SAHEL

REPORT ON 2015 HUMANITARIAN OPERATIONS

BURKINA FASO
CAMEROON
CHAD
THE GAMBIA
MALI
MAURITANIA
NIGER
NIGERIA
SENEGAL
OVERVIEW OF THE 2015 SAHELI RESPONSE IN NUMBERS

$1.24 BILLION
TOTAL FUNDING RECEIVED

$1.98 BILLION
TOTAL REQUIREMENTS

$353 MILLION
OUTSIDE SRP* FUNDING

$892 MILLION
SRP* FUNDING

112 PARTNERS/AID ORGANIZATIONS

COUNTRY OVERVIEWS

SAHEL REGIONAL

58.6 M
TOTAL FUNDING

94.6 M
REQUIREMENTS

22 PARTNERS/AID ORGANIZATIONS

5.5 MILLION
PEOPLE RECEIVED LIFE-SAVING FOOD OR CASH ASSISTANCE

1.8 MILLION
PEOPLE AFFECTED BY CONFLICTS, FLOODS AND CHOLERA WERE HELPED WITH ACCESS TO SAFE WATER AND SANITATION

2.5 MILLION
CHILDREN WERE TREATED FOR ACUTE MALNUTRITION ACROSS 7,200 HEALTH CENTRES IN THE REGION. OF THOSE, 1.2 MILLION CHILDREN WERE SEVERE ACUTELY MALNOURISHED (SAM)

10.8 MILLION
INFANTS WERE IMMUNIZED AGAINST MEASLES

710,000
CHILDREN IN EMERGENCIES WERE ABLE TO CONTINUE THEIR EDUCATION THROUGH THE REHABILITATION AND CONSTRUCTION OF CLASS-ROOMS AND SAFE LEARNING SPACES, PROVISION OF LEARNING MATERIALS AND TEACHER TRAINING.

206.3 M
TOTAL FUNDING

377.4 M
REQUIREMENTS

50 PARTNERS/AID ORGANIZATIONS

375.7 M
SRP* FUNDING

286.5 M
OUTSIDE SRP* FUNDING

571.6 M
TOTAL REQUIREMENTS

4 PARTNERS/AID ORGANIZATIONS

59.4 M
TOTAL FUNDING

24.2 M
REQUIREMENTS

14 PARTNERS/AID ORGANIZATIONS

264.0 M
TOTAL REQUIREMENTS

4 PARTNERS/AID ORGANIZATIONS

173.9 M
TOTAL FUNDING

59.4 M
TOTAL FUNDING

14 PARTNERS/AID ORGANIZATIONS

100.3 M
REQUIREMENTS

34 PARTNERS/AID ORGANIZATIONS

800,000
IDPs, RETURNEES AND HOST COMMUNITIES AFFECTED BY ARMED CONFLICT OR EMERGENCIES BENEFITED FROM ESSENTIAL SHELTER, NON-FOOD ITEMS, MEDICAL AND PSYCHO-SOCIAL SUPPORT TO HELP STABILIZE THEIR SITUATIONS DURING CRISIS

800,000
REFUGEES AND ASYLUM SEEKERS WERE SHELTERED, PROTECTED AND GIVEN ACCESS TO ESSENTIAL WATER, FOOD, NUTRITION OR EDUCATION SERVICES

50 PARTNERS/AID ORGANIZATIONS

375.7 M
TOTAL FUNDING

377.4 M
TOTAL FUNDING

50 PARTNERS/AID ORGANIZATIONS

10.8 MILLION
INFANTS WERE IMMUNIZED AGAINST MEASLES

30 PARTNERS/AID ORGANIZATIONS

* Sahel Strategic Response Plan
The Year in Review

As the final year of the 2014 - 2016 Humanitarian response plan progresses, looking back on last year’s achievements also provides the opportunity to thank donors for their continued engagement and generosity in the Sahel. Donors provided over US$1.2 billion in 2015 enabling one hundred organisations to work across nine countries in one of the world’s major humanitarian operations.

The collective efforts of our regional, national and local partners - often operating in precarious and sometimes very dangerous conditions - have made it possible for us to assist millions of vulnerable families in the Sahel. I am deeply grateful and we can all be proud of the results achieved.

In my first year as Regional Humanitarian Coordinator for the Sahel, I travelled extensively to all nine countries. Wherever I went, whatever community I listened to – people were poor and resources stretched. The assistance we provided to the most vulnerable saved lives and helped reduce critical needs. The past year however, also brought on new challenges.

First, we are making headway in fighting the Sahel food and nutrition emergency. Our actions lift communities out of crisis, reduce their vulnerability and make them stronger to withstand shocks. Governments are committed to putting the poorest families at the heart of their policies and deliver basic services. Years of building communities’ resilience are bearing fruit. Measures such as safety nets and weather insurances start paying off. There are more long-term development investments.

The number of people in need of humanitarian assistance in Burkina Faso, Mauritania, Senegal and The Gambia has decreased over the last two years, and development actors are increasingly engaged to ensure vulnerable communities do not slide back into crisis.

Secondly, in the Lake Chad Basin and in Mali, progress has been slow. Where violence strikes, all is lost in a wink, and needs can spiral out of control again. The Lake Chad crisis is the deadliest and fastest growing in Africa, with an estimated 9.2 million people – almost one in two – in need of emergency relief. Four years after the conflict erupted in Mali insecurity in the north persists, and destitute communities remain vulnerable and rely on assistance.

Thirdly, across the region, the converging effects of climate change, abject poverty and violent extremism could spiral out of control. Extreme poverty affects one in every two people. With the impact of climate change and unpredictable rains, conditions for farmers and pastoralists - that is more than four out of five families - become worse. And violent extremism has added a dangerous ingredient to the blend. Extreme poverty, lack of education and life opportunities make youths across the Sahel more open to being exploited by this evil.

The longer we wait to address the root causes of crises in the Sahel, the bigger the problem will grow in depth and in numbers. In thirty years, 300 million people – a two-fold increase compared to today - are expected to live in the Sahel. If countries in the region do not address this challenge, supported by broad international engagement, the underlying causes of the crisis will be exacerbated acutely.

We are here to do our part and count on donors to stand by the Sahel, and renew their commitment to our appeal in 2016.

Toby Lanzer
Regional Humanitarian Coordinator for the Sahel
Dakar, Senegal
REPORT ON 2015 HUMANITARIAN OPERATIONS

2014-2016 SAHEL RESPONSE PLAN

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.

PURPOSE OF THIS REPORT
This document presents the collective achievements, impact and challenges of humanitarian operations in 2015 in the Sahel for the following eight sectors: Food Assistance, Agriculture, Nutrition, WASH, Education, Health, Multi-Sector Response for Refugees, and Protection. Each sector chapter presents an overview of regional operations across the nine Sahel countries. This report does not aim to duplicate individual project progress reporting by individual agencies, but rather proposes an annual snapshot of the breadth and scope of the humanitarian effort through the funding provided in 2015.
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In 2015, over 100 partners appealed for US$1.98 billion to address the most pressing humanitarian needs across the Sahel. Compared to the previous year, requirements in Mali decreased by more than 20 per cent, while the deteriorating crisis in the Lake Chad Basin caused a significant increase in Niger and Nigeria, and more than doubled requirements in Cameroon.

Humanitarian operations in the Sahel in 2015 received US$1.24 billion, or 63 per cent of the total requirements. US$353 million were not attributed to projects in the Online Project System and recorded as ‘outside of the joint HRP appeal’. Despite the generous assistance, funding levels for the 2015 HRP were the lowest received in the Sahel since 2012.

Funding remained uneven across countries and sectors. Burkina Faso, Senegal, and The Gambia received less than half of the required funds, while Nigeria, Niger and Cameroon – all affected by the Lake Chad Basin crisis – saw the highest level of funding. Early Recovery, WASH and Education activities received less than a third, and Protection, Health and Refugee Response less than half of their requirements.

<table>
<thead>
<tr>
<th>2015 FUNDING BY COUNTRY</th>
<th>2015 FUNDING VS. RECEIVED BY SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NIGERIA</strong> 100.4 million</td>
<td><strong>LOGISTICS</strong> 28.5 million 79%</td>
</tr>
<tr>
<td>158%</td>
<td><strong>FOOD SECURITY</strong> 700.1 million 70%</td>
</tr>
<tr>
<td><strong>SAHEL REGIONAL</strong> 10.3 million</td>
<td><strong>COORDINATION &amp; SUPPORT SERVICES</strong> 48.6 million 68%</td>
</tr>
<tr>
<td>81%</td>
<td><strong>NUTRITION</strong> 291.8 million 55%</td>
</tr>
<tr>
<td><strong>NIGER</strong> 375.7 million</td>
<td><strong>MULTI-SECTOR FOR REFUGEES</strong> 391.1 million 46%</td>
</tr>
<tr>
<td>74%</td>
<td><strong>HEALTH</strong> 138.6 million 45%</td>
</tr>
<tr>
<td><strong>CAMEROON</strong> 264.0 million</td>
<td><strong>SHELTER &amp; NFIs</strong> 21.3 million 44%</td>
</tr>
<tr>
<td>66%</td>
<td><strong>PROTECTION</strong> 137.8 million 34%</td>
</tr>
<tr>
<td><strong>MAURITANIA</strong> 94.6 million</td>
<td><strong>EDUCATION</strong> 59.0 million 32%</td>
</tr>
<tr>
<td>62%</td>
<td><strong>WATER &amp; SANITATION</strong> 102.1 million 21%</td>
</tr>
<tr>
<td><strong>MALI</strong> 377.4 million</td>
<td><strong>EARLY RECOVERY</strong> 49.5 million 13%</td>
</tr>
<tr>
<td>55%</td>
<td><strong>SHELTER/CCCMM</strong> 7.5 million 5%</td>
</tr>
<tr>
<td><strong>CHAD</strong> 571.6 million</td>
<td><strong>TOTAL SRP REQUIREMENTS</strong> $1.98 billion</td>
</tr>
<tr>
<td>50%</td>
<td><strong>SRP FUNDING GAP</strong> $731 million</td>
</tr>
<tr>
<td><strong>BURKINA FASO</strong> 98.8 million</td>
<td><strong>TOTAL FUNDING (SRP + OUTSIDE SRP FUNDING)</strong> 63%</td>
</tr>
<tr>
<td>47%</td>
<td><strong>SRP FUNDING RECEIVED</strong> $892 million</td>
</tr>
<tr>
<td><strong>SENEGAL</strong> 59.4 million</td>
<td><strong>OUTSIDE SRP FUNDING</strong> $353 million</td>
</tr>
<tr>
<td>41%</td>
<td><strong>SRP REQUIREMENTS</strong> 571.6 million</td>
</tr>
<tr>
<td><strong>GAMBIA</strong> 23.7 million</td>
<td><strong>FUNDING GAP</strong> 353 million</td>
</tr>
<tr>
<td>8%</td>
<td><strong>TOP 10 DONORS</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>REPORT ON 2015 HUMANITARIAN OPERATIONS</strong></th>
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<tbody>
<tr>
<td><strong>REGIONAL FUNDING OVERVIEW</strong></td>
</tr>
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</table>

**Total Funding Overview**

- **Total Funding** (SRP + Outside SRP Funding): $1.98 billion
- **SRP Funding Received**: $892 million (44.5% of total requirements)
- **SRP Funding Gap**: $731 million (37.5% of total requirements)
- **Outside SRP Funding**: $353 million (18.0% of total requirements)

**Funding by Country**

- **Nigeria**: $100.4 million (158% of requirements)
- **Senegal**: $59.4 million (96% of requirements)
- **The Gambia**: $23.7 million (47% of requirements)
- **Mali**: $377.4 million (65% of requirements)
- **Chad**: $571.6 million (65% of requirements)
- **Central African Republic**: $100.4 million (58.1% of requirements)
- **Cameroon**: $264.0 million (66% of requirements)
- **Mauritania**: $94.6 million (62% of requirements)
- **Burkina Faso**: $98.8 million (47% of requirements)
- **Niger**: $375.7 million (74% of requirements)

**Funding by Sector**

- **Logistics**: $28.5 million (79% of requirements)
- **Food Security**: $700.1 million (70% of requirements)
- **Coordination & Support Services**: $48.6 million (68% of requirements)
- **Nutrition**: $291.8 million (55% of requirements)
- **Multi-Sector for Refugees**: $391.1 million (46% of requirements)
- **Health**: $138.6 million (45% of requirements)
- **Shelter & NFIs**: $21.3 million (44% of requirements)
- **Protection**: $137.8 million (34% of requirements)
- **Education**: $59.0 million (32% of requirements)
- **Water & Sanitation**: $102.1 million (21% of requirements)
- **Early Recovery**: $49.5 million (13% of requirements)
- **Shelter/CCCMM**: $7.5 million (5% of requirements)
Health and Refugee Response less than half of their requirements. and Education activities received less than a third, and Protection, while Nigeria, Niger and Cameroon – all affected by the Lake Chad Basin crisis – saw the highest level of funding. Early Recovery, WASH Funding remained uneven across countries and sectors. Burkina Faso, since 2012. "outside of the joint HRP appeal". Despite the generous assistance, attributed to projects in the Online Project System and recorded as or 63 per cent of the total requirements. US$353 million were not Humanitarian operations in the Sahel in 2015 received US$1.24 billion, requirements in Cameroon. significant increase in Niger and Nigeria, and more than doubled cent, while the deteriorating crisis in the Lake Chad Basin caused a previous year, requirements in Mali decreased by more than 20 per Most pressing humanitarian needs across the Sahel. Compared to the In 2015, over 100 partners appealed for US$1.98 billion to address the

<table>
<thead>
<tr>
<th>Country</th>
<th>Total SRP Funding</th>
<th>Total Outside SRP Funding</th>
<th>Total Funding</th>
<th>SRP Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>571.6 million</td>
<td>266.4 million</td>
<td>838.0 million</td>
<td>250.0 million</td>
</tr>
<tr>
<td>Cameroon</td>
<td>377.4 million</td>
<td>132.0 million</td>
<td>509.4 million</td>
<td>174.0 million</td>
</tr>
<tr>
<td>Chad</td>
<td>264.0 million</td>
<td>128.1 million</td>
<td>392.1 million</td>
<td>152.0 million</td>
</tr>
<tr>
<td>Nigeria</td>
<td>100.4 million</td>
<td>58.1 million</td>
<td>158.5 million</td>
<td>58.0 million</td>
</tr>
<tr>
<td>Senegal</td>
<td>94.6 million</td>
<td>52.1 million</td>
<td>146.7 million</td>
<td>56.0 million</td>
</tr>
<tr>
<td>Gambia</td>
<td>10.3 million</td>
<td>1.6 million</td>
<td>11.9 million</td>
<td>3.0 million</td>
</tr>
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</table>

**FUNDING GAP**

<table>
<thead>
<tr>
<th>Region</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Sahel</td>
<td>$731 million</td>
</tr>
<tr>
<td>SAHEL</td>
<td>OUTSIDE SRP</td>
</tr>
</tbody>
</table>

**TOP 10 DONORS**

- United States of America: $435.3 million
- European Commission’s Humanitarian Aid and Civil Protection Department: $196.2 million
- ECHO DFID contribution: $83.9 million
- Various Donors: $65.7 million
- Japan: $64.3 million
- Allocation of unmarked funds by WFP: $42.5 million
- Central Emergency Response Fund: $40.9 million
- Germany: $37.9 million
- Sweden: $36.5 million
- United Kingdom: $28.6 million

**TOP 10 UN & NGO RECIPIENTS**

- WFP: $501.9 million
- UNHCR: $151.0 million
- ICRC: $84.8 million
- UNICEF: $84.5 million
- Various recipients: $33.2 million
- Save the Children: $31.5 million
- FAO: $28.2 million
- Various NGOs: $20.5 million
- IRC: $19.6 million
- IOM: $16.1 million

**FUNDING TREND (2006-2015, end year figures)**

**2015 CERF ALLOCATIONS**

- TOTAL: 56.7 million
- RAPID RESPONSE (RR): 13.7 million
- UNDERFUNDED EMERGENCIES (UFE): 16.5 million
- BOTH RR & UFE: 9.9 million
2015: THE YEAR AT A GLANCE

**JANUARY**
- Boko Haram attacks displace 150,000 people in Borno State and cause new displacements towards and inside Cameroon and Chad. An estimated 4,000-5,000 people from Nigeria arrive each week in Cameroon’s Far North province.
- Mali is declared Ebola-free.

**FEBRUARY**
- Across the Sahel, over 20 million people are facing food insecurity out of which 2.6 million already are in crisis despite a recent harvest. Five million children are acutely malnourished, and 2.8 million people have been displaced due to conflicts.
- State of emergency declared in Diffa region after first Boko Haram attacks in Niger.
- Avian influenza in 11 Nigerian States affects 200,000 heads of poultry.

**MARCH**
- 1.2 million people are internally displaced in north-east Nigeria, almost 200,000 Nigerian refugees have fled to Cameroon, Chad and Niger.
- US$29 million from the CERF is allocated to under-funded operations in Nigeria, Niger, Chad and Cameroon.
- Mohamed Buhari is elected new president in Nigeria.

**APRIL**
- Start of the main agricultural campaign for the Sahel’s farmers. The number of IDPs in north-east Nigeria reaches 1.5 million, more than half of them are children.
- A meningitis outbreak in Niger kills almost 550 people.

**MAY**
- Armed raids displace 59,000 people in Mali’s Timbuktu region, humanitarian access challenged by insecurity.
- The Multinational Joint Task Force (MNJTF) to fight Boko Haram is inaugurated, comprising armed forces from Benin, Cameroun, Chad, Niger and Nigeria.
- Authorities in Niger order the evacuation of some 30,000 people from islands in Lake Chad to secure the zone for military operations.

**JUNE**
- Violence in northern Mali causes the closure of 100 schools, depriving 20,500 children of education.
- Lack of funding is threatening the assistance to 47,000 Malian refugees in Mauritania.
- Northern Mali’s main Tuareg coalition signs a peace agreement with the government following months-long negotiations.
- The bodies of 18 migrants are found in the desert in northern Niger.
Over 300 cases of measles are reported in eastern Chad. A response plan is launched by partners to vaccinate all children under 14 years old.

Security worsens in the Lake Chad basin. Boko Haram raids intensify in Nigeria, Chad and Niger. More than 40,000 additional people are internally displaced in Chad.

10.5 million children are out of school in Nigeria, 60 per cent of them in the North-East. In 19 out of 27 LGAs in Borno State schools have been closed for more than a year.

At least 2 million people in Borno, Yobe and Adamawa States facing emergency food insecurity are in need of immediate assistance.

Floods affect over 20,000 people in Niger and 1,000 in Mali. UNHAS starts operating flights to north-east Nigeria in view of improving humanitarian access.

The Chadian Government requests civilians to leave islands in Lake Chad due to military operations, resulting in the additional displacement of some 30,000 people.

WHO announces that polio is no longer endemic in Nigeria. More than 2.1 million people are internally displaced in north-east Nigeria. A suicide attack kills seven people in an IDP camp in Yola.

Floods affect over 300,000 in Nigeria’s Adamawa state.

One in four households in Mali is food insecure, the North being the most affected region. The southern regions note a 15 per cent increase in the number of new SAM admissions.

In Chad, 5.5 per cent of children under the age of five are suffering from severe acute malnutrition. Around 21,000 people are affected by floods in Cameroon’s Far North region.

151 schools are closed in Niger’s Diffa region due to insecurity, leaving over 12,000 children without education.

Cholera outbreak in Cameroon’s North region.

State of emergency declared in Diffa region in Niger and in the Lac region in Chad due to increased Boko Haram attacks.

22 people are killed in an attack on a hotel in Mali’s capital Bamako.

Funding gaps inhibit nutrition response, only 46 per cent of targeted children and 80 per cent of pregnant and lactating women have been admitted since beginning of the year.

PREGEC estimates that 8 million people across the Sahel are in food insecurity phase 3 and more, 5 million persons in north-east Nigeria alone.

US$7 million from the CERF is allocated to Niger’s Diffa region for a multi-sectoral emergency response in support of displaced people and host communities.

Regional overview of 2015 operations

Outcomes and impact

Saving Lives

Millions of people across the Sahel region faced acute, life-threatening crises in 2015. The protracted insecurity in northern Mali and the worsening conflict in the Lake Chad Basin required immediate and targeted assistance to the worst-hit and most vulnerable communities. Around Lake Chad, aid organizations strove to bring operations to scale with rapidly increasing needs and deliver aid to hard-to-access communities. Across the Sahel, too many families relying on agriculture and pastoralism, and exposed to climate-related shocks remained extremely vulnerable, making them dependent on food and nutrition assistance as well as livelihoods support.

Roughly 80 per cent of all operations in 2015 were life-saving emergency activities. 5.5 million people across the region received food or cash assistance, and more than one million IDPs, refugees, returnees and host communities affected by the Mali and Lake Chad basin crises were provided with food aid. Some 700,000 refugees and asylum seekers were sheltered and received protection and assistance; aid organizations provided shelter, medical assistance and basic relief items to 800,000 IDPs, returnees and host communities; and 1.7 million IDPs, refugees and members of host communities were provided with a WASH minimum package, including 1.2 million people in conflict-hit areas of the Lake Chad Basin. Throughout the region, 2.6 million children were treated for acute malnutrition, almost half of them severely acutely malnourished and 180,000 across the Lake Chad Basin.

Adapting the humanitarian strategy to the chronic nature of the Sahel crisis

Over the past year, humanitarian organizations continued to fine-tune strategies to help populations better cope with frequent and intense shocks, reinforcing partnerships with local and regional actors to improve early warning systems and enable the timely and targeted delivery of assistance. Innovations in cash transfers, local procurement of goods or climate insurance have bolstered communities’ self-sufficiency. An increased inter-sector collaboration has helped harness resources to address crises such as malnutrition or food insecurity in a more coordinated way. Systematic nutrition screening during food distributions helped identify those most at-risk, which in turn prevented negative consequences, e.g. an impact on children’s cognitive development. In addition to responding to refugee needs, assistance was extended to essential services in communities hosting the displaced. The Online Reporting System (ORS), developed in 2014, which enables the real-time monitoring of humanitarian activities, was fully operational and helped improve transparency and accountability with donors and partners on the ground.

Strengthened partnerships to curb the trend of growing needs

Throughout the year and across all sectors, humanitarian actors continued to work closely with Governments, regional organizations and development institutions. National authorities are keeping their borders open to people seeking protection, are delivering assistance to hard-to-access areas, and are piloting national food reserves, social policies and innovative climate insurance. Governments are increasingly involved in international advocacy, and actively participate in various initiatives, such as AGIR (Global Alliance for Resilience) with the validation and implementation of some of the Sahel countries’ National Resilience Priorities. Taking the lead in food security and nutrition assessments and the planning of national responses, Governments also played an important role in the “Cadre harmonisé” food security analysis and early warning systems, resulting in more efficient and timely action.

In 2015, the United Nations system and its partners continued to work with the Sahel countries to equip them with multidimensional tools to measure vulnerability risks and resilience in view of improving the understanding of the specific Sahelian environment, better targeting and reaching the most vulnerable populations, and improving response mechanisms. This was reflected by the partnership developed in June 2015 between the UN system and the Permanent Interstates Committee for Drought Control in the Sahel (CILSS), the launch of the InfoRM Sahel platform, or by the pilot phase of the FAO’s Resilience Index Measurement and Analysis (RIMA) covering several Sahel countries.

Finally, the UN system continued to closely collaborate with the G5 Sahel countries (Burkina Faso, Mali, Mauritania, Niger and Chad) to address some of the structural causes of vulnerability in the area, notably security issues, infrastructure, education and youth unemployment.

Operational challenges

Fast growing and persistent displacement crises

In the Sahel, armed conflicts, extremist violence and military operations in 2015 have driven 4.5 million people into displacement, an increase of 1.7 million people in less than a year. Africa’s fastest growing displacement crisis is unfolding across the Lake Chad Basin, threatening the lives and livelihoods of some 20 million. More than two million
people are displaced within Nigeria alone – half of whom are children. Over 80 per cent of the displaced have sought refuge with host communities, placing an unsustainable strain on their already meagre resources. In Mali, some 200,000 people remained in displacement at the end of 2015 due to persistent insecurity. The conflict in the Central African Republic had a deep impact on neighbouring countries, with Cameroon and Chad hosting more than 250,000 and 60,000 Central African refugees, respectively.

Challenging humanitarian access in areas of acute need

Conflict and insecurity continue to hamper humanitarian access, preventing actors both from reaching beneficiaries and from capturing a detailed picture of the affected population’s needs. Areas with limited access often also see the most acute needs. Persistent insecurity and attacks further compound communities’ vulnerabilities, disrupting livelihoods and increasing levels of hunger and malnutrition. In Mali, security and logistical constraints continue to force humanitarian organizations to adapt in order to stay and deliver. Sporadic violence and criminality against aid workers and assets increased throughout 2015, with several attacks of aid workers in the North, one of whom was killed in January. In Nigeria’s north-eastern Adamawa, Borno and Yobe States, insecurity remains a major hindrance to delivering assistance to some areas most in need. However, aid organizations have striven to reach hard-to-access communities, uncovering new depths of devastation and hunger. In Cameroon’s conflict-hit Far North region, 60 per cent of the internally displaced persons are in the hardest-to-reach area.

Funding gaps severely constrain operations

Humanitarian Response Plans in the Sahel are among the least funded appeals globally. Eight out of the nine Sahel country appeals in the region rank in the bottom half of lowly funded appeals worldwide.

Uneven financing levels between sectors and countries

More equitable funding levels across key sectors are needed to allow a comprehensive, integrated response to complex vulnerabilities such as epidemics, food insecurity and malnutrition. In 2015, the Early Recovery, Water and Sanitation and Protection Clusters received respectively 13 per cent, 21 per cent and 34 per cent of the total funding required. The funding coverage across countries was also uneven, with The Gambia being the most underfunded country appeal, at only eight per cent of its financial requirements, followed by Senegal which received 41 per cent of its overall requirements.

The impact of funding shortfalls

Limited financial resources in most cases compelled agencies to give priority to emergency rather than midterm preventive operations designed to reinforce people’s resilience and forestall seasonal risks linked to droughts or epidemics. Competing priorities resulting from funding limitations thus also impacted agencies’ ability to track and analyse vulnerabilities and the underlying causes of chronic emergencies across the region in order to better prioritise humanitarian action.

Inadequate timeliness of contributions

The timeliness of financial contributions continues to represent an operational challenge with the schedule of donor contributions not matching the region’s operational needs. Timing in the Sahel, where peaks in food insecurity or epidemics follow seasonal cycles is a major and sensitive variable in humanitarian operations. Timely contributions would for instance enable humanitarians to preposition vital supplies ahead of those seasonal risks, particularly in hard to reach, landlocked countries such as Chad, Mali or Burkina Faso. In 2015, less than 50 per cent of funds received over the year for the emergency response were received by May and in the Lake Chad Basin specifically, the response in 2015 remained heavily underfunded with just over 40 per cent of the funding requirement received. Early financing is imperative to tackle much of the Sahel’s humanitarian need and avoid tensions and pipeline breaks in supply chains. While the predictability of chronic emergencies offers opportunities for longer term planning and systematic multi-year humanitarian financing, inadequate timeliness negatively affects the response and related costs.
SEASONAL CALENDAR
CRITICAL EVENTS TIMELINE

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

TIMING OF 2015 FUNDING LAGGING BEHIND SEASONAL NEEDS
% of funding vs. requirements
% of funding received each month

FUNDING SEVERE MALNUTRITION TREATMENT
FUNDING MAIN AGRICULTURAL CAMPAIGN
FUNDING OFF SEASON CAMPAIGN
FUNDING CHOLERA RESPONSE
FOOD ASSISTANCE FUNDING
SECTORS IN FOCUS
FOOD ASSISTANCE

RESPONSE AND IMPACT

Despite no major climate-related shocks in 2015, food security in the Sahel remained fragile. Contributing factors included conflict in the Lake Chad region leading to massive population displacements, continued insecurity in northern Mali, political instability in Burkina Faso, and persisting insecurity in the Central African Republic (CAR) inhibiting refugees in Chad and Cameroon from returning home. Despite the challenging context, 60 percent of those targeted for food assistance across the region in 2015 were reached including vulnerable host communities, IDPs, returnees, and refugees.

WFP supported some 500,000 people affected by the Lake Chad Basin crisis in Cameroon, Chad and Niger. The crisis has exacerbated the food insecurity of IDPs, refugees, returnees, and greatly affected the coping strategies of local populations. In the Mali crisis, WFP responded through a regional emergency operation assisting some 300,000 internally displaced Malians and around 140,000 Malian refugees in Burkina Faso, Niger and Mauritania.

Overall, food assistance in the region helped improve food security by increasing access to food, alleviating acute food shortages, and improving household consumption of beneficiary populations, including Malian and Nigerian refugees, as well as internally displaced persons. Food assistance, used in collaboration with specialized partners, allowed for the enhancement of local food production, creation of productive assets and improved livelihoods. This was particularly visible at the community level through capacity building. Many vulnerable households, especially in Borno, Yobe and Adamawa States in Nigeria, gained better access to food and increased resilience. This was facilitated through provision of food items, promotion of livelihood assistance, used in collaboration with specialized partners, of beneficiary populations, including Malian and Nigerian returnees, and refugees.

PEOPLE IN NEED, TARGETED & REACHED

20.4 million people in need of food security aid

- 9.3 million people targeted
- 60% of targeted reached
- 5.5 million people assisted

REGIONAL FUNDING

2013

- $476 million requirements
- $417.6 million SRP funding
- $37.6 million outside SRP funding
- 96% total funded

2014

- $548.7 million requirements
- $265.7 million SRP funding
- $50.7 million outside SRP funding
- 58% total funded

2015

- $496.1 million requirements
- $346.0 million SRP funding
- $31.6 million outside SRP funding
- 76% total funded

Total funding received in country, including donor contributions to humanitarian operations carried out by partners outside the 2015 SRP.

PROGRESS ON REGIONAL OUTPUTS

NUMBER OF TARGETED PERSONS THAT RECEIVED UNCONDITIONAL TRANSFERS (FOOD BASED)

- Burkina Faso: 30,000 targeted
- Cameroon: 706,250 targeted
- Chad: 167,960 targeted

NUMBER OF TARGETED PERSONS THAT RECEIVED UNCONDITIONAL TRANSFERS (CASH, CHEQUE-BASED)

- Burkina Faso: 800,000 targeted
- Cameroon: 81,000 targeted
- Chad: 70,000 targeted

NUMBER OF TARGETED PERSONS THAT RECEIVED CONDITIONAL TRANSFERS (FOOD BASED)

- Burkina Faso: 265,457 targeted
- Cameroon: 385,870 targeted
- Chad: 70,000 targeted

NUMBER OF TARGETED PERSONS THAT RECEIVED CONDITIONAL TRANSFERS (CASH, CHEQUE-BASED)

- Burkina Faso: 30,000 targeted
- Cameroon: 30,000 targeted
- Chad: 27,774 targeted

NUMBER OF TARGETED PERSONS THAT RECEIVED CONDITIONAL TRANSFERS (CASH, CHEQUE-BASED)

- Burkina Faso: 30,000 targeted
- Cameroon: 30,000 targeted
- Chad: 27,774 targeted

16
and income generating activities, multipurpose conditional and unconditional cash grants, and agricultural inputs that enabled them to cope with, or overcome, the shocks caused by the Boko Haram insurgency.

**PARTNERSHIPS**

National governments in the Sahel remained committed partners in 2015, taking the lead on the food security assessments and the planning of national responses. In Mali and Niger, the Governments played a lead role in the food security sector amidst the constraints of limited resources. The priorities of the food security cluster were also developed with significant input from Governments across the board. In Nigeria, the Presidential Initiative on the North East (PINE) was set up by the Government to address the needs of the IDPs and rehabilitate areas destroyed by the conflict. In the whole of the Sahel, agencies partnered with national Governments within the framework of the Cadre Harmonisé which identifies levels of food insecurity in the region and provides recommendations on geographic targeting.

**OPERATIONAL CHALLENGES**

Violence and insecurity and the direct impact on humanitarian access compromised the ability to deliver assistance in several areas in Cameroon, Chad, Mali, Niger and Nigeria, affected by Lake Chad Basin and CAR regional crises. Recurrent security incidents in these areas restricted the movement of humanitarian actors, and at the same time instigated further massive displacement of populations at risk.

Sustainability of the food interventions was of major concern for IDPs who did not have access to alternative livelihood sources. Transport of supplies in remote and insecure areas...
on bad roads also caused delays in completing distributions. Lack of sufficient funding to implement projects constituted a major challenge, although it affected countries differently. Gambia and Senegal were particularly affected as needs exceeded available resources and many beneficiaries shared their rations with other members of their communities. In Mali, humanitarian access and underfunding were two major challenges for the food security cluster. As a consequence of terrorism, banditry, communal violence and poor transportation infrastructure, some targeted vulnerable communities either did not receive assistance, or received it with significant delay. WFP, as cluster lead, managed to raise only 62 per cent of the planned USD 126 million, which allowed for only 85.5 percent of the targeted beneficiaries to be reached. In Burkina Faso, the achievements on key indicators were below 50 percent of the target due to limited resources available. In Cameroon, the livelihood activities to create productive assets could only reach below 50 percent of the planned beneficiaries due to lack of donor support.

WHAT HAPPENED TO THOSE WE DIDN’T ASSIST?

Where food insecure populations were not assisted, people are likely to fall deeper into severe food insecurity, as they use more drastic coping mechanisms which further accentuate their vulnerability. Without appropriate support there could be a significant decrease in household consumption scores, which could lead to a deterioration of the nutritional situation and affect the production capacity of households. In the context of chronic food insecurity, for example in the Far North Region of Cameroon, negative coping mechanisms included the mortgaging of children’s schooling. In Nigeria, some 3.4 million people who were...
not assisted now have a decreased resilience to shocks and limited livelihood options. In Burkina Faso 6 out of 7 people in need did not receive assistance. This contributes to the increase in the number of people in need of assistance in 2016, from 939,000 in 2015 to 3.1 million in 2016. Populations in vulnerable communities resorted to negative coping mechanisms and the degradation of their food and nutrition security situation risks to increase mortality and morbidity rates. In Mali, funding constraints forced WFP to scale back distributions and prioritize distributions to where they were needed the most. While distributions for the prevention of acute malnutrition were reduced in Gao, Kidal and Mopti, WFP scaled up its intervention in Timbuktu that showed alarming malnutrition rates. Similarly, insufficient funding forced WFP to focus its assistance through health centers in areas in northern Mali with high GAM rates, and in Sikasso and Mopti where WFP partnered with UNICEF.
RESPONSE AND IMPACT

In 2015, the agriculture sector restored the livelihoods of farmers, agro-pastoralist and pastoralist households that had lost their productive assets as a consequence of extreme levels of poverty, repeated climatic hazards, or displacement caused by insecurity in Mali, the Lake Chad basin and the Central African Republic (CAR).

The agriculture sector has contributed to restore the livelihoods of farmers, agro-pastoralist and pastoralist households that have lost their productive assets to grow their own food and earn their income as a consequence of extreme levels of poverty, repeated climatic hazards such as rainfall deficit and flooding, or displacement caused by insecurity in Mali, the Lake Chad basin and the Central African Republic (CAR). Vulnerable food insecure populations, including hosting communities and displaced people, benefitted from agricultural and veterinary inputs, sometimes coupled with cash transfers and technical training on soil and irrigation system rehabilitation. This wide range of interventions improved food production and access, and prevented beneficiaries from depending totally on food assistance. Additional efforts have been dedicated to prevent shocks through the improvement of national early warning systems and help vulnerable farmers and pastoralists better resist future climatic shocks through the promotion of climate smart practices.

PARTNERSHIPS

The importance given by the regional intergovernmental organizations, and the role played by Governments and ministries in the Cadre Harmonisé analysis and early

PEOPLE IN NEED, TARGETED & REACHED

20.4 million PEOPLE IN NEED OF AGRICULTURAL AID

4.8 million PEOPLE TARGETED

62% OF TARGETED REACHED

3.0 million PEOPLE ASSISTED

Regional Funding

2013

$107.7 million REQUIREMENTS
$6.6 million OUTSIDE SRP FUNDING
57% TOTAL FUNDED

2014

$156.5 million REQUIREMENTS
$6.1 million OUTSIDE SRP FUNDING
48% TOTAL FUNDED

2015

$139.1 million REQUIREMENTS
$8.5 million OUTSIDE SRP FUNDING
27% TOTAL FUNDED

Number of Targeted Households that Received Assistance

BURKINA FASO

94,395 TARGETED
48% OF TARGETED REACHED

8,000 TARGETED
166% OF TARGETED REACHED

660,765 TARGETED
55% OF TARGETED REACHED

12,000 TARGETED
100% OF TARGETED REACHED

240,000 TARGETED
100% OF TARGETED REACHED

CAMEROON

299,069 TARGETED
20% OF TARGETED REACHED

3,180 TARGETED
47% OF TARGETED REACHED

939,148 PEOPLE IN NEED

105,440 TARGETED
112% OF TARGETED REACHED

110,000 TARGETED
53% OF TARGETED REACHED

100% OF TARGETED REACHED

CHAD

2.4 million PEOPLE IN NEED

386,677 TARGETED
16% OF TARGETED REACHED

325,000 TARGETED
70% OF TARGETED REACHED

36,000 TARGETED
100% OF TARGETED REACHED

Total funding received in country, including donor contributions to humanitarian operations carried out by partners outside the 2015 SRP.
warning systems resulted in a better and timely response in 2015. The active role of Governments in the coordination, preparation and response to humanitarian needs has increased throughout the region. In Nigeria, the State Emergency Management Agencies (SEMAs) and the National Emergency Management Agency collaborated actively with humanitarian actors to ensure the timely relief assistance in the North-East.

**OPERATIONAL CHALLENGES**

Violence and insecurity reduced humanitarian access in the most at risk areas, limiting inputs, distributions and monitoring of activities in certain cases, including in Cameroon where some operations were cancelled. The use of escorts for aid convoys resulted in higher transportation costs and delays in delivery, in addition to the logistical constraints especially at the beginning of the rainy season when supplies are being delivered along bad and muddy roads. In north-east Nigeria, partners needed to manage the risk of suicide attacks during distributions operations, sometimes causing delays in the completion of activities.

**WHAT HAPPENED TO THOSE WE DIDN’T ASSIST?**

Out of five million people targeted, 1.8 million were not assisted. The likely consequences include the degradation of the food security situation, decreased resilience to shocks, limited livelihood options and increased susceptibility to enroll in terrorist activities for the most desperate ones.
### RESPONSE AND IMPACT

In 2015, the nutritional situation of millions, especially women and children, remained serious in all countries and critical in areas affected by conflicts. Out of the 5,814,216 children identified in need of nutrition treatment and the 3,261,464 malnourished children targeted, a total of 2,569,222 received adequate treatment at health centers level and community level. Integrated Management of Acute Malnutrition (IMAM) Performance indicators indicate that the majority of sites surpass the recovery threshold and remain below the limits for death, defaulting and non-response, indicating a good level of quality treatment across the region. However, high coverage of these services remains a challenge even in areas where the geographic access to treatment sites is good. The estimated 1,390,960 children affected by severe acute malnutrition (SAM) in January 2015, was revised to 1,503,998 SAM children in June 2015, especially due to degradation of the situation in the Lake Chad basin.

**SAM treatment:** 1,310,660 children with severe acute malnutrition (SAM), 100.2 per cent of the target, were admitted in one of the 8,239 health centers providing nutritional services. The geographical coverage of SAM treatment services increased by 10 per cent in 2015, from 7,501 health centers providing the services in January 2015 to 8,239 in December 2015.

**MAM treatment:** 1,258,562 children with moderate acute malnutrition (MAM), 64 per cent of the target, were admitted in one of the 8,239 health centers providing the services in January 2015 to 8,239 in December 2015.

#### REGIONAL FUNDING

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Funded</th>
<th>SRP Funding</th>
<th>Outside SRP Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$309.1 million</td>
<td>$136 million</td>
<td>$64.2 million</td>
</tr>
<tr>
<td>2014</td>
<td>$243.7 million</td>
<td>$111.6 million</td>
<td>$73.5 million</td>
</tr>
<tr>
<td>2015</td>
<td>$291.8 million</td>
<td>$131.9 million</td>
<td>$29.8 million</td>
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</table>

#### PEOPLE IN NEED, TARGETED

<table>
<thead>
<tr>
<th>Region</th>
<th>Children 6-59 Months with Severe Malnutrition (SAM)</th>
<th>Children 6-59 Months with Moderate Acute Malnutrition (MAM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>149,000 targeted, 81% of targeted reached</td>
<td>350,000 targeted, 39% of targeted reached</td>
</tr>
<tr>
<td>Cameroon</td>
<td>69,864 targeted, 95% of targeted reached</td>
<td>120,441 targeted, 94% of targeted reached</td>
</tr>
<tr>
<td>Chad</td>
<td>110,093 targeted, 91% of targeted reached</td>
<td>27,500 targeted, 69% of targeted reached</td>
</tr>
</tbody>
</table>

#### 2015 FUNDING STATUS PER COUNTRY

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Funding</th>
<th>Health Centers with Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>69%</td>
<td>74,421</td>
</tr>
<tr>
<td>Cameroon</td>
<td>60%</td>
<td>54,069</td>
</tr>
<tr>
<td>Chad</td>
<td>54%</td>
<td>54,069</td>
</tr>
<tr>
<td>the Gambia</td>
<td>52%</td>
<td>1,658</td>
</tr>
<tr>
<td>Mali</td>
<td>51%</td>
<td>660</td>
</tr>
<tr>
<td>Mauritania</td>
<td>63%</td>
<td>49%</td>
</tr>
<tr>
<td>Niger</td>
<td>70%</td>
<td>1,658</td>
</tr>
<tr>
<td>Nigeria</td>
<td>83%</td>
<td>660</td>
</tr>
<tr>
<td>Senegal</td>
<td>54%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Total funding received in country, including donor contributions to humanitarian operations carried by partners outside the 2015 SRP.
RESPONDING TO THE IMPACT OF THE LAKE CHAD BASIN CRISIS

Insecurity, displacement, and limited access to nutrition treatment and prevention services have undermined the nutritional status of children and women in the bordering countries of the Lake Chad Basin area (Cameroon, Chad, Niger and Nigeria). In 2015, an estimated 166,000 children under five years old were severely malnourished, and more than 180,000 have been admitted in therapeutic centers for treatment (112 per cent of the target). In addition, 77,997 children received MAM treatment in southern Niger, Chad and northern Cameroon in response to the displacement of populations in the Lake Chad Basin.

Prevention of acute malnutrition: Interventions to prevent malnutrition (blanket supplementary feeding programs) were delivered to 552,006 children 6-23 months old and pregnant and lactating women during the lean season in order to protect the nutrition status of vulnerable populations. Nutrition partners provided integrated lifesaving nutrition services linking early identification of malnourished children, Integrated Management of Acute Malnutrition and Infant and Young Child Feeding (IYCF) interventions for the promotion of exclusive breastfeeding and optimum feeding practices. The procurement of RUTF and others supplies, and logistics to support the supply component of the Community-based Management of Acute Malnutrition (CMAM) program, was ensured without major disruption. In addition, governments and nutrition partners deployed specific efforts to strengthen nutrition surveillance...

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**& REACHED**

<table>
<thead>
<tr>
<th>Number</th>
<th>Targeted</th>
<th>Reached</th>
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<tbody>
<tr>
<td>154,400</td>
<td>101%</td>
<td>69.5%</td>
</tr>
<tr>
<td>5,620</td>
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<td>136,000</td>
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<tr>
<td>24,098</td>
<td>69%</td>
<td>54%</td>
</tr>
<tr>
<td>54,918</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td><strong>2015 FUNDING STATUS PER COUNTRY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>309.1 million</strong></td>
<td>69%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>243.7 million</strong></td>
<td>52%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>111.6 million</strong></td>
<td>60%</td>
<td>46%</td>
</tr>
<tr>
<td><strong>131.9 million</strong></td>
<td>51%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>73.5 million</strong></td>
<td>70%</td>
<td>48%</td>
</tr>
<tr>
<td><strong>30.7 million</strong></td>
<td>34%</td>
<td>51%</td>
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<table>
<thead>
<tr>
<th>Number</th>
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<tr>
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<td>345,927</td>
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</tr>
<tr>
<td>54,918</td>
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**HELPING CHILDREN & PLW**

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<thead>
<tr>
<th>Number</th>
<th>Targeted</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3 million</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>1.9 million</td>
<td>64%</td>
<td>64%</td>
</tr>
<tr>
<td>1.1 million</td>
<td>39%</td>
<td>39%</td>
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<table>
<thead>
<tr>
<th>Number</th>
<th>Targeted</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3 million</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>27,500</td>
<td>40%</td>
<td>24%</td>
</tr>
<tr>
<td>374,000</td>
<td>74%</td>
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<tr>
<td>67,646</td>
<td>41%</td>
<td>34%</td>
</tr>
<tr>
<td>100,936</td>
<td>21%</td>
<td>19%</td>
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**HEALTH CENTRES**

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<thead>
<tr>
<th>Number</th>
<th>Targeted</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>158,079</td>
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<td>100%</td>
</tr>
<tr>
<td>19,829</td>
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<td>100%</td>
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</table>

**2015 PROGRAMMES**

<table>
<thead>
<tr>
<th>Number</th>
<th>Targeted</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,239</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
systems and program monitoring. A nutrition survey was conducted and improved tools for monitoring and reporting of IMAM program were developed in all Sahel countries. Two countries started IMAM program and stock monitoring using new technologies (Rapid Pro system).

The collection of key indicators allowed for the estimation of needs for 2016 and the early identification of deterioration in nutrition. Moreover, comprehensive IMAM databases have been deployed aiming to improve quality of analysis, trends in admissions follow up and performance indicators, but also to enhance the short and long term planning for nutrition.

PARTNERSHIPS
The Nutrition Sector/Cluster increased advocacy toward Governments and other partners to highlight the persistent nature of malnutrition in the Sahel and ensure the sustainability of the treatment program, as well as to increase the focus on prevention of acute malnutrition. The involvement of governments to prioritise improved nutrition has been demonstrated through their increasingly active participation and leadership in nutrition coordination fora and initiatives throughout the region, including REACH, SUN, and national-level initiatives. This has resulted in an increasing consensus to begin shifting interventions towards a more preventive approach. In Cameroon, for example, advocacy led to the planning of increased coverage of preventive activities for 2016. In Burkina Faso, a memorandum of understanding between UNICEF, the Ministry of Health and the National Office for the Purchase of Essential Drugs (CAMEG) was signed to start the integration of management and distribution of nutritional supplies in the national supply chain. In The Gambia, the management of nutrition supplies is integrated into the central medical store (CMS) and the supply chain is under the control of the Government.

OPERATIONAL CHALLENGES
Funding shortfalls: The lack of funding prevented the scaling up of both curative and preventive nutrition interventions and limited the coverage of all needs, such as those normally embraced by Blanket Feeding activities.

Violence and insecurity in north-east Nigeria, northern Mali and CAR affected the nutrition situation and humanitarian access in-country and in borders areas in neighboring countries, particularly in Chad, Niger and Cameroon. Security constraints generated limitations in humanitarian access to certain areas and forced millions of people to flee within the region exacerbating nutritional needs.

Supply chain: In most countries, pipeline breaks in specialized nutritious foods have greatly affected the continuity and scale of blanket feeding programs. As a result, in several countries, malnutrition prevention programs could not be implemented or have started late and at a lower scale.

WHAT HAPPENED TO THOSE WE DIDN’T ASSIST?
Children under five years old with acute malnutrition, especially the most severe form, who could not be reached by adequate treatment, are at direct risk of mortality. SAM children not provided with immediate treatment face nine times increased risk of death. Moreover, prolonged exposure to wasting can result in stunting, a form of malnutrition negatively affecting morbidity and prone to reduced cognitive development and productivity throughout the life-cycle.
A woman feeds her infant with ready-to-use therapeutic food (RUTF), at a hospital in Kano State, Nigeria.

© UNICEF/Nich
WATER AND SANITATION HYGIENE

RESPONSE AND IMPACT

The WASH response in 2015 reached 40 per cent out of five million people in need of safe water, sanitation and hygiene. 127,909 children under five years old admitted for SAM treatment (10 per cent of all admitted) were provided with WASH kits, and care givers with key messages on healthy practices to support malnutrition treatment. 4,710 children helped to prevent give-ups during their nutritional treatment. 4,710 SAM treatment (10 per cent of all admitted) were provided with WASH kits, and care givers with key messages on healthy practices to support malnutrition treatment. 4,710 children helped to prevent give-ups during their nutritional treatment. 4,710 children helped to prevent give-ups during their nutritional treatment. 4,710 children helped to prevent give-ups during their nutritional treatment. 4,710 children helped to prevent give-ups during their nutritional treatment. 4,710 children helped to prevent give-ups during their nutritional treatment.

One million people in cholera-prone zones or affected by natural disaster (90 per cent of the 1.1 million targeted) were provided with preventive and WASH cholera-response packages, mainly in Cameroon, Nigeria and Senegal. In conflict-affected areas, 1.7 million IDPs, refugees and members of host communities (42 per cent of the four million people targeted) were provided with a WASH minimum package adapted to their vulnerabilities, including 1.2 million people in areas affected by the Lake Chad crisis in Cameroun, Chad, Niger and Nigeria; 0.2 million CAR refugees and host communities in Cameroon and Chad; and 0.3 million people affected by the Mali crisis in Burkina Faso, Mali, Mauritania and Niger.

The minimum of WASH deliveries reached in areas hosting refugees and IDPs succeeded to prevent cholera outbreak in camps and host communities. The reactivity of the response to cholera in Cameroon, coupled with transboundary interventions in Nigeria, helped to curb the outbreak and prevent the passage into Chad. In Mauritania, WASH kits provided to 9,591 severe acute malnourished (SAM) children helped to prevent give-ups during their nutritional treatment. Sustainable safe water networks and dedicated hygiene focal points in health centers were planned in the

REGIONAL FUNDING

<table>
<thead>
<tr>
<th>Year</th>
<th>Requirements</th>
<th>SRP Funding</th>
<th>Outside SRP Funding</th>
<th>Total Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$118.6 million</td>
<td>$38.7 million</td>
<td>$14.1 million</td>
<td>45%</td>
</tr>
<tr>
<td>2014</td>
<td>$93.9 million</td>
<td>$26.9 million</td>
<td>$4.2 million</td>
<td>33%</td>
</tr>
<tr>
<td>2015</td>
<td>$102.1 million</td>
<td>$13.0 million</td>
<td>$8.3 million</td>
<td>21%</td>
</tr>
</tbody>
</table>

2015 FUNDING STATUS PER COUNTRY

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Funding</th>
<th>Burkina Faso</th>
<th>Cameroon</th>
<th>Chad</th>
<th>Gambia</th>
<th>Mauritania</th>
<th>Niger</th>
<th>Senegal</th>
<th>Sahel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>3%</td>
<td>17%</td>
<td>25%</td>
<td>0%</td>
<td>107%</td>
<td>32%</td>
<td>84%</td>
<td>0%</td>
<td>-</td>
</tr>
</tbody>
</table>

Total funding received in country, including donor contributions to humanitarian operations carried by partners outside the 2015 SRP.
four regions with highest SAM rates following joint nutrition emergency assessments. In Mali, the WASH Linking Relief, Rehabilitation and Development (LRRD) common framework for the North succeeded to strengthen the capacities of the governmental technical services in decentralized coordination, rapid assessment, harmonized tools and real time interventions. In 2015, more than 250,000 persons have benefited from a sustainable safe drinking water source, and the Community Lead Total Sanitation (CLTS) approach has integrated the humanitarian strategy as long term solution facing the lack of funding of the WASH sector. In Niger, 189,307 people benefited from improved access to safe water through the drilling of new boreholes and rehabilitation of non-functioning water points. 63,940 people benefited from improved sanitation infrastructure. 238,674 people received hygiene kits and were reached by sensitization activities.

**PARTNERSHIPS**

In Mali, the Government with its WASH-related technical services succeeded to be involved in the sectoral coordination in the northern regions of Gao, Mopti and Tombouctou. With the return of governmental services, some development programs were started in coordination with the humanitarian actors, including a national inventory on water points for a more reliable data base. In Nigeria, the Government is the main WASH in Emergencies operational actor with sectoral coordination at the Federal, States and LGAs levels. In Burkina Faso, the regional and local government areas (LGAs) levels are involved in the WASH coordination and programs targeting refugees and host communities. In Niger, with the Government increasingly involved in the framework of the response to the nutritional crisis, a national committee for the appropriation by the governmental technical services was set-up and a specific

**OUTPUT INDICATORS**

**HYGIENE KITS**

<table>
<thead>
<tr>
<th>Country</th>
<th>Targeted</th>
<th>Reached</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Gambia</td>
<td>154,400</td>
<td>11,600</td>
<td>7.5%</td>
</tr>
<tr>
<td>Mali</td>
<td>136,000</td>
<td>10,900</td>
<td>8.0%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>28,694</td>
<td>2,300</td>
<td>8.0%</td>
</tr>
<tr>
<td>Niger</td>
<td>368,114</td>
<td>28,800</td>
<td>7.8%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>345,927</td>
<td>27,400</td>
<td>7.9%</td>
</tr>
<tr>
<td>Senegal</td>
<td>54,918</td>
<td>4,400</td>
<td>7.9%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Targeted</th>
<th>Reached</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sahel</td>
<td>27,000</td>
<td>1,900</td>
<td>7.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>22,000</td>
<td>1,600</td>
<td>7.3%</td>
</tr>
<tr>
<td>Niger</td>
<td>20,000</td>
<td>1,500</td>
<td>7.5%</td>
</tr>
<tr>
<td>Senegal</td>
<td>5,000</td>
<td>300</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

**THE WASH MINIMUM PACKAGE**

<table>
<thead>
<tr>
<th>Country</th>
<th>Targeted</th>
<th>Reached</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Gambia</td>
<td>493</td>
<td>37</td>
<td>7.5%</td>
</tr>
<tr>
<td>Mali</td>
<td>1,307</td>
<td>97</td>
<td>7.5%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>528</td>
<td>41</td>
<td>7.9%</td>
</tr>
<tr>
<td>Niger</td>
<td>922</td>
<td>70</td>
<td>7.6%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>633</td>
<td>47</td>
<td>7.4%</td>
</tr>
<tr>
<td>Senegal</td>
<td>1,276</td>
<td>94</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

**POPS AFFECTED POPULATION RECEIVED A WASH MINIMUM PACKAGE**

<table>
<thead>
<tr>
<th>Country</th>
<th>Targeted</th>
<th>Reached</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Gambia</td>
<td>250,000</td>
<td>18,700</td>
<td>7.5%</td>
</tr>
<tr>
<td>Mali</td>
<td>395,430</td>
<td>29,600</td>
<td>7.5%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>50,456</td>
<td>3,700</td>
<td>7.3%</td>
</tr>
<tr>
<td>Niger</td>
<td>839,480</td>
<td>62,700</td>
<td>7.5%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>77,794</td>
<td>5,800</td>
<td>7.5%</td>
</tr>
<tr>
<td>Senegal</td>
<td>463%</td>
<td>33,200</td>
<td>7.3%</td>
</tr>
</tbody>
</table>
WASH commitment integrated in the 2015-2026 national policy for the nutritional security.

In Nigeria, through the WASH sector coordination efforts in the north-eastern States with the Rural Water and Sanitation Agency (RUWASA), 262,000 IDPs in camps and host communities have been assisted in drinking water. Nevertheless, this result represents only 12 per cent of the 2.15 million IDPs in the North-East where humanitarian access in rural areas remains challenging.

**OPERATIONAL CHALLENGES**

In the Sahel region in 2015, only 10 per cent of children treated for SAM received a WASH kit to prevent the vicious circle of diarrhea and malnutrition at household level which is at an alarming rate. After the progress made in 2012 and 2013 on this indicator (> 50 per cent), the decrease was already observed in 2014 (<25 per cent). It is, inter alia, linked to lack of funding of the WASH sector with only 12 per cent of the needs in the 2015 Sahel funding status; the focus of the sector’s mobilization towards returnees, IDPs and refugees; and the insufficient or limited number of partners involved in the WASH response to malnutrition.

**WHAT HAPPENED TO THOSE WE DIDN’T ASSIST?**

Water, hygiene and sanitation needs of more than one million of severe acutely malnourished children were unaddressed in 2015, exposing them to diarrheal diseases, nematodes, enteropathy and other associated diseases such as malaria, reducing the curative and preventive impact of the nutrition interventions and increasing the risk of chronic malnutrition. Moreover, more than two million of conflict-affected people have not received the WASH minimum package of services.
An IDP fetches water from Lake Chad. A new well in the nearby village of Tagal, in Chad, improved access to safe drinking water for IDPs and the host community. © OCHA/Brandau
RESPONSE AND IMPACT

In 2015 the Sahel region continued to address the consequences of numerous crises with negative impact on access to safe education of quality for almost 3.5 million school aged children. The Education Sector aimed at providing access to safe learning environments for crisis-affected school-aged children to ensure resumption of learning, protection and psychosocial support to children and teachers, as well as promoting peaceful cohesion in hosting communities. The education sector targeted almost two million children older than three years, however only 36 per cent of children over three years old (707,678) were reached by Education in Emergency (EIE) services, including pre-school, primary and basic education, non-formal education, and accelerated learning. Among these children were IDPs (Mali, Nigeria), refugees (Burkina Faso, Cameroon, Chad, Mauritania, Niger), and host communities and other vulnerable children (Burkina Faso, Mali, Senegal). The response continued to focus on building national and local capacities to restore basic social services in conflict-affected areas. Training activities for teachers, including in psychosocial support and basic pedagogy, were undertaken in Burkina Faso, Cameroon, Chad, Niger and Nigeria.

PARTNERSHIPS

Chad, Niger and Nigeria endorsed the Safe Schools Declaration that provides States the opportunity to express broad political support for the protection and continuation of education in armed conflict, and serves as instrument to endorse and commit to implement the Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict. The Government of Nigeria engaged in international advocacy attending several international high-level meetings and conferences.

PEOPLE IN NEED, TARGETED & REACHED

3.5 million PEOPLE IN NEED

1.95 million PEOPLE TARGETED

36% OF TARGETED REACHED

707,678 PEOPLE ASSISTED

REGIONAL FUNDING

2013

$45.8 million REQUIREMENTS

$8.5 million SRP FUNDING

2014

$29.6 million REQUIREMENTS

$4.4 million SRP FUNDING

$1.1 million OUTSIDE SRP FUNDING

2015

$59 million REQUIREMENTS

$11.1 million SRP FUNDING

$7.8 million OUTSIDE SRP FUNDING

2015 FUNDING STATUS PER COUNTRY

Total funding received in country, including donor contributions to humanitarian operations carried by partners outside the 2015 SRP.
OPERATIONAL CONSTRAINTS

Funding shortfalls: The education cluster reached only 36 per cent of the target due to increased insecurity including direct attacks on education facilities, limited access, the low number of operational partners in newly affected areas, and, most importantly, insufficient funding. Education in Emergencies (EiE) is severely underfunded: globally only 1.4 per cent of humanitarian funding is dedicated to education. For the Sahel Region, only 19 per cent of funding requested was received inside the HRP in 2015.

Weak infrastructure: Most of the communities hosting refugees and IDPs are characterized by very weak and vulnerable education systems from before the crisis, and present the worst indicators in terms of enrollment (especially girls), retention and completion rates. Also, the burden on the supply of qualified teachers, adequate safe learning spaces, furniture and teaching and learning materials impacts negatively on the quality delivery of EiE response in north-east Nigeria as well as Diffa (Niger), the Far North in Cameroon, and the Lac Region in Chad.

Violence and insecurity impede the provision of education to hundreds of thousands children: some buildings have been abandoned, teachers have fled; many schools have been attacked. In Nigeria, during the first half of 2015, the cluster was able to expand its support to education needs of IDP children in camps.

WHAT HAPPENED TO THOSE WE DIDN’T ASSIST?

In 2015, more than 2.6 million out of school aged children in need were not assisted with EiE services. These children could be at risk of dropping, or already have dropped out of school. Many could be at risk of early marriage and parenthood, harmful labor conditions, sexual and gender-based violence.

PROGRESS ON REGIONAL OUTPUT INDICATORS

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Children</th>
<th>Pre-school, School-aged Children and Youth with Disabilities, Enrolled in Quality Education Through the Education Cluster/Sectorial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>25,317</td>
<td>Pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial</td>
</tr>
<tr>
<td>Cameroon</td>
<td>112,340</td>
<td>Pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial</td>
</tr>
<tr>
<td>Chad</td>
<td>167,238</td>
<td>Pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial</td>
</tr>
<tr>
<td>Mali</td>
<td>103,921</td>
<td>Pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial</td>
</tr>
<tr>
<td>Mauritania</td>
<td>13,629</td>
<td>Pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial</td>
</tr>
<tr>
<td>Niger</td>
<td>18,668</td>
<td>Pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial</td>
</tr>
<tr>
<td>Nigeria</td>
<td>252,705</td>
<td>Pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial</td>
</tr>
<tr>
<td>Senegal</td>
<td>13,860</td>
<td>Pre-school, school aged children and youth; including children and youth with disabilities, enrolled in quality education through the education cluster/sectorial</td>
</tr>
</tbody>
</table>

20 school days per month in which one school meal or snack is provided

20 school days per month in which one school meal or snack is provided

16 school days per month in which one school meal or snack is provided

12 school days per month in which one school meal or snack is provided
based violence, recruitment into armed groups, trafficking and abuse. Missing out on education has a life-long impact on societies’ social and human capital, which in turn impedes progress on human development and perpetuates poverty cycles, also contributing to vulnerability and worsening risks of further humanitarian crises.

12 year old Auwalu draws a picture of items that were in her home before her village of Bama, in north-eastern Nigeria, was attacked and destroyed. © UNICEF/Esiebo
A crowded classroom in Kidal, northern Mali, where in 2015 many schools reopened for the first time in four years. © OCHA/Desgroseillers
RESPONSE AND IMPACT

The Sahel region continued to face major public health challenges including recurrent epidemics such as cholera, meningitis and measles, and endemic diseases such as malaria. Health partners supported Governments in their efforts with regard to disease surveillance, prevention and control. Main activities focused on limiting the occurrence of chronic epidemics through immunization campaigns, responding to outbreaks, continuous monitoring of potential threats, and the provision of drugs and medical kits.

Measles: In 2015, a total of 10,847,952 children have been vaccinated against measles, representing 92.6 per cent of the target. For the same period across the Sahel, measles routine immunization coverage ranged from 78.7 to 103 per cent, with Mauritania, Cameroon and Chad not reaching more than 80 per cent coverage. Despite health interventions, cases of measles were reported in Burkina Faso, Cameroon, Chad, Mali, Niger and Nigeria, with a total of 21,316 suspect cases and 204 deaths. Cameroon and Nigeria accounted for 90 per cent of the confirmed cases.

Meningitis: A total 27,404 suspected cases of meningitis resulting in 1,933 deaths, with a lethality rate of 7.1 per cent, have been notified in 2015. Twenty-four districts in Cameroon, Niger, Nigeria, and Senegal crossed the epidemic threshold. An unprecedented epidemic in Niger and Nigeria counted 11,000 cases and 800 deaths. The effective control of this outbreak was hampered by the limited availability of meningococcal vaccines due to production constraints.

Polio: There was no case of type 1 wild poliovirus (WPV) in 2015. Health partners supported national authorities in strengthening disease surveillance mechanisms and implemented polio supplemental immunization activities thus mitigating risks of exportation. In 2014, six type 1 wild poliovirus (WPV) cases had been reported in Nigeria.
Cholera: A total of 6,084 cholera cases including 185 deaths were reported in Nigeria. The vast majority of cases and fatalities were recorded in Nigeria. The main challenges to reduce the spread of cholera remained limited access to clean water and sanitation and the weakness of national health systems, in addition to weak cross-border coordination of health responses.

OPERATIONAL CHALLENGES

Funding gaps: Health partners received only 20 per cent of the requested funding inside the HRP. The underfunding affected health projects and the operational response in various areas. It hampered the coordination of partners and efficient surveillance, the delivery of drug kits and provision of laboratory items and emergency obstetrics care kits, the support to SAM treatment centers, as well as the timely deployment of rapid response teams.

Increase in conflicts and reduced humanitarian access: The volatile security situation in areas affected by the conflicts in the Lake Chad Basin limited partners’ ability to expand health services to the most vulnerable populations.
MULTI-SECTOR FOR REFUGEES

RESPONSE AND IMPACT

The sector response covers assistance to Central African, Malian and Nigerian refugees in the region. By the end of 2015, there were 325,116 Central African refugees hosted in Cameroon and Chad (259,145 in Cameroon and 65,971 in Chad); 209,853 Nigerian refugees hosted in Cameroon, Chad and Niger (6,641, 68,233 and 138,321, respectively); and 141,420 Malian refugees hosted in Burkina Faso, Mauritania and Niger (33,158, 48,000 and 60,262).

The regional strategy designed the multi-sectoral response for Nigerian and Central African refugees in three areas: ensuring protection and access to asylum; providing humanitarian assistance and promoting the transition to a more sustainable response and; encouraging self-reliance, resilience and environment protection. In a context where many of the refugee population live out of camps and often put a strain on already meager resources in host communities, many of the interventions are community-based protection and assistance building on national structures and services, and promoting peaceful coexistence of the refugee population and host communities.

In Cameroon, by the end of 2015, UNHCR and partners were providing protection and multi-sectoral assistance to 52,381 Nigerian refugees in Minawao camp. Another 15,852 were settled in villages along the border with Nigeria. Humanitarian access has been extremely challenging in many areas along the border due to security constraints. At the outset of 2015, UNHCR and the government organized transfers of people who would like to move away from the border areas to Minawao camp for their safety and security. Throughout 2015, UNHCR registered 28,992 new arrivals at the camp, and 1,454 birth certificates for Nigerians born on

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PEOPLE IN NEED, TARGETED & REACHED

1.2 million PEOPLE IN NEED

1.1 million PEOPLE TARGETED

62% OF TARGETED REACHED

710,826 PEOPLE ASSISTED

BURKINA FASO

90,000 PEOPLE IN NEED

90,000 TARGETED

105% OF TARGETED REACHED

CAMEROON

312,000 PEOPLE IN NEED

312,000 TARGETED

74% OF TARGETED REACHED

CHAD

500,850 PEOPLE IN NEED

500,850 TARGETED

74% OF TARGETED REACHED

REGIONAL FUNDING

2013

$351.9 million REQUIREMENTS

$188.6 million SRP FUNDING

$2.0 million OUTSIDE SRP FUNDING

54% TOTAL FUNDED

2014

$423.6 million REQUIREMENTS

$160.6 million SRP FUNDING

$24.9 million OUTSIDE SRP FUNDING

44% TOTAL FUNDED

2015

$391.1 million REQUIREMENTS

$170.7 million SRP FUNDING

$9.4 million OUTSIDE SRP FUNDING

46% TOTAL FUNDED

2015 FUNDING STATUS PER COUNTRY

Total funding received in country, including donor contributions to humanitarian operations carried by partners outside the 2015 SRP.
In Chad, the multi-sectorial assistance to refugees was based on three main axes of intervention, notably refugee protection, access to basic services, and sustainable solutions for 60,000 refugees. Over 7,000 refugees were issued with identity cards enabling some to access certain services such as those offered by micro-finance institutions. 2,482 CAR refugee children received birth certificates with about 57 per cent issued through procedures for late birth registration. A total of 1,525 SGBV survivors were provided with support and services, including medical assistance and psychosocial, security-related, material, and legal support. 60,000 refugees were assisted to develop sustainable solutions including socio-economic integration, resettlement and voluntary repatriation (36,000 Sudanese, 20,000 Central African, and 4,000 Nigerian refugees).

In Mauritania, partners assisted 50,228 Malian refugees, the total population of Mbera camp, including increased interventions in the areas of livelihood and self-reliance to reduce their dependency on humanitarian assistance. According to the annual Household Economic Approach assessments, the number of poor and very poor Malian refugees in Mauritania decreased from 88 to 65 per cent between 2013 and 2015. The number of primary school attendance of Malian refugees has increased by 29 per cent from 2014 to 2015.

In Niger, at the end of 2015, there were 58,743 registered Malian refugees benefiting from assistance and protection. In the south-eastern Diffa region, authorities registered approximately 138,000 people displaced from Nigeria. The evacuation of the Lake Chad islands and the surge in the number of attacks on Nigerien border villages marked significant changes of the operational and security context.
According to the authorities, more than 170 villages located along the Komadougou River and Lake Chad are empty of their populations. More than 100,000 people (including IDP, refugees and returnees) are settling in spontaneous sites along the Route National 1 (RN1). In out-of-camp settings, all actors continue to target on the basis of the vulnerability. Full assistance has been provided to approximately 2,000 persons in the camp of Sayam Forage and 7,000 in Kabelawa.

**PARTNERSHIP**

Through regular consultations and joint activities such as awareness raising campaigns, positive collaboration with authorities and security forces has been maintained. In Nigeria, UNHCR has been in collaboration with authorities to ensure that freedom of movement is maintained in the areas affected by Boko Haram attacks and the rights of refugees are respected. The sector reinforced advocacy with authorities in the countries of asylum for Nigerian refugees for improved access to asylum and respect for the principle of non-refoulement to help create a favorable protection environment and promote respect for the fundamental human rights in the actions undertaken by states, whilst wholly acknowledging national security concerns with regards to the threats of terrorism. For the Central African refugee situation, UNHCR develops in collaboration with authorities and partners a multi-year self-reliance and resilience strategy for refugee-hosting areas, aiming at empowering refugees through livelihoods activities, decreasing their dependency on humanitarian assistance and to further support investments in communal infrastructures in refugee hosting areas.

**OPERATIONAL CHALLENGES**

**Insecurity:** In the Lake Chad Basin, some areas are inaccessible for humanitarian assistance due to the volatile security situation. The incursions and infiltrations by Boko Haram also had a negative impact on the social fabric. Certain ethnic groups who have family and cultural ties with communities in Nigeria have been accused of collaborating with the insurgents. People suspected of being linked to Boko Haram are subject to human rights violations including arbitrary detention. The nomadic lifestyle of the refugees as well as secondary and tertiary movements of refugees made it further difficult for Governments and protection actors to conduct registration and identification activities. In northern Mali, the unstable security situation remained a challenge. Consequently, less than 400 voluntary returns were facilitated from Mauritania throughout the year while some 400 new arrivals occurred between April and June. In Cameroon, Central African refugees are spread across some 300 villages. Often located deep in the forest with very difficult access, especially during the rainy season, the coherent coverage of adequate assistance and protection activities is challenging.

**Lack of funding:** Low levels of funding have exacerbated existing challenges. In Mauritania, funding shortages greatly impacted food distribution in the camp leading to the distribution of incomplete monthly rations.

**WHAT HAPPENED TO THOSE WE DIDN’T ASSIST?**

Some refugees living in inaccessible areas were not reached due to insecurity and/or financial constraints. These populations were not profiled or registered and did not receive regular humanitarian assistance, nor were they subject to regular protection monitoring. They might be exposed to risks of abuse, exploitation and other forms of human rights violations.
Gado refugee camp, eastern Cameroon. By the end of 2015, Cameroon hosted more than 250,000 refugees from the Central African Republic.
© OCHA/Brandau
RESPONSE AND IMPACT

The beneficiaries assisted by the protection sector included IDPs, returnees and host communities, with emphasis on persons with specific needs, including women and children. Actors within the protection sector provided assistance through registration, profiling, protection monitoring, advocacy and training, as well as prevention and response activities, referral, family reunification, psychosocial support and material assistance to survivors of violence, children and persons with specific needs. In Nigeria, 17,534 displaced households with severe protection risks and needs were identified through protection monitoring. Moreover, 20,588 Nigerian returnees from Cameroon were registered by UNHCR in collaboration with Nigeria Immigration Services and NRCS, conducting assistance and advocacy to improve conditions of return and reception. Advocacy towards the compliance of returns of Nigerians from neighboring countries and IDPs with applicable international, regional and national standards was undertaken in a consistent manner. In Mali, 3,984 people were assisted with documentation; 5,109 people were trained and sensitized on social cohesion; 1,459 GBV survivors were assisted with psychosocial services, 464 victims received medical care and 159 people received legal assistance. Additionally, 19,649 vulnerable children received appropriate assistance and 11 children associated with armed groups were demobilized and assisted. Mine risk education specialists trained 398,099 adults and children, decontaminated 464,384 square meters and assisted 94 victims including 45 children. In the Lake Chad Basin, vulnerable IDPs including women and girls were assisted with psychosocial support, material protection assistance, livelihood support and income generating projects in agricultural areas. In Nigeria, 3,446 unaccompanied and separated children (UASC) were identified and documented. In Chad, 225 separated children

REGIONAL FUNDING

2013

$109.4 million

SRP FUNDING $42.6 million

OUTSIDE SRP FUNDING $6.9 million

TOTAL FUNDING 45%

2014

$96.8 million

SRP FUNDING $30.1 million

OUTSIDE SRP FUNDING $26.6 million

TOTAL FUNDING 59%

2015

$137.8 million

SRP FUNDING $32.8 million

OUTSIDE SRP FUNDING $14.1 million

TOTAL FUNDING 34%

2015 FUNDING STATUS PER COUNTRY

PEOPLE IN NEED, TARGETED & REACHED

4.2 million

PEOPLE IN NEED

797,384

PEOPLE ASSISTED

2.2 million

PEOPLE TARGETED

36%

OF TARGETED REACHED

Total funding received in country, including donor contributions to humanitarian operations carried by partners outside the 2015 SRP.
and 6 unaccompanied children were identified and received psychosocial support.

With increasing insecurity in the Lake Chad Basin area, protection space was reduced particularly during the second half of the year. The protection sector continued advocacy at national and subnational levels with authorities on the issues of humanitarian access, returns according to international standards, detention and equitable access to assistance and services. In Mali, activities and trainings for social cohesion facilitated mutual acceptance, reducing inter-communal tensions in areas of return of displaced populations. Civil documentation facilitated the freedom of movements and registration of children at school. Demining also helped reduce the number of accidents caused by explosive remnants of war. Coordinated approaches to monitoring, prevention and response, with an emphasis on child protection and SGBV, were being developed to build on national services and community-based protection mechanisms. In inaccessible areas of IDP displacement, systems were being developed to monitor protection incidents, prevent and respond to SGBV, identify children at risk and conduct family tracing.

**PARTNERSHIPS**

All protection working groups or clusters in the Lake Chad Basin are led by Governments and/or UNHCR. They are crucial actors to deliver assistance in inaccessible areas in the region. Ministries and administrative authorities are increasingly involved in coordination mechanisms, with Government inputs and participation in planning processes and coordination, while not necessarily equipped yet with adequate capacity and resources. In Mali, authorities were mobilized to domesticate the Kampala Convention, putting in place the monitoring committee. Subnational administrative authorities of countries also participated in the response and worked closely with protection actors to respond to specific protection issues such as registration, documentation, and equitable access to justice.

**OPERATIONAL CHALLENGES:**

**Insecurity:** The concomitant reduction in humanitarian access was a major challenge, particularly for monitoring activities as well as assistance to IDPs, returnees and host communities. Incursions, suicide bombings and hit-and-run attacks made the overall protection environment increasingly difficult. With the spreading of the conflict, Government services have been weakened or closed, further impacting the ability of actors in the protection sector to support protection delivery. In Mali, the absence of government structures in the North affects the process of prevention of, response to protection incidents and follow-up, and limits access to services such as access to documentation. In areas with little or no access, protection actors have not always been in a position to provide beneficiaries, particularly those with specific needs, with appropriate monitoring and access to services. The challenging protection environment also continued to have a greater effect on displaced women and children with SGBV constituting one of the most serious protection risks. In Nigeria, an estimated three million affected civilians in need of humanitarian assistance are in locations not consistently accessible to humanitarian partners.

**Lack of funding:** Inadequate funding also had a serious impact on service provision, with needs outstripping available resources, requiring the prioritization of interventions.

**WHAT HAPPENED TO THOSE WE DIDN’T ASSIST?**

Some IDPs, returnees and host communities living in inaccessible areas were not reached due to insecurity and/or financial constraints. These populations were not profiled or registered and did not receive regular humanitarian assistance, nor were they subject to regular protection monitoring. They might be exposed to risks of abuse, exploitation and other forms of human rights violations.
## List of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAR</td>
<td>Central African Republic</td>
</tr>
<tr>
<td>CERF</td>
<td>UN Central Emergency Response Fund</td>
</tr>
<tr>
<td>CFR</td>
<td>Case Fatality Rate (epidemiology)</td>
</tr>
<tr>
<td>EVD</td>
<td>Ebola Virus Disease (EVD)</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Persons</td>
</tr>
<tr>
<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
</tr>
<tr>
<td>OPS</td>
<td>Online Project System</td>
</tr>
<tr>
<td>ORS</td>
<td>Online Reporting System</td>
</tr>
<tr>
<td>PLW</td>
<td>Pregnant or Lactating Women</td>
</tr>
<tr>
<td>RUTF</td>
<td>Ready-to-use Therapeutic Food</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and other forms of gender-based violence</td>
</tr>
<tr>
<td>SRP</td>
<td>Strategic Response Plan</td>
</tr>
<tr>
<td>TCN</td>
<td>Third Country National</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WFP</td>
<td>United Nations World Food Programme</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
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</table>

The designations employed and the presentation of material in this report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.