Humanitarian partners require US$2.66 billion for the Sahel

Humanitarian organizations in the Sahel have appealed for $2.66 billion in 2017 to assist 15 million people struggling with deep levels of hunger, malnutrition, adversity and destitution brought about by conflict and prolonged displacement.

“The Sahel faces considerable challenges and will remain one of the world’s major humanitarian operations in 2017,” said Toby Lanzer, UN Assistant-Secretary General and Regional Humanitarian Coordinator for the Sahel.

One in five families in the Sahel is vulnerable to food insecurity, and 12 million people will need urgent food assistance in 2017. Across the region, almost 5 million people are struggling with the consequences of forced displacement. Malnutrition continues to reach critical levels, particularly in Chad and north-east Nigeria, where the prevalence of global acute malnutrition is as high as 30 per cent, double the emergency threshold. In Mali, where armed attacks, banditry and insecurity continue and cause new population
displacements, more than 3.5 million people are food insecure and some 852,000 in need of nutrition assistance.

Drivers of humanitarian needs

Chronic and acute vulnerability in the Sahel is exacerbated by interdependent drivers which continue to threaten the lives of millions of people already living on the brink. Poverty affects one in every two people, making the Sahel one of the poorest regions in the world. The lack of economic opportunities, particularly for youth, combined with weak basic service provision and limited social safety nets compound the vulnerability of communities to persistent food insecurity, malnutrition and disease.

The region is one of the world’s climate change hotspots. With increasingly unpredictable weather patterns, more frequent droughts and floods and land degradation threaten the livelihoods of a population in which the majority relies on agriculture for survival. Overall average temperatures have risen. With climate shocks coming at a higher rate, vulnerable households are less able to cope with crises and struggle to recover in time before they are hit again.

Increasing violence, conflict and insecurity over the past years have devastated livelihoods and driven millions of people from their homes. Ancestral trade and migration routes in the Sahel are now often being used for trafficking networks. In many instances, radical groups fill an existing vacuum, proposing alternatives to the classic governance and security model, including provision of essential services.

The demographic explosion that will see the region’s population double in the next twenty years further aggravates the situation. The population of the Sahel grows at a rate of an average 3 per cent each year, doubling within every three decades. Countries in the region are recording the highest birth rates in the world. Experts fear that available food resources will not be sufficient to sustain a growing population.

Adapting the response: humanitarian action in 2017

Between 2014 and 2016, humanitarian action in the region was guided by the Regional Sahel Humanitarian Response Plan. The triennial strategy integrated life-saving assistance with improved risk and vulnerability analysis and the livelihood support to vulnerable populations to better cope with shocks and build resilience. In Burkina Faso, Mauritania and Senegal, the absence of violence coincided with two relatively good rainy seasons, allowing communities to recover from previous shocks and become more resilient. In 2017, in these more stable regions of the Sahel where needs are driven by chronic vulnerability, humanitarian action will be progressively aligned with resilience and development frameworks. The adjusted strategy in these countries will increase collaboration between humanitarians and development actors to “shift from delivering aid to ending needs”.

Humanitarian agencies are appealing for US$ 2.66 billion to assist 10.4 million food insecure people, 3.2 million children with acute malnutrition, 3.8 internally displaced and returnees. An online version of the Sahel Humanitarian Response Plan 2017, is available both in French and English at http://bit.ly/2jkk5PA
Lake Chad Basin: 11 million people in need

Over the past two years, humanitarian organizations have ramped up assistance across the Lake Chad Basin where protracted conflict has uprooted 2.3 million people from their homes, driven up hunger, malnutrition and deprivation. Around 11 million people now need assistance. Aid groups have appealed for US$1.5 billion to provide assistance to 8.2 million people in 2017 – double the previous year’s budget.

Currently, some 7 million people across the region – one in three families – are struggling with food insecurity. In the coming months, food shortages are projected to deepen. In north-east Nigeria alone, more than 1.8 million are food insecure at emergency levels. In Borno state, 55,000 people are facing famine-like conditions, and the figure risks to double by mid-year. Malnutrition is also high and widespread: more than half a million children are severely acutely malnourished. Tens of thousands among them could die if not urgently assisted.

With the largest number of those affected by the conflict, humanitarian partners in Nigeria have requested for $1.06 billion, more than twice the 2016 budget. The Humanitarian community in Cameroon has requested $191 million, and $121 million and $139 million are needed respectively in Chad and Niger to address needs related to the Lake Chad Basin crisis.

Food and nutrition crisis

The bulk of the 2017 requirement – 43 per cent – is earmarked for food assistance across the conflict-hit regions of Chad, Cameroon, Niger and Nigeria. According to a recent analysis by the Integrated Food Security Phase Classification (IPC) network, famine likely occurred in some areas hosting displaced people in Borno’s Bama and Banki towns and other nearby inaccessible areas between April and August 2016. There is high likelihood that famine is ongoing and will continue in the inaccessible areas of Borno, assuming conditions will remain similar or worse to those observed in Bama and Banki, according to IPC.

Programmes aimed at addressing malnutrition, health, education, and civilian protection are other key areas of humanitarian assistance in the four countries. The conflict has traumatised communities, injured thousands of people and decimated basic public services such as schools and health centres. The risks of rights violations are still prevalent owing to the ongoing attacks and insecurity.

Intense violence declining, but threat persists

Joint military operations by the four Lake Chad Basin countries have reduced the frequent and intense violence by Boko Haram elements. However, suicide bombings and village raids are still being reported. In recent months, Nigeria’s Borno state has suffered a wave of suicide bombings and attacks targeting sites hosting the displaced, military positions
and public facilities. Localities in Cameroon’s Far North region and Diffa in south-eastern Niger have also been hit by attacks attributed to the armed group.

Nigerian military recently announced that it had retaken the last Boko Haram hideout in Sambisa forest in Borno, while in Chad, hundreds of people, mainly women and children, have been reported to have deserted the ranks. Recently, Nigerien authorities also reported that dozens of youths had fled Boko Haram in Diffa.

**Joint efforts**

As humanitarian organizations focus on providing life-saving assistance, they are calling for a collaborative approach to help address the deeper causes of human suffering across the Lake Chad Basin. These include abject poverty, the impact of climate change, rapid population growth and underinvestment in social services.

**Unrest, funding shortfalls impede CAR relief response**

**Limited funding in 2016**

Despite progress made since the 2013 crisis, nearly half of the Central African Republic’s (CAR) population will require humanitarian assistance in 2017. The 2016 Humanitarian Response Plan (HRP) was largely underfunded, with only 36 per cent of the required US$531.5 million received. As a result, many projects have not been implemented or the amount of allocated funding was insufficient.

For 2017, almost US$400 million will be required to assist 1.6 million people targeted by the HRP, including an estimated 890,000 food insecure people and 100,000 in need of nutrition services.

The HRP will cover a three-year period (2017-19) and biannual revisions will enable flexibility in adapting the plan to the evolving needs of populations, especially in the capacity to respond to shocks. National authorities are to gradually take over the responsibility of providing basic social and protection services.

**Recovery plan**

The plan complements the five-year national Recovery and Peace Consolidation plan (RCPCA) which raised US$2.28 billion from international donors in late 2016. The RCPCA aims to restore peace, security and reconciliation, fundamental factors for
recovery and normalcy in CAR, mobilizing the international community around key priorities such as disarmament, strengthening the rule of law, sustainable solutions, redeployment of the administration and basic social services.

**Humanitarian access hindered**

A recent surge in violence across the country since September 2016 has highlighted the persisting insecurity. Violence hotspots have emerged in several towns, particularly in the Nana-Gribizi, Ouham Pende and Ouaka provinces. These remote areas with weak Government presence and decentralized services are prone to armed attacks and banditry. As a result, humanitarian space and access to displaced people and returnees is hindered. Aid organizations have repeatedly come under attack, with their premises raided and material stolen.

**Food assistance to a halt**

At least 43 per cent of the population are food insecure. Insufficient funding has hobbled food assistance programmes, and the World Food Programme recently warned that it will no longer be able to provide food aid from the end of January. Planning to provide assistance to 700,000 people, WFP had to cut its target to 400,000 and halve food rations. The persistent insecurity and population displacements have disrupted agricultural and pastoral activities, which are the main sources of income and food for the vast majority of the population, particularly in rural areas. In the 2016 agricultural season, 65 per cent of Central Africans were unable to farm.

**Regional update on epidemics**

Epidemics continued to threaten communities across the region in 2016. Lack of water and sanitation facilities and poor hygiene conditions, exacerbated by limited capacity of health systems to ensure proper surveillance and treatment, make communities extremely vulnerable to diseases.

In 2016, over 24,000 suspected cases of Cerebro-spinal meningitis and 2029 deaths were reported in the region in 16 countries. Although the outbreak was less virulent than the one in 2015, the disease remains of concern due to the limited capacity of vaccine stocks. Outbreaks occur every year during the dry season, between December and May.

Polio cases were registered in Nigeria and Guinea during 2016, the last at the end of October. The regional emergency outbreak response in north-east Nigeria continues to be led by the Government with partners’ support. It is coordinated with neighbouring countries in the context of the response to the broader humanitarian emergency affecting the Lake Chad Basin.

The worst recorded Dengue outbreak in Burkina Faso was confirmed in October 2016 with 1,497 cases and 20 deaths reported as of January 2017, mostly in the country’s capital Ouagadougou. The authorities are leading the response, and recent reinforcement of surveillance has helped improve case detection at all levels.
Cholera outbreaks are recurring across the region, albeit less severe since 2014. A total of almost 30,000 cholera cases were reported in the West and Central Africa region. 11 countries out of 24 reported cases at some point during the year, of which 6 recorded active outbreaks lasting a few months. Partners in the field have been working to strengthen cholera prevention and response, as well as reinforce cross-border collaboration.

A Rift Valley fever (RVF) outbreak, a disease most commonly observed in domesticated animals, started in August in Niger, and by the end of 2016, almost 350 cases had been reported, including 33 deaths. The most affected is the health district of Tchintabaraden in the country’s Tahoua Region, with more than 60 per cent of the cases and around half of the deaths.

In 2016, 78 cases of yellow fever were confirmed in the Democratic Republic of the Congo (DRC), of which 16 deaths. Although the last confirmed case was registered at the end of July, a few other cases are under investigation and close monitoring is ongoing among 62 health zones considered at risk. As of December, a vaccination campaign survey suggested a global coverage of 97.5 per cent was achieved. On 31 December, four new cases were confirmed in Guinea.

A measles epidemic was declared in two health districts in the DRC’s Tanganyika province on 25 October 2016 and then spread to 6 of the province’s 11 health zones. At the end of December, a total of 22,162 cases including 278 deaths had been reported in the country. Partners are supporting the government to ensure vaccination in areas at risk, but evaluations suggest that the magnitude and mortality of the epidemic remain under-estimated.

Huge efforts are being undertaken by governments in the region to improve health systems. While some indicators such as child mortality have substantially improved across most of the countries, important challenges persist regarding proper epidemic surveillance, prevention and treatment. While preparedness and emergency health responses will continue to be needed in 2017, long term multi-sectoral plans are necessary to ensure real disease prevention and the resilience of health systems in West and Central African countries.
Humanitarian news in brief

A political crisis averted in The Gambia

On 21 January, the former President of The Gambia Yahya Jammeh left the country with the Guinean President Alpha Condé, after six weeks of diplomatic efforts that resulted in a negotiated agreement outlining conditions for Jammeh’s departure. Following the presidential election of 1 December 2016, Jammeh, despite having first conceded to his opponent, Adama Barrow, had subsequently challenged the results sighting tallying anomalies.

President Adama Barrow, who was sworn in office on 19 January at The Gambian Embassy in Dakar, Senegal, returned to The Gambia on 26 January. The Economic Community of West African States Military Intervention in The Gambia (ECOMIG) declared on 26 January that its forces were ready to stay for six months and would leave when the President decided that the security situation in the country was safe.

More than 76,000 people, mostly women and children, had fled the country fearing violence. This exodus generated a considerable humanitarian crisis around the border with Senegal. However, since the departure of Yahya Jammeh, Gambians have started to return from Senegal and Guinea Bissau, with already over 40,000 people having returned from Senegal according to Red Cross teams, mainly through Seleti-Jiboroh and Karang-Amdalaye border crossings. Buses have been dispatched by The Gambian Immigration Services and the National Disaster Management Agency in order to facilitate the return of persons.

Update on the Democratic Republic of the Congo

Following President Kabila’s refusal to leave office at the end of his mandate on 19 December 2016, protests and insecurity led to the killing of 40 civilians mid-December in Kinshasa, Lubumbashi, Boma and Matadi. According to a peace agreement between government and opposition finalized on 31 December in Kinshasa, President Kabila will remain head of the country until national elections are held in late 2017, after which he will step down.

In Eastern DRC, escalating attacks caused by ethnic rivalries and the intrusion of rebels led to the death of 35 civilians in the province of North Kivu last December. In the northeast, as of November, approximately 64,000 refugees fleeing the conflict in South Sudan had been registered. Efforts to relocate the refugees from border areas to other sites are ongoing.

In December, heavy flooding sparked by torrential rains and surging river waters led to at least 50 deaths and left thousands more homeless in the country’s southwestern region. From January to September, conflict and insecurity displaced nearly 530,000 people. Overall approximately 1.9 million IDPs are in DRC, with more than 44 per cent residing in the North Kivu.

Post WHS Policy dialogue on 18-19 January in Dakar

OCHA’s Regional Office for West and Central Africa hosted a workshop on 18-19 January in Dakar to discuss the implications of the policy shifts arising from the World Humanitarian Summit (WHS) to humanitarian and development operations in the region. This is the first of a series of policy dialogue workshops organized by OCHA in collaboration with United Nations Development Programme with the participation of donors, civil societies, UN agencies, NGOs and academia on the New Way of Working, which received the highest number of commitments at the WHS. The workshop offered the opportunity to discuss some of the major change initiatives agreed on at the Summit from the perspective of those responsible for implementation at local, national and regional levels. Participants agreed to use “collective outcomes” as the centre around which coordination is structured. They also decided to identify a couple of joint collective outcomes to be achieved over the next three to five years in their respective countries/field.
Sahel Funding Status Overview

2016 Sahel Appeal funded at 50 per cent

The 2016 Sahel Humanitarian Response Plan (HRP) had received US$1.05 billion by 13 January 2017, representing 50 per cent of the year’s requirements. Humanitarian activities outside the Response Plan had received US$430 million. Overall, 71 per cent of funds have been received for activities in and outside the HRP. Coordination and logistics are the most funded activities.

The top three donors are the United States, ECHO and Germany. Burkina Faso and Cameroon are the best funded at 55 and 69 per cent respectively. The Gambia only received 4 per cent of the requested funds, and Mauritania received 26 per cent.