

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

West Africa¹

AMOUNT: EUR 170 024 365.84²

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2016/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for ECHO's partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Fourth modification as of 05/08/2016

a) In all four **countries affected by Boko Haram** violence (Nigeria, Niger, Chad and Cameroon), an increased field presence and some recent improvements in access have enabled the assessment of needs of populations in areas previously not accessed by humanitarian assistance. These assessments have revealed additional emergency situations, prompting key partners to scale up their response to address the massive humanitarian needs of the affected populations.

In addition to the great number of IDPs and refugee populations (IDPs estimated to be 2.6 million in the region, refugees over 176 000) who are highly dependent on humanitarian assistance, the host and local communities are also increasingly affected, impacting their coping capacity. Staple food prices are reported to have increased by an alarming 30 to 50% in the region due to the disruption of regional trade exchanges. Special assistance to these affected local communities is therefore also urgently needed.

The areas affected by the Boko Haram violence are part of the Sahel belt and suffer from recurrent droughts and long lean seasons. The massive recent displacements have compounded the structural food insecurity and chronic under-nutrition known in these areas, leading to over 6.7 million people requiring emergency food assistance in the four countries.

An amount of EUR 10.5 million is added to this HIP to reinforce the humanitarian response to the consequences of the Boko Haram crisis in Nigeria and Niger.

In the last few months, the humanitarian consequences of the conflict between national armed forces and Boko Haram have intensified in North-East Nigeria and its neighbouring countries around Lake Chad, notably in Niger, resulting in new displacements and the further deterioration of the situation of affected populations, as well as in increased protection needs. Additional needs include NFI, shelter, food, health and nutrition.

¹ Burkina Faso, Benin, Côte d'Ivoire, Guinea Conakry, Guinea Bissau, Gambia, Ghana, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo.

² Including GBP 42 785 877 (approximately EUR 57 957 848) in External Assigned Revenues from the United Kingdom Department for International Development (DFID). This DFID contribution concerns four of the countries covered by this HIP (Burkina Faso, Mali, Mauritania and Niger), with potential support to other countries, including Gambia and Senegal.

The additional funding will be partly used to extend ongoing actions.

b) In **Ivory Coast**, within the context of the Debt Reduction and Development Contract C2D between the Agence Francaise de Développement and the Government of Côte d'Ivoire, an amount of EUR 18 015 982 has been transferred, as external assigned revenue, to ECHO pursuant to a transfer agreement concluded with the Ivorian Ministry of Finance in November 2013. This amount was to cover actions over period of three years, but contracted in two phases, one of two years ending within the HIP 2015 and one of one year within the HIP 2016.

The funds provided are intended to cover four operations supporting the health sector within the context of the "Projet de renforcement du système de santé (PRSS)". The projects will be implemented in Western Côte d'Ivoire and the peripheral areas of Abidjan. The projects are implemented within the "Partnership for Transition" LRRD initiative aiming at paving the way for a transition from humanitarian aid to public funding of the health sector. The funds are to be implemented according to ECHO standard operating procedures.

In 2014 an additional amount of EUR 2 454 248 was allocated in the framework of the Ivorian National Plan for Ebola Preparedness and Response (PPRE) for a maximum duration of 12 months in order to respond to the national Preparedness and Response Plan for the Ebola virus disease in Côte d'Ivoire, on the basis of the contribution agreement concluded in November 2013 between the Commission and the Government of Côte d'Ivoire in the context of the Debt Reduction and Development Contract (C2D) between Côte d'Ivoire and the French Agency for Development (AFD).

A positive balance of EUR 561 517.84 was left over from both PRSS and PPRE at the end of the second financial year. This remainder has to be transferred from HIP 2014 to HIP 2016 in order to allow three of the four partners to complete their activities.

c) Due to a **clerical mistake**, an amount of EUR 500 000 needs to be shifted from the Natural disaster specific objective to Man-made disaster specific objective.

Third modification as of 07/06/2016

Despite a reasonably good agricultural harvest, according to the latest figure of the Cadre Harmonisé, 9.5 million people are expected to face a food crisis in the Sahel/West Africa region during the upcoming lean season (starting in June). This is a very significant increase in the population currently facing a food crisis, i.e. 6.7 million. In addition, 5.9 million children under five suffer from Global Acute Malnutrition and 1.9 million from Severe Acute Malnutrition.

This constitutes an increase of 28% and 14% respectively as compared to last year. In total, 24 areas in four countries are in food crisis (i.e. phase 3 or 4).

Food and nutrition insecurity is further aggravated in areas suffering from conflict, in particular in North Mali and the Lake Chad region, including Niger.

The deteriorating food and nutrition situation is taking place against the background of serious underfunding of the humanitarian response. The UN Sahel Response Plan is only 11% funded (out of the total USD 339 million requested for this year). The initial amount for 2016 of the DG ECHO HIP West Africa was only 54% of the allocation for 2015.

In view of the above, EUR 9.5 million was allocated from the Operational Reserve to provide emergency food and nutrition assistance and facilitate its delivery to the most

vulnerable populations facing food crisis in Niger, Mali, Burkina Faso, Senegal and Mauritania, as well as to help address Severe Acute Malnutrition, notably by contributing to the Ready-to-Use Therapeutic Food pipeline in the region. This amount is to be added to the HIP 2016.

Second modification as of 14/04/2016

Following the political orientation provided by Commissioner Stylianides to scale-up ECHO's financial support towards education in emergencies to reach the global target of 4 % and the additional contribution of EUR 26 million granted by the budgetary authorities, an amount of EUR 350,000 has been added to the current HIP from the operational reserve.

This additional contribution will be used to support activities that enable safe access to quality education for boys and girls in ongoing conflicts, complex emergencies, other situations of violence and early recovery phases. Furthermore, it may support longer-term education activities in protracted crises and in refugee/IDP camps, as well as actions targeting transition to formal education systems.

In spite of the increased recognition of the important role that education may play for children and young people affected by crises education in emergencies remains one the least funded humanitarian sectors. For boys and girls affected by crises, safe access to education can be lifesaving, protecting them from external threats, giving them a sense of normalcy, teach them important life skills, strengthen their resilience and restore their hope for a better life. As protracted crises in the world are becoming more prominent there is a risk of creating a "lost generation" if there is not investment in education in emergency at an early stage.

Moreover, a shift of EUR 6 535 103 from the Man-made disaster specific objective to the Natural disaster specific objective has become necessary in order to allow the pursuing of contracting of the West Africa HIP.

First modification as of 18/02/2016

Continuous attacks from Boko Haram in North-East Nigeria keep entailing significant humanitarian consequences with new displacements of populations, with currently over 2.23 million IDPs within Nigeria. Due to insecurity and consequent displacement, the Integrated Food Security Phase Classification (IPC)³ data collection of December 2015 revealed that over 15 million people are food insecure, with more than 5.2 million people being severely food insecure, and some 54 000 having reached the famine threshold. Continued Boko Haram attacks have affected crop production and disrupted markets and trade. Household stocks in conflict-affected areas are below average and most are depleted earlier than normal.

In view of the significant dimension of the crisis, the volume of the humanitarian response to date fails to meet the needs of the affected population in terms basic food and nutritional needs. An additional amount of EUR 10 000 000 needs to be urgently allocated to scale up the delivery of extra food and livelihoods assistance to the most vulnerable.

³ Or Harmonised Framework (Cadre Harmonisé)

1. CONTEXT

West Africa is the poorest region in the world. Out of the twenty least developed countries of the 2014 *Human Development Index*, eleven are in West Africa. Humanitarian challenges in West Africa are huge - and three of them in particular: High levels of acute malnutrition and food insecurity are becoming the norm, in particular in the Sahel region. The conflicts in the Lake Chad Basin and Northern Mali have led to numerous casualties, destruction and massive displacements of population. The region is also prone to epidemics and disasters caused by natural hazards, such as floods or droughts that are further exacerbated by the effects of climate change.

For various reasons, the governments of the region have limited capacities to assume social expenditures and emergency responses despite a growing recognition of the need to address humanitarian problems. In this regard, ECHO's Integrated Analysis Framework for 2015-2016 identified high humanitarian needs in West Africa in particular in the Sahel and in countries still affected by past or ongoing internal conflict such as Nigeria (with consequences in Niger, Chad and Cameroon), Mali (with consequences in Burkina Faso, Mauritania and Niger) and Ivory Coast. An adapted version of InfoRM to the Sahel specificities has been elaborated recently, showing an extended level of high risk to very high risk of disaster across the region due to combination of risks linked to natural or human hazards.

For the second year, the allocation for the Sahel countries will include a total contribution of EUR 66 822 109 from the UK's Department for International Development, in the context of a three-year action.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries:

- Food Security and nutrition needs in Sahel

In 2015, more than 20 million people (one in eight) have been identified as food insecure in the nine countries of Sahel (Senegal, Gambia, Mauritania, Mali, Burkina Faso, Niger, Chad, Northern Cameroon and Northern Nigeria). In the last PREGEC statement, the population in phase 3 to 5 was estimated at 4.8 million people, while the projected population reached 7.4 million in need of emergency food assistance. In 2015, close to 5.8 million children under five suffer from acute malnutrition of which 1.5 million require treatment against its most severe form.

The 2015 rainfall and climate patterns as of end July revealed extended pockets of meteorological drought in Central and Northern Nigeria, in Western Chad and Eastern Niger, and across most parts of Senegal, the Gambia and Mauritania. The start of an "El Niño" phenomenon is likely to generate increasing risks in the region despite significant rainfall in August-September. The regional *Cadre Harmonisé* (Early Warning System) exercise, which takes place around November, should provide first estimates of level of food insecurity in the region in 2016 following the 2015 harvests.

There are no immediate perspectives for lower rates of acute malnutrition. Equally for 2016, it is unlikely that the caseload of malnourished children decreases as durable prevention interventions are only implemented on a small-scale basis.

- Consequences of ongoing conflicts

The security and displacement situation for 2016 is of great concern. In 2015, 2.8 million people are estimated to be displaced people (compared to 1.6 million in 2014) in the region. It dramatically increases the pressure on host communities and creates additional humanitarian needs: protection, shelter, camp management and emergency delivery of basic services in conflicts affected areas.

In Nigeria, the activities of Boko Haram and responses to them have led to large numbers of people being forced to displacement. There are over 2 100 000 IDPs in North-Eastern Nigeria alone, with spillover effects in Cameroon, Chad and Niger, where over 200 000 Nigerians have sought refuge. The provision of basic services, including health, is quasi non-existent in the North-Eastern states. The food and nutrition situation is deteriorating while agricultural activities and trade are also significantly disrupted by the violence. A similar situation prevails in Diffa, Niger.

The situation in Northern Mali still has an impact on the movements of population. Some 136 000 people are still refugees in neighboring countries, of whom 33 700 in Burkina Faso, 52 350 in Mauritania and 52 450 in Niger, according to the UNHCR statistics. The number of refugees has remained relatively stable since May 2014 as the security situation does not encourage any spontaneous returns. Various clashes have led to internal displacements with an estimated number of 78 000 IDPs. The conflict has also negatively impacted the food security situation in particular in the northern regions. In 2015, 2 712 000 persons were estimated to be food insecure and 410 000 were in need of emergency food assistance.

- Recurrent epidemics and disasters caused by natural events

Since the beginning of the outbreak, 28 041 cases of Ebola were registered by 23 August 2015, 11.302 of which deceased. The vast majority of cases were from the three Mano-river union countries. The number of Ebola-affected people, including Ebola survivors, orphans, widows and others, is much higher. In Sierra Leone alone, the number of orphans is currently estimated at 11.000 children. With fewer cases registered recently, it is expected that the outbreak will come to an end in late 2015. The Ebola epidemic could, however, remain active in 2016 and new chains of transmission may emerge even after the affected countries have been declared as "Ebola-free".

Other epidemics, such as cholera but also measles and meningitis, regularly affect the region. There are three main cholera basins in West Africa: Lake Chad, Niger River and coastal countries slums. With no short term perspective to address the root causes of the epidemics and no resilient health care systems, the mortality rate could remain significant in 2016 with the risk of new peaks of cholera. The region is also affected by emergencies resulting from disasters caused by natural events such as recurrent floods as well as irregular rainfall patterns and droughts.

2) Description of the most acute humanitarian needs:

- Addressing under-nutrition and responding to food insecurity, building the resilience of most vulnerable population to external shocks

The prevalence of acute malnutrition in the region is not expected to decrease in the short term. Caseloads per country are now being calculated on the base of SMART surveys done during the lean season. The targeted caseload of severely malnourished children (SAM) for 2015 reached 1.2 million children in nine countries of Sahel. As of July 2015, 630 700 SAM cases, i.e. more than 50% of the estimated caseload, have been treated. The treatment of SAM is increasingly integrated into routine health systems; however the current size of the caseload constitutes a major burden for health systems with limited

capacities. Access to health to all at-risk groups, such as young children, pregnant and lactating women (PLW), needs to be ensured in order to contribute to the prevention of under-nutrition and to support its treatment.

To further mitigate the deterioration of under-nutrition rates, food assistance and livelihood support - be it in kind or through seasonal safety nets for the most vulnerable - will be in particular needed at least during the annual lean season. After a series of crises in 2005, 2008, 2010 and 2012, livelihoods of the poorest are left largely eroded. Despite progress in protecting the populations from the consequences of such catastrophes, food security remains a key challenge for the entire region. Current food crises are more complex and multi-faceted than in the past. Nowadays, an increasing part of the population is so poor and vulnerable that it is a quasi-permanent state of emergency. The acute needs of the poorest are partly filled by humanitarian aid in the absence of at scale effective institutional safety nets.

Measures to improve targeting and to improve the functioning of nutrition and food security information systems, as well as to link information generated to effective response mechanisms as part of what should be expected from early warning systems continue to be needed to ensure timely and realistic responses in times of crisis.

- Humanitarian assistance in particular the delivery of protection and basic services to the population affected by on-going armed conflicts

The armed conflicts in the region have multiple humanitarian consequences for the population affected, be it in terms of displacement and on the living conditions of the local population. It has also clear negative consequences on the functioning of essential services at local and community level. In the regions affected by the armed conflicts in Nigeria and Mali, emergency assistance is therefore required for both local and displaced populations in key humanitarian sectors such as health, water sanitation and hygiene, livelihoods and food assistance, shelters and non-food items, protection, nutrition and education.

The delivery of assistance remains challenging due to the volatile security situation and constraints put on the operational capacity of the humanitarian partners in such a context. Coordinated needs analysis in a conflict affected area is crucial in order to guide efficient provision of assistance based on humanitarian principles and target the most vulnerable people. Further advocacy to improve access to the most vulnerable populations is also needed.

- Preparedness, disaster risk reduction and response to disasters caused by natural events, with a specific focus on epidemics, floods and droughts

West Africa is among the most exposed regions to risk of disasters caused by natural hazards. All countries are ranked in high or very high risk of disasters⁴ due to a lack of coping capacity and a very high level of vulnerability of the local population.

The Ebola epidemic has had a significant impact on the use of the basic health services, therefore improving access to a strengthened health services remains a priority, especially for the most vulnerable populations including the specific needs of the Ebola survivors. It had also a significant impact on the functioning of and access to other basic services such as education or access to and food for the most vulnerable in the affected countries.

⁴ United Nations University, World Risk Report 2014 report

With heavy rainfalls, poor land management and limited or inadequate preparedness as well as mitigation measures, floods are recurrent in West Africa, particularly on the Coast and in the Niger Basin, regularly leading to population displacement and important losses in terms of livelihoods. Improved early warning systems with a better link between adequate information and response mechanisms, timely field assessments and increased local response capacities are necessary in order to better address the basic humanitarian needs of flood-affected populations. The same holds true as regards droughts.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

In 2015, the governments of Niger, Burkina Faso, Chad, Mali and Senegal worked on their respective national food insecurity and nutrition response plans. The 2012 AGIR initiative for Zero Hunger in the Sahel and the adoption of the regional AGIR roadmaps offer an opportunity to reform food security response systems in the region and work in a more consistent manner of tackling root causes of food insecurity and under-nutrition via a resilience approach. Over the last years, while responding to the most urgent needs, humanitarian actors, and ECHO in particular, have encouraged governments to shoulder more responsibility for the co-ordination of a humanitarian response by developing long-term mechanisms to respond to permanent food insecurity issues, and by appropriate burden-sharing. Overall, the collaboration between the governments of the region and humanitarian actors is positive and shows progress.

As for the conflict affected populations in Nigeria, the emergency assistance provided by the government National Emergency Management Agency (NEMA) does not correspond to the magnitude of the needs. The humanitarian response provided by the authorities in Niger in particular in Diffa region remains very limited.

The prevailing high number of security incidents in the Northern parts of Mali continues to have a negative impact on the deployment of the government of Mali, MINUSMA and humanitarian access. The government of Mali is still not able to fully restore access to basic services, especially to health and water, in these regions.

The 2014-2015 Ebola outbreaks highlighted the limited operational response capacities of the health systems affected by epidemics. Government responses to cholera epidemics remain very dependant of external support. Limited contingencies exist in most countries of West Africa. If contingency plans exist with regards to health care, those largely omit cholera containment strategies. Those plans are usually not financed by the governments. The same situation applies to flood management in terms of preparedness and response.

2) International Humanitarian Response

Under the leadership of the “UN Regional Humanitarian Coordinator for the Sahel”, the “Sahel Strategic Response Plan (SRP)” sets 3-year objectives and describes actions and strategies in line with ECHO strategy aiming at progressively moving out of a quasi-permanent crisis situation driven by structural food insecurity and lack of access to basic services. The objectives are: increasing the resilience of the population; developing a “pro-poor” policy at national level to fight food insecurity; developing access to basic services (such as health); and designing and implementing efficient and targeted safety nets. In 2015, the second year of the three year strategy, requirements of funding

amounted 1.96 billion for nine countries⁵ and received 35% of funding only. The last year strategy of 2016 should be presented around November 2015.

3) Constraints and ECHO response capacity

In conflict affected areas of the region, the multiplication of armed groups, the volatile security situation in Northern Mali and in the areas affected by the conflict between Boko Haram and national armed forces around Lake Chad, the lack of knowledge and respect of International Humanitarian Law, the need for major humanitarian agencies in Nigeria to shift from a development perspective to humanitarian actions have all a negative impact on the deployment of humanitarian actors and on the humanitarian access to the population in conflict affected areas.

ECHO supports a considerable number of partners with capacities to respond to sudden-onset forced displacement due to conflicts, aggravation of the food and nutrition crisis. Partners' capacity in addressing epidemic containment, flood response and natural disaster preparedness generally remains limited.

4) Envisaged ECHO response and expected results of humanitarian aid interventions

The 2016 West Africa HIP will focus on three priority areas of intervention: the sustainable reduction and prevention of under-nutrition-related mortality; the delivery of protection and basic services to populations affected by conflicts, in particular in high displacement areas; disaster risk reduction, preparedness and emergency response to epidemics (including the Ebola virus) and natural disasters.

1. Pillar 1: Integrated approach for the treatment of under-nutrition, complementing a multi-sectorial approach for prevention

While over the past years the scale-up of integrated treatment programs of under-nutrition has been significant in the region, further efforts are still needed to increase quality of care in a sustainable way. However, full integration of under nutrition into health systems will be possible only if the number of children affected by acute malnutrition decreases. Thus, in 2016, the two-pronged approach of the treatment and the prevention of under nutrition which together contribute to both reducing the mortality of children under five years and build resilience to food and nutrition crises, will be maintained.

The integrated approach of under-nutrition will strengthen the treatment of acute malnutrition within the existing health service framework considering the importance of coverage of malnourished children to be effectively treated and cured and the quality of acute malnutrition management.

In order to prevent under-nutrition, improve the treatment performance and mitigate the increase in the prevalence of malnutrition during annual lean season or as a consequence of external shocks, a multi-sectorial approach will be strengthened. Thereby, the aim is to enhance synergies between health, nutrition and food assistance activities. The support to the "1 000 Days" approach will also be strengthened and upgraded through better support of under-nutrition activities, strengthening health facilities and community-based approaches.

⁵ Senegal, Gambia, Mauritania, Mali, Burkina Faso, Niger, Nigeria, Chad, Cameroon

Measures to improve disaster risk reduction, the preparedness and response to shocks including improvement of early warning systems, strengthening of local capacities, food assistance response systems and of the targeting will be continued together with the reinforcement of studies of livelihood systems through the Household Economic Analysis to improve targeting and foster the design of pro-poor development programming in line with the AGIR agenda.

Support to on-going advocacy efforts based on evidences will continue in order to obtain that eradicating under-nutrition and increasing resilience of the most vulnerable become not only a priority focus of national policies and but are also effectively supported and implemented by development actors, such as described under pillars 1, 2 and 4 of the AGIR regional roadmap.

2. Pillar 2: Humanitarian assistance to the population affected by on-going armed conflicts

Actions supported by ECHO will target the most vulnerable segments of populations affected by conflicts in Mali, Nigeria and the neighbouring countries (Burkina Faso, Mauritania, Niger)⁶. Vulnerability assessment is preferred over systematic use of refugee or IDP status. Assistance will focus on the provision of essential life-saving services such as delivery of food assistance, shelter and non-food items, the provision of WASH services and facilities, health care and nutrition for affected population including internally displaced, refugees and host communities. Particular attention will be given to provide protection and support access to health services as well as psychosocial support to conflict affected persons, including to unaccompanied minors and victims of gender based violence.

In Côte d'Ivoire, provision of targeted free health care remains essential in the Western areas bordering Liberia where there are ethnic and land tenure related tensions and where priority will be on the protection of the IDPs, returnees and local populations.

ECHO will also support contingency measures to face the potential return of displaced people. However, ECHO considers that return should only be voluntary and foreseen as a protection issue and that assistance to return should only take place under conditions respecting humanitarian principles.

In all conflict-affected countries measures to strengthen humanitarian access (transport, demining, security, civil-military coordination) as well as coordination will be supported.

3. Pillar 3: Emergency response and preparedness to epidemics and disasters caused by natural hazards such as floods

The third pillar aims at securing emergency response to epidemics, including the Ebola virus and to disaster caused by natural events such as floods, supporting disaster risk reduction, enhancing better preparedness and building further the response capacity of local actors. The actions foreseen in this pillar aim at complementing possible support

⁶ Aid to refugees in Cameroon and Chad will be covered by the HIP for Central African Republic, Chad and Cameroon.

from ECHO through the Emergency Toolbox funding decision, and that include Small Scale Response and Epidemics or DREF funding allocations.

In areas regularly affected by epidemics outbreaks, floods, droughts or other natural disasters this pillar will include an emphasis on linking preparedness activities with early response. A support to appropriate coordination efforts will be foreseen and include institutional linkages, but also involve existing local and regional information sharing platforms, supporting them to address possible weaknesses. Support services for Ebola related victims will need to be further scaled up and integrated into existing health care systems. Close collaboration with development actors is of utmost importance.

All these activities should be completed by lessons learnt and capitalization exercises and their dissemination to relevant stakeholders.

4. General considerations for all interventions

For the three pillars, effective coordination is essential. In this respect, ECHO supports the Inter-Agency Standing Committee's Transformative Agenda (ITA) and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms, such as Humanitarian Country Team/Clusters, and to allocate resources to foster the ITA roll-out.

Partners will be expected to ensure full compliance with visibility requirements in accordance with the applicable contractual arrangement as well as with specific visibility requirements agreed-upon in the Single Form, forming an integral part of individual agreements. In particular, this includes prominent display of the EU humanitarian aid visual identity on EU funded project sites, relief items and equipment and the acknowledgement of the funding role of and the partnership with the EU/ECHO through activities such as media outreach and digital communication. Further explanation of visibility requirements can be consulted on the dedicated visibility site: <http://www.echo-visibility.eu/>

ECHO and its partners will continue to advocate at regional and international level, with other Commission services, European Institutions, Member States, other donor countries, recipient country authorities, regional organisations and non-state actors for:

- The respect of International Humanitarian Law and humanitarian principles,
- Safe, voluntary and dignified return of IDPs and refugees,
- The promotion of initiatives aiming at improving access, needs assessment and response capacities in view of ensuring a timely response to new emergencies;
- Continued support to on-going advocacy efforts based on evidences aiming at disseminating good practices and lessons learnt from past and recent humanitarian operations will also be foreseen, to feed development strategies and programmes so that they could integrate and replicate outputs from humanitarian interventions.

During the implementation of this HIP, special attention will be given to relevant aspects related to migration and displacement, advocacy, international humanitarian law and humanitarian access.

ECHO will provide further support to meet the mounting needs of children in conflict affected contexts that are out of school or risk education disruption. Within this HIP project addressing education and child protection will be funded. ECHO will favour

education in emergency projects in areas where the % of out-of-school children is particularly high, there are grave child protection concerns and where other sources of funding available are limited. Complementarity and synergies with other EU services and funding instruments will be sought. In addition, complementarity and synergies with funding provided by the Global Partnership for Education is encouraged.

4. LRRD, COORDINATION AND TRANSITION

1) Other ECHO interventions

ECHO is using all available financial internal instruments to respond to immediate needs in the region. Epidemic, Small scale, DREF, HIPs and EDF financing Decisions have been used in 2015 to respond to essentials needs such as consequences of major floods, malaria, cholera and Ebola outbreaks.

2) Other services/donors availability and AGIR/resilience process

The 11th European Development Fund (EDF) programming has included food and nutrition security together with resilience amongst priority sectors, notably in support of AGIR initiative. Between 15% and 25% of the general EDF country and regional allocations in West Africa is devoted to resilience-related projects. For instance, in Nigeria, nearly half of the 11th EDF is dedicated to health, nutrition and resilience in the North. The programming is currently at the stage of being translated into annual action programs. In West Africa, budget support is the main modality to implement aid programs. Therefore, the current coordination between ECHO and DG DEVCO to define pertinent indicators and actions is crucial to reach the expected objectives and results on reduction of under-nutrition and food insecurity and improvement of the resilience of the most vulnerable in line with the AGIR initiative.

The World Bank increased its commitments towards the most vulnerable people in the region, notably by supporting the set-up of institutionalized social safety nets. This instrument should help reducing the hunger burden in the long-run in the Sahel region. The World Bank also developed adaptive safety net to handle climate and other shocks with DFID's support.

The core principle of the AGIR initiative provides that only a country-owned, people-centered and multi-sector approach can break the vicious cycle of malnutrition and food crises. AGIR aims to collect sufficient resources to scale up under-nutrition programmes so as to progressively decrease the burden of humanitarian assistance. Governments and the regional institutions of the Sahel region are increasingly committed to fighting hunger and providing sufficient support.

AGIR is led by the West African regional organizations of ECOWAS, UEMOA and CILSS; 16 out of the 17 West African countries⁷ are involved in the initiative, at different levels of implementation.

Whilst all Technical and Financial Partners supporting AGIR have put resilience on top of their agenda, positive benefits from policies and actions that aim to build resilience will take time. Thus, tangible support to the current resilience-building processes in West Africa must be stepped-up. On the EU side, Member States should play an increased role

⁷ Niger, Togo, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Chad, Benin, Cape Verde, Gambia, Ghana, Guinea, Liberia, Mauritania, Nigeria and Senegal

in AGIR in the countries concerned, with dedicated resources to ensure an inclusive and balanced, multi-level and multi-sector process.

3) Other concomitant EU interventions

In 2011, the EU developed a strategy for Security and Development in the Sahel. Its objectives are 1) to shape an EU common position and common approach to this crisis on the political, development, security sides as well as to prevent violent radicalization and 2) to address long-standing challenges of poverty, fragile governance or absence of the State, corruption and access to food as well as climate change. On this basis, the EU Sahel Regional Action Plan 2015-2020 was adopted in 2015. To implement the Action Plan, the Commission has announced the setting up of an EU Emergency Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa with a financial envelope up to EUR 1.8 billion for a five year period. The overall objective and purpose of the EUTF is to address the crises in the regions Sahel and the Lake Chad, the Horn of Africa, and the North of Africa. The EUTF will finance, among others, activities that contribute to supporting resilience in terms of food security and of the wider economy, including basic services for local populations, and in particular the most vulnerable, as well as the refugees and displaced people. ECHO contribution to the fund will be strictly earmarked to resilience and LRRD actions, while the humanitarian interventions will be excluded from the EUTF funded actions. In 2016, complementarity and coordination between humanitarian and longer-term interventions financed by the EUTF in West Africa will be sought. In particular, as to ECHO financial contribution to the fund, the identification and implementation of relevant actions funded under the EUTF must aim at having a positive impact on joint ECHO-DG DEVCO resilience and LRRD initiatives in West Africa, including AGIR.

The Instrument contributing to Stability and Peace (IcSP) is extensively engaged across West Africa and the Sahel region under its short-term component to contribute to the stability of the region and to mitigate the risks linked to migration. Close coordination is needed to ensure the complementarity of actions funded under other EU instruments, including the EDF, the IcSP long-term and CSDP missions, such as EUCAP Sahel Niger and EUCAP Sahel Mali.

4) Exit scenarios

As for first pillar of its strategy, while ECHO remains fully engaged in addressing humanitarian needs in the Sahel, the sustainable reduction of under nutrition could be achieved only through the commitment of all national and international actors to implement prevention and treatment interventions at scale. ECHO and its partners will continue to advocate and contribute to coordinated approaches to integrate nutrition programming into the health systems so nutrition screening and therapeutic treatment could be provided as part of a routine health service. ECHO will also advocate and contribute to the most efficient prevention interventions being implemented at scale. ECHO will continue to support the implementation of the EU commitment to resilience and to nutrition through a comprehensive and complementary approach.

In conflict areas, the conditions for reducing humanitarian presence are not yet met. Close collaboration with DEVCO and other humanitarian and development donors is necessary and foreseen to address the needs of those affected by the conflict. The 11th EDF in both Mali and Nigeria seeks to promote LRRD programmes. Where and when possible, ECHO will support the implementation of transitional activities linking relief to

development actions to ensure the rebuilding of resilience of those most affected by the conflict.

In Côte d'Ivoire, following the completion of the programmes funded with the support of the Agence Française de Développement, a withdrawal is foreseen during the first half of 2017.

The containment of cholera, contingency plan designs were initiated in high risk countries. Other development donors have been sensitized to address the root causes of epidemics (WASH) and sustain alert systems. As for Ebola, while the epidemic is not yet over and the humanitarian actors are still involved in providing support to the response and getting to zero cases, the Governments of the affected countries have already established and received wide-ranging support from the international community for their national Ebola Recovery Plans. The restoration of basic services is a priority in the Recovery Plans, and ECHO is working closely with DG DEVCO and other partners to establish an LRRD process. The rehabilitation of the health system will be essential as an early target of LRRD.