THE 2014-16 SAHEL RESPONSE AT A GLANCE

REQUIREMENT AND FUNDING

2014
2015
2016

ACHIEVEMENTS

2.8M CHILDREN
WERE TREATED FOR ACUTE MALNUTRITION

1.9M IDPS, RETURNEES
AND HOST COMMUNITIES
AFFFECTED BY ARMED CONFLICT OR EMERGENCIES BENEFITED FROM ESSENTIAL SHELTER, NON-FOOD ITEMS, MEDICAL AND PSYCHO-SOCIAL SUPPORT TO HELP STABILIZE THEIR SITUATIONS DURING CRISES

9.5M INFANTS
WERE IMMUNIZED AGAINST MEASLES

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

4.2M PEOPLE
RECEIVED LIFE-SAVING FOOD OR CASH ASSISTANCE

3.3M PEOPLE
RECEIVED AGRICULTURAL AND LIVESTOCK SUPPORT

920K REFUGEES AND ASYLUM SEEKERS
WERE SHELTERED, PROTECTED AND GIVEN ACCESS TO ESSENTIAL WATER, FOOD, NUTRITION OR EDUCATION SERVICES

10.8M INFANTS
WERE IMMUNIZED AGAINST MEASLES
$4 BILLION TOTAL FUNDING RECEIVED IN 3 YEARS
$6.5 BILLION TOTAL REQUIREMENTS FOR 3 YEARS
61% COVERAGE
129 PARTNERS/AID ORGANIZATIONS

$1.3 BILLION OUTSIDE HRP* FUNDING
$2.7 BILLION HRP* FUNDING
$2.5 BILLION FUNDING GAP

OPERATIONAL PRESENCE
(Number of HRP partners per year)

2.5M CHILDREN WERE TREATED FOR ACUTE MALNUTRITION
3M PEOPLE RECEIVED AGRICULTURAL AND LIVESTOCK SUPPORT
800K IDPS, RETURNEES AND HOST COMMUNITIES AFFECTED BY ARMED CONFLICT OR EMERGENCIES BENEFITED FROM ESSENTIAL SHELTER, NON-FOOD ITEMS, MEDICAL AND PSYCHO-SOCIAL SUPPORT TO HELP STABILIZE THEIR SITUATIONS DURING CRISSES
710K CHILDREN IN EMERGENCIES WERE ABLE TO CONTINUE THEIR EDUCATION THROUGH THE REHABILITATION AND CONSTRUCTION OF CLASS-ROOMS AND SAFE LEARNING SPACES, PROVISION OF LEARNING MATERIALS AND TEACHER TRAINING
1.4M REFUGEES AND ASYLUM SEEKERS WERE SHELTERED, PROTECTED AND GIVEN ACCESS TO ESSENTIAL WATER, FOOD, NUTRITION OR EDUCATION SERVICES
5.2M PEOPLE RECEIVED LIFE-SAVING FOOD OR CASH ASSISTANCE
3.9M PEOPLE AFFECTED BY CONFLICTS, FLOODS AND CHOLERA WERE HELPED WITH ACCESS TO SAFE WATER AND SANITATION
633K CHILDREN IN EMERGENCIES WERE ABLE TO CONTINUE THEIR EDUCATION THROUGH THE REHABILITATION AND CONSTRUCTION OF CLASS-ROOMS AND SAFE LEARNING SPACES, PROVISION OF LEARNING MATERIALS AND TEACHER TRAINING
2.2M CHILDREN WERE TREATED FOR ACUTE MALNUTRITION

MAURITANIA
MALI
NIGER
CHAD
BURKINA FASO
SENEGAL
THE GAMBIA
NIGERIA
CAMEROON

2014 2015 2016

15 12 7
15 22 17
54 42 45
31 30 31
18 15 38
20 25 31
32 35 33

23 27 22
FOREWORD

THREE YEARS OF JOINT ACTION IN REVIEW

In late 2011, a massive drought hit the Sahel region. Across nine countries, more than one hundred organisations joined forces to respond under the umbrella of one common strategy: the Sahel Humanitarian Response Plan.

As a multi-year, multi-country, multi-partner framework, the Sahel Humanitarian Response Plan guided one of the world’s major humanitarian operations from 2014 to 2016. Through this collective effort, food security improved for 5.5 million people, and 4 million people received assistance to resume food production or restore their means of livelihood in agriculture, livestock and fisheries. Four million children were saved from severe acute malnutrition. Seven hundred thousand crisis-affected children had access to safe learning environments and resumed learning. In the health sector, almost 10 million people were reached by critical support such as the surveillance, prevention and control of epidemics, as well as immunization campaigns.

Throughout the three-year response, Malian refugees were reached with multi-sectoral assistance. Partners responded to massive new displacements in the Lake Chad Basin. The number of displaced people and refugees receiving water and sanitation assistance doubled from 1.8 million in 2014, to 3.9 million in 2016.

Behind each life saved and livelihood restored are the efforts of thousands of humanitarian workers: national and local authorities, UN agencies, NGOs, the Red Cross and Red Crescent Movement. This report salutes their work and commitment and thanks those who have supported us.

The Sahel is a region where poverty and chronic vulnerabilities are deeply-rooted. While saving lives remained the most urgent priority and the core of our work, over the three years we set the basis for a stronger partnership with development actors that allowed us to move beyond the most immediate needs and to start looking at more deep seated vulnerabilities.

Extreme poverty, climate change, demography, extremism continue to keep this region in the eye of the storm. Our efforts therefore also aimed at strengthening early warning mechanisms and deliver early action to avoid seeing more people falling deeper into crisis.

But again, we can’t do this alone. Moving earlier in response to early signals requires the support – or at least understanding – of Governments in the region. Investing in early warning requires resources. Dialogue is needed on what the data may be pointing to. Decisions need to be followed through with courage and consistently. And again, we need donors to be willing to take the risk and finance us to act early and fast to prevent a worse outcome.

Beyond results, this document aims to be forward-looking and help us draw from our shared experience. Our efforts notwithstanding, much more is required before Sahel countries and their people can be lifted out of crises or weather the next shock. Hence today we are not closing a chapter, on the contrary, we have only turned its first page. The Sahel is only at the beginning of more collaborative and inclusive work, of a New Way of Working, to lift its populations out of recurring need and provide hope for a resilient future.

Allegra M. Baiocchi
West and Central Africa Regional Representative for the United Nations Office for the Coordination of Humanitarian Affairs

“If you want to go fast, walk alone, if you want to go far, let’s walk together”

--African Proverb
THE REGION AT A GLANCE

2014

- Violence in CAR and in north-east Nigeria displaces almost half a million people.
- Chad and Cameroon receive US$7.7 million and $4 million respectively from the Central Emergency Fund (CERF) to respond to refugees’ most acute needs.
- Regionally, 20.2 million people are food insecure, of whom 2.6 million are already in crisis despite a recent harvest.

2015

- Boko Haram attacks displace 150,000 people in Borno State and cause new displacements towards and inside Cameroon and Chad.
- Mali is declared Ebola-free. Avian influenza affects 200,000 heads of poultry in Nigeria.
- State of emergency declared in Diffa region after first Boko Haram attacks in Niger.
- CERF allocates US$29 million to Nigeria, Niger, Chad and Cameroon.
- Mohamed Buhari is elected new president in Nigeria.

2016

- 56,000 newly identified IDPs in Chad following improved access in the northern basin of the Lake.
- 33 people are killed in attacks in Burkina Faso's capital Ouagadougou.
- In the first trimester, Lassa fever kills 82 people in north-east Nigeria. Ebola resurfaces in Liberia and Sierra Leone, and meningitis kills over 30 people in Niger.
- 10-day state of emergency declared in Mali due to terrorist threats.
- Guinea and Liberia declared Ebola-free, bird flu in Cameroon kills 30,000 poultry.
- 2.6 million people are displaced in the Lake Chad Basin.
- State of emergency on nutrition declared in Nigeria’s Borno state.
- Over 3,700 people are affected by floods in Chad.

US$21.4 million from the CERF is allocated to under-funded emergency operations in Mali and Chad.

The abduction of 276 schoolgirls from Chibok sparks global attention to the crisis in north-east Nigeria.

Clashes displace 20,000 people in northern Mali, while 26,000 Malian refugees return home during the first semester of the year.

Malnutrition rates among CAR refugees in Cameroon reach alarming levels, with up to 1 out of 3 refugee children acutely malnourished.

A meningitis outbreak in Niger infects 8,500 and kills almost 550 people.

The Multinational Joint Task Force (MNJTF) to fight Boko Haram is inaugurated.

Armed raids displace 59,000 people in Mali’s Timbuktu region. Some 30,000 people are evacuated from islands in Lake Chad to secure the zone for military operations.

Violence in northern Mali causes the closure of 100 schools, depriving 20,500 children of education.

Northern Mali’s main Tuareg coalition signs a peace agreement with the government following months-long negotiations.

Guinea and Liberia declared Ebola-free, bird flu in Cameroon kills 30,000 poultry.

2.6 million people are displaced in the Lake Chad Basin.

State of emergency on nutrition declared in Nigeria’s Borno state.

Over 3,700 people are affected by floods in Chad.
CERF allocates US$30.5 million to seven Sahel countries.

Funding gaps force the suspension or reduction of malnutrition prevention activities in five countries in the Sahel, with 6.4 million children at risk.

27,000 new Nigerian refugees arrive in Diffa, south Niger, where partners are scaling up the response.

A cholera outbreak in four countries around Lake Chad kills 643 people and affects 32,000. Nigeria confirms its first Ebola case: First and only Ebola case confirmed in Senegal.

Floods affect at least 80,000 people in 2014, 80 per cent of whom were in Niger.

Over 300 cases of measles in eastern Chad.

Over 360,000 people are affected by floods from August to October in Niger, Mali, Nigeria’s Adamawa state, and Cameroon’s Far North region.

Security worsens in the Lake Chad basin. Military operations in Chad displace some 30,000 people. More than 2.1 million people are internally displaced in north-east Nigeria.

UNHAS starts operating flights to north-east Nigeria.

Polio is no longer endemic in Nigeria.

More than 260,000 cases of malaria reported in Chad since the start of the year, including 700 deaths. Resurgence of wild polio virus in Nigeria’s Borno state, killing 42.

From July to September, floods affect 26,000 in Burkina Faso, and 46,000 in Niger, killing 14.

Humanitarian convoy attacked outside of Maiduguri.

4.5 million need assistance in Nigeria, a 50 per cent increase compared to March.

CERF allocates US$10 million to Chad, US$5 million to Niger’s Diffa region.

First Ebola case confirmed in Mali. Nigeria declared Ebola free.

First Boko Haram attacks on Cameroonian soil.

Clashes in the CAR result in new arrivals of refugees in Cameroon, where Boko Haram attacks internally displace 60,000 people. In Nigeria, 50,000 Nigerians flee to neighbouring Niger following Boko Haram attacks. Across the Sahel, conflict displaces 2.8 million people.

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

Cholera outbreak in Cameroon’s North region.

State of emergency declared in Diffa region in Niger and in the Lac region in Chad due to increased Boko Haram attacks. 22 people are killed in an attack on a hotel in Mali’s capital Bamako.

PREGEC estimates that 8 million people across the Sahel are in food insecurity phase 3 and more.

CERF allocates US$7 million to Niger’s Diffa region.

Launch of the 2016 appeal for the Sahel calling for US$1.98 billion.

Some 13,000 are out of school in Mopti, Mali, due to insecurity.

Increase in Boko Haram attacks following the end of the rainy season.

7 million people are facing hunger across the Lake Chad basin.

Launch of the 2017 appeal for the Sahel calling for US$2.66 billion.
THREE YEARS OF HUMANITARIAN ACTION

In 2012, and for the third time in ten years, the Sahel region was hit by a major drought which further weakened vulnerable communities. The scale of the resulting food and nutrition crisis required all actors to join forces to save the lives of the 24 million people affected. A three-year regional plan was developed in 2013 aiming to deliver coordinated and integrated life-saving assistance to people affected by emergencies while shaping the response to chronic needs in nine countries: Burkina Faso, Cameroon, Chad, Mali, Mauritania, Niger, Nigeria, Senegal and The Gambia.

With the aim of reversing the pattern of growing humanitarian needs, the triennial strategy integrated life-saving assistance, improved risk and vulnerability analysis and the livelihood support to vulnerable populations to better cope with shocks and build resilience.

OBJECTIVE 1: TRACK AND ANALYZE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING

Under the Sahel Humanitarian Response Plan new systems and strengthened partnerships have contributed to the improvement of risks and vulnerability analysis across the region. Other data collection tools and mechanisms have developed outside of the humanitarian strategy and have enriched the global response and the ability of various actors to respond to emergencies in the region. More however can be achieved towards this overarching goal. Aid actors and donors have only started to increase focus towards reducing vulnerabilities and preventing crises from unfolding at large scale level.

OBJECTIVE 2: SUPPORT VULNERABLE POPULATIONS TO BETTER COPE WITH SHOCKS BY RESPONDING EARLIER TO WARNING SIGNALS, BY REDUCING POST-CRISIS RECOVERY TIMES AND BY BUILDING CAPACITY OF NATIONAL ACTORS

While the strategy has provided humanitarian actors with a forum for structuring debate and coordination with other aid actors and Governments, the integration of humanitarian and development programming remains a challenge. Funding has mostly been geared towards short term interventions instead of multi-annual humanitarian programmes, and spread very unequally across the various sectors.

OBJECTIVE 3: DELIVER COORDINATED AND INTEGRATED LIFE-SAVING ASSISTANCE TO PEOPLE AFFECTED BY EMERGENCIES

Life-saving assistance to people affected by emergencies accounted for over three quarters of all humanitarian operations from 2014 to 2016.

Despite these efforts, millions of people still face immense challenges across the region. Deteriorating security, the effects of climate change, abject poverty and the fast-rising population growth - projected to double over the next three decades - continue to subject communities to recurrent shocks. As such, they remain highly vulnerable to food insecurity, epidemics, natural disasters and conflict.
OUTCOMES AND IMPACTS

Delivering life-saving assistance

Faced with increasing needs, particularly in conflict-hit regions, the priority of humanitarian aid has been saving lives and rebuilding livelihoods of millions of people across the region. The protracted insecurity in northern Mali and the worsening conflict in the Lake Chad Basin required immediate and targeted assistance to the worst-hit and most vulnerable communities. Around Lake Chad, aid organizations strove to bring operations to scale with rapidly increasing needs and deliver aid to hard-to-access communities. Across the Sahel, communities relying on agriculture and pastoralism, and exposed to climate-related shocks remained extremely vulnerable, making them dependent on food and nutrition assistance as well as livelihoods support.

Addressing chronic needs

Given the chronic needs, humanitarian actors have adapted their strategies to help families better cope with the frequency of crises. First, partnerships with local and regional actors have been reinforced to improve early warning mechanisms, permitting the timely and targeted delivery of humanitarian assistance. Second, new mechanisms and tools and have been developed to improve the response and the way we work has started to change. Increase in the use of cash transfers and purchase of local goods, climate insurance, greater collaboration between sectors, systematic nutrition screening, seasonal malnutrition prevention assistance and behavior change communication messages, are some of the ways partners have collectively improved their response and increased the resilience of Sahel’s populations.

Strengthening partnerships

Humanitarian actors have worked alongside Governments, regional and development partners, sharing risk and vulnerability analyses and developing policies and investments to build resilience. Today, Governments taking the lead of humanitarian planning is the norm in the Sahel. They have also largely maintained open borders to those fleeing conflict, assisted and protected refugees as well as facilitated access to hard to reach locations, piloted national food reserves, social policies and innovative climate insurance.

In 2015, the UN adopted a “resilience roadmap”, which establishes priorities and presents ways of incorporating resilience plans into humanitarian programmes. This has helped Governments craft risk analysis, develop sustainable livelihoods and reinforce social protection, nutrition and disaster risk reduction.

The G5 Sahel countries and the Permanent Interstates Committee for Drought Control in the Sahel (CILSS) have forged closer ties, and a UN-CILSS action plan is in place focusing on resilience analysis and supporting the regional initiative of the Global Alliance for Resilience. To date, Burkina Faso, Cabo Verde, Chad, Côte d’Ivoire, Gambia, Mali, Niger and Togo have validated their national resilience priorities.

Cash transfer programming in the region

Humanitarian actors in the Sahel region have in the past decade implemented cash transfer programs mainly through the Food Security sector as a mean of providing immediate relief to vulnerable households during crisis or in the lean period.

However, the past four years have seen a tremendous improvement, particularly, an increased collaboration and stronger links with governments and development partners; as well as a growing use of cash to improve resilience capacity of affected populations by protecting, restoring and building livelihoods. It is also striking to see the multi-sectoral approach being adopted by many actors, with some advocating for multi-purpose use of cash transfer where feasible.

Despite these encouraging trends, it is still difficult to quantify the amount disbursed through CTP. As such, there is an urgent need to further document and share good practices.

Taking commitments made at the World Humanitarian Summit forward, larger numbers of agencies and governments are expected to consider the use of CTP. The regional Cash Working Group has developed a “regional cash roadmap” to encourage systematic use of cash transfers as a response option. It focuses on three key areas of support: coordination, technical/capacity building and preparedness.

OPERATIONAL CHALLENGES

Insecurity and displacement

Political instability and recurrent conflicts have led to widespread displacement and suffering. The humanitarian situation in Mali remains critical, with around 45,000 people still internally displaced and some 145,000 living as refugees in Burkina Faso.
Mauritania and Niger. Attacks are on the rise in the Lake Chad Basin where years of insurgency have displaced 2.4 million people. Food insecurity across the Lake Chad Basin is acute: 7.2 million people - one in three families - require food assistance and more than half a million children are severely acutely malnourished. In north-east Nigeria alone, around 5.2 million people are suffering from severe food shortages and malnutrition.

**Limited access**

Access to and for humanitarian aid continues to represent a major drawback to the delivery of aid throughout the region, thereby challenging assessments, prevention and a timely response. Conflict and insecurity, notably across the Lake Chad Basin and in northern Mali, constitute the main hurdles to aid delivery and access to assistance by those affected.

In north-east Nigeria, military operations and attacks by Boko Haram have heightened insecurity and humanitarian needs, as population and aid access movement are restricted. Prevalent insecurity and violence have deepened the plight of communities already hit by multiple vulnerabilities. Livelihoods, movement and access to the few existing public services have been seriously hampered or completely severed.

In Mali, violence against aid workers has increased over the recent years, with aid operations disrupted in insecure localities. Faced with the sporadic violence and logistical constraints, humanitarian organisations have had to adapt strategies to stay and deliver assistance.

**Funding shortfalls**

Sahel’s chronic emergencies are predictable and offer an opportunity for longer-term planning and systematic multi-year humanitarian financing. However, the region’s response plans are among the world’s least funded.

Humanitarian partners across all sectors consistently reported funding shortages as the primary operational constraint. Funding for the 2014 - 2016 Sahel response plan never surpassed 50 per cent. In 2016, 49 per cent of the US$2 billion budget was funded. Budgets for the previous two years each received 44 per cent of the funds. Partially funded response plans obliged humanitarian organisations to focus on emergencies, notably food security and nutrition, which are among the top drivers of needs in the region. Emergency sectors such as food security, nutrition, logistics and coordination were the best funded, while early recovery consistently ranked at the bottom. But even with food security being among the best funded sectors, emergency food aid funding trounced agricultural assistance, which is meant to uplift and sustain household food security in a region where farming is the predominant economic mainstay.

**DEMOGRAPHIC CHANGE**

![Graph showing demographic change in Western and Central Africa](image-url)
The global risk assessment tool INFORM has been developed at the Sahel level to assess and inform on risks in the nine country areas facing crises of multi-country and regional dimensions. Used by a variety of actors, from Governments to local organisations, this tool has helped making decisions to prevent, prepare and respond to crises.

**What is next - Outlook**

Today, in the Sahel, extreme poverty, climate change, armed conflict and insecurity continue to threaten the lives of millions. Between 2014 and 2016, the Sahel Humanitarian Response Plan provided a very powerful coordination framework and allowed, for the first time, joint analysis and planning across nine countries.

Supporting countries operations, the regional Sahel Humanitarian Response Plan has evolved over three years to adapt to increasingly acute challenges. Where conflict hit and insecurity prevailed, such as in Cameroon, Chad, Niger, Nigeria, as well as in Mali, some of the hard-won gains were quickly lost and new challenges appeared. On the other hand, in the more stable regions of the Sahel, such as Burkina Faso, Mauritania and Senegal, the absence of violence coincided with two relatively good rainy seasons. This has allowed communities to recover from previous shocks and become more resilient. In these countries, progress and success can be seen and humanitarian action has now been fully aligned with resilience and development frameworks.

Across the region, humanitarian and development actors need to increasingly work together to improve joint risk and vulnerability analysis, and maintaining systems to ensure regional coordination and a joint regional monitoring framework, in accordance with the Sustainable Development Goals agenda and the New Way of Working, following the central principle of leaving no one behind.

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**REQUIREMENTS PER COUNTRY 2012 - 2017**

Excluding requirements to respond to the crisis in the Lake Chad Basin.

**REQUIREMENTS PER SECTOR 2012 - 2017***

*For more information on the response to refugees, please see the UNHCR Global Focus website and Nigeria Situation Regional Refugee response plans for 2014 - 2015 - 2016.
Over the three-year Sahel Response Strategy, the total financial requirements hovered around $2 billion per year, reaching $2.08 billion in 2016. Country requirements saw a decreasing trend in Chad, Mali and Senegal while remaining relatively stable for Burkina Faso, Mauritania and Niger. With the worsening of the Boko Haram-related conflict, Cameroon and Nigeria witnessed a huge rise in humanitarian needs, with Nigeria’s requirement alone rising more than five times from $93 million in 2014 to $484 million in 2016. Food insecurity, epidemics and conflict-triggered displacements continue to draw the largest financial requests, while early recovery, WASH and protection remained lowly funded as were shelter and agriculture.
**FUNDING IN 2014**

- Total Requirements: $1.33 billion
- Total Funding Received: $828 million
- Coverage: 61%

**FUNDING IN 2015**

- Total Requirements: $1.2 billion
- Total Funding Received: $843 million
- Coverage: 53%

**FUNDING IN 2016**

- Total Requirements: $1.0 billion
- Total Funding Received: $849 million
- Coverage: 69%

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**Inside HRP**

- Requirement
- Outside HRP
- Total Funding

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**TOP 10 DONORS 2014-16**

- **USA**: $1.2 billion
- **EUR. COMM.**: $912.1 million
- **GERMANY**: $249.3 million
- **CERF**: $210.1 million
- **UK**: $190.6 million
- **JAPAN**: $185 million
- **UN AGENCIES**: $145.5 million
- **SWEDEN**: $131.6 million
- **PRIVATE**: $117 million
- **VARIOUS**: $103.9 million

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**TOP 10 DONORS 2014-16**

- **WFP**: $1.3 billion
- **UNHCR**: $534.9 million
- **UNICEF**: $327.2 million
- **ICRC**: $325.3 million
- **MSF**: $112.5 million
- **ACF**: $110.7 million
- **FAO**: $87.1 million
- **STC**: $76.4 million
- **IRC**: $67.7 million
- **IOM**: $63.5 million
FUNDING FLOW TO SECTORS: 2014-16
Sahel’s main factors of human suffering (food insecurity, malnutrition, epidemics and conflict-driven displacements) received the largest share of funds, as aid operations have largely focused on saving lives. Major portions of European Union and US funding, the region's two biggest donors, were for the nutrition (EU) and the food security and multi-sector response (US). UN agencies also directed large parts of un-earmarked funds to food and nutrition. Throughout the three-year Sahel strategy, funding for agriculture and early recovery consistently straggled behind emergency life-saving operations. Protection and education sectors also remained severely underfunded. With the actions around the New Way of Working - a key outcome of the 2016 World Humanitarian Summit that aims to bridge the gap between humanitarian and development aid – it is hoped that focus will shift further towards reducing vulnerability and ending needs.
REGIONAL HUMANITARIAN RESPONSE STRATEGY REVIEWED

FUNDING FLOW TO COUNTRIES: 2014-16
Food insecurity, malnutrition, epidemics and forced displacement are major drivers of humanitarian needs across the region. These were also the most funded sectors in the Sahel strategy. Over the three-year period, average requirements were highest in Chad, Mali and Niger, while in Cameroon and Nigeria requirements steeply increased due to the escalating crisis in the Lake Chad Basin. Response plans in Cameroon, Niger and Nigeria received the highest level of funding. Requirement and funding were significantly lower in countries not affected by violent conflict, with The Gambia and Senegal at the lowest funding level. While the Lake Chad crisis has driven up needs in the affected countries, the number of people in need of assistance in Burkina Faso, Mauritania and Senegal gradually declined. In these countries, at the end of the Regional Response Plan, the response will progressively shift from purely humanitarian plans to strategies that integrate humanitarian and development planning with the aim of lifting communities from chronic vulnerability.
A decline in cereal production in the 2011-2012 farming season, 20 per cent below the previous five-year average, heavily affected the 2013 food security and nutrition across the Sahel. The impact was mitigated by various interventions from Governments and their partners, and new harvests during the 2012-2013 season. Yet poor households continued to face food and nutritional strain due to floods, high food prices, debt, weakened livelihoods, and conflict-driven displacement; with the greatest needs in the Lake Chad Basin countries, Mali, Mauritania and Burkina Faso.

**Key achievements**

The large-scale food security and livelihoods crisis required a strong regional approach, and coordination from all stakeholders to strengthen the resilience of the affected population. The sectoral response aimed at increasing food production and restoring livelihoods through the provision of inputs, services and cash. The targeted population was assisted to resume food production and provided with livelihood assistance supporting agriculture, livestock and fisheries.

Strengthened by this aid, in the last three years the Sahel has recorded a continuous increase in agricultural output. However, the region’s persistent food and nutrition challenges require continued attention, especially in conflict-affected areas such as the Lake Chad Basin. The food and nutrition situation remains particularly critical in Nigeria, which still hosts nearly 1.7 million internally displaced persons (IDPs).

**Opportunities and lessons learned**

Improved access, along with various interventions by Governments and their partners, provided an opportunity to better analyse the food and nutrition situation, set up operations, monitor the impact of emergency responses and mobilise stakeholders.

Restoring the livelihoods of affected rural communities and protecting those at risk are key actions to strengthen resilience and reduce food insecurity. By supporting rural livelihoods and income generation, vulnerable populations are empowered to recover sustainably from crisis. To drive the social and economic stabilization of the region in the longer term, priority needs to be given the youth.

**Outlook**

Renewed commitment is needed to provide timely support to millions of people in the Sahel struggling with food insecurity. In 2017, 30 million people are still food insecure and 10 million are targeted by humanitarian plans (in Chad, Cameroon, Mali, Niger and Nigeria) or joint humanitarian and development strategies (in Burkina Faso, Mauritania and Senegal).

Together with Governments, the humanitarian community will continue to reinforce early detection and early action mechanisms aiming at the root causes of severe food insecurity, including the provision of agriculture and livestock inputs to households affected by conflicts and climatic hazards.
As the main source of employment and income for over 80 per cent of the Sahel population, agriculture has the potential to generate opportunities for all. Creating conditions for sustainable recovery can help mitigate and prevent conflict, help people stay on their land, and foster environments suitable for the safe return of displaced people.

In addition to meeting the livestock sector’s immediate needs, existing tensions and harmful distrust between pastoralists and farmers, need to be considered in programmes targeting these groups.

Moving forward, the constant monitoring of food security is vital to the effective evaluation of the strategy’s impact. Additionally, strong coordination will ensure greater results, avoid duplication, and steer the response towards a more efficient use of resources.

** No funding reported // N/A Sector not included in the response plan
Many of the issues facing the education systems in the Sahel are structural. This includes absenteeism during the agricultural season, poor quality of teaching, school violence, and lack of teachers or infrastructure in rural areas. The system has been further weakened by the debilitating effects of the food and nutrition crisis food and nutrition crisis, floods, and numerous conflicts. Insecurity impedes the provision of education to hundreds of thousands of children in north-east Nigeria, Diffa in Niger, Far North region of Cameroon, and Lac region in Chad. Teachers have fled, many school have been abandoned or directly attacked.

In response to these challenges, the education sector aimed to provide access to safe learning environments for crisis-affected school children to ensure resumption of learning, protection and psychosocial support to both children and teachers, as well as promote peaceful cohesion in communities hosting refugees and internally displaced people.

Most host communities are characterized by weak and highly vulnerable educational systems, with the worst indicators being enrolment, rates of retention and completion (especially for girls), and learning outcomes. Additionally, the severe lack of qualified teachers, safe learning spaces, and educational materials negatively impact the quality of Education in Emergency (EiE) responses. The education sector estimated that 3.1 million children were in need of assistance in 2014, 3.5 million in 2015, and 2.5 million in 2016.

Key achievements

School age children were reached by numerous EiE services, including pre-school, primary and basic education, non-formal education, and accelerated learning. Among these children were IDPs (Mali, Nigeria), refugees (Niger, Burkina Faso, Mauritania, Chad, Cameroon), affected host communities, and other vulnerable children (Burkina Faso, Senegal, Mali).

Both feeding and WASH services in schools were key interventions for quality of learning and school retention, along with teacher training, school rehabilitation, construction of Temporary Learning spaces, and distribution of learning materials. The context of the Lake Chad Basin crisis, combined with the increasing impact of violent conflict on the region’s education sector, led to the development of a safe schools strategy. The initiative promotes psychosocial support and conflict/disaster risk reduction in the classroom and aims to improve resilience of the education sector.

Increased insecurity, attacks on schools, limited access, low number of operational partners in the newly affected areas and, most importantly, insufficient funding were main obstacles in delivering EiE. Over the three years of the regional response plan, the education sector reached only 40 per cent of the children targeted for assistance. EiE in the Sahel region has remained underfunded, with only 19 per cent of the required funding received in 2015, and 28 per cent in 2016.
Opportunities and lesson learned

At the regional level, sector partners provided capacity building, quality control, joint advocacy, knowledge exchange, strategic advice, and technical assistance to country teams and clusters across the region. The Regional EiE Working Group is reinforcing its advocacy role for the protection of education from attacks and the endorsement and implementation of the Safe Schools Declaration by all States in the region.

The regional safe schools strategy promotes a harmonized approach to capacity building that aims to effectively integrate protective elements into the response. In contexts of high insecurity, this requires conflict-sensitivity and a deeper convergence between child protection and education. Although returning children to school is a priority for both Governments and communities, children and teachers can still face significant risk by attending educational services, and may lack the necessary skills to keep safe.

A Risk Informed Approach to EiE offers the opportunity to look critically at ways that hazards affect the sector. Advocacy for greater investments in EiE has to build on strengthened information management and evidence highlighting the sector is functioning in emergencies.

Outlook

In Mali, violence and tension continue to cause displacements and affect school aged children. Malian refugees also remain in Burkina Faso, Mauritania and Niger, and recent violence in the north of Burkina Faso has led to the closure of nearly 500 schools. Nigeria, Chad, Cameroon and Niger account for 14 million primary school age children out of school, 10.5 million of which are Nigerian children of primary age. In the Lake Chad region, a total of 3.36 million school aged children and youth are in urgent need of assistance. Among these, 75,000 are refugees. In north-east Nigeria the lack of access to education has severely exacerbated the vulnerability of children and youth and increased their susceptibility to recruitment by armed groups.

Education clusters in the four affected countries target 1.93 million children through integration of displaced children in host community schools and construction of temporary learning spaces, distribution of learning materials and teacher training. For the remaining children who are in need, yet not targeted by humanitarian interventions in education, a higher exposure to abuse and exploitation is likely. In areas newly accessible to humanitarian actors, the education sector anticipates an enormous need for school reconstruction and rehabilitation. The sector will continue to prepare and respond to the consequences of the crisis, the sector will explore innovative ways to reach children not targeted or reached by host community schools or temporary learning spaces, including a radio program to allow access to an education routine and life-saving/protective messages.
In 2013, the impact of the 2011-2012 food crisis still lingered in most Sahel countries, with an estimated 11 million people remaining food insecure.

Although no major climate-related shocks struck the Sahel, food security remained fragile. Contributing factors included violent conflict in the Lake Chad region which led to massive displacement, continued insecurity in northern Mali and Central African Republic, and political instability in Burkina Faso. In the face of this challenging context, 60 per cent of those targeted for food assistance across the region were reached in 2015; including vulnerable host communities, IDPs, returnees, and refugees. In 2016, a larger proportion of people in need received assistance with 65% of those targeted being reached by food security programs.

**Key achievements**

Assistance in the region improved food security by expanding access, alleviating acute shortages, and improving household consumption of beneficiary populations, including Malian and Nigerian refugees and internally displaced persons. In collaboration with specialized partners, food assistance enhanced local production, creation of productive assets, and improvement of livelihoods. In Nigeria for example, this aid was facilitated through provision of food items, promotion of livelihood and income generating activities, multisector conditional and unconditional cash grants, and agricultural inputs that enabled the affected population to cope with or overcome the shocks caused by the Boko Haram insurgency.

Innovative programming practices such as a micro climate insurance scheme and increase in the share of local purchasing from smallholders multiplied and sustained the impact of aid on local development. Notably, WFP’s local and regional food purchases amounted to over 20 per cent of its annual distributions.

The systematic monitoring of the food security situation through remote sensing and remote data collection in most of the Sahel countries enabled partners to understand and measure the impact of interventions and further inform programming. Initiatives focusing on protection and gender issues allowed to improve the response throughout the region.

**Opportunities and lessons learned**

Gender equality and adaptation to climate change are inextricably linked to food security and resilience. Women and children account for two-thirds of people suffering from chronic malnutrition. Women in marginalised rural areas are particularly subject to climatic uncertainty, low levels of education, early marriages, high fertility rate and malnutrition. Women’s issues figure prominently in pillars I and II of the Global Alliance for Resilience (AGIR) Sahel and West Africa, and the role of women in cross-border trade must be further considered in regional integration strategies.

**Outlook**

In 2017, it is estimated that 14.6 million people will need...
emergency food assistance during the June-September lean season in Burkina Faso, Cameroon, Chad, Mali, Mauritania, Niger, Nigeria and Senegal. The situation for vulnerable communities in conflict-affected regions is especially critical. In the Lake Chad Basin, disruption of farming and other livelihoods and border closures have dramatically affected communities across the region and driven up food insecurity.

Malnutrition remains high throughout the Sahel region. In north-east Nigeria, 4.5 million children under five are expected to suffer from acute malnutrition, and 1.5 million pregnant and nursing women will be in need of nutrition assistance. Despite some improvement in Mali, Niger and Burkina Faso, the situation remains critical. Nearly one in five children in the Sahel will die prior to their fifth birthday.
Poverty and lack of access to quality health services make Sahel communities highly vulnerable to epidemics and disease, with abnormally high fatality rates. In addition, armed conflict has profoundly weakened health systems in many regions and impacted the capacity for prevention and response to recurring, preventable epidemics. Between 2014-2016, Ebola, cholera, measles, meningitis, Rift Valley fever, and dengue, as well as endemic diseases such as malaria, were major public health challenges across the Sahel sub-region.

Key achievements
Health partners provided critical support to government efforts on the surveillance, prevention and control of epidemics through immunization campaigns, outbreak response, monitoring, and the provision of drugs, medical kits and trainings.

Ebola Virus Disease
The Ebola outbreak in West Africa, mostly affecting Guinea, Liberia and Sierra Leone with more than 28,000 cases, also crossed into Sahel countries and led to eight cases in Mali, 20 in Nigeria and one in Senegal. Governments and humanitarian partners elaborated national preparedness and response plans with focus on early detection and surveillance, contacts tracing, establishment of Ebola treatment centres (ETC), communication and social mobilization, and training of communities and health workers. Preparedness teams conducted simulation exercises in Burkina Faso, Cameroon, Mali, Mauritania, Niger, Senegal and the Gambia. The Ebola outbreak demonstrated the crucial need to strengthen access to and quality of healthcare services and the relevance of engaging actively in response preparedness to limit the scope of humanitarian crises.

Cholera
Between 2010-15, the West Africa and Sahel regions reported approximately 50,000 cases and 1,250 deaths per year. However, it is assumed that many cases and community deaths go unreported. The epidemiological surveillance and information system vary from one country to another, and is not yet effective in most of at-risk areas. Nigeria and the Lake Chad region alone, the region's worst affected area, reported 48,449 cases from 2014-16, including 1,221 deaths. About 88 per cent of cases occurred in 2014. The primary barriers to reducing the spread of cholera were limited access to clean water and sanitation as well as the weakness of national health systems. Displaced populations at risk of cholera in Niger and Cameroon benefited from immunization with oral cholera vaccine (OCV).

Meningitis
Since the roll-out of a conjugate vaccine from 2010-2016 in the African meningitis belt, cases of meningitis due to the *Neisseria meningitidis* (N.m.) serogroup A declined dramatically. Vaccination campaigns reached more than 237 million people in 26 countries, including the nine Sahel countries. Cases reached historically low levels in 2013 and 2014, but outbreaks from other N.m. serogroups (N.m. W, N.m. X, N.m. C) continued to be detected in Burkina Faso, Cameroon, Chad, Niger and Nigeria.
In 2015 and 2016, unprecedented epidemics of meningitis due to N.m. C occurred in Niger and Nigeria, with approximately 13,800 cases and 1,000 fatalities. Immunization campaigns reached about 1.5 million people in districts passing the epidemic threshold.

**Measles**

From 2014-2016, 76,117 measles cases were reported in the Sahel, with outbreaks in Burkina Faso, Chad Niger, Mali and Nigeria. In response, routine immunization was reinforced and mass campaigns for reactive immunization were conducted.

**Poliomyelitis**

The ongoing conflict in north-east Nigeria generated a health crisis that affected more than 6.9 million people in Adamawa, Borno and Yobe States. Health facilities in the conflict-affected areas were severely damaged and left unable to deliver adequate services. In August 2016, after more than two years without wild poliovirus, three laboratory-confirmed cases were reported in Borno State, making Nigeria the only African country with reported cases. The outbreak was declared a regional public health emergency for the Lake Chad sub-region (Nigeria, Cameroon, Central African Republic, Chad and Niger), and the public health response included the implementation of large-scale supplementary immunization campaigns in the five affected countries. However, insecurity poses a challenge to polio response operations in some areas.

**Outlook**

Priority actions for the health sector regarding prediction, prevention, early detection and rapid response in the next three years include:

- Implement International Health Regulations (IHR, 2005) in all Sahel countries;
- Encourage countries to develop and implement the Multi-Sectoral Cholera Elimination Strategic Plan;
- Implement the Integrated Vector Management (IVM) Strategy to control the arbovirosis;
- Encourage the use of the Oral Cholera Vaccine as an additional tool;
- Setting up of early warning systems for epidemic-prone diseases;
- Build resilience of health systems’ community capacity for disease prevention and management;
- Strengthen collaboration intersectoral collaboration, particularly with other sectors;
- Strengthen collaboration with the livestock and environment sectors within the “One Health” approach;
- Strengthen collaboration among countries for cross-border epidemiological surveillance.
Between 2014 and 2016, the multi-sector response in the Sahel Region increasingly focused on the crises in Mali and the Lake Chad Basin. The Malian refugee population slightly increased to 32,972 in Burkina Faso, 50,357 in Mauritania and 60,154 in Niger, as of January 2017. In the Lake Chad region, intensifying conflict led to massive displacement in north-eastern Nigeria, as well as Cameroon, Chad and Niger. As of January 2017, a total of 198,322 Nigerian refugees were hosted in neighbouring Niger (105,491), Cameroon (84,235) and Chad (8,596). Most of the refugees are staying with host communities, placing additional strain on scarce resources and services.

Key achievements
Throughout the three-year response, the vast majority of Malian refugees have been reached with multisectoral assistance, and as a result, overall living conditions have improved. In Niger, education enrolment rates have increased significantly, resilience and self-reliance boosted, vulnerability reduced, and refugees assisted with integration. In Mauritania, by 2016, the food security in Mbera camp was assured through regular food distributions, and refugees had access to 30 litres of water per person per day, which is above humanitarian standards.

In areas affected by the Lake Chad Basin crisis, UNHCR and partners maintained an emergency response capacity for protection and multisectoral assistance, thereby assuring a minimum access to basic services. In Niger, the population of the Sayam Forage refugee camp had access to multisectoral assistance, including community-based protection and response services, transitional shelters, and other basic services. In parallel, UNHCR started implementing longer term development-oriented programmes in the region to strengthen the humanitarian development nexus and seek sustainable solutions for refugees.

Humanitarian actors have also engaged in raising awareness of key international humanitarian standards and human rights among Government and security forces. They engaged in advocacy initiatives to promote border and protection monitoring to provide dignified treatment to persons in need of international protection, with full respect for their human rights. In Cameroon, they supported authorities in establishing joint committees and early warning systems to reinforce protection and border monitoring and community-based protection.

In June 2016, the Abuja Action Statement was adopted by the Governments of Nigeria, Cameroon, Chad and Niger, identifying five priority protection areas: forced displacement and freedom of movement; civilian character of refugee and IDP hosting areas; persons with specific protection risks; the need for a comprehensive solutions approach; right to nationality and documentation. The Statement guides the protection sector plan for refugees, IDPs and other affected populations of the Nigeria RRRP 2017 as well as HRPs of the Lake Chad Basin countries.
Outlook

While the conflict in the Lake Chad Basin continues to cause new displacement, some refugee returns have been observed in north-eastern Nigeria. As of March 2017, 195,544 Nigerian refugee returnees had been registered by the Nigerian authorities, some of whom returned under conditions which were not voluntary, safe or dignified.

In March 2017, the Governments of Cameroon and Nigeria together with UNHCR signed a Tripartite Agreement for the Voluntary Repatriation of Nigerian refugees living in Cameroon, and UNHCR is working closely with both Governments to ensure respect for the Tripartite Agreement and any returns are voluntary, safe and dignified, when conditions are conducive.

In Mali, intercommunal violence in the Mopti and Ségou regions — along with armed conflicts in Kidal, Ménaka and Mopti regions — led to an increase in Malian refugees in Burkina Faso, Mauritania and Niger by more than 6,000 between December 2016 and March 2017. Of further concern is the growing insecurity in the border areas of Burkina Faso and Niger since 2016, which creates risks to maintaining asylum space and poses new protection concerns.

Due to the volatile security situation in north and central Mali, the conditions remain unfavourable for the large-scale voluntary repatriation of Malian refugees in security and dignity. Around 57,400 Malian refugees have returned as of April 2017, according to Government authorities. Activities relating to demining, peacebuilding, access to justice and documentation, and early recovery and reconstruction will be strengthened to facilitate peaceful co-existence and the reintegration of returnees.

For more information on the response to refugees, please see the UNHCR Global Focus website and Nigeria Situation Regional Refugee response plans for 2014-2015-2016.
In the three years of the Sahel Humanitarian Response Plan (HRP), the nutrition situation further deteriorated due to the massive influx of refugees and internal displacement, coupled with rising insecurity from major crises in the Central African Republic and the Lake Chad Basin. This resulted in an estimated annual caseload for acute malnutrition of almost 10 million in 2016, of which 3 million were in severe form. Children under the age of five and pregnant and lactating women (PLW) were the first victims of undernutrition. Around five million children under five were affected every year.

Despite the significant investment for the scale-up of acute malnutrition treatment, national systems were still unable to endorse the whole continuum of nutrition care, and communities continue to face erratic nutritional situations. Treatment coverage and quality continue to be low in some areas, chiefly due to the difficulty in aligning resources to needs at the health center level, and limited access to services – particularly in areas affected by conflicts and displacements.

**Key achievements**
Out of the more than 3 million children under five suffering from severe acute malnutrition (SAM) that were targeted during the three-year response, 92 per cent were admitted in one of almost 8,000 health centres providing nutritional services. Behaviour change communication messages were shared and mass Mid-Upper Arm Circumference screenings conducted for early detection. In addition, almost four million children aged 6-59 months, 70.1 per cent of the HRP target, were admitted in moderate acute malnutrition treatment services throughout the region. More than 1.6 million children aged 6-23 months and pregnant and lactating women (PLW) combined (76.7 per cent of the HRP target) received seasonal nutrition prevention assistance in the form of Blanket Supplementary Feeding. Prevention activities in Chad and Nigeria were not included within this reporting system. Significant efforts were made to focus limited resources on preventing malnutrition and reaching the most vulnerable populations through preventive activities for all children aged 6-23 months.

In a context of chronic and multiple crisis patterns, the sector has integrated all strategic priorities: ensuring life-saving priority activities by treating moderate and severe acutely malnourished children; preventive services ensuring the coverage of nutrition needs of displaced populations in conflict affected areas; and investing as much as possible in capacity development of systems, communities and households to strengthen their resilience capacity.

**Opportunities and lessons learned**
Despite efforts to scale up integrated management of acute malnutrition and response to acute emergencies and recurring lean season peaks, the annual number of children and women in need of nutritional assistance continues to grow year after year. To further build on the sector’s progress, additional efforts can still be made, particularly in information management, quality...
of care, preventive activities like active case finding, behaviour change messaging and increased presence of operational partners. The level of funding obtained has not been sufficient to scale up the continuum of nutrition care for children under five and PLW. In the Lake Chad Basin, lack of access to certain areas due to insecurity has negatively impacted nutrition interventions. UNICEF and WFP have developed a strategic partnership to ensure a rapid and effective scale up of the nutrition response leading to a reduction of acute malnutrition and associated levels of mortality in the area.

**Outlook**

Malnutrition remains a public health challenge in the Sahel, with 10 million children and PLW expected to be in need of assistance. In north-east Nigeria alone, 4.5 million cases of acute malnutrition in children under five and 1.5 million PLW women will require assistance in 2017. Although some improvements have been noted in Mali, Niger and Burkina Faso, the situation remains critical. The nutrition sector will strengthen coordinated efforts and multi-sectoral interventions to address the multiple causes of malnutrition. This includes collaboration with Governments, communities and partners on implementing a two-pronged approach that focuses on treatment and prevention, development and the implementation of a theory of change. Using the Risk Informed Programming model, the nutrition sector will work to reduce vulnerabilities and exposure as well as strengthen institutional and individual capacity. The sector will maintain its support to treatment capacities while improving quality and coverage, targeting through monitoring, information systems, and risk analysis in planning and capacity development activities.

Systems and communities’ capacity building will aim to break the cycle of dependency through innovative/integrated approaches at national and local levels on prevention, early detection of malnutrition cases), the supply chain and budgeting. Additionally, the sector will prioritize efforts to strengthen social protection through the implementation of a cash transfer program to vulnerable families, as well as the availability of fortified complementary food, locally produced and cost effective, to create more resilient households.
In Mali, intensifying armed conflict and increasing displacement led to the activation of the Protection Cluster in April 2012. By the end of 2013, there were 217,811 Malian internally displaced persons (IDPs). In Nigeria, the intensification of the conflict in the north-east in 2014 and spillover into neighbouring countries led to massive internal displacement in Nigeria, Cameroon, Chad and Niger. As of January 2017, over 2.1 million persons were internally displaced by the conflict in the Lake Chad region, including 1,770,444 IDPs in Nigeria, 176,555 IDPs in Cameroon, 121,391 IDPs in Niger and 90,911 IDPs in Chad. The conflict has been characterized by systemic violations of human rights and humanitarian law, including the targeting of civilians, use of children in hostilities, destruction of schools, widespread SGBV, abductions and kidnappings. The crisis has severely affected the most vulnerable civilian population, particularly women and children, older persons and those with disabilities and serious medical conditions. The tactics of the Boko Haram insurgency have evolved throughout the conflict, from holding towns and territory to a guerrilla-style insurgency that has increased suicide attacks across the region. From 2014 to 2017, 105 children have been used in attacks across the four countries, 80 per cent of them are girls.

**Key achievements**

Key achievements include the adoption by the Governments of Nigeria, Cameroon, Chad and Niger of the Abuja Action Statement in June 2016 elaborating concrete actions to enhance the protection and solutions environment for the affected populations. The Statement guides the protection sector plan for refugees, IDPs and other affected populations of the Nigeria RRRP 2017 as well as HRPs of the Lake Chad Basin countries.

The protection sector greatly strengthened its emergency operational response in the Lake Chad Basin in 2015-2016, reaching vulnerable groups of people with community-based protection services, including: comprehensive Sexual and Gender Based Violence (SGBV) services and Protection from Sexual Exploitation and Abuse mitigation activities, psychosocial support, access to child friendly spaces, interventions for unaccompanied and separated children, livelihood support, provision of protection-based material assistance including solar lanterns and dignity kits, provision of legal aid services, peace-building interventions, mine risk education and reintegration of children associated with armed groups. In Nigeria, a total of 2.36 million individuals were reached through protection activities in 2015-2016.

Protection actors also engaged in advocacy initiatives on conditions of IDP returns and continued to promote and work with Governments to maintain the civilian and humanitarian character of IDP hosting areas. From 2015, it was noted that children under suspicion of being associated with Boko Haram, were held in military detention in contravention of international human rights standards. As of December 2016, 1,488 children were reportedly detained in the Lake Chad Basin countries. Sixty per cent have been released due to advocacy with national authorities.
To enhance civil registration and access to documentation, the sector supported Government authorities to reduce the cost of civil registration in some countries and promoted mobile court hearings for birth registration. For example, in Mali during 2015-2016, a total of 6,188 persons affected by the crisis were assisted with civil documentation, although challenges remain, particularly the absence of authorities in the areas of return.

In the four Lake Chad Basin countries, a total of 22,195 unaccompanied and separated children were identified and received appropriate support in 2015 and 2016. Among them 1,709 were unaccompanied, and nearly half of those separated were reunified with their biological families. During the same period, more than 492,000 children benefited from Mental Health and Psychosocial support in child friendly/safe spaces.

**Outlook**

While the conflict in the Lake Chad Basin area continues to cause new displacement, significant numbers of spontaneous returns of IDPs have been observed in north-east Nigeria, including in some newly accessible areas. For some returns, serious risks have resulted in secondary displacement.

In all four Lake Chad Basin countries, issues with housing, land and property are a significant protection challenge in return areas. In response, the protection sector will strengthen its community-based interventions in collaboration with development actors to galvanize a protection-centred approach to durable solutions.

For 2017, the child protection sub-sector identified nearly 3.5 million children in need in five HRP countries, and will target 1.4 million.
A WASH in Nutrition strategy was launched in 2012 to address the needs in the region. And by the end of 2013, 47 per cent of nutritional centers in the region had received the minimum WASH package. This means they had drinking water as well as sanitation and hygiene facilities. In addition, 16% of the children admitted for therapeutic feeding programs had received a WASH kit for water purification and baby sanitation and hygiene promotion was held at household level.

Regarding floods, epidemics, insecurity and displacements, the WASH minimum package was provided to 50 per cent of people targeted (1.4 out of 2.8 million), carried out through integrated approaches to more effectively address vulnerabilities and risk factors.

In the most affected areas, reaching sphere standards in a timely manner remained the major challenge. Up to 90 per cent of the population in the region still frequently practice open defecation and do not consume drinking water at household level.

Key achievements

During the three-year response plan, conflict in Mali and in the Lake Chad Basin significantly increased the WASH emergency response in the region. Consequently, assistance to refugees and IDPs was stepped up, increasing the total of people receiving the WASH minimum package from 1.8 million in 2014 and 2015 to 3.9 million in 2016 (83 per cent of targeted people, a significant increase from the 50 per cent reached in previous years).

However, the proportion of admitted cases of severe acute malnutrition (SAM) who received a WASH kit decreased dramatically (from 16% in 2013 and 24% in 2014, down to 10% in 2015 and 9% in 2016). The impact of conflict was on this service was most significant in the Lake Chad region: in 2016, 50 per cent of the admitted SAM cases remained supported with a WASH kit for their household in Mauritania, against only 3 per cent in Niger.

Nevertheless, across the region, international actors and Governments increased cooperation in bridging the gap between humanitarian and development programmes. Analyses of vulnerabilities and risks were better integrated into development programming and national plans. Sahel countries incorporated the regional “WASH in Nutrition” and “Shield and Sword vs. Cholera” strategies in their geographical prioritization of long-term programming, supported by research studies and inter-sectoral cross border collaboration. The average number of reported cholera cases has decreased between 2010-2014 and 2015-2016 from 20,895 to 3,490 cases, a possible impact of the regional approach.

Opportunities and lessons learned

While the 2014-2016 Sahel response provided a framework with inter-sectoral strategic indicators, less financial competition between sectors and a more integrated approach for resilience and long term solutions to chronic malnutrition remain a major challenge.
Outlook
The humanitarian priority for the WASH sector continues to be the timely and effective delivery of a WASH minimum package, enhancing resilience at household levels. Considering the fragile context and variable environmental and domiciliary realities in rural and urban areas, the focus needs to remain on the prevention of feco-oral diseases to break the vicious cycle of diarrhoeas/nematodes/enteropathies and malnutrition/stunting of babies and children.

The operationalisation of the regional WASH in Nut strategy should be reinforced with further bilateral advocacy using the results of Sahel WASH’NUT impact studies. Converging with national nutrition plans and prioritizing children under two in the most affected areas, priority should be given to capacity building of field actors in the Health and Nutrition sectors, by simple technical training on how to deliver and monitor the WASH minimum package at health facilities/nutritional centres and, above all, at household level.
COUNTRIES IN FOCUS
REGIONAL HUMANITARIAN RESPONSE STRATEGY REVIEWED

Photo: OCHA/I. Brandau
BURKINA FASO

Burkina Faso’s humanitarian landscape features mainly food insecurity, malnutrition and natural disasters. The 2012 conflict in neighbouring Mali added a new dimension, as tens of thousands of people arrived in border areas to seek refuge. Food shortages and malnutrition are primarily a function of the country’s agricultural output, which in turn depends on climatic factors. Eighty per cent of the population derives its livelihood from agriculture.

Climatic shocks

The 2011 drought that devastated agriculture sparked severe food insecurity that affected 2.8 million people. Sufficient rains in the subsequent years and assistance by the Government and aid groups has brought about significant improvement. In 2013, the number of food insecure people dropped to 1.7 million, and by 2015 around 940,000 people were food insecure, declining to 660,000 in 2016. Despite a decline over the recent years, global acute malnutrition is still high owing to population growth. In 2016, 510,000 children under 5 were projected to suffer acute malnutrition, among them 150,000 risked being severely acutely malnourished. The country faces recurrent floods that spark or catalyse humanitarian needs.

Response strategy

The number of people needing humanitarian assistance has also been on the decline since 2012. From a high of 2.8 million people in the aftermath of the 2011 Sahel food crisis, the figure fell to 940,000 in 2016. Addressing food insecurity, malnutrition and assisting Malian refugees remained the objectives of the humanitarian response throughout the three-year plan. As the number of those in need of assistance declined, aid groups focused on prioritising activities, with refugee assistance taking more than a third of the $90 million 2016 budget.

Aid operations in Burkina Faso have faced relatively lower hurdles compared to other countries in the region. Humanitarian organisations can access people in need of assistance across the country without major constraints. However, insecurity in certain regions bordering northern Mali inhibits easy movement as is the poor state of some roads that worsens during the rainy season. The political upheaval following the ouster of former president Blaise Compaoré in October 2014 also caused disruption to aid operations.

Long-term strategy

Burkina Faso is among four Sahel countries which have integrated humanitarian response planning into medium- and long-term development initiatives. Humanitarian needs - be they acute, chronic or seasonal - are not due to an acute emergency or a sudden onset disaster. To address the structural causes, the 2017 strategic framework of the humanitarian work plan draws planning and response closer to development initiatives with a view of eventually transitioning to development programming.

By promoting and strengthening community resilience, the strategy aims to progressively reduce dependence on humanitarian aid. This is in line with two central recommendations of the World Humanitarian Summit: to narrow the humanitarian-development divide and shift from relief assistance to ending needs.
Conflicts in the Central African Republic and Nigeria, and chronic food insecurity, malnutrition, epidemics and natural disasters are the main causes of humanitarian emergency in Cameroon. Worsening violence in the neighbouring countries over the last three years has forced tens of thousands of people to cross into Cameroon for safety, while the spillover of Boko Haram attacks has sparked massive displacements and deepened human suffering in Far North region. Ninety per cent of people affected by these crises are in the country’s Adamaoua, East, North and Far North regions.

**Responding to rising needs**

Humanitarian needs have been on the rise since 2014 when Cameroon hosted around 97,000 refugees, some 1.1 million people were food insecure and 54,000 children severely malnourished. By 2017, the refugee population has surged to more than 370,000; around 2.6 million people are food insecure - an increase of 189 percent between 2013 and 2016 – and 207,000 children struck by severe malnutrition. The proportional increase of the related funding requirement is among the most significant in the Sahel region: the 2017 $310 million budget is six times higher than it was in 2014.

The humanitarian response strategy integrated both acute emergencies and those due to structural vulnerabilities. To adequately address quickly rising needs, capacity in Cameroon has been scaled up significantly: from 12 actors who were operational in 2014 to 42 in 2017. Providing immediate assistance to the most vulnerable populations: refugees, IDPs, and food insecure people, and supporting strategies to render communities more resilient to recurrent shocks have been the touchstone of aid operations. The Government in 2014 launched a three-year, $2 billion economic recovery plan for the two northern regions to tackle food insecurity, improve agriculture, health and water supply among other measures aimed at easing adversity. Insecurity in the Far North region, however, remains a major hurdle to humanitarian access.

**The long-term**

While the causes of humanitarian emergencies have remained the same in the past three years, the deteriorating situation has driven more people into refuge, increased food insecurity, malnutrition and deprivation. The 2017 response plan targets 1.2 million people - 41 per cent of the 2.9 million people in need - with the priorities of saving lives and addressing the acute and chronic needs of the most vulnerable populations.

Cameroon’s 2017 - 2020 response strategy seeks to fulfil four objectives: provide coordinated assistance to people faced with emergencies; advocate civilian protection and reinforce accountability towards affected populations; collect and analyse data on risks and vulnerabilities and integrate outcomes into humanitarian and development programmes; and reinforce the resilience capacities of vulnerable populations.
**CHAD**

Recurrent food insecurity, limited access to basic services, epidemics and conflicts in neighbouring Central African Republic, Nigeria and Sudan are the main causes of humanitarian emergencies in Chad. Chronic poverty and underdevelopment, environmental degradation and the effects of climate change also contribute to the extreme vulnerability of many communities.

**Three-year planning**

Guided by the Sahel Regional Strategy, the 2014 - 2016 response plan was based on three considerations. Firstly, food security, malnutrition and diseases are persistent due to cyclical climatic shocks, limited basic services, shortcomings of early warning systems as well as food price volatility. Secondly, the influx of refugees from neighbouring countries increases the number of those requiring humanitarian assistance. And thirdly, humanitarian access is contingent upon stability and security internally and in neighbouring countries.

**Upsurge in needs**

Humanitarian actors in 2014 identified 2.8 million people in need of assistance, of these 2.1 million people were targeted to receive aid in the Sahel-belt, South and Eastern regions. The response plan initially required $530 million and focused on mitigating food insecurity, preventing malnutrition, tackling epidemics and supporting refugees and returnees.

The Boko Haram-related conflict heightened humanitarian emergency in 2015, especially in the western Lac region, where spill-over violence exacerbated multiple crises and chronic vulnerability. The 2015 response plan targeted 2.5 million people for assistance out of which more than 1.7 million were reached. In 2016, the humanitarian community sought $566 million to assist 1.8 million people struggling with food insecurity, displaced by violence or affected by epidemics or natural disasters. More than 100,000 Chadians were internally displaced in Lac region as the situation deteriorated and militants begun to launch attacks in neighbouring countries. Faced with escalating needs, aid organisations mobilised more personnel and resources.

**2017 humanitarian outlook**

Chad continues to face high needs stemming from the impact of crises in the neighbouring countries, and extreme vulnerability of Sahel communities. As one of the countries embracing the New Way of Working (NWOW), humanitarian actors in Chad developed a new three-year response strategy. The NWOW is a key outcome emerging from the 2016 World Humanitarian Summit, based on the idea of achieving collective outcomes, building on the comparative advantages of different actors over longer periods. The goal is to effectively decrease humanitarian needs and in doing so, contribute to the longer-term vision embedded in the Sustainable Development Goals.
THE GAMBIA

At the start of 2014, lingering effects of the 2011 - 2012 food crisis, compounded by persisting high levels of malnutrition, livestock diseases and heavy flooding in 2012 eroded the coping mechanisms of many households, deepening vulnerability and increasing humanitarian needs. As part of the Sahel Regional Strategy, The Gambia’s response plan focused on addressing food insecurity and malnutrition, supporting livelihoods and basic service provision and reinforcing communities’ resilience.

Humanitarian needs

With nearly half of its population living below the absolute poverty line of $1.25 per day, the situation in The Gambia is fragile. Around 30 per cent of its active labour force is unemployed, with the highest rates registered among the youth at 39 per cent.

Over the recent years, an average of 200,000 people - roughly 10 per cent of the population - are affected by moderate or severe food insecurity. Malnutrition among children younger than five years and pregnant or lactating women has deteriorated, while a weak public health system contributes to maternal morbidity and mortality. Adversity has also driven thousands of Gambians to embark of the oft perilous clandestine migration to Europe. Gambians make up the second largest contingent of migrants from West Africa despite the country’s small population size. In 2016, at least 10,000 people left for Europe.

Funding shortfalls

Despite increased advocacy to mobilise resources for the 2016 humanitarian response plan, only four per cent of the requested $11.5 million was received. The low funding in 2016 came on the back of a trend of low-level funding for the country: the 2015 response plan received only eight per cent of the $24 million requested; and only 24 per cent of 18.3 million requested in 2014 was funded. Inadequate financing has meant that only a portion of the humanitarian programmes was implemented despite chronic food insecurity, malnutrition and poor access to basic social services. A significant proportion of the population remains vulnerable to recurrent climate hazards in a country where over 80 per cent of the population relies on agriculture for sustenance.

Integrated response

In 2017, humanitarian partners shifted from a stand-alone humanitarian response plan toward the integration of responding to humanitarian needs in the UN Development Assistance Framework. Nevertheless, the humanitarian situation is worrisome. Households remain highly vulnerable to food insecurity as food stock levels are often low and quickly depleted. Partners are advocating for increased investment in preparedness and resilience-building and towards addressing food insecurity and malnutrition. Following political change sparked by the disputed December 2016 presidential election, donors have shown willingness to ramp up support.
Mali faces a complex humanitarian emergency. A succession of food crises in the last decade significantly weakened the livelihoods of the poorest families. This has been aggravated by the conflict that erupted in 2012 involving Government forces, separatist groups and radical Islamist militias. Despite a peace agreement signed in mid-2015, there still are many challenges to overcome to restore peace in the northern Mali. The consequences of the persistent insecurity continue to torment civilians, more so the most vulnerable.

Conflict and displacement
Since 2014, inter-community conflicts, particularly in Kidal, Timbuktu, Mopti and Menaka regions as well as the presence of radical groups and acts of terrorism in the centre of the country have been a constant threat to the protection of civilians.

Insecurity has caused recurrent new displacements, sometimes over a short period, and hindered the return of some of the people displaced during the 2012 crisis. In 2014, there were more than 450,000 IDPs and refugees in need of protection and relief assistance. The humanitarian response plan aimed to also assist some 1.9 million food insecure people, 500,000 malnourished children and 2.1 million people needing health services. Aid organisations requested $481 million

Lingering violence
At the end of 2016, around 36,000 Malians remained internally displaced and over 138,000 Malian refugees hosted by neighbouring countries owing to sporadic attacks and insecurity in northern Mali. According to Government estimates, some 56,000 refugees and more than 474,000 IDPs had returned by end 2016.

In addition to the displacements, many Malians frequently grapple with food insecurity. In 2016, around 3 million people, 16 per cent of the population, were food insecure. Around 424,000 among them faced severe food insecurity. The country faces a rampant desertification and frequent episodes of natural disasters with an average of 60,000 people at risk of flooding throughout the country each year.

Responding to needs
Although most of those displaced by the 2012 conflict have returned home, humanitarian needs across much of Mali’s north are significant. For many communities, finding enough to eat, accessing potable water, health care, education, protection and livelihoods opportunities remain a struggle. In some areas, insecurity continues to prevent the deployment of State and development actors. For many families, humanitarian actors are the sole providers of essential basic services.

For 2017, some 3.7 million people need assistance. The Humanitarian Response Plan targets 1.36 million people for a budget of $293 million and focuses on the areas affected by conflict in the north and the centre of the country to help displaced, returnees or repatriated populations. Relief assistance remains necessary to save lives and facilitate recovery, as it will take years for the Government and its development partners to address the root causes of chronic food insecurity, malnutrition and structural problems in the delivery of basic social services.
MAURITANIA

Humanitarian needs in Mauritania are characterised by structural and chronic needs that make populations extremely vulnerable to shocks. While needs are seasonal and variable throughout the year, high rates of severe malnutrition and food insecurity as well as limited access to basic services have required an integrated and multi-sectoral response in Mauritania since 2012.

Food security and nutritional crisis
At the beginning of 2014 when the Sahel Regional Strategy was launched, around 800,000 people were estimated to be affected by food insecurity, with almost 200,000 of them severely food insecure, and 125,000 malnourished children in need of treatment. The response plan requesting US$108 million targeted 530,000 people.

Harvests have been relatively good over the past three years, and the country has not suffered significant food deficits. However, and even by ensuring humanitarian operations in the areas of food security and malnutrition, Mauritania keeps on registering high rates of food insecurity and severe malnutrition every year. At the end of 2016, almost 540,000 people were still in need of assistance, and around US$74 million were required to support the most vulnerable populations.

The impact of the crisis in Mali
The 2012 conflict that erupted in neighbouring Mali forced tens of thousands of people to seek refuge in Mauritania. In 2013, some 60,000 Malians sought refuge in Mauritania’s southeastern Mbera camp. By December 2016, there were around 46,000 Malians still living in the camp, and requiring humanitarian assistance. With the ongoing insecurity and insurgent attacks in northern Mali from where most of the refugees hail, prospects for return are bleak.

Integrating humanitarian needs in development processes
To support vulnerable populations to better cope with shocks in Mauritania, and due to the chronic nature of most needs, a long-term approach is needed to keep on building the capacity of national actors and capitalising on already ongoing partnerships with development partners. From 2017, Mauritania is combining development and humanitarian programmes into a joint planning framework.
Relief assistance in Niger is mainly towards people grappling with severe food shortages and malnutrition, displaced by violence, struck by epidemics or natural disasters or a combination of these factors. Climate-related shocks, chronic vulnerability and structural causes such as underdevelopment or poverty are key drivers of humanitarian needs.

**Cyclic food shortages**

Recurrent food insecurity is the prominent cause of human suffering among the most vulnerable families and communities. High levels of malnutrition, partly related to food insecurity, often surpass the alert and emergency thresholds. Overall response planning figures are pegged on the total number of people affected by food scarcity given that those devastated by conflict, epidemics or natural disasters are likely to also struggle to find sufficient food.

**Response**

In 2014, one in five families - 4 million people - faced critical food scarcity and more than 1 million children were suffering from malnutrition. Aid agencies sought $390 million to provide food to 3.4 million people, assist around 107,000 displaced people, 1.5 million others affected by epidemics and 225,000 left destitute by natural disasters. In 2015 some 3.4 million people were food insecure. They included people affected by floods or drought, disease outbreaks and those displaced by violence. An escalation of cross-border Boko Haram attacks from 2015 had by August of that year displaced 213,000 and significantly worsened the plight of the displaced and the host communities in the south-eastern Diffa region where people struggled with chronic adversity even before the violence. Humanitarian needs have remained high in Diffa owing to insecurity, displacement, armed attacks and military counteroffensives.

**Partnership with the Government**

Alongside efforts by aid organisations, the Government also provides humanitarian assistance. In 2014, it planned to assist 20 per cent of the people affected by crisis. It doubled the target a year later. Humanitarian organisations assisted the rest. The long-term strategy is for aid organisation to support Government response plans rather than be at the forefront.

Humanitarian organisations are working on a two-track strategy in 2017 to assist people affected by the acute conflict-related crisis, mainly in Diffa, and chronic vulnerabilities in other regions of Niger. The recurrent drivers of humanitarian needs are likely to persist and addressing them requires far-reaching solutions. The humanitarian community aims to further implicate the Government and other development actors to forge ways of ending needs.
The near decade-long violence in the north-east of Nigeria has unleashed widespread human suffering, loss of life and destruction. The extent of the humanitarian emergency has become fully apparent in 2016 as aid organisations stepped up presence and assistance, and the military mounted offensives against Boko Haram.

Displacement and protection crisis

At the beginning of 2014 when the Sahel Regional Strategy was launched, Boko Haram violence, inter-community clashes and floods that devastated several states in the country’s northern region were the main triggers of humanitarian need.

Some 1 million people were targeted for food and agricultural assistance, 324,000 for nutrition, and 1.8 million for health assistance. Conflict had displaced around 195,000 people internally. The response plan required $75 million.

A surge in Boko Haram violence between late 2014 and early 2015 when the gunmen raided towns and villages and seized territory led to a massive deterioration of the crisis that also engulfed nearby regions in the neighbouring countries. By the end of 2015, some 2.7 million people had fled their homes and another 200,000 sought refuge across borders, turning the conflict into Africa’s fastest growing displacement crisis. In all, around 5.6 million people were affected by conflict, food insecurity, malnutrition and epidemics.

Responding to massive needs

As the conflict drags on into the eighth year in 2017, the humanitarian emergency has deepened. The conflict has compounded the adversity already felt across much of Nigeria’s northern region that lags the rest of the country in socio-economic progress. The Humanitarian Response Plan in 2017 focuses on responding to the most urgent lifesaving needs. The worst-hit states of Adamawa Borno and Yobe have some 8.5 million people in need of lifesaving assistance, around 1.8 million are internally displaced and 4.7 million are struck by acute food insecurity. This year’s response plan aims to reach 6.9 million people in critical need of assistance, and requires $1.05 billion – more than a ten-fold increase over three years, making it the fourth highest appeal in the world.

Risk of famine

A more robust humanitarian response started in the second half of 2016. Aid organisations mobilised more personnel and resources. The Government backed a stronger action - both humanitarian and military - to inflex the deteriorating situation in the north-east where 7 million people were in critical need of humanitarian aid. Initially seeking US$248 million, in September the humanitarian community revised the budget upwards to US$484 in the wake of burgeoning needs. By the end of 2016 more people were receiving aid although only half of the funds were received. Some 1.9 million received food assistance, surpassing the 1.5 million target, and 86 per cent of the 2.6 million people earmarked to receive nutrition assistance were helped. However, insecurity, funding shortfalls and limited capacity hobbled adequate assistance in many areas.
SENEGAL

Chronic food and nutrition crisis as well as natural disasters affect many communities in Senegal, especially in the northern and eastern regions. Food insecurity is largely a factor of adverse climate. In 2014, some 926,000 people faced severe food insecurity due to low and erratic rainfall ending prematurely in the farming and pastoralism regions in the north and centre. Recurrent flooding affects up to 300,000 people each year in cities and in rural areas. In 2012, the Government developed a 10-year strategy to better manage urban and rural development and build flood defences.

Addressing the chronic crises

The humanitarian response has been geared towards alleviating acute emergencies and building ways to tackle the causes of chronic crises. In 2015, for instance, humanitarian organisations targeted to assist 1.1 million struggling with food scarcity, malnutrition as well as support agriculture through the distribution of inputs. The 2015 response plan also envisaged partnership with Senegal’s national council on food security and development partners to boost their capacity and draw closer cooperation.

In 2016, closer partnership with national aid groups and government agencies was sought so that they could take greater role in addressing malnutrition and food insecurity. The humanitarian response plan focused on the country’s north-east to assist some 353,000 people, while the Government and national partners targeted the remainder out of a total 620,000 in need of assistance.

Transitioning

Given the Government initiatives, Senegal’s humanitarian response plans since 2014 have seen a gradual reduction of people targeted for assistance. However, food insecurity remains critical in some parts of the country.

Over the past three years, low funding has slowed down humanitarian response. Between 2014 and 2016, funding never exceeded 33 per cent of the budget. On the other hand, sectors such as nutrition suffered from lack of operational partners in the field. In addition, structural and chronic factors underlying humanitarian needs require a multi-sectoral response. In 2017, Senegal begun integrating humanitarian needs into the UN Development Assistance Framework, shifting from a humanitarian emergency response to an integrated approach reinforcing collaboration with development actors by promoting joint programming and vulnerability and risk analysis.

The integrated framework is aligned to national plans, in particular the “Sénégal Emergent” plan which aims to attain an economic and social development level to eliminate vulnerabilities by 2035. The Government has set up programmes to achieve self-sufficiency in cereal production, ensure access to safe water and guarantee access for all to health services through a universal medical coverage.

Risk Index

Medium Risk
Low Risk
Very Low Risk

Displacement

Refugees
IDPs
**LIST OF ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>Action Contre la Faim (Action Against Hunger)</td>
</tr>
<tr>
<td>BSFP</td>
<td>Blanket Supplementary Feeding Program</td>
</tr>
<tr>
<td>CAR</td>
<td>Central African Republic</td>
</tr>
<tr>
<td>CERF</td>
<td>UN Central Emergency Response Fund</td>
</tr>
<tr>
<td>CFR</td>
<td>Case Fatality Rate (epidemiology)</td>
</tr>
<tr>
<td>EVD</td>
<td>Ebola Virus Disease (EVD)</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
</tr>
<tr>
<td>HRP</td>
<td>Humanitarian Response Plan</td>
</tr>
<tr>
<td>ICRC</td>
<td>International Committee of the Red Cross</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Persons</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
</tr>
<tr>
<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
</tr>
<tr>
<td>MSF</td>
<td>Médecins Sans Frontières (Doctors Without Borders)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organizations</td>
</tr>
<tr>
<td>NWOW</td>
<td>New Way of Working</td>
</tr>
<tr>
<td>OPS</td>
<td>Online Project System</td>
</tr>
<tr>
<td>ORS</td>
<td>Online Reporting System</td>
</tr>
<tr>
<td>PLW</td>
<td>Pregnant or Lactating Women</td>
</tr>
<tr>
<td>RRRP</td>
<td>UNHCR’s Regional Refugee Response Plan</td>
</tr>
<tr>
<td>RUTF</td>
<td>Ready-to-use Therapeutic Food</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and other forms of gender-based violence</td>
</tr>
<tr>
<td>Shelter/NFI</td>
<td>Shelter and Non-Food Items</td>
</tr>
<tr>
<td>SRP</td>
<td>Strategic Response Plan</td>
</tr>
<tr>
<td>STC</td>
<td>Save the Children</td>
</tr>
<tr>
<td>TCN</td>
<td>Third Country National</td>
</tr>
<tr>
<td>UNHAS</td>
<td>UN Humanitarian Air Service</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WFP</td>
<td>United Nations World Food Programme</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>