

2014-2016 STRATEGIC Response Plan Sahel Regionⁱ

January 2014



Prepared by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on behalf of Humanitarian Partners in the Sahel

PERIOD:

January 2014 – December 2016

145 million

estimated Sahel population

20.2 million

estimated number of people in food insecurity

11.8 million

people targeted for food assistance in 2014

5 million

estimated number of children under 5 acutely malnourished

Key categories of people in need:

1.6 million displaced	800 thousand	internally displaced
	768 thousand	refugees
7.5 million non-displaced	785 thousand	pregnant, lactating women
	12.9 million	at risk of epidemics



**USD 2
billion**
requested

EXECUTIVE SUMMARY

Deteriorating outlook in a number of big countries driving numbers up in 2014

Substantial humanitarian action will continue to be required in the Sahel in 2014 and beyond. Over 20 million people are projected to be in need of humanitarian assistance, including life-saving food security interventions, protection from conflict and violence, strengthening household and community coping mechanisms and supporting longer-term solutions for internally displaced people (IDPs) and refugees.

A dramatic increase in the number of food insecure to 20 million (from 11.3 million in 2013) is expected, driven in particular by a deterioration in the food security situation in Northern Nigeria, Northern Cameroon and Senegal. These three countries represent over 40% of the overall caseload. A further deterioration in the Niger situation will also see almost one million more people join the ranks of the food insecure in 2014 as compared to 2013.

Malnutrition rates remain largely unchanged across the region with the exception of Burkina Faso where the number of food insecure and acutely malnourished has dropped significantly. Refugee and IDP numbers remain equally stable, with reductions in IDP numbers in Mali compensated by increases in refugee movements into the region from CAR, Northern Nigeria and Darfur/Sudan.

Instability and recovery in 2013

The humanitarian situation across the Sahel remained extremely fragile through 2013. Mali was the most visible crisis of the year where an international effort to dislodge the occupation of Northern Mali by armed groups changed the situation dramatically for the better. Northern Mali remained highly unstable nevertheless, characterized by insecurity, collapsed basic services and alarming humanitarian indicators. A UN peacekeeping operation was launched in April to assist Mali in its transition to peace. Nearly 200,000 Malian refugees in neighbouring countries remained in their camps, while inside Mali, IDPs began to return to the North in significant numbers. The launch of counter-terrorist operations in three States in the north of Nigeria in May 2013 was a precursor to increased violence and displacement. A surge of refugee arrivals from Darfur and CAR added to the existing burdens of Chad.

Millions of households across the Sahel struggled to regain their livelihoods and rebuild their assets in the aftermath of the 2012 food crisis. Better rainfall across many – not all – parts of the region contributed to harvests for the year that were up by 1% as compared to the 5-year average, but represent a 13% reduction when adjusted for population growth. An estimated 11.3 million people remained at risk of food insecurity (much reduced from the 18 million of the preceding year). Epidemics and flooding affected many communities from Cameroon to Mauritania. Some 4.8 million children were estimated to have been acutely malnourished across the region.

Funding of the 2013 Appeal reached 63% or about \$1.1 billion against a \$1.7 billion request. An additional \$300 million was registered as having been committed to humanitarian activities outside of the Appeal. Efforts across the region supported over 700 thousand refugees. Over 1 million acutely malnourished children were treated. Agricultural assistance reached over 3.3 million farmers and agro-pastoralists. 7.4 million infants were vaccinated against measles across the nine Sahel countries. 1,787 Nutritional centres delivered the WASH minimum package

A new, three-year plan aimed at saving lives today and reducing the case-load tomorrow

A three-year (rather than one-year) regional plan has been developed for the Sahel for the first time. The strategy provides a set of ambitious objectives and targets that will require a sustained, multi-year effort to achieve, and that could not be realistically contemplated on a planning horizon of merely 12 months. Working within this three-year framework, annual review processes in each country – of priorities, of results, of number of people in need, of funding implications – will continue to be an essential part of the planning and reporting process. A new financing request will be generated on an annual basis and will be part of a formal annual 'launch' process for the region.

Over the next three years, humanitarian actors in the Sahel have agreed to work with partners towards three overarching strategic goals:

- 1 Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming;
- 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;
- 3 Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

These goals are not in order of priority. Given the large case-load already for 2014, life-saving naturally continues to be the first priority of the humanitarian community in the Sahel. Special effort will be directed towards a more inter-Cluster response to key vulnerabilities such as food insecurity, malnutrition, epidemics, conflict and displacement and natural disasters. Innovations have been introduced for improved performance and results monitoring and reporting. A light regional framework – informed by country-driven analyses of needs – will continue to provide an anchor for regional coherence.

The trend towards increased humanitarian case-loads in the Sahel illustrates a worrying erosion of resilience in the region. Vulnerable households are increasingly less able to cope with the greater frequency and intensity of climate shocks. Early action is thus the centre piece of the humanitarian response strategy; in terms of first, responding quickly to early indicators in order to help households protect assets and avoid negative coping strategies and second, moving quickly in order to reduce recovery times and rebuild assets. Building the emergency preparedness capacity of individuals, communities and Governments remains an ongoing priority with even greater resonance in the current climate.

Chronic problems need structural solutions however and the strategy recognizes that the most influential actors on the future humanitarian case-load are, ultimately, Governments and their development partners. Beyond saving lives and bolstering the coping capacity of the households with whom we are working therefore, a key mission for the humanitarian community in the Sahel is to engage, partner with, and influence, these development actors much more systematically than in the past. A shared understanding between the humanitarian and development communities of the hazard environment, of what is driving hazards to become disasters, and who is least equipped to deal with the impact of such shocks is an indispensable first step.

JOINT HUMANITARIAN PRIORITIES

1. Food Insecurity^{iv}

As of January 2014, an estimated 20.2 million people, or one in seven inhabitants of the Sahel region, are food insecure. At least 2.5 million are in crisis conditions and already require urgent lifesaving food assistance. For the remaining millions, their food security conditions are severely stressed and will require timely livelihood support to avoid the risk of falling into crisis and emergency levels as they face the lean season or experience recurring shocks such as floods, drought, epidemics or conflict.

2. Malnutrition^v

About 577,000 children die of malnutrition and health related consequences each year in the Sahel. Malnutrition prevalence remains alarming among children under-five years of age, not only at the peak of the lean season, but also in post-harvest periods. In 2014, 1.5 million children are expected to suffer from severe acute malnutrition and an additional 3.4 million from moderate acute malnutrition.

3. Conflict-related needs

Conflict and insecurity continue to affect the Sahel region, causing death, displacement and destruction of property, health facilities and schools, and exacerbating food insecurity and malnutrition. The region is host to an estimated 730,000 refugees and 495,000 internally displaced people. Recent events in the Central Africa Republic and Northern Nigeria have placed countries such as Chad, Cameroon and Mali under additional pressure to absorb thousands of returning third country nationals. Displaced populations alongside their host communities are particularly at risk of food insecurity, malnutrition and epidemics.

4. Epidemic-related needs

12 million people in the Sahel are estimated to be at risk of outbreaks of measles, meningitis, cholera and Lassa fever in 2014. In 2013 epidemics resulted in over 1,000 deaths despite the existence of effective prevention means such as vaccines. Several countries are also affected by a high seasonal incidence of malaria. HIV also remains a priority concern for the region.

5. Disaster-related needs

Disasters associated with natural hazards such as drought, floods and animal pests (e.g. locusts, etc.) are recurrent in the Sahel routinely placing several million people at risk of displacement, loss or disruption of livelihoods, epidemics, etc.

Scope of the response

The Sahel Response Plan provides a regional framework for the humanitarian needs and response plans across the individual Strategic Response Plans of Burkina Faso, Cameroon, Chad, Mali, Mauritania, Niger, Nigeria, Senegal and The Gambia. For Nigeria and Cameroon the response plan focuses mainly on humanitarian needs in the northern regions.

Following a comprehensive needs assessment and prioritization processⁱⁱ, humanitarian partners plan to targetⁱⁱⁱ an estimated 11.8 million people with food security assistance and over 2.5 million children under five with nutritional support. Humanitarian assistance is planned for approximately 740,000 refugees, 740,000 internally displaced people, returnees and relocated populations and over 600,000 people in host communities. Water and sanitation interventions aim to target over 12 million people at risk of epidemics.

Funding Requirements

Humanitarian partners are seeking US\$2.025 billion for 117 organisations - 512 projects- in nine Sahel countries and a portfolio of regional projects. The 2014 request represents a 19% increase from the 2013 funding request of US\$1.7 billion

Funding breakdown (in US\$ millions)

Burkina Faso	109.3
Cameroon	48.5
Chad	527.4
The Gambia	26.0
Mali	568.4
Mauritania	107.9
Niger	390.9
Nigeria	74.9
Regional Sahel	49.8
Senegal	122.1
Total	2,025.1

HUMANITARIAN DASHBOARD

Key planning figures 2014



20.2 million
people in food insecurity



1.5 million
Severely acutely malnourished
children under 5 years (SAM)

3.5 million
Moderately acutely malnourished
children under 5 years (MAM)



785 thousands
pregnant and lactating women



1.6 million
refugees, internally displaced,
returnees and relocated



2 billion
US\$ funding required

Strategic objectives 2014-2016

- 1 Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.
- 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.
- 3 Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint humanitarian priorities



Nutrition
Addressing the humanitarian
impact of Malnutrition



Conflict
Addressing the humanitarian
impact of Conflict (IDPs, refugees,
protection, etc.)



Epidemics
Addressing the humanitarian
impact of Epidemics (cholera,
malaria, etc.)



Food security
Addressing the humanitarian
impact of Food insecurity



Natural Disasters
Addressing the humanitarian
impact Natural disasters (floods,
droughts, etc.)

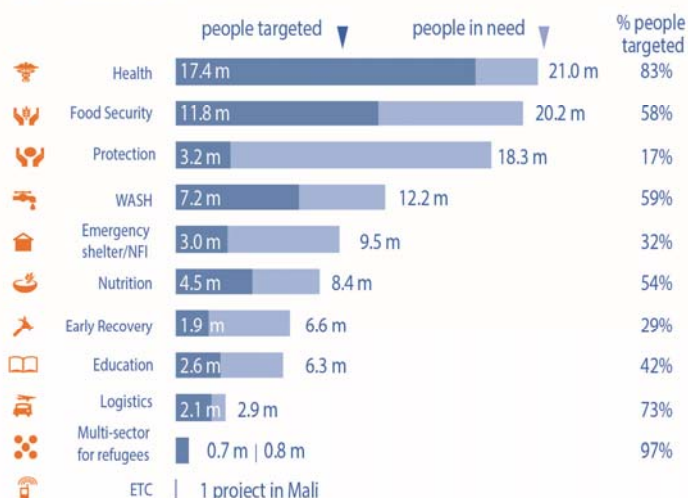
Geographic coverage

Burkina Faso, North Cameroon, Chad, The Gambia, Mali, Mauritania, Niger, North Nigeria, Senegal.



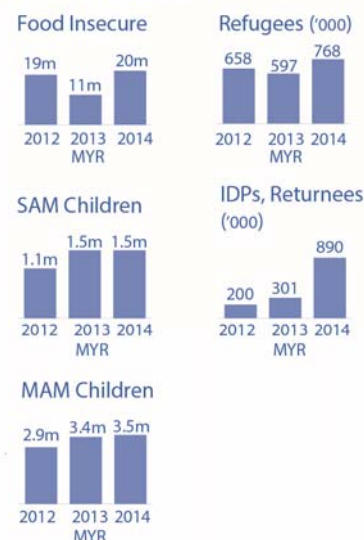
People in need and people targeted 2014

As of 29 January 2014



Key planning trends

As of 29 January 2014



Strategic indicators

	E.W. mechanisms established for FS, NUT, epidemics, displacement, disaster
	Existence of vulnerability data sets for all sectors and regions
Obj1	Risk and vulnerability analysis integrated in country UNDAFs, CCAs and SRPs
	Government development plans and budgets target vulnerable populations
	Agricultural investments target marginalised and vulnerable households
Obj2	Improved coping capacity of affected households (measured by CSI)
	Increased recovery rates of affected households (measured by CSI)
	Dev. and implementation of nat. social protection policies and prg. (AGIR)
	Stabilized or improved CH classification in livelihood zones over two seasons
	An Early Action trigger mechanism for emergencies developed and operational
Obj3	People affected by emergencies receiving life-saving assistance
	Percentage funding spread between clusters
	Number of people in Cadre Harmonise phase 3+4
	% of Children < 5 years with Severe Acute Malnutrition discharged recovered
	Crude mortality rate (CMR) trend
	Under-5 mortality rate (USMR) trend
	# of affected people receiving a timely and functional WASH min pack.

Key drivers of the crisis

- Food security and malnutrition**
Recurrent crises affect millions of people and erode the resilience of the most vulnerable populations already suffering from chronic poverty
- Conflict and insecurity**
continue to affect the Sahel region, causing death, displacement and destruction of property, health facilities and schools, and exacerbating food insecurity and malnutrition.
- Epidemics**
Poverty and lack of access to quality health services make communities highly vulnerable to epidemics and disease, with abnormally high fatality rates.
- Natural disasters**
An increasingly erratic climate and recurrent disasters associated with natural hazards such as droughts, floods and animal pests (e.g. locusts) continue to affect populations across the Sahel.

2014 Requirements

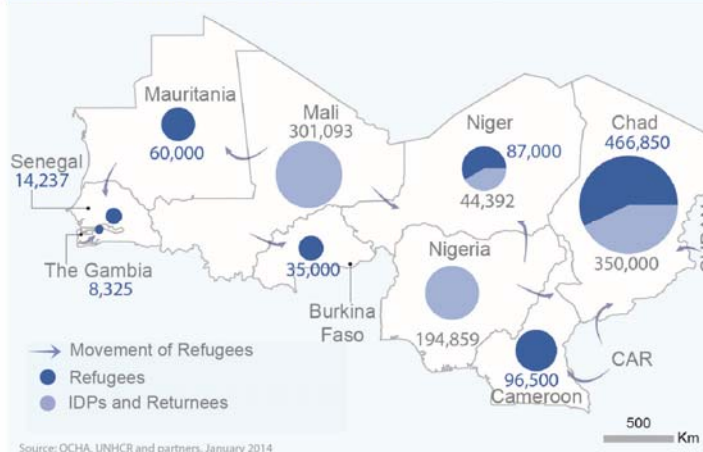
per sector (in US Dollars)



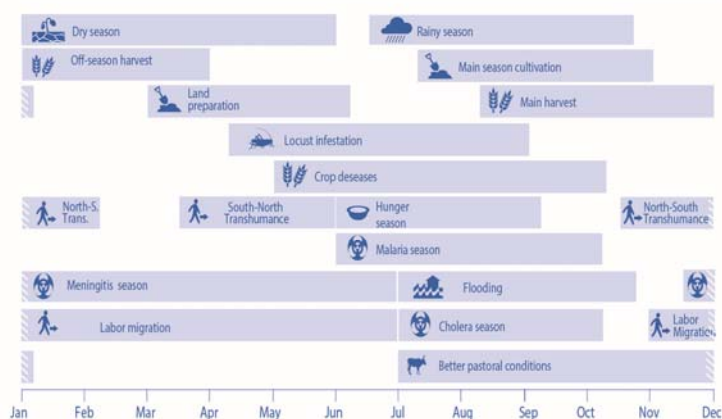
per country (in US Dollars)



Sahel Population movement



Timeline of critical seasonal events



FOREWORD

Hundreds of thousands of households remain in unacceptably precarious conditions across the Sahel. Food insecurity, acute malnutrition, disease and disasters are a reality for millions. Conflicts within the region and in countries along its borders have displaced many others, uprooting them from their homes and livelihoods and forcing them to become dependent on outside assistance.

At the start of 2014, with 20 million at risk of food insecurity (2.5 million of them already at emergency level), nearly 5 million acutely malnourished children, and well over 1 million refugees and internally displaced persons, the region remains in crisis. In the face of these needs, the humanitarian community needs to do what it does best – move quickly to save lives. The humanitarian response strategy that follows anticipates even earlier and even faster responses to this vulnerable case-load. It proposes greater collaboration between Clusters in order to address issues like malnutrition or food security in the multi-sectoral way it deserves. It offers a regional perspective across a complex network of countries whose fates are inevitably intertwined.

The chronic nature of the Sahel's spiralling humanitarian needs demands the humanitarian community go even further however. The task of reducing tomorrow's humanitarian case-load is also a crucial goal in the Sahel context. Hence, for the first time, a three-year (rather than one year) strategy has been prepared that allows us to set more ambitious goals for ourselves, and to go about these tasks more systematically. Building new levels of partnership too, between humanitarian actors and the Governments of the region and between the humanitarian and the development communities are central to this new vision; all of us need to come together around a shared analysis of risk and vulnerability. The region's large humanitarian case-load will only start to substantially reverse when the underlying drivers of this vulnerability are addressed. To do so, will require a tremendous amount of clarity, coordination and focus given the din of competing priorities.

This vulnerability is increasingly visible in the way households are responding to successive crises. We are witnessing daily an erosion of coping capacities in the Sahel as crises of one form or another force households to resort to increasingly negative coping strategies – taking on too much debt, eating seed stocks, taking a daughter out of school – that in turn leave them less able to cope with the next crisis and more likely to need emergency assistance in the future. Building the capacity of these households across the region to anticipate, deal with and then recover from shocks is also therefore central to the strategy. Early intervention – early in the sense of extending assistance to households early in a crisis before they deplete too many of their assets and early in the sense of reducing the recovery period to the minimum time possible in the aftermath of a crisis – will be a hallmark of the humanitarian effort.

Donors have been generous in their support to the Sahel region over recent years. We count on this generosity to continue. A more 'rounded' cluster funding by donors in response to our attempts to address issues like malnutrition and food security in a more multi-sectoral fashion, will be important. Donors will also, understandably, look to some of the Governments of the region to shoulder a greater share of the financing burden for the humanitarian effort. And they will surely look to the humanitarian community for real evidence that we are both saving lives today, as well as making headway in reducing the trend for the future. We will rise to this challenge as we must.

A great deal of time and effort has gone into putting together the multiple country and regional humanitarian plans for the Sahel. In regional discussions and then across nine countries, within multiple Cluster configurations, teams have worked hard to initially develop a shared analysis of the priority humanitarian needs in their countries and then on developing a strategy to respond. Each Cluster has brought its contribution to bear on a series of joint humanitarian priorities within an overarching set of regional goals. Governments for their part have also participated actively in many of these discussions. I salute this extraordinary collective effort of coordination, leadership and engagement by so many.

Robert Piper

Regional Humanitarian Coordinator for the Sahel

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The Sahel Region



HUMANITARIAN OVERVIEW

NEEDS REMAIN HIGH

High rates of food insecurity and malnutrition, in addition to displacement caused by violence and natural disasters, continue to characterize the humanitarian situation in the Sahel region.

Across the region, 20 million people are moderately to severely food insecure. The 2014 projected global acute malnutrition burden is close to 5 million children under five including a caseload of severe acutely malnourished of 1.48 million.

While the overall agricultural yield has been above average, production in a number of countries has been severely affected by late or erratic rainfall. Food prices have lowered somewhat compared to 2013 but remain above the five-year average. Food insecurity has therefore risen to emergency and near-emergency levels in Niger, northeast Nigeria, northern Mali and Senegal. Life-saving food assistance alongside livelihood support will be necessary for millions in the Sahel.

Refugee and IDP numbers remain stable, with reductions in IDP numbers in Mali compensated by increases in refugee movements into the region from CAR, Northern Nigeria and Darfur/Sudan.

Epidemics and recurring seasonal hazards such as floods and locusts are projected to affect over ten million people and will require systematic surveillance, preparedness and mitigation measures.

INSECURITY REDUCES ACCESS

Insecurity in the region also remains of concern with terrorism, banditry and trafficking affecting nearly all the Sahel belt. While Mali has been able to transition to a post-conflict scenario, and significant steps have been taken towards the re-establishment of constitutional order and territorial integrity, asymmetrical warfare continues to affect the northern region. Access in Niger remains severely constrained due to insecurity.

In Nigeria, the activities of suspected Boko Haram elements in the north-eastern States of Adamawa, Borno and Yobe and the military operation launched by the Government against Boko Haram have led to a significant increase in violence and reports of massive human rights violations, including loss of life. The persistent insecurity and the increase in attacks on soft targets such as schools and teachers have slowed development activities and severely impeded the delivery of public administrative and social services, with serious consequences for children's access to education.

The unfolding situation in the Central Africa Republic continues to have dramatic spill-over effects not only on neighbouring countries such as Chad and Cameroon but also as far away as Burkina Faso and Mali now having to deal with the reintegration of their returning migrants.

HUMANITARIAN, PEACE AND DEVELOPMENT: A JOINED AGENDA

In the Sahel, the humanitarian, peace and development agenda are closely inter-connected and require a joined-up response. The growing threats of terrorism, violent extremism and cross-border organized crime, compounded by weak or absent institutions and the limited ability of Governments to provide basic social services place a severe challenge on humanitarian action but also thwart efforts to promote peace and stability in the region.

The Sahel Strategic Response Plan commits humanitarian actors across the region to support resilience building amongst households and reduce the future humanitarian case load. In so doing, humanitarian efforts will support the roll out of the United Nations Integrated Strategy for the Sahel, which was endorsed by the Security Council in mid-2013 and its resilience 'pillar' in particular. This aspect of the plan is also aligned with the EU-sponsored AGIR initiative (the Global Alliance for Resilience Initiative) which also aims to help build resilience to the recurrent food and nutrition crises that affect the countries of the Sahel region. A number of indicators for this regional humanitarian plan for example, are shared indicators with the AGIR monitoring and evaluation framework in order to facilitate this alignment on a sustained basis.

People in Need (in thousands)

COUNTRY	# of food insecure	MAM*	SAM*	Refugees	IDPs / Returnees / Relocated	Host Comm.	PLW	At risk of epidemics
Burkina Faso	1,330.4	370.0	144.0	35.0		60.0	130.0	5,372.5
North Cameroon	1,737.7	132.4	54.2	96.5			41.1	6,039.0
Chad	2,420.0	300.6	135.5	466.9	350.0	560.0	182.4	
Gambia	285.0	40.8	7.9	8.3			28.5	
Mali	3,330.0	360.0	136.0		301.1		87.0	
Mauritania	470.0	94.5	30.7	60.0			16.7	
Niger	4,197.6	649.6	356.3	87.0	44.4		271.7	1,500.0
North Nigeria	4,200.0	1,251.8	539.1		194.9			
Senegal	2,250.0	261.3	78.9	14.2			28.0	
Total	20,220.7	3,461.0	1,482.7	767.9	890.4	620.0	785.3	12,911.5

People Targeted (in thousands)

COUNTRY	# of food insecure	MAM*	SAM*	Refugees	IDPs / Returnees / Relocated	Host Comm.	PLW	At risk of epidemics
Burkina Faso	1,330.4	315.0	115.0	35.0		60.0	72.3	5,372.9
North Cameroon	784.5	92.7	48.8	96.5			37.0	6,039.0
Chad	1,820.0	177.5	135.5	466.9	350.0	560.0	20.0	
Gambia	105.0	33.5	7.9	8.3			28.5	
Mali	1,570.0	252.0	107.0		180.7		51.0	
Mauritania	470.0	75.1	30.7	60.0			12.7	
Niger	3,360.0	575.2	356.3	62.7	44.4		271.7	1,000.0
North Nigeria	1,000.0		323.5		194.9			
Senegal	1,360.1	182.9	50.3	14.2			8.9	
Total	11,800.0	1,704.0	1,175.0	743.6	770.0	620.0	502.0	12,411.9

* All MAM and SAM figures are projections for 2014

PLW: Pregnant and Lactating Women Host Comm. : Host Communities

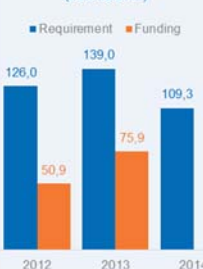
SAM: Severe Acute Malnutrition MAM: Moderate Acute Malnutrition

Humanitarian Overview (as of 30 January 2014)

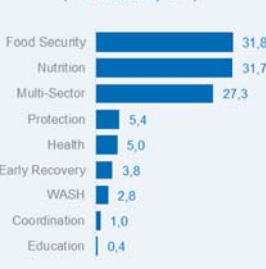
BURKINA FASO



Requirements and Funding (2012 to 2014)



Requirements per Sector in 2014 (as of 30 January 2014)



US\$ Requirement
\$ 109 million

Funding
\$ 0 million

Number of Organisations
21

Number of Projects
56

HDI Ranking

183 out of 186

Child mortality

176/1,000

Maternal mortality

300/100,000

Fertility Rate

5,8

GDP growth rate (2012)

9%

Transparency Inter.Ranking

83/176

Pop. below poverty line

46.7%

KEY PLANNING FIGURES

Food Security

1.3 million

People at risk of Food Insecurity

Health

5.4 million

People at risk of Epidemics

13 000

People affected by Floods in 2013

Nutrition

144 000

SAM Children

370 000

MAM Children

Refugees

35 000

Refugees

KEY DRIVERS OF THE CRISIS



Chronic structural vulnerabilities compounded by recurrent shocks (droughts, floods, epidemics, locusts) have eroded household and community resilience and forced families to result to negative coping strategies.



Prolonged displacement (Mali conflict) puts additional stress on the communities hosting refugees (and up to 200,000 of their animals).

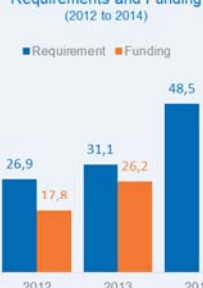
Sources: Funding figures: FTS (<http://fts.unocha.org>); Key planning figures: Regional SRP; HDI: UNDP (<http://hdr.undp.org/en/data>)

Humanitarian Overview (as of 30 January 2014)

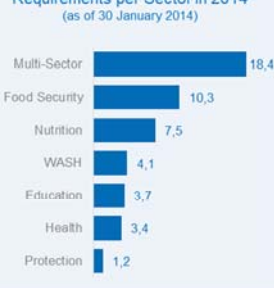
CAMEROON



Requirements and Funding (2012 to 2014)



Requirements per Sector in 2014 (as of 30 January 2014)



US\$ Requirement
\$ 48 million

Funding
\$ 0 million

Number of Organisations
12

Number of Projects
29

HDI Ranking

150 out of 186

Child mortality

136/1,000

Maternal mortality

690/100,000

Fertility Rate

4,3

GDP growth rate (2012)

4.9%

Transparency Inter.Ranking

144/176

Pop. below poverty line

39.9%

KEY PLANNING FIGURES

Food Security

1.7 million

People at risk of Food Insecurity

Health

6 million

People at risk of Epidemics

10 000

People affected by floods in 2013

Nutrition

54 000

SAM Children

132 000

MAM Children

Refugees

96 500

Refugees

KEY DRIVERS OF THE CRISIS



Recurring natural disasters (droughts, floods, locusts), combined with volatility of markets, pushed many households and communities into chronic vulnerability.



Conflict in northern Nigeria and CAR continue to displace vulnerable refugees to Cameroon.



Poor coverage of sanitation and access to clean water remain the main causes of malnutrition and water-borne diseases.

Sources: Funding figures: FTS (<http://fts.unocha.org>); Key planning figures: Regional SRP; HDI: UNDP (<http://hdr.undp.org/en/data>)

Humanitarian Overview (as of 30 January 2014)

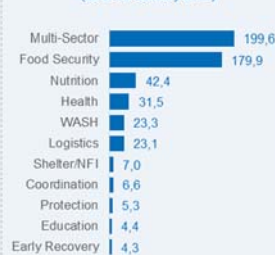
CHAD



Requirements and Funding (2012 to 2014)



Requirements per Sector in 2014 (as of 30 January 2014)



US\$ Requirement
527 million

Funding
0 million

Number of Organisations
30

Number of Projects
86

HDI Ranking

184 out of 186

Child mortality

173/1,000

Maternal mortality

1,100/100,000

Fertility Rate

5.8

GDP growth rate (2012)

7.2%

Transparency Inter.Ranking

165/176

Pop. below poverty line

55%

Sources:

Funding figures: FTS (<http://fts.unocha.org>); Key planning figures: Regional SRP; HDI UNDP (<http://hdr.undp.org/en/data>)

KEY PLANNING FIGURES

Food Security

2.4 million

People at risk of Food Insecurity

Floods

32 000

People affected by Floods in 2013

Nutrition

136 000

SAM Children

301 000

MAM Children

Refugees / Returnees

467 000

Refugees

350 000

Returnees

KEY DRIVERS OF THE CRISIS



Food insecurity aggravated by 2013 poor agricultural production in the Sahel.



Refugee influxes and returns of Chadians due to on-going conflicts in neighbouring CAR, Libya, Nigeria, and Sudan (security volatility around Chad).



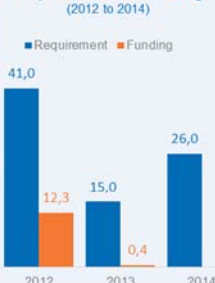
Lack of qualified medical staff (only 400 doctors for 11.8 million people), poor sanitation and access to clean water and basic services.

Humanitarian Overview (as of 30 January 2014)

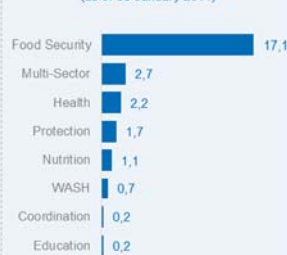
THE GAMBIA



Requirements and Funding (2012 to 2014)



Requirements per Sector in 2014 (as of 30 January 2014)



US\$ Requirement
26 million

Funding
0 million

Number of Organisations
7

Number of Projects
9

HDI Ranking

165 out of 186

Child mortality

98/1,000

Maternal mortality

360/100,000

Fertility Rate

4.7

GDP growth rate (2012)

1%

Transparency Inter.Ranking

105/176

Pop. below poverty line

48.4%

Sources:

Funding figures: FTS (<http://fts.unocha.org>); Key planning figures: Regional SRP; HDI UNDP (<http://hdr.undp.org/en/data>)

KEY PLANNING FIGURES

Food Security

285 000

People at risk of Food Insecurity

Floods

3 300

People affected by Floods in 2013

Nutrition

7 800

SAM Children

41 000

MAM Children

Refugees

8 300

Refugees

KEY DRIVERS OF THE CRISIS



Frequent extreme weather events (droughts, floods). Lack of proper irrigation and poor land use practices leading to low productivity



Lack of integrated Early Warning Services.



Poor coverage of sanitation and access to clean water are main causes of water-borne diseases: diarrhoea among children under 5, cholera and meningitis. Poor state of health service delivery

Humanitarian Overview (as of 30 January 2014)

MALI



Requirements and Funding (2012 to 2014)



Requirements per Sector in 2014 (as of 30 January 2014)



US\$ Requirement
\$ 569 million

Funding
\$ 0 million

Number of Organisations
51

Number of Projects
133

HDI Ranking

182 out of 186

Child mortality

178/1,000

Maternal mortality

540/100,000

Fertility Rate

6,2

GDP growth rate (2012)

-1,5%

Transparency Inter.Ranking

105/176

Pop. below poverty line

43,6%

Sources:

Funding figures: FTS (<http://fts.unocha.org>); Key planning figures: Regional SRP, HDI UNDP (<http://hdr.undp.org/en/data>)

KEY PLANNING FIGURES

Food Security

3.3 million

People at risk of Food Insecurity

Floods

35 000

People affected by Floods in 2013

Nutrition

136 000

SAM Children

360 000

MAM Children

IDPs / Returnees

301 000

Internally Displaced Persons and Returnees

KEY DRIVERS OF THE CRISIS



Chronic vulnerability: recurrent shocks (droughts, floods, epidemics, locust), increasing poverty and market instability have contributed to deterioration of livelihoods.



Limited access to basic social services and fragile capacity of public administration.



Massive population displacement caused by conflict and socio-political factors.

Humanitarian Overview (as of 30 January 2014)

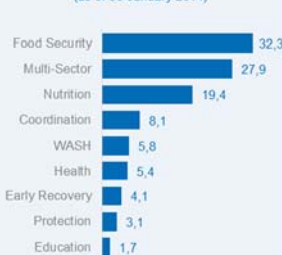
MAURITANIA



Requirements and Funding (2012 to 2014)



Requirements per Sector in 2014 (as of 30 January 2014)



US\$ Requirement
\$ 108 million

Funding
\$ 0 million

Number of Organisations
30

Number of Projects
61

HDI Ranking

155 out of 186

Child mortality

111/1,000

Maternal mortality

510/100,000

Fertility Rate

4,4

GDP growth rate (2012)

6%

Transparency Inter.Ranking

123/176

Pop. below poverty line

42%

Sources:

Funding figures: FTS (<http://fts.unocha.org>); Key planning figures: Regional SRP, HDI UNDP (<http://hdr.undp.org/en/data>)

KEY PLANNING FIGURES

Food Security

470 000

People at risk of Food Insecurity

Floods

140 000

People affected by Floods in 2013

Nutrition

31 000

SAM Children

95 000

MAM Children

Refugees

60 000

Refugees

KEY DRIVERS OF THE CRISIS



Food insecurity and overall vulnerability are results of recurring natural hazards (droughts, floods), increasing food prices and overall scarcity of resources.



The country continues to host Malian refugees; their returns are contingent on restoring peace and security in Northern Mali.



Weak access to water and hygiene aggravates the spread of epidemics (Rift Valley fever, cholera and meningitis), particularly during the rainy season.

Humanitarian Overview (as of 30 January 2014)

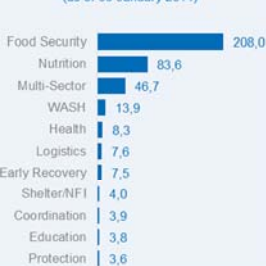
NIGER



Requirements and Funding (2012 to 2014)



Requirements per Sector in 2014 (as of 30 January 2014)



US\$ Requirement
391 million

Funding
0 million

Number of Organisations
30

Number of Projects
72

HDI Ranking

186 out of 186

Child mortality

143/1,000

Maternal mortality

590/100,000

Fertility Rate

7

GDP growth rate (2012)

13.1%

Transparency Inter.Ranking

113/176

Pop. below poverty line

59.5%

KEY PLANNING FIGURES

Food Security

4.2 million

People at risk of Food Insecurity

Health

1.5 million

People at risk of Epidemics

233 000

People affected by Floods in 2013

Nutrition

356 000

SAM Children

650 000

MAM Children

Refugees / Returnees

87 000

Refugees

44 300

Returnees

KEY DRIVERS OF THE CRISIS



Poverty, demographic pressure and recurrent shocks (droughts, floods, epidemics, high food prices) are responsible for the chronic vulnerability amongst households and communities, forcing many families to result to negative coping strategies.



The crises and insecurity in neighbouring countries have led to the arrival of refugee populations.

Sources:

Funding figures: FTS (<http://fts.unocha.org>); Key planning figures: Regional SRP; HDI UNDP (<http://hdr.undp.org/en/data>)

Humanitarian Overview (as of 30 January 2014)

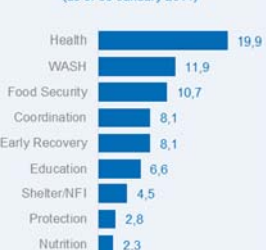
NIGERIA



Requirements and Funding (2012 to 2014)



Requirements per Sector in 2014 (as of 30 January 2014)



US\$ Requirement
75 million

Funding
0 million

Number of Organisations
13

Number of Projects
25

HDI Ranking

153 out of 186

Child mortality

143/1,000

Maternal mortality

630/100,000

Fertility Rate

5.5

GDP growth rate (2012)

6.6%

Transparency Inter.Ranking

139/176

Pop. below poverty line

62.6%

KEY PLANNING FIGURES

Food Security

4.2 million

People at risk of Food Insecurity

Floods

82 000

People affected by Floods in 2013

Nutrition

540 000

SAM Children

1.2 million

MAM Children

IDPs

195 000

Internally Displaced Persons from floods, and living under state of emergency

KEY DRIVERS OF THE CRISIS



Flooding and insecurity resulted in disruption of agricultural production and markets, leading to increase in food prices.



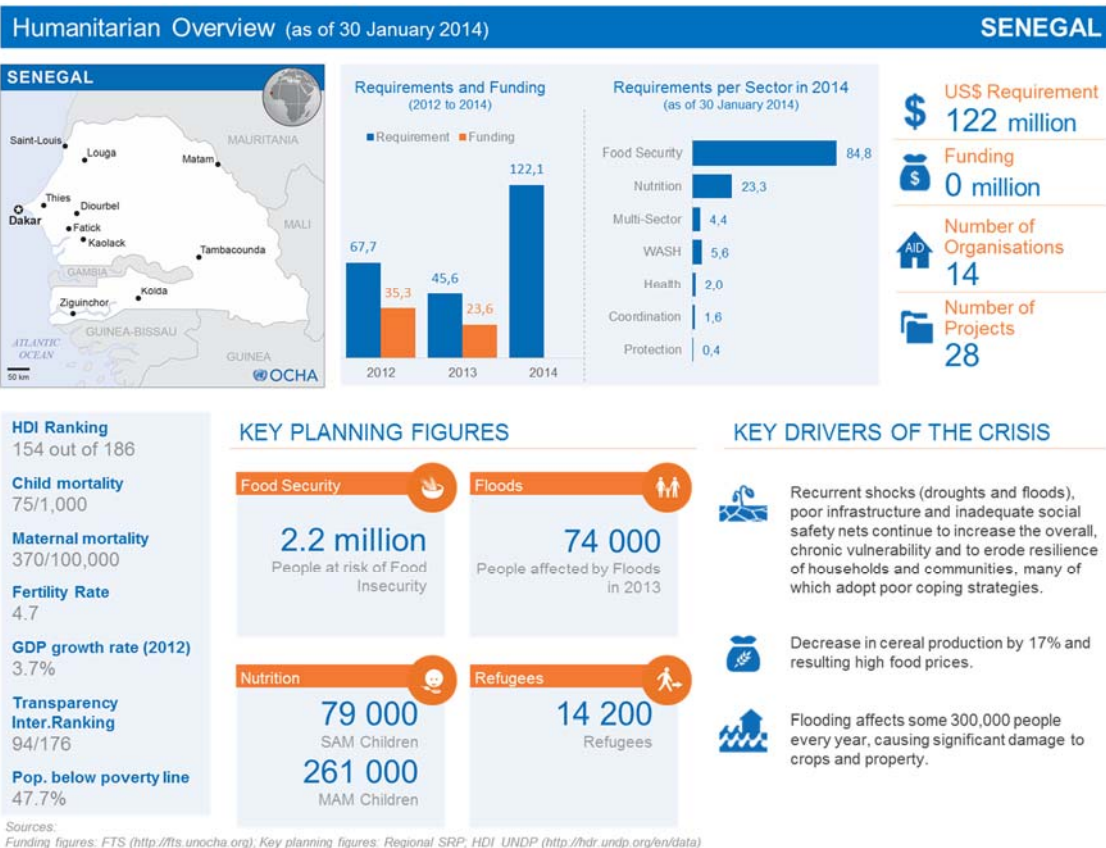
Escalation of violence in the North East leading to displacement.



About 9.5 million people affected by natural disaster and conflict including insurgency and subsequent state of state of emergency in N.E. Nigeria, access to basic services seriously hampered.

Sources:

Funding figures: FTS (<http://fts.unocha.org>); Key planning figures: Regional SRP; HDI UNDP (<http://hdr.undp.org/en/data>)



HUMANITARIAN STRATEGY 2014-2016

Three strategic objectives to guide humanitarian action in the Sahel

In order to save the lives and rebuild the livelihoods of millions of people in the need in the Sahel, humanitarian action will continue to respond to life saving needs above all. However, taking into account both the acute and chronic vulnerabilities of populations, the humanitarian strategy also aims to protect the asset base of households and communities. In addition to the life-saving component therefore, the strategy aims to achieve a better understanding of the risk and vulnerabilities being faced by people in the region and to better partner with Governments and development actors to address them. Humanitarian actors also aim to reinforce their ability to act early – as soon as surveillance indicators begin to worsen. Acting early will ensure recovery times are reduced and assets preserved. Finally, and across the various strategic interventions, humanitarian action will work to help governments improve their own ability to respond.

The 2014-2016 humanitarian strategy is designed to promote an integrated multi-sectoral response to needs. Across all sectors, response plans have been designed to respond to five joint humanitarian priorities: food insecurity, malnutrition, conflict-related needs such as displacement and protection, the humanitarian impact of epidemics and the humanitarian impact of natural hazards.

Strategic Objectives and Indicators

1. Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Improving the knowledge of risks and vulnerabilities across the region will strengthen evidence-based programming and refine targeting processes. This will include working on improving data collection, data organisation and sharing, strengthening sectoral surveillance mechanisms and early warning mechanisms and establishing comprehensive vulnerability data sets for at-risk regions and livelihoods. With improved data, humanitarian actors will be able to make a stronger case for integration of vulnerable populations in international and national development programming. Increased advocacy and capacity building efforts will be directed to national counterparts so as to promote strong national leadership in the response to the needs of the region's most vulnerable populations.

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 humanitarian actors cannot address the long term structural drivers of crises such as drought, floods and conflicts, they can play a role in supporting households, communities and Governments to better anticipate, manage and recover from shocks. The repeated failure to translate early warnings into early action has major consequences for the efficacy of humanitarian responses, as agencies are limited in their ability to raise and mobilise resources, build logistical capacity and undertake preventative interventions designed to stop vulnerable people reaching crisis point. Through its second strategic objective, the Sahel response strategy places emphasis on strengthening early warning systems that are able to generate reliable predictions of emergencies and engender early mitigation and response measures. Activities will focus on reinforcing the pre-positioning of supplies via core pipelines, response preparedness activities, action trigger mechanisms and rapid programmatic interventions and investments that aim to reduce, and where possible prevent, the impact of shocks on coping mechanisms. Early action must quickly lead to early recovery so as to reduce the impact on coping mechanisms and the household recovery time. This will include the re-stocking of productive assets, agricultural support, integration assistance and the like.

3. Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

The third and most important pillar of the strategy is the response to the life-saving needs of the people of the Sahel. This will form the core of the response activities and will target populations who have surpassed emergency thresholds. Life-saving action will be geared towards maintaining frontline services in hotspot areas until other longer-term delivery and funding mechanisms are in place. Addressing high malnutrition rates, responding to disease outbreaks and continuing to improve water and hygiene conditions will remain key priorities for humanitarian partners. Particular emphasis will be placed in assisting and protecting refugees, IDPs and host communities.

A resilience approach for the Sahel

Households across the Sahel are increasingly and regularly threatened by crises and shocks of one kind or another, that affect one or more countries in the region and whose ripple effects are often felt more widely. Crises triggered for example by too much or too little rainfall, by a surge in food prices, by disease, by pests. Rarely can any of these crises be solely attributable to any single cause, natural or Man Made, but are more likely caused by a mix of factors that turn a 'hazard' into a 'disaster'.

In order to protect yesterday's and tomorrow's progress, countries in the region must get better at anticipating, adapting to and recovering from crises and shocks in a way that at minimum protects their development gains achieved to date. The need to do so has taken on an added urgency in light of the growing evidence that the region's poorest households are coping less and less well with these crises that appear to be increasing in both volume and intensity. A growing number of households in the region are struggling to recover from the last crisis in time before the next one hits. In such circumstances, families turn increasingly to 'negative' coping strategies – i.e. adopting measures that may relieve the problem in the short term but have long-term, irreversibly negative consequences for the household, such as taking girls out of school or taking on unsustainable debt. These emerging patterns are illustrated by a growing humanitarian case-load and spiralling needs for humanitarian funding.

Humanitarian teams across the region are committed to doing their part to build greater resilience amongst these households and reduce the future humanitarian case load. This strategy therefore:

- Places priority on protecting assets and coping capacities of vulnerable households through (a) acting even earlier on early warning indicators with mitigating interventions and (b) investing more substantially in measures that will shorten recovery periods in the aftermath of a crisis;
- Accelerates efforts to build the capacity of communities and Governments to prepare for and respond to future crises, ultimately without recourse to international assistance;
- Invests in more systematic collection, analysis and dissemination of risk and vulnerability data with a view to influencing development policy making and programming, particularly with regard to the households that make up 'repeat clients' of emergency interventions.

Humanitarian agencies will work more systematically with their evidence base. Information and data about projects and beneficiaries will be put at the disposal of others, particularly Government policy makers. Early action interventions will be developed that are backed by hard evidence of results in terms of protecting coping capacities. The early recovery network will be reinvigorated with new interventions that demonstrably reduce the length of the recovery period. Above all, the humanitarian community will work ever more closely with Governments, regional organizations and their development partners across the Sahel to share experience, expertise, data and strategies.

The humanitarian team recognizes that chronic problems need structural solutions and the most influential actors on the future humanitarian case-load are, ultimately, Governments and their development partners. Beyond saving lives and bolstering the coping capacity of the households with whom we are working therefore, the team is placing unprecedented priority on engaging, partnering with, and influencing, these development actors much more systematically than in the past in order to ensure the underlying drivers that are eroding resilience will be successfully addressed and reversed.

A resilience approach also requires donors to operate differently in supporting the humanitarian effort. More predictable, multi-year funding remains an elusive goal, the case for which is all the more compelling for a 3 year Sahel humanitarian strategy with a strong resilience theme. 'Uneven' financing across different sectors also continues to be an issue in the Sahel as elsewhere; early treatment of acute malnutrition indicators, for example, will not reduce a future caseload without a minimum of water, sanitation and health investments alongside. Donors are also encouraged to finance even earlier humanitarian interventions in the face of warning signals and possibly in advance of Governments formally declaring emergencies. The evidence for such an approach has been well documented in multiple studies from the Sahel and The Horn.^{vi} The chronic under-funding of both emergency preparedness and early recovery work generally, will also need to be reversed in order to realize these ambitious goals.

Cross cutting issue: gender in the Sahel

The Sahel crisis is exacerbated by a range of variables that include deep-rooted gender inequalities. Gender and social analysis will be part of all planned responses across the three strategic objectives of the Sahel plan. Taking into account the different needs of women, girls, boys and men makes our humanitarian response more effective and equitable. As such, humanitarian organisations working under the Sahel Strategic Response Plans are required to make clear and operational commitments to gender equality^{vii}, in line with gender in emergencies minimum standards, and ensure this forms an integral part of all of their programmes.

In promoting risk and vulnerability analysis, priority will be placed on data disaggregation by age, sex and diversity to ensure that protection and assistance activities are needs-driven and respond to the different concerns and risks of women and men of all ages and background.

Early action and early recovery actions will be strengthened by recognizing traditional coping mechanisms and the different risks, capacities and contributions of gender groups. For example, women's limited access to assets such as land, water and livestock perilously restricts their ability to ensure the wellbeing and survival of their families and themselves. Hence the need to ensure that women's as well as men's access to and control over production means (credit, agricultural inputs, farming tools and land) are fully recognised and addressed.

In tackling life-saving needs such as malnutrition and food insecurity, a strong focus will be placed on the gender aspects of poverty, as women are often the poorest, yet, culturally primarily responsible for household food and nutrition security.

Scope of the strategy

The present Sahel Regional Strategic Response Plan provides an overview of the response plans of the nine Sahel countries (Burkina Faso, Cameroon, Chad, Mali, Mauritania, Niger, Nigeria, Senegal and The Gambia) alongside regional response measures put in place under the aegis of the Regional Sector Working Groups (education, food security and nutrition, health, protection, WASH) based in Dakar.

- **Timeframe:** The Sahel regional and country response plans cover a period of three-years (2014-2016) with a view to better tackle the structural and chronic challenges facing the region. However, given the changing contexts, figures related to humanitarian needs, number of people targeted and funding requirements, relate only to 2014. Figures will be up-dated yearly, based on most recent assessments and revised Humanitarian Needs Overviews.
- **People in need:** The numbers of people in need per sector/cluster are generally drawn from the Humanitarian Needs Overviews of the nine Sahel countries. In a number of instances, these figures have been updated to reflect latest assessments and discussions at sector/cluster level. HNOs can be viewed at <https://docs.unocha.org/sites/dms/ROWCA/Coordination/HNOs/>
- **People targeted:** The number of targeted people in the sector /cluster response plans have been identified and agreed upon by sectors/clusters at the national and regional level.
- **Financial requirements:** Figures regarding financial requirements represent the sum of projects (national and regional) up-loaded and endorsed in the Online Project System (OPS). Financial agreements between humanitarian actors and donors outside the SRP process are not reflected.
- **Geographic scope:** this Strategic Response Plan for the Sahel includes nine countries: Burkina Faso, Cameroon^{viii}, Chad^{ix}, the Gambia, Mali, Mauritania, Niger, Nigeria and Senegal. For Cameroon and Nigeria^x, the response plan focuses on the situation in the northern areas of these countries.

Planning assumptions

- As per the seasonal calendar, the food insecurity and malnutrition caseload is expected to increase during the course of the lean season (July-September). During the second semester, the rainy season will heighten the risk of flooding and related displacement and epidemics.
- Assistance to Malians who sought refuge in Burkina Faso, Mauritania and Niger is planned to continue over the next three years as return movements are expected to be slow and small-scale. At the same time a more significant increase in Mali IDP returns is projected. The situation in the Central Africa Republic and in the Sudan is expected to continue to adversely impact neighbouring Sahel countries i.e. Chad and Cameroon, leading to inter alia increased refugee movements, return of third country nationals, etc.
- Due to chronic vulnerabilities such as limited access to water and sanitation and weak health coverage, the risk of epidemics, including in particular cholera, is expected to remain high across the region.

Response monitoring

A multi-year Strategic Response Plan requires strong monitoring systems to gather information and review progress against its objectives. In order to address human suffering in an efficient manner and to facilitate advocacy for adequate funding of the various clusters/sectors, it is essential to systematically monitor and report on response, needs and gaps.

The Country and regional Strategic Response Plans will be reviewed on a six-monthly basis, allowing partners to take stock of results achieved and recalibrate response plans as needed. Sector/cluster output indicators have been set on a yearly basis, while strategic outcome indicators have been set to cover the three year period.

Based upon progress made in 2013, a number of improvements relating to the expansion of data collection and tracking are envisaged. For the Sahel planning processes, clusters and sectors in the nine Sahel countries agreed on common strategic objectives and on standardized cluster response plans and activities. On this basis, a centralized information management system will be rolled out in the first quarter of 2014 which will allow for real-time data collection of implementing partner activities. This will in turn enable quality and timely analysis of the effectiveness of the humanitarian response. The system comprises a dashboard and analytical tools to provide users with meaningful analysis of their data in conjunction with other data sources.

The automated platform will reduce the reporting burden on humanitarian actors while at the same time enabling an up to date operational overview of the humanitarian response situation. The regularly updated information will also ensure that Humanitarian Country Teams and cluster partners are in a better position to make decisions leading to more effective aid delivery. Enhanced reporting reinforces the humanitarian programme cycle and the transformative agenda, allowing for greater transparency and accountability of humanitarian action.

STRATEGIC OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Indicator	Baseline and targets				Explanation/Monitoring method
	Base	End-2014	2015	2016	
Early Warning mechanisms established for food security, malnutrition, epidemics, displacement and disasters.	3.3	4.8	5.1	5.5	Average number of sectoral early warning mechanisms in place in countries ^{xi}
Existence of vulnerability data sets for all sectors and regions	4.4	4.7	5.3	5.5	Average number of sectors with vulnerability data available ^{xii}
Risk and vulnerability analysis integrated in country UNDAFs, CCAs and SRPs and other key international planning instruments	56%	76%	89%	100%	Average percentage of vulnerability analysis integrated into UNDAFs, CCAs and SRP
Government development plans and budgets target vulnerable populations	7	9	9	9	Number of countries where development budgets target vulnerable populations
Agricultural investments target marginalised and vulnerable households (AGIR indicator)	3	4	4	6	Number of countries where % of agriculture investment targeting vulnerable households is greater than 50% ^{xiii}

STRATEGIC 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.

Indicator	Baseline and targets				Explanation/Monitoring method
	Base	End-2014	2015	2016	
Improved coping capacity of affected households (measured by the Coping Strategies Index (CSI))	Not yet available	Not yet available	Not yet available	Not yet available	CSI data not yet available in all countries. To be completed at mid-year review 2014
Increased recovery rates of affected households (measured by the Coping Strategies Index (CSI))	Not yet available	Not yet available	Not yet available	Not yet available	CSI data not yet available in all countries. To be completed at mid-year review 2014
Development and implementation of national social protection policies and programmes (AGIR indicator)	3	9	9	9	Number of countries with national social protection policies and programmes under development or implementation
Stabilisation or improvement of overall Cadre Harmonisé classification in livelihood zones over two seasons as a result of	0%	5%	9%	11%	Average % of livelihood zones for which the CH classification over a two season period will improve or

Indicator	Baseline and targets				Explanation/Monitoring method
continued humanitarian assistance					remain stable ^{xiv}
An Early Action trigger mechanism for emergencies developed and operational	4	9	9	9	Number of countries with early action trigger mechanism developed and operational

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Indicator	Baseline and targets				Explanation
	Base	End-2014	2015	2016	
People affected by emergencies receiving life-saving assistance	68%	81%	88%	92%	Average % of people targeted receiving life-saving assistance
Percentage funding spread between clusters	76%	54%	41%	32%	Average % of reduction in funding spread between sectors/clusters
Number of people in Cadre Harmonisé phase 3+4	3,054,236	2,614,312	2,307,611	1,893,825	Sum of estimated number of people in CH phase 3+4 ^{xv}
% of Children < 5 years with Severe Acute Malnutrition discharged and recovered	7	8	8	8	Number of countries with above 75% discharged/recovery rate for SAM children <5
Crude mortality rate (CMR) trend	Not yet available	Not yet available	Not yet available	Not yet available	Multi-year targets to be set at mid-year review 2014
Under-5 mortality rate (U5MR) trend	222 per 1,000 live births	Not yet available	Not yet available	Not yet available	Multi-year targets to be set at mid-year review 2014
Number of affected vulnerable people (children, women, men) having received a timely and functional WASH minimum package adapted to their vulnerability(ies)	1,193,791	1,216,285	2,192,344	2,881,492	Sum of number of people receiving the WASH package

CLUSTER PLANS^{xvi}

Funding Requirements per Country per Sector

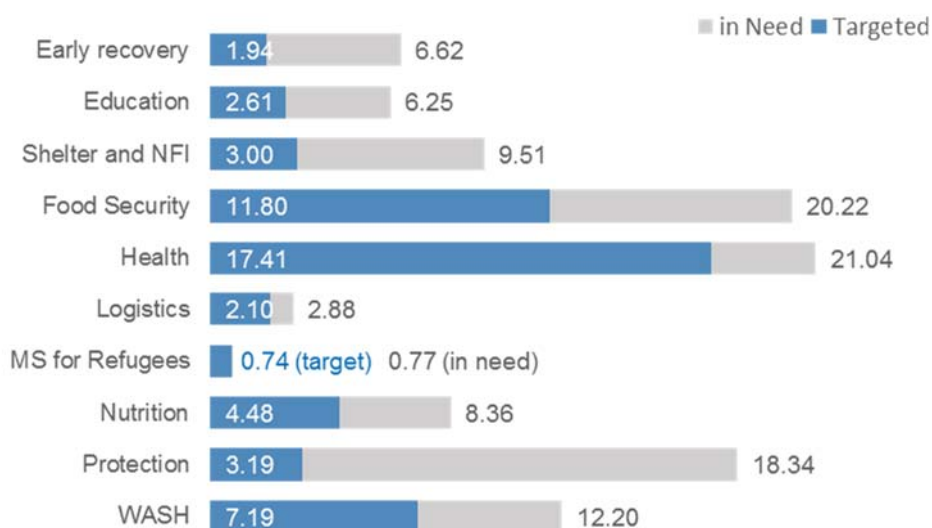
	COO	EDU	ETC	ER	FS	HEA	LOG	MS	NUT	PRO	SHE	WASH	Σ
Burkina Faso	1.0	0.4	-	3.8	31.8	5.0	-	27.3	31.7	5.4	-	2.8	109.3
Cameroon	-	3.7	-	-	10.3	3.4	-	18.4	7.5	1.2	-	4.1	48.5
Chad	6.6	4.4	-	4.3	179.9	31.5	23.1	199.6	42.4	5.3	7.0	23.3	527.4
Gambia	0.2	0.2	-	-	17.1	2.2	-	2.7	1.1	1.7	-	0.7	26.0
Mali	6.1	18.0	2.0	30.6	255.0	38.0	9.9	-	76.9	60.0	29.5	42.4	568.4
Mauritania	8.1	1.7	-	4.1	32.3	5.4	-	27.9	19.4	3.1	-	5.8	107.9
Niger	3.9	3.8	-	7.5	208.0	8.3	7.6	46.7	83.6	3.6	4.0	13.9	390.9
Nigeria	8.1	6.6	-	8.1	10.7	19.9	-	-	2.3	2.8	4.5	11.9	74.9
Regional Sahel	7.9	0.5	-	-	36.3	0.7	-	-	1.1	0.7	-	2.6	49.8
Senegal	1.6	-	-	-	84.8	2.0	-	4.4	23.3	0.4	-	5.6	122.1
Total	43.4	39.3	2.0	58.3	866.3	116.4	40.6	327.1	289.3	84.1	45.0	113.2	2,025.1

SHE Emergency Shelter and NFI
MS Multi-Sector Assistance to Refugees
ETC Emergency Telecommunication
WASH Water Hygiene and Sanitation

EDU Education
FS Food Security
NUT Nutrition
HEA Health

PRO Protection
ER Early Recovery
LOG Logistics
COO Coordination

People in need and targeted per cluster/sector (in million)



COORDINATION



Lead agency: OCHA

Contact information: Allegra Baiocchi (baiocchi@un.org)



Supporting hundreds of national and international NGOs, UN agencies, international organisations and governmental institutions in the delivery of effective, comprehensive and coordinated humanitarian action.



REQUIREMENTS (US\$)

43.4 million

Humanitarian coordination improves the effectiveness of the humanitarian response by ensuring greater predictability, accountability and partnership. With the support of the Office for the Coordination of Humanitarian Assistance (OCHA) and the Regional Humanitarian Coordinator for the Sahel, Resident and/or Humanitarian Coordinators, Humanitarian Country Teams and the clusters/sector leads across the region are rolling out the Transformative Agenda and enhancing the humanitarian programme cycle. Key targets include strong humanitarian leadership; representative and inclusive Humanitarian Country Teams and clusters; effective and well-coordinated strategic and operational frameworks within which all humanitarian organizations can contribute systematically and evidence-based humanitarian response and predictable funding tools.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Coordination actors will promote the establishment of risk monitoring and risk management tools. A mapping of vulnerabilities at country and at regional level will enable organisations to design programmes targeting the most vulnerable populations. Based on data available, concerted advocacy efforts will be put in place to promote the integration of this analysis in development programming. At the regional level, actors will also seek to strengthen collaboration with existing regional initiatives such as the United Nations Sahel Integrated Strategy and the regional Resilience Task Force, AGIR, etc.

Activities to address:	Output Indicator
All joint humanitarian priorities	
Conduct/facilitate coordinated multi-sectoral assessments with key partners	# of coordinated multi-sectoral assessments with the participation of the government
Support the development and review of country/regional HNO and SRP	# of HNO and SRP developed and updated
Multi-sectoral analysis of risks, vulnerabilities and opportunities to identify priority needs/gaps (sex and age disaggregated data analysis)	# of risk analysis that include sex and age disaggregated data
Create and regularly update country/regional baseline of harmonized information to facilitate joint analysis and better planning and monitoring	Database regularly updated and accessible to key stakeholders
Mapping disaster prone areas	# of disaster risk maps produced and shared

STRATEGIC 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.

Early action and post crisis recovery efforts will require a coordinated effort among national governments, regional bodies and humanitarian and development agencies. Coordination efforts will promote preparedness, early action and early response measures. Key tools such as contingency planning, simulation exercises and early warning will be rolled-out/updated. Emergency stand-by response capacity will also be reinforced to further enable a rapid response to disasters and conflicts.

Activities to address:	Output Indicator
All joint humanitarian priorities	
Build the capacity of national counterparts to increase the ability of national institutions to better prepare and respond to emergencies	# of training sessions for national counterparts (national authorities and civil society) # of national capacity assessments conducted
Support and strengthen at country level the implementation of minimum preparedness package with relevant stakeholders (i.e. Contingency planning, simulation exercises, MIRA training, etc.)	# of contingency plans updated # of simulation exercises conducted % of minimum preparedness actions completed
Support the development of resilience "markers" in country/regional humanitarian strategies and appeals	# of projects that include resilience activities

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Actions under this strategic objective will aim to ensure a coordinated and timely humanitarian response to life-saving needs. This will include promoting the programme cycle of needs assessments, response plans, fundraising and performance monitoring. Coordination resources will also support country and regional clusters/sectors in the discharge of their roles.

Activities to address:	Output Indicator
All joint humanitarian priorities	
Support strategic coordination through the HCT	# of HCT meetings/by quarter
Support strategic coordination through the Inter-Sector/Cluster working groups and sectors/clusters and promote participation of government	# of ISWG meetings/month # of functional coordination mechanisms at decentralized level
Prepare key messages to support advocacy and resource mobilization	# key messages prepared, regularly updated and disseminated
Mobilize resources for humanitarian actors through the SRP	% of SRP funding
Develop humanitarian information products as appropriate to support the situational understanding, humanitarian assessment and evidence-based response	# of key information products developed per reporting schedule (snapshots, dashboards, sitreps, bulletins, 3Ws, etc.)
Organize donor's briefings	# of donor's briefings organized
Monitor access constraints and advocate, if required, to ensure that humanitarian assistance can be delivered	# of analysis "access" products and shared with the humanitarian community reports

Coordination and Partnerships

Coordination efforts will aim to reinforce partnerships between humanitarians and national and development actors. A stronger engagement of governmental institutions in clusters/sectors will be sought so as to promote a joint strategic and operational partnership and, where possible, lay the foundation for transitional structures.

Regional Approach

The Sahel Strategic Response Plan aims to promote a coherent regional response to the Sahel crisis, including with regard to peace and security and development efforts. Coordination frameworks such as the regional IASC, the regional sectoral working groups (Food Security and Nutrition, Health, WASH, Protection, Education, and Emergency Preparedness and Response) and the Resilience Task Force will serve to develop and implement a regional vision and support and guide country efforts as required.

The Regional Humanitarian Coordinator will lead the humanitarian engagement in initiatives such as AGIR and the UN Integrated Strategy on the Sahel. The on-going collaboration with UNOWA and regional organizations, such as ECOWAS, will also help raise awareness of neglected crises and address situations of concern to the humanitarian community.

EDUCATION



Lead agency: UNICEF

Contact information: Anne-Laure Rambaud (alrambaud@unicef.org)



PEOPLE IN NEED

6.3 million



PEOPLE TARGETED

2.6 million



REQUIREMENTS (US\$)

39.3 million

Many of the issues facing education systems in the Sahel are structural e.g. absenteeism of school children during the agricultural season, poor quality of teaching, absenteeism of teachers in rural areas, etc. However, evaluations conducted by the Education cluster in 2013 in Niger, Chad and Mauritania on the impact of the food and nutrition crisis on education noted that large numbers of children dropped out-of-school due to the crisis to take part in income-generating or household activities; to migrate with their families in search of work, food and water; or to be forced into exploitative relationships. While schools in northern Mali reopened in 2013, challenges for conflict-affected children in-country and refugee children in Burkina, Niger and Mauritania remain significant. It is estimated that only an average of 36% of school-age refugee children are accessing education opportunities across Niger, Mauritania and Burkina Faso. In addition, flooding and cholera is expected to hamper the education of thousands of children in the region in 2014.

Education plays a key role in the survival, protection and empowerment of children in the Sahel region. Education can protect children from the risks that arise during a crisis, such as child marriage, trafficking, child labour and abuse and increased prevalence of gender-based violence, especially affecting girls. Schools and other learning environments provide a platform for integrated emergency response, in particular for food, health and hygiene, and child protection. In the longer-term, the education sector is poised to build the resilience of children and their communities to cope with the future shocks that are bound to affect the region in coming years. Tomorrow's resilience starts at school today. To date, however, discussions and funding towards mitigating the impact of crises in the Sahel have failed to incorporate education as a key part of the response and of resilience strategies.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

A key component of the work of the education sector over the next three years will be to track and analyse vulnerability and risk to inform not only humanitarian but also longer term development programming. Key interventions will include:

- Roll-out of the Early Childhood Development prototype, which includes a survey on parental practices;
- Roll-out of the conflict and risk analysis in the education sector. This analysis is the foundation for developing risk-informed and conflict-sensitive education sector plans;
- Carrying out harmonised assessments of the impact and lasting effects of the food and nutrition crisis as well as other shocks on education in the Sahel, in order to develop relevant and timely responses.

Activities to address:	Output Indicator
All joint humanitarian priorities	
Analyse the response capacities at national, regional and local level	Existence of early warning system
Actively involve community in the risks and vulnerabilities analysis	# of consultations held
Analyse the coordination mechanisms in the targeted areas with all stakeholders	3W regularly updated

Food Insecurity

Assess the impact of food crisis on children schooling and the existing mechanisms to minimize the negative impact	Drop-out rates before, during and after food insecure period disaggregated by gender
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The impact of conflict

Evaluate the impact of conflict on boys and girls education	Drop-out rates before, during and after conflict period disaggregated by gender
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Carry out risk and conflict analyses of the education system	# of communities covered by the analysis.
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The impact of epidemics

Assess the WASH services and infrastructure in learning spaces located in cholera prone areas	# of learning space located in cholera prone areas assessed.
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Assess practical knowledge and practices on hygiene in school in cholera prone areas	% of children and teachers who know basic hygiene practices
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The impact of disasters

Assess formal and non-formal learning environments that are considered safe for boys and girls of different ages	# of learning environments assessed
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STRATEGIC 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.

An early action focus on Disaster Risk Reduction, preparedness and building resilience across the region will enable communities to better cope with shocks and mitigate the potential effects of various crises. Planned activities include:

- Training workshops and on-going support to local education stakeholders such as traditional leaders, teachers, parents and children;
- Capacity-building of local and national education authorities as well as Education Cluster members in disaster preparedness, contingency planning and response;
- The development and/or dissemination of learning packages on DRR, WASH, agriculture and nutrition, peace education and social cohesion that can be included in both formal school curriculum and non-formal settings to engage out of school youth;
- Support for school feeding programs through the establishment of canteens and creation and maintenance of school gardens ;
- Investment in girls' education through provision of school materials, capacity-building of MoE, and inclusion of gender and inclusion in education sector policies.

Activities to address:	Output Indicator
Capacity building and resilience	
Support and build capacities of local stakeholders (traditional leaders, PTAs, parents, etc.) involved in education in emergencies	# of stakeholders involved in EiE in target areas trained on school management and administration
Build capacities of MoE at national and local level in emergency preparedness and response	# of MoE officials trained
Prepare/update contingency and preparedness planning in MoE and decentralized education structures.	% of target schools/learning spaces with school-level contingency/preparedness plans in place
Food Insecurity	
Create/support school gardens	# of school gardens created/supported
Develop modules that focus on good nutritional and agricultural practices	# of teachers trained to provide lessons on nutrition and agricultural practices
Develop school feeding programmes to support children	# of school canteens constructed or rehabilitated
Malnutrition	
Train pre-school teachers/other educational personnel in hygiene promotion	# of male/female teachers/other educational personnel trained

Activities to address:	Output Indicator
The impact of conflict	
Offer alternative education activities to support the integration of out-of-school children	# of children attending alternative forms of education (boys/girls)
Develop peace education and conflict prevention modules /support MoE to mainstream peace education and conflict prevention in the curriculum	# of modules mainstreamed in the curriculum
The impact of epidemics	
Implement a WASH minimum activity package in schools located in cholera prone areas	# of schools reaching the SPHERE WASH Minimum standards
Train teachers/other educational personnel in hygiene promotion	# of teachers/other educational female/male personnel trained
The impact of disasters	
Disseminate key messages on Disaster Risk Reduction to children and youth in emergency affected learning spaces/schools	# of boys/girls receiving key messages on DRR
Build capacities of local actors and systems to engage in education continuity planning, and child centered disaster risk reduction and emergency preparedness in areas affected by or highly vulnerable to emergencies	# of male/female education actors trained in disaster risk reduction, emergency preparedness and education continuity planning

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Schools and learning environments need to be recognized as places of learning and an opportunity to provide children and youth with a sense of normalcy as well entry points for an integrated life-saving assistance to children. Planned activities to support an integrated humanitarian response will include:

School-based nutrition and food interventions such as school feeding, provision of take-home rations, training of mothers and school canteen staff on feeding practices and school gardens:

- Health screenings in school, deworming and vitamin A supplementation campaigns;
- Promotion of hygiene and sanitation practices in schools: hand-washing, ways to mitigating environmental impact, cholera prevention;
- School-based referral and support mechanisms. Additional life-saving interventions will include ensuring the safety of schools and temporary learning spaces to enable access to learning opportunities that are of good quality and equitable;
- Capacity-building on the UNICEF/WHO "Care for Child Development" package which is available in French and supports the integration of early stimulation and psychosocial assistance into nutrition interventions.

Interventions addressing the education needs resulting from emergencies:

- Temporary learning spaces and school rehabilitation;
- Provision of teaching and learning materials, especially in displacement settings and flood-affected contexts;
- Teacher training on psychosocial support, large classroom management and positive discipline techniques;
- Accelerated learning programs for the children who have never been to school or who dropped-out due to the crisis.

Activities to address:	Output Indicator
All joint humanitarian priorities	
Undertake rapid joint need assessments	% of inter-cluster or from other clusters assessments that include education questions
Conduct awareness campaigns in schools on life skills/life-saving messages/peace behavior	# of children and youth reached disaggregated by gender

Coordinate education response with other sectors/clusters	Transparent and active mechanisms exist to share information with other sector/clusters
Systematically and impartially evaluate the education response in order to improve practice and enhance accountability	Information is collected transparently and impartially
Food Insecurity	
Implement emergency school feeding	# of school canteens supplied, constructed or rehabilitated
Implement deworming and vitamin A supplementation campaign in school	#r of children who received deworming treatment disaggregated by gender
Malnutrition	
Sensitize mothers/parents on early childhood care and development	# of parents sensitized
Distribute pre-school nutrients snacks	# of boys/girls provided with nutrients snacks
The impact of conflict	
Provide inclusive and relevant quality education opportunities	# of children and youth enrolled in formal and non-formal education in target areas disaggregated by gender
In partnership with communities and local authorities, establish or rehabilitate inclusive, safe and protective temporary learning spaces (schools/ECD centers)	# children and youth benefiting from TLS- disaggregated by gender
Distribute learning material in affected areas	# of children benefiting from the learning material distribution (children/girls)
Monitor attacks on education	# of school/learning spaces occupied or attacked reported
The impact of epidemics	
Refer sick children affected in the health center	# of children referred- disaggregated by gender
Build or rehabilitate adequate male and female WASH facilities in Schools/learning spaces	# of adequate WASH and gender appropriate facilities for male/female built/rehabilitated
The impact of disasters	
Provide inclusive and quality education opportunities	# of boys / girls and youth enrolled in formal and non-formal education in target areas
Distribute learning material	# of children benefiting from learning material disaggregated by gender
In partnership with communities and local authorities, establish or rehabilitate inclusive, safe and protective temporary learning spaces for children and youth affected by or highly vulnerable to emergencies	# of children benefiting from TLS disaggregated by gender

Coordination and Partnerships

Education is an integral part of a cross-sectoral response throughout the phases of preparedness, response and recovery. The activities outlined above include clear synergies with the Nutrition, WASH, Health and Protection sectors. In countries in the midst of conflict, use of the Monitoring and Reporting Mechanism (MRM) on grave violations of children's rights in situations of armed conflict to monitor attacks on education facilities will be supported.

In each of the countries with an education response to the Sahel crisis, education Clusters or Working Groups include representatives of the national Ministry of Education. Through this partnership, colleagues are working to build the capacity of government stakeholders at the national and sub-national level to incorporate education in emergencies into their education sector planning processes.

Regional Approach

As co-leads of the Regional Sector Working Group, UNICEF and Plan International will work closely with partners to continue to track risks and vulnerabilities, address humanitarian needs, and strengthen resilience across the region. Strategies and interventions in the regional education response plan build upon and complement the country-level SRPs through data and situation analysis, capacity-building, evidence generation and knowledge management, cross-border collaboration, technical assistance, and strategic advocacy for education investments.

FOOD SECURITY



Lead agency: FAO, WFP and ACF

Contact information: Jose-Luis Fernandez (jose.luis.fernandez@fao.org)



PEOPLE IN NEED

20 million



PEOPLE TARGETED

11.8 million



REQUIREMENTS (US\$)

866 million

Agriculture

Agriculture and pastoralism are the main sources of food and income for the majority of the population in the Sahel. Recurring crises in 2005, 2008, 2010 and 2012 have eroded the coping capacities and weakened the productive assets of the already vulnerable populations, further impoverishing them. Having yet to recover from past crisis, these populations have been unable to withstand new shocks such as erratic rains, low agricultural production, persistent high levels of food prices and national and regional insecurity. Specific challenges faced by the agricultural sector such as environmental degradation, the threat of a desert locust infestation and competition over natural resources, further jeopardize food production. It is therefore crucial to strongly support the agricultural and pastoral sector to avoid a further degradation of the humanitarian situation and maintain an enabling environment conducive to resilience building. The agriculture sector response plan is based on cropping seasons. Three main campaigns can be defined in the Sahel: the main season (May-October), the off-season and floodplain recession campaign (October-May), and the irrigated agriculture (January-December). Timely funding is needed ahead of each season and is particularly critical for landlocked countries, facing long lead-time for in-country availability of inputs. Seasonality also needs to be considered for the funding of pastoralist activities to ensure an appropriate response.

Food Assistance

Food assistance is essential to address the immediate needs of millions of people in the Sahel. Nevertheless; the accumulation of shocks will require a combination of life-saving assistance and longer-term measures enhancing livelihoods. Wherever possible a link between food assistance interventions and local food production will be made. As one of the priorities for the region remains the strengthening of assets and the improvement of access to food, investing in human capital through safety nets for the most vulnerable populations remains essential. Early interventions oriented to tackle seasonal food insecurity during the lean season will also be prioritised. Analysis of the most appropriate transfer modality will be encouraged and a wide range of mutually supportive interventions will be promoted, involving national actors, NGOs and UN organisations to streamline capacity building at local, national and regional level.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Preparedness and early actions rely on the existence of efficient early warning systems. The food security sector will work to reinforce the existing risk and food security vulnerability analysis and monitoring systems at national and regional level to promote an adequate and timely response. In addition, the sector will promote proper knowledge and information management of good practices in food security, agricultural risk reduction and resilience strengthening to enhance the impact of the response intervention.

Activities to address:

Food Insecurity

Identifying risk areas and vulnerable populations through joint analysis of Food Security, Nutrition , and Markets	# of joint analytical work leading to the identification of risk area
Strengthening food security coordination at regional / national and inter-sectoral level	# of inter-sectoral meetings
Knowledge management and capitalization of good DRR practices and food security	# of capitalization actions conducted

Malnutrition

Strengthen coordination for multi-sectorality between Food Security and Nutrition	# of FS/nutrition coordination meetings conducted
Knowledge management and capitalization of good food security practices contributing to improve the nutritional status	# of capitalization actions conducted

The impact of conflict

Analysis of the response capacity of different actors to address food insecurity in conflict affected areas	# of analyses made
Knowledge management and capitalization of good practices to ensure food security for people affected by a conflict	# of actions of capitalization of good food security practices in areas affected by a conflict

The impact of disasters

Analysis of the response capacity of different actors to address food insecurity in case of disaster	# of analyses made
Communicate/share with partners at regional, national and local levels, analysis and early warnings on food security following a natural disaster	# of analyses shared
Knowledge management and capitalization of good practices to ensure food security of populations facing natural disasters	# of actions of capitalization of good food security practices coping with natural disasters

STRATEGIC 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.

To strengthen the adaptive capacity of households to climate shocks, the agriculture sector will centre its efforts in the protection and rehabilitation of farmers, pastoralists and fishermen livelihoods by facilitating the access to agricultural, zoo-veterinarian and fisheries inputs, crop flood protection (dikes, etc.), rehabilitation of productive infrastructure (irrigation, garden wells, ponds and pastoral wells, etc.), the promotion of climate smart agriculture techniques (conservation agriculture, agro forestry, drought resistant seed multiplication, animal multi-nutritional blocks production, etc.), the promotion of sensitive agriculture and capacity building to deal with climate change. Wherever appropriate, those actions would be complemented by food assistance through conditional transfer (cash and/or food) supporting asset creation projects. At institutional level, the strengthening of institutional capacities for coordination and management of food and agricultural crisis will also remain a priority for the food security sector.

Activities to address:	Output Indicator
Food insecurity, the impact of conflict and disasters	
Timely sharing analysis and early warnings containing recommended preventive measures (awareness) at local, national and regional levels for all sectors	# of timely issued alerts
Pre-positioning of emergency food stocks at local, national and regional levels	# of storage sites identified, brought up to standards and secured
Protect and rehabilitate / strengthen livelihoods of P and VP households through the distribution of agricultural and pastoralist inputs	# of households assisted in the main season # of households assisted in the off season # of households assisted in irrigated crops # of pastoralists assisted
Protect and rehabilitate/strengthen livelihoods of P and VP households through cash or food for assets	# of household beneficiaries
Malnutrition	
Joint food security/nutrition training to promote good nutritional practices using appropriate training materials	# of people trained
Promotion of high nutritional value vegetable varieties production	# of household beneficiaries
Health gardens	# of household beneficiaries

The impact of disasters

Development of contingency plans for natural disasters to ensure food security at community , national and regional levels	# of contingency plans made
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STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Lifesaving interventions target destitute farmers, agro-pastoralists and pastoralists that have lost their productive capacity due to climatic or conflict based crisis. Actions oriented to restore their livelihoods through cash transfer and/or agricultural and pastoralist input provision will contribute to their survival and early recovery. Food assistance through unconditional transfer (cash or in-kind) will contribute to ensure adequate food and nutrition security of people affected by emergencies.

Activities to address:	Output Indicator
Food insecurity, the impact of conflict and disasters	
Food assistance for assets (Cash for assets, Food for assets)	# of women, men receiving assistance
Unconditional Food Assistance (in kind)	# of women, children, girls and boys men receiving food assistance
Unconditional cash transfers	# of households receiving unconditional cash transfer
Emergency distribution of agricultural and livestock inputs	# of households assisted in the main season # of households assisted in the off season # of households assisted in irrigated crops # of pastoralists assisted

Partnerships and Coordination

The importance given by the regional intergovernmental organizations to the analysis of food insecurity and early warning systems resulted in a timely response to the 2012 drought crisis. During the 2012 crisis, government's response plans played a key role in supporting fundraising efforts for the crisis. The willingness of Sahel governments to play their role in the coordination, preparation and response to needs has increased over the last years. The sectoral strategy will promote the active implication of national governments and regional IGO in the SRP process in order to create an enabling environment for the management of multiple hazards and risks that put agriculture, nutrition, and food security safety at risk.

Inter-agency cooperation and coordination will be enhanced in order to create cross-sectoral synergies among agriculture, food assistance, nutrition and water-related activities. Nutrition-sensitive agricultural interventions contribute to diet diversification. Food assistance through food-for-assets and distributions of seed protection rations plays a crucial role in addressing under nutrition and in fostering agricultural activities. Food production surplus can be used for food assistance programs at the local level.

The Regional Approach

The Regional Food Security and Nutrition Working Group will contribute to the achievement of the Sahel Strategic Response Plan in three main ways: collection, analysis and sharing of food security and nutrition-related information to ensure information exchange, context monitoring and contribute to early warning and advocacy at the regional level; gathering of good practices, lessons learned, evaluations' results and key recommendations to facilitate cross country learning and contribute to enhancing program quality and impact; joint advocacy to draw the attention of decision-makers to priority areas and stimulate or adjust the response.

HEALTH



Lead agency: WHO and SCF-UK

Contact information: Dr. Sebastiao Nkundu (nkunkus@sn.afro.who.int) and Dr. Fatou Mbow (f.mbow@savethechildren.org.uk)



PEOPLE IN NEED
21 million



PEOPLE TARGETED
17 million



REQUIREMENTS (US\$)
116 million

Millions of people in the Sahel require humanitarian health support. The Sahel hosts five of the 20 countries where children have the highest likelihood of dying before the age of five. Pneumonia, malaria and diarrhoea cause around one third of all deaths. Neonatal mortality has increased over time and is responsible for nearly half of all deaths in the Sahel.

Since 1999, only two Sahel countries -Mali and Niger-, have achieved reductions in under-five mortality. In the Sahel young women are most likely to die as an outcome of pregnancy, fertility rates are amongst the highest worldwide and gender inequities profoundly impact all aspects of the humanitarian response.

Five Sahel countries are presently experiencing armed conflicts or are in the process of returning to peace, with health systems profoundly weakened as an outcome. This has a particular impact on the prevention and response to recurring preventable epidemics (measles, cholera, meningitis, lassa fever) with case fatality rates far above Sphere standards (cholera 5%, meningitis 11.7%).

Children under five suffering from acute malnutrition are particularly vulnerable due to additional risk factors including malaria, acute respiratory infections and diarrheal diseases, impacting their health status and effectiveness of SAM treatment. This further underscores the importance of reinforcing health systems as an integral part of humanitarian and resilience efforts in the Sahel.

STRATEGIC OBJECTIVE 1: Track and analyze risk and vulnerability, integrating findings into humanitarian and development programming.

In the Sahel, availability of reliable data remains a clear challenge. Timely availability of quality data is essential in ensuring an evidence-based response. This often requires cross-border collaboration which is presently not supported to extent needed to ensure optimal response. Early warning systems are presently very weak and the availability of pre-positioning of essential drugs and supply in risk prone is extremely variable.

Activities to address	Output Indicator
All joint humanitarian priorities	
Joint multi-sectoral analysis of vulnerabilities taking into account age, gender and handicaps	# of joint plans based upon multi-sectoral analysis publicly disseminated
Strengthening mechanisms of regional collaboration on epidemics	# regional collaboration meetings on epidemics
Establishment of early warning systems for epidemic-prone diseases in health facilities and at community level	# of reports publicly shared which include results of laboratory tests
Conduct mortality surveys (including for under-5)	# of mortality surveys conducted
Provide and secure nutrition supplies, medicines and other essential supplies to ensure access to medico-nutritional care (including inpatient's care for SAM)	# of medical procurement requests financially and logistically supported

STRATEGIC 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.

Evidence-based interventions drastically reduce deaths and occurrences of diseases. Scaling up exclusive breastfeeding in the first 6 months' of life, ensuring large vaccinations' coverage, providing essential micronutrients and strengthening health systems are all essential elements of health resilience which is critical in the Sahel region.

Activities to address:	Output Indicator
All joint priorities	
Breastfeeding promotion	# of health structures displaying IEC material specifically targeting women
Vitamin A supplementation in children under 5 to reduce the overall risk of deaths as well as new occurrences of diarrhoea and measles	# of supported campaigns for universal VitA supplementation for children U5 which have been supported
Zinc supplementation, or fortification for the prevention of pneumonia in children aged 2-59 months	# of initiatives for universal zinc supplementation or dietary improvement or fortification for children under 5 which have been supported
Routine EPI vaccination including Hib and measles	# of children fully vaccinated (including Hib and measles)
Antimalarial intermittent preventive treatment in pregnancy	# of women who received 1 dose or more of sulfadoxine-pyrimethamine (SP)
Staff trained in the case management of diseases most likely to occur locally as per contingency plan	# of staffs trained, taking into account diseases' caseload seasonality
Supporting a functioning diseases' surveillance system	# of reports with complete data that are provided on time and publicly shared

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Ensuring access to a high quality of service delivery in primary and secondary health care settings, including in neglected areas such as mental health and surgery or in areas where further support is required such as gender-based violence and HIV, is crucial in emergency settings. Activities will focus on scaling up the present response and strengthening its quality.

Activities to address:	Output Indicator
All joint humanitarian priorities	
Investigation of epidemic alerts	# of reports publicly shared which include results of laboratory tests
Investigation of epidemic alerts	# of confirmed cases
Free access to primary healthcare services	# of health structures provided with medicines and supplies
Free access to primary healthcare services	# of free consultations provided in primary healthcare facilities
Free access to emergency secondary healthcare services, including surgery	# of health facilities with a free referral system at primary and secondary healthcare level
Free access to emergency secondary healthcare services, including surgery	# of free emergency surgical procedures performed
Medical management of survivors of rape	# of survivors of sexual violence medically managed for free
Antiretroviral treatment (ART) for PLWHA previously on treatment and now lost to follow-up	# of PLWHA previously lost to follow-up who are back on ART
Mental Health	# of free consultations provided on mental health
Free healthcare provided to non-malnourished children in contexts of nutrition crisis	# of pediatric medical consultations at primary and secondary healthcare level within non-malnourished children

MULTI SECTOR ASSISTANCE FOR REFUGEES



Lead agency: UNHCR
Contact information: gnonkond@unhcr.org



PEOPLE IN NEED
768,000



PEOPLE TARGETED
743,000



REQUIREMENTS (US\$)
327 million

In 2013, there were a number of significant refugee flights in the Sahel region. Following the military intervention in Mali, approximately 94,000 individuals fled to Mauritania, Burkina Faso and Niger. While over 6,000 individuals have returned to Mali from these countries of asylum, an estimated 170,000 refugees remain in exile. 2013 also saw new crises in northern Nigeria leading to flight to the flight of almost 20,000 individuals to Chad, northern Cameroon, and Niger; the flight of refugees from Sudan to Chad (over 300,000 Sudanese refugees are now living in Chad); and just under 20,000 new refugees from the Central African Republic having fled to Sahel countries.

STRATEGIC OBJECTIVE 1: Track and analyze risk and vulnerability, integrating findings into humanitarian and development programming.

Activities at country level will revolve around increasing the available information and analysis of vulnerable groups and activities aimed at aiding these vulnerable groups. Examples of activities include analyses of the need for livelihoods support, and analysis of risk with the participation of refugees in the analysis.

Activities to address	Output Indicator
Food Insecurity	
Improving food assistance monitoring	
Ensuring joint assessments, plans and strategies	
The impact of conflict	
Advocacy for the inclusion of refugees in national legal frameworks	# of advocacy interventions
Participatory risk analysis and gender and age diversity mainstreaming	
Analyse the need for livelihood support	

STRATEGIC 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.

Activities will aim to promote resiliency in vulnerable populations, ensuring that targeted individuals will be better able to cope with shocks. Examples of activities undertaken at country level to ensure that refugees can respond to shocks includes promoting peaceful coexistence between refugees and host communities, strengthening civil registration (increasing access to state led protection mechanisms), and ensuring better access to energy (such as gas for cooking stoves).

Activities to address	Output Indicator
All joint humanitarian priorities	
Promote peaceful coexistence with local communities	# of persons reached through community sensitisation campaigns
Strengthen civil registration and civil status documentation	# of communities where issuance of civil status documentation by national institutions supported
Promote access to energy	# of households provided with energy saving equipment

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

The majority of activities concerning the multi-sector refugee group will relate to life-saving. These activities include ensuring basic services (water, food, and shelter), ensuring registration of refugees, and working to ensure that refugee livelihoods are improved during their exile.

Activities to address	Output Indicator
Food Insecurity	
Providing Cash Transfers (livelihoods and self-reliance)	# of communities where cash vouchers/grants provided
Improve food security	Av.# of Kcals distributed per person per day
The impact of conflict	
Maintain and improve the quality of individual registration and profiling	# of persons trained
Improve self-reliance and livelihoods	% of PoC (18-59) with own business or self employed for more than 12 months. % of PoC (18-59) with own business or self employed for more than 12 months. % of PoC (18-59) with own business or self employed for more than 12 months.
Provide access to basic services (Wash, education, Santé)	# of health facilities equipped and rehabilitated

NUTRITION



UNICEF

Contact information: Patricia Hoorelbeke (phoorelbeke@unicef.org)



PEOPLE IN NEED

8.2 million



PEOPLE TARGETED

4.4 million



REQUIREMENTS (US\$)

289 million

The nutritional status of children in the Sahel is alarming with prevalence exceeding emergency thresholds in several regions. The estimated burden of children under-five^{xvii} affected by acute malnutrition (GAM) is close to 5 million, with 1.5 million suffering from Severe Acute Malnutrition SAM. In the nine countries covered under this plan, the average yearly death toll of children under five is of 1.28 million. An average of 577,000 under-five deaths (45%) are directly related to under nutrition. The principal goal of nutrition interventions under the SRP will be to prevent excess mortality and morbidity resulting from acute malnutrition. The response will also contribute to the prevention of all forms of under-nutrition in children (both boys and girls, in all regions) through improved family practices.

Countries	Estimated U-5 GAM 2014 Burden	Estimated U-5 SAM 2014 Burden	SAM 2014 target new admissions	% of estimated Burden	Estimated U-5 MAM 2014 Burden	MAM 2014 target	% of estimated Burden	Burden AM PLW 2014	AM PLW 2014 target
Burkina Faso	514,000	144,000	115,000	80%	370,000	290,000	78%	130,000	72,266
Cameroon*	186,633	54,198	48,778	90%	132,435	92,704	70%	41,064	36,958
Chad (Sahel Belt)	436,181	135,533	135,533	100%	300,647	177,000	59%	182,393	20,000
Mali	497,153	136,000	107,000	79%	361,153	253,000	70%	87,000	51,000
Mauritania	125,263	30,741	30,741	100%	94,523	75,115	79%	16,661	12,670
Niger	1,006,324	356,324	356,324	100%	650,000	575,000	88%	271,726	271,726
Nigeria (11 states)	1,790,920	539,147	323,488	60%	1,251,773		0%		
Senegal	340,224	78,888	50,325	64%	261,336	130,924	50%	28,000	8,900
Gambia	49,408	8,640	7,859	91%	40,768	33,474	99%	28,502	28,502
Total	4,946,106	1,483,471	1,175,048	79%	3,462,635	1,627,217	47%	785,346	502,022

Source: UNICEF and Nutrition cluster partners. For Cameroon figures refer to North, Extreme North, Est and Adamaoua.

STRATEGIC OBJECTIVE 1: Track and analyze risk and vulnerability, integrating findings into humanitarian and development programming.

The prevalence of acute malnutrition is high among children under-five years of age in the Sahel region not only at the height of the lean season, or in a crisis year, but also in post-harvest periods and in normal years.

Situational analysis shows that humanitarian assistance and nutrition response programmes to treat severe and moderate acute malnutrition are crucial to save lives of children. However, solving the nutritional problem in the Sahel will require: a scale-up of prevention programs, ensuring nutritional assistance as part of long-term programming, reinforcing linkages with development actors and regional organizations to tackle high vulnerabilities, advocating for increased funding for human development, poverty reduction and mitigation actions to recurrent crisis to promote resilience.

A key priority for the nutrition sector is the reinforcement of existing nutrition information systems and nutrition analysis in the region to ensure adequate and timely response, as well as to better integrate the nutrition problem in development policies and strategies. Nutrition partners will continue to promote and support regular nutrition surveys during the peak for the lean season and at post-harvest time to inform both humanitarian and development programming. The use of new technologies to better analyze trends, vulnerabilities, and adequate coverage of emergency and long-term programming will be promoted. Nutrition partners will also support the integration of nutrition analysis in national plans in close collaboration with Scaling Up Nutrition, REACH and resilience platforms at national and regional levels.

Activities to address:	Output Indicator
Food Insecurity and Malnutrition	
Carry out quality Nutrition surveys	# of regions/ health districts covered by nutritional survey or where nutrition prevalence is known
Support and strengthen Nutrition Information Systems	# of supported health districts reporting CMAM data (admissions, performance, and supply indicators)
Advocate to integrate Nutrition in both humanitarian and development programming	# of countries with nutrition sensitive sectorial development policies
The impact of conflict, epidemics and disasters	
Carry out Nutrition rapid assessment in affected areas / population	# of affected areas where impact on the nutritional status of population is known
Carry out Nutrition screening in affected population	# of affected girls, boys U- 5 and women screened # of identified malnourished affected girls and boys under 5 years and women referred to adequate treatment facility

STRATEGIC 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.

Chronic large-scale nutrition crises must be addressed by long-term year-round actions which are reinforced by specific response programs during the lean season and informed by strong information systems. To combat child mortality and malnutrition in the Sahel, and the related impact on the cognitive development and growth, stronger emphasis must be put on actions that address the direct and immediate causes of malnutrition and mortality, including for example poor caregiving practices, lack of safe drinking water and hygiene, poor infant and young child feeding practices, inadequate access and availability of acceptable and adapted diet, inadequate access to treatment for childhood diseases; etc.

Activities to address:	Output Indicator
Food Insecurity and Malnutrition	
Nutrition education and training in Infant and Young Child feeding (IYCF), and essential family Practices (including hygiene)	# of caretakers, men and women, who received training on IYCF and essential family practices
Train health staff and community health workers on management and prevention of acute malnutrition	# of health staff and community health workers (men and women) trained
Integrate Nutrition surveillance in Early warning systems	# of health districts integrating surveillance activities
Intensification of MAS screening and reference	# of U-5 children screened (#boys & girls for MAM, SAM & referred to management centre)

Activities to address:	Output Indicator
The impact of conflict, epidemics and disasters	
Communication for Development on essential nutrition, feeding and family practices in affected areas	# of caretakers, men and women, benefiting of C4D activities on Nutrition
Preposition contingency stocks	# of Nutritional inputs prepositioned
Integrate Nutrition surveillance in Early warning systems	# of health districts integrating surveillance activities
Coordination among nutrition actors	# cluster / group meeting and coordinated activities

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Every year, roughly 577,000 children die of malnutrition and health-related consequences, even in years when no acute emergency has been declared. This situation is aggravated by widespread outbreaks of endemic diseases due to poor access to health services, low coverage of immunization, limited access to clean water and sanitation and high levels of food insecurity. UNICEF, governments and NGOs partners, will strengthen their coordination and continue to support and strengthen health system capacities, to ensure adequate access to life-saving treatment for children U-5 with severe acute malnutrition, with specific attention and additional support to high SAM prevalence areas (SAM prevalence > 2). Specific effort and attention will be given to program quality and coverage. WFP, governments and NGOs partners, will implement MAM treatment for children U-5 with moderate acute malnutrition and undernourished pregnant and lactating women as an important nutrition safety net, throughout the year. Targeted supplementary feeding to treat MAM will be implemented in all regions where GAM exceeds 10% irrespective of the food security situation; blanket supplementary feeding will be provided to prevent acute malnutrition among children 6 to 23 months of age and pregnant and lactating women with children under 6 months during the lean season in areas where GAM exceeds 15%, or where GAM exceeds 10% and a significant deterioration is expected due to aggravating factors such as large food deficits, high level of food insecurity based on household survey and /or soaring food prices.

Activities to address:	Output Indicator
All joint humanitarian priorities	
Integrated Management of severe acute malnutrition in children <5 years	# of SAM children < 5 years, girls and boys, admitted for treatment
Management of moderate acute malnutrition in children <5 years and pregnant and lactating women	# of MAM children <5 years, girls and boys, and pregnant and lactating women admitted for treatment
Blanket supplementary feeding	# of persons, girls, boys, men and women, who received a supplementary feeding ration
Joint programming with others sectors activities that could integrate a nutrition component (General Food Distribution, vaccination campaign, etc.)	# of other sector activities integrating a nutrition component

Partnership and Coordination

All acute malnutrition prevention and treatment programs will be implemented within an integrated package of interventions including infant and young child feeding promotion, hygiene and sanitation promotion, malaria prevention and treatment, and promotion of prevention services at community and health centres levels. Intensification of mass screening and reference is also needed in order to increase coverage and early treatment.

The Sahel region is facing a critical shortage of qualified nutrition professionals with the appropriate capabilities to design, implement and monitor large-scale nutrition programs. In addition to providing support for adequate and up-to-date national protocols and standards at country level, nutrition partners will also invest in on-the-job training for health service personnel at community and facility levels, as well as ensure that pre-service nutrition curricula are updated to include the latest developments and integrate an expanded set of knowledge, skills and competencies that adequately address the nutrition challenges faced in the region. In 2014, nutrition partners will improve on-the-job capacity of health staff and community health workers and strengthen and harmonize existing training programs on nutrition, work with key stakeholders to update nutrition training and introduce a harmonized regional nutrition curriculum endorsed by the West Africa Health Organization (WAHO), and provide support to countries to adopt and roll-out this harmonized training curricula.

PROTECTION



Lead agency: UNHCR

Contact information: Abdouraouf Gnon-Konde (gnonkond@unhcr.org)



PEOPLE IN NEED

16 million



PEOPLE TARGETED

11 million



REQUIREMENTS (US\$)

84 million

The protection strategy for humanitarian organizations in the Sahel is formulated in large part as a response to the displacement of individuals in 2012 and 2013 due to conflict in Mali, northern Nigeria, Sudan and the Central African Republic.

STRATEGIC OBJECTIVE 1: Track and analyze risk and vulnerability, integrating findings into humanitarian and development programming.

Activities under this strategic objective aim at greater and better coordinated information gathering, and breakdown of this data according to potential at-risk groups, including by gender. Protection activities at country level will focus on mapping and analysing vulnerable populations, and ensuring proper protection monitoring of populations affected by conflict. At a regional level, the aim will be to help with analysis of regional protection trends and provision of tools for analysis at the country level.

Activities to address	Output Indicator
The impact of conflict	
Mapping and analysing vulnerability of communities living in areas affected by conflict focusing on risks and impact on protection of boys, girls, women and people living with specific needs (disabilities, GBV, family separation, child labour, early marriage, child recruitment, land mines and ERW)	# of maps or analytic reports produced
Implementation of systems/monitoring mechanisms for protection, GBV and PE, including monitoring of human rights violations, MRM and MARA.	# of systems/ monitoring mechanisms implemented by community
Provision of technical support, based on regional inter-agency collaboration, to conflict-affected countries in core protection area	# of common inter-agency tools, standards and procedures across affected countries in the priority protection domains; # of reports produced/ commented on
The impact of disasters	
Provide support to countries regarding the development of SOPs for GBV prevention and response	# of countries supported in the development of SOPs

STRATEGIC 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.

Activities at the country level will aim to promote common responses including strengthening community protection systems and training community members, and advocating for improving national protection standards for areas such as child protection and gender-based violence. At the regional level, the focus will be on capacity building of national level protection clusters, to include members of the national government and local NGOs.

Activities to address:	Output Indicator
The impact of conflict	
Revitalize and / or strengthen mechanisms and systems of community protection (psychosocial support , community centers, houses of women) and provide training to community members in the management of cases (for various types of vulnerabilities and abuse)	# of supported and functional mechanisms # of trainings for community members
Advocacy and technical support for improving standards , legal framework and specific policy area of Protection, including GBV and PE	# of training sessions completed # of men and women trained
Capacity building and response across Protection Clusters	# of trainings # of advocacy sessions

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

The majority of protection interventions will fall under this strategic objective. At country level this will include coordinating responses, advocating for life saving assistance such as food, water, and shelter, and ensuring that there is a proper response to vulnerable individuals affected by human rights violations and abuse.

Activities to address:	Output Indicator
The impact of conflict	
Coordination of the response	# of national coordination mechanisms and existing regional -A mapping of operational humanitarian actors # of coordination meetings
Advocate for life saving assistance for conflict-affected people to receive essential assistance (food, water, medication, shelter and NFIs)	# of communities where affected people expected to receive essential life-saving assistance
Provide a holistic and appropriate response to the most vulnerable people or people who have suffered violations or abuses , including support (PEC) of victims of GBV , the EAFGA , ESNA , etc.	# of GBV survivors who access care services (disaggregated by sex, age and type of service, psychosocial, medical, rehabilitation, judicial, socio-economic support) # of children reunited with their families disaggregated problem (ENAs, EAFGAs, trafficking victims, VBG etc.)

Partnership and Coordination

Protection cuts across all parts of humanitarian work, ensuring an approach based on human rights and dignity, which is gender-sensitive, applies to all the sectors in their provision of services to the most at-risk population. One common example of how protection links with other clusters is in relation to monitoring and reporting on child rights violations, engaging particularly with health, education and nutrition through training on how to identify the most at risk children and where to refer them, according to child protection partners' in particular operational areas. Thus protection clusters and working groups at country levels have adopted a transversal approach which integrates essential protection principles in the five humanitarian priorities (food insecurity, malnutrition, conflict, natural catastrophe, epidemics) throughout the three strategic objectives. An example of these transversal activities comes from the Mali protection cluster, whose activities include ensuring the integration of age, gender, and diversity in all sectors of the humanitarian response and sensitization and training on the principle of « Do no harm » in all sectors.

The Regional Approach

The role of the Regional Protection Working Group is fourfold: i. to strengthen coordination across agencies represented at regional level in order to better support countries in the Sahel; ii. to provide capacity building and operational support for Sahel countries, particularly those with limited humanitarian resources; iii. to help humanitarian organizations at country level with emergency preparedness and response planning; and iv. to provide quality assurance and oversight to ensure a coherent approach to technical protection questions.

WATER SANITATION AND HYGIENE



Lead agency: UNICEF

Contact information: Francois Bellet (fbellet@unicef.org)



PEOPLE IN NEED

12 million



PEOPLE TARGETED

7 million



REQUIREMENTS (US\$)

113 million

In the Sahel, populations' access to safe drinking water and basic sanitation coverage is below 10%. The WASH priority under the Sahel SRP therefore is to target the WASH needs of populations affected by food insecurity, malnutrition, epidemics, floods, conflicts, displacement etc. All of WASH's strategic activities are based on WASH minimum packages tailored to the different vulnerabilities of populations affected by the joint humanitarian priorities. The effectiveness of the WASH response is closely interlinked to other sectoral responses. The "WASH in Nut" strategy launched in 2012 which targets the couple "mother-malnourished child" from the nutritional centre to the household level will continue to provide the basis of an inter-sectoral response.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming

From emergency to development, water resources management - beyond the sanitation and hygiene practices – is one the main cross-cutting factors impacting agriculture and livestock, health, nutrition, education and protection, as well as social and gender issues. The inter-sectoral WASH interventions will support the development of contingency plans, road maps and national plans with the governmental counterparts. Information will be integrated from WASH data collection and GIS mapping as well as inter-sectoral lessons learned, research studies, sharing of the identified good practices and 4W funding data, covering both emergency and development activities.

Activities to address	Output Indicator
All joint humanitarian priorities	
Capitalisation / lessons learned with local and / or national authorities	# of areas covered by a capitalization/lessons learned exercise organized with local and / or national authorities
Food Insecurity	
Identification of strategic mixed water points in the areas of food crisis (IPC ≥ 3) and hydrological stress	# of administrative areas (admin level 2) affected by food insecurity (IPC ≥ 3) with strategic water points identified
Malnutrition	
Contextualization of WASH in Nut strategy at the country level and writing national advocacy documents	# of areas covered by a WASH in Nutrition strategy and advocacy at national level
The impact of conflict	
Joint risk analysis of potential conflicts	# of areas with joint WASH/Protection analysis on conflict risk regularly updated
The impact of epidemics	
Identification and mapping of areas , populations, behaviours and high risk period for cholera transmission	# areas with joint WASH/Health analysis targeting the population most at-risk of cholera, for which priority WASH actions can be conducted
Identification and mapping of high risk areas of seasonal malaria transmission	# of areas covered by a joint WASH/Health analysis to identify high-risk areas of seasonal malaria transmission
The impact of disasters	
Identification and mapping of areas at risk for disasters (floods in the first place)	# of areas covered by floodplain mapping available

STRATEGIC 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

Cluster activities will priorities the establishment of early warning systems on the functionality of basic WASH facilities, e.g. wells/boreholes or latrines and hand washing point in health structures or camps. This will increase humanitarian and community vigilance on hydric stress, water-borne diseases, gender and protection issues etc. Data monitoring system will be established in high risk areas in collaboration with various governmental counterparts (hydraulic/sanitation services, education/health system etc.).

Activities to address:	Output Indicator
All joint humanitarian priorities	
For communities and the most vulnerable groups, systematize the key steps in "participatory decision " in humanitarian or development projects	# of people benefited from a project's key milestones of "participatory decision-making" of communities and the most vulnerable groups
Food Insecurity	
Monitoring of the functionality of strategic water points in areas of food insecurity (IPC \geq 3)	# of strategic water points regularly monitored for its functionality
Malnutrition	
Strengthening access to WASH in health centers / nutrition centers targeted on the basis of nutrition indicators and aggravating factors (diarrhea)	# of nutrition centers for which programs to improve WASH access are implemented in the framework of early response programs/early recovery
The impact of conflict	
Rehabilitation of access to WASH services (schools , health centers) in areas of return	# of schools with functional WASH services in the areas of return # of health centers with functional WASH services in the areas of return
The impact of epidemics	
Sustainable WASH strategies in urban and rural areas at risk for cholera	# of cholera high-risk areas where sustainable WASH strategies are put in place to protect vulnerable populations
The impact of disasters	
Flooding contingency plan, including rapid response capabilities WASH (HR inputs , seasonal reinforcement)	# of agencies involved in the development of a multi-sectoral contingency plan that is regularly updated and that includes simulation exercise

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies

The delivering of a timely and functional "WASH minimum package" will promote conditions for saving lives. Existing WASH regional strategies like "WASH in Nut" or "Shield and Sword against Cholera" will continue to be rolled-out, taking into account the specific risks and vulnerabilities of the different country contexts. The "Water" "Sanitation" "Hygiene" approach strives to target challenges like transmission contexts of water-borne diseases or water and sanitation infrastructures, including so as minimizing sexual violence risks.

An example of this is the WASH minimum packages for addressing the impact of conflict which fully integrates gender and cross-sectoral issues, as follows:

- Counselling and promotion of behaviour change on key hygiene practices;
- Support to waste management in urban and high-density areas;
- Hygiene kit [450g soap/p/m, 1 intimate hygiene kit/woman in camps, jerry cans, baby potties, etc.] with counselling on safe hygiene behaviours;
- Clean water [5-15l/p/d*] from protected sources (including HWTS and support to urban stations/networks), with a safe location and a safe access to collective water points, without any protection-related risk for individuals;
- Safe and gender-friendly sanitation [1 latrine/50 p, hand washing, safe sites identified with women, and lit by night if needed].

Activities to address:	Output Indicator
All joint humanitarian priorities	
Consult women and girls at all stages of the project. Have special attention with regard to the design and location of water points, showers and toilets to reduce the waiting time and incidents of violence. Ensure that the evaluation teams and translation include female staff.	# of women/ Girls/boys spending less than 20 minutes to collect water/queuing
Food Insecurity	
Repairing strategic mixed water points in food insecurity pastoral areas (IPC \geq 3)	# of strategic water points repaired
Malnutrition	
Implementation of the WASH in Nut package in nutritional and health centres	# of nutritional centres delivering the WASH minimum package (safe drinking water with residual chlorine , disinfecting hand washing and food utensils, hygienic and secure defecation)
Implementation of the WASH in Nut package for mothers/malnourished children (communities)	# of malnourished children in SAM/MAM treatment benefiting from a WASH minimum package at household level (safe drinking water and sanitation, disinfecting hand washing and food utensils, key hygiene messages/behaviours counselling)
The impact of conflict	
Functional package WASH in displacement sites, host communities / villages (drinking water, culturally appropriated hygienic defecation with safe gender separation, key inputs with hygiene promotion)	# girls/ boys/ Women/ men using minimum functional WASH package (water drunk drinking , culturally appropriate safe hygienic defecation with separation type, key inputs with hygiene promotion) promotion)
The impact of epidemics	
Specific urban and rural strategies (water and sanitation) for actions against cholera	# of cholera high-risk areas where specific WASH interventions are implemented according to the transmission context
Strengthen the cross-border and inter-sectoral (WASH/Health) coordination mechanism in affected or at high epidemiological risk areas	# of cross-border multi-sectoral coordination meetings held in the affected or areas at-high risk of epidemics
The impact disasters	
Access to water and sanitation programmes for the affected populations at community level	# of affected population with access to safe drinking water (Global WASH Cluster W 2-4)
Designing separated (men and women) well lit latrines and showers that can be locked from inside.	# of blocks of communal latrines in the area / location X/Y separated by sex, lit outside, and equipped with a lock
Set up sanitation and access to hygiene emergency infrastructures in affected communities	# of affected population (disaggregated by sex and age) using sanitary latrines

Partnership and Coordination

The focus of the WASH sector will be on developing inter-clusters working groups based on thematic issues e.g. response to cholera, composed of focal points across sectors and with governmental counterparts. Inter-clusters working groups will also help enhance advocacy towards decision makers. Regional studies and workshops, such as the “WASH in Nut” evaluation, presented in January 2014, will continue to be undertaken to align the WASH analysis and protocols with others sectors.

Implementing the strategic WASH activities will be facilitated by the on-going collaboration between national authorities and WASH humanitarian actors. WASH clusters/sector groups systematically include governmental counterparts, including the Ministry of Water (generally co-lead or chair), the Ministry of Health and the Ministry of Education.

The Regional Approach

The regional WASH actors will aim to provide key WASH inter-sectoral strategic direction aimed at enhancing the quality of the projects and their inter-sectoral impacts. This will help better target and respond to joint humanitarian needs. The regional approach also aims to help mobilize additional funding beyond the “WASH in Nut” response and serve as a framework for the regular sharing of lessons learnt and strategic inter-sectoral support between regional and national/local partners.

ENDNOTES

i For the purpose of this Strategic Response Plan, the Sahel region covers: Burkina Faso, northern Cameroon, Chad, Mali, Mauritania, Niger, northern Nigeria, Senegal and The Gambia. Geographic coverage of figures for northern Cameroon: Adamaoua, Est, Extrême-Nord, Nord. Geographic coverage of figures for northern Nigeria: Malnutrition (Adamawa, Bauchi, Borno, Gombe, Jigawa, Kano, Katsina, Kebbi, Sokoto, Yobe, Zamfara). Food insecurity (Adamawa, Borno, Yobe). IDPs (displaced by floods: states bordering River Niger and River Benue; displaced linked to inter-communal conflict: Taraba, Benue, Nasarwa, Plateau, Kaduna and Kogi).

ii From October to December 2013, each Sahel country run a Humanitarian Needs Overview (HNO) process aimed at identifying priority needs. Findings were compiled in the Sahel Humanitarian Needs Overview. Country and the Regional Sahel HNOs are available at <https://docs.unocha.org/sites/dms/ROWCA/Coordination/HNOs/>

iii The numbers of people in need and targeted per sector/cluster are drawn from the country Strategic Response Plans (SRPs) and Humanitarian Needs Overviews (HNO).

iv Source: Regional Food Security Working Group, Food Crisis Prevention and Management Network (PREGEC), Regional Planning Workshop 28/29 November / Cadre harmonisé, Lomé findings Nov 2013.

v Source: UNICEF, SMART surveys, Regional Food Security and Nutrition WG

vi See for example “The Economics of Early Response and Resilience” series of reports from Kenya and Ethiopia (June 2012) and Niger (June 2013)

vii All SRP partners were asked to comply with the gender marker process during the course of the project elaboration phase.

viii Northern Cameroon: Adamaoua, Est, Extrême-Nord, Nord.

ix In Chad, malnutrition covers : Batha, BEG, Guera, Hadjar-Lamis, Kanem, Lac, N'Djanema, Ouaddai, Salamat, Sila, Wadi-Fira

x Northern Nigeria: For malnutrition: Adamawa, Bauchi, Borno, Gombe, Jigawa, Kano, Katsina, Kebbi, Sokoto, Yobe, Zamfara; for food insecurity: Adamawa, Borno, Yobe; for IDPs linked to floods: states bordering River Niger and River Benue; for IDPs linked to inter-communal conflict: Taraba, Benue, Nasarwa, Plateau, Kaduna and Kogi.

xi Data not available for Burkina Faso. Six sectors considered: food security, malnutrition, epidemics, displacement, floods and locust.

xii Average number of active sectors/clusters per country is 9

xiii Data not available for Cameroon and Mali

xiv Data not available for Cameroon and Mauritania

xv Data not available for Cameroon and Nigeria

xvi The Sahel Strategic Response Plan, while covering the programmes and financial needs of all sectors/clusters in the nine countries, only details the response plans for sectors represented at regional level.

xvii All figures presented in the table below come from national nutrition coordination bodies or clusters; Burden of acute malnutrition are calculated on the basis of the harmonized calculation methods (UNICEF 2012)