PRIORITY NEEDS

Food insecurity
In December 2014, 19.8 million people in the Sahel are estimated to be food insecure, with at least 2.6 million having already crossed the emergency threshold and requiring urgent food assistance. Millions more are expected to see their food security deteriorate during the course of the 2015 lean season due to the exhaustion of stocks, pasture scarcity, food price variations, or livelihood erosion caused by recurrent crises.

Malnutrition
Acute malnutrition persists in the Sahel at unacceptably high levels. Projections indicate that in 2015, 5.8 million children under five will suffer from global acute malnutrition (GAM), of whom 1.4 million will suffer from severe acute malnutrition (SAM) and 4.4 million from moderate acute malnutrition (MAM). On average, one out of three children in the Sahel suffers from stunting. An estimated 571,000 children under the age of five die annually from malnutrition and related causes.

Conflict-related needs
Across the Sahel, insecurity and conflict have displaced 2.8 million people, a dramatic increase from 1.6 million in January 2014. Spiralling violence in north-eastern Nigeria and the Central African Republic (CAR) continues to force people from their homes and livelihoods, compounding the needs of the displaced people and their host communities in Nigeria, Chad, Niger and Cameroon. The situation in northern Mali remains highly unstable preventing the return of IDPs and refugees and the restoration of essential services. The security and displacement outlook for 2015 is of great concern.

Epidemics-related needs
Epidemics, such as cholera, meningitis and Lassa fever affected at least 50,000 people in 2014 and resulted in over 1,000 deaths. The spread of epidemics and high case fatality rates are driven by poor access to prevention and treatment. A high incidence of malaria, acute respiratory infections and diarrheal diseases also persists in the Sahel. The Ebola outbreak in West Africa, with confirmed cases in Nigeria, Senegal and Mali, places a further strain on chronically weak health systems.

Disaster-related needs
Recurrent floods, droughts and pests remain a threat to thousands of households in the Sahel. Poor and erratic rainfall, in particular in the western Sahel countries, has affected yearly harvests and the livelihoods of millions.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
IMPACT OF THE CRISIS

HIGHLIGHTS

For yet another year, humanitarian indicators in the Sahel remain alarmingly high. The heavy burden of chronic food insecurity, malnutrition and epidemic risk, compounded by conflict and insecurity, remain the key drivers of humanitarian needs in the region. Heightened levels of vulnerability caused by repeated shocks, associated especially with erratic weather patterns, have left coping capacities heavily compromised.

In 2015, humanitarian action in the Sahel will continue to be guided by the 2014-2016 Regional Strategic Response Plan. The three-year strategy aims to deliver coordinated and integrated life-saving assistance to people affected by emergencies, while providing a tailored response to the chronic nature of much of the needs across the region and promoting systems and behavioural changes that will help the Sahel’s most vulnerable better cope with shocks.

Food insecurity

The number of food insecure persons in the Sahel remains high with approximately 19.8 million people starting 2015 in food insecurity. While the total number remains similar to last year, the food security situation has particularly deteriorated in Mauritania, The Gambia and Senegal, and slightly improved in Mali and Burkina Faso.

Cadre Harmonisé projections for the first quarter 2015 indicate a slight deterioration compared to November 2014 for Burkina Faso, The Gambia and Mali while for Mauritania and Senegal an additional 1.4 million people are expected to suffer from food insecurity due to poor rangeland production affecting pastoralist livelihoods. During the lean season vulnerable households will face the depletion of their food stocks, increasing their dependency on the market and their exposure to seasonal food price increases. Recurrent crises have eroded the livelihoods of the most vulnerable populations exposing them to destitution and undermining their access to food. The persistence of high levels of food insecurity reflects the chronic challenges faced by many communities in the Sahel.

According to the preliminary cereal production forecast (2014-2015), The Gambia, Mauritania, Senegal and Nigeria have recorded gross production deficits. Overall cereal production for Sahel countries (figures for Mali and Niger not yet available) recorded an average decrease of seven per cent compared to 2013, and a decrease of one per cent compared to the five-year average (2009-2013). In the western region of the Sahel - Mauritania, Senegal and The Gambia - a sharp decrease of more than 32 per cent is recorded. Food prices in most areas have decreased compared to last year, but remain slightly above the five-year average. Prices for dry cereals in areas with production deficits and/or affected by conflict, remain high. Persistent high prices limit the purchasing power of very poor households which mainly depend on markets for access to food.

Improved rainfall distribution during the late months of the 2014 wet season contributed to a medium to good production of fodder and to the replenishment of water points. However, pastures are well below average in parts of Mauritania, northern Senegal and in some areas around Lake Chad. Projected fodder deficits for livestock and reduced revenues for pastoralists are likely to trigger an early start of their lean season in 2015. Livestock prices on the market have increased by at least 15 percent as compared to the average of the previous five years, but decreased as compared to 2013.

Early transhumance was reported in Chad, Mauritania and Senegal. In the Central African Republic (CAR) and northern Nigeria, insecurity is likely to disrupt the normal transhumance, increasing the risk of conflicts around the management of pastoralist resources.

Out of the 19.8 million people currently food insecure in the Sahel, at least 2.6 million are severely affected (i.e. having crossed the emergency threshold) and in need of immediate food assistance even before the start of the lean season. The remaining 17.2 million are experiencing moderate food insecurity (‘stressed’ levels) and need support to secure livelihoods to prevent them from sliding further into crisis. In addition, they may require food assistance during the forthcoming lean season. Moderately food insecure households are often forced to adopt negative coping mechanisms such as consumption of seeds, early marriage and selling of stocks when facing deteriorating food security conditions, leaving them more vulnerable to future shocks.
Generally, food insecurity reduces opportunities for children to access education, considered a luxury in times of crisis. As a result, such children remain vulnerable in the long term, as they are forced to drop out or never to enrol in school. Negative coping mechanisms for food insecure households can also lead to increased child labour and teacher absenteeism, further hampering access to education. The rising trend of out-of-school children puts the Sahel region at risk of increased poverty cycles and decreasing human and social capital indicators.

The food security situation of displaced persons (i.e. refugees, returnees, IDPs) is also of serious concern in the Sahel which has been marked by a drastic increase in displacement in the course of 2014, from 1.6 million people at the beginning of 2014 to 2.8 million today. Most of the displaced and many of the populations hosting them are food insecure and need continued food and livelihood assistance.
### Food Insecurity in the Sahel as of November 2014

**1 out of 7 people in the Sahel is food insecure**

<table>
<thead>
<tr>
<th>Year</th>
<th>People Affected</th>
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<tr>
<td>Jun-12</td>
<td>18.7 million</td>
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<td>Jun-13</td>
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<td>Jun-14</td>
<td>24.7 million</td>
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<td>Nov-14</td>
<td>19.8 million</td>
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**13.6% of 145 million people (estimates 2014)**

**1 out of 50 people in the Sahel is severe food insecure**

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<th>Country</th>
<th>Severe</th>
<th>Moderate</th>
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<td>Niger</td>
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<td>Gambia</td>
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Proportion of severe and moderate food insecure people by country (Nov-14)

1 out of 7 people in the Sahel is food insecure

1 out of 50 people in the Sahel is severe food insecure

1 out of 50 people in the Sahel is severe food insecure
Malnutrition

The nutritional status of children in the Sahel remains unacceptable. In 2015, almost 5.8 million children under five are projected to be suffering from global acute malnutrition (GAM), with 1.4 million of them requiring treatment for severe acute malnutrition (SAM) and the remainder (4.4 million) for moderate acute malnutrition (MAM). In comparison to early 2014, moderate acute malnutrition (MAM) has increased by about one million expected cases, of which half are attributable to a worsening situation in northern Nigeria. The nutrition status of children in Niger and Mali also contributed to an increasing caseload in 2014. On the other hand, the overall incidence of SAM has decreased by about 100,000 cases in comparison to 2014.

More than one third of the estimated 50.5 million children under five suffering from stunting worldwide, live in the nine Sahel countries. Stunting prevalence varies from 16 per cent in Senegal to 44 per cent in Niger. Other Sahel countries show a prevalence rate of around 30 per cent. This translates into one in every three children in the Sahel suffering from stunting with irrevocable consequences for his/her physical and cognitive development.

Under-nutrition compromises the health, survival and development of children. An estimated 1.2 million children under five die annually in the Sahel, and some 571,000 of these deaths are associated with malnutrition and related diseases. Niger and northern Nigeria account for 65% of the malnourished children under five across the region.

Severe acutely malnourished children are ten times more at risk of dying compared to non-acutely malnourished children. For moderate acutely malnourished children, the risk is three to four times higher. These unacceptable levels of child mortality and malnutrition are driven by structural factors such as limited access to clean water and sanitation, poor caregiving practices, inadequate infant and young child feeding practices, lack of availability of adapted diets, lack of access to treatments for childhood diseases, early marriage and poor quality of health services.

Pervasive malnutrition also negatively affects children's prospects for education, as it hampers their physical and cognitive development. Furthermore, malnutrition can contribute to increased numbers of children out-of-school in a region that already has the highest percentage of out-of-school children in the world. Children excluded from education are at greater risk of protection concerns such as forced child labour, and girls are more vulnerable to child marriage and gender-based violence.

Severe acute malnutrition (SAM) 2015 burden and prevalence in the Sahel
Malnutrition in the Sahel

1 out of 5 children will be malnourished in 2015
under five years old

Proportion of severe and moderate acutely malnourished children in 2015 (estimates)

Global Acute Malnutrition (GAM) burden by country (2012-2015)

1 out of 20 children will be severely malnourished in 2015
under five years old

of 28.3 million children 6 - 53 months (estimates 2015)
Conflict and insecurity

Political instability and conflict in and around the edges of the region, in particular in the Central African Republic (CAR), north-east Nigeria, and northern Mali have resulted in large-scale displacement and human suffering. The region enters 2015 with some 2.8 million people affected by conflict-related displacement. This includes over one million refugees and one million IDPs, as well as 280,000 migrants forced to flee to their home countries due to insecurity and violence in Libya, CAR and northern Nigeria, 70,000 relocated IDPs in Chad, and 400,000 former IDPs and refugees in Mali who continue to require assistance after returning to their home communities. The total number represents a surge in displacement as compared to early 2014 when the comparable figure was closer to 1.6 million.

The volatile security situation in CAR has forced over 330,000 refugees, returnees and third country nationals (TCNs) to seek refuge in neighbouring Chad and Cameroon over recent years and the great majority over the last 12 months. In Chad, over 150,000 arrivals from CAR since the beginning of the year have added to the more than 360,000 Sudanese refugees in camps in the east of the country, many hosted in Chad for a decade. Continued insecurity in neighbouring Darfur also remains of concern and could result in new population displacements towards Chad.

As the conflict in north-east Nigeria further escalates, the humanitarian situation is rapidly deteriorating. At the end of 2014, over 800,000 people in the north-eastern States are internally displaced, and UNHCR estimates that more than 130,000 Nigerian refugees have fled to neighbouring Niger, Cameroon and Chad.

In northern Mali, persistent insecurity continues to hamper communities’ access to basic services. At present, close to 150,000 Malians remain in neighbouring Mauritania, Niger and Burkina Faso, with another 100,000 internally displaced within the country.

Children are the most affected by conflict, insecurity and limited access to services, and an estimated 50 to 60 per cent of displaced populations are children. Conflict situations make children more vulnerable to child marriage, trafficking, child labour and abuse, while new risks like child recruitment and exposure to mines emerge. Armed conflict and weak legal frameworks have also increased the prevalence of sexual and gender-based violence, such as rape, forced marriage, sexual and domestic slavery, affecting particularly women and girls.

Conflict also has severe consequences on education further placing children at increased risk. These include damage or destruction of school structures, including furniture and learning materials; the occupation of schools by armed forces; or the disappearance of teacher and school personnel by events. In Nigeria, armed groups have repeatedly targeted education facilities and students. Surviving children, teachers and school personnel often are psychologically traumatized.

1,083 registered incidents of violence against civilians in the Sahel (Jan – Nov 2014)

11,664 civilian fatalities due to violent incidents in the Sahel (Jan – Nov 2014)
Population displaced in the Sahel

- 2012: 0.66 million
- 2013: 1.66 million
- 2014: 2.76 million

Refugees: 2.76 million people displaced
IDPs: 301 thousand
Others*: 494 thousand

*Others: Returnees, Relocated IDPs, Returning migrants

Number of IDPs/Returnees:
- Gambia: 11 thousand
- Burkina Faso: 33 thousand
- Senegal: 17 thousand
- Mauritania: 24 thousand
- Niger: 48 thousand
- Cameroon: 55 thousand
- Mali: 98 thousand
- Chad: 312 thousand
- North Nigeria: 406 thousand

Number of Refugees:
- Gambia: 11 thousand
- Burkina Faso: 33 thousand
- Senegal: 17 thousand
- Mauritania: 24 thousand
- Niger: 48 thousand
- Cameroon: 55 thousand
- Mali: 98 thousand
- Chad: 312 thousand
- North Nigeria: 406 thousand

Displaced movements in 2014:
- Source: UNHCR

Map of the Sahel region showing the movement of refugees and IDPs.
Epidemics

Recurrent epidemics such as cholera, meningitis, measles and yellow fever affect thousands of households across the Sahel. The incidence of malaria, acute respiratory infections and diarrheal diseases in the region is high, with equally high mortality and morbidity rates. In addition, Nigeria, Mali and Senegal have been directly affected by the Ebola Virus disease outbreak in 2014.

As of late November 2014, at least 40,820\(^\text{10}\) cases of cholera have been registered in Niger, Nigeria, Cameroon and Chad, with a case fatality rate (CFR) of 2.4 per cent. Nigeria alone reported 88 per cent of the cases. Access to improved sanitation facilities is highly variable, but generally very limited in most countries. Niger for example, has only ten per cent coverage. As nutrition, hygiene and sanitation worsen, especially during flooding, the incidence of diseases such as acute watery diarrhoea increases, further undermining school attendance.

Malaria accounts for 25 to 45 per cent of all outpatient clinic attendance, and between 20 and 45 per cent of all hospital admissions. Furthermore, malaria is responsible for an estimated 17 per cent of the mortality rate for children under five\(^\text{11}\).

In spite of mass vaccination campaigns in five out of nine Sahel countries (MenAfriVac\(^\text{12}\)), 2014 saw a significant increase of 80 per cent in meningitis cases, counting 6,416 cases compared to 3,551 in 2013\(^\text{13}\). The scale varied across countries, with Burkina Faso registering more than 60 per cent of the cases.

Nigeria and Cameroon continue to record cases of Wild Poliovirus. In 2014, there has been a substantial reduction in the number of cases reported in Nigeria, with only six cases as of November 2014, compared to 53 cases in 2013. Cameroon reported at least nine cases since October 2013, in particular among the refugee population.

As of 18 October 2014, approximately 32,260 cases of measles were reported in the Sahel countries\(^\text{14}\) or a two-fold decrease compared to the 65,000 cases in 2013. Nigeria represents more than 50 per cent of total cases reported. Low measles vaccine coverage continues to increase vulnerability of children towards epidemics alongside malnutrition.

The current Ebola outbreak in West Africa is unprecedented in terms of cases, deaths and geographic scope. The Sahel region is at high risk due to porous borders, weak health systems, and the lack of basic protective equipment at community level, with a potential massive impact on various sectors such as Health, Protection, Education and Food Security.

Three Sahel countries have reported confirmed Ebola cases. While Nigeria and Senegal were declared Ebola free again in mid-October 2014, Mali remains under close monitoring following the confirmation of seven cases in November 2014. Most Governments have developed National Ebola Preparedness and Response plans in collaboration with the United Nations, Red Cross/Crescent Movement and NGOs, focusing on early detection of cases and surveillance, identification of isolation centers, communication and social mobilization, and training of communities and health workers.

The spread of epidemics and high case fatality rates are driven by poor access to prevention and treatment, and low quality of care. Conflict and poor governance exacerbate an already fragile health system. Inadequate access to reproductive health and emergency care is also responsible for some of the highest maternal mortality ratios worldwide, with a lifetime risk of maternal death of between one in 15 (Chad) and one in 55 (Burkina Faso)\(^\text{15}\).
Population affected by epidemics in the Sahel

**Cholera cases and deaths (2000 - 2014)**

- **Cases 2000 - 2014**
- **Deaths 2000 - 2014**

**Meningitis cases and deaths (2000 - 2014)**

- **Cases 2000 - 2014**
- **Deaths 2000 - 2014**

**Measles cases (2009 - 2014)**

- **Cases 2009 - 2014**
- **Cases per country 2009 - 2014**
- **Cases per country 2014**

Disasters associated with natural hazards

Disasters associated with natural hazards such as floods, drought and locusts affect millions of people on a yearly basis in the Sahel. Floods affected at least 80,000 people in 2014, 80 per cent of whom were in Niger. This figure represents a significant decrease from 2013 when more than half a million people suffered from the impacts of floods, suggesting that the effects of climate change make the pattern of disasters increasingly unpredictable. Poverty and increased settlement on flood-prone areas have increased the vulnerability of many populations to natural disasters.

High temperatures and poor or erratic rainfall, due to intensified climate change, have substantially affected yearly harvests and the livelihoods of millions, in particular pastoralists. Despite efforts to control the spread of desert locusts, the risk remains high that swarms form and migrate through the northern edge of the Sahel belt, destroying harvests.

Many people displaced by natural disasters find it difficult to recover before the next shock hits their community. Floods damage schools, and facilities are used for temporary shelters by affected families. Loss of homes, property and livelihoods, if not addressed at an early stage, leads to tensions with host communities and causes protection problems for the most vulnerable members of the displaced populations, notably women, children, and elderly individuals. Moreover, disasters cause the destruction of health facilities and systems affecting access to healthcare and putting populations at risk of disease.

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<th>Source: OCHA</th>
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**Figure 6: Critical events timeline**

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Source: OCHA
RESPONSE CAPACITY

HIGHLIGHTS

Humanitarian response capacity across the Sahel region varies widely with a high concentration of responders in central Mali and at the eastern borders of Chad, and a low presence of humanitarian actors in Cameroon and Nigeria. Inadequate funding and insecurity continue to negatively impact humanitarian response capacity. Several Governments have developed their own national response plans and mechanisms to strengthen their capacities.

Humanitarian actors continue to adjust their response capacity to emerging needs, especially in south-east Niger, eastern Cameroon, Mali, and parts of Chad. In north-east Nigeria, and areas of Niger, Cameroon and Mali, security concerns continue to impede adequate humanitarian response capacity.

As of 28 November 2014, funding of the Strategic Response Plan (SRP) 2014 reached US$813 million, or 42 per cent, against the US$1.95 billion requested. An additional US$345 million was committed outside the SRP bringing the total humanitarian resources to US$1.16 billion. Central Emergency Response Fund (CERF) contributions for the Sahel slightly increased to US$70 million, compared to US$67.4 million in 2013.

In addition to responding to the needs of vulnerable refugees and host communities, Governments across the region have become increasingly engaged in the humanitarian imperative, notably in responding to chronic needs. For instance, the Governments of Burkina Faso, The Gambia, Mauritania, Niger, Nigeria and Senegal lead annual national humanitarian response planning, thus providing a framework guiding humanitarian interventions. In Chad, the Government has elaborated an emergency response plan to respond to the influx of Chadian returnees from CAR, which serves as the basis for the development of an Operational Response Plan to the crisis by humanitarian actors.

Governments are also increasingly sharing the costs of malnutrition and epidemics’ treatment, notably in Burkina Faso, The Gambia, Mali, Niger, Nigeria and Senegal, which allocated for instance direct funding to nutrition from their national health budgets. In anticipating food crises, many Sahel countries have set up or are developing national strategic food reserves which are further complemented by a 400,000 metric tons regional food reserve, currently under development by the Economic Community Of West African States (ECOWAS). In parts of Senegal and The Gambia, the timely distribution of fortified seeds to vulnerable agriculturists helped mitigate the impact of a bad rainy season this year. Similarly, the Governments of Mauritania, Niger and Senegal recently purchased weather-based insurance through the African Union’s Africa Risk Capacity scheme and will be expecting pay-outs on their policies at the beginning of 2015.

Other examples of Government-lead safety net policies include financing subsidized goods, such as essential foods, or agricultural inputs at ‘social prices’ for vulnerable communities in several Sahel countries, while diverse forms of Government-supported social protection schemes are being developed across the Sahel.

Looking ahead and cognizant of the increasing vulnerability of populations in the Sahel, in particular due to recurring food insecurity and malnutrition crises, Governments are increasingly taking the lead in developing policies and long-term strategies to address underlying chronic challenges. In 2014 for example, at least five Sahel countries (Burkina Faso, Chad, Mali, Niger and Senegal) launched Inclusive National Dialogues to develop National Resilience Roadmap Plans under the AGIR (Global Alliance for Resilience) framework16.
**HUMANITARIAN ACCESS**

**HIGHLIGHTS**

Volatile security conditions due to conflict continue to affect humanitarian access to those most in need throughout the Sahel countries. In addition, difficult and remote terrain, particularly during the rainy season, and weak infrastructure further limit both humanitarian access to people in need as well as the ability of affected people to access basic services or reach humanitarian aid.

In addition to generating more needs, ongoing conflicts and the presence of a variety of armed groups in parts of the Sahel continue to severely hamper the access of some of the Sahel’s most vulnerable persons to the assistance they require, as well as restrict the physical access of humanitarian teams to populations located in dangerous or remote areas. Pervasive insecurity translates into limited presence of operational partners, stretching resources of those operating in the zone and often delaying the delivery of aid. This in turn often challenges communities’ acceptance of relief work, risking to further fuel insecurity.

Across the region, humanitarian teams are operating in an increasingly challenging environment. Since 2012, 37 humanitarian workers were victims of attacks across the Sahel, of which 14 were killed, 12 kidnapped and 11 seriously wounded. In May 2014, NRC Mali tragically lost two colleagues when an explosion hit their vehicle on a route south of Timbuktu.

In parts of the Sahel, the operating environment is changing rapidly. For instance, humanitarian access is severely constrained in northern Nigeria (particularly in the States of Borno, Yobe and Adamawa, currently under a State of Emergency), following insurgency and counter-insurgency activities. In Mali, humanitarian access is also limited by insecurity due to activities by armed groups in the three northern regions (Gao, Kidal and Timbuktu).

To sustain life-saving operations in hot spots, humanitarian partners will continue to adopt risk mitigation measures such as curfews, the use of security escorts (as a last resort), and an increasing reliance on local humanitarian organisations or staff for the delivery of assistance. Spillover violence from CAR and north-eastern Nigeria negatively affects delivery of important relief aid in Cameroon, where the Government recommended the use of security for the delivery of aid to certain areas. Accessing southern parts of Niger follows the same requirements in terms of mitigation measures. In other cases, resorting to humanitarian flights such as those operated by the United Nations Humanitarian Air Service (UNHAS) or ECHO is the safest method to ensure the continuous delivery of humanitarian supplies or the transport of teams to remote, insecure areas. In some parts of the Sahel, including the Mbera camp for Malian refugees in the Hodh el Charghi region of Mauritania and parts of northern Mali, humanitarian flights are an essential lifeline expected to remain necessary through 2015 in the absence of better security conditions. Such adaptation measures require enhanced coordination and considerably increase the cost of humanitarian assistance.

Access to remote areas also remains challenging in many countries due to limited and weak infrastructure, especially during the rainy season when roads become impracticable. High logistics and transport costs, in particular in landlocked countries, are also a significant constraint for the effective and timely delivery of humanitarian assistance.
Operational presence per sector (source: Country OCHA 3Ws)
ENDNOTES


2 Regional Food Security Working Group, Food Crisis Prevention and Management Network (PREGEC), Cadre harmonisé, findings Nov 2014. For details on geographic coverage, please see endnote 1.

3 Food insecure population figures as per country Humanitarian Needs Overviews – figures for Cameroon and Chad are drawn from national food security assessment. Niger figures are based on the 2014 HNO as HCT decided not to use Cadre harmonisé figures and as results of national food security assessment 2014 were not completed due to strikes. For Nigeria, figures are based on SRP mid-year review 2014. For all other countries ref. Cadre harmonisé figures.

4 Based on 2013 UNFPA country population figures for Burkina Faso, Chad, The Gambia, Mali, Mauritania, Niger, Senegal; DevInfo for Far North, North, East and Adamawa Regions in Cameroon; National Bureau of Statistics for the 11 northern States in Nigeria (Adamawa, Bauchi, Borno, Gombe, Jigawa, Kano, Katsina, Kebbi, Sokoto, Yobe, Zamfara). Malnutrition figures provided by UNICEF are based on 2015 projections totaling 155 million people for the same geographic scope.

5 Regional food crisis prevention and management for Sahel and West Africa (PREGEC) meeting in Dakar 18-20 November 2014.

6 Seven out of nine countries included – except Mali and Niger (CILSS power point presentation at PREGEC meeting of Nov 18-20 held in Dakar).

7 Regional food crisis prevention and management for Sahel and West Africa (PREGEC) meeting in Dakar 18-20 November 2014.

8 Information provided by Regional Food Security and Nutrition Working group.

9 National Emergency Management Agency (NEMA), as of 24 November 2014. The frequency of new and secondary displacements, as well as the volatile security situation, are major obstacles to accurate and updated displacement figures in Nigeria.

10 UNICEF bulletin on WCA cholera outbreak, week 47


12 WHO/IST – WA Meningitis weekly bulletin, 2014

13 Weekly WHO bulletin, November 2014

14 WHO situation of outbreaks and other public health emergency in WA report as of 18 October 2014