there is an institutional framework for reducing the risk of disasters both at regional and country levels, it generally has significant weaknesses, such as confusion between normative and institutional framework/mandates, weak levels of preparedness and response at a decentralized level, inadequacy of contingency plans, poor risk analysis and information-sharing.

In Nigeria, the emergency assistance provided by the government National Emergency Management Agency (NEMA) is not sufficient to meet the magnitude of needs. The response provided by authorities in Niger, in particular in the Diffa region, to the humanitarian spill-over effect of the Northeast Nigeria conflict, remains very limited.

¹¹ Capacity for Disaster Reduction Initiative, led by UNDP

To respond to the challenges in terms of coordination of the response, several governmental bodies are involved, including NEMA, the Presidential Committee on the North East Initiative and a coordination platform under the Ministry of budget and planning leadership. In February 2017, the launch of a Nigerian-based pool fund was announced by OCHA.

In Niger, the increasing fragility of the country facing threats in the Lake Chad area, at the border with Mali and with Libya is increasing the pressure on public finances and national capacity to respond to humanitarian needs. Despite progresses in scaling up the treatment of Severe Acute Malnutrition and its integration in the health system, the development of national crisis response and safety nets are unable to cope with the massive caseloads of SAM, severe food insecurity and forcibly displaced people. They therefore continue to rely on external assistance.

In Mali, the high number of security incidents in the North and in the Centre continues to have a negative impact on the deployment of the government of Mali and the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA). The Malian government is still not able to fully restore access to basic services (health, education and water) in the Northern regions. It is also losing ground in the Centre, leaving the population dependent on humanitarian assistance.

As of August 2017, Senegal has not yet endorsed a national response plan to address the high levels of food and nutrition insecurity, despite the readiness of international stakeholders and previous attempts and expectations to finalise it before June 2017. Available means to cover the most acute needs remain uncertain.

In Mauritania, where the low density of population is challenging, national support to nutrition remains very limited and the current response is unevenly spread over the country, with areas of low coverage. Progress on development programmes related to undernutrition and health are slow and unlikely to provide the expected effect by 2018. Furthermore, 57 425 Malian refugees are hosted by the country and require multi-sectoral humanitarian assistance.

In Burkina Faso, there is a national commitment to respond to the nutrition crisis. However, the investments in nutrition by the government and through the EU health sector budget support do not cover the expected needs. The capacity of the Government to respond to crises continues to be low. Burkina Faso remains the only country in the region that has not invested in a lean season intervention mechanism to protect household's access to their basic food needs and their livelihoods.

In Guinea Conakry the risk of epidemics is high and the response capacity very limited. It is therefore proposed to address the underfunding and lack of capacity of the health surveillance system at different levels through a comprehensive, joint approach between humanitarian and development actors. The weaknesses of the system need to be addressed starting with the communities and linking them properly with the regional, national and international levels.

2) International Humanitarian Response

The “2018 Sahel Overview of Humanitarian Needs and Requirements” gives the following summary of the international humanitarian response:

| | Burkina Faso | Mali | Mauritania | Niger | Nigeria |
|---|--------------|-----------|------------|-----------|-----------|
| People in Need | 789 000 | 5 200 000 | 830 000 | 2 300 000 | 7 700 000 |
| People targeted | 702 000 | 2 900 000 | 618 000 | 1 800 000 | 6 100 000 |
| Requirements in million USD | 90.3 | 329.6 | 116.0 | 338.3 | 1 047.8 |
| % of funding by the end of September 2018 | 44% | 32.4 % | 44.5% | 41.6 % | 55.6% |

3) Constraints and DG ECHO's response capacity

Access and humanitarian space

The conflict-affected areas are characterised by a multiplication of armed groups, the volatile security situation and an overall limited knowledge and respect of International Humanitarian Law (IHL). Humanitarian organisations are also increasingly subject to criminality in areas of low or no governmental presence, which hampers the general effectiveness of implementation.

Partners' capacity

Partners' capacity tends to be challenged in conflict settings. Within its limited financial means and based on the most critical needs, DG ECHO supports a considerable number of partners with the capacity to respond to sudden-onset forced displacement and food and nutrition crises. Partners' capacity in addressing containment of epidemics, flood response and natural disaster preparedness remains generally limited.

4) Envisaged DG ECHO's response and expected results of humanitarian aid interventions.

A. *Support to conflict-affected population*

The acute needs of conflict affected populations (internally displaced, refugees, returnees, host and local) in Nigeria, Niger, Mali, Burkina Faso and Mauritania, will be addressed in the identified priority sectors further developed in the Technical Annex. Priority sectors include food assistance, emergency health, nutrition, emergency WASH, shelter and non-food items, protection, education in emergencies, and coordination and logistics. Sudden movements of populations (returns included) may be addressed through multi-sectoral support, including Rapid Response Mechanisms. The response will be adjusted to the evolving needs and responses provided by humanitarian and development actors in support of national governments, as first duty bearers. In a scenario where regular and localised crises may still appear within a stabilised context, including returns, the response will be adjusted in full coordination with the humanitarian mechanism and

in complementarity with the interventions financed by the EU Trust Fund for Africa as well as development actors.

The resilience building, early recovery and self-reliance of conflict-affected populations might be supported within the remit of the humanitarian mandate, where the intervention has a clear added value, is time-bound and takes into account other considerations related to developmental approaches, mainstreaming Disaster Risk Reduction, and promoting multi-annual approach where and when appropriate.

DG ECHO will help enhance partners' capacity for better delivery and efficiency of humanitarian assistance, particularly in contexts where access is limited (e.g. humanitarian air and logistic operations, coordination mechanisms, security management)

B. Addressing food and nutrition crises

Nutrition response

Acute nutrition needs will be addressed to reduce excessive morbidity and mortality of children under 5, related to Severe Acute Malnutrition in the areas where the emergency threshold for acute malnutrition has been exceeded and/or where national capacities are insufficient and/or in high-risk areas. The treatment should offer early diagnosis, treatment of SAM, and a minimum package of health services and priority accompanying measures for children and mothers (as close as possible to the beneficiaries), preferably through existing health system. Strategies should promote multi-annual approach, and support response capacities to address peaks in high risk areas. Support will be provided to local, national or regional Rapid Response Mechanisms in order to provide emergency nutrition supplies to the most vulnerable populations during acute nutrition crises.

DG ECHO will focus its assistance on priority needs, whilst ensuring capacity diagnosis and differentiated approaches in order to foster the transition from humanitarian to development actions. Where appropriate, short-term substitution to local systems could be envisaged when significant gaps have been identified, including a clear exit strategy from the very beginning. Where local capacities reach adequate capacity to meet needs, DG ECHO will gradually withdraw its support to decentralised health services, whilst continuing minimum surveillance.

Food assistance

The first priority is to provide food assistance (e.g. in-kind, cash-based transfers) targeting the households of the most vulnerable to acute food insecurity and the individuals most at risk of acute undernutrition. Support will be given to local, national or regional Rapid Response Mechanisms in order to provide food assistance to the most vulnerable populations during severe food insecurity situations, using the most appropriate transfer modality.

As a second priority, DG ECHO may help foster the resilience of the most vulnerable populations where a time-bound DG ECHO intervention is possible with a clear LRRD approach and pilot basis multi-annual approach. Similarly, supporting partners to enhance their capacity for better delivery and efficiency of humanitarian assistance could be envisaged, particularly in contexts where access is limited (e.g. humanitarian air and logistic operations, coordination mechanisms, security management)

C. Enhancing preparedness and capacity to respond to emergencies in high risk areas

In principle, Disaster Risk Reduction concerns should be mainstreamed in humanitarian responses implemented in all countries covered under this HIP. Risk analysis will be systematically included in the project proposal in complement to the need analysis.

In 2018, targeted efforts will continue to tackle risks and enhance emergency preparedness in Mauritania, Senegal and Burkina Faso in 2017. Specific new Disaster Risk Reduction efforts are planned for Guinea (possibly with a cross-border component), Mali, Niger and Nigeria. DG ECHO will focus its support to local, national and regional early warning systems in order to increase their capacity to provide timely and quality information, linking them with response mechanisms. Ensuring enhanced capacity of national and local authorities and relevant services for emergency preparedness will be supported by ensuring adequate and effective tools, materials and coordination mechanisms that are in place to facilitate early and rapid response to emergencies.

General Provision

All humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO's 2013 Gender policy¹².

Effective coordination is essential. DG ECHO supports the **Inter-Agency Standing Committee's Transformative Agenda (ITA)** and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

Partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of the EU/DG ECHO, as set out in the applicable contractual arrangements.

4. LRRD, COORDINATION AND TRANSITION

1) Other DG ECHO interventions

In 2017, similarly to 2016, the Emergency Toolbox HIP may be drawn upon for the prevention of, and response to, outbreaks of epidemics in Central Africa. Also, under the mentioned HIP the Small-Scale Response and Disaster Relief Emergency Fund (DREF) instruments may be applied in the region.

¹² Gender-Age Marker Toolkit, DG ECHO, 2013 - http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf; Gender and Age Sensitive Aid, DG ECHO, 2017 - http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en

Under the 2017 HIP, Nigeria had an initial allocation of EUR 27 500 000 increased by an additional allocation of EUR 32 000 000 to respond to the urgent needs of the displacement crisis in the Northeast.

Under the 2017 HIP, Mali had an initial allocation of EUR 26 100 000 increased by an additional EUR 6 227 129 and External Assigned Revenues from the UK's Department for International Development (DFID)

Under the 2017 HIP, Niger had an allocation of EUR 30 700 000, increased by an additional allocation of EUR 10 000 000 to respond to the urgent needs of the displacement crisis Diffa and increased subsequently by an allocation of EUR 1 500 000 million (from DFID External Assigned Revenues) to address increasing food insecurity.

Under the 2017 HIP, Burkina Faso had an initial allocation of EUR 5 500 000, increased subsequently by an allocation of EUR 700.000 and EUR 300.000. The total allocation of EUR 6 500 000 made it possible to strengthen the prevention and treatment of Severe Acute Malnutrition, to support the Malian refugees living in Burkina Faso and to provide emergency food assistance to a limited group of vulnerable households

Under the 2017 HIP, Mauritania had an allocation of EUR 8 625 000 million, increased subsequently by an allocation of EUR 1 000 000 million (from DFID External Assigned Revenues) in order to strengthen the prevention and treatment of Severe Acute Malnutrition. An additional allocation of EUR 1 000 000 was made available to support the response to acute food insecurity and livelihood operations for populations affected by conflict

Under the 2017 HIP, Senegal had an initial allocation of EUR 2 125 000, increased by an additional allocation of EUR 300 000 (DFID External Assigned Revenues decommitted from HIPs 2015 and 2016).

If and where/when relevant, a link will be created between the DRR actions to be funded by DG ECHO in 2018 and the 2018 DG ECHO Emergency Toolbox HIP; in particular regarding the epidemics envelope available.

- 2) *Other concomitant EU interventions (e.g. IcSP, EU Trust Funds) including EU pledges to EU Trust Funds and an elaboration on risks/opportunities.*

The EDF is the main EU instrument to provide external development assistance in the region. The 11th EDF covers the period 2014 to 2020 with a strong focus on food security and resilience building in Senegal, Mauritania, Niger, Mali and Burkina Faso. The 11th EDF also offers opportunities to reduce humanitarian needs by supporting the government's commitments towards the "Zero Hunger" objective in line with AGIR. Dialogue between DG ECHO and DEVCO is paramount in the implementation of the 11th EDF in view of working towards stronger government ownership in Sahel countries.

The EU Emergency Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa ("EUTF for Africa") was set up in late 2015 with a financial envelope that went up to EUR 1.8 billion for a five year period

covering also the Sahel and the Lake Chad region. In 2017, DG ECHO contributed a total of EUR 10 million for the resilience objective of the EUTF for Africa in its three geographic windows. Such projects contribute to supporting resilience in terms of food security and of the wider economy, including basic services for local populations, and in particular the most vulnerable, as well as the refugees and displaced people, whilst humanitarian aid is excluded from the EUTF for Africa.

The Instrument contributing to Stability and Peace (IcSP) is extensively engaged across West Africa and the Sahel region under its short-term component to contribute to the stability of the region. In particular, the instrument has been mobilized to support local authorities in countering violent extremism and terrorist threats (Cameroon, Niger, Nigeria) and to step up resilience of communities in particularly fragile areas (North Mali, Diffa region in Niger). The IcSP also supports interventions aiming at encouraging inter-community dialogue, social cohesion and conflict prevention, including along migratory roads. Close coordination is required to ensure the complementarity of actions funded under other EU instruments, including the EDF, the IcSP long-term and CSDP missions, such as EUCAP Sahel Niger and EUCAP Sahel Mali.

In Nigeria, DG ECHO and DEVCO have developed a joint approach – the "Borno Package" that combines short- and medium-term outcomes. It has been drawn on the analysis and information gathered by the Recovery and Peace Building Assessment (RPBA) conducted jointly by the EU, World Bank and UN in 2016 and is in full complementarity with recent resilience related project decisions, taken in the framework of the NIP 11th EDF and the EUTF for Africa. The aim is to build the resilience and recovery of conflict-affected populations in Northeast Nigeria. The total envelope of this LRRD initiative will be EUR 224.5 million, combining the 11th EDF, Commission humanitarian funding and support of the EUTF for Africa. EU support will provide immediate humanitarian assistance for the most vulnerable populations affected by the ongoing emergency situation, as well as for early recovery and restoration of basic services, such as health, nutrition, education, water access, sanitation and hygiene, solar power, in areas of return or resettlement. Furthermore, it will provide social protection, stimulate employment and livelihood opportunities, with a special focus on women, young people and vulnerable households. This joint framework will be implemented for a duration of 48 months.

In Niger, DG ECHO and DEVCO have developed a joint approach to address the needs of the population affected by the conflict in Diffa aiming at enhancing complementarities and enhancing their response in the next 36 months, whilst keeping sufficient flexibility to address evolving needs (total envelope: EUR 15 000 000). EU support will provide immediate humanitarian assistance for the most vulnerable populations affected by the ongoing emergency situation, as well as for early recovery and restoration of basic services, such as health, education, water access, sanitation and hygiene, in areas of settlements and return. Furthermore, it will stimulate employment and livelihood opportunities, with a special focus on women, young people and vulnerable households. At the national level, DEVCO also allocates substantial budget support for Niger's resilience, food security, and nutrition (EUR 243 million), in close coordination with DG ECHO, with the objective of sustaining this sector and linking it to the activities of DG ECHO humanitarian emergency.

In Guinea, a dialogue is on-going with DEVCO in the framework of the 11th EDF priorities to strengthen the health surveillance system at the sub-national level. The aim is to integrate lessons learned and outputs from the upcoming DG ECHO funded DRR operations in a follow up to the PREPARE EU funded programme, coming to an end.

3) *Other donors availability*

The World Bank increased its commitments towards the poorest people in the region, notably by supporting the set-up of institutionalized social safety nets. This instrument should help reduce the hunger burden in the long-run in the Sahel region. The World Bank also developed adaptive safety nets to handle climate and other shocks with DFID's support. DG ECHO is following this initiative in the light of its own support given to seasonal safety nets.

Several regional health surveillance strengthening programmes have been initiated following the Ebola Virus disease outbreak (EU, France, US, World Bank) and a link will be created between actions on health risk reduction envisaged by DG ECHO in Guinea and these initiatives.

4) *Exit scenarios*

To the extent possible humanitarian interventions in all sectors should aim at strengthening the resilience of communities affected by shocks as well as supporting the foundations for recovery processes. In this vein, DG ECHO will engage whenever possible with the relevant national authorities in the region as well as with regional organisations, both at technical and policy levels.

DG ECHO will remain engaged in addressing excessive child mortality in the Sahel and West Africa, even though sustainable reduction of acute undernutrition and food insecurity can only be achieved through commitment of relevant national and international actors to implement prevention and treatment interventions at scale. DG ECHO is concerned by the growing gap between the limited humanitarian funding available and the limited capacities of governments to respond to the needs of their vulnerable populations. Slow progress in LRRD is also a matter of concern and should be addressed at different levels. DG ECHO and its partners will continue to advocate and invest in capacity development for nutrition screening and treatment which is provided as part of a free routine health service package. DG ECHO will also promote for the most efficient prevention interventions being swiftly implemented at scale. It will also continue supporting and tracking the implementation of the resilience building commitments through complementary approach.

In conflict-affected areas and fragile countries, the conditions for reducing humanitarian presence are not yet met. Close collaboration with DEVCO and other humanitarian and development donors is still necessary in all countries, especially when humanitarian assistance is limited when the acute nutrition related needs persist and remain largely uncovered. In order to reduce the dependency of refugees, IDPs and returnees on external service delivery, DG ECHO will advocate for opportunities for LRRD. DG ECHO will also seek longer-term commitment from development donors to fund programmes for self-reliance and durable solutions in protracted

situations and invest in vocational training, livelihoods support, basic services provision and education. All targeted Disaster Risk Reduction interventions will contain a roadmap determining transition from humanitarian to developmental and governmental interventions.