HUMANITARIAN IMPLEMENTATION PLAN (HIP)

WEST AFRICA[1]

The full implementation of this version of the HIP is subject to the adoption of the decision amending Decision C (2014)10012 final and the availability of the relevant appropriations.

AMOUNT: EUR 129 113 578[2]

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Fifth modification as of 23/11/2015

1. In the last four months, Boko Haram violence has intensified in North-East Nigeria and its neighboring countries Chad, Niger and Cameroon. Thousands of civilians have been killed, entire villages have been burnt and their livelihoods have been destroyed. Continuous attacks of suspected Boko Haram members have resulted in large population displacement, causing influxes of Nigerian refugees in neighboring countries and of IDPs inside each of the affected countries.

Currently, around 2.5 million people in the Lake Chad Basin, with 2.23 million displaced in North-East Nigeria alone, have been forced to flee their villages and are in need of assistance; response by national authorities is poor or non-existent.

Local populations that are hosting the displaced must be added to the number of beneficiaries, since their livelihoods have been stretched to the limit and their coping capacity seriously reduced.

Therefore, in order to prevent a humanitarian crisis of larger dimensions, the ongoing emergency response must be reinforced urgently. An amount of 2 MEUR will be added to the HIP from the Operation Reserve to support complementary actions in **Nigeria** and **Niger** through new contracts, reinforcing those funded under the EDF "Boko Haram" regional decision, in order to contribute to increasing the provision of basic assistance to the affected population, particularly in food assistance, WASH and protection sectors.

2. On 12 November 2013 a Contribution Agreement was signed between the Government of the Republic of Ivory Coast and the European Union, represented by its Directorate General Humanitarian aid and Civil protection, DG ECHO, for a total amount of EUR 18 015 982 for a project on strengthening the health system in Côte d'Ivoire ("Projet de renforcement du système de Santé de la **Côte d'Ivoire** – PRSS)" to improve quality and access to maternal and child health services (PRSS/ECHO). This is within the framework of the implementation of Debt Reduction – Development Contract (C2D) agreed between the Government of Côte d'Ivoire and the French Development Agency (AFD). The project aiming at improving quality

[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 29 155 368 (EUR 37 180 021) based on Inforeuro exchange rate of November 2014 and September 2015 from external assigned revenues from United Kingdom Department for International Development (DFID) and EUR 4 458 557 from external assigned revenues from Ivory Coast/AFD.

and access to health care provided to pregnant women and children below 5 is taking place within the framework of the transition between the humanitarian response to the 2011 post electoral crisis in Côte d'Ivoire and the final recovery and sustainable development of the health services of the country, in particular in its Western part and the capital city, Abidjan.

It was initially foreseen to share this amount over three successive HIPs from 2014 to 2016. The project is currently at end of the second year i.e. about two thirds of its implementation. In order to remain within the implementation dates mentioned in the Contribution Agreement and its annexes and to avoid unnecessary administrative burden to the partners, the amount foreseen for the HIP 2016, i.e. EUR 958 557 is transferred on the HIP 2015. The total amount of the HIP 2015 is currently EUR 126 155 021 and will be, with this modification, EUR 127 113 578. The total amount for the PRSS within the HIP 2015 is therefore EUR 4 458 557.

3. On 30 September 2015, the Malian refugees living in the camp of Goudoubo, close to Dori in **Burkina Faso**, witnessed adverse weather conditions which damaged their shelters as well as numerous infrastructures. More than 482 household shelters were deteriorated, leaving 2,113 refugees without dwellings. Many families lost kitchen tools, jerry cans, clothes and other personal belongings and many facilities such as storing spaces, water tank, latrines have been deteriorated.

Therefore, on the basis of the current level of needs as assessed by our partner, an amount of EUR 146 963 from the Natural disaster specific objective of financing Decision ECHO/WWD/BUD/2015/01000 needs to be shifted to the Man-made disaster specific objective to contribute to the rehabilitation of the water supply system, the provision of materials and non-food items to ensure proper sanitation, and of weather proof shelters.

Fourth modification as of 16/10/2015

By 30 September 2015, the Ebola epidemic had infected a total of 28 424 people of out of which 11 311 have died. The uneven success of EVD control measures to date, in the face of shifting geographic patterns of transmission, illustrates the continuing threat posed by the Ebola virus a year after the start of the epidemic.

Even if the worst fears were not realized, Ebola still presents a major challenge at the end of the second year of the epidemic in West Africa, with new confirmed cases in Guinea and in Sierra Leone.

On 15 September 2014, the UN Security Council (UNSC) adopted a resolution on Ebola, creating an emergency UN Mission for the Ebola Emergence Response (UNMEER) to respond urgently to the emergency.

Until 31 July 2015, UNMEER provided strategic leadership and policy direction of the international Ebola response effort and harnessed the capabilities and competencies of all United Nations agencies leading different clusters. Nonetheless UNMEER was set up as a temporary measure and from 1 August WHO has taken over the role of strategic manager and coordinator of the Ebola response in the three countries.

An additional amount of EUR 500 000 needs to be urgently allocated to ensure the transfer to WHO of the dedicated UNMEER Ebola Crisis Managers in the countries and thus to help maintain the effective management and coordination of the Ebola response.

In the framework of the ECHO[3]-DFID partnership PHASE - Providing Humanitarian Aid for Sahel Emergencies, an increase of £ 3 million from DFID will be added to this HIP. This additional funding is to reinforce ECHO interventions in response to the consequences of Boko Haram crisis and to deterioration of the nutritional status of under five year old children in the Sahel.

In the last two months, the conflict between national armed forces and Boko Haram has intensified in North-East Nigeria and its neighbouring countries around Lake Chad: Chad, Niger and Cameroon. Thousands of civilians have been killed, entire villages have been burnt and their livelihoods have been destroyed. Continuous attacks of suspected Boko Haram members have also resulted in large displacements of population, causing influxes of both Nigerian refugees in neighbouring countries and of Internal displaced people in each of the affected countries. Currently, an estimated 1 750 000 persons in the Lake Chad area have been forced to flee their villages and are now displaced either in Nigeria (1 600 000 IDPs estimated in North East Nigeria) or in neighbouring countries (150 000 Nigerian refugees in Niger and 50 000 in Cameroon, but also 80 000 IDPs forced to displacement in Northern Cameroon).

The continuation of the armed conflict and the volatility of the security situation, make that the delivery of humanitarian assistance is facing sever constraints and difficulties in the areas affected by the conflict. This is leaving critical gaps still to be addressed and in particular in WASH and Shelter, in food assistance, in protection. Logistic support is also required.

The deterioration of the nutritional status of under five year old children is acute in the Sahel region with already more than 630 000 children admitted and treated for severe acute malnutrition. The estimated caseload for this year is likely to reach 1.2 million under five years old children for 2015, stretching response capacity of key partners such as UNICEF also to its limits in terms of RUTF pipeline. Critical gaps have been identified by this partner until end of the year, in particular in Niger, Burkina Faso and Mauritania. These countries alone foresee a caseload corresponding to 43% of the total caseload of severe acute malnutrition in Sahel for 2015.

Third modification as of 28/09/2015

Despite the signature of the peace agreement on 20th June, the situation in Northern Mali remains very fragile as indicated by the recent clashes between signatory parties in the region of Kidal. Estimated 62 000 people are still internally displaced (IDPs) in Mali. The surrounding countries of Mauritania, Niger and Burkina Faso still host about 138 000 Malian refugees and there is no observed trend of return.

The humanitarian situation has worsened during the lean season in Mali.

These different shocks have affected even more the means of existence and resilience of the population.

The recent national SMART nutrition survey has confirmed the precarious nutritional status of children under 5 years old in all regions of Mali. The situation in Timbuktu region is of

[3] European Commission's Directorate General for Humanitarian Aid and Civil Protection - ECHO

particular concern as the Global Acute Malnutrition (GAM) of 17.5% and the Severe Acute Malnutrition (SAM) of 3.9% are both above emergency thresholds of 15% for GAM and 2% for SAM. Moreover, the 3 northern regions of Mali (Gao, Timbuktu and Kidal) remain the most affected areas by the food insecurity. For the whole country, it is estimated that 2 712 000 people are food insecure and 410 000 in need of emergency food assistance.

Therefore, on the basis of the current level of needs as assessed by our partner (which is unlikely to decrease), an amount of EUR 800 000 from the Natural disaster specific objective of financing Decision ECHO/WWD/BUD/2015/01000 needs to be shifted to the Man-made disaster specific objective to cover basic needs of the population, such as access to safe water, nutrition and food assistance.

Second modification as of 10/07/2015

Before the signature of the peace agreement on 20th of June, violations of the ceasefire agreement and violent clashes, for instance in May this year, were considered stark reminder of the complexity and unpredictability of the security environment in the Northern regions. This insecurity and violence environment against civils has had serious humanitarian consequences on the population of North Mali.

An estimated 100 000 people are now internally displaced in Mali including 50 000 newly displaced following recent clashes. Both IDPs and host communities are in need of support, including food assistance. In general, prospects of food assistance in Mali for only 410 000 persons have been underestimated. Moreover, as the northern Mali regions are now facing shortage of rains situation for pastoralist community becomes serious.

In the Kidal region, access to basic services such as health remains largely unmet. No humanitarian presence could be possible since last year. Recent peace agreements give some hope for implementing new humanitarian presence and assistance.

An additional amount of EUR 1 000 000 needs to be urgently allocated to scale up the delivery of the multi-sectoral assistance including food assistance targeting IDPs that are in informal settlements and host families. Increase access to health and water should be ensured in areas of new displaced population and in areas where access for humanitarian actors was not possible so far such as Kidal.

First modification as of 29/04/2015

The humanitarian situation in Nigeria and neighboring countries such as Niger has worsened over the first months of 2015. An amount of EUR 6 959 205 from the Natural disaster specific objective of financing Decision ECHO/WWD/BUD/2015/01000 has to be shifted to the Man-made disaster specific objective to cover unforeseen needs

1. CONTEXT

West Africa is the poorest region in the world. Out of the last twenty countries of the 2014 *Human Development Index*, eleven are West African countries. The northern section of West Africa (excluding the western Maghreb) is composed of semi-arid terrain known as Sahel, a transitional zone between the Sahara and the savannahs of western Sudan. Forests form a belt between the savannahs and the southern coast. This region is characterized by dynamic migratory patterns, both intraregional and interregional. It is largely due to the high socio-

economic interdependence in the region and high demographic challenges. At 3-4% per year, population growth in the Sahel is among the world's highest, outpacing economic growth as well as growth in agricultural production. For instance, at current rates the population of Niger doubles every 20 years. This heavily disturbs the socio-economic balance of the region, increases vulnerability of the poorest, extents the risk of conflicts and makes the provision of the most basic services extremely challenging

High level of acute **malnutrition and food insecurity** is becoming a norm in West Africa especially in the Sahel region. ECHO has been intervening in the Sahel since 2007 on an uninterrupted basis. As of this date, ECHO established a structured malnutrition strategy, mainly focusing on severe acute malnutrition, with a support to the national health systems and with food security and community interventions to tackle economic and cultural determinants of malnutrition. There is now a shared recognition of the permanent and severe nature of the problem, which justify the importance of working on the resilience of population.

The underlying causes of continued high acute malnutrition rates are multi-sectoral. Recurrent severe droughts and environmental degradation (climate change) are impacting negatively food and nutrition security, which is further aggravated by poor governance, acute poverty, rapid population growth, unhealthy environment, poor education and poor access to basic services. Out of the 20 countries with the highest under-five mortality rates, eight are located in the region. Inadequate access to prevention and treatment quality health care is responsible for the world's highest maternal mortality rates such as in Sierra Leone and Liberia.

From preliminary information on the next agricultural season (2014-2015), forecasts do not predict any improvement in the food and nutrition situation, harvest levels remaining low. Estimates in coastal countries affected by Ebola are on lower production capacities than normal. Volatility and abnormal high food prices are also a consequence of persistent political turmoil in Libya, Northern Mali and North East Nigeria. Conflict and insecurity also lead to disturbance of the economy and deprive the poorest of essential remittance sources. The extreme poverty of a part of the population and the lack of response to their more critical needs perpetuate an outraging and overlooked humanitarian situation. This can thus lead to more conflicts and the degradation of the social environment.

The **security situation** across West Africa region has become more volatile since the past years, causing death, displacement and destruction of infrastructures. This added a further difficulty to humanitarian operational capacity. In Mali, in spite of the partial deployment of the UN integrated mission and presidential election in 2013, the political and security situation has drastically deteriorated after the Kidal events in May 2014. In Nigeria, the violent internal conflict involving Boko Haram and the Nigerian Armed Forces has considerably worsened, leading to indiscriminate violence against civilians and to very high numbers of displaced people (between 1.5 to 3 million people). In Ivory Coast, following the post-electoral crises of 2010-2011, the potential for continued tensions and violence in communities remains significant, the most vulnerable who have less means to defend themselves being the most exposed.

Moreover, the high burden of **endemic and epidemic-prone diseases** such as measles, cholera, meningitis, yellow fever, and Ebola virus, which have appeared or reappeared recently, have demonstrated their great epidemic potential and their capacity to significantly exceed national resources and boundaries. These could cause major, even regional, emergencies, with high economic consequences on large segments of the population and the

most vulnerable people in particular. Ebola virus affected countries (mainly Liberia, Sierra Leone, and Guinea) have recently been put under severe stretch. More West Africa countries will also potentially be affected.

In this regard, ECHO's Integrated Analysis Framework for 2014-2015 identified high humanitarian needs in West Africa in particular in the Sahel (Burkina Faso, Chad, Mali, Mauritania, Niger, and Senegal), in countries still affected by past or ongoing internal conflict (Nigeria, Mali, with consequences in Burkina Faso, Mauritania and Niger, Ivory Coast) as well as in Ebola virus affected countries. The vulnerability of the population affected by these crises is assessed to be very high in most of these countries.

The allocation for the Sahel countries includes a contribution from the UK's Department for International Development, in the context of a 3-year action focusing on an integrated package for people affected by food insecurity and chronic malnutrition crisis, response to people affected by conflicts and emergency preparedness.

Pursuant to the contribution agreement concluded between the European Commission and Ivory Coast, within the context of the Debt Reduction and Development Contract (C2D) between France (Agence Française de Developpement –AFD) and the Government of Ivory Coast, an amount of EUR 3 500 000 will be allocated to the present HIP.

2. HUMANITARIAN NEEDS

1/ Affected people/ potential beneficiaries:

- Food Security and malnutrition needs in Sahel

In 2014, the number of people suffering from food insecurity in nine countries in the Sahel (Senegal, Gambia, Mauritania, Mali, Burkina Faso, Niger, Chad, northern Cameroon and northern Nigeria) is estimated at 20 million (one inhabitant out of 8). Amongst them, 7.9 million people required emergency food assistance. An estimated 4.8 million children under 5 years of age suffer from acute malnutrition in the Sahel countries. The number of children under 5 at risk of severe acute malnutrition (SAM) is estimated at 1.5 million. A further 3.3 million children are at risk of moderate acute malnutrition (MAM). For 2015, it is unlikely that the caseload of malnourished children decreases, as prevention interventions are only implemented on a small-scale basis.

The severe food and nutrition crisis in Nigeria has further deteriorated in 2014 with 4.2 million Nigerians considered as food insecure. About 1.7 million children under 5 were expected to suffer from acute malnutrition. This accounts for the largest caseload of malnourished children in Africa. Infant and maternal mortality rates nationwide have deteriorated in recent years and indicators are particularly poor in the 11 northern Sahel states.

- Mali and Nigeria Conflicts

In Nigeria, Boko Haram terror campaign has intensified significantly since April 2014 with large scale territorial conquests and killings of numerous civilians. Large numbers of people have been internally displaced. There are an estimated 1 500 000 IDPs in Nigeria, with a spillover effect into neighboring countries. Over 70 000 Nigerians are displaced in Cameroon, Chad and Niger. Boko Haram is still gaining ground with the taking over of towns and regions. The number of IDPs leaving the affected areas for safety and assistance is growing

on a weekly basis. Only a minority of health facilities continue to function in the north eastern states affected by Boko Haram. The Nigeria food and nutrition 2014 crisis is exacerbated by the conflict in northeast Nigeria where agricultural activities and trade are significantly disrupted by the Boko Haram terror campaign. The poor rainfall conditions in 2014 will further hit the economy and coping strategies of the population.
The northern Mali conflict has caused significant movements of population. IDPs are estimated at 128 866. Additionally, 133 000 people are still refugees in neighboring countries (of which 33 000 in Burkina Faso, 52 000 in Mauritania, 48 000 in Niger), according to UNHCR statistics. The conflict has also negatively impacted the food security situation in 2014.1.9 million persons were in classified phase 3 and 4 (respectively crisis and emergency food security phases, according to *Cadre Harmonisé* classification) requiring an emergency food assistance. The three northern regions of the country are presenting the highest prevalence of food insecurity.

- Epidemics/Floods

With more than 10 000 cases and more 5 000 deaths as of 15 November and a probable increase in figures in the coming months, the 2014 Ebola virus disease is the largest documented outbreak in terms of number of cases, deaths and geographical spread according to the World Health Organization (WHO). This Ebola epidemic has all the potential to remain active in 2015 and to affect more West African countries.
There are three main cholera basins in West Africa: Lake Chad, Niger River and coastal countries slums. They are affected by the epidemic once every two or three years. 2014 is an epidemic year. Two basins are affected with a caseload of more than 40 000 and around 800 deceased from the beginning of the year. With no short term perspective to address the root causes of the epidemics and no resilient health care, the mortality rate remains significant and the risk of new peaks of cholera is very much present in 2015.

The region is also affected by the concurrent emergencies resulting from natural disasters, climate change, mainly through recurrent flooding as well as occasional shortfall in rains and localized droughts. These result in numerous emergency needs that cannot be quantified in advance. As an example, more than 51 000 persons were affected by floods in Niger only during the rainy season.

2/ Description of the most acute humanitarian needs

- Nutrition/ Food Security

2014 rainfall and climate patterns as of mid-August reveal extended pockets of drought in central and northern Nigeria, in western Chad and eastern Niger, and across most parts of Senegal, the Gambia and Mauritania. If this trend is confirmed, it could further jeopardise harvests in those areas and trigger increased volatility of food prices in the whole region. The prospects for better rates of malnutrition and food security are negative. There will still be a need to improve access to the live-saving treatment of malnutrition and health care for highly vulnerable children under 5 years old as well as for pregnant and lactating women.

Food pipelines and safety nets for the most vulnerable and food insecurity people will be needed during the lean season in particular. Programmes should be designed to support the development of sustainable safety net systems focused on the poorest households that are often not the primary target of development programmes.

Measures to improve the functioning of nutrition and food security information systems, in particular early warning systems and to improve targeting continue to be needed to ensure timely and realistic responses in times of crisis. There is also a need to consolidate the nutritional (and medical) inputs supply chains and further imbed them in the national health system in order to ensure their sustainability and increase financial commitments of governments.

- Basic services/Health/Wash in conflict affected areas

Conflict affected people are in need of basic assistance such as food and non-food items to support their temporary relocation. Given their deteriorated and precarious living conditions, the promotion of greater access to and provision of potable water and improved sanitation and hygiene should remain the focus of humanitarian interventions in the region. Provision of basic services, notably health care is very limited in the region, particularly in northeast Nigeria and in northern Mali that are conflict-affected areas and where state presence is almost inexistent. Increasing access to free basic health services thus remains a priority.

- Specific attention to IDPs/Refugees (Nigeria and Mali)

Because of their high vulnerability and lack of protection in displacement, IDPs and refugees require multi-sectorial support in terms of protection, shelter, health, WASH, food and nutrition as well as non-food items.The majority of refugees and IDPs are women and children, compounding their vulnerability and requiring specific assistance in some cases such as support for unaccompanied minors and pregnant women. Many IDPs are struggling to cope with basic needs and livelihood opportunities. The arrival of more IDPs is also putting additional burden on the already vulnerable host families, whose coping strategies are stretched beyond their means. Nevertheless, provision of assistance remains challenging due to the volatile security situation and limited operational capacity. Further advocacy is needed to improve access to the most vulnerable and ensure the delivery of a coordinated and principled humanitarian assistance.

- Epidemics/Floods Preparedness and response

West Africa is regularly hit by recurrent epidemics (notably measles, cholera, Lassa and yellow fever, meningitis, etc.). The Ebola virus epidemic of 2014 is new to the region. In order to limit the spread, morbidity and mortality of an epidemic, alert mechanisms, rapid field assessments and responses during initial phases of outbreaks are necessary. Affected populations need access to free curative primary and secondary health care including vaccination, proper prevention measures and awareness. Existing health centres and facilities also need support through provision of drugs, vaccines, medical/laboratory equipment and water and sanitation products. Staffs at medical centres and human resources involved in epidemic prevention require training in organisation, implementation and supervision of all epidemic control measures. Due to the recurrent health emergencies, considerable and sustained efforts in terms of preparedness, coordination, including information management, technical support and resource mobilization are required.

With heavy rainfalls, poor land management and limited contingencies measures, river floods usually lead to population displacement in West Africa (coast and Niger Basin). Early warning mechanisms, rapid field assessments and response capacities are necessary in order to address the basic humanitarian needs of flood affected populations.

3. HUMANITARIAN RESPONSE

1. National / local response and involvement

In 2014, five governments of the region (Niger, Burkina Faso, Chad, Mali and Senegal) worked on a national food insecurity and nutrition response plan. This represents a very positive step and indicates a growing commitment of governments to the food insecurity and nutrition sectors, and to addressing humanitarian issues more generally. Most of these plans rely on validated assessments of the food insecurity situation (mostly through the *Cadre Harmonisé*).

As for the conflict affected populations in Nigeria, the federal government reinforced the army's presence in northern affected states. But it is not reaching out populations in needs (both resident and displaced) effectively and is losing ground rather than gaining further control of northern states of Borno, Yobe and Adamawa. The upcoming presidential elections at the beginning of 2015 will most likely further hamper the development of a coherent concerted national response strategy. Increasing number of security incidents in Northern regions of Mali continue to have negative impact on deployment of government of Mali, MINUSMA and humanitarian access. Despite many initiatives about linking relief, reconstruction and development, with a limited presence of civil servants, government of Mali is still not able to fully restore access to basics services in these regions. Therefore, about 2 million people, including 150 000 refugees who cannot return to Mali, are totally depending on humanitarian assistance.

The 2014 Ebola outbreak highlighted the limited operational response capacities of the health systems affected by the epidemic. 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 omit cholera containment strategies (WASH). Those plans are usually not financed by the governments. The same situation applies to flood management in terms of preparedness and response. Little is addressed or anticipated.

2. International Humanitarian Response

In the long run on nutrition, a number of Sahel states have now fully subscribed to the UN Scaling Up Nutrition (SUN) initiative and have committed themselves to aligning national strategies with a donors' alliance to eradicate malnutrition. There is at the same time a further confirmation of the gradual commitment of development actors to engage more intensively in the fight to reduce under-nutrition.

The Zero Hunger initiative 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. Over the last years, while responding to the most urgent needs, humanitarian actors in the region, 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.

One of the main events in terms of the response to the persistent crisis in the Sahel is the development of multiannual strategic plans, under the leadership of the "Regional Humanitarian Coordinator for the Sahel". The "Sahel Strategic Response Plan (SRP)" sets 3-year objectives and describes actions and strategies 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 defined in the 3-year SRP are: to increase the resilience of the population, to develop a "pro-poor" policy at national level to fight food insecurity, to develop access to basic services (such as health), and to design and implement efficient and targeted safety nets. These goals are in line with the long-standing ECHO strategy in both responding to immediate emergencies and creating an environment allowing for structural root-causes of the Sahel crisis to be addressed.

Other bilateral donors such as EU Member states or USAID have elaborated strategies for West Africa that put forward humanitarian, resilience and development axes. For instance, DFID's established a multi-year strategic humanitarian programme aiming at supporting people affected by the nutrition and conflict crisis in Sahel until development programmes begin to show some impact on the resilience of the poorest households. The core objective of their programme is to reduce the morbidity and mortality through three complementary approaches, which included an integrated Package for people affected by the Nutrition and Food Security Crisis, a response for people affected by conflicts and insecurity and emergency preparedness and response to support the resilience.

3. Constraints and ECHO response capacity

In conflict affected areas of the region, limited humanitarian access due to security conditions is the main constraint for humanitarian actors. Security has constantly deteriorated in West Africa in the past four years and prospects for the future are not very positive. The multiplication of armed groups and the continued chaos in northern Mali has created a space for terrorist activities. Boko Haram terrorist activities and operations in North Eastern Nigeria also negatively impact humanitarian access and the deployment of humanitarian actors in the area.

ECHO is supporting a considerable number of partners with capacities to respond to sudden onset of displacements due to conflicts in case of degradation of the conflict, aggravation of the food and nutrition crisis and Health care. Partners' capacity in addressing epidemic containment (WASH), flood response and natural disaster preparedness generally remains limited.

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

In this 2015 West Africa HIP, emphasis will be given to the sustainable reduction and prevention of malnutrition-related mortality. The delivery of protection and basic services to populations affected by conflicts, in particular in high displacement areas will be prioritized as well. An emergency response and preparedness to floods/ epidemics, Ebola virus amongst others, will also be a focus in 2015.

LRRD (Linking Relief Rehabilitation and Development) is at the heart of ECHO's strategy in West Africa. The response to under-nutrition is a challenge for both the humanitarian and the development aid communities. Humanitarian aid focuses on life-saving nutrition programmes but does not address sufficiently the underlying causes of food and nutrition insecurity. These

require also long-term and sustainable development policies as well as a permanent focus on improving the resilience of the most vulnerable populations.

This has led to the launch of the resilience AGIR Sahel initiative in 2012, which brings together West African governments, regional organizations, donors and the development and humanitarian aid communities around a "Zero Hunger" in the Sahel within the next 20 years.

While progressing on resilience is essential, the situation remains very fragile. There is a need to consolidate rapidly what has been achieved so far and to intensify cooperation with government authorities and development partners to encourage a sustainable and permanent commitment to food and nutrition insecurity. This is why the drafting of Country Resilience Papers (CRP) AGIR by West African governments is supported by ECHO.

Resilience building in epidemics preparation and response will also be taken into consideration. In addressing the consequences of conflicts on the most vulnerable people, there is less space for resilience building per se. Nevertheless, it can be achieved in specific domains such as in tackling food insecurity and malnutrition of displaced people (though enrolment into safety net programmes for instance) as well as in promoting long-term solutions such as permanent voluntary relocations or returns.

1. *Pillar 1 Nutrition and food security*: Integrated approach of under-nutrition in addition to a multi-sectorial approach on prevention (focus on safety nets, community interventions and health)

Priority in humanitarian aid action needs to continue to be given to improving access to the treatment of under-nutrition and health care for highly vulnerable children under 5 years of age as well as pregnant and lactating women. Emergency food assistance is also a priority. Actions to secure food pipelines on time and emergency cash transfers will be part of the response package. They will be designed to support the development of sustainable safety net systems in the region.

This first pillar consists of the management of acute malnutrition in order to achieve a sustainable reduction of malnutrition-related mortality among children under five and of the prevention of under-nutrition by protecting livelihood and strengthening the resilience of the most vulnerable population.

Measures to support advocacy will be developed in order to obtain that eradicating under-nutrition and increasing resilience of the most vulnerable become a priority focus of national policies and are supported by development actors (such as described in the pillars 1, 2 and 4 of AGIR's regional roadmap).

Therefore, operations to be funded under Pillar 1 will be based on the following approaches: first, integrated approach of under-nutrition and second, multi sectorial approach as prevention: focus on safety nets, community interventions and health.

A) Integrated approach of under-nutrition.

The strategy under this approach will be to strengthen the treatment of acute malnutrition within the existing health service framework considering the following objectives:

- Identification and treatment of severely and moderately malnourished children.

- Integration of the management of the malnourished children and malnutrition within existing health systems.
- Evolution towards a unique system of medical and nutritional follow-up of children/ the child with efficiency gains.
- Quality improvement of acute malnutrition management (including measures to improve performance criteria, to improve pipelines of essential health and nutrition products, to improve involvement of communities, to improve integration of WASH in nutrition, etc.).
- Improvement of coverage of malnourished children to be effectively treated.
- Improvement of information systems related to under-nutrition.
- Advocacy for local production and national-led supply of Ready to Use Therapeutic Food (RUTF)

B) Multi sectorial approach as prevention: focus on safety nets, community interventions and health.

Operations to be funded under this second approach will include:

- Support to the development of effective social and productive safety nets schemes with nutrition objectives.
- Prevention of under-nutrition at community level.
- Treatment and prevention of the main child diseases where malnutrition treatment is in place.
- Measures to improve the preparedness and response to shocks (including improvement of early warning systems, food assistance response systems, supply and targeting and supplementary feeding programmes).
- Analyses/studies of livelihood systems (through the Household Economic Analysis) to improve targeting and foster the design of pro-poor development programming (AGIR agenda),
- Advocacy for better food and nutrition governance thought the implementation of the CRP's of AGIR.
- Improvement of synergies between health, nutrition and food assistance activities.

2. *Pillar 2 Basic services in conflicts:* Delivery of basic services and protection related activities in conflict affected areas:

Activities under this second pillar will cover those basic needs which are not covered by transitional plans to development that are financed by other donors (Mali). Actions supported by ECHO will target the most vulnerable segments of populations affected by conflicts. Vulnerability index will be considered rather than systematic use of IDP status. Actions will be adapted to the various contexts:

- In Mali, access to free and quality health care and to clean potable water remain priorities in the conflict-affected northern regions as well as emergency food assistance through food rations and/or unconditional cash transfers or food vouchers throughout the year. Protection aspects as well as psychosocial support will also be provided to conflict affected persons, be they displaced people or not.
- In addition, this pillar will also address the needs of displaced people especially refugees in neighboring countries. Care and maintenance activities will be implemented in existing refugee camps with a specific focus on sectors which need to be improved in certain camps (water, shelter, food assistance, nutrition…). These activities will take into

consideration the needs of host communities as well. ECHO will also take contingency measures to face the potential return of displaced people.

- Specific assistance will be provided to refugees and returnees who had sought refuge in neighbouring Niger. Assistance to refugees in Cameroon and Chad will be covered by the HIP for Central African Republic, Chad and Cameroun. A particular attention will be devoted to the promotion of local integration and voluntary return via the provision of safety nets. In Nigeria, access to affected people is challenged by the insecurity in the North-East and assistance will have to focus on essential life-saving services such as delivery of food and non-food items, provision of clean water, hygiene, health and nutrition to both internally displaced and host communities. In addition to the provision of basic services and NFIs, particular attention will be given to promote appropriate access to health services for the victims of violence in the Borno, Yobo and Adamawa states.
- In Ivory Coast, provision of targeted free health care remains essential in the western areas bordering Liberia subjected to ethnic and land tenure related tensions and where an overall attention to protection will also be given to IDPs, returnees and local populations.
- In all conflict affected countries measures to strengthen humanitarian access (transport, demining, civil-military coordination) as well as coordination will be supported.

3. *Pillar 3 Emergency response and preparedness*: epidemics/floods

The third pillar aims at securing the emergency response to epidemics and floods enhancing better preparedness and capacity of actors. Ebola virus response will most probably continue to be needed in 2015.

Preparedness includes:

- the setting of a proper case detection & alert system and localized response plans with a network of institutional and non-state actors allowing a timely and accurate information sharing from the local to regional level (FEWSNet type of case alert system);
- the stockpiling of consumables & equipment in targeted high risks areas;
- the training of human resources in order to strengthen case detection and support, community awareness and resilience; and
- the monitoring and evaluation of existing alert system.

Emergency response includes:

- Support to health care system through service substitution or existing services supply of consumables & little equipment;
- Support to epidemic containment activities (WASH, vaccination & case tracking);
- Support to flood affected population through provision of basic humanitarian services.

Effective coordination is essential. 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 (e.g. 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 and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements

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 2014 to respond to essentials needs such as consequences of major floods, malaria, cholera and Ebola outbreaks.

2) Other services/donors availability (such as for LRRD and transition) and AGIR/resilience process

The core principle of the AGIR West Africa resilience initiative is that it is only with a country-owned, people-centered, multi-sector approach that the vicious cycle of malnutrition and food crises can become virtuous. It also aims at collecting enough resources to scale up malnutrition programmes so as to progressively decrease the burden of humanitarian assistance. Governments of the Sahel region and regional institutions are now progressively taking their responsibilities towards hunger and sufficient support.

AGIR is led by the three West African regional organisations (ECOWAS, UEMOA and CILSS) and underway in 8 out of 17 countries in the West Africa and Sahel region where inclusive national resilience dialogues have started. Whilst all Technical and Financial Partners supporting AGIR have put resilience on top of their agenda and several aid programmes will incorporate it as a priority, positive benefits from policies and actions that aim to build resilience will take time. Thus, against this backdrop of continued high crisis needs in the Sahel, step-up 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 in AGIR in the countries concerned, notably in support of national resilience dialogues in current and new countries with particular dedicated resources and by helping to ensure an inclusive and balanced, multi-level and multi-sector, process.

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.

An LRRD (linking relief, rehabilitation and development) approach has also been promoted in humanitarian aid strategies for the conflict affected countries such as in Mali where humanitarian actors are working along the government to maintain access to basic services during the transitional period in the Northern Mali.

3) Other concomitant EU interventions

Between 15% and 25% of the general 11th European Development Fund (EDF) country and regional allocations in West Africa will be devoted to resilience-related projects as of 2015. For instance, in Nigeria, nearly half of the 11th EDF is dedicated to health, nutrition and resilience in the north.

The EU adopted a strategy for Security and Development in the Sahel in 2011. It covers Mali, Mauritania, Niger, Burkina Faso and Chad. Its objectives are 1) to shape an EU common

position and common approach to this crisis on the political, development, security sides but also in the field of the prevention of violent radicalization address the simultaneous 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.

Under its short-term component, the Instrument contributing to Stability and Peace (IcSP – the successor to the Instrument for Stability, IfS) is extensively engaged across **West Africa** and the **Sahel region**. Close coordination is ensured with parallel and complementary initiatives supported under other EU instruments, including the EDF, the 'long-term' IcSP and CSDP missions, such as EUCAP Sahel Niger and the recently established EUCAP Sahel Mali.

From a thematic perspective, **security** has been a crucial axe of intervention for 'short-term' IcSP in the region, although certainly not an exclusive one. As the multi-faceted challenges faced by countries in West Africa and Sahel require a comprehensive and holistic response, 'short-term' IcSP interventions are conceived with a view to ensuring an effective combination of **security measures**, **counter-radicalisation / counter-terrorism** efforts, **socio-economic relief** and support to **peace and confidence-building** initiatives, often with an LRRD perspective.

4) Exit scenarios

Concerning its exit strategy in the medium term, ECHO has a unique approach in the Sahel region. It consists in advocating for longer-term systems for the treatment and prevention of malnutrition within national health systems and promoting seasonal institutionalized hunger safety nets. As ECHO only has limited funding and short timelines to cover this ambitious approach, on the one hand, it works closely with DEVCO and EU Delegation to ensure that the 11th EDF addresses treatment and prevention of malnutrition, the promotion of food security, safety nets, livelihoods and agriculture inclusive growth and as well as health as priority sectors. It is successful as all Sahel countries have included a sector of concentration of food security and/or resilience with a focus on undernutrition and its prevention. Some countries like Niger and Burkina Faso will also develop a strategy on health which should include the treatment of malnutrition.
Besides, within the AGIR framework, there is also a strong commitment from the international donor community and West African countries as well as regional organisations toward the structural reduction of hunger by 2032 in a sustainable manner by supporting the implementation of resilience policies. As for 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.

In Mali so far, with a limited presence of government of Mali in northern regions conditions for reducing humanitarian presence are not yet met due to limited access to basic services and to poor security. Some recent positive political steps regarding the reconciliation process may foster stability and improve the global situation and allow for the government to deploy full capacity to start reconstruction. 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 Ivory Coast, following the completion of the programmes funded under the contribution agreement concluded between the European Commission and Ivory Coast, within the context of the Debt Reduction and Development Contract (C2D) between France (Agence Française

de Developpement –AFD) and Ivory Coast, a withdrawal from Ivory Coast could be envisaged during the first half of 2017.