HUMANITARIAN IMPLEMENTATION PLAN (HIP)
WEST AFRICA SAHEL REGION

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Following a thorough assessment of the proposals received, the proposed selection, based on compliance with our strategy and quality of proposals, implies a shift between the two budget lines. A reinforcement of the humanitarian budget line associated with a decrease of the food aid budget line is required. This is partly explained by the fact that a significant number of projects are multi-sectoral and can therefore not be considered under the food aid budget line.

Changes introduced with the HIP modification n°1 dated 07/06/2013

The level of food insecurity of the most vulnerable households in the Sahel is of great concern with the situation expected to deteriorate over the coming months as the lean season approaches and the spillover of the crisis in Mali and continuing instability in northern Nigeria. Prices of staple foods are already very high in northern Mali, Niger and Burkina Faso and are eroding the purchasing power of the poorest. Prices of millet in Niamey and Maradi are 34 and 53% above the five year average respectively. This is abnormal in a year of good production. This can be partly explained by the replenishment of the national reserves and by pressure on cereal markets from neighboring Nigeria whose markets play a critical role in supplying other markets across the region.

A recent evaluation in Nigeria has shown that the damage caused by severe flooding (July-October 2012) is more severe than initially expected, thus reducing the availability of food at regional level and limiting capacities to export food to neighboring Sahel countries. Cereal production in Nigeria is estimated to be 26% below the five year average. Considering that Nigeria is the main supplier of cereal in the West Africa region, this shortfall considerably reduces the positive impact of good harvests in most other Sahel countries. According to Dispositif Régional de Prévention et de Gestion des Crises Alimentaires (PREGEC) consolidated data (March 2013), cereal production in the region is only 1% above the five year average while the population keeps increasing and hence also the demand for cereal.

Niger and Chad are likely to bear the brunt of this disruption as they depend heavily on cereal imports from Nigeria. With operations to replenish national stocks and seasonal trends, prices are only expected to rise. This is of great concern as the poorest people in the Sahel are dependent on food purchases in local markets to survive. As well as struggling to access staple foods, the level of debt among the poorest - a carryover of the 2012 crisis - is reported to be particularly high. For example in Burkina Faso, it is estimated that 40% of households are highly indebted. It is also evident that the conflict in Mali, regular terrorist attacks in northern Nigeria and the overall climate of insecurity are reducing economic activities and therefore day labour opportunities in many parts of the region and further aggravating the socio-economic difficulties of the most vulnerable populations, already weakened by repeated food crisis.

According to available data and some estimates (Nigeria), more than 15 million of people are food insecure of which 7.6 million are in need of emergency food assistance. These

figures could increase dramatically as a function of the evolution of the situation in northern Nigeria which needs to be monitored very closely.

The nutrition situation remains alarming across the region. Severe Acute Malnutrition (SAM) rates surpass emergency thresholds in the Sahel band of Chad, in four regions of Niger, in Sokoto State in Nigeria, in the south east of Mauritania and in north east of Senegal. In 2012, a record number of children (926,880 under five years of age) suffering from SAM were treated in nutrition therapeutic centres as a consequence of the considerable scale up in 2012 of humanitarian aid operations in the Sahel. This is the highest caseload of SAM children worldwide being treated.

For 2013, UNICEF is warning that 1.42 million children under five will probably suffer from severe acute malnutrition when 1.08 million children are targeted for treatment in nutrition therapeutic programmes. The scale up of such interventions remains a challenge in Mali, Senegal, Gambia, Burkina Faso, northern Nigeria and northern Cameroon.

In the first months of 2013, the number of SAM children treated in therapeutic centres is 20% above the number treated at the same time last year and 52% above the number of children treated in 2011 at the same period. In Burkina Faso and Mali, the increase of admissions (respectively 39% and 102%) can be explained by the scaling up of nutrition activities but in Niger where humanitarian agencies have been active for several years the increase is a signal of alarm.

Based on the above reported needs, DG ECHO has decided to allocate an additional 43 MEUR under this HIP to meet outstanding needs described above.

1. CONTEXT

The 2012 food crisis left some 18 million people food insecure throughout Sahel and put more than 1 million children under 5 years at risk of severe acute malnutrition.

DG ECHO[1] reacted early and massively to the crisis. A total of over 174 MEUR was allocated during the year to in response to the needs and DG ECHO remained in the forefront of efforts to encourage rapid mitigation action at country level to help the most vulnerable and to ensure pre-positioning and adequate pipelines of essential food and nutrition commodities.

Apart from the direct action to help those most in need, DG ECHO also encouraged high-level attention on the urgent need to focus more on strengthening the resilience of the most vulnerable populations in the Sahel. The rapidly shortening cycle of regular food crises was increasingly alarming with more and more of the most vulnerable falling quicker into crisis from the slightest extra shock. This has led to the launch of the AGIR Sahel initiative at a meeting in Brussels on 18 June 2012 chaired by Commissioners Georgieva and Piebalgs to provide a policy framework for action at national and regional level in the Sahel supported by humanitarian and development partners to put in place

[1] European Commission' Directorate General for Humanitarian Aid and Civil protection

permanent and sustainable policies and programmes to strengthen resilience to future shocks.

In the context of prospects for 2013, while the rains so far give hope for an adequate 2012/2013 agricultural season, the scale and frequency of the extra shocks that have affected the most vulnerable households over recent years (3 major crises in a decade) mean that their resilience is at near zero level and that they will continue to require humanitarian assistance both to recover from the 2012 crisis and to build their coping mechanisms.

The poorest households in the Sahel already spend over 70% of daily revenue on food. Between July and August 2012, millet prices continued to rise in the Sahel and price levels are far above their levels this time last year - Ouagadougou (+87%), Bamako (+107%), and Niamey (+72%). In Bamako, millet costs around USD 60 a bag – a record-level price, exceeding the peaks witnessed in 2005 and 2008. While progressing in the lean season, prices keep at high level. In Niger, they are even higher than last year. In concrete terms, high food prices lock the poorest out of the market, decrease household food rations and food diversity and reduce money available for other essential expenses such as health and water which boosts the risk of severe acute malnutrition. Further increases in the cost of food will drive many of the most vulnerable into full crisis again with risk of severe malnutrition and population displacement. The resurgence of Desert Locusts in the region is also a threat to crops and pastures in some areas.
The regional under five mortality rate in the Sahel is amongst the highest in the world with 222 children out of every 1,000 dying before the age of 5. This represents nearly 450,000 child deaths annually (UNICEF).

Global Acute Malnutrition (GAM) rates in the Sahel zone of West Africa covering Burkina Faso, Chad, Mali, Mauritania, Niger (total population 68 million) and the Sahel regions of some neighboring countries especially in northern Nigeria (population of 48 million) remain persistently over the internationally recognized alert threshold of 10%. In many areas GAM rates are even over the 15% threshold for emergency humanitarian intervention.

The underlying causes of these continued high acute malnutrition rates are multi-sector. Erratic rains and environmental degradation (climate change) are impacting negatively on food and nutrition security which is already aggravated by poor governance, rapid population growth, poor access to basic services and acute poverty.

The Sahel region includes some of the poorest countries in the world. Of the 187 countries listed in the 2011 UN Human Development Index, Niger is ranked 186, Chad 183, Burkina Faso 181 and Mali 175. All of these countries were already facing massive development challenges and now face massive and constant emergency challenges. It needs also to be noted that some countries of the Sahel are making progress towards achieving the Millennium Development Goals (MDG) especially MDG 1 (reduction in poverty and hunger), MDG 4 (reduction in infant mortality) and MDG 5 (reduction in maternal mortality).

The response to under-nutrition is a challenge for both the humanitarian and the development aid communities. Humanitarian aid responds to the life-threatening context of severe under-nutrition but does not address the underlying causes of food and nutrition insecurity. These require long-term and sustainable development policies and massive

resource allocation. A major emphasis in humanitarian aid strategies for the region has therefore been to promote an LRRD (linking relief, rehabilitation and development) approach by encouraging the mainstreaming of nutrition security targets into government health policies and a renewed effort to give priority to food security in rural development policies.

Over the past six years, humanitarian actors, with DG ECHO playing a leading role, have actively contributed to improve the understanding of the root causes of under-nutrition in the region. They have also built significant capacities to treat severe acute malnutrition and to prevent it. Substantial progress has in particular been made in Niger : 368,736. 350,000 children were treated for severe acute malnutrition (SAM) in 2012 through community management of acute malnutrition (CMAM) approaches integrated into the national health system. Progress can also be observed in national responses to food insecurity. Several governments of the region are reacting earlier to early warning signals and are drawing up adequate response plans jointly with humanitarian partners. The investment by DG ECHO and its partners over the past five years in raising understanding of the importance of a full analysis of household economy to help identify levels of acute vulnerability has been translated into an increased capacity to target the neediest and an increased awareness on the specific needs of this group who are at most risk. While this progress is important, the situation remains very fragile. There is a need to consolidate rapidly what has been achieved so far and to intensify work with government authorities and development partners to encourage a sustainable and permanent commitment to food and nutrition insecurity.

This Sahel HIP focused on the reduction of malnutrition and strengthening resilience (including in Mali) will be implanted in parallel to a separate DG ECHO 2013 Mali HIP focused on providing assistance to the victims of the political crisis in Mali.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries: It is estimated that over 4.9 million children under 5 years of age suffer from malnutrition in the Sahel's countries where DG ECHO is present so far. There are also more than 15 million of people are food insecure of which 7.6 million are in need of emergency food assistance.

Countries	Total population 2013	Population under 5	Estimated U-5 with GAM Burden 2013	Number of food insecure people	of which number of people in need of emergency food assisance
Burkina Faso	17.322.796	2.882.164	496.581	942 000	942 000
Cameroon (North and extreme North)	6.114.317	1.063.891	216.741	N/A	N/A
Chad (Sahel Belt)	6.246.487	1.136.861	449.579	2 100 000	1 197 000
Mali	16.765.110	3.258.738	660.000	3 200 000	1 200 000
Mauritania	3.413.930	547.253	113.735	792 000	560 000
Niger	16.274.738	3.629.267	1.218.337	3 182 000	1 500 000
Nigeria (11 states)	60.062.455	9.245.315	1.418.391	4 707 000	2 100 000
Senegal	13.703.721	2.261.114	318.998	175 000	175 000
Gambia	1.732.244	269.710	40.935	N/A	N/A
Total Sahel	141.635.798	24.294.313	**4.933.297**	**15 098 000**	**7 674 000**

2) Description of most acute humanitarian needs

Priority in humanitarian aid action therefore needs to continue to be given to improving access to the treatment of malnutrition and heath care for vulnerable children under 5 years of age and pregnant and nursing women. Emergency food assistance is also a priority, particularly in Niger, Chad, Mali, Mauritania and Burkina Faso. Actions to secure food pipelines on time and emergency cash transfers will be part of the response package. They will be design to support the development of sustainable safety net systems in the region.

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

Food and nutrition needs will need to be reviewed in early 2013 as a function of how world food prices evolve and how other factors (such as the threat of locusts) may impact food and nutrition security.

Niger

The massive caseload of acute malnourished children includes the hangover from the damage done during the 2012 food crisis to the coping mechanisms of the most vulnerable households as well as evidence of the increasing long-term fragility of many of the poorest households affected by erratic weather patterns. An advocacy effort is still

needed to scale up existing safety net schemes and to include a nutrition component, while providing large scale emergency food assistance (for about 1.5 million persons). The reinforcement of the capacities and quality of integrated CMAM structures and their complementarities with health activities is also essential. The fragility of the health system and delays in payment of fee exemption schemes is likely to increase the caseload of malnourished children.

Burkina Faso

An estimated 496,000 children are affected by Global Acute Malnutrition in Burkina Faso and need treatment in the average year. Following the 2012 food crisis, the government initiated a major response plan which included treatment of many of the most vulnerable children and provided important survival means to vulnerable population. This has created the momentum for more attention to the need to shift to more long-term and appropriate responses for the needs of the most vulnerable. However, a major advocacy effort is still needed to ensure the inclusion of food and nutrition security in development programming.

Mali

An estimated 660,000 children are affected by Global Acute Malnutrition in Mali and need treatment in the average year. As in Niger and Burkina Faso, this caseload includes those still affected by the impact of the 2012 food crisis and the increasing fragility of a degraded environment. While the government of Mali has made some progress in putting in place public polices and action in response to high acute malnutrition, much more needs to be done to anchor and consolidate this progress.

Mauritania

Over 114,000 children are affected by Global Acute Malnutrition in Mauritania and need treatment in the average year. With a much smaller population (3 million as opposed to 16 million in Niger), the overall caseload of children at risk is obviously smaller. However, Mauritania remains structurally severely food insecure depending on imports for 70% of its food needs. Many of the poorest and most vulnerable are therefore exposed to the risk of increasing food prices due to high world food prices. While the government of Mauritania has made some progress in putting in place public polices and action in response to high acute malnutrition much more needs to be done to anchor and consolidate this progress.

Chad

An estimated 450,000 children are affected by Global Acute Malnutrition in Chad and need treatment in the average year. As in other countries in the Sahel, this caseload includes those still affected by the impact of the 2012 food crisis and the extreme fragility of a degraded environment. Food insecurity in Chad has cumulative effects with a number of factors already stretching the capacity of actors to cover existing needs (refugee crisis, floods, cholera).

Sahel regions of neighbouring countries

An estimated 1,418,000 children are affected by Global Acute Malnutrition in the 11 states of northern Nigeria where DG ECHO partners are already active. This caseload has much to do with the particular characteristics of this highly populated country with many governance challenges, where responsibility for health and nutrition has been decentralised from the federal level to state governments. Humanitarian actors take a very prudent and low profile approach in a complex situation to maintain field presence and try and save lives. Malnutrition issues in northern Nigeria are further aggravated by a deteriorating political and security environment linked to inter-ethnic and inter-religious community conflicts. Despite these challenges, various state governments have started to commit resources for CMAM programmes and the partners have managed to create a certain momentum on nutrition. Advocacy efforts are still essential to progressively increase the coverage and the quality of CMAM interventions. The local production of Ready-To-Use-Therapeutic-Food (RUTF) would be necessary to progressively respond to the scale of the problem and increase the involvement of the federal government.

Particular attention needs to be given to **North Cameroon and North Benin**, these areas were affected by floods last year and acute malnutrition is also an issue. These two areas, which economy is closely linked to North Nigeria may also be affected this year by the cereal shortage and abnormal markets trends of the sub-region. Nutrition activities initiated last year in North Cameroon will be continued and start of activities may be considered in North Benin according to the evolvement of the situation.

3. HUMANITARIAN RESPONSE

1) National/local response and involvement:

Only Niger and Burkina Faso have prepared an emergency national response plan to food insecurity and malnutrition to date. Other countries of the region have not prepared crisis response plans nor called for assistance.

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

2) International Humanitarian Response:

The total amount funds required for the Sahel in 2013 are estimated by the UN (FTS) at 1.71 billion USD (including a response to Mali crisis needs and for refugees in Chad). As of May 13th, only 28% of the budget has been met. CAP and humanitarian strategies are funded from 18% (Burkina Faso) to 32% (Chad). All sectors are underfunded: 67% gap in funds for food security, 79% for nutrition, 93% for water and sanitation, and 79% for health. Within the food security sector, only 5% of agriculture subsector is funded but 41% for food assistance. Minimal food pipelines have been secured, notably thanks to ECHO contribution. There is almost no international response to food insecurity in Nigeria (except small scale cash transfers) despite obvious needs (advocacy required towards the government to boost a response). Nutrition treatments

operations have been significantly scaled up in Burkina Faso, in Mali and in Senegal where the capacity to manage acute malnutrition was previously not adequate to cover the needs. A number of EU Member States are active in the fight against malnutrition in the Sahel. As of May 2013, EU Member States contributions to the Sahel (Mauritania, Mali, Chad; Burkina Faso, Senegal and Niger) amount 74.6 MEUR of which 30.2 MEUR for Mali.

3) Constraints and DG ECHO response capacity:

Security has constantly deteriorated in the Sahel in the past 4 years and prospects for the future are negative. The multiplication of rebel/islamist groups and continued chaos in northern Mali has created a space for terrorist activities. As such, northern Mali, northern Niger, Eastern Mauritania, but also Northern Nigeria remain difficult places for humanitarian work.

DG ECHO has a considerable number of Framework Partnership Agreement (FPA) and UN partners to work with in all the countries concerned. The capacity to upscale quickly in the case of a sudden increase in the vulnerable caseload was tested in 2010 and proven to be adequate in most of the countries affected.

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

In 2013, DG ECHO will continue to focus on achieving a sustainable reduction of malnutrition-related mortality among children under five in the Sahel. The considerable credibility built up by the intensive work into expanding the knowledge base of the multi-sector causes of malnutrition and the effectiveness of the measures funded to prevent and treat acute malnutrition over the past 4 years has given DG ECHO a leadership role in raising awareness and interest in the fight against malnutrition amongst policy makers and development.

DG ECHO will continue in 2013 to focus on the prevention and treatment of under-nutrition in the Sahel based on the successful two pillar strategic approach which has been developed by DG ECHO in the Sahel over the past years. These pillars have been slightly modified after discussions with the partners in November 2012 to fit with the framework of the initiative AGIR-Sahel. Action in 2013 will therefore support:

- *Pillar 1: Management of acute malnutrition and associated diseases in order to reduce mortality.*
- *Pillar 2: Contribution to the strengthening of resilience of the poorest populations in order to build nutrition and food security.*

Operations to be funded under Pillar 1 will include the management (identification and treatment) of the still massive caseload of severely malnourished children, integration of these activities within the health system, measure to improve the quality and coverage of the intervention, measures to improve the stock pipelines for essential food, health and nutrition products,

measure to improve nutrition data management, measures to improve access to basic health care and manage diseases associated to malnutrition.

Operations to be funded under Pillar 2 will include preparedness and response measures to shocks, including improvement of information and early warning system, food and cash assistance and the promotion of seasonal social safety nets, pilot projects and activities of capitalization of information feeding advocacy to encourage greater commitment to strengthening resilience and malnutrition reduction by government and a higher level of investment in resilience action by development donors.

The development of the food security situation shows as of May that 2013 is still a crisis year and requires a substantial level of emergency food assistance.

4. LRRD, COORDINATION AND TRANSITION

DG ECHO's strategy in the Sahel over the past 5 years is specifically focused on LRRD and the mainstreaming of food and nutrition security into development planning and government action. Good progress has been registered with an increasing openness on the side of governments and development actors to address food and nutrition issues. Most of the countries of the region have now signed up to the UN's Scaling Up Nutrition (SUN) initiative and most of the draft 11th EDF National Indicative Programmes for the Sahel now clearly identify action to strengthen food and nutrition security as priority goals.

The political support for this has now been greatly enhanced by the AGIR Sahel initiative to increase investment in strengthening resilience. This has the support of the governments of the region, the relevant West Africa regional bodies, EU Member States, the UN and the main development donors. The Commission has hosted a number of important high-level meetings to advance AGIR and will be in the forefront of joint humanitarian and development efforts to fully commit to strengthening resilience especially through encouragement of seasonal social safety net mechanisms to catch the most vulnerable before they fall into crisis during the hungry period of the year.

5. OPERATIONAL AND FINANCIAL DETAILS

The financial provisions of decision ECHO/WWD/BUD/2013/01000 and the general conditions of the European Commission's Framework Partnership Agreement shall take precedence over the provisions of this HIP.

5.1. Contacts[2]

Operational Units in charge: ECHO B2 and ECHO B3

[2] Single Forms will be submitted to DG ECHO using APPEL (e-SingleForm)

Contact persons in HQ:

Brian O'Neill, Head of Sector for West Africa, brian.o'neill@ec.europa.eu

Gilles Collard, Desk for Niger, Mali, gilles.collard@ec.europa.eu

Dominique Vierset, Desk for Burkina Faso, Dominique.vierset@ec.europa.eu

Daniel Weiss, Desk for Nigeria and AGIR, Daniel.WEISS@ec.europa.eu

Lidia Rodriguez-Martinez, Desk for Senegal and Mauritania, lidia.rodriguez-martinez@ec.europa.eu

Silvia Ermini, Desk for Chad, Silvia.Ermini@ec.europa.eu

Contact persons in the field:

Burkina Faso: Eric Pitois, eric.pitois@ec.europa.eu

Mali, Patrick Barbier, patrick.barbier@echofield.eu

Mali, Mauritania and Senegal: Sophie Battas, Sophie.battas@echofield.eu

Niger: Wim Fransen, wim.fransen@echofield.eu

Nigeria: Hélène Berton, RSO Sahel Coordinator, helene.berton@echofield.eu

Cameroon, Benin: Nicolas Leguen, RSO Rapid Response Cordinator; nicolas.leguen@echofield.eu

Chad: Jane Lewis, jane.lewis@echofield.eu; and Thomas Dehermann-Roy, Thomas.dehermann-roy@echofield.eu

Cyprien Fabre, Head of Regional Support Office, cyprien.fabre@echofield.eu

5.2. Financial info

Indicative Allocation: EUR 93,000,000.

Note that DG ECHO funding of Sahel related humanitarian activities in Chad will be funded with an increase of EUR 2,000,000 in the framework of the 2013 Chad HIP.

Natural disasters:	Humanitarian Aid:	EUR 12,500,000
	Food Assistance:	EUR 80,500,000

5.3. Proposal Assessment

Assessment round 1

a) Description of the humanitarian aid interventions relating to this assessment round: all interventions as described under section 3.4 of this HIP.

b) Indicative amount to be allocated in this round of proposals: up to EUR 50,000,000; Hum. Aid: EUR 12,500,000; Food Assistance: EUR 38,000,000.

c) Costs will be eligible from 01/01/2013[3]. Actions will start from 01/01/2013.

d) The expected initial duration for the Action is up to 12 months.

e) Potential partners: all DG ECHO Partners.

f) Information to be provided: Single Forms.

g) Indicative date for receipt of the above requested information: from 01/01/2013 onwards.

h) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, and knowledge of the country / region.

Assessment round 2

i) Description of the humanitarian aid interventions relating to this assessment round: all interventions as described under section 3.4 of this HIP.

j) Indicative amount to be allocated in this round of proposals: up to EUR 42,500,000; Food Assistance: EUR 42,500,000.

k) Costs will be eligible from 01/05/2013[4]. Actions will start from 01/05/2013.

l) The expected initial duration for the Action is up to 12 months.

m) Potential partners: all DG ECHO Partners.

n) Information to be provided: Single Forms.

o) Indicative date for receipt of the above requested information: from 15/06/2013 onwards.

p) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, and knowledge of the country / region.

[3] The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, what ever occurs latest.

[4] The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, what ever occurs latest.