



Regional Snapshot

WEST AFRICA

Fiscal Year (FY) 2016

Recurring acute malnutrition and food insecurity, cyclical drought, disease outbreaks, seasonal flooding, and complex emergencies present significant challenges to vulnerable populations in West Africa.¹ In FY 2016, food insecurity, complex emergencies, and the Ebola Virus Disease (EVD) outbreak constituted the primary concerns in the region. In addition to staff based in Washington, D.C., USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) maintains a permanent regional office in Dakar, Senegal, supported by staff in Abuja, Nigeria; Bamako, Mali; Conakry, Guinea; and Monrovia, Liberia, to support response activities throughout the region.

Recent Humanitarian Events in the Region

- An ongoing complex emergency in the Lake Chad Basin region—which includes Cameroon, Chad, Niger, and Nigeria—continued in FY 2016, as extremist group Boko Haram conducted attacks against civilians, humanitarian actors, and military forces. Throughout the year, humanitarian access to conflict-affected and displaced populations in northeastern Nigeria gradually improved; however, greater access revealed more acute needs, as populations in previously inaccessible areas had experienced prolonged lack of access to food, safe drinking water, and basic household goods. Similarly, conflict-affected populations in Cameroon's Far North Region, Chad's Lac Region, and Niger's Diffa Region continued to experience acute malnutrition, food insecurity, and limited access to services.
- In Mali, conflict between armed groups and attacks on Government of Mali (GoM) troops, UN peacekeeping forces, humanitarian actors, and civilians continued during FY 2016, despite a peace agreement reached in July 2015. As a result, internal displacement and food insecurity remained high, and USAID/OFDA partners continued to support initiatives to address food insecurity and meet livelihoods, nutrition, protection, and water, sanitation, and hygiene (WASH) needs for conflict-affected and vulnerable populations.
- In FY 2016, the UN World Health Organization (WHO) declared an end to the EVD outbreak which acutely affected Guinea, Liberia, and Sierra Leone; since it began in 2014, the outbreak resulted in approximately 28,600 suspected, probable, and confirmed cases, the deaths of more than 11,300 people. WHO announced an end to the EVD epidemic in Sierra Leone on March 17, while the EVD outbreak officially ended in Guinea on June 1. On June 9, WHO declared Liberia free of EVD transmission, 42 days after health actors discharged the last EVD cases from treatment. USAID/OFDA's initiatives in the three acutely EVD-affected countries included working with governments and other health partners to increase disease surveillance and reporting, build response capacity, and increase public awareness of health and hygiene behaviors to mitigate the spread of illness.
- In FY 2016, USAID/OFDA responded to 10 disasters declared in the West Africa region, including an explosion in Benin; the EVD outbreaks in Guinea, Liberia, and Sierra Leone; and complex emergencies in Cameroon, Chad, Niger, Mauritania, and Mali.

¹ The West Africa region includes Benin, Burkina Faso, Cameroon, Cabo Verde, Chad, Côte d'Ivoire, Equatorial Guinea, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, São Tomé and Príncipe, Senegal, Sierra Leone, and Togo.

USAID/OFDA Priorities for 2017

- In FY 2017, USAID/OFDA will prioritize the provision of an essential assistance package including support for nutrition and food security, as well as agriculture, health, livelihoods, protection, shelter, and WASH assistance to displaced households and vulnerable host communities in the Lake Chad Basin region, particularly northeastern Nigeria. USAID/OFDA will emphasize meeting the needs of newly accessible populations while maintaining service delivery to beneficiaries requiring continued assistance.
- USAID/OFDA plans to strengthen government-led preparedness and response capacity in Guinea, Liberia, and Sierra Leone. In addition, USAID/OFDA will routinely assess the need for continuing community-based surveillance as governments strengthen national systems for integrated disease surveillance and response across the three countries.
- With USAID/OFDA support, partners will continue providing integrated health, nutrition, and WASH programming to meet critical gaps in the absence of government services in northern Mali. USAID/OFDA also plans to support communities to restore agricultural activities and livelihoods. Additionally, USAID/OFDA will continue to provide coordination and logistics support for humanitarian actors responding in northern Mali.
- Throughout West Africa, USAID/OFDA continues to support platforms for humanitarian coordination, information management, logistics coordination, and humanitarian safety and security. USAID/OFDA also supports enhanced regional and country-specific disaster response coordination platforms, training, and research initiatives.

Challenges

- Throughout the Lake Chad Basin, pockets of insecurity and a lack of sustained access to populations in need of humanitarian assistance continue to hinder the response. Other challenges include competing humanitarian funding priorities at the global level and a lagging humanitarian response that has delayed the deployment of experienced staff at a level commensurate with the crisis. Additionally, lack of livelihoods opportunities, protracted displacement, market disruptions, and the ongoing devaluation of the Nigerian *naira* are negatively affecting purchasing power of beneficiaries, thus exacerbating their vulnerability and delaying recovery.
- The slow return of government services and rule of law to northern Mali—complicated by increasing insecurity, the presence of ethnic-based militia groups, and the continued activity of extremist groups—has hindered economic recovery and humanitarian access in northern Mali and threatens to destabilize the central part of the country.
- Although governments in Guinea, Liberia, and Sierra Leone are strengthening their capacities to rapidly respond to new disease outbreaks, they continued to rely on international partners to provide operational support and funding in FY 2016.
- To fully address the needs in EVD-affected countries, populations require programs that support strengthening health systems, health care service delivery, recovery, and resilience; however, these long-term activities require development assistance, which goes beyond USAID/OFDA's mandate.

Key Lessons Learned in 2016

- Throughout the Lake Chad Basin, the gulf between the scale of the crisis and the response infrastructure and funding in place is significant. Critical gaps persist between populations' acute needs and humanitarian response capabilities. The international community must urgently position experienced staff, and significantly increase programs and coordination to meet the needs of the target population.
- USAID/OFDA must ensure that partners incorporate public health emergency preparedness programs into government health systems for long-term sustainability. USAID/OFDA should continue to advocate with host countries to commit internal resources for responding to future public health emergencies.
- Securing humanitarian access through relationships with local community members is extremely important to maintain access in insecure areas, particularly in areas such as northern Mali. Pursuing an approach based on acceptance has meant that USAID/OFDA partner NGOs have occasionally been able to access areas that other actors, including the UN, cannot.

FOR ADDITIONAL INFORMATION: on the humanitarian situation in the Lake Chad Basin, please see USAID/OFDA fact sheets, available at

<http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>.
