

## HIGHLIGHTS

- Ebola infection rates slowing down in Liberia, leveling-off in Guinea, increasing in Sierra Leone. New cases reported in the Malian capital, Bamako.
- 700,000 IDPs registered in Adamawa, Borno, and Yobe states in Northeast Nigeria.
- Nearly 15,000 people fleeing Nigeria for Diffa, Niger, in three days after border town attack.
- Over USD\$11 million of humanitarian goods lost in Burkina Faso.
- 1,000 people evacuated after volcano eruption in Cabo Verde.

## KEY EBOLA FIGURES

No. of Cases 17,145

No. Of Deaths 6,070

No. Countries currently Affected by West Africa EVD Strain 6

## FUNDING OF THE SAHEL STRATEGY

USD\$1.9 billion requested

USD\$ 848 million received (in SRP)

USD\$359 million received (outside SRP)



## In this issue

- Ebola outbreak update P.1
- Multi-sector impact of Ebola outbreak P.2
- Nigeria: Northeast conflict spirals P.3
- Niger: spillover from Nigeria conflict P.5
- Burkina Faso: humanitarian impact of unrest P.6
- Cape Verde: volcano eruption P.6
- Sahel food update P.7
- Funding overview P.8

## Ebola outbreak update

### Cases rising in Sierra Leone, Mali reports new caseload

Ebola infection rates continue to increase in West Africa. As of 3 December, there are 17,145 cases (suspected, probable, and confirmed) of EVD resulting in 6,070 deaths, with the disease currently active in six countries. This represents a 26 per cent increase in cases since last month.

Infection rates have reportedly slowed in Liberia and for the first time, more EVD cases are reported outside of the capital than in Monrovia itself. In Guinea, infection rates appear to be leveling-off, however, in Sierra Leone they are still trending upwards.

### Mali of growing concern

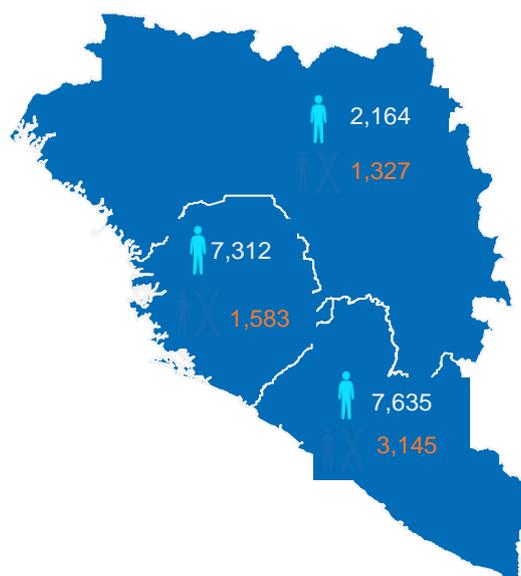
The situation in Mali is of serious concern. Reporting its first case in October, eight cases have since been reported with six deaths to date. The head of the UN Mission for Emergency Ebola Response, (UNMEER) Anthony Banbury, recently visited Mali and confirmed that UNMEER would open an office in country to support the Government with reinforcing the country's

operational response, strengthening the country's preparedness, and assisting with cross-border coordination between Malian and Guinean authorities. An UNDAC team has also been deployed to Mali for three weeks to support the Government with needs assessments and in establishing an Ebola Operations Center.

### Preparedness

The World Health Organization (WHO) continues to lead inter-agency Ebola preparedness missions in high risk countries in the region. As of 25 November, missions have been completed in Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Ghana, Guinea Bissau, Mali, Mauritania, Senegal and The Gambia. Similar missions are planned in the coming weeks for Angola, Cabo Verde, CAR, DRC, Ethiopia, Niger, Nigeria, South Sudan and Togo. Based on a preparedness checklist and through simulation exercises, the missions identify gaps in preparedness and develop 30/60/90 day implementation plans.

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*WFP has assisted 1.8 million persons with food aid; UNICEF has reached two million people with awareness-raising.*

Numerous Governments, mostly in West Africa, have also developed National Ebola Preparedness and Response plans focusing on early detection, prevention, safe burials management, communication and social mobilization, establishing isolation centers, and training of communities and healthcare workers.

### Scaled-up response

To date, 176 organizations are operating emergency programming across the three EVD countries. WFP has assisted nearly 1.8 million affected persons with food aid and transported more than 3,000 responders with UNHAS flights. UNICEF has reached at least two million people with awareness-raising messaging, is supporting national authorities with establishing protocols to facilitate school re-openings and providing technical assistance for remote schooling options, and has provided over 1,800 children with child protection services. UNFPA is planning a project to address maternal health needs. In addition to manning several ETUs in the three countries, in October, MSF began distributing anti-malarial drugs in Monrovia for both the treatment and prevention of malaria, with plans to reach 300,000 people for three months. MSF has similar plans for Freetown, Sierra Leone.

## Multi-sector impact of the Ebola outbreak

### “Emergency within an emergency”

As the EVD crisis continues to erode primary services, humanitarian assistance will become more pressing in 2015. Basic access to food, water, hygiene, and sanitation, basic healthcare, and education are severely limited in all “High Transmission Countries” (HTCs) requiring interventions in Food and Nutrition, WASH, non-Ebola Health, Education, Social Mobilization, and Protection measures.



Credit: FAO/John Monibah  
Lofa County, Liberia - Market stalls with little farm products due to movement restrictions, and few buyers due to lack of purchasing power.

### Nutrition and food security

At the Food Crises Prevention and Management Network (PREGEC) meeting, held in Dakar from 18 to 20 November, a special session was dedicated to the impact of the Ebola outbreak on food and nutrition security. Preliminary results from a joint assessment in Guinea, Liberia, and Sierra Leone showed a decrease of agricultural production and demand, disruption of markets, deterioration of livelihoods, decline in purchasing power of households, risk of degradation of the nutrition situation due to difficulties in accessing food in sufficient quantity and quality, and interruption to access to basic social services. The closure of the borders due to the Ebola outbreak has negatively impacted the income of rural and urban populations in the Ebola affected countries, as well as the areas bordering neighbouring countries.

### Protection concerns: children and survivors

Children have been impacted two-fold by the EVD outbreak: all public schools in the three high-transmission countries remain closed, leaving some five million children aged 3 to 17 out of school; and some 3,700 children have been orphaned by the disease, with the figure expected to double by mid-October. Similar to survivors of the disease, children

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*In Sierra Leone, only one-fifth of 10,000 HIV patients are still receiving their anti-retroviral treatments.*

orphaned by EVD also face social stigma and face serious obstacles re-integrating into their communities.

### Deep impact on healthcare

WHO has termed the impact that EVD is having on health systems in Guinea, Liberia, and Sierra Leone, as “an emergency within an emergency”. Clinics are closed or overwhelmed, and patients in need of medical care are scared to seek help in facilities for fear of EVD infection. Healthcare workers (HCWs) are at high risk of infection, and some 346 HCWs have already died from the disease. Cases of malaria, pneumonia, tuberculosis, and typhoid are likely to go untreated and HIV/AIDS treatments and maternal health options rendered unavailable. UNDP reports that, in Sierra Leone, only one-fifth of the 10,000 HIV patients who are on anti-retroviral treatments are still receiving their medication due to a lack of health personnel available for non-Ebola related medical cases and emergencies. Vaccination rates have suffered at least in part because immunization campaigns have been on hold in all three countries since May. A resumption of vaccination campaigns is not foreseen before the end of the year due to concerns over convening crowds. A November UNFPA report indicated that upwards of 800,000 women in Guinea, Liberia and Sierra Leone are expected to give birth in the next 12 months, and will require antenatal, delivery, and postnatal care. 121,207 of these births are expected in the three countries next year will have potentially life-threatening complications and will require medical assistance.

## Nigeria: Northeast conflict spirals

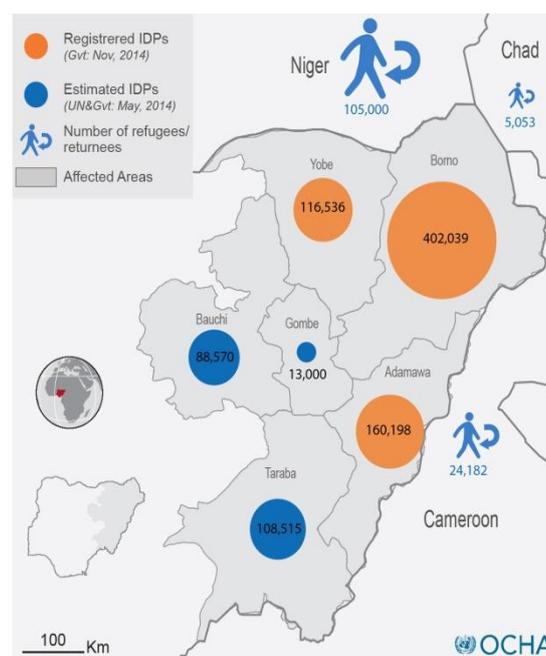
### New attacks

Several violent attacks in the Northeast over the past month underline the deteriorating security situation in the region, following over 18 months of insurgency and counter-insurgency operations. On 30 October, Boko Haram insurgents reportedly attacked and assumed control of Mubi, the second largest town in Adamawa. The fall of Mubi resulted in a sudden influx of IDPs to the Adamawa state capital, Yola, with tens of thousands of people reportedly fleeing Mubi on foot or motorcycle. IRC and Oxfam had recently set-up operations in Mubi to respond to the crisis in the Northeast but were forced to evacuate staff following the attack. A 26 November attack on Damask town in Borno state, resulted in an influx of thousands of people fleeing across the border into Diffa, Niger.

This month, President Goodluck Jonathan’s bid for an extension of the State of Emergency in the Northeast—in place since May 2013 and due to expire this month—was rejected by Parliament.

### Growing number of IDPs

As of end-November, the State Emergency Management Agency (SEMA) has registered some 700,000 IDPs. UNHCR reports that at least 134,235 refugees and returnees have



Map Source(s): UNCS, SALB, ESRI, OCHA, UNICEF, UNHCR.  
Map created in May 2014 and updated in 27 Nov 2014.  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

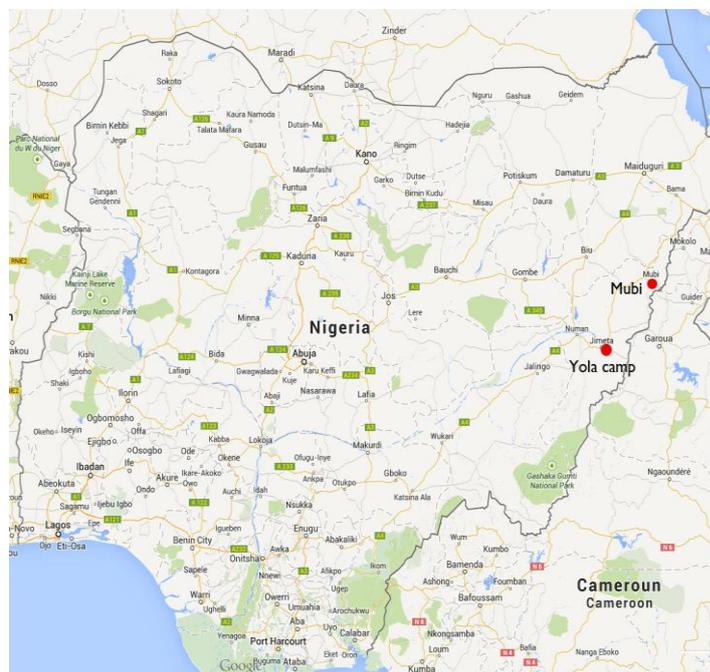
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*Growing needs of IDPs scattered across camps and host communities in Northeast Nigeria require a scaled-up response and additional resources.*

fled across the borders into Cameroon, Chad and Niger. In September, Nigeria's National Emergency Management Agency (NEMA) estimated that instability in the Northeast had displaced some 1.5 million people. Frequent new and secondary displacements, as well as the volatile security situation, are major obstacles to updating displacement figures.

### Difficult conditions in camps and host communities

There are now 12 official IDP camps in Borno State and six in Adamawa State - with at least four opened in the last few weeks to accommodate the recent influx. Many IDPs live in informal camps which are overpopulated and severely lacking in basic services including water and sanitation. According to IFRC, such unhygienic conditions have led to an increase in cholera, diarrhea and other preventable diseases among IDP populations. However, not all IDPs can access the camps and the majority reside in host communities- straining



already limited resources and being exposed to exploitation and abuse. The fact that IDPs are scattered across the region complicates the provision of humanitarian assistance such as food distributions. Adamawa State now faces IPC level-2 (stressed acute) food security and may soon slide into IPC-3 crisis levels. ECHO has indicated that in Borno and Yobe states, food security crisis levels have been reached ahead of the expected lean season due in July/August.

### Schools re-open in Borno state

On 24 November, SEMA reported that Borno state authorities reopened schools following eight months of closure due to the heightened insurgency. In Maiduguri metropolis and Jere Local Government Area (LGA), many children reported for class, including those displaced from other areas, raising concerns of overcrowding in classrooms. There is no confirmation as to the resumption of the school year in other LGAs in the state. Borno is the state most affected by the insurgency, which often directly targets schools and schoolchildren.

### Need for scaled-up response and resources

National authorities are leading the response to assist IDPs in Adamawa state, with support from the Nigerian Red Cross and several national NGOs (i.e. FOMWAN, APT, JMI and CISCOPE in partnership with OXFAM). IDPs that arrive at the camps are registered and given access to necessities such as food, water, health care and shelter. A serious scale-up in humanitarian assistance is required in the Northeast to adequately respond to growing needs. [The Strategic Response Plan for Nigeria](#), which focuses largely on addressing humanitarian needs in the Northeast, is only funded at 13 per cent.

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*Deteriorating situation in Diffa region, Niger, compounds cholera concerns, with a 300 per cent increase in the past month.*

## Niger: spillover from Nigeria conflict

### Thousands of new arrivals following attack on border town

The 25 November attack and capture of the Nigerian town of Damask, near the border with Niger, resulted in thousands of people fleeing across the border into Diffa, Niger from 25-27 November. According to a UNHCR [note](#), there are serious protection issues: many children were separated from their parents during the attack and the subsequent escape to Niger. Some trying to flee to Niger were



IDPs transferred from the border with Nigeria to a temporary site in Gagamari, Diffa region, Niger. Credit: Katy Thiam, OCHA.

shot at by insurgents, and/or drowned in the crossing of the Komadougou Yobé River, which separates the two countries. According to the new arrivals, there are many women, children, elderly and injured people still waiting on the Nigerian side of the river to cross into Niger. New arrivals to Diffa were registered by local authorities and humanitarian partners.

### Number of refugees and returnees likely to further increase

The on-going insurgency in Northeast Nigeria has already forced some 105,000 refugees and returnees from Nigeria to Niger—the figure is expected to reach 150,000 by the end of the year. More than 30,000 people have arrived in the past month alone. According to the International Rescue Committee (IRC), since April 2014 between 500-1,000 people cross the border from Nigeria into Diffa every week, seeking refuge amongst host communities or in the 110 spontaneous host sites in N'Guigmi and Bosso towns. A deteriorating cholera situation in Diffa compounds concerns. As of 16 November, 238 cases of cholera were reported in Diffa, a 300 per cent increase in the past month.

### Most urgent needs

IOM issued a [report](#) this month profiling displaced populations and host communities in Diffa. Of the 2,973 households (22,439 individuals) surveyed, 77 per cent were Nigerian returnees and 20 per cent Nigerian refugees. Some 90 per cent of households fled with their entire family from Nigeria to Diffa, with average household size at seven members. Of those family members that fled, an estimated 12,000 are children. Some 90 per cent of heads of households are men, which may be explained, in part, by the perils posed by the border crossing from Nigeria to Niger. The most urgent need identified in the IOM survey was shelter, with 99 per cent of respondents indicating this as their top priority. Other urgent needs identified by OCHA Niger include: food assistance, drinking water, Non-Food Items (NFI), shelter, psycho-social assistance, protection, and transport for displaced persons from entry points to temporary sites.

### Response underway, further resources needed

The Government of Niger is leading the response with support from humanitarian partners. The Government has distributed ten tons of rice in the region, and ICRC, and WFP are planning to distribute food aid. UNHCR has been providing plastic sheeting and blankets to those who fled the Damasak attack; IOM, UNICEF, and Care International are planning to provide shelter and NFI in Diffa. Save the Children has opened a clinic at the border, however, medicine and medical staff are urgently needed to respond to growing

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healthcare demands. IFRC is providing latrines but further WASH facilities are needed to stem a growing cholera outbreak in the region.

### Serious information obstacles

The principle obstacle to humanitarian assistance identified by IOM's survey is access, due to poor roads and insecurity. Information gaps are also hindering a response. There is lack of a regular census of displaced persons in the region making it challenging to plan for a tailored response. On 17 November, the Government of Niger announced that only the Minister of Home Affairs and local authorities (i.e. Governor of Diffa and District Prefects) will be permitted to provide information or statistics on the refugees and returnees living in Diffa region.

## Burkina Faso: humanitarian impact of unrest

### Over USD\$11 million in loss of humanitarian goods

During the civil unrest in Burkina Faso in October, the warehouses of six organizations were pillaged and/or burnt with loss of assets totaling over USD\$11 million. Eight million children stand to be affected by a slowing of the measles vaccination campaign. Another 644,000 children will not have school supplies or benefit from meals in school-canteen programs. Impacts and losses stemming from October's instability will be taken into account in the 2015 Humanitarian Needs Overview and Strategic Response Plan.



Humanitarian programming—like this school feeding program in Burkina—have been impacted by the recent instability and looting of humanitarian goods. Credit: OCHA/Ivo Brandau

## Cabo Verde: Volcano eruption

### Lava flows threaten more towns

On 23 November, the Pico do Fogo volcano on the Cabo Verdean island of Fogo erupted, prompting the evacuation of an estimated 1,000 residents from Cha das Caldeiras village. No deaths or injuries were reported. Access to four communities has been impeded by lava flows and there are reports of large emissions of toxic gases, posing serious health risks to residents. The island's airport was shut down and ash clouds above the volcano were reportedly affecting airplane routes. An emergency situation has been declared for the island of Fogo and the neighbouring island of Brava. As of 1 December, Civil Protection reported that there was an increase in eruption intensity, with lava flowing 2-3 meters per hour. The lava has engulfed some 20 homes and other structures, and is now endangering Bangaeira village.

### Response led by national authorities

National civil protection authorities are leading the response, providing social housing, *inter alia*. The Ministry of Foreign Affairs will coordinate international assistance. The UN system and the EU will ensure coordination of partners on the ground and will facilitate data collection on assistance to identify gaps and avoid duplication. National authorities have also requested access to the UN Platform for Space-Based Information for Disaster Management and Emergency Response program (UN-SPIDER), a platform which facilitates the use of space-based technologies for disaster management and emergency

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response. An UNDAC team was deployed from 2 December to support national authorities with emergency coordination response, needs assessments, and information and communication management.

## PREGEC: high malnutrition and food insecurity

### Three million in need of immediate food assistance

The PREGEC (Food Crises Prevention and Management Network) met in Dakar from 18-20 November and concluded that according to the Cadre Harmonisé, the 2014-2015 cropping season will be met with alarming malnutrition and food insecurity rates.

Global acute malnutrition levels are forecast to exceed the warning threshold (10 percent) in 26 areas or regions located in Chad, Mali, Mauritania, Niger and Senegal. Emergency threshold (15 percent) malnutrition is expected in six localities in Chad, Mauritania, Niger and Senegal. Across all countries analyzed, over three million people are currently experiencing crisis or emergency level food insecurity, notably in The Gambia, Guinea Bissau, Senegal and Chad. Between January and March 2015, due to the early depletion of stocks, higher localized food prices, the deterioration of trade terms and the erosion of livelihoods of poor and very poor households, the food and nutrition crisis could reach over 4.2 million people in 27 areas in Burkina Faso, The Gambia, Mauritania, Niger, Senegal and Chad.



Goulbi, Niger - Farmers harvesting tomatoes from a vegetable garden growing amidst a small forest. Credit: FAO/Giulio Napolitano

### Worrying results of cropping season in Western Sahel

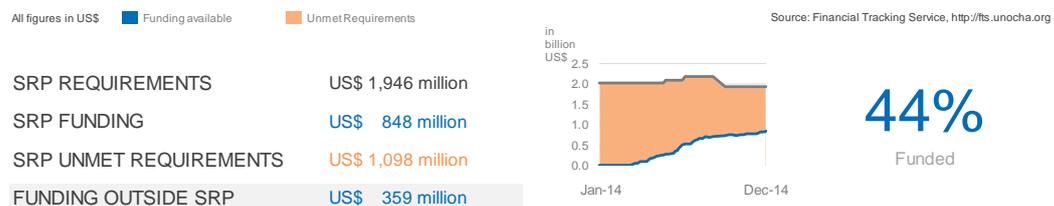
Cereal production in the Sahel and West Africa for the 2014-2015 cropping campaign is forecast at 48.5 million tons (excluding Mali and Niger), 4 percent higher than last year and 8 percent higher as compared to a five-year average. This production level hides disparities across countries. In the Western Sahel countries, a significant decrease of more than 32 percent is recorded. 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 last year. Insecurity in Northern Mali, Northeast Nigeria and the Central African Republic threaten to disrupt transhumance movements.

### Good supply levels at markets

Markets function satisfactorily in the region, with good supply levels reported and relative stability of main cereal prices. High prices at the western trade basin level and in Chad, Mali and Niger could reduce access to food for poor and very poor households. The closure of the borders due to the Ebola outbreak has reduced cross-border flows in the Western Basin, which has negatively impacted the income of rural and urban population in affected countries as well as those residing in areas along the border.

# Sahel funding status overview

## HNOs across the Sahel being updated



The Sahel Humanitarian Strategic Response Plan (SRP) is currently funded at 44 per cent, receiving USD\$848 million against its revised USD\$1.9 billion requirement. This represents a USD\$79 million increase as compared to the last reporting period. USD\$359 million was committed to humanitarian activities outside of the SRP.

For further information, please contact:

**Ivo Brandau**, Public Information Officer, [brandau@un.org](mailto:brandau@un.org), Tel. (+221) 77 450 6232

**Rosalia Gitau**, Reporting & Advocacy, [gitau2@un.org](mailto:gitau2@un.org), Tel. (+221) 77 740 9532

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