

THE SAHEL AND THE LAKE CHAD CRISIS



Nigerien girls

The Spanish Agency for International Development Cooperation (AECID), attached to the Ministry of Foreign Affairs and Cooperation (MAEC), is the main management body of Spanish Cooperation. AECID focuses on sustainable human development and the fight against poverty, and includes humanitarian action among its priorities.

AECID's Humanitarian Action Office (OAH), created in 2007, is responsible for managing and implementing Spain's official humanitarian action, based on

the humanitarian principles of humanity, impartiality, neutrality and independence. Within the scope of its authority, the OAH follows the general guidelines laid down in Spanish Cooperation's Master Plan V for 2018-2021 and, in particular, the section on "Humanitarian Action Strategy", focused on improving the effectiveness of Spanish Cooperation's participation in humanitarian action interventions. This section states that, in those contexts that are a priority for Spain's humanitarian action, humanitarian strategies shall be

established for each context, in line with the humanitarian response plans of the United Nations (UN) and of the European Union (EU), complementing any Country Partnership Frameworks (CPF) in force.

AECID has also assumed different commitments regarding quality of aid, following the 2016 World Humanitarian Summit and the adoption of the humanitarian Grand Bargain in the same year.

In this respect, the objective that gave rise to this strategic

document is to plan AECID's response in the region in 2018 and 2019, meeting the key needs that have been identified in this specific context¹, and proposing, in this exercise, that attention focus on two key intervention sectors: food and nutrition security, and protection.

This planning exercise is aimed at improving the effectiveness of AECID's humanitarian response to the principal humanitarian crises, whether new or chronic (forgotten); its design takes into account the changing situation of the contexts in which actions are implemented.

In line with AECID's Master Plan V, it will provide a quality humanitarian response to the crises in the Sahel and promote women's rights and gender equality.

In this context, and in all the humanitarian projects it supports, AECID will strive to ensure that women, men, girls and boys all benefit equally from services, resources and protective measures according to their roles, capacities and specific needs, all with the aim of increasing gender equality. Support will be lent to projects that are classified with codes 2a and 2b² of the Inter-Agency Standing Committee (IASC) gender marker. As regards Spanish Cooperation's other horizontal priorities and points of focus, priority will be given to those interventions that have an inclusive approach and results-based management, as well as those which effectively mainstream environmental sustainability, cultural diversity and human rights.

BACKGROUND

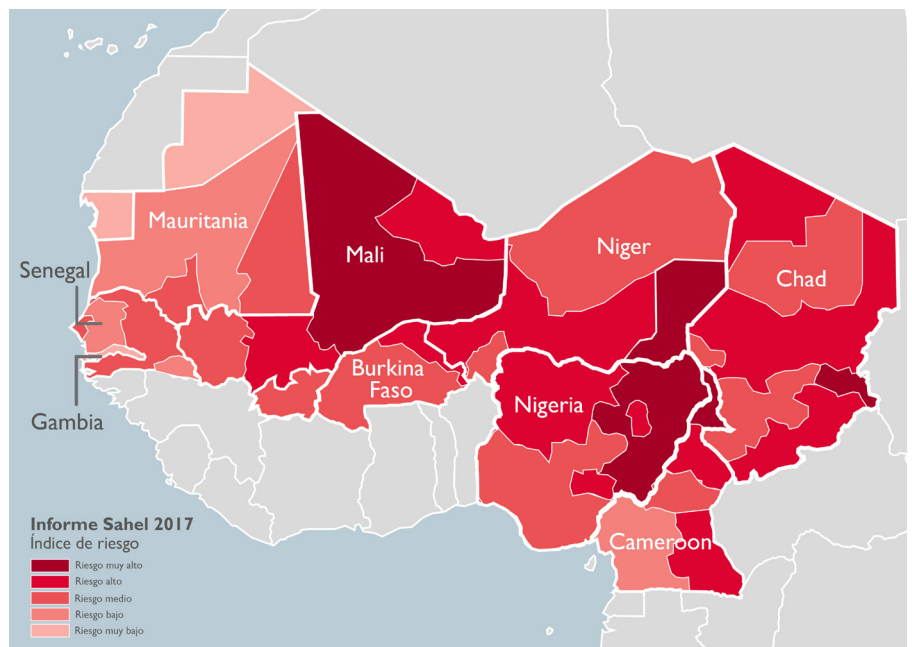
The Sahel can be considered one of the world's poorest regions: more than 30 million people suffer from food insecurity; one out of every five children under the age of five suffers from acute malnutrition; and 4.9 million people have fled their homes³. Out of the nine countries in the region, five are among the bottom 20 on the 2016 Human Development Report⁴.

This region is characterized by dynamic migratory flows—within each country and between countries—due, to a large extent, to the socio-economic interdependence of the entire region and to the demographic challenges it faces.

Its annual 3.4% population increase makes the Sahel one of the world's fastest growing regions in demographic terms. This, however, is not accompanied by sufficient

economic growth. This situation poses a severe risk for the most vulnerable populations, a major source of conflict, and an obstacle for the provision of the most basic services. In recent years, in addition to chronic and structural problems relating to climate change and extreme poverty (droughts, floods, famines and epidemics), the region's population has had to face persistent episodes of violence (the Lake Chad crisis and crises in northern and central Mali). Tensions and conflicts have caused great loss of life, the destruction of infrastructure, and the displacement and suffering of a great many people. All of this is aggravated by the consequences of governments imposing a state of emergency to combat insecurity in certain zones, which has led to an erosion of rights and an obstacle for the population's self-sufficiency.

The recurrence of certain chronic and foreseeable crises in the Sahel, and the need to address

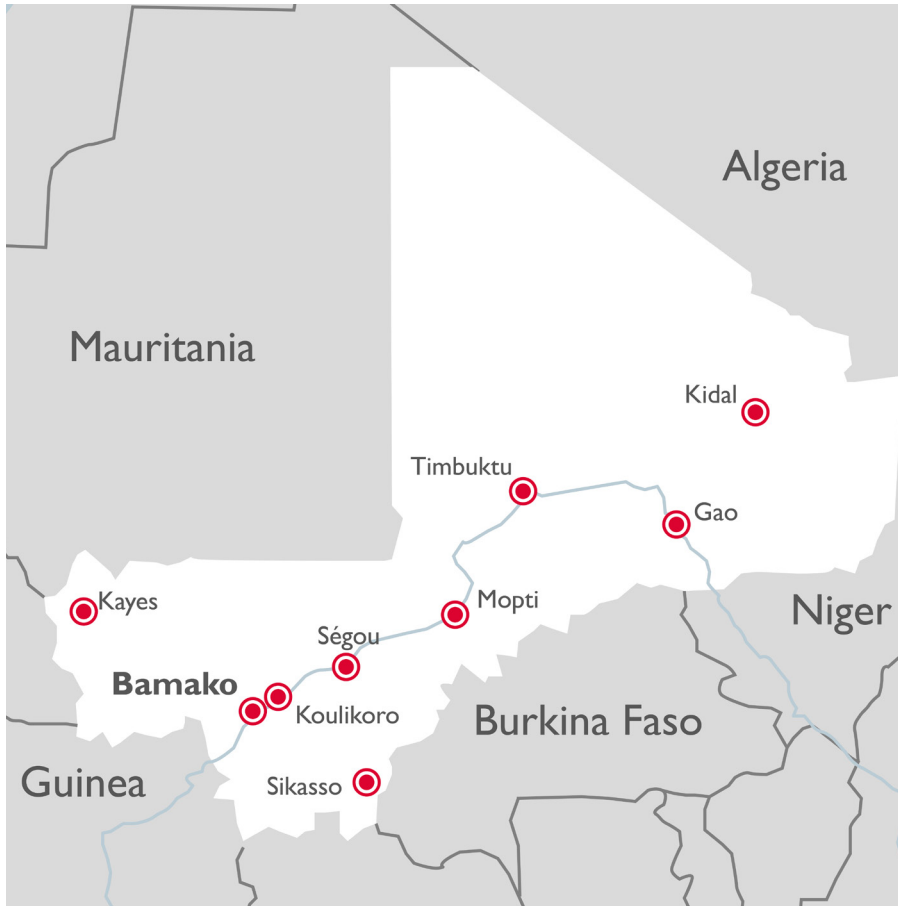


¹ The present Strategy is based on the information provided by the sources consulted up to December 2017.

² IASC 2013: "IASC Gender Marker: FAQs." Downloadable from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gm-faq-en_0.pdf

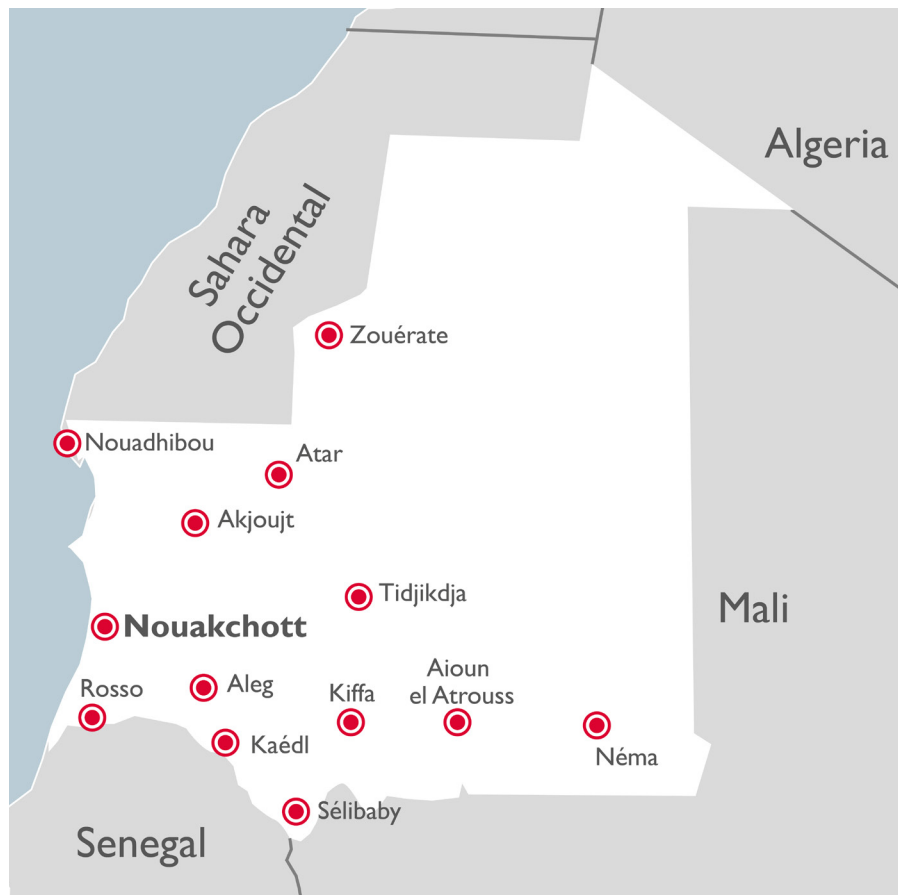
³ https://HNRO_Sahel-2017-FR_0.pdf

⁴ UNDP, 2016: "Human Development Report 2016". http://hdr.undp.org/sites/default/files/HDR2016_EN_Overview_Web.pdf
These countries, in descending order, are: Gambia, Mali, Burkina Faso, Chad and Niger.



them in a coordinated manner, with a greater diversity of financial and technical instruments and the involvement of other actors, has led to a gradual withdrawal of humanitarian donors from structural crises, as their attention turns to other urgent crises or situations. The reduction in funds and the multiplicity and combination of crises calls for a risk prevention approach and better structuring of the link between humanitarian action and development in basic sectors for the population: education, health, production activities, and food security.

Mali. Despite the signing of peace agreements in May 2015 between the Government and the armed groups, the situation, far from improving, has steadily deteriorated, with instability spreading to central Mali. Even though the number of returnees is on the rise (60,181 at 31 July 2017), the number of internally displaced persons continues to grow (55,382 at said date). More than half of these are victims of forced displacement in the northern regions caused by the escalation of conflicts. Five hundred schools have been shut down, affecting 150,000 boys and girls in central and northern Mali; 3.8 million people are facing food insecurity (approximately 20% of Mali's population), and 600,000 are in an emergency situation⁵.



Mauritania. An estimated 51,502 refugees from the northern Mali conflict are currently in the M'bera camp, in the south-eastern region of Hodh El-Chargui, one of Mauritania's most vulnerable regions, with more than 430,000 inhabitants. The difficulties in northern Mali make a large-scale return unlikely in the near

⁵ OCHA. Rapport Inter-cluster janvier-juin 2017. <https://reliefweb.int/report/mali/mali-rapport-inter-cluster-janvier-juin-2017>

future, putting increased pressure on the host population's scarce resources. In the rest of the country, most of the needs are chronic and require a long-term approach combining humanitarian and development interventions in the same programme framework.

Niger. The number of displaced, refugee and returned persons in Niger is estimated at more than 180,000, of whom 120,692 are in Diffa and 57,286 in the regions bordering Mali (Tillaberi and Tahoua). The direct causes of this population flow are the conflicts

in Mali and Nigeria. In parallel, the number of people needing food and nutrition assistance and who are suffering from structural poverty remains high. The number of people in need, to varying degrees, is estimated at 2.2 million. No improvements have been seen and, year after year, numerous families are affected by rising prices, adverse weather conditions, and insecurity.



Nigeria. The eight years of violent conflict throughout north-eastern Nigeria have given rise to a severe humanitarian crisis. The violence triggered, especially in 2013 and 2014, by the Nigerian army's offensive on the terrorist group Boko Haram to regain control over the territory has affected all the neighbouring countries in the Lake Chad basin, causing one of the most acute crises in the world. It is estimated that 8.5 million people need external assistance, mainly in the states of Borno, Adamawa and Yobe (north-eastern Nigeria), and that approximately 900,000 people are trapped in the conflict zone without access to aid. By mid-2018 4.8 million people are expected to be at high risk of food insecurity.



Throughout the region there is an ongoing risk factor from the high prevalence of endemic and epidemic diseases, together with the limited capacities of health systems to address outbreaks as quickly as required. Measles, cholera, meningitis, yellow fever, Lassa fever, Rift Valley fever, Crimean-Congo haemorrhagic fever, and Ebola are all diseases with huge epidemic potential.

Strategic positioning in the region is conditioned by a number of challenges:

- Access and security. Conflicts, organized crime, the presence of armed groups, the blurred line between civilians and

combatants, anti-personnel mines and unexploded ordnance (UXO), and increased criminality, all make security conditions in the region highly volatile. Access to people in need in such a context is, therefore, very limited. Moreover, Mali, Niger and Nigeria are very large countries with minimal road infrastructure, which hinders access to territories and populations with humanitarian needs.

- **Coordination.** The expansion of humanitarian space and the provision of impartial assistance will require appropriate coordination among the different stakeholders in the zone.
- **Predictability and timely response,** especially as regards food security, because food must be delivered in periods of shortage, and seeds and means of production must be delivered at the right time for sowing and harvesting.
- **Complementarity among humanitarian and development agencies.** In a context of recurrent crises, efforts need to be pooled in order to work with communities using a resilient approach. It is important to identify, by sector, opportunities for providing support jointly and maximizing synergies, in order to restore States' responsibility to provide basic social services in specific areas.

VULNERABLE GROUPS

The most vulnerable population groups identified in the region are:

- **Children:** The nutritional status of children is alarming. According to the latest report published by the WHO and UNICEF¹⁰, the Sahel region is one of the regions that has made the least progress in this regard—it is bordering emergency levels. The average prevalence of Global Acute Malnutrition (GAM) in children under the age of five was 13.3%, including 2.9% of Severe Acute Malnutrition (SAM). Moreover, chronic malnutrition affects nearly a third of children (28.1%), with a highly negative impact on their development.
- **Women and girls:** The situation of girls, both children and adolescents, is a matter of great concern, due to the high number of early marriages and pregnancies, short birth spacing intervals, and the low school enrolment rate, which is exacerbated in times of crises and conflict.
- **Displaced communities** that are victims of conflict, as well as their host communities, suffering from great pressure on resources, have seen an increase in their needs for protection (especially against gender-based violence), refuge and humanitarian assistance.
- **Populations exposed** on a seasonal basis to food insecurity, droughts, and hikes in food prices, whose production capacities are also diminished. All of this constitutes a multiplying factor for the above-mentioned needs.

Table 1. The Sahel and Lake Chad: general and humanitarian information⁶

POPULATION	145 MILLION
People in a situation of food insecurity	30.1 million
Children with acute malnutrition	4.7 million
Internally displaced persons and returnees	3.8 million
Malian/Nigerian refugees	140,776 / 176,653
Malian/Nigerien (Diffa region) displaced persons	61,920 / 127,299
Nigeria: People displaced by the conflict in the north-eastern part of the country	1,800,000
Human Development Index ⁷ : Niger/Mali	0.348 / 0.419
Vulnerability Index ⁸ : Niger/Mali	3 out of 3 / 3 out of 3
Crisis Index ⁹ : Niger/Nigeria/Mali	1 out of 3 / 3 out of 3 / 3 out of 3

⁶ The Humanitarian Needs Overview (HNO) does not show sex-disaggregated data.

⁷ UNDP, 2015: "Human Development Report 2015". http://hdr.undp.org/sites/default/files/hdr15_standalone_overview_en.pdf

⁸ ECHO, 2014: "Global Vulnerability and Crisis Assessment". <http://echo-global-vulnerability-and-crisis.jrc.ec.europa.eu/PublicVisualization.aspx>

⁹ Ibid.

¹⁰ UNICEF, WHO, World Bank Group, 2015: "Levels and trends in child malnutrition" http://www.who.int/entity/nutgrowthdb/jme_brochure2015.pdf?ua=1

PRINCIPAL HUMANITARIAN NEEDS AND INTERNATIONAL RESPONSE

The humanitarian needs identified in 2018 stem from different factors:

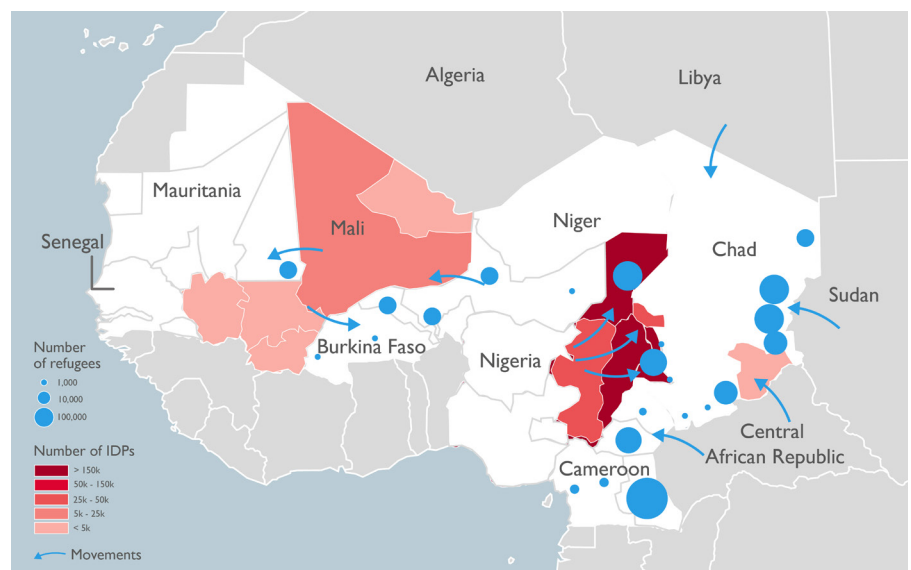
- Chronic food insecurity**, caused by pasture shortages, risk of pests and diseases, and poor rainfall, affecting 30 million people, 12 million of whom are in an emergency situation. The fact that these crises are protracted and foreseeable makes it easier to plan the response. Therefore, and faced with the evidence that certain populations will be chronically vulnerable to fluctuations in prices and in weather conditions, it is important, on the one hand, to address the structural causes, and on the other, to adapt the assistance to the type of multifactor vulnerability, including these populations in food and nutrition assistance programmes during certain periods to mitigate shocks and prevent the productive undercapitalization of households and negative nutritional impacts. Moreover, areas affected by conflicts require special attention: northern and central Mali; Diffa, Tillaberi and Tahoua in Niger; and the M'bera area in Mauritania. All of these areas need assistance until security is restored in their countries, or until the displaced populations are integrated into the host countries.
- High malnutrition rates**, reaching critical levels in certain regions, where 1.4 million children with severe acute malnutrition and 3.3 million children with severe

moderate malnutrition are expected to receive assistance. Coverage of assistance needs is still very low (approximately 50%). The number of cases receiving assistance in the region is steadily rising. In a context of fewer available resources, it is essential to strengthen the link between humanitarian programming and development, investing more in prevention to address risks and vulnerabilities and improve resilience. To achieve this, actions to identify and treat severe malnutrition must continue, as must work on reducing the incidence of malnutrition through community-based awareness-raising programmes, and the early detection and treatment of moderate malnutrition and associated diseases. Most of the Sahel countries are already undergoing processes to include treatment of malnutrition in the minimum service package for children. The aim is to have a single circuit of medical monitoring, and improved quality and coverage in the district, as well as an information system. It is important to participate in

each country's processes in order to advance in nutrition policies and in the multisector integration of the problem, and to continue working on political advocacy so that principal donors' support for the sector is maintained.

- Displacement of population**: Violence in the region has resulted in large-scale population flows, affecting 4.9 million people. The ongoing conflicts in Mali and the Lake Chad region have uprooted many families. This prolonged exile also affects host communities, which must share their scarce resources.
- Vulnerability to epidemics and diseases**: Certain communities are frequently afflicted as a result of the shortage of water and lack of adequate sanitary facilities, combined with weak epidemiological surveillance and treatment systems.

The international community's call for the region, in relation to¹¹ eight Sahel countries in 2017 totalled USD 2.66 billion, to assist 15 million people, of



¹¹ https://www.humanitarianresponse.info/system/files/documents/files/hnro_sahel2017_fr_1.pdf

which USD 1.06 billion was for Nigeria alone. Despite the efforts being made to raise the profile of the different crises, through international conferences (such as the Oslo conference for Lake Chad in February 2017) and donor meetings, financial coverage was only 51%, resulting in significant shortfalls in key sectors, as well as considerable differences between countries. The call for Niger had 84% coverage, whereas Mali only had 38%. The European Union, through the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), allocated EUR 234.9 million to the region in 2017.

In 2018, all of the UN's humanitarian response plans in the region will have a larger budget than in 2017, except for the Mali plan.

STRATEGIC POSITIONING

The Sahel is the second priority context for Spain's humanitarian action in terms of volume of funding, in response to the humanitarian challenges facing the region's population.

In order to fulfil the commitments undertaken by AECID at the World Humanitarian Summit and in the Grand Bargain, and in response to the region's structural challenges, priority will be given to promoting the link between humanitarian action and development, especially in the food security and nutrition sectors, as well as to promoting cash transfers in programmes, as a way to empower the population.

Below are the strategic objectives for this context, the countries on which attention will focus, the priority sectors for interventions, and the main partners through which AECID will channel its humanitarian response.

1. Strategic objectives for this context

SO1. Support populations in vulnerable situations facing food crises.

SO2. Combat child malnutrition.

SO3. Provide humanitarian assistance, basic services and protection to populations affected by armed conflicts.

2. Target countries for intervention

In the context of the Sahel, the countries in which AECID's OAH will focus its intervention are Mali, Niger, Nigeria and Mauritania.

Mali, Niger and Nigeria receive special attention due to their context of crisis: Mali, directly affected by the armed conflict in its northern and central areas; Niger and Nigeria, because they are suffering from the consequences of Boko Haram's actions, with millions of displaced persons and refugees. Moreover, all of this is compounded by the fact that part of the population is

chronically vulnerable and needs food assistance, mainly during periods of shortage.

As for Mauritania, efforts will focus on working towards the self-sufficiency or autonomy of refugees, and on promoting peaceful coexistence with host communities.

The estimated geographic distribution of the funds is approximately: 35% Mali, 35% Niger, 20% Nigeria, and 10% Mauritania.

3. Sectors of intervention

The sectors on which humanitarian response is initially planned to focus have been prioritized on the basis of the humanitarian needs identified and in line with the Strategic Objectives defined in paragraph 4.1.

This response essentially focuses on three sectors: multisector protection and assistance to displaced populations; and food security and child malnutrition in northern Mali, south-eastern Mauritania, in the regions of Tillaberi, Tahoua and Diffa in Niger, and in north-eastern Nigeria.

Table 2: Priority intervention sectors/subsectors by country

	SECTOR	SUBSECTOR
NIGER	Protection	Multisector assistance to refugees, displaced persons and host communities affected by the conflicts in Mali and Nigeria, with particular attention to the region of Diffa. Prevention, and assistance to victims of gender-based violence (GBV).
	Food security and nutrition	Support for farming livelihoods. Fight against severe and moderate acute malnutrition.
NIGERIA	Protection	Multisector assistance to refugees, displaced persons and host communities affected by the conflict in Nigeria. Prevention, and assistance to victims of GBV.
MALI	Protection	Multisector assistance to displaced persons and host communities affected by the conflict in northern Mali. Prevention, and assistance to victims of GBV.
	Food security and nutrition	Fight against severe and moderate acute malnutrition.
MAURITANIA	Food security and nutrition	Food assistance to refugees and host communities in south-eastern Mauritania.

4. Main partners in the intervention

AECID's response will be channelled through organizations specializing in emergency humanitarian response with proven technical and financial solvency, as well as with the capacity to respond immediately.

Its partners in the protection sector are the United Nations High Commissioner for Refugees (UNHCR)—an international actor within the United Nations system—and the International Committee of the Red Cross






(ICRC). These two partners will make it possible to provide protection and humanitarian assistance to the victims of armed conflicts, while at the same time promoting respect for International Humanitarian Law (IHL).

In the nutrition sector, support will primarily come from the United Nations Children's Fund (UNICEF). Priority will be given to interventions including the prevention and treatment of child malnutrition, the promotion of breastfeeding, and immunization against preventable diseases, among others.

In the food security sector, the World Food Programme (WFP) will also be a partner.

Lastly, in the Strategy's priority sectors support will also be provided by non-governmental organizations (NGOs) with proven experience in the sector and in this specific geographic context. These organizations will work in coordination with national public institutions and with local NGOs, and will also actively and effectively participate in the different coordination forums established in each country.

ACCOUNTABILITY MATRIX

GENERAL		
Indicators		
Final annual budget disbursed in relation to the Sahel and Lake Chad		
Final annual budget disbursed by sector and country		
Annual no. of beneficiaries of interventions in these regions		
Annual budget for these regions allocated to cash transfers (cash and coupons)		
Annual budget disbursed on interventions with gender marker codes 2a and 2b (IASC) or Gender-Age Marker code 2 (ECHO) in these regions		
No. of local/national organizations financed in these regions		
SECTOR		
PROTECTION		
Indicators	Partners	
No. of victims of GBV that have received assistance		
No. of children that have received psycho-social assistance		
No. of unaccompanied children under alternative care and protection		
No. of beneficiaries of support in documentation and/or voluntary repatriation processes		
No. of people made aware or informed of and/or trained in IHL		
No. of people at risk of forced displacement who have received support/assistance		
	 CICR	NGOs
	 UNHCR ACNUR <small>La Agencia de la ONU para los Refugiados</small>	
FOOD SECURITY		
Indicators	Partners	
No. of people receiving food assistance		
Cash transfers distributed (cash and coupons)		
	 WFP <small>wfp.org/fr</small>	NGOs
NUTRITION		
Indicators	Partners	
No. of people with moderate and severe malnutrition assisted annually		
No. of people caring for children receiving information/training about child nutrition		
No. of centres with strengthened capacities for treating malnutrition		
	 WFP <small>wfp.org/fr</small>	NGOs
	 unicef	