SAHEL
Report on 2013 Humanitarian Operations

Burkina Faso, Chad, the Gambia, Mali, Mauritania, Niger, Cameroon, Nigeria and Senegal

July 2014
## Table of content

Foreword.............................................................................................................................................................................3

2013 Humanitarian Performance Monitoring Overview .................................................................4

Food Assistance......................................................................................................................................................................9

Agriculture.........................................................................................................................................................................12

Nutrition...........................................................................................................................................................................15

Water, Hygiene and Sanitation (WASH).........................................................................................18

Health................................................................................................................................................................................22

Multisector for Refugees.........................................................................................................................25

Protection.........................................................................................................................................................................29

Education........................................................................................................................................................................31

© Cover picture: World Food Programme / Rein Skullerud
Foreword

Coming in the wake of the 2012 food crisis, the Sahel continued to face major humanitarian challenges in 2013. For the hundreds thousands of households who were hit hard in 2012, the effects of the crisis were not so quickly erased. Too many continued to live in a state of everyday emergency, struggling to rebuild their livelihoods and battling to not slide further into impoverishment. Disasters, epidemics, chronic food insecurity and malnutrition continued to make up the daily reality for millions. Conflicts inside the region and on its outskirts compounded precarious living conditions, uprooted millions from their homes and strained the livelihoods of some of the region’s poorest communities.

Donors were once more generous in their support to the Sahel, providing USD$ 1.4 billion worth of humanitarian assistance to the region in 2013, enabling over a hundred partner organisations to carry out humanitarian programmes across the 9 countries of the Sahel in 2013. Owing to our collective efforts, millions of children were rescued from malnutrition, vaccinated against life-threatening diseases and able to access education. Families on the move were sheltered and provided with help. Parents were assisted with food or livelihoods to provide for their families.

Behind each of the 235 humanitarian projects carried out across the Sahel in 2013 there was at least one – and likely more - donor agreement against which agencies produced individual project progress reports. This relatively short document does not aim to duplicate those, but rather complement them with a birds-eye view of the overall humanitarian effort in 2013 carried out collectively by these hundreds of humanitarian organisations, large and small, across the nine countries through the funding provided in 2013. It offers a snapshot of the scope and breadth of the humanitarian footprint in the Sahel: How many people received assistance in each of the main sectors? How many were we unable to reach - for one reason or another- and what happened to those we were unable to assist?

Beyond achievements, the document also points out some of the main challenges faced by our teams and how they adapted to them. Despite good donor support, funding shortfalls remained the main operational constraint, challenging our ability to ensure that life-saving responses were coupled with early interventions, mitigating the impact of a crisis as it deepens, or addressing issues such as malnutrition or food insecurity in a more integrated fashion. The timing of financial contributions also fell behind the needs of the Sahel at times, where seasonal risks create predictable and cyclical stresses. Ongoing and new conflicts also affected humanitarian access to many in need and increased the cost of humanitarian action.

The scale of the needs and funding requirements for the Sahel have increased over recent years. This reflects the chronic nature of the Sahel’s spiraling vulnerabilities. In the circumstances, it is important that lessons from 2013 inform current and future responses, as we continue to embark on collective efforts to save lives and strengthen the livelihoods of those on the brink of crisis in the Sahel.

Behind the figures and numbers featured in this document, are thousands of humanitarian workers many of whom are operating in extremely difficult conditions to reach the Sahel’s most vulnerable households. I salute their courage and commitment, as well as thank those who support them.

Robert Piper
Regional Humanitarian Coordinator for the Sahel
Dakar, Senegal

1 USD$1.4 billion in contributions overall recorded in 2013, of which USD$1.1 billion identified against projects that were developed under the Sahel regional humanitarian Appeal 2013. The additional USD$340 million was recorded ‘outside the Appeal’, for example to support projects implemented by partners such as the Red Cross, which participated in planning but maintains independence from the Appeal process.
2013 Humanitarian Performance Monitoring Overview

2013 in the Sahel: The year in review

The humanitarian situation across the Sahel remained extremely fragile through 2013. Mali was the most visible crisis of the year, characterized by insecurity, collapsed basic services and alarming humanitarian indicators. Nearly 160,000 Malian refugees in neighbouring countries remained in camps or with host communities - adding strains on local livelihoods - while inside Mali, those displaced by the conflict began to return to the North in significant numbers toward the end of the year. The launch of counter-terrorist operations in three States in the North East of Nigeria in May 2013 was also a precursor to increased violence and displacement which continues through 2014, also negatively impacting markets and access to basic services. A surge of refugee arrivals from Darfur and the Central African Republic (CAR) added to the existing burden of refugees in Chad.

Food security and nutrition in the Sahel improved in 2013 compared to the acute crisis of 2012 following better rains and harvests across many – not all – parts of the region. However, the ongoing effects of the 2012 food crisis continued to erode the capacity of vulnerable households to maintain or restore their livelihoods and generated a precarious food security and nutritional situation for the most vulnerable and crisis-affected populations in the Sahel. Initial planning figures for 2013 estimated that 10.3 million people were at risk of food insecurity across the region; a number that rose to 11.3 million at mid-year, corresponding to the start of the lean season. Epidemics and flooding threatened many communities from Cameroon to Mauritania. Nearly five million children under five and pregnant or lactating women were affected by acute malnutrition, particularly in high risk areas such as Northern Mali and among Malian refugees in Burkina Faso, Mauritania and Niger. Cereal prices remained very high; in some areas as high as 50 per cent more than the five-year average, further challenging communities’ purchasing power and feeding the poverty cycle.

Overview of collective achievements

The 2013 regional humanitarian Sahel Strategy covered humanitarian operations in the following nine countries of the Sahel: Burkina Faso, Cameroon, Chad, The Gambia, Mali, Mauritania, Niger, Nigeria and Senegal. The strategy aimed to respond to the ‘triple crisis’ affecting the Sahel i) the continued humanitarian impact of acute crisis of 2012 due to factors such as drought in 2011, high food prices and low agriculture production; ii) the underlying chronic nature of food insecurity, malnutrition and the erosion of resilience in the region; and iii) the outbreak of violence in Mali, which resulted in a significant displacement of internally displaced persons (IDPs) within the country and an exodus of refugees to neighboring countries.

Highlights of the results of humanitarian operations across the Sahel region in 2013

- 6 million persons received lifesaving food assistance;
- 2.6 million children were treated for acute malnutrition of which 1.1 million were severe acutely malnourished;
- 3.3 million farmers and agro-pastoralists received agricultural and livestock support;
- 8.7 million infants were immunized against measles and 1.1 million people were vaccinated against yellow fever in Chad and Cameroon;
- Over 650,000 refugees were supported with access to water, food, education, shelter and protection;
- 2,314 health centres were equipped with essential water, sanitation and hygiene facilities to service acutely malnourished children and their families;
- Half a million people benefitted from water, sanitation and hygiene support to prevent and control cholera epidemics;
- 500,000 children in emergencies were given access to education through the rehabilitation and construction of classrooms and safe learning spaces, provision of learning materials and teacher training;
2013 Humanitarian Response to the Food security and Nutrition Crisis in the Sahel

This document presents the 2013 collective achievements and challenges for the following eight sectors: Food assistance, Agriculture, Nutrition, WASH, Health and Multi-sector response for refugees, Protection and Education.

2013 Funding summary

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>US$ 1.72 billion</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDING</td>
<td>US$ 1.08 billion</td>
</tr>
<tr>
<td>UNMET REQUIREMENT</td>
<td>US$ 632 million</td>
</tr>
</tbody>
</table>

FUNDING OUTSIDE APPEAL US$ 340 million

Breakdown of funding received within the Sahel regional Appeal (US$ 1.08 billion):

Requirements and Funding by Sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>In million US$</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security</td>
<td>574</td>
<td>86%</td>
</tr>
<tr>
<td>Multi-Sector (Refugees)</td>
<td>347</td>
<td>54%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>300</td>
<td>56%</td>
</tr>
<tr>
<td>Water And Sanitation</td>
<td>127</td>
<td>30%</td>
</tr>
<tr>
<td>Nutrition*</td>
<td>107</td>
<td>40%</td>
</tr>
<tr>
<td>Protection/Human Rights/Rule Of Law</td>
<td>98</td>
<td>33%</td>
</tr>
<tr>
<td>Health</td>
<td>70</td>
<td>79%</td>
</tr>
<tr>
<td>Coordination And Common Services**</td>
<td>42</td>
<td>20%</td>
</tr>
<tr>
<td>Education</td>
<td>32</td>
<td>14%</td>
</tr>
<tr>
<td>Economic Recovery &amp; Infrastructure</td>
<td>18</td>
<td>55%</td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cluster Not Yet Specified</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Requirements and Funding by Country

<table>
<thead>
<tr>
<th>Country</th>
<th>In million US$</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>510</td>
<td>58%</td>
</tr>
<tr>
<td>Mali</td>
<td>476</td>
<td>56%</td>
</tr>
<tr>
<td>Niger</td>
<td>354</td>
<td>81%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>138</td>
<td>55%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>105</td>
<td>85%</td>
</tr>
<tr>
<td>Senegal</td>
<td>46</td>
<td>52%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>32</td>
<td>81%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>31</td>
<td>63%</td>
</tr>
<tr>
<td>Gambia</td>
<td>18</td>
<td>2%</td>
</tr>
<tr>
<td>Regional</td>
<td>5</td>
<td>0%</td>
</tr>
</tbody>
</table>

Funding by Donor Country

<table>
<thead>
<tr>
<th>Donor Country</th>
<th>In Million US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Commission Humanitarian Aid Office</td>
<td>203</td>
</tr>
<tr>
<td>United States of America</td>
<td>173</td>
</tr>
<tr>
<td>Carry-over (donors not specified)</td>
<td>145</td>
</tr>
<tr>
<td>Japan</td>
<td>130</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>90</td>
</tr>
<tr>
<td>Central Emergency Response Fund</td>
<td>69</td>
</tr>
<tr>
<td>Allocation of unearmarked funds by WFP</td>
<td>32</td>
</tr>
<tr>
<td>Sweden</td>
<td>31</td>
</tr>
<tr>
<td>Germany</td>
<td>28</td>
</tr>
<tr>
<td>Canada</td>
<td>25</td>
</tr>
<tr>
<td>Belgium</td>
<td>24</td>
</tr>
<tr>
<td>Various Donors (details not yet provided)</td>
<td>19</td>
</tr>
<tr>
<td>Denmark</td>
<td>15</td>
</tr>
<tr>
<td>France</td>
<td>14</td>
</tr>
<tr>
<td>Norway</td>
<td>12</td>
</tr>
<tr>
<td>Others</td>
<td>75</td>
</tr>
</tbody>
</table>

Please note that an additional USD$340 million was contributed to humanitarian operations - in some instances by these same donor countries - to projects carried by partners outside the Appeal.
2013 Funding analysis

To address humanitarian needs in 2013, hundreds of partners appealed for USD$1.7 billion worth of humanitarian assistance across nine Sahel countries. At the end of the year, funding of the 2013 Appeal reached 63 per cent, or about USD$1.1 billion against the USD$1.7 billion request. An additional USD$340 million was committed to humanitarian activities outside of the joint humanitarian Appeal, of which the majority comprised bilateral contributions from donors to non-governmental organisations (NGO's) outside the regional plan and a third of the amount was allocated to the Red Cross response in the Sahel.

Uneven financing levels between sectors

Balanced funding levels between sectors is essential to enable a comprehensive and integrated response. Overall the best funded Sectors/Clusters were Food Assistance (95 per cent)\(^3\), Coordination (79 per cent), Shelter and/NFI (55 per cent) and Nutrition (56 per cent). But within the Food Security sector, Agriculture received only 46 per cent of its requested yearly requirements. Other Sectors/Clusters also remain severely underfunded, including Early Recovery (14 per cent), Education (20 per cent), Water and Sanitation (30 per cent), Health (33 per cent) and Protection (40 per cent).

Underfunded country responses

The funding coverage among countries was also uneven, with the Gambia being the most underfunded country appeal, receiving only 2 per cent of its financial requirements for the whole of 2013, followed by Senegal and Burkina Faso where contributions covered just about half of the humanitarian appeal requirements. In the case of Mali, while the 2013 Strategic Response Plan received only 56 per cent of the total requirements, an additional USD$104 million was allocated to humanitarian actors for responses outside the Appeal.

Main operational challenges

The consequences of funding shortfalls

Despite donors’ generosity to the Sahel response, humanitarian partners across all sectors consistently reported shortage of funds as the main operational constraint.

Building on years of experience responding to chronic crises in the Sahel, most sectors adopted a two-pronged strategy combining immediate life-saving interventions with resilience-building activities throughout the year. However, in most instances, limited financial resources forced agencies to prioritise emergency life-saving responses over mid-term preventive interventions designed to protect people’s productive assets or pre-empt seasonal risks associated with droughts or epidemics. This greatly challenged the ability to carry on with the more sustainable operations of the Appeal, often collectively missing the opportunity to strengthen communities’ resilience and reduce next year’s humanitarian caseloads.

Competing priorities resulting from funding limitations also hindered agencies’ ability to track and analyze vulnerabilities and the underlying causes of chronic emergencies across the Sahel. Partners reported that activities such as research, data collection, the development of surveillance mechanisms and vulnerability datasets were often deprioritized in light of limited resources. This meant humanitarian actors and donors have had access to less evidence, data and analysis to assess ongoing response and inform next years’ strategy, at a time when scarce resources and growing needs call for more investment in the targeting of vulnerabilities and information management to inform the hard choices between competing priorities.

\(^3\) In the Requirements and Funding by Sector graph on page 6, food assistance and agriculture are integrated under the ‘food security sector’.
Inadequate timeliness of contributions to respond to the Sahel’s seasonal challenges

The timeliness of financial contributions represented another challenge with the schedule of contributions for 2013 often falling behind the operational needs of the region. In the Sahel, specific seasonal challenges as well as logistical pipeline difficulties associated with landlocked countries make timing a major variable in humanitarian operations. This highlights the need for timely contributions to allow humanitarians to position and distribute assistance ahead of seasonal risks. For instance, funding to support agriculturalists with seeds and tools on time for the agricultural campaign starting in May must be disbursed at the latest by April, or the window of opportunity to boost farmers production -making them more resistant to future shocks and likely reducing their dependency on humanitarian assistance- is missed. In a landlocked country like Chad, funding must come even earlier to ensure that food and nutrition assistance is positioned in rural areas ahead of the lean season. Similarly, sanitation and health interventions necessary for the prevention of epidemics must be carried out– and funded– ahead of the rainy season starting in June/July. Late contributions to sectors created tensions and sometimes pipeline breaks in the humanitarian supply chain, for example regarding food assistance and the treatment of acute malnutrition, which translated into the distribution of reduced food assistance rations and reduced coverage for the nutrition sector.

Insecurity and reduced humanitarian access

In addition to challenges associated with funding gaps, insecurity resulting from ongoing conflicts in regions of the Sahel created new needs while at the same time hampered humanitarian access to the most vulnerable, thus challenging assessments, prevention and timely response.

Throughout the year, conflicts and violence continued to trigger the displacement of over one million people to camps or host communities in areas of Chad, Niger, Burkina Faso and Mauritania, placing an extra burden on already limited basic services and host communities, often themselves on the brink of crisis. While key planning figures for 2013 anticipated one million refugees and IDPs across the Sahel, displacement continued to grow as a result of the conflicts in Sudan, Central African Republic, Northern Nigeria and Mali. At the end of the year, there were 1.6 million refugees, IDPs and returnees. In addition, instability in those countries offered little prospects for refugee’s returns, thus leading to protracted displacement situations.

Ongoing conflicts and the presence of armed groups in parts of the Sahel also limited humanitarian access to some of the Sahel’s most vulnerable populations located in dangerous or remote areas. Pervasive insecurity in these areas translated into limited presence of operational partners, stretching resources of those operating in the zone and often delaying the delivery of aid, which in turn often challenged communities’ acceptance of relief work, risking to further fuel insecurity.
Insecurity increased absenteeism among teachers and students and the occupation of schools by armed groups and damages to infrastructures had lasting consequences, including psychosocial effects and disruption of the school calendar.

To sustain life-saving operations in hot spots, humanitarian partners adopted risk mitigation measures such as curfews or the use of security escorts, for instance to access the Mbera camp for Malian refugees in the Hodh el Charghi region of Mauritania. In other cases, resorting to humanitarian flights was the safest method to ensure the continuous delivery of humanitarian supplies or the transport of teams to remote, insecure areas. These mitigation measures required more coordination and increased the cost of humanitarian assistance.
Food Assistance
Summary of achievements 2013

Food insecure people who received food assistance in 2013

- 11.3 million People in need
- 6.33 million People targeted
- 6.05 million People assisted

96% of target reached

* Countries without Humanitarian Consolidated Appeal Process (CAP) in 2013
In 2013, the World Food Programme (WFP) and partners assisted a total of 6 million food insecure persons with lifesaving food assistance, reaching out 96 per cent of the sector’s annual target (6.3 million people, or 58 per cent of the estimated total number of people in food insecurity in the region). Despite reaching almost all people targeted for assistance, food rations and the amount of cash/value of vouchers distributed were often reduced due to late financial contributions. Food assistance included a combination of food, cash and voucher transfers, aiming to save lives and ensure adequate food and nutrition security during times of stress, as well as strengthening households’ and communities’ resilience through longer-term activities.

Part of the remaining 5 million food insecure persons who were not targeted for food assistance were assisted through agriculture and livelihoods interventions and others received government support. Many households that were not reached with assistance have adopted negative coping strategies, including reduced food consumption which can lead to increased prevalence of acute malnutrition. In some cases, they may have relinquished their assets or borrowed food and money to feed themselves, increasing families’ debts and fueling the vulnerability cycle.

Partners received over USD$477 million of the USD$500 million requested, covering 95 per cent of the financial requirements, but the level of funding was uneven among countries, with the Gambia receiving no funding for food assistance and Burkina Faso receiving 70 per cent of the requirements. In rare instances, Governments of the region made contributions to the humanitarian response, including the Government of Senegal’s important cash contribution to WFP’s voucher programme in 2012-2013. Combined with resources from the donor community, this enabled WFP and partners to assist more people with food assistance than initially planned. Despite high levels of funding, the impact of the 2011 and 2012 crises continued to be felt in 2013, as communities were slowly recovering from recent shocks which kept on eroding people’s resilience, leaving people less equipped and with less time to recover between more frequent shocks. The pervasive fragility of the Sahel’s communities is reflected in the alarmingly high level of food insecurity in 2014 where over 20 million people are estimated to be at risk (up from 11.3 million in 2013).

**Operational challenges**

**Late funding**: the lack of predictable and timely funding hindered partners’ ability to support communities early enough to maximize their agricultural production and protect livestock and assets, missing the opportunity to reduce next year’s humanitarian caseload. This was of particular concern for landlocked countries such as Chad, where a significant lead time is needed to acquire commodities in rural areas ahead of the rain and lean season, thus requiring early funding, sometimes as early as March. Late financial contributions also caused pipeline breaks across the Sahel, often forcing partners to reduce food rations, the amount of cash and voucher assistance, or prioritize live-saving activities over preventative ones.

**Reduced humanitarian access**: in Mali, restricted humanitarian access to certain areas of the North hindered relief and resilience work in areas of huge need.

---

### Total Food assistance funding 2013

| Requirement * | US$ 500,468,469 |
| Contribution  | US$ 477,165,318 |
| Unmet Requirement | US$ 23,303,151 |

* Of the USD$ 500 million requirements for food assistance in 2013, USD$ 48 million were dedicated to food assistance for displaced populations.
2013 Humanitarian Response to the Food security and Nutrition Crisis in the Sahel

Food Assistance
Key Indicators Monitoring 2013

People targeted / receiving conditional cash or voucher assistance, per month

People targeted / receiving conditional food assistance, per month

People targeted / receiving unconditional cash or voucher assistance, per month

People targeted / receiving unconditional food assistance, per month
Agriculture
Summary of achievements 2013

Food insecure people who benefitted from agricultural or livestock assistance in 2013

- **11.3 million** People in need
- **6 million** People targeted
- **3.3 million** People assisted

55% of target reached
Agriculture
Summary of response 2013

Total Agriculture funding 2013

| Requirement * | US$ 122,263,214 |
| Contribution   | US$ 56,440,069  |
| Unmet Requirement | US$ 65,823,145 |

* Of the USD$ 122 million requirements for agriculture in 2013, USD$ 590,000 were dedicated to support displaced populations with agriculture assistance.

Humanitarian partners assisted more than 3.3 million persons in 2013 with agriculture and livestock interventions4, reaching just over half (55 per cent) of their target. Of those, about 2.7 million people benefitted from agriculture assistance and over 676,500 received livestock support. In Niger alone, 1.7 million people were assisted during 2013, representing half of the total number of people assisted across the region.

Humanitarian support enabled smallholder farmers and pastoralists -many of whom lost part or all of their productive assets during the 2012 food crisis- to grow their own food and rebuild their livelihoods as quickly as possible, with interventions aimed at:

1. Protecting and recovering productive assets through the provision of agricultural inputs to farmers (e.g. cereals and vegetable seeds, fertilizers, tools, fencing material, etc.) and supporting pastoralists in protecting livestock and increasing animal production through animal health campaigns, restocking or distributing animal feed and food supplements;
2. Building communities’ capacities to mitigate the negative impact of disasters through trainings on good practices in agriculture and livestock management;
3. Rehabilitating and creating an enabling environment for livelihoods through soil and water conservation and restoration of degraded lands, as well as strengthening of the food chain and marketing sector.

Operational challenges

Funding gaps: the sector received USD$56.4 million (46 per cent) of the USD$122 million requested for the agriculture response across the Sahel in 2013. While most of the country Appeals for agriculture were funded between 40 per cent and 65 per cent. Cameroon, the Gambia and Nigeria received no funding for agriculture.

Due to funding limitations, over 2.7 million of the targeted food insecure people were not reached with agriculture and pastoralists assistance, with the following consequences:

- The erosion of livelihoods and deterioration of resilience capacities due to the selling of productive capital to ensure household basic needs; animal losses; increase of household indebtedness - all leading to the quick deterioration of food security and nutrition situation in 2014, once 2013’s stocks were depleted.
- Increased vulnerability to shocks, even of a limited nature, such as droughts, floods, market price increase, locusts’ invasion etc.
- Increased dependency on food assistance during the last semester of 2013 and early 2014.
- A rural exodus for the most vulnerable families who are forced to abandon agricultural activities due to a lack of capital, increasing the urban poverty burden.

---

4 Figures for Burkina Faso, Cameroon, Nigeria, Senegal and The Gambia only include assistance provided by FAO (excluding others actors from the agricultural sector). Hence, it is possible that the real number of people assisted during 2013 for those countries is higher than the one presented in this document.
Late funding: in addition, most contributions came late in the year, hindering humanitarian partners’ ability to anticipate needs and boost farmer’s production for the main agricultural campaign running from May till October. At mid-year, only 23 per cent of the agriculture appeal was mobilized, leaving farmers and agro-pastoralists with limited or no support to secure food production and consumption for the year. Low agriculture yields left families only able to cover two or three months of their food needs for the year which triggered an earlier start and longer duration of the lean season. Some sold their production early and at low market prices, losing much needed income. In pastoral livelihood zones, the lack of timely contribution to support animal health campaigns activities dramatically increased the risk of livestock mortality, further eroding pastoralists’ livelihoods.

Reduced humanitarian access: due to the volatile security situation in the northern part of Mali and Nigeria, restricted humanitarian access limited the support to some of the country’s most vulnerable populations.

Agriculture
Key Indicators Monitoring

Food insecure population that received agricultural and livestock support *

* This dataset is cumulative and shows the evolution of the reach / target throughout the year
Nutrition
Summary of achievements 2013

Children admitted for severe acute malnutrition treatment (SAM)

1.42 million
SAM children in need
1.17 million
SAM children targeted
1.11 million
SAM children received treatment

95% of target reached

Monthly admission trends for the treatment of severe acutely malnourished (SAM) children per country

Children from 6-59 months admitted for moderate acute malnutrition treatment (MAM)

2.48 million
MAM children in need
1.67 million
MAM children targeted
1.53 million
MAM children received treatment

92% of target reached
## Nutrition

**Summary of response 2013**

<table>
<thead>
<tr>
<th>Total Nutrition Funding 2013</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement</td>
<td>US$ 300,000,000</td>
</tr>
<tr>
<td>Contribution</td>
<td>US$ 168,000,000</td>
</tr>
<tr>
<td>Unmet Requirement</td>
<td>US$ 132,000,000</td>
</tr>
</tbody>
</table>

An estimated 5 million children from 6 to 59 months of age suffered from acute malnutrition across the Sahel region in 2013, of which over 1.4 million were severe acutely malnourished children (SAM), particularly in parts of Mali and among Malian refugees in Burkina Faso, Mauritania and Niger.

The Sahel nutritional response was financed at 56 per cent of the need, receiving USD$168 million out of the USD$300 million requested.

**Treatment of Severe acute malnutrition (SAM):** UNICEF and nutrition partners supported national health systems and facilities in providing life-saving treatment including ready-to-use therapeutic foods, systematic medical treatment, as well as essential staff, material and training for health facilities to over 1.1 million severe acutely malnourished children (SAM) in 6,669 supported health centers and hospitals. Partners’ efforts covered 79 per cent of the total annual burden of malnourished children (1.4 million) and 95 percent of the nutrition cluster annual target caseload (1.2 million).

**Treatment and prevention of Moderate acute malnutrition (MAM):** WFP and partners provided supplementary food to treat over 1.5 million children aged 6-59 months with moderate acute malnutrition (MAM) and 700,000 malnourished pregnant women and nursing mothers across the Sahel, representing more than 100 per cent of women and children targeted for assistance.

To prevent acute malnutrition among children aged 6-23 months and pregnant women and nursing mothers in Burkina Faso, Chad, Niger, Mali, Mauritania and The Gambia, WFP also implemented blanket supplementary feeding (BSF) during the lean season assisting more than 660,000 children 6-23 months and 117,000 pregnant women and nursing mothers.

**Operational challenges:**

The nutrition sector adopted a dual-pronged approach in 2013, tying prevention to treatment activities. However, while funding allocated to nutrition activities enabled the implementation of crucial programmes which reduced children and maternal mortality, overall, preventive actions were poorly funded, leaving partners to treat symptoms rather than the underlying causes of under-nutrition in the Sahel and directly impacting on their ability to scale up preventive strategies in a context where a permanent malnutrition crisis require investment in comprehensive prevention strategies.

Without investing more to address the underlying causes of under-nutrition in the Sahel, it is highly probable that a large proportion of children who received malnutrition treatment in 2013 will become undernourished in the next few months or years because they remain confronted with same unfavorable health, diet and care environment, feeding the vicious cycle of under-nutrition in the region.
Nutrition
Key Indicators Monitoring 2013

Severe acutely malnourished children between 6-59 months admitted for therapeutic care.

Children between 6-59 months enrolled in targeted supplementary feeding programme, per month

Malnourished women enrolled in targeted supplementary feeding programme

Children between 6-23 months and pregnant and lactating women enrolled in blanket supplementary feeding programme in high-risk areas, per month
Water Sanitation and Hygiene (WASH)

Summary of achievements 2013

Conflict-affected population who received the WASH minimum package (safe drinking water and sanitation, hygiene supplies and behavior counselling)

- **2.8 million**
  - Conflict affected people targeted
  - 50% of target reached

Conflict affected people reached

- **1.4 million**
  - Conflict affected people targeted
  - 50% of target reached

Nutritional centres delivering the WASH minimum package to families of malnourished children (safe drinking water, disinfected utensils, hygienic facilities and behavior counselling)

- **4,920**
  - Nutritional centres targeted (all nutritional centres in the region)
  - 47% of target reached

Nutritional centres supported with WASH interventions

- **2,314**
  - Nutritional centres supported with WASH interventions
  - 47% of target reached

Severe acutely malnourished children admitted for treatment whose families benefitted from hygiene kits and counselling

- **1.1 million**
  - SAM children targeted
  - 16% of target reached

SAM children reached

- **179,330**
  - SAM children reached
WASH support to conflict-affected populations: humanitarian actors targeted 2.8 million people affected by conflict in the Sahel and assisted half of those with safe drinking water and sanitation, hygiene supplies and behavior counselling. In Mali, the efforts of partners enabled one million persons to access potable water. All the components from the WASH response were not equally funded as sanitation activities (e.g. improved latrines or hygiene counselling) were often overlooked across camps and host communities. In addition, the lack of funding for dedicated water infrastructure for animals accompanying displaced nomadic populations challenged an adequate response to displaced pastoralists. This was the case for instance in the refugee camps of Mauritania where cattle herders kept their goats in the camps during the dry season, straining limited drinking water resources.

WASH support to the treatment of malnutrition: the provision of safe water and sanitation is an essential element to respond sustainably to a nutritional crisis, as it is estimated that 50 per cent of malnutrition cases under 5 years old are associated with diarrhea or repeated intestinal worm infections caused by unsafe drinking water or poor sanitation and hygiene. Diarrhea aggravates malnutrition as it reduces the body’s capacity to absorb nutrients, while in return, malnourished children are more likely to contract diarrhea as their systems are already weak – leading to a vicious circle of vulnerabilities. Diseases such as diarrhea, parasitosis and gastro-enteritis also extend the duration of children’s stay in a therapeutic feeding program (from less than 6 weeks to over 12 weeks). In the Sahel, the integration of WASH and nutrition activities is encompassed in the WASH in Nut strategy (2012) which combines the equipment of nutrition centers with safe water, sanitation and counselling for families of malnourished children, to the delivery of hygiene kits for use at the household level.

In 2013, WASH partners equipped 2,314 –or almost half of the 4,920 nutritionals centers across Sahel countries- with safe drinking water, disinfecting products and hygienic and secure defecation systems (i.e. the WASH minimum package) to ensure an enabling recovery environment to families of malnourished children. However, coverage was uneven between countries -with Burkina Faso and Niger’s falling below 30 per cent. Coverage was also uneaven between the types of facilities, as nutrition centers located in major health facilities level had a higher coverage than centers integrated to smaller health structures.

Partners completed most of the water and sanitation interventions in health facilities during the dry season, anticipating the high risk period for diarrhea when the rainy season also hinders accessibility to sites. Early and timely response was enabled through the use of carry-over funding mobilized in 2012, highlighting the need for timely funding ahead of the Sahel’s seasonal challenges.

---

5 This includes 650,000 refugees and over 2 million internally displaced persons (IDPs), host communities or conflict-affected vulnerable persons across the region, with over 2 million persons in Mali, 540,000 in Chad, 100,000 in Niger, 70,000 in Mauritania, 50,000 in Burkina Faso and 5,000 in Cameroun.

6 In nutritional centres where the complete WASH package was not available, other limited water, sanitation and hygiene activities took place in most instances.

7 WASH minimum package in nutritional centres include safe drinking water, disinfecting hand washing and food utensils, hygienic and secure defecation, in addition to the delivery of key hygiene messages and behaviors counselling.
Humanitarian partners only reached 16 per cent of the targeted 1.1 million children admitted for severe acute malnutrition treatment (SAM) with the distribution of WASH hygiene kits and counselling to parents and caregivers at household level. The coverage alarmingly decreased through the year, (from 75 per cent in February, 45 per cent in April, down to 16 per cent in December) following a trend of decreasing funding for WASH in Nut activities. The main shortages for water and sanitation assistance to families of severe acutely malnourished children occurred in large countries such as Chad, Nigeria and Mali, where only 4.5 per cent, 6 per cent and 10 per cent of the families of admitted SAM children received hygiene kits, respectively. In smaller countries (i.e. Mauritania, North Cameroon and Senegal), greater anticipation enabled a coverage above 50 per cent.

**WASH support to the reduction of epidemics:** in 2013, half a million people were assisted through water, sanitation and hygiene interventions to control cholera, contributing to a significant decrease of the epidemic across the Sahel, with the number of cases dropping from 50,000 cases each year in 2010 and 2011 down to a little more than 6,000 cases in 2013.

The significant decrease in cholera cases can be partly attributed to the roll out of the ‘Sword and Shield Strategy against Cholera’ in the Sahel, a proactive multi sector strategy which targets high risk communities and locations with combined preparedness and response strategies to maximize impact. In partnership with health actors, WASH partners ensured the following key activities were carried out in hot spots throughout the year: (i) prevention campaigns (ii) set up of oral rehydration points, (iii) distribution of hygiene kits (soap, hand washing system etc.) (iv) provision of drinking water to vulnerable communities and cholera treatment centres (v) waste management and (vi) public and domiciliary disinfection in affected areas and high risks zones.

**Operational challenges**

**Funding gaps:** the major constraint remained the underfunding of the sector, with only a third (USD$39 million) of the USD$127 million requirements funded in 2013. In addition, the absence of dedicated WASH in Nut budget lines in nutrition projects further hindered the achievement of the objectives.

**Surveillance systems:** specific to the cholera response, populations on the move are a core driver for cholera epidemics in the region. Weak cross-border response and surveillance systems for population groups living in high-risks areas such as lakes or seashores remained an issue.

**Reduced humanitarian access:** the geographic spread and remoteness of both nutrition centres and vulnerable families across the Sahel challenged responders’ ability to reach mothers and malnourished children at the household level. Security constraints in conflict areas of Mali and Nigeria also hindered humanitarian’s ability to reach, stay and deliver sustainable WASH services.
**Water Sanitation and Hygiene (WASH)**

Key Indicators Monitoring 2013

*This dataset is cumulative and shows the evolution of the reach / target throughout the year*

**Conflict-affected population receiving the WASH minimum package (safe drinking water and sanitation, hygiene supplies and behavior counselling), per month**

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>147</td>
<td>229</td>
<td>311</td>
<td>651</td>
<td>708</td>
<td>830</td>
<td>917</td>
<td>1,134</td>
<td>1,289</td>
<td>1,373</td>
<td>1,388</td>
<td>1,394</td>
</tr>
</tbody>
</table>

**Severe acutely malnourished children admitted for treatment whose family benefitted from hygiene kits and counselling**

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>139</td>
<td>216</td>
<td>301</td>
<td>410</td>
<td>515</td>
<td>615</td>
<td>708</td>
<td>823</td>
<td>942</td>
<td>1,036</td>
<td>1,112</td>
</tr>
</tbody>
</table>

*(In Thousands)*
Health
Summary of achievements 2013

Children under one year vaccinated against measles

11.3 million
Children < 1 year targeted for measles vaccination

8.7 million
Children < 1 year vaccinated against measles

77% of target reached
Health

Summary of achievements 2013

<table>
<thead>
<tr>
<th>Total Health funding 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement</td>
</tr>
<tr>
<td>Contribution</td>
</tr>
<tr>
<td>Unmet Requirement</td>
</tr>
</tbody>
</table>

Recurrent epidemics such as measles and cholera and endemic diseases such as malaria continued to be major public health challenges in the Sahel. In 2013, the regional health strategy focused on three areas: (i) accelerate priority life-saving health interventions, (ii) prevent and control communicable diseases outbreaks and build health resilience; and (iii) reduce vulnerabilities of the health system at the national, district, community and household levels.

Throughout the year, health partners supported governments in their efforts to assist affected population on surveillance, prevention and control of epidemics. Main activities in 2013 included immunization campaigns and response to cholera, measles, and yellow fever epidemics and the continuous monitoring of potential health outbreaks, as well as the donation of drugs and medical kits.

**Yellow fever:** following a yellow fever outbreak in Cameroon and Chad, humanitarian partners supported a reactive mass campaign which covered a total of 1.1 million persons with 96.8 per cent coverage in Cameroon and 97 per cent coverage in Chad.

**Measles:** during 2013, health partners succeeded in immunizing 8.7 million one-year-olds against measles, representing 77 per cent of the 11.2 million children targeted for vaccination. Across the Sahel, measles routine immunization coverage ranged from 64.9 per cent to 100 per cent, with six countries (i.e. Burkina Faso, Cameroon, Chad, The Gambia, Mali and Niger,) reaching at least 80 per cent coverage. A reactive campaign was organized in Nigeria to vaccinate at least 95 per cent of children between 9-59 months. Despite health interventions, about 66,000 cases of measles were reported in 2013 in Nigeria (which accounts for 88 per cent of reported cases), Burkina Faso and Niger, as compared to 12,000 in 2012.

**Cholera:** during the last quarter of 2013, 46 health districts were affected by cholera across the region, where timely treatment was prioritized by partners to ensure a case fatality rate below 1 per cent (CFR <1), as per international standards. UN agencies in collaboration with NGOs and governments supported cholera epidemic management in Nigeria, Niger, Mali and Cameroon. Despite interventions by partners, only 63 per cent of the affected districts reached international standards, while the remaining 37 per cent of the affected districts had case fatality rates above the international standard. As a result, over 6,000 people contracted the disease in 2013, owing mostly to a weakness in prevention rather than disease management. 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.

**Meningitis:** every year, meningitis epidemics continue to affect a large part of sub-Saharan Africa known as the ‘meningitis belt’, which includes most of the Sahel countries. Since 2010, a meningococcal conjugate vaccine has been introduced progressively in epidemic prone areas in 12 of the 26 countries of the African meningitis belt (including Mali, Niger, Burkina Faso, Nigeria, Cameroon and Chad), leading to a sharp drop in meningitis cases and the absence of epidemics in countries where the vaccine has been introduced.
In 2013, health actors also conducted preventive campaigns ahead of the epidemic season (January – June) as well as supplementary vaccination in areas of Cameroon and Chad where weak vaccine coverage was reported in 2012. The 2013 meningitis epidemic season was considered as mild in the Sahel and the meningitis belt generally, with only one district in Burkina Faso and three districts in Nigeria crossing epidemic threshold in the Sahel. This represents the lowest number reported since 2003 and prolongs the downward trend observed since 2010 after the large-scale epidemic of 2009. In both countries, no reactive mass vaccination campaign was carried out, but Ministries of Health implemented preventive and control measures including the reinforcement of surveillance, case management and sensitization of the population.

Operational challenges

**Funding gaps:** for their collective response in 2013, health partners secured USD$32 million (33 per cent) of the USD$98 million required. Only just USD$3.2 million allocated to the prevention of and response to epidemics, despite the fact that low vaccine coverage for diseases such as measles bear mid-term consequence for epidemics spread in the region and risks to increase the overall burden of people at risk from year to year. The underfunding of health projects also strongly affected the operational response in various areas, hampering the coordination of partners, surveillance, delivery of drug kits and provision of laboratory items, investigation and the deployment of rapid response teams (RRT) to the field in times of crisis.

**Reduced humanitarian access:** the volatile security situation in the northern part of Mali limited partners’ ability to expand health services to the most vulnerable populations and further impeded the rehabilitation of health facilities destroyed by the conflict. The unrest also triggered increased population movements which, coupled with limited access to water, shelter, sanitation and high malnutrition rates, increased the prevalence of infectious disease morbidity and mortality, especially among children. This further eroded the population’s already limited resilience to health epidemics.

Health

Key Indicators Monitoring 2013

One year old children vaccinated against measles in crisis affected health districts
2013 Humanitarian Response to the Food security and Nutrition Crisis in the Sahel

Multi-sector assistance to refugees
Summary of achievements 2013

Refugees and Asylum seekers assisted in 2013 *

- **Data from Cameroon is not available**

Refugees and asylum seekers assisted

- **648,196** Refugees and asylum seekers assisted
- **697,001** Refugees and asylum seekers targeted for assistance
- **93%** of target reached
Multisector assistance to refugees

Summary of response 2013

### Total Multisector for Refugees Funding 2013

<table>
<thead>
<tr>
<th>Requirement</th>
<th>US$ 347,397,894</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution</td>
<td>US$ 188,470,849</td>
</tr>
<tr>
<td>Unmet Requirement</td>
<td>US$ 158,927,045</td>
</tr>
</tbody>
</table>

#### 46% 54%

Conflict and insecurity - notably the Mali crisis - continued to affect several Sahel countries in 2013, triggering the displacement of over one million people to camps and host communities, mostly in Chad, Niger, Burkina Faso and Mauritania, which count amongst the world’s poorest countries. Key planning figures at mid-year for 2013 reported 600,000 refugees and 443,000 IDPs across the Sahel.

UNHCR and partners requested USD$347 million to respond to the needs of refugees, asylum seekers and internally displaced persons (IDPs) across the nine countries of the Sahel for the provision of food, nutrition, water and sanitation, protection, shelter, education and other essential interventions. At the end of the year, 54 per cent of the regional requirement was received.

For their response in 2013, partners targeted 697,000 refugees, and 648,000 of those received some form of assistance (or 93 per cent) in eight of the nine Sahel countries. In Chad, UNHCR and partners succeeded in assisting all 400,000 refugees (from Sudan, Central African Republic and Nigeria, mostly) and only 20,000 IDPs in urban and rural areas of the country. In Mali, funding gaps enabled partners to support 40,000 out of the 100,000 persons of concern with health care, education, livelihood and self-reliance activities.

Throughout the year, there were continued challenges to ensuring adequate food security for Malian refugees, particularly in Burkina Faso and Mauritania, where rates of malnutrition remained well above the World Health Organisation’s (WHO) standards. Efforts by humanitarian organisations, including nutrition counselling outreach programmes in Burkina Faso led to decreasing rates of malnutrition in refugee populations between 2012 and 2013. In Niger, all Malian refugees in camps and in hosting areas received basic assistance, including in livelihoods, food provision and health, which helped reducing the global malnutrition rate to acceptable levels.

Low levels of school enrolment and attendance of Malian refugee children was another challenge for countries of asylum surrounding Mali, with low rates of school enrolment often due to the desire of parents to keep children at home for help with domestic chores. However, In Niger for example, 46 per cent of Malian refugee children were attending school by the end of the year and partners continued to sensitise and mobilise parents to improve education results.

#### Operational challenges

**Volatile security context hampered returns and created more displacements:** in 2013, the political and security situation in the Sahel offered little prospects for refugee returns to their country of origin and negatively impacted access of humanitarian responders. While 6,800 Malian refugees from Niger Burkina Faso and Mauritania returned to northern Mali by the end of 2013, another 31,378 new Malian refugees fled to Mauritania and Niger recorded almost 600 new arrivals. Overall, at the end of December 2013, 160,000 Malian refugees remained in Burkina Faso, Mauritania and Niger and 218,000 internally displaced Mali.

In northeast Nigeria, violence escalated significantly during 2013, triggering heavy response by national forces and pushing more civilians into displacement. Tens of thousands of civilians fled into...
neighboring Niger, Chad and Cameroon or were internally displaced in the northern states of Nigeria, where security seriously hampered humanitarian reach. Prospects for refugee return to Nigeria remain bleak due to the ongoing violence.

Similarly, prospects for voluntary repatriation of refugees in Chad remained limited during the year, as the situation in refugees’ main countries of origin (i.e. Sudan, Central African Republic and Nigeria) remained unstable, sometimes worsening, through the year.

**Funding gaps:** while the reach of the sector is high across the region, important activities were dropped due to the lack of financing, limiting the impact and scope of assistance. This included support in accessing secondary, tertiary, and/or vocational education for refugee youths, and providing sufficient potable water and housing or structures for health centers and schools, which greatly varies across countries. For example:

- In areas of return in Mali, the lack of funding limited the provision of shelter and water assistance to people of concern, with only 15 percent of vulnerable IDP households benefitting from shelter support. Funding gaps also hindered the expansion of repatriation entry points and registration sites for Malian returnees, as well the recruitment of protection monitors. Income generating activities and cash grants to support the self-reliance of refugees in urban areas were also put on hold, increasing refugees’ dependency on humanitarian assistance.

- In Mauritania, despite reaching a full level of funding for the response, the high proportion of earmarked funding allocated to some visible sectors such as shelter and non-food items meant that only limited amounts were available for other sectors in need, such as education, registration, camp management and logistics.

- In Chad, limited funding reduced assistance to urban refugees, which is critical given the poor economic context of the country. Funding gaps prevented urban refugees from pursuing secondary education and limited the implementation of income generating activities or projects for people with special needs. Also, in the absence of a transit centre for new arrivals, many refugees in Chad were homeless, stranded in streets of the capital with no meaningful assistance. In the East and South, food distributions were conducted each month, but the quantity was reduced below the standard, from 2,100 Kcal to 940 Kcal, which—according to surveys—leads to an increase of malnutrition in camps.

- In the Gambia, the lack of funding hampered half of urban refugees to meet their basic needs in terms of housing, accommodation, employment and other livelihood needs. In addition, support for agricultural inputs and income generation activities failed to cover 40 per cent of the refugee households and communities, which is crucial as 90 per cent of refugees depend on farming. Coupled with unpredictable rainfall pattern and infertility of the soil, this caused food insecurity among refugees.

- In Nigeria, the distribution of non-food items to IDPs covered only 10 per cent of the targeted population. The remaining 90 per cent was not assisted due to budget constraints, and the monitoring of protection threats remained a major challenge.

**Reduced humanitarian access:** across country responses, insecurity, climatic hazards, poor road conditions and the remoteness of sites of operations greatly challenged the timeliness and efficiency of humanitarian interventions. In Nigeria, the security situation represented serious constraints preventing partners from accessing persons of concern, often delaying distribution of assistance, particularly in the northeast regions under State of Emergency since May 2013. In addition, the dispersion and remoteness of refugee settlements coupled with limited staff and financial resources challenged people’s access to basic services. In Mauritania, security risks associated with the presence of armed groups in areas of operations (including camps) and the remoteness of some camps (i.e. Bassikounou or Mbera), as well as the dynamic mobility of persons of concern and road conditions limited the provision of timely humanitarian interventions. Similarly in the poor Diffa region of Niger, which hosts Nigerians refugees, the precarious security situation challenged the response in the majority of areas of intervention, with security requirements and the use of escorts often incurring high operational costs. In Mali, the scattered geographical distribution and remote locations of displaced settlements prevented UNHCR’s provision of assistance in Kayes region while assistance to people displaced in Northern Mali was challenged due to insecurity. In addition, school attendance rates dropped throughout the year, with only a quarter of refugee children of school age attending classes at the end of the year, owing to the long distance from villages to public schools as
funding was not sufficient to provide children with donkey-carts school transport. Absenteeism was further exacerbated by the absence of school feeding projects in refugee areas of residence.

**Limited capacities from humanitarian partners and governments:** the limited implementation and absorption capacities of both governments and humanitarian partners remained an inherent problem in the region to address protection needs. The situation was made worse by the limited or the near absence of social service infrastructures and limited local capacities in most countries, often compounded by restrictive legal and administrative frameworks and limited protection space all challenging opportunities for durable solutions for people of concern.

For example, in Chad, significant gaps were noted with regard to child protection, as often crucial assessments could not be completed due to under-staffed and unqualified partners, leading to the under-reporting of child rights violations. Similarly, the absence of accurate and up to date data on number of displaced persons in Mali did not allow easy identification of all vulnerable cases which were in need of assistance.
Protection
Summary of response 2013

<table>
<thead>
<tr>
<th>Total Protection Funding 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement</td>
</tr>
<tr>
<td>Contribution</td>
</tr>
<tr>
<td>Unmet Requirement</td>
</tr>
</tbody>
</table>

In 2013, humanitarian partners estimated that there were just under 13 million individuals in need of protection across the nine countries of the Sahel, of whom 980,000 were targeted for assistance by the protection sector in Chad, Mali, Mauritania and North Nigeria\(^9\). These individuals included those internally displaced due to conflict and natural disaster, returnees and host populations.

At the end of the year, the sector received USD$43 million of the USD$107.4 million requested to respond to protection needs across the Sahel. Funding enabled partners to assist almost 390,000 persons in the Sahel, or 40 percent of the individuals targeted for assistance, with 40 per cent of the funding requested received. Of the persons assisted, almost 9,000 crisis-affected migrants and internally displaced persons received assistance in the second half of 2013\(^10\), at least 26,000 children at risk of protection threats were identified and assisted in the last three months of 2013 alone\(^11\) and an average of 90 per cent of survivors of sexual and gender-based violence known received some type of support\(^12\). Vulnerable persons in Chad and Mali comprised the vast majority of the total number of people assisted across the region.

The conflict in Mali focused specific attention on emergency responses including the protection of civilians in situations of armed conflict. There was also special attention paid to child protection, particularly cross-border coordination issues in the surrounding countries affected by the Mali crisis, as a result of a regional child protection meeting held in Dakar in April 2013, co-convened by UNICEF and UNHCR and included participants from IOM, ICRC, and key international NGOs working on child protection in the region.

The support provided gave some of the most vulnerable persons - displaced persons, women, and children - a degree of basic support to help stabilize their situations during crisis. Interventions included:

- The provision of assistance, including documentation, arrival assistance, transportation, non-food items, reintegration or return packages to crisis-affected migrants and internally displaced persons;
- Protection assistance, including identification, documentation, psycho-social support, family tracing, family re-unification for children of concern with specific needs (including unaccompanied minor and separated children);
- Legal, health, psycho-social and livelihoods support for survivors of sexual and gender-based violence.

While joint humanitarian efforts meant that some 390,000 individuals targeted were assisted, a greater number of individuals in need of protection assistance were without support due to lack of funding. In some cases, partnerships with the nutrition and education sectors enabled the provision of integrated psychosocial care and support for caregivers of severely malnourished children in nutrition centres and into communities, thereby providing some basic protection for the individuals with unmet needs. However, a large number of the needs for legal protection, particularly for victims

\(^9\) People in need of protection in the other six Sahel countries are reflected under the ‘multi-sector assistance to refugees’.

\(^10\) Figures from the International Organization for Migrations (IOM)

\(^11\) Figures from UNICEF

\(^12\) Figures from UNHCR
of sexual and gender-based violence and some types of child protection violations, remained unaddressed in 2013.

**Operational challenges**

**Funding gaps**: 2013 saw an increase in the number of persons in need of protection largely due to the rise in the number of displaced persons from the Mali crisis. Funding shortages had significant consequences for individuals in need of protection, with mid to long term limitations, including the inability for displaced persons to afford the cost of a return to their communities of origin; lack of redress for victims of sexual and gender-based violence leading to a lack of ground-level reconciliation and the continued separation of children from natural parents.

**Reduced humanitarian access**: limited humanitarian access to areas of Mali, northern Niger, northern Cameroon, and northeast Nigeria due to volatile security situations hampered operations and the identification and provision of support to the most vulnerable populations in these areas.
School aged children affected by emergencies in the Sahel who received education assistance

- **Children in need**: 1.57 million
- **Children targeted**: 1.41 million
- **Children assisted**: 493,431

35% of target reached
In 2013, almost 1.6 million school-aged children across the Sahel were affected by emergencies, including nutrition crises, conflicts, floods, and displacement, all risking or triggering school dropouts. Education partners planned to reach 1.4 million children regionally with the establishment or reinforcement of education services and reached just under half a million children, or 35 per cent of the annual target, due to the chronic underfunding of the sector.

Boosting the education of Sahel’s children is a key component of a holistic and durable response to children in emergencies. In a context of chronic food crisis, families often adopt negative coping mechanisms such as early marriage and school drop outs to assist families with home or farm work, which affects the Sahel’s next generation as it is now well known that the longer a child stays out of school, the higher are the risks that they will be unable to recuperate education missed in this truant period. Education needs must be addressed urgently, not only to restore a sense of normalcy for children, but also to contribute to individual and community resilience. Further, schools provide a prime entry point to deliver essential health, nutrition, WASH and psychosocial services for children and their families.

In 2013, the education response across the region aimed at ensuring continuous access to school for children enrolled in classes by improving the quality of teaching and learning environments and strengthening of education preparedness in times of emergencies and conflicts, while supporting alternative education opportunities for children out of school. For example:

- In Mali, despite limited resources, education partners reached 42 per cent of children targeted for assistance. In the conflict-affected regions of Gao and Timbuktu, 86 per cent of students and the same proportion of teachers received teaching and learning materials. Partners also setup 18 Early Childhood Development Centres for pre-school children, while almost 6,000 pupils were able to continue their primary education owing to the setup of 72 temporary learning spaces. Learning materials were distributed to 200,000 children in 1,200 primary schools.

- In Mauritania, partners supported formal and informal education for Malian children and youth in refugee camps, with a response focusing on construction of semi-permanent school structures, capacity building of teachers, and the provision of basic education materials, reaching out the 7,000 children enrolled for the 2012-2013 academic year. Primary school students received summer courses and secondary school pupils were supported to prepare for their exams, in addition vocational trainings designed for both refugees and host communities.

- In Burkina Faso, the Back-to-School campaign for the 2013/2014 academic year targeted refugees and host communities in areas affected by the Mali crisis and resulted in a five-fold increase in children accessing formal and informal basic education and reaching out to 80 per cent of the children targeted.

- In Niger, the response included the construction of classrooms, the provision of teaching and learning materials, as well as catch up classes and early childhood education. The sector played a key role in enabling cross-border collaboration between Mali and Niger’s respective Ministries of Education towards establishing catch-up courses for Malian refugees enrolled in Niger’s schools, creating school-fee exemptions for Malian refugees, providing valid
education certification and the tenure of special exam sessions for children enrolled in catch-up courses.

- In Cameroon, it was estimated that 60,000 children were prevented from resuming their studies because of damages caused to school infrastructures from the 2012 floods. In 2013, partners re-built 58 classrooms. The Education sector’s preparedness and response to floods, nutrition and epidemics in the country’s northern regions consisted of community mobilization, sensitization campaigns, training in health and nutrition, monitoring and establishment of an alert system for early detection of school drop-out, and the improvement of hygiene and water facilities in partnership with the WASH partners. Back to School packages were given to Nigerian and Central African refugee children. Schools which received sensitization on the importance of girl education saw an increase of 25 per cent girls’ enrolment.

**Operational challenges**

**Funding gaps:** with only 20 per cent (USD$8.5 million) of the funding received for emergency education interventions, agencies prioritised country interventions based on high-risks zones and costs analysis, leading to the prioritisation of the ‘soft components’ of the response (i.e. trainings, sensitisation, education modules, provision of school material) to the detriment of other necessary – but more costly- interventions such as construction and rehabilitation work.

In Chad, partners reached less than a quarter of the 400,000 school aged children in need of support as only one- fifth of the financial requirements were secured. As a consequence, the response suffered from a shortage of infrastructure, school materials and equipment, both in IDPs’ sites, returnees, refugees and host community villages, failing to boost low school enrollment rates and leaving children at risks of child labour or early marriage.

In Mali, the lack of resources prevented some children from accessing education, leaving them exposed to the risk of being injured or stepping on unexploded ordnance. Children as young as 6 years old risk being recruited by armed groups, with the risk increasing if they are out of schools; while girls who are out of school were likely to be given in marriage sooner than others. In parts of the country affected by the serious food and nutrition crises, funding limitations hindered the reach of school feeding programmes.

In Burkina Faso, despite 80 percent of Malian refugee children having access to schools, keeping them in classes was a challenge due to food shortages in school feeding centres which increased absences. In Mauritania, funding gaps prevent the provision of education services for children between 3 and 5 years-old and the construction of 50 additional semi-permanent primary schools.

**Ongoing conflict and volatile security:** in Mali, despite the strong involvement of the Ministry of Education, national and humanitarian partners, the lack of infrastructure for displaced children and the unavailability of teachers who had yet to return to conflict-affected regions impacted the access and quality of schooling in the northern regions. On-going insecurity in some areas also increased absenteeism among teachers and students and the occupation of schools by armed groups and damages to school infrastructures had lasting consequences. This led to a delayed start date of the school year in the northern regions, with schools reopening only in March in Gao and Timbuktu and remaining closed throughout the year in Kidal. The psychosocial impact of conflict on children and teachers remained evident with insecurity in and around school grounds further increasing drop-outs rate and challenging the likelihood for out of school children to resume their schooling. Children who were unable to go to school also missed the opportunity to develop life-saving skills related to health, nutrition, sanitation, protection and mine risk education.

**Lack of skilled human resources:** the lack of skilled and available teachers was noted as an operational challenge by education partners, operating in Niger, Mali and Mauritania. In Burkina Faso, the school year 2013/14 started with a two-week delay due to lack of teachers and accommodation for deployed teachers. As the education provided to Malian refugees is based on Burkina Faso’s curriculum, community teachers needed additional support to get trained and deliver quality formal education to Malian refugee students.
Education
Key Indicators Monitoring 2013

Children benefitting from school canteen or feeding programs on a monthly basis in target areas:

Children enrolled in catch-up classes in target areas:

Children receiving teaching and learning materials:

Teachers trained in psychosocial support, life skills, hygiene education, pedagogy and disaster risk reduction (*)

* This dataset refers to the 2013 school year September – December