

UNICEF HUMANITARIAN ACTION UPDATE

Sahel Nutrition Crisis

Burkina Faso, Cameroon, Chad, Mali, Mauritania, Niger, Nigeria & Senegal
6 February 2012

UNICEF urgently requires US\$ 67 million to address the immediate needs of children and women affected by the Sahel nutrition crisis in the first half of 2012, which is part of UNICEF's total 2012 requirements of US\$ 120 million.

- An emergency response is needed to treat an estimated caseload of over 1 million children who will suffer from severe acute malnutrition in 2012.
- The Sahel nutrition crisis and UNICEF's emergency response covers the entire territories of Burkina Faso, Chad, Mali, Mauritania and Niger and the northern regions of Cameroon, Nigeria and Senegal.
- Over 2012, UNICEF's response will focus on nutrition together with health, water, sanitation and hygiene, HIV, communication for development, and complementary actions on education, child protection, and social protection.
- UNICEF is also reviewing the needs for the treatment of children who will suffer from moderate acute malnutrition in coordination with WFP. UNICEF plans will be updated once the scale of our role has been determined.



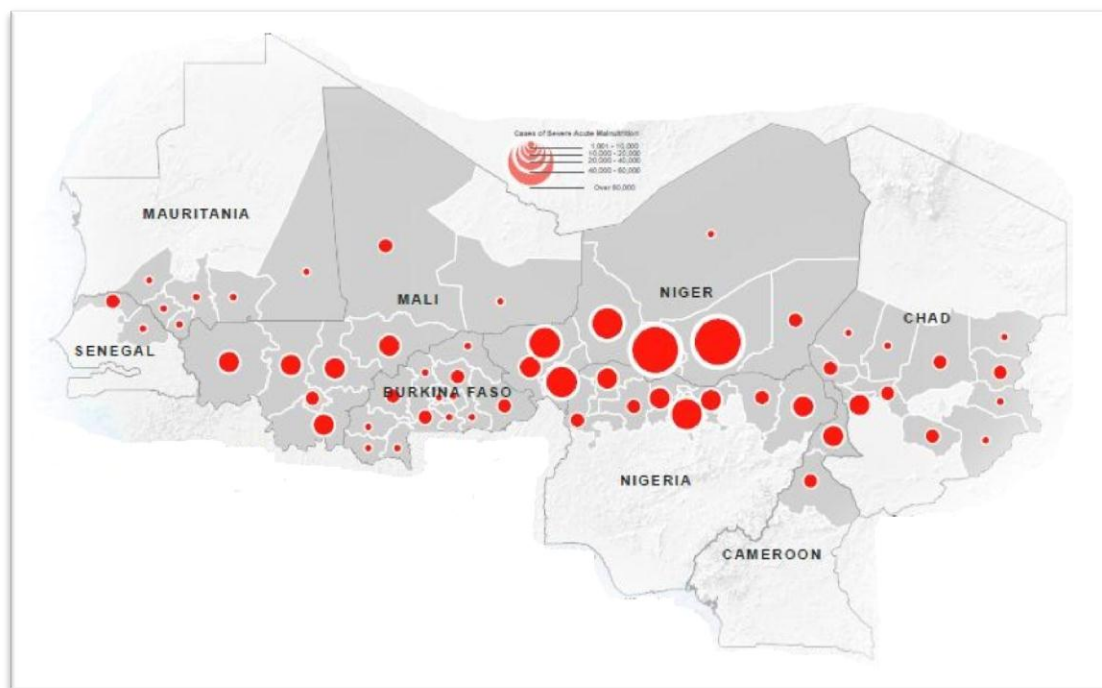
This Humanitarian Action Update provides an overview of the situation and needs for UNICEF's emergency response to the Sahel nutrition crisis, both for 2012 as well as immediate needs to cover the first 6 months.

1. ISSUES FOR CHILDREN AND WOMEN

At the bottom of the development scale, children of the Sahel are facing an especially severe nutritional crisis. Over 1 million children will suffer from severe acute malnutrition (SAM) in 2012, exacerbated by and complicating further needs in health, water and sanitation, protection, as well as threatening rights to education. Humanitarian needs cut across the Sahel belt, and include the entire countries of Burkina Faso, Chad, Mali, Mauritania and Niger and the northern regions of Cameroon, Nigeria and Senegal. The majority of child deaths in the Sahel are due to lack of effective systems to address the nutrition, health and water and sanitation needs of women and children, as well as insufficient access to basic social services such as education, with school dropouts linked to population movements, among other factors.

Chronic food insecurity and cyclical food crises such as today's situation in the Sahel are then further compounded by poor infant and young child feeding (IYCF) practices at home, poor health status and insufficient access to health services, inadequate preventive interventions against malnutrition, and poor access to water and sanitation. Throughout the Sahel, poor rainfall has exacerbated food insecurity, loss of livestock, and increasing malnutrition. The vulnerability is increasing particularly for children affected by poverty, as well as for women headed households. As population movements increase during the "lean season" so does exposure to violence, abuse and neglect. Coupled with an early onset of the lean season (April-May 2012), increasing food prices especially of cereals, is impacting the purchasing power of households and increasing the strain on livelihoods, jeopardizing children's lives.

Zones most affected by severe acute malnutrition¹:



¹ The size of the dots is proportional to the expected caseload of children suffering from severe acute malnutrition in 2012. Sources: WFP, DevInfo, SALB, Sen/govt, Europa Technologies, States Nutrition and Health Surveys from Burkina Faso, Chad, Cameroon, Mali, Mauritania, Niger, Nigeria, Senegal [survey period: June to August 2011] / Map created by UNOCHA Dakar, 13 December 2011

SAHEL BELT COUNTRIES

HUMAN DEVELOPMENT INDEX

2011 RANKINGS

CAMEROON	150
SENEGAL	155
NIGERIA	156
MAURITANIA	159
MALI	175
BURKINA FASO	181
CHAD	183
NIGER	186

Out of 187. Source: UNDP

UNDER-FIVE MORTALITY RATES

(deaths per 1,000 live births)

MAURITANIA	111
CAMEROON	136
SENEGAL	139
NIGERIA	143
NIGER	143
CHAD	173
BURKINA FASO	176
MALI	178

Source: IGME 2011 Report.

In countries such as Mali and Nigeria, the humanitarian response is aggravated by growing instability and insecurity affecting access to vulnerable populations as well as communities' access to basic social services such as education; and early movement of livestock seeking grazing lands across borders, increasing population flows. Meanwhile, in many countries, cholera remains a threat. For example, Cameroon is still struggling with the cholera epidemic that flared up in 2010 and remains present across the country. In Nigeria, inclusive strategies introduced earlier in the year resulted in fewer reported cases of cholera and lower case fatality rate (CFR) compared with the previous years.

Overall, West and Central Africa has less than 10 per cent of the world's population but accounts for over 30 per cent of the global burden for child mortality and the caseload of paediatric infections of HIV / AIDS. The Sahel belt cuts across eight countries in the region and experiences recurrent crises where high numbers of children require life-saving treatment for severe acute malnutrition. Coupled with a high proportion of the population living in poverty, high illiteracy rates, and failing protective mechanisms within governments, communities, and families, women and children are highly vulnerable to shocks.

Undernutrition poses the greatest risk factor for mortality and morbidity among young children. It accounts for at least 35 per cent of all child deaths per year in the region. Acute malnutrition (under nutrition caused by immediate conditions), and especially severe acute malnutrition, is strongly predictive of mortality. The nutrition situation in the eight countries affected, except Cameroon, is deemed 'serious', with the prevalence of global acute malnutrition (GAM) equal to or exceeding 10 per cent; the GAM prevalence in Chad and several regions of Niger and Mauritania has surpassed the emergency threshold of 15 per cent.

Malnourished children are also more likely to fall ill with an infectious disease as compared to non-malnourished children, as they have weaker immune functions. In turn, infectious disease lowers a child's nutritional status, thus spurring a vicious cycle of malnutrition and disease. In the Sahel, underlying causes – including an unhealthy environment and insufficient access to health care – contribute to worsening the impact of reduced access to sufficient food. In addition, most of the affected countries are off-track to meet the MDG targets for water, and all are off-track to meet the MDG related to sanitation. The situation of inadequate water supply is further exacerbated by dry season reductions in water tables, which can render many wells useless for several months. In addition, most of the vulnerable populations in the affected countries have limited access to curative and preventive health services that are affordable, in close proximity and of good quality.

Past experience in the region shows that in times of emergencies, women and children face multiple protection risks. As part of their survival strategies, vulnerable households may force children to drop out of school in order to work in agriculture, mining and other economic activities. Boys may be sent to beg in the streets of towns and cities and girls may get involved in petty trading or domestic work to support their families. High rates of early marriage, leading to school dropouts, and risks of maternal deaths and obstetric complications (e.g. fistula) are further problems. Female genital mutilation and cutting (FGM/C) is also widespread in many Sahelian countries and in some emergencies have been known to increase. In addition, conflict over scarce resources may increase tensions between communities and generate violence. In addition, most of the countries are off-track to meet the MDG target for education and provisions will need to be made to ensure that children who are displaced as a result of the nutrition crisis this year have access to education.

Table 1: Total population figures and estimated number of affected population

Countries	Total population	Population under 5	Population 6-23 ms	Pregnant women	Estimated # of U-5 with SAM with medical complications	
Burkina Faso	16,716,000	3,179,000	1,271,600	835,800	99,178	9,918
Cameroon*	6,897,000	1,148,000	459,200	344,850	55,119	5,512
Chad*	6,035,253	1,098,416	439,366	196,150	127,300	12,730
Mali	13,802,000	3,114,000	1,245,600	690,100	175,000	11,068
Mauritania	3,491,000	560,000	224,000	174,550	12,600	1,260
Niger	16,221,000	2,701,000	1,080,400	811,050	331,000	33,100
Nigeria*	41,038,000	6,833,000	2,733,200	2,051,900	207,718	20,772
Senegal*	1,529,000	254,000	101,600	76,450	20,000	2,000
Total	105,729,253	18,887,416	7,554,966	5,180,850	1,027,915	96,360

*Figures are for northern Cameroon, Chad's Sahel belt, northern Nigeria and northern Senegal.

2. FUNDING REQUIREMENTS AND RECEIPTS

This Humanitarian Action Update provides an overview of the situation and requirements to respond to the nutrition crisis in the Sahel. It also includes other complementary programme sectors to ensure an integrated response. The total requirements for the full year of 2012, as well as the priority needs are presented below for the first 6 months of UNICEF's humanitarian operations in Burkina Faso, Cameroon, Chad, Mali, Mauritania, Niger, Nigeria, Senegal, and the West and Central Africa Regional Office. While the total requirements for 2012 are approximately USD \$120 million, the priority needs for the period covering January through June 2012 total approximately USD \$67 million.

This humanitarian action update considers needs currently outlined in both UNICEF's Humanitarian Action for Children 2012 (HAC) and in the Consolidated Appeals for Chad and Niger, but also reflects additional requirements to scale-up responses in light of the current deteriorating situation across Sahel belt countries.

As of 6 February 2012, UNICEF had received USD \$10.3 million for the Sahel crisis, as well as several pledges against the requirements of several countries. However, only funds received as of 6 February are accounted for. The regional funds received to date have been allocated to place orders for enough Ready-to Use Therapeutic Food (RUTF) and health supplies to support the treatment of severe acute malnutrition until the end of June this year, and deployment of additional human resources to reinforce UNICEF's emergency response capacity across the eight country offices and its regional office.

Table 2: Total requirements

Country	Total 2012 requirements*	Priority needs (January-June 2012)**
Burkina Faso	11,704,763	6,984,251
Cameroon	8,128,308	4,850,174
Chad	18,769,002	11,199,493
Mali	25,862,798	15,432,372
Mauritania	3,200,000	1,528,540
Niger	30,616,500	15,442,600
Nigeria	17,122,689	8,561,345
Senegal	2,364,599	1,410,960
WCARO	1,747,500	1,433,500
Total**	119,516,158	66,843,235

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

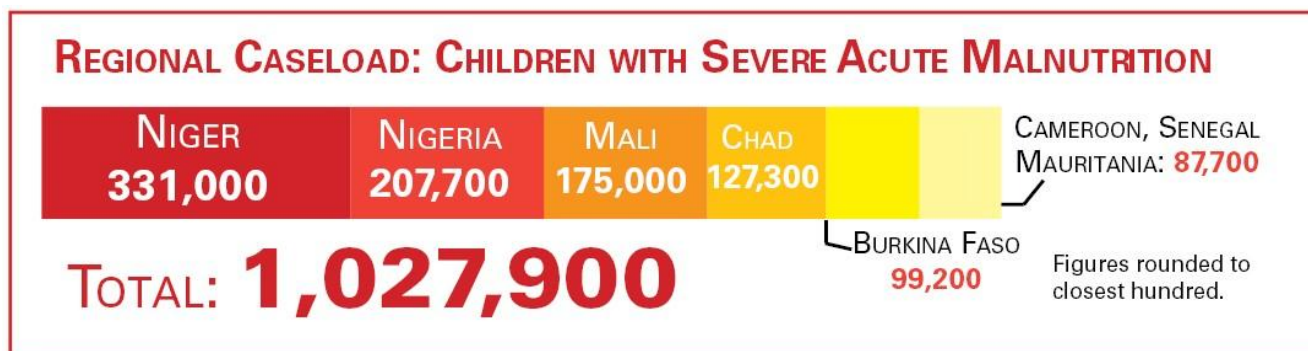
*** Please note that pledges have been received against the requirements of several countries, however, only funds received as of 6 February are shown in the country requirements tables.

3. UNICEF RESPONSE

REGIONAL STRATEGY

In 2011, UNICEF increased its delivery of life-saving interventions to more than 700,000 children suffering from severe acute malnutrition throughout the Sahel. Sub-regional stocks supported countries and emergency preparedness trainings for governments, international agencies and country offices were provided. In collaboration with the World Food Programme, Government and civil society partners, UNICEF also reached children and breastfeeding women through blanket feeding operations. In Niger, a cash transfer programme benefiting close to 21,000 highly vulnerable households during the hunger season was implemented in partnership with Save the Children. The regional office meanwhile supported the inclusion of education in emergencies into overall national education-sector plans and budgets. UNICEF responded quickly and effectively to the cholera crisis in Cameroon and other affected countries with hygiene promotion, supporting access to safe water and sanitation services and access to treatment along with a campaign to promote key messages on epidemics reaching affected populations in Cameroon, Chad and Mali.

While it will be crucial to combat acute malnutrition across the Sahel in order to save lives, an effective response also needs to tackle the underlying and structural causes of malnutrition. In 2012, UNICEF will thus roll out an integrated package of interventions derived from UNICEF's Core Commitments to Children in Humanitarian Action in order to address the crisis, with a first stage focused on addressing immediate needs and saving lives. UNICEF and partners will support the treatment of SAM for more than 1 million children, and will collaborate with WFP to treat moderate acute malnutrition (MAM) affecting more than 1.6 million children.



Within this first stage, an integrated package of interventions in Nutrition, Health, WASH, Education, Protection and Communication for Behavioural and Social change will be delivered at the community and health facility level to provide high-quality care to help acutely malnourished children recover and to prevent future episodes of acute malnutrition. At the community level children will be screened for acute malnutrition and childhood illnesses. According to national protocols, severe cases of acute malnutrition will be referred to health facilities, where they will be enrolled into treatment programmes for acute malnutrition. Cases of severe acute malnutrition without medical complications will be treated as outpatients within their communities, with regular follow-up visits performed at health facilities. In sub-regions where the prevalence of acute malnutrition is very high, a focus on treating only cases of SAM will fall short of needs. As a result, a population-based approach will be implemented covering all children of the most vulnerable age groups (generally ranging 6-23 months), with children receiving a preventive dose of 'lipid nutrient supplements' to prevent a lapse into malnutrition







Increasing family knowledge and adoption of key nutritional practices, and encouraging health and treatment seeking behaviours in a timely manner are further key elements to complement delivery of life-saving services and supplies. A communication strategy will address the behavioural causes of malnutrition at family and community levels. A basket of essential practices (exclusive breastfeeding, improved complementary feeding, recognition of early signs of danger, psycho-social stimulation, hand-washing with soap/ash and diarrhoea treatment with ORS/zinc) will be promoted through a multi-channel communication strategy involving various stakeholders: the national health systems (health professionals, front-line health workers, and community resource persons); communication channels at all levels (media and interpersonal); and the community itself. In

the same context, integrated WASH interventions will also be provided. At the facility level, children will have access to an integrated package for the treatment of acute malnutrition. Children suffering from SAM with medical complications will be admitted as inpatients.

In addition to nutritional and medical treatment, children will receive psycho-social stimulation to reduce treatment duration and relapse. Even though the treatment of SAM has a very high success rate, around 10% of children may fail to respond to the treatment. These children have an elevated risk of HIV-infection and their infection status will therefore be determined using rapid tests. All efforts will also be supported by scaled-up technical assistance in planning, programme management, procurement, and supply and logistics through regional and global surge rosters, supply hubs and technical assistance provided to country offices from the regional office.

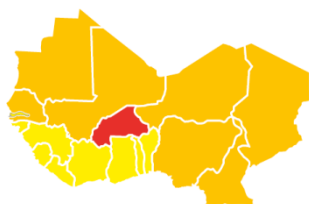
Beyond immediate humanitarian requirements, a second stage of the response will aim at strengthening resilience of vulnerable populations and improving basic service delivery and social protection systems. Although the underlying problems contributing to chronic vulnerability in the Sahel are manifold, one important step towards breaking the vicious cycle of disaster and vulnerability is to strengthen resilience. Approaches focusing on community resilience have proven to be highly cost effective as they eliminate the need to use precious assets to overcome hardship, freeing them up for productive investment. The objective of this phase is thus to address underlying and structural causes of malnutrition.

Meanwhile, given the vast and multi-sectoral response needed, sectoral and inter-sectoral coordination is being strengthened in all of countries to ensure an effective, timely and integrated response. Comprehensive cluster coordination mechanisms are in place in Chad and Niger. In other countries, UN Country Teams have opted to ensure coordination through the strengthening of existing sector working groups. Additional human resources have been requested by all country offices to reinforce coordination, including personnel for humanitarian performance monitoring, information management and reporting.

Core Commitments for Children in Humanitarian Action		
Nutrition	Strategic Result: The nutritional status of girls, boys and women is protected from the effects of humanitarian crisis.	
Health	Strategic Result: Excess mortality among girls, boys and women in humanitarian crisis is prevented.	
WASH	Strategic Result: Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities.	
Child Protection	Strategic Result: Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted.	
Education	Strategic Result: Girls and boys access safe and secure education and critical information for their own well-being.	
HIV and AIDS	Strategic Result: Vulnerability to HIV infection in humanitarian crisis is not increased and HIV-related care needs arising from a humanitarian crisis are met.	

COUNTRY PLANS

BURKINA FASO



In 2011, UNICEF supported the government and local and international NGOs to treat more than 50,000 severely acutely malnourished children, with support including procurement of life-saving supplies and training for health agents and community health workers. In 2012, trainings will reach four additional regions and treatment will continue to expand at reaching nearly 100,000 severely acutely malnourished children. UNICEF will work with partners to implement a complementary package of activities to prevent complications in malnourished children, such as malaria prevention (screening and distribution of impregnated

mosquito nets), screening and treatment for HIV amongst severe acutely malnourished children, communication on key families practices, training for women on best feeding practices, water and sanitation activities (building/rehabilitating wells and latrines, treating water sources with chlorine and providing hygiene kits to vulnerable families) and child protection activities to build up most vulnerable children and families' resilience. These activities will reach more than 3,000,000 children in 10 priority regions. Finally, UNICEF will continue its advocacy with the government for the implementation of social policies to protect the most vulnerable households.

Urgent action

The most urgent action required is to provide health centres and hospitals with sufficient stocks of therapeutic food and medicines for the complete treatment of severe acute malnutrition in children under 5 years of age and management of common causes of illness, to reduce excess mortality from malnutrition. UNICEF will also manage buffer stocks to avoid stock-outs at health centres of supplies for the treatment of severe acute malnutrition. UNICEF will also support the Nutrition Directorate to conduct national nutrition survey and promote the establishment of efficient coordination and monitoring of all partners. In order to prevent malnutrition, in the priority regions the specific nutrition response will be complemented by an integrated package including malaria prevention and treatment, media and interpersonal communications on key family practices, the provision of soap and other hygiene inputs to vulnerable families, the treatment of drinking water with chlorine and the construction/rehabilitation of latrines.

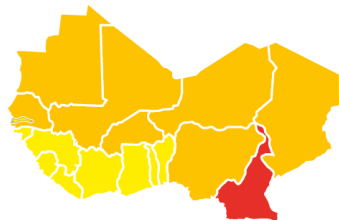
SAM CASELOAD
99,000
Children
under 5

Hand washing and basic sanitation will be promoted targeting malnourished children. Training on best feeding practices and the preparation of nutritious food will be provided to women in communities and schools. Child protection activities will strengthen socioeconomic capacities of the most vulnerable children and families at risk of malnutrition. Upstream advocacy on establishing a national social protection system will be strengthened. Education activities will include strengthened coordination and response, including capacity development of the Ministry of Education linked to the nutrition crisis.

Burkina Faso Requirements

Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate needs (January – June)
Nutrition	6,223,032	3,713,293	191,467	3,521,826
Health	1,248,508	744,987	600,300	144,687
HIV	234,095	139,685		139,685
WASH	1,950,794	1,164,042	172,500	991,542
C4D	292,619	174,606		174,606
Education	48,770	29,101		29,101
Protection	87,786	52,382		52,382
Social Protection	195,079	116,404		116,404
Supply	160,940	96,033	96,033	0
Coordination & M&E	1,263,139	753,717		753,717
Total**	11,704,763	6,984,251	1,060,300	5,923,951

Cameroon



Responding to the current emergencies while building resilience is the primary goal of UNICEF's efforts for 2012. Cholera prevention will target the majority of health facilities, community interventions will aim to protect the population, and effective clinical treatment will be provided. In collaboration with the Ministries of Health and of Water and Energy Resources, the cholera national contingency plan will be implemented. Protection from cholera and other water borne diseases will be provided through expansion of community-led total sanitation. Child health days will continue to deliver vaccinations, vitamin A and deworming.

The majority of the country's children and women will be protected from meningitis through immunization. The integrated management of acute malnutrition programme will expand service provision to cover 55,000 children. Some 300 health facilities located in affected provinces will be supplied with essential drugs, supplies for deworming and immunization, medical equipment, ready-to-use therapeutic food and vitamin A. Training will continue for community health volunteers on integrated management of acute malnutrition. More than 500,000 youths & adolescents will have better access to voluntary counselling and HIV testing. Community-based management of diarrhoea including ORS and zinc will be scaled up in the north, home to 63% of all diarrhoeal cases among children under 5. Furthermore the nutrition crisis shows a negative effect on children's access to quality education services, which will be addressed through an integrated response.

Urgent action

Critical actions for Cameroon are to procure and deliver sufficient stocks of ready to use therapeutic foods and medicines for the treatment of acute malnutrition in women and children. Strengthened monitoring systems will be implemented to ensure the reporting of accurate and timely actionable data concerning admissions, stocks and quality of care. UNICEF will support a regional nutrition survey to track programming results, and strengthened coordination will help ensure joint delivery of an integrated package (Nutrition, WASH, Health and Communications for Development) at facility and community levels.

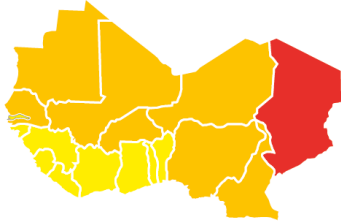


To stop the on-going cholera epidemic, there is urgent need to ensure sustainable sources of potable water are available, as well as to improve sanitation conditions and hygiene practices. Hospital care will be made available, continuing communication and media campaigns will focus on preventive behaviours and cholera surveillance will continue to track conditions and results. Nationwide efforts will focus on better delivery of basic health services for children under five and pregnant women, including community case management, a C4D-based Essential Nutrition Actions Package, and HIV testing for Prevention from Mother To Child Transmission (PMTCT) of HIV/AIDS. Prevention of family separation, psychosocial support and GBV will be integrated into mother-to mother feeding programmes. Education activities will include strengthened coordination, capacity development and response mechanisms.

Cameroon Requirements

Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate funding needs (January – June 2012)
Nutrition	4,321,550	2,578,676	172,500	2,406,176
Health	867,019	517,352	111,690	405,662
HIV	162,566	97,003		97,003
WASH	1,354,718	808,362		808,362
C4D	203,208	121,254		121,254
Education	33,868	20,209		20,209
Protection	60,962	36,376		36,376
Social Protection	135,472	80,836		80,836
Supply	111,764	66,690		66,690
Coordination & M&E	877,180	523,415		523,415
Total**	8,128,308	4,850,174	284,190	4,565,984

Chad



In 2012 UNICEF will focus on improving the lives of 2 million vulnerable people, including marginalized nomads in the Sahel belt (255,291 women, 568,416 girls and 530,000 boys), as cluster lead agency in nutrition, WASH and education, and sub-cluster lead for child protection. For overall humanitarian needs, UNICEF will scale up its presence in the most affected regions of the Sahel Belt increasing capacities at sub national level to ensure effective delivery. UNICEF will increase routine immunizations for polio, meningitis, measles and tetanus; provide deworming tablets, vitamin A supplementation and insecticide-treated

mosquito nets; and improve prenatal care and obstetric services for approximately 500,000 refugees, internally displaced persons and people in host communities. In collaboration with WHO and the MoH, UNICEF will also reinforce epidemiological surveillance for polio, measles, meningitis and cholera.

Approximately 127,300 malnourished children in the Sahel belt will be treated, including provision of health care to prevent and treat the most common causes of death associated with malnutrition. The integrated management of malnutrition programme will be expanded through the establishment of an additional 35 nutritional centres across the Sahel belt. Approximately 80,000 children aged 6-23 month at risk of malnutrition will benefit from ready-to-use supplementary foods during the hunger gap season to prevent further deterioration of their nutritional status. Access to safe water will be improved for 300,000 people. WASH in schools and therapeutic centres will protect against health risks and diseases, while provision of safe water and construction of separate latrines will encourage school attendance & retention, mainly for girls.

Access to continued quality Education in the Sahel belt will be ensured for 400,000 pre & primary school children among refugees, internally displaced persons, returnees and those living in host communities. Education in the Sahel belt will be ensured for 400,000 pre and primary school children among refugees, internally displaced persons, returnees and those living in host communities. Psychosocial support and child-friendly activities will be supported for children in eastern Chad, including 12,000 girls and 7,000 boys. UNICEF will prevent child military recruitment by training 300 Chadian national army officers, sensitizing 1,500 members of local child protection committees, training and supporting 20 programme staff, and monitoring visits in military establishments. Information on HIV and AIDS prevention, care and treatment will be provided to peer educators in youth centres, and community dialogue to benefit 126,000 people (54,000 boys, 56,000 girls and 16,000 pregnant women).

Urgent action

To mitigate the negative impact of malnutrition on children, UNICEF will support implementation of targeted feeding to improve access to food to children aged 6 to 23 months. UNICEF will complement the food basket with ready-to-use supplementary food during the lean period to children at risk of becoming acutely malnourished, targeting 80,000 children. UNICEF will also provide intensive refresher training of Ministry of Health staff and community health workers to ensure quality performance outcomes in the health centres and district hospital supported by UNICEF, conforming to SPHERE norms. In an effort to increase demand for and access to quality treatment, UNICEF will scale up its community mobilisation which will be further reinforced and taken to scale. This will include capacity-building of community health workers to relay socially and culturally appropriate non-stigmatising messages to people to raise awareness of sexual violence related services.



UNICEF will also provide intensive refresher training of Ministry of Health staff and community health workers to ensure quality performance outcomes in the health centres and district hospital supported by UNICEF, conforming to SPHERE norms. In an effort to increase demand for and access to quality treatment, UNICEF will scale up its community mobilisation which will be further reinforced and taken to scale. This will include capacity-building of community health workers to relay socially and culturally appropriate non-stigmatising messages to people to raise awareness of sexual violence related services.

UNICEF and its partners will prevent and treat co-morbidities with its multi-sectorial Health, WASH, HIV/AIDS and Education/Protection response strategy; so as to ensure the reduction of morbidity and mortality from pneumonia, diarrhoea, measles and malaria associated with SAM. UNICEF will be supporting the MoH-GoC in conducting mass vaccination campaigns against measles to which Vitamin A supplementation and intestinal de-worming will be associated. UNICEF will also procure and supply essential generic medicines to effectively treat co-morbidity illnesses. UNICEF will also urgently scale up WASH activities, supporting the drilling of 80 additional bore holes in the Sahel belt of Chad – increasing access to quality drinking water - as well as promoting appropriate sanitation

and hygiene behaviours in the most affected areas of the Sahel Belt (according to the SAM prevalence and WASH indicators in the nutrition (health) centres and schools).

In close collaboration with other UN agencies such as OCHA, WFP and WHO, UNICEF will improve the inter-cluster approach in order to reinforce the integrated response to the nutrition crisis (UNICEF is cluster lead in nutrition, education, WASH and sub-cluster on CP) In collaboration with partners and the Government, UNICEF will conduct 2 new SMART surveys in order to follow and monitor GAM tendencies and adjust properly the response through the above mentioned coordination mechanism. UNICEF will ensure access to basic services (psychosocial care, education, health, water etc.) to vulnerable children with a specific focus on orphans. Education activities will also include (i) Reinforcement and capacity development of 700 teachers and 200 Parent-Teacher/Mother-Student associations in functioning of school management systems including school canteens (collaboration with WFP); (ii) Sensitisation and training of 8,000 parents on the importance of schooling, especially for girls; (iii) Distribution of teaching and learning as well as recreational materials benefitting 180,600 children;

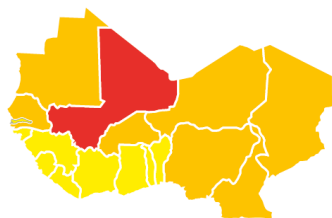
Chad Requirements

Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate funding needs (January – June 2012)
Nutrition	11,912,327	6,563,950	2,386,758	4,177,192
Health	1,251,267	1,194,613	692,510	502,103
HIV	312,817	223,990		223,990
WASH	2,508,016	1,827,191		1,827,191
C4D	469,225	279,987		279,987
Education	78,204	46,665		46,665
Protection	140,768	83,996		83,996
Social Protection	312,817	186,658		186,658
Supply	258,074	153,993		153,993
Coordination & M&E	1,525,488	638,450		638,450
Total**	18,769,002	11,199,493	3,079,268	8,120,225



© UNICEF/NYHQ2011-2174/Estevé

Mali



An urgent and sustained programme response needs to be developed in order to curb child mortality associated with undernutrition in Mali. The Government with the support of UNICEF, other UN agencies and NGOs aims to reinforce and accelerate interventions for the prevention and care of child undernutrition with a special focus on: 1) Infant and Young Child Feeding Practices, 2) Micronutrient deficiency control and 3) Integrated management of acute undernutrition. Two main objectives need to be reached focusing on children 0-35 months old for maximum population impact and on the seven regions affected by the food and

nutrition crisis. The first objective will be to treat acute undernutrition in children 6-59 months of age and prevent mortality due to acute malnutrition. The second objective will be to prevent undernutrition in early childhood through the promotion of improved infant and young child feeding practices, care giving, and care seeking practices at the facility, family and community levels.

Urgent action

An integrated approach has been adopted to focus primarily on synergies with WASH, Health and Communication for Development interventions as well as Education activities (the latter will include awareness-raising on Child Protection). The priority beneficiaries are pregnant and lactating women as well as under-five children (particularly children aged up to of 24 months).

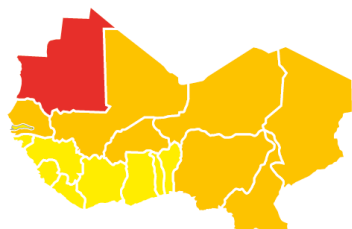
SAM CASELOAD
175,000
Children under 5

The UNICEF response to the crisis will focus on the following: (i) improvement of maternal nutrition through the provision of micronutrient supplements or food supplements during pregnancy and lactation; (ii) improvement of early initiation and exclusive breastfeeding for the first 6 months of life and the timely introduction of good quality complementary food while continuing breastfeeding until 24 months of age; (iii) improvement of micronutrient intake through targeted supplementation of children in the age range of 6-59 months (vitamin A, deworming, micronutrient powders); (iv) integrated management of acute malnutrition (IMAM) through community based sites and health centres. Continued supply of RUTF, RUSF and drugs, as well as reinforcement of capacities through trainings on newly approved IMAM protocol; (v) prevention and treatment of main communicable diseases through basic interventions as deworming, treatment of diarrhoea and pneumonia, immunization, and bed net distribution, health education and key family practices; (vi) improvement of availability of clean drinking water, hygiene improvement, and hand washing with soap at household and community levels including health facilities; (vii) prevention of family separation, psychosocial support and GBV will be integrated into mother-to mother feeding programmes; (viii) education activities including communication to promote good nutrition practices in 10,950 primary schools and training of 45,000 pre- and primary school teachers in good nutrition practices; as well as parental education to the mothers of malnourished children.

Mali Requirements

Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate funding needs (January – June 2012)
Nutrition	13,750,387	8,204,878	834,240	7,370,638
Health	2,758,698	1,646,120	321,570	1,324,550
HIV	517,256	308,647		308,647
WASH	4,310,466	2,572,062	53,475	2,518,587
C4D	646,570	385,809		385,809
Education	107,762	64,302		64,302
Protection	193,971	115,743		115,743
Social Protection	431,047	257,206		257,206
Supply	355,613	212,195		212,195
Coordination & M&E	2,791,027	1,665,410	402,500	1,262,910
Total**	25,862,798	15,432,372	1,611,785	13,820,587

Mauritania



UNICEF will support implementation of integrated lifesaving and resilience interventions including health, HIV and education actions for women and children. Key targets will include (i) case management of 80% of 12,600 severe acutely malnourished children aged 6 to 59 months; (ii) at least 80% of 6-24 months children (48,000) affected by SAM will receive ready-to-use food to prevent acute malnutrition during the lean period in 4 regions; (iii) at least 90% of under-five children (550,000) will be supplemented with vitamin A and dewormed; (iv) 100,000 childbearing women will receive information about infant

and young child feeding; (v) 2,000 household with under-two years old children in rural areas will be reached through cash transfer (women with child under-2); (vi) at least 75,000 children under-five will have access to measles, malaria, diarrhoea and acute respiratory infection prevention and treatment; (vii) access to safe drinking water and adequate hygiene and sanitation for 60,000 people including 14,000 children; (viii) 5,000 affected children including those at risk and victims identified through child protection systems will benefit from appropriate psychosocial care and family reintegration; (ix) 2,500 families, 500 governmental, non-governmental and local stakeholders will be trained to prevent and respond to child abuse and exploitation, family separation/abandonment and gender based violence; (x) strengthened coordination and response mechanisms in education, including capacity development of key actors at national, sub-national and school/community levels (including training of 20 national and local Education committees on emergency issues); (xi) equip two prepositioning sites with temporary learning spaces, school kits and teaching and learning as well as recreational materials for 2,000 children; (xii) provision of HIV supplies and consumables and training of actors implementing interventions

Urgent actions

UNICEF requires support for timely procurement of ready-to-use supplementary and therapeutic foods, alongside procurement of ORS, Zinc, essential drugs, and education & WASH supplies. UNICEF will also require support to ensure technical assistance is available for nutrition, communication, education, social policy and HIV programmes, as well as for coordination, M&E, and logistics functions. Such support will allow for responses at field level including: (i) training of health workers on the integrated management of acute malnutrition, of community relays on hygiene and sanitation and regional staff in charge of protection on emergency responses for children; (ii) mobile outreach to deliver integrated lifesaving interventions; (iii) active screening of malnutrition cases; (iv) nutrition surveys during the lean season; (v) water availability through water tanks or support for rehabilitation/digging wells, along with treatment and safe storage of water; (vi) sensitization on hygiene, sanitation, nutrition and health for behaviour change; (vii) cash transfers to support vulnerable households; (viii) capacity development of key Education actors at all levels; and (ix) training of 20 national/local Education committees on emergency response.

SAM CASELOAD
12,600
Children
under 5

Mauritania Requirements

Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate funding needs (January – June 2012)
Nutrition	1,545,000	494,120	494,120	
Health	218,000	101,595	101,595	
HIV	50,000	27,708	11,925	15,783
WASH	700,000	507,974	244,816	263,158
C4D	77,000	36,944	14,906	22,038
Education	100,000	55,449	2,484	52,965
Protection	95,000	60,000	4,472	55,528
Operations support	325,000	203,190	9,937	193,252
Emergency	60,000	27,708	8,198	17,771
Coordination & M&E	30,000	13,854	13,854	
Total**	3,200,000	1,528,540	906,307	620,495

Niger



As cluster lead agency in nutrition, WASH, education and child protection, UNICEF will coordinate activities among partners to mitigate the impact of the nutrition crisis, natural disasters and epidemics by responding to the humanitarian needs of women and children. UNICEF will also help to increase the resilience of the poorest households against undernutrition and disease through prevention activities such as vaccination and hygiene promotion. UNICEF will treat nearly 331,000 children under 5 (146,594 girls and 184,067 boys) suffering from severe acute malnutrition. In partnership with the World

Food Programme, UNICEF will support prevention of malnutrition of young children in the most affected areas through blanket-feeding operations targeting 334,823 children aged 6-23 months old and 21,370 lactating women. To increase the effectiveness of blanket feeding, UNICEF will support cash grant distribution to 30,000 households with at least one child under 2.

In coordination with the Ministry of Health and its partners within the health cluster, UNICEF will reach more than 3.2 million children under 5 to reduce child mortality resulting from polio, measles, meningitis, malaria and cholera. UNICEF will reduce the risk of water-borne diseases by providing safe drinking water and sanitation facilities in therapeutic centres and in locations where returning migrants are settling. UNICEF will ensure that 8,000 women and children receive gender-sensitive psychosocial support, reintegration services and legal assistance (in collaboration with Education). Community sensitization and capacity building of humanitarian workers will be improved in areas affected by emergencies. UNICEF will train 15 youth groups in disaster risk reduction to engage with 20 vulnerable communities in flood-prone areas. Together with partners, UNICEF will support risk reduction activities prioritized by the communities and youth. Education activities will include strengthened coordination and response mechanisms.

Urgent actions

Emergency actions for UNICEF will focus as a priority on treatment of severe acute malnutrition for nearly 331,000 (50,000 with medical complications) children under-5 (of which 146,594 girls and 184,067 boys). In partnership with WFP and through the Nutrition cluster, UNICEF will also support the management of 689,450 new cases of moderate acute malnutrition in children aged 6-59 months old. A further component of the effort in Niger will cover prevention of malnutrition through a blanket feeding operation targeting 334,823 children aged 6-23 months old and 21,370 lactating women in areas where conditions are the poorest.

SAM CASELOAD
331,000
Children
under 5

Vitamin A supplementation will meanwhile target 3.5 million children aged 6-59 months. UNICEF will also support strengthening of treatment capacity by ensuring adequate human resources on the ground (surge capacity when needed), training of health workers, and adequate hospitalization capacity. At the same time, efforts will focus on boosting health care quality and ensuring free access to health care for under-5 children and pregnant and lactating women. Simultaneous work will also aim at improving availability of clean water and sanitation facilities in therapeutic centres and in locations where migrants are settling; including promotion of/communication on hygiene practices and increase availability of soap and hygiene facilities.

UNICEF will also work in support of Education in Emergencies with efforts to set-up temporary tarpaulin classrooms/temporary learning spaces in areas where children's schooling is at risk of being interrupted. An ad-hoc committee has meanwhile been set up, which includes the government, UNICEF and WFP to address the issues of the nutritional status of children at school and of the migrant children travelling to urban areas. UNICEF will also provide Psychosocial support to 50,000 malnourished children (50% girls and 50% boys), including case management, setting up and strengthening of referral systems, awareness raising of teachers, dissemination of key messages (risks of violence, abuse and exploitation during migration from rural to urban areas), identification of children head of households/ left behind for support.

In addition a further component of the response in Niger will revolve around capacity development linked to the nutrition crisis of the Ministry of Education and key Education actors at national, sub-national and school/community levels as well as targeted rapid Education needs assessments in order to guarantee continued access to quality education at pre-, primary and secondary school levels.

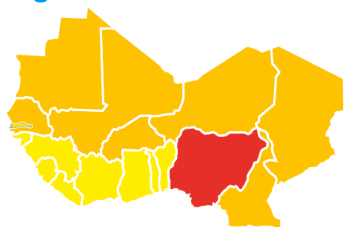
Niger Requirements

Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate funding needs (January – June 2012)
Nutrition	25,647,900	13,045,800	1,950,000	11,095,800
Health	2,835,500	1,400,000	262,516	1,137,484
WASH	1,198,400	203,600		203,600
C4D and Advocacy	165,300	165,300	-	165,300
Social Policy	140,000	140,000	-	140,000
Monitoring and Evaluation	103,600	103,600	-	103,600
Operations Support	183,800	183,800	-	183,800
Education & Protection	342,000	200,500	-	200,500
Total**	30,616,500	15,442,600	2,212,516	13,230,084



© UNICEF/NYHQ2011-0904/Onadja

Nigeria



To address the needs of the severe acutely malnourished children in Nigeria, UNICEF and its partners will provide treatment through the integrated management of acute malnutrition (IMAM) programme, providing an integrated package of nutrition services, WASH, Health and Communication for Development interventions as well as Education and Child Protection. Community-based health workers in 100 feeding centres will be trained on the integrated package and case management of acute malnutrition. UNICEF will continue to strengthen and support community-based child protection networks in

emergency-prone states through training on international/domestic human and child rights laws, prevention of family separation, prevention of and response to GBV, prevention of child recruitment by armed forces/armed groups while providing support, including psychosocial support (in collaboration with Education), to vulnerable displaced children. UNICEF will support community engagement platforms that promote inclusion, participation and discussion and will also address the health of children by providing vitamin A supplements and vaccinations for polio and measles.

Urgent actions

UNICEF will provide emergency nutritional supplies and treatment for malnourished under 5 (girls and boys) through the integrated management of malnutrition (IMAM) programme, and at the same time provide access to minimum package² of Water Sanitation and Hygiene (WASH) at therapeutic feeding sites through treatment programmes. Immediate interventions will also focus on ensuring access to essential health care and preventive services for children under five and pregnant and lactating women including supportive and inclusive strategies to reduce cholera cases and case fatality rate (CFR) while simultaneously ensuring surveillance for early warning and response. UNICEF will also ensure access to treatment and prevention services on HIV/AIDS to children and pregnant and lactating mothers in IMAM centres, and strengthen sector coordination mechanisms throughout all components of the response, with a focus on resilience activities and improved information management.

SAM CASELOAD
207,700
Children under 5

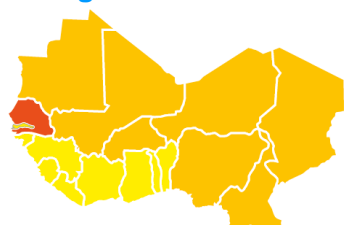
In addition, UNICEF will urgently work to reinforce community-based child protection networks (CPN) and strengthen regular contact with CMAM sites health workers in order to facilitate CPN's monitoring of vulnerable families and children, to provide necessary referrals to protection interventions. Education activities will meanwhile include engaging and sensitizing communities on conflict resolution, violence and abuse prevention and peace building in addition to pre-positioning minimum supplies (teaching and learning, recreational materials) for the emergency response, while strengthening education response planning and coordination in collaboration with NEMA/SEMA/SMoEs.

Nigeria Requirements

Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate funding needs (January – June 2011)
Health	249,392	124,696	125,200	124,696
Nutrition	9,063,200	4,531,600	69975	4,531,600
WASH	5,636,490	2,818,245		2,818,245
HIV/AIDS	961,619	480,810		480,810
C4D	950,000	475,000		475,000
Coordination & M&E	261,988	130,994		130,994
Total**	17,122,689	8,561,345	195,175	8,561,345

² Access to drinking water (15l/p/d), for instance through household water treatment, Hygiene kits (450g soap/p/m, jerry cans, etc.); Promotion of key hygiene behaviors

Senegal



The current conditions of malnutrition in children require an immediate response in affected areas of northern Senegal. The number of cases of acute malnutrition may increase if food security and livelihood conditions worsen as predicted with an early onset of the lean season (between March to April 2012). The risk of nutritional emergency in Senegal is therefore especially high in Northern and Central regions of the country (Matam, Diourbel and Kédougou). In this regard, UNICEF will ensure immediate responses for severely acutely malnourished children by providing treatment through the integrated management of acute

malnutrition (IMAM) programme, and by providing an integrated package of nutrition services, WASH, Health and Communication for Development, Education and Child Protection interventions.

Urgent actions

UNICEF will urgently be working to provide support for the treatment of about 20,000 cases of acute malnutrition, including provision of therapeutic foods, anthropometric equipment, vitamin A and deworming products. To ensure quality of service delivery, UNICEF will work with the Ministry of Health, WFP and NGOs to train health workers and community volunteers in 50 health districts on the management of acute malnutrition, with an overall target of covering 200 community sites. A further priority is provision of health supplies including ORS for the management of cases of diarrhoea, HIV kits, and insecticide treated nets. In addition, UNICEF will support the training of health staff and community volunteers on the Integrated Management of Childhood Illness (IMCI). UNICEF will also ensure provision of household water treatment supplies, soap kits and safe water storage items. In addition, UNICEF will support hygiene promotion and sanitation actions including WASH in schools and health facilities. To promote communication for social and behaviour change, UNICEF will support production of posters with messages promoting key life-saving practices such as breastfeeding, hand washing, as well as promotion of ORS, treated nets, water treatment and use of immunization services (including routine EPI) in communities.

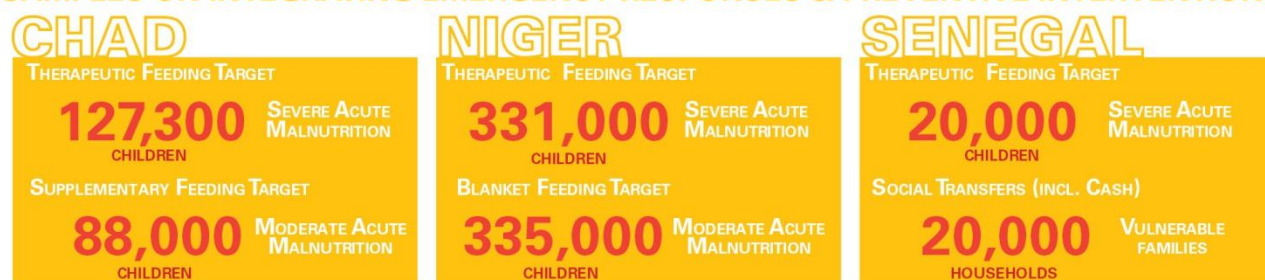


Education activities will meanwhile be included, with a focus on strengthened coordination and response mechanisms, including capacity development linked to the nutrition crisis for all key Education actors at national, sub-national and school/community levels including refresher trainings for pre- and primary school teachers on education in emergencies. UNICEF will also support social transfers, using cash, targeting children in vulnerable families (approx. 20,000) for 6 months period, in order to complement interventions covered by the National Nutrition programme. Monitoring and Evaluation will also be supported to include field supervision and conducting of nutritional surveys (using SMART methods), and support for coordination of Nutrition and WASH sectors at central and decentralized.

Senegal Requirements

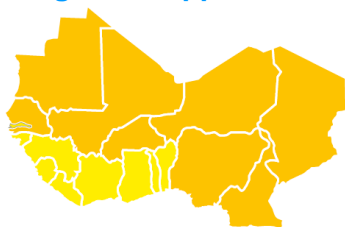
Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate funding needs (January – June 2012)
Nutrition	1,257,178	750,160	172,500	577,660
Health	252,224	150,502	47900	102,602
HIV	47,292	28,219		28,219
WASH	394,100	235,160		235,160
C4D	59,115	35,274		35,274
Education	9,852	5,879		5,879
Protection	17,734	10,582		10,582
Social Protection	39,410	23,516		23,516
Supply	32,513	19,401		19,401
Coordination & M&E	255,180	152,266		152,266
Total**	2,364,599	1,410,960	220,400	1,190,560

SAMPLES ON INTEGRATING EMERGENCY RESPONSES & PREVENTIVE INTERVENTIONS



UNICEF's responses will aim not only at treating children suffering from Severe Acute Malnutrition, but will also focus along with WFP and within the Nutrition Clusters/Sectors on preventing children from lapsing into malnutrition, with a number of countries implementing supplementary feeding for moderately malnourished children and children in vulnerable and at-risk households (in Chad, Mali and Niger among others). UNICEF will also be working in partnership with WFP and the Food Security and Nutrition Clusters for management of moderate acute malnutrition in Niger, while further interventions will also include social transfers (incl. cash transfers) to lift households out of crisis.

Regional support



UNICEF's office of West and Central Africa (WCARO) is the primary coordination point for the multi-country response, led by the Regional Director. WCARO continues to strengthen systems to enhance UNICEF country office capacities for response.

This is being undertaken in close coordination and liaison with Headquarters with a major focus on emergency information management, strategic humanitarian response planning, high level humanitarian advocacy, support to sector/cluster accountabilities and cross-border programmatic and operational coordination, resource mobilization, staff surge and overall supplies and logistics management.

WCARO programme advisor teams continue to provide dedicated emergency support including first-line technical assistance and surge support on Nutrition, Health WASH, Education, Child Protection, Monitoring, Reporting and Evaluation. Such support includes:

- Technical support for integrated response planning and delivery, across nutrition, health, HIV, WASH, education and child protection.
- Technical support for developing a strategy for comprehensive disaster resilience and activities to tackle the structural and underlying causes of malnutrition. A Sahel Resilience Strategy is being developed separately from the humanitarian appeal.
- Coordination with other agencies responding to the crisis across all relevant sectors.
- Coordination of UNICEF and inter-agency appeals to ensure that tracking of overall funding needs, funds received/ pledged and funding gaps versus both overall and immediate needs.
- The regional office acts as a hub, deploying surge capacity throughout the Sahel region to meet the needs and works with HQ to urgently fill positions currently vacant at county levels
- The regional office provides oversight of supply management for the regional response.
- The regional office ensures that the two regional supply hubs have sufficient supplies prepositioned to act as buffer-stock, and is implementing supply pipeline tracking to avoid any potential stock-outs, and the deployment of buffer stocks from our regional warehouses if necessary.
- Performance monitoring of the emergency response across all aspects of the integrated response and the provision of regional updates. Ensuring that all country offices are using harmonized performance indicators.
- Mapping the overlap of other emergencies in the region which will further complicate the situation (such as epidemic outbreaks of cholera, measles, meningitis and polio and flooding).

Urgent actions

- Place regional supply orders to ensure that UNICEF has sufficient materials to cover programme activities until the end of June in all country offices.
- Coordinate evaluations of supply management and warehouse capacity at country office level to give clarity on capacity limits and find other solutions.
- 5 key positions are required at WCA Regional Office to ensure a robust and timely response: a Humanitarian performance monitoring specialist; a Supply chain / pipeline specialist; a Security officer; a Social protection in emergency specialist and an Emergency HR specialist.
- Expedite candidates for the most urgently needed positions within Country Offices.
- Coordination of UNICEF and inter-agency appeals to ensure that we track the overall funding needs, funds received/ pledged and funding gaps versus both overall and immediate needs.

Regional Office Requirements

Appeal Sector	Total 2012 requirements	Priority needs (January-June 2012)	Funds received as of 6 February 2012***	Remaining immediate funding needs (January – June 2012)
Nutrition	800,000	800,000	224,548	575,452
WASH	172,500	113,500	0	113,500
Supply & Logistics	150,000	150,000	150,000	0
Emergency PM & Reporting	140,000	140,000	140,000	0
Security	230,000	115,000	115,000	0
Human Resources	255,000	115,000	115,000	0
Total**	1,747,500	1,433,500	744,548	688,952

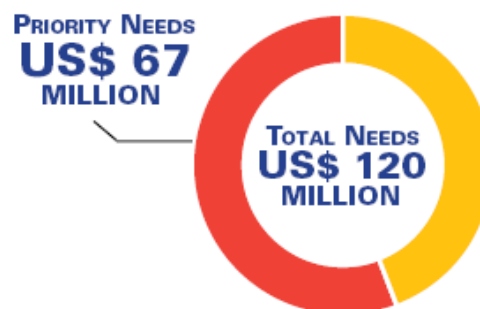
* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

*** Please note that pledges have been received against the requirements of several countries, however, only funds received as of 26 January are shown.

REVIEW OF OVERALL REQUIREMENTS

Country	Total 2012 requirements*	Priority needs (January-June 2012)***
Burkina Faso	11,704,763	6,984,251
Cameroun	8,128,308	4,850,174
Chad	18,769,002	11,199,493
Mali	25,862,798	15,432,372
Mauritania	3,200,000	1,528,540
Niger	30,616,500	15,442,600
Nigeria	17,122,689	8,561,345
Senegal	2,364,599	1,410,960
WCARO	1,747,500	1,433,500
Total**	119,516,158	66,843,235



Further information on the UNICEF emergency programme in the West and Central Africa and the Sahel crisis can be obtained from:

<p>David Gressly Regional Director West and Central Africa Regional Office (WCARO) UNICEF Senegal Tel: + 221 33 869 58 58 Fax: + 221 33 820 89 64 Email: dgressly@unicef.org</p>	<p>Dermot Carty Deputy Director Office of Emergency Programmes (EMOPS) UNICEF Geneva Tel: + 41 22 909 5601 Fax: + 41 22 909 5902 E-mail: dcarty@unicef.org</p>	<p>June Kunugi Deputy Director Public Sector Alliances and Resource Mobilization (PARMO) UNICEF New York Tel: + 1-212 326 7009 Fax: + 1-212 326 7165 Email: jkunugi@unicef.org</p>
--	--	---

ANNEX – COUNTRY PROFILES – SITUATION OF CHILDREN

Burkina Faso

Burkina Faso is one of the poorest countries in the world, ranking at the bottom of the 2011 Human Development Index (HDI) scale (181 of the 187 countries, according to UNDP). Under-five mortality is 176/1,000 living births, one of the highest in the world. A majority of these deaths are due to the lack of effective systems to address the nutrition, health and water and sanitation needs for women and children as well as insufficient access to basic social services such as education. Chronic food insecurity and cyclic food crises compounded by poor infant and young child feeding practices at home, insufficient access to health services and poor access to water and sanitation expose the most vulnerable households to a wide variety of risks affecting their nutritional status. Since 2008 the economic recession, the continued rise in cereals prices and the impacts of climate changes have worsened the health and nutritional status of people, and especially children under 5, who are the most vulnerable. Furthermore, the deficit in cereal production in 2011 in all the Sahel is expected to produce a large nutrition crisis in Burkina Faso, with nearly 100,000 children suffering from severe acute malnutrition. The government has elaborated an operational plan to address the crisis, but without the immediate support of the international community thousands of malnourished children are at risk of death in Burkina Faso.

Cameroon

Ranking 150 on 187 in the 2011 HDI table 2011, Cameroon is a country with significant health and economic disparities. The sizeable population in the north is in many ways excluded from the wealth and development of the central area of the country. The most recent estimates for under-five mortality from 2010 were 136/1,000 but mortality rates are believed to be higher in northern border regions. People living in Cameroon's eastern and northern regions are struggling to access basic services such as potable water, basic health care, education and preventive interventions against malnutrition. Nutrition surveys conducted in mid-2011 found critical conditions of acute malnutrition in children 6-59 months of age (12.4% in Extreme Nord and 9.6% in Nord region). Malnutrition in women is also a grave problem with 21.4% women in Extreme Nord and 15.2% in Nord region suffering from acute malnutrition. An estimated 55,000 children in the northern regions will need treatment for severe acute malnutrition in 2012. Moreover, Cameroon is still struggling with the cholera epidemic that flared up in 2010 and remains present across the country. In response to this crisis, the government manages the cholera committee at the national and regional levels and a national cholera response plan for 2012 has also been devised.

Chad

Hunger, displacement and disease mark the lives of millions in Chad, country ranking at the 183rd position in the 2011 HDI table. An estimated number of 127.300 children under 5 suffer from severe acute malnutrition (SMART Survey, August 2011), with 1 out of every 10,000 dying daily.³ Droughts, floods and pests in 2011, as well as repercussions of the 2009–2010 drought, have heightened food insecurity, especially for about 1.3 million in the Sahel strip. The nutrition and food crisis were exacerbated by the 2011 Libyan conflict which resulted in an influx of more than 90,000 Chadian repatriates in the Sahel Belt of Chad. In eastern and southern Chad, nearly 350,000 Sudanese and Central African Republic refugees depend on humanitarian assistance. Roughly 180,000 internally displaced persons (IDPs) fled conflicts in eastern Chad, but only about 56,000 returned to their villages, without access to basic social services. More than 111,000 displaced women and children still depend on humanitarian assistance at IDP sites.⁴ About 65 per cent of returnees and IDPs are children at risk of trafficking, economic exploitation and recruitment from armed forces or armed groups. Women and girls also face exploitation and violence, including sexual violence. In eastern Chad, many areas remain afflicted by mines and unexploded ordnance. Lack of sanitation and immunizations have caused epidemics in 2011 including cholera (17,217 cases), measles (7,647 cases), meningitis (5,865 cases) and polio (132, of

³ United Nations Children's Fund, 'Preliminary Report Survey: Nutrition and mortality in 11 regions of Chad – From 16 August to 15 September 2011', p. 14.

⁴ Office of the United Nations High Commissioner for Refugees, 'Estimates of Displaced Persons as of 31 August 2011', UNHCR Chad, Gore, 2011.

whom 90% are children under 5).⁵ Conflict consequences and the vulnerability of the educational system countrywide still affect access to quality education and outcomes for most children in Chad.

Mali

Mali has some of the world's worst child and maternal health indicators and the under-five mortality rate is most recently estimated at 178 per 1,000 live births (2010). Over 35% of these deaths are attributable to undernutrition. Mali is 175 on the 2011 HDI index. Due to insufficient rain fall, the Government of Mali recently declared a deficit in food production and availability in 2012 in the Northern regions of Kayes, Koulikoro, Segou and the regions of Mopti, Tombuktu, Gao and Kidal. If the harvest is compromised as predicted, it will clearly worsen the already critical nutrition situation. According to the nutrition survey with SMART methods carried out in 2011, the nutrition situation is very fragile with an overall prevalence of global acute malnutrition (GAM) exceeding 10% at national level and severe acute malnutrition prevalence of 2%. Aggravating factors need to be considered such as growing instability and insecurity affecting humanitarian response and access to vulnerable populations as well as insufficient access to basic social services such as education; rise in prices of staples foods impacting the purchasing power of households and early transhumance of livestock over borders. The estimated caseload of children with severe acute malnutrition (SAM) is 175,000. If conditions worsen or expand beyond the children under-five, the caseload will increase. There is a critical need for immediate life-saving treatment and care to be implemented now.

Mauritania

According to most recent information reported by FEWS/NET and WFP the severe drought hitting the country (2011 HDI rank 159) is the worst since decades, putting the population's livelihood under growing strain and jeopardizing children's lives. Up to 650,000 people (including 170,000 children under 18 and 120,000 under 5 years of age) are affected by food insecurity and the number is projected to climb. Severe lack of rain effect is exacerbated by chronic poverty and increasing food prices. For the first time the Government shared a revised Emergency Plan that includes the management of children suffering from acute malnutrition. The poor rainfall, affected the situation in the whole country with food insecurity, loss of livestock, and increasing malnutrition as well negative impact on school-aged children accessing basic social services like education. It also impacted the population's access to drinking water, in rural areas where the rate of potable water and adequate hygiene and sanitation are respectively of 21% and 6%. A MoH/ UNICEF Nutrition Survey with SMART methods (July 2011) found 11% of children 6-59 months of age suffering from Global Acute Malnutrition (GAM). Former surveys revealed during the lean season, Brakna, Guidimakha, Assaba and Gorgol regions have a high prevalence of GAM exceeding 15%, above the WHO emergency thresholds. Data from the post-harvest season nutrition survey conducted in December 2011, found two regions (Brakna and Gorgol) with prevalence above the alert threshold of 10%. In the current context of drought, there is a strong likelihood that the children nutrition situation will worsen in the upcoming months. The vulnerability is increasing particularly for children affected by poverty, as well as for women headed households and exposed to violence, abuse and neglect.

Niger

On a background of maternal and child malnutrition and high levels of chronic food insecurity, Niger is in the grip of a food and nutrition crisis, set to last until the end of the lean season in October 2012. Despite an improved food security in 2011, cereal production shortfalls estimated at 519,639 metric tons from the 2011/2012 agricultural season will put poor households at risk and further compromise the nutritional status of children. Niger is ranking at the very end of the 2011 HDI index (186 of the 187 countries). Preliminary data⁶ released by the Early Warning System, show that 5.4 million people (35% of the country population) are food insecure, with

⁵ Government of Chad, 'Integrated Epidemiologic Surveillance Service: Weekly meeting of the national technical committee for the battle against epidemics – Week 45', Chad Ministry of Public Health, N'Djamena, 16 November 2011. UNICEF Chad population estimate with 3.6 per cent annual population growth projections for 2011.

⁶ Cellule de Coordination du Système d'Alerte Précoce - Evaluation de la vulnérabilité à l'insécurité alimentaire des ménages urbains et ruraux - Décembre 2011.

1.3 million people severely food insecure. Regions mostly affected by food insecurity are Tahoua, Tillabery and peripheral areas of Niamey. According to 2011 survey data, one out of two children under 5 suffers from chronic malnutrition, and one out of five children 6–23 months of age suffers from acute malnutrition. During the rainy season, populations are affected by floods. Nutrition crisis is showing adverse effect on children's access to education, with school drop outs linked to population movements. The spread of communicable diseases remains a concern in the country (in 2011, 10,510 cases of measles, 2,126 cases of Cholera and 4 cases of Polio). An estimated 220,000 migrants returning to Niger from Libya have contributed to increased economic, humanitarian and security-related threats.

Nigeria

The country (2011 HDI rank 156) experienced several challenges during the year 2011, from the post-election violence in the north to devastating floods in the south as well as pockets of ethno-religious crises and threats of terrorist attacks which eventually led to the bombing of the UN House in Abuja in August 2011. Since then, several bombing of police stations and churches and mosque have taken place. The programming environment has been greatly affected by the state of insecurity, causing teams to make fewer field visits complicating program implementation and supervision. Inclusive strategies introduced earlier in the year resulted in fewer reported cases of cholera and lower case fatality rate (CFR) compared with the previous years. The Northern States Nutrition Survey with SMART methods conducted in August 2011 indicated that 9% of children were suffering from global acute malnutrition and over 40% of under-five children in the seven states surveyed were chronically malnourished. The survey report indicates that a significant caseload (over 200,000 cases) can be anticipated from current conditions. If the Sahel crisis has a critical effect on the North of Nigeria, the nutrition conditions will only worsen in the affected areas.

Senegal

Senegal is known in the West African region to have the lowest national prevalence of acute and chronic malnutrition in children and is ranking 155 on the 2011 HDI table. Despite that fact, significant inequities in nutrition exist in the remote regions of the country. The risk of nutritional emergency in Senegal is high especially in Northern and Central regions of the country (Matam, Diourbel and Kédougou). The most recent Nutrition Survey with SMART methods completed in eight regions from November-December (the post-harvest seasons) 2011 found:

- Global acute malnutrition approaches crisis levels in Matam (14.1%) and critical levels in Diourbel (10.5%)
- Severe acute malnutrition exceeds 2% in Matam and is at 1.4% in Diourbel and Chronic malnutrition exceeds 25% in Kedougou and Kolda

From this new survey, revised calculations for the eight regions show estimations of 20 000 cases of severe acute malnutrition and more than 100 000 cases of moderate malnutrition. Senegal, as part of the Sahel, is at risk of recurring food insecurity especially the northern regions. In 2011, the Early Warning System (EWS) did not reveal a major problem of food insecurity at the national level. Reports of the late onset of the rainy season, especially in central and northern parts of the country and dry spells across St. Louis, Louga, Matam, Diourbel, and Kaolack had a negative impact on the agricultural season. The joint CILSS-FAO-WFP-Government field mission conducted in October 2011 predicted a decline in agricultural production. This was confirmed by second joint WFP-FAO-UNICEF-Government assessment mission made in November 2011 and noted that a shortcomings in the harvest will meet the of the population needs for about 3 to 4 months. After this point, households will rely on markets to purchase food where prices have remained high. The current conditions of malnutrition in children demand immediate response. The number of cases of acute malnutrition may increase if food security and livelihood conditions worsen as predicted with an early onset of the lean season (between April and May 2012). Access to basic education could be negatively impacted.