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June 2012

HUMANITARIAN ACTION UPDATE

Children in Crisis in the Sahel

Burkina Faso, Cameroon, Chad, Gambia, Mali, Mauritania, Niger, Nigeria, Senegal

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UNICEF urgently requires **US\$ 146 million** to address the humanitarian needs of children and women in the Sahel in 2012.

UNICEF emergency appeals in the Sahel have secured \$93 million in funding against a revised requirement of \$239 million. More funds are urgently needed. This updated requirement reflects the increasing needs to expand a fully integrated response to the nutrition crisis, the deteriorating emergency in Mali and the upsurge of cholera and other epidemics across the region.

Millions of children across the nine countries¹ of the Sahel are at risk of malnutrition and other threats to their rights. Now at the height of the lean season, over 4 million children are projected to suffer from acute malnutrition this year, including nearly 1.1 million children who will face life-threatening severe acute malnutrition (SAM). This is exacerbated by limited access to health, water, hygiene and sanitation, protection and education services in the region.

The refugee and displacement crisis emanating from northern Mali is further complicating the situation, placing over 320,000 people in need of assistance and protection. About 150,000 people – a large majority of them children and women – have been internally displaced, with insecurity threatening their access to aid. Another 171,000 people have fled into neighbouring Mauritania, Burkina Faso and Niger², increasing the strain on already stretched communities coping with the food security and nutrition crisis, as well as a lack of access to basic social services. These families urgently require access to nutrition services, health care and preventive interventions, safe drinking water, education, as well as a protective environment.

Simultaneously, cholera remains a recurrent threat throughout the region, requiring its own response as well as exacerbating the nutrition and refugee situations. Even before the rainy season, cholera outbreaks have already been reported in Cameroon, Niger, Nigeria and Senegal. Further outbreaks are anticipated with the upcoming rains in Chad, Burkina Faso, and Mali. Increasing numbers of meningitis, measles and polio cases have been also reported. Malnutrition, displacement and outbreaks also result in lost schooling and increased risk of child exploitation and abuse.

Table 1: Total population figures and estimated number of affected population (malnutrition)

Countries	Total population	Population under 5	Population 6-23 ms	Pregnant women	Estimated # of U-5 with acute malnutrition		
					Total with severe acute malnutrition	SAM with medical complication	Total with moderate acute malnutrition
Burkina Faso	16,716,000	3,179,000	1,271,600	835,800	100,000	10,000	450,000
Cameroon*	6,897,000	1,148,000	459,200	344,850	55,000	5,000	105,009
Chad*	6,035,253	1,098,416	439,366	196,150	127,300	12,730	300,000
Mali	13,802,000	3,114,000	1,245,600	690,100	175,000	17,500	385,000
Mauritania	3,491,000	560,000	224,000	174,550	12,600	1,260	77,300
Niger	16,221,000	2,701,000	1,080,400	811,050	394,000	39,400	690,000
Nigeria*	41,038,000	6,833,000	2,733,200	2,051,900	208,000	20,800	798,586
Senegal	13,304,584	2,081,000	670,551	585,402***	20,000	2,000	100,000
Gambia **	1,728,000	287,000	n/a	n/a	3,230	32	38,700
Total	119,232,837	21,001,416	8,123,917	5,689,802	1,095,130	108,722	2,944,595

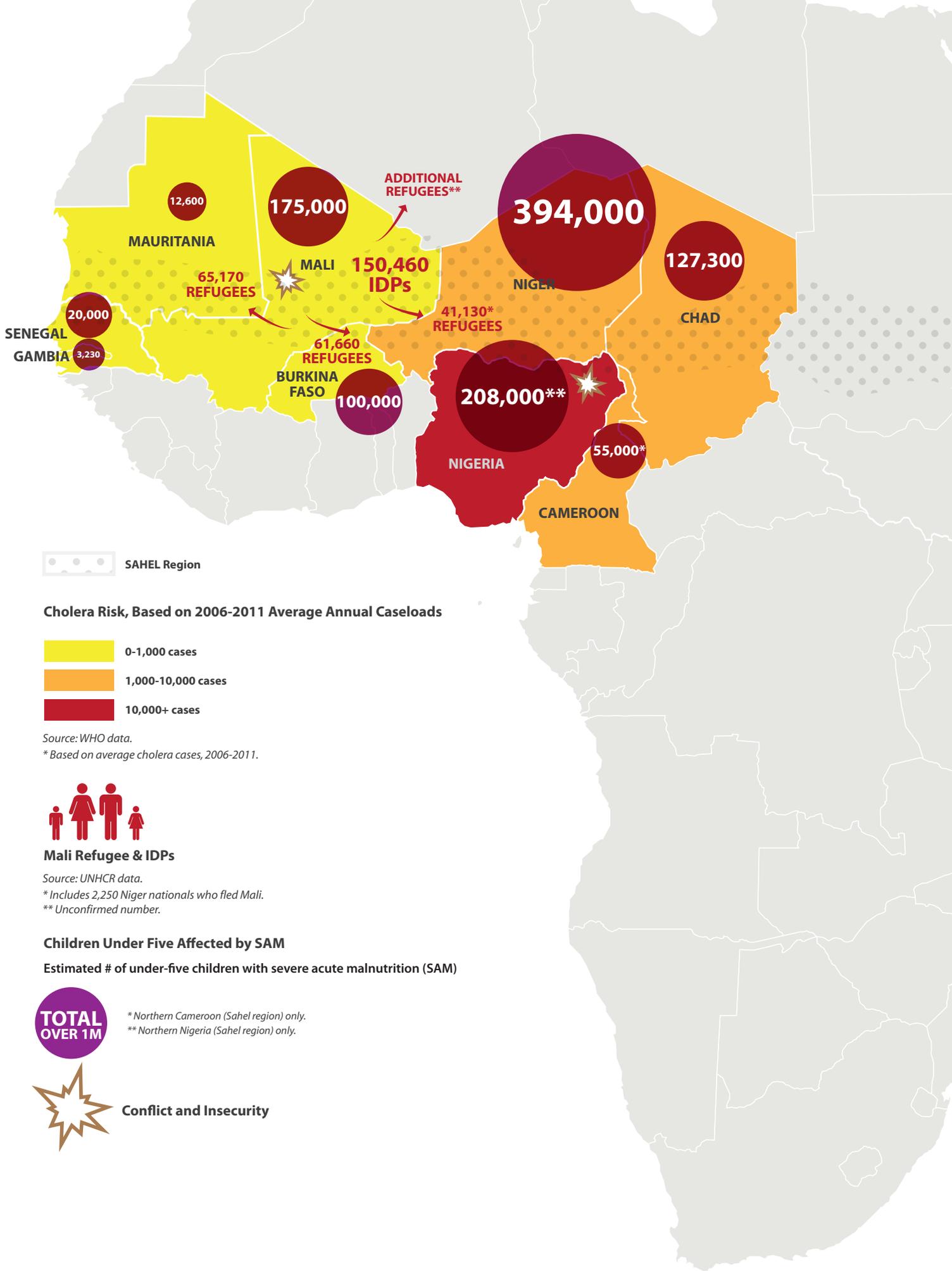
*Figures are for the region of North Cameroon (part of Sahel belt), Chad Sahel Belt and North Nigeria (Sahel belt).

**MAM estimated caseload for Northern Nigeria and Gambia are based on regional calculation of estimated MAM caseload (with WFP) as data not available at country level; MAM estimated caseloads in other countries are based on country level data.

***Pregnant and lactating women.

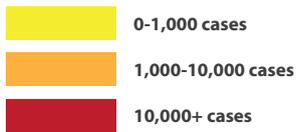
¹ This appeal covers Burkina Faso, Cameroon, Chad, the Gambia, Mali, Mauritania, Niger, Nigeria, Senegal.

² This figure does not include unconfirmed Mali refugee numbers in Algeria.



SAHEL Region

Cholera Risk, Based on 2006-2011 Average Annual Caseloads



Source: WHO data.

* Based on average cholera cases, 2006-2011.



Mali Refugee & IDPs

Source: UNHCR data.

* Includes 2,250 Niger nationals who fled Mali.

** Unconfirmed number.

Children Under Five Affected by SAM

Estimated # of under-five children with severe acute malnutrition (SAM)

**TOTAL
OVER 1M**

* Northern Cameroon (Sahel region) only.

** Northern Nigeria (Sahel region) only.



Conflict and Insecurity

1. Issues for Children and Women

Across the Sahel, emergencies pose a growing threat to stability and development in the region. Humanitarian needs cut across the Sahel belt, and include the entire countries of Burkina Faso, Chad, Mali, Mauritania, Niger, Senegal and the Gambia¹ and the northern regions of Cameroon and Nigeria.

Nearly 1.1 million children are projected to suffer from severe acute malnutrition (SAM) in 2012, and almost 3 million children will suffer from moderate acute malnutrition (MAM), exacerbated by and complicating needs in health, water and sanitation, protection and threatening rights to education. By the end of April, 249,800 children had been admitted to UNICEF-supported SAM treatment facilities across the Sahel. Yet chronic food insecurity and cyclical food crises such as today's situation in the Sahel are 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. Poor rainfall has exacerbated food insecurity and loss of livestock, coupled with increasing food prices especially of cereals, impacting the purchasing power of households and increasing the strain on livelihoods, jeopardizing children's lives.

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 are further problems.

In countries such as Mali and Nigeria, the humanitarian response is aggravated by growing instability and insecurity affecting humanitarian access to vulnerable populations as well as communities' access to basic social services such as education. Since the end of January 2012, the security situation in the north of Mali has deteriorated as a result of the conflict between the Malian military forces and the National Movement for the Liberation of Azawad (NMLA). Currently at least 150,000 displaced people in northern Mali and their host communities remain in need of humanitarian assistance; more than 171,000 refugees were reported in Mauritania (65,170), Burkina Faso (61,660), and Niger (41,130) at the end of May 2012.²

Many of these displaced people have fled to areas also affected by the food insecurity and nutrition crisis and lack access to basic social services putting an additional strain on already limited resources among host communities. Critical needs of children include access to essential and quality nutrition services, health care and preventive interventions, provision of safe drinking water, and rapid restoration of access to education and to protected community spaces. Given the complex nature of the crises, prevention and response mechanisms need to be put in place that include keeping families together as much as possible throughout the displacement cycle and if separated, having tracing and reunification systems in place to facilitate family reunification, as well as prevention of the recruitment of children and adolescents into armed groups.

¹ According to a Joint Post Harvest Assessment in January 2012, approximately 428,000 people living in 19 rural districts in the Gambia were affected by 2011 poor crop harvest and are in need of humanitarian assistance. An estimated 73,806 children under-five are living in the most affected districts. The recently concluded Routine National Nutrition Surveillance conducted in February and March 2012, which assessed 68,601 children under five for their nutritional status, showed that of these, at national level, 6,222 (9.1 per cent) were mildly malnourished, 1,254 (1.8 per cent) moderately malnourished and 83 (0.1 per cent) severely malnourished. Sources: Joint Post Harvest Assessment (Gambia MoA, WFP/FAO, CLSS); Nutrition Surveillance Data (National Nutrition Agency (NaNA) Gambia)

² Source: UNHCR. Does not include unconfirmed refugee numbers in Algeria. Niger figure includes 2,250 Niger nationals who have fled Mali.

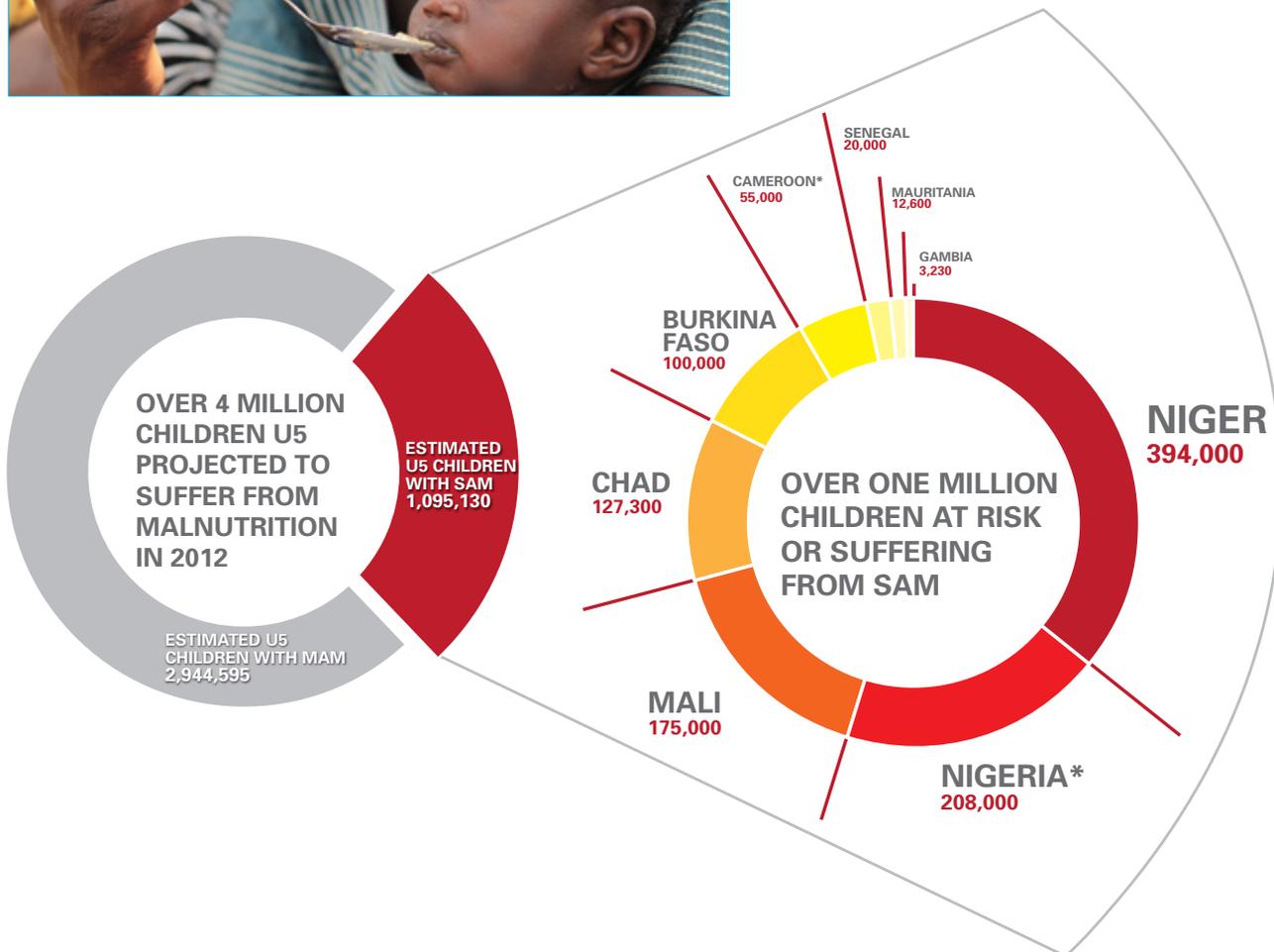
Meanwhile, throughout the region, cholera remains a recurrent threat exacerbating the humanitarian situation. There are three major cross border cholera epidemic outbreaks in West and Central Africa: Lake Chad Basin (Chad, Cameroon, Nigeria and Niger), West Congo Basin (DRC, Congo and CAR) and the more recent outbreak in the Mano River Basin (Guinea, Sierra Leone and Liberia) which started in 2012. ³ Sahel countries already affected by cholera outbreak include: Nigeria (23,377 cases in 2011; 256 cases, with a case fatality rate of 1.6 per cent in 2012); Cameroon (23,152 cases in 2011; 89 cases with a case fatality rate 2.2 per cent in 2012) and Niger (2,433 cases in 2011; 714 cases with a case fatality rate 2.5 per cent in 2012) – all before the rainy season starts. Other Sahel countries facing significant risk of cholera in 2012 with onset of the rainy season include Chad, Burkina Faso, and Mali. ⁴

Additional factors compounding the situation of children and women in the Sahel include risk of HIV/ AIDs (including pediatric infections), recurrent epidemics risks such as meningitis, measles and polio outbreak), insufficient access to health care, and an unhealthy environment as most of the affected countries are off-track to meet the Millennium Development Goals targets for water, sanitation and education.



A woman feeds her daughter a nutritional porridge that she and other women have just learned to make, during a health and nutrition session in the village of Nabitenga in Plateau-Central Region, Burkina Faso.

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³ Cholera needs for West Congo Basin countries and Mano River Basin not covered in this appeal.

⁴ UNICEF WCARO weekly update on Cholera week 19 (as of end May).

2. Funding Requirements and Receipts

UNICEF's planned response focuses on addressing the rights of the 'whole child', threatened by all humanitarian crises in each country – with a comprehensive response covering all of its Core Commitments for Children in Humanitarian Action (CCCs). This requires addressing needs whether a child is in a health centre, school or community, and working with our partners to ensure a coordinated response, including through the cluster approach where activated. This response means working across sectors to address threats posed by malnutrition, measles and meningitis; by the displacement and cholera crises; as well as by subsequent threats to education and protection. Protracted crises, such as in eastern Chad, further require interventions to prevent and respond to child recruitments and implement psychosocial interventions. This current appeal consolidates all previous appeals for these countries for 2012, with the addition of Gambia, and is inclusive of respective Consolidated Appeals Processes.

Scaling up the nutrition response to reach every child and addressing the array of rights violations facing children requires flexible resources. UNICEF is revising its funding requirement to US\$ 239 million to cover all the humanitarian needs of children in the nine countries, and is facing a shortfall of US\$146 million through the end of 2012.

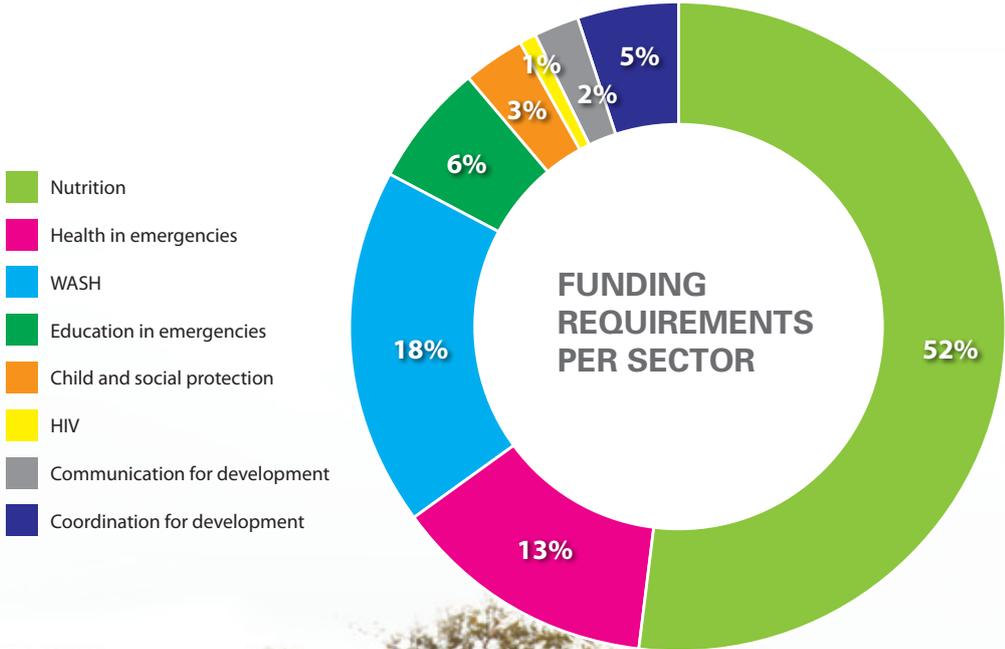
Country	HAC 2012 initial requirements*	February HAU - Nutrition crisis requirements	April Immediate Needs Document - Mali+3 crisis	Updated HAC 2012 requirements	Received to date*	Unmet requirements	% Unfunded
Burkina Faso	n/a	11,704,762	2,380,000	22,270,198	10,215,511	12,054,687	54%
Cameroon	3,585,000	8,128,307	n/a	13,183,970	3,873,183	9,310,787	71%
Chad	46,424,000	18,769,003	n/a	52,000,000	21,596,380	30,403,620	58%
Gambia	n/a	n/a	n/a	806,323	136,261	670,062	83%
Mali	n/a	25,862,797	7,550,000	58,169,330	12,328,392	45,840,938	79%
Mauritania	5,778,000	3,200,000	4,700,000	12,737,000	3,621,574	9,115,426	72%
Niger	30,025,000	30,616,500	3,654,900	39,675,281	28,680,473	10,994,808	28%
Nigeria	7,223,000	17,122,689	n/a	28,132,964	6,177,493	21,955,471	78%
Senegal	n/a	2,364,598	n/a	6,825,560	1,874,000	4,951,560	73%
WCARO	2,000,000	1,747,500	500,000	5,259,005	4,889,386***	369,620	7%
Total**	95,035,000	119,516,156	18,784,900	239,059,631	93,392,653	145,666,979	61%

* Please note that pledges have been received against the requirements of several countries, however, only funds received as of 24th May 2012 are reflected. ** 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. *** Including funds received at regional in process of being allocated to country offices.

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed 'unearmarked' funding, which comprised 14 per cent of the funds contributed. 'Unearmarked' funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience building. Continued donor support is critical to continue scaling up the response.

Across the Sahel, UNICEF received financial and material contributions from: Andorra, Australia, Canada, United Nations Central Emergency Response Fund (CERF), Denmark, Estonia, European Commission, Finland, Japan, Netherlands, Norway, Republic of Korea, Spain, Sweden, United Kingdom, United States of America; and the Danish Committee for UNICEF, Finnish Committee for UNICEF, French Committee for UNICEF, Global Thematic Humanitarian, German Committee for UNICEF, Hong Kong Committee for UNICEF, Iceland National Committee for UNICEF, Japan Committee for UNICEF, Netherlands Committee for UNICEF, New Zealand Committee for UNICEF, UNICEF Bulgaria, UNICEF-Chile, United Kingdom Committee for UNICEF, United States Fund for UNICEF.

UNICEF values all of its partners and works with a wide range of public and private partners in support to the national Government efforts and in close collaboration with UN sister agencies. UNICEF also partners with community-based organisations, faith-based organisations, non-public actors and other groups and individuals, and recognizes that many of those could not be mentioned here.



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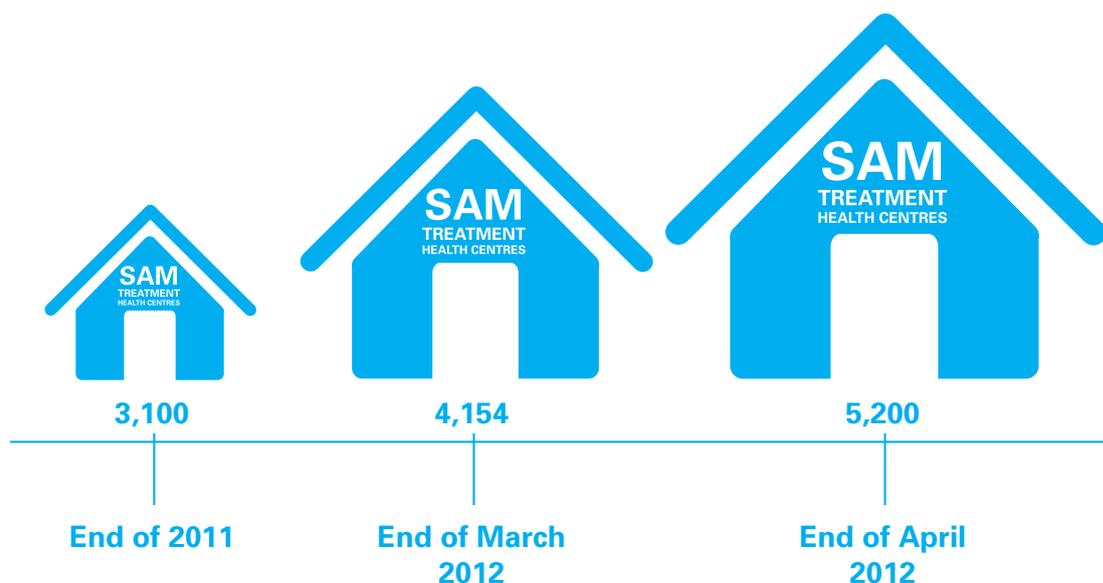
SINCE JANUARY
2012

249,800
children under 5
treated for severe
acute malnutrition

3. UNICEF Integrated Response Approach on Food and Nutrition Crisis

Over the past five months, UNICEF has substantially scaled up its programmes throughout the Sahel to meet the increasing nutrition caseload. For example, the number of health centres offering SAM treatment has grown from 3,100 in 2011 to 5,200 and continue to grow. This has enabled UNICEF and partners to treat 249,800 children under five with SAM. Substantial scale-up operations for child nutrition interventions are underway in Mali, Mauritania, Senegal and Cameroon, while Niger, Chad and Nigeria have been scaling-up since 2010. In Mali, more children have been admitted in the first four months of 2012 (18,407) than in all 2011 (15,000). With the onset of the lean season, an uptake in admissions is expected.

Health Centres Scaled-up for SAM Treatment:



Countries	Estimated # of U-5 with SAM 2012	U-5 with SAM treated in 2011	U-5 with SAM treated as of 30 April 2012	SAM prevalence (%) 2011	GAM prevalence (%) 2011	2012 surveys
Burkina Faso	100,000	50,000	23,659	2.4	10.6	August-September
Cameroon*	55,000	35,000	18,012	3.0	9.6 - 12.4	June-July
Chad	127,300	68,000	43,420	3.3	14.0	Ongoing
Mali	175,000	15,000	18,407	2.2	10.8	Planned
Mauritania	12,600	5,000	2,141	1.0	6.8	Planned
Niger	394,000	300,000	93,308	1.9	12.3	Ongoing
Nigeria*	208,000	141,310	50,607	1.9	8.1 - 11.8	Planned
Senegal	20,000	5,000	231	2.3	6.1 - 14.1	Ongoing
Gambia	3,230	n/a	n/a	1.0	6.4	n/a
Total	1,095,130	619,310	249,785			

*Figures are for the region of North Cameroon (part of Sahel belt), and North Nigeria (Sahel belt);

A framework for integrated response planning covering all of the relevant Core Commitments for Children in Humanitarian Action (CCCs) has been developed in order to promote an integrated approach to address the needs of children and women in the Sahel. In this framework, entry points for various response interventions have been identified and include health centres, schools, communities, and upstream coordination; the framework looks at specific CCCs for Nutrition, WASH, Health, Child Protection and Education that could be delivered through multi-sector packages of interventions through these entry points, adapted for country contexts. This approach highlights the importance of multi-sector collaboration to identify geographical and population target priorities, as well as potential strategic partnerships for delivery of the response.



Hadiza Bachir, 18, holds her malnourished niece, Zeinab Boukari, 2, at the UNICEF-supported Routgouna Health Centre, in the town of Mirriah, Mirriah Department, Zinder Region, Niger. They are waiting to receive a weeklong supply of ready-to-use therapeutic food to treat Zeinab's malnutrition .



March 2012, The Health Center of Reference of the Circle of Mopti, Taking the weight of Fatima Maiga, reached five months of severely malnourished and underweight, city of Mopti, Mali.

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SINCE JANUARY
2012

1.6 million
children under five
have been vaccinated
against measles
across the Sahel
region.

7.3 million
families provided
with insecticide
treated nets as part
of malaria control
programmes in
northern Nigeria,
Niger, Mauritania
and Chad.

An integrated package of interventions in Nutrition, Health, WASH, Education, Protection and Communication for Behavioral and Social change is being delivered at the community and health facility level to provide high-quality care to help acutely malnourished children recover and their families cope with additional shocks during the lean season.

At the community level, children are screened for acute malnutrition and childhood illnesses. According to national protocols, severe cases of acute malnutrition are referred to health facilities, where they are enrolled into treatment programmes for acute malnutrition. Cases of severe acute malnutrition without medical complications are 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 would fall short of needs. As a result, a population-based approach is being 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. UNICEF is also reviewing needs for the treatment of children who will suffer from moderate acute malnutrition in coordination with WFP. For instance, in Niger, Chad and Mauritania, UNICEF is working with partners, including WFP, to support blanket feeding operations.

Increasing family knowledge and adoption of key nutritional practices, and encouraging health and treatment seeking behaviors in a timely manner are further key elements to complement delivery of life-saving services and supplies. Communication for behavior change addresses the behavioral 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 diarrhea treatment with ORS/zinc) will be further promoted.

Furthermore, WASH interventions aim at improving water supply at health facility and community level (including schools) where applicable. Household water treatment and improved sanitation at facilities and community level further support families and communities affected by food and nutrition crisis. Immunization campaigns for various illnesses (measles, polio, meningitis), provision of essential medicines, strengthening integrated community case management (ICCM) and improving the capacity of health workers help reinforce the health status of children affected by malnutrition and food insecurity and strengthen the capacity of health systems to support them.

Supporting the protective environment for affected children to address risks of school drop outs, early marriage and abuse and exploitation is also important in the Sahel context. Many interventions are essential to reinforce the protective environment of children and their families affected by this crisis. These include: providing information to communities on all available services, support and advocacy for the provision of education materials and reintegration of children who have dropped out of school through extension/catch-up classes, parental and caregiver education, as well as ensuring safe spaces for children and adolescents at community level.

BUILDING MORE RESILIENT COMMUNITIES

As the current crisis is unfolding, there is growing recognition that the recurrence of food and nutrition emergencies in the Sahel, most recently and severely in 2005 and 2010, is a result of chronic vulnerability. Past experience has shown that a linear, phased approach to relief, recovery and development for food security and nutrition has not been successful in preventing these emergencies. UNICEF, as an organization with both a development and humanitarian mandate and present before, during and after emergencies, has a comparative advantage to better bridge these programme streams by integrating a resilience focus in all its interventions.

In light of this, particular emphasis has been placed on ensuring that the emergency response contributes to building more resilient households, communities and systems that can withstand and recover from external shocks and crises. This involves scaling up capacity for the prevention and treatment of malnutrition while strengthening essential basic services and family coping mechanisms that address all child rights. Hence, the emergency response not only functions as an immediate solution to current humanitarian needs, but as a future investment to ensuring longer-term development goals in the Sahel region.

UNICEF approach to the Mali displacement and refugee crisis

UNICEF's response is articulated around a targeted package of interventions based on delivering on our CCCs, with a focus on children who are the most vulnerable. UNICEF is enhancing partnerships with international and national NGOs to scale up programme outreach to reach affected populations in high security risk areas in the north of Mali and in neighboring countries. Since the beginning of the crisis, UNICEF has been tracking and analyzing the humanitarian situation and changing regional dynamics to better respond to the crisis. Overall coordination of response to Malian refugees in Niger, Burkina Faso, and Mauritania is being led by UNHCR together with national authorities in collaboration with other UN partners, including UNICEF.

In Mali, UNICEF is cluster lead in Nutrition, WASH, and Education as well as the Child Protection sub-cluster and is working in collaboration with other UN agencies, INGOs and local organizations to coordinate response to the IDPs despite challenges with humanitarian access. Since April, UNICEF and partners have increased their programme outreach as conditions on the ground allow. UNICEF has delivered emergency supplies for more than 80,000 beneficiaries in northern regions, with respect to humanitarian principles.

In Mauritania, UNICEF is working in collaboration with UNHCR, other UN agencies and the Government of Mauritania to provide assistance in WASH, Health & Nutrition, Education and Child Protection to refugees and host communities. In Niger, UNICEF, in collaboration with the Government and other humanitarian partners, is responding to the impact of returnees on host communities via the cluster system, where UNICEF is cluster lead for Nutrition, WASH, Education and Child Protection.

In Burkina Faso, UNICEF is sector lead in Nutrition, WASH, Education, and Child Protection. Several inter-agency initial assessment missions have been undertaken and UNICEF-prepositioned stocks have been distributed to respond to immediate needs.

SINCE APRIL 2012

80,000
80,000 beneficiaries
in northern Mali have
been provided with
emergency supplies



Children and adults collect water at outdoor taps at a temporary settlement site in the village of Mangaizé in Ouallam Department in Tillabéry Region, about 100 kilometres from the Mali-Niger border. The settlement, on a stretch of arid land, provides shelter for some 1,900 Malian refugees and Niger expatriates. The water point was built with support from UNICEF and the NGO Islamic Relief Worldwide.

SINCE JANUARY
2012

94,100

94,100 people have been provided with household water treatments to prevent and mitigate cholera outbreaks.

UNICEF approach to the regional cholera epidemic

There are three major cross border cholera epidemic outbreaks in West and Central Africa: Lake Chad Basin (Chad, Cameroon, Nigeria and Niger), West Congo Basin (DRC, Congo and CAR) and the more recent outbreak in the Mano River Basin (Guinea, Sierra Leone and Liberia) which started in 2012. The dynamic nature of these three cross-border regions require intensive coordination and proactivity in all the relevant countries, or the epidemic can be easily re-introduced into countries with weak containment and response actions.

Sahel countries already affected by cholera outbreak include: Nigeria, Cameroon and Niger (before rainy season uptake in cases). Other Sahel countries facing significant risk of cholera in 2012 with the onset of the rainy season include Chad, Burkina Faso, and Mali.

Based on best practice in the region, the recommended approach for managing cholera in the region is called 'Sword and Shield'. This approach highlights the need for ongoing, cross-sector activities throughout the year, as opposed to sectorial approaches that are implemented once the caseload starts to go up, which is too late. This integrated approach focuses on the integration of WASH, health and Communication for Development (C4D) results and activities in preparedness, prevention and response to cholera.

With an overall objective to reduce the risk of cholera epidemics for populations at high risk in West and Central Africa, the specific objectives are as follows:

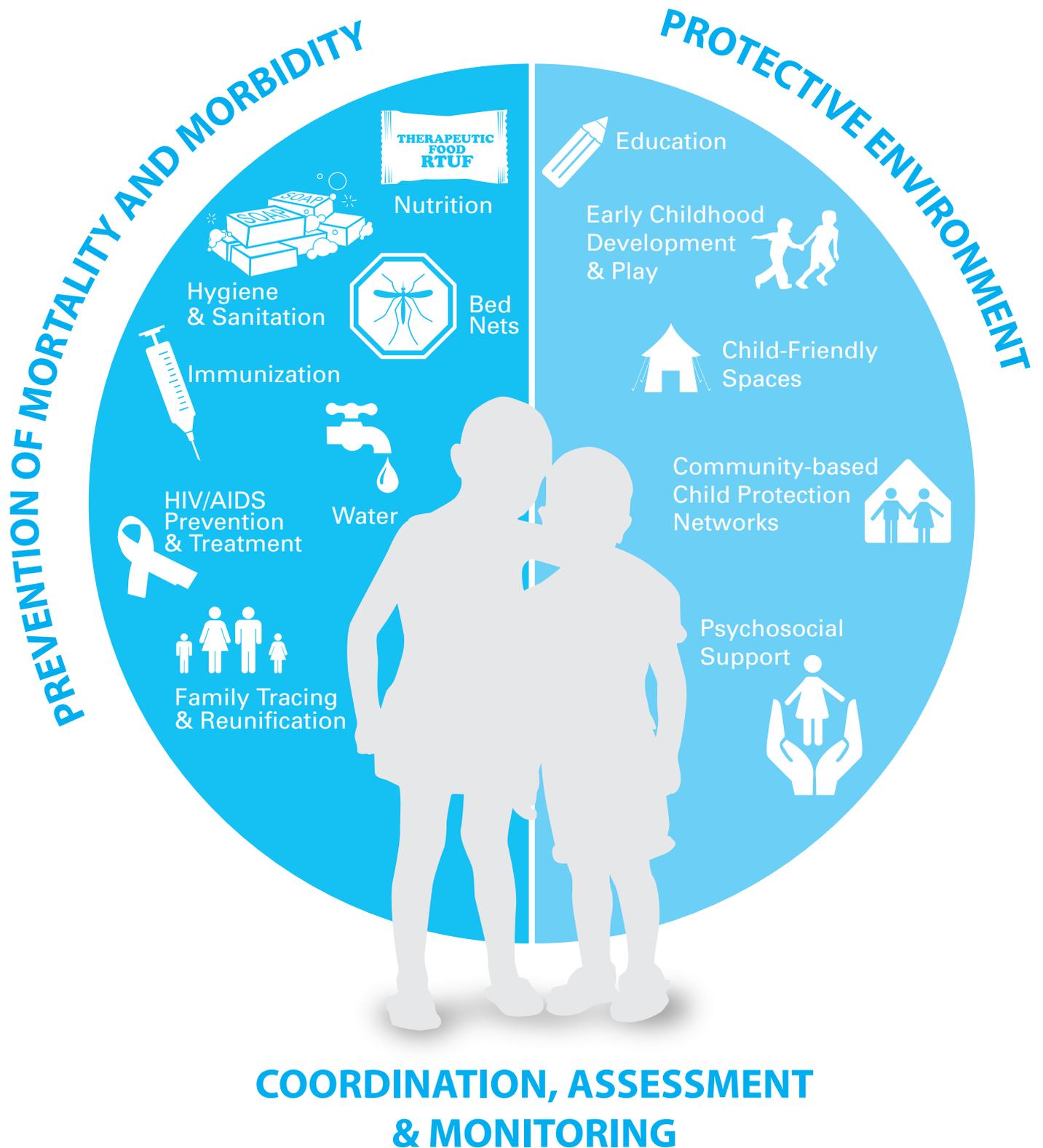
- Improve regional cross-border and national level coordination of cholera management operations, ensuring a cholera risk reduction focus at all levels.
- Respond to on-going cholera outbreaks, while reducing the risk of the disease spreading (sword)
- Reducing the risk of cholera outbreaks during the inter-epidemic periods (shield)

Raya Achirou plays with her 8-month-old daughter, Nana Fassouma, at the UNICEF-supported Bilmari Health Centre, in the town of Mirriah, Mirriah Department, Zinder Region, Niger. Nana is suffering from malnutrition and being treated at the centre with ready-to-use therapeutic food.



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Protecting the 'whole' child



BURKINA FASO

Country Plan

The Government of Burkina Faso has declared 2.8 million people at risk of food insecurity in 2012 due to a 19.6 per cent decline in cereal production compared to the last agricultural season. Some 450,000 children under 5 will suffer from moderate acute malnutrition (MAM) and 100,000 children under 5 will suffer from severe acute malnutrition (SAM). Moreover, as a result of recent instability and the conflict in northern Mali, thousands of people have fled their homes to seek refuge from ethnic tensions and violent clashes. As of 29 May 2012, 61,660 refugees had been registered in Burkina Faso. The country has also been facing a new meningitis outbreak since early 2012 with some 5,435 reported cases and 570 deaths. Although the cluster mechanism has not been activated in Burkina Faso, UNICEF is co-leading sector working groups with the government to support humanitarian coordination among partners (UN agencies, NGOs, and government counterparts) for WASH, Nutrition, Education and Child Protection.

What has been done

UNICEF and partners are responding to the needs of children and communities affected by the crisis by providing nutrition and health services, water, sanitation and hygiene (WASH), education and child protection interventions. Key achievements to date include:

- 23,659 children under 5 admitted for SAM treatment, including refugee children. 41,200 cartons of RUTF have been distributed between January and May 2012. 718 health agents and 4,714 community health workers have been trained in SAM management. More than 3 million under 5 children have benefited from prevention activities, such as promotion of essential family practices, and provision of vitamin A supplementation and deworming tablets.
- 2,324 Malian refugee children between 9 months-14 years of have been vaccinated against measles. 8,884 refugee children under five were immunized against polio during National Immunization Days in March and May. 235,258 children aged 2 to 14 years old were vaccinated against meningitis during April-May in three health districts of Gourcy, Séguénéga and Tougan. UNICEF has provided technical support and supplies towards the management of the epidemic, as well as surveillance support.
- A joint rapid needs assessment mission on child protection in emergencies has been conducted in five provinces.
- 40 school tents as well as school furniture and educational materials have been provided to 2,940 children in refugee camps in coordination with UNHCR.
- Hygiene kits have been distributed for 25,000 refugees. Additional WASH kits have been ordered for 21,000 children with SAM and their family members as well as water treatment products for 7,500 refugees and affected host community members.

Ramatou Tankouanou feeds her malnourished daughter, 7-month-old Saamatou Bangou, Plumpy Nut – a ready-to-use therapeutic food.



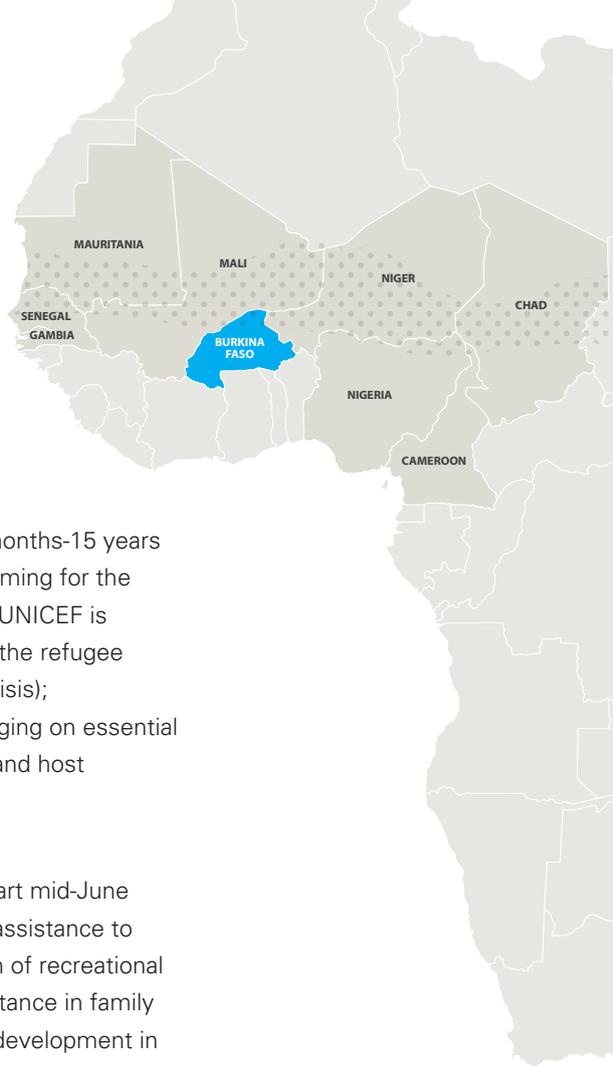
	UNICEF target (people to be reached by end 2012)	UNICEF total progress (as of end May 2012)
NUTRITION		
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding programmes	100,000	23,659
Children <5 in Therapeutic Feeding Programmes who have recovered	75,000	20,110
HEALTH		
Emergency affected families receiving 1 Insecticide-treated nets (ITN)	2,250	2,250
WASH		
Emergency refugee population provided key hygienic supplies	60,000	25,000
EDUCATION		
School-aged refugee children including adolescents with continued access to formal and non-formal basic education	30,000	2,940

What remains to be done

UNICEF will continue to improve coverage of SAM treatment, by ensuring the availability of essential supplies for SAM treatment in all of the 63 Health Districts. Some additional 73,000 cartons of RUTF need to be purchased and distributed by December 2012. An additional 1,148 health agents and 6,310 community health workers in the four most affected regions (Est, Centre-est, Centre-ouest, Boucle du Mouhoun) are to receive training on SAM management in June and July 2012. UNICEF is also working to improve coordination, data collection and SAM management monitoring in all regions to monitor activities, collect data and provide technical support, including further reinforcement of government capacity in this area.

A second measles campaign will occur to immunize all new refugee children aged 9 months-15 years (i.e. new arrivals since February 2012) including Vitamin A supplementation and deworming for the targeted group of children under 5 and malnutrition screening with MUAC). In WASH, UNICEF is finalizing processes to start rehabilitation of a total of 60 boreholes (25 in villages near the refugee camps of Mentao and Dambaet and 35 in the villages most affected by the nutrition crisis); construction of 850 latrines and 425 showers is also planned. Sensitization and messaging on essential family practices and child protection issues are to be provided to refugee populations and host communities as well as to families affected by the nutrition and food crisis.

UNICEF, government and NGO partners are programming the following activities to start mid-June in Ferrier, Gandafabou, Bobo and Somgande refugee sites: provision of psychosocial assistance to around 7,000 children and mothers; setting up of child friendly spaces and organization of recreational and sports activities; identification of separated and unaccompanied children and assistance in family reunification; training of trainers to mothers on young child feeding; and psychosocial development in 52 therapeutic feeding centres.



Looking up at her mother, 16-month-old Yasmina Nikiema holds a packet of ready-to-use therapeutic food, at the UNICEF-supported Saint Camille Hospital, in Ouagadougou, the capital.

Burkina Faso Requirements*

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements	Received to date	Unmet requirements	% Unfunded
Nutrition**	6,223,032	\$12,401,204	5,158,746	7,242,458	58
Health***	1,248,508	\$3,968,267	3,040,715	927,552	23
WASH	1,950,794	\$2,097,000	1,083,550	1,013,450	48
C4D	292,619	\$862,500	187,500	675,000	78
Education	48,770	\$1,034,627	215,000	819,627	79
Protection	87,786	\$1,319,600	250,000	1,069,600	81
Coordination & M&E	1,263,139	587,000	195,000	392,000	67
Total	11,470,667	22,270,198	10,215,511	12,054,687	54

* CAP funding requirements for Burkina Faso cover 8 months (May to December) whereas UNICEF response plan covers full integrated response for 12 months. Also M&E, operational support and C4D costs are fully covered in the UNICEF response plan (partly in CAP projects); ** includes supply costs; *** HIV related costs.



A young woman carries a jerrycan of water from a community water point in the village of Ubilinu in Est Region

Cameroon Country Plan

The food crisis in the two Sahelian regions of Cameroon (North and Far North) is affecting 6,897,000 people. Of the estimated 1,148,000 children in the zone, 55,119 (4.8 per cent) are estimated to have severe acute malnutrition including a more than 5,000 with medical complications), while 105,009 (9 per cent) are estimated to be moderately malnourished. The Nutrition Cluster has been activated at zonal level in both the regions. Cholera continues to persist in all the regions of the country. Since the start of 2012, 89 cases and two deaths of cholera have been registered in Cameroon. Six of these cholera cases have been confirmed in the two regions. With both the regions now entering the rainy season, the risk of cholera is imminently high.

What has been done

Key highlights of the work done by UNICEF and implementing partners include:

- An estimated 18,012 children under 5 years of age have been admitted for SAM treatment (32.8 per cent) and 7,277 children to date have been discharged as recovered; 2,507 cartons of RUTF were distributed between Jan-May to partner organizations and distribution with a further 19,000 RUTF is underway. With the support of UNICEF, 600 community nutrition workers were trained in screening and referring of malnutrition cases. Another 72 community health workers were trained in integrated approach for pneumonia, diarrhoea, malaria and screening for malnutrition in two health districts of the North region.
- 1,300,026 million children (0-59 months) have been immunized for measles; 1,583,763 children (0-59 months) immunized for polio; 1,195,135 children (6-59 months) are benefitting from Vitamin A supplements; 1,143,186 children (12-59 months) from deworming tablets.
- The implementation of a cholera 'sword and shield' response is ongoing in Maroua, focusing on individual practices and collective events, in rural or urban cholera high-risk spaces. Support for response to cholera included building 4,573 latrines in Far North and 1796 latrines built in North under community-led total sanitation.
- Distribution of WASH kits to North and Far North has just started with 519 distributed so far representing 3.2 per cent of the annual target. Distribution of 156 hygiene kits to 156 primary schools in the North and Far North is benefiting about 88,084 children. Forty-four additional service providers were trained in the prevention of diarrheal diseases and malnutrition, use of WASH kits, water purification, storage, decontamination, and monitoring of the WASH response at community level in ten health districts of the Far North region.
- 52 community radio professionals were trained on key family practices to develop and broadcast key behaviour change messages on malnutrition, polio and measles in local languages. An outreach programme utilized moto-taxi caravans in 22 health districts to disseminate health and nutrition information.



	UNICEF target (people to be reached by end 2012)	UNICEF total progress (as of end May 2012)
NUTRITION		
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding programmes	55,000	18,012 (Jan- Apr)
Children <5 in Therapeutic Feeding Programmes who have recovered	41,250	7,277 (Jan- Apr)
HEALTH		
Emergency affected children 9mos-15years provided with Measles vaccination	2,727,270	1,300,026
WASH		
Emergency affected population provided with access to appropriately designed toilets	5,000	1,629
HIV/AIDS		
HIV positive pregnant women receiving ARVs for PMTCT	800	590
Children who benefit from ARV prophylaxis	350	184

What remains to be done

Among UNICEF's key priorities in the response going forward is the expansion of the community-based management of acute malnutrition (CMAM) programme including Integration of an additional 400 nutrition community workers into the health system to be trained in assessing and monitoring the nutritional status of children under 5 and pregnant and lactating women; and provision of infant and young child feeding counseling for communities during active case finding. A measles vaccination campaign is planned to benefit 1,492,105 children (5 to 15 years) in unreached districts along with a with Vitamin A supplementation.

UNICEF is also planning construction and repair of water points and latrines in cholera affected communities, as well as follow up support for sustainable community management of water points in cholera affected areas, especially in schools and health centers. Out of the 64 schools in the most affected districts, 27 need rehabilitation of latrines, 39 require construction of additional latrines and 38 need wells that would provide water for the schools as well as the surrounding communities. Remedial and/or re-entry programs for 4,000 primary school children also need to be carried out in the coming months.

In collaboration with WHO, government and partners, UNICEF is planning implementation/reinforcement of the surveillance system and preparedness activities as well as integrated WASH/Health cholera preparedness and response. Enhanced efforts to build capacities of basic social service providers will ensure strengthened resilience of communities, including their ability to prevent and manage future shocks and their negative impacts. Efforts to build capacity will include: training of trainers of 160 WASH agents in hygiene promotion in the North and Far North region to strengthen management capacity; health worker training on integrated community case management for treatment for pneumonia, malaria and diarrhea; 24 social workers in the emergency zone trained in child protection risks and response mechanisms; 350 clinical health providers trained in emergency integrated management of neonatal and childhood illness; 60 PMTCT health workers and 90 community volunteers trained for service provision and support for adherence to treatment; and training of trainers of 40 youth peer educators on life skills related to HIV prevention and reproductive health, reaching approximately 300 youth over a period of three months, and working closely with youth friendly health centers in regard to child protection.



Cameroon Requirements

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements	Received to date	Unmet requirements	% Unfunded
Nutrition	4,321,550	4,844,909	2,534,964	2,309,945	48
Health	867,019	3,002,766	1,047,709	1,955,057	65
HIV	162,566	190,175	0	190,175	100
WASH	1,354,718	3,732,206	290,510	3,441,696	92
C4D	203,208	305,792	0	305,792	100
Education	33,868	33,868	0	33,868	100
Protection	60,962	300,000	0	300,000	100
Social Protection	135,472	135,472	0	135,472	100
Coordination & M&E	877,180	638,782	0	638,782	100
Total	8,128,307	13,183,970	3,873,183	9,310,787	71



Chad Country Plan

The 2012 food and nutrition crisis is extremely serious for Chad as the country continues to be hit with recurrent emergencies. Malnutrition is a chronic problem (including micronutrient deficiencies) in Chad, resulting in stunting for approximately 40 per cent of children under 5. Compounding the emergency are recurrent outbreaks of epidemics in the country – including measles (7,137 reported cases and 51 deaths to date in 2012), meningitis (3,716 reported cases and 154 deaths to date in 2012) and polio (three confirmed cases to date in 2012) as well as cholera (17,285 cases in 2011) all of which remain major public health concerns. The vulnerability of communities already struggling in Chad has been increased yet further by the influx of refugees (more than 340,000 from Sudan and CAR) and returnees from Libya and Nigeria, in addition to 125,000 internally displaced in the Eastern Chad.

What has been done

- Monthly admissions for SAM in all Sahel belt regions have almost doubled in four months. 43,420 children under 5 have been admitted for SAM treatment (34 per cent of the expected annual target of 127,300) children. Of these, 32,535 have recovered. All children admitted in the SAM treatment programme receive measles vaccinations and their families receive one treated mosquito net.
- 300,000 children under 5 have benefited from the second of three UNICEF supplementary blanket feeding campaigns.
- UNICEF in partnership with the Ministry of Health provided measles immunisation to 1.2 million children and polio immunisation to 1.8 million children in the Sahel belt region. The immunisation campaign against meningitis is on-going in Salamat, Batha, Hadjer-Lamis and Sila regions, with 2.2 million children having been vaccinated to date.
- In collaboration with WASH Cluster partners WASH materials have been prepositioned in both cholera hotspots and nutrition centres to meet the needs of 230,000 persons, including 80,000 children.
- UNICEF is supporting a network of 285 health centres and partnership agreements have recently been signed with national and international NGOs to bring the number of UNICEF supported centres to 350 against a target of 468.
- 100 paramedics have been recruited in support to the Ministry of Health; they will be trained and deployed during the second half of June 2012 to reinforce capacity within health/nutrition centres.
- UNICEF in partnership with CHORA, ANTAMIA and AATPCS is implementing Community Lead Total Sanitation approaches in 156 villages targeting 148,300 people in Batha, Lac, Guera, Ouaddai, Sila and Salamat health regions.
- UNICEF and partners (BASEM CRT, MERLIN, CHORA, ALIMA) have conducted C4D outreach interventions reaching 35,000 women to promote key family practices such as breastfeeding, and home based management of diarrhoea.

Workers prepare boxes of ready-to-eat therapeutic food for distribution to Chad's Sahel belt, in a UNICEF supply warehouse in N'Djamena, the capital.



	UNICEF target (people to be reached by end 2012)	UNICEF total progress (as of end May 2012)
NUTRITION		
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding programmes	127,300	43,420
Children <5 in Therapeutic Feeding Programmes who have recovered*	127,300	32,535
WASH**		
Emergency affected population provided with access to safe water	127,300	93,620
Emergency affected population provided key hygienic supplies	127,300	66,311
Emergency affected population provided with access to appropriately designed toilets	127,300	20,789
HIV/AIDS		
HIV positive pregnant women continuing to receive ARVs for PMTCT	350	46

* At least 75 per cent of children admitted into the programme. **Families of children of SAM are target population for WASH interventions listed above.

What remains to be done

Key priorities for the humanitarian response include the scale-up the integrated response to reach the target of 127,300 children with SAM including revitalising an additional 183 health centres in the next six months. Working with WFP, UNICEF is planning to scale up school feeding programmes in all community schools in the Sahel belt and develop a strategy to ensure that 790 schools under the programme will benefit from WASH as part of a nutrition minimum package which will ensure safe water, improved hygiene practices and sanitation to 50,000 school-going children. The organization will also support a third campaign of supplementary blanket feeding to meet the needs of 300,000 children under five and foster integrated management of childhood illnesses specifically targeting 450,000 moderate malnourished children for malaria, pneumonia and treatment of diarrhoea.

UNICEF is working to build resilience in Chad by developing national capacity and strengthening coping mechanisms. To improve nutrition surveillance and referral systems and humanitarian performance monitoring, the organization is supporting a network of 1,000 trained community health workers. In addition, 300 community-based volunteers will provide psychosocial care by emotional stimulation of more than 100,000 children suffering from SAM within the health and nutrition centres over the next 12 months. The response will build community partnership around key family practices and resilience through community forums and 100 small scale funding agreements with civil society organisations.

Three hundred additional paramedics will be recruited, trained and deployed to the emergency. UNICEF is also working with the Ministry of Health to deploy mobile clinics to improve access of marginalized communities (such as nomads) to nutrition and health services. Fifteen thousand pregnant women will benefit from the scale-up PMTCT services from 11 to 30 per cent coverage in Lac, Ouaddai, WadiFira, Sila and Salamat regions. UNICEF will provide an additional 135 water points and 191 latrine blocks based on results of a recent WASH cluster rapid assessment to identify needs in the regions with the highest SAM admissions. Potable water will be provided to 15 nutritional centres within Mongo and Biktine through a new partnership agreement with International Aids Services (IAS). Procurement of further cholera kits is planned as contingency stock in at risk regions to facilitate rapid response for an additional 100,000 people.



Chad Requirements*

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements	Received to date	Unmet requirements	% Unfunded
Nutrition	11,912,327	25,200,000	16,527,847	8,672,153	34
Health	1,251,267	13,200,000	1,875,489	11,324,511	86
HIV	312,817	315,000	0	315,000	100
WASH	2,508,016	6,400,000	1,096,570	5,303,430	83
C4D	469,225	2,000,000	62,580	1,937,420	97
Education	78,204	2,000,000	500,236	1,499,764	75
Protection	140,768	200,000	100,000	100,000	50
Coordination & M&E	1,525,488	2,685,000	1,433,658	1,251,342	47
Total	18,769,003	52,000,000	21,596,380	30,403,620	58

* CAP funding requirements and UNICEF response plan for Chad cover 12 months. CAP Chad is under mid-year review as of June 2012, and is foreseen that final funding requirements will likely be aligned.



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A malnourished boy consumes ready-to-eat therapeutic food at a UNICEF-supported nutrition centre in Mao, the capital of Kanem Region.

Gambia has been newly added to the UNICEF Sahel appeal due to the country's deteriorating food security situation and its impact on child nutrition. Approximately 428,000 people in 19 rural districts in the Gambia are in need of humanitarian assistance due to the poor crop harvest in 2011. An estimated 73,806 children under 5 are living in the most affected districts. The National Nutrition Surveillance conducted earlier this year showed that at national level 6,222 (9.1 per cent) of children were mildly malnourished, 1,254 (1.8 per cent) moderately malnourished and 83 (0.1 per cent) severely malnourished.¹ Since January, communities in the Western River Region have been hosting approximately 1,600 refugees adding further strain to households affected by food insecurity. About 200-300 children among the refugees are not attending school.² Access to water supply and basic sanitation is also inadequate with nearly 4 per cent of the households in affected districts practicing open defecation. An assessment by Action Aid in March 2012 shows child labour as a coping mechanism of families affected by food insecurity as they struggle to have sufficient household income to purchase food.

What has been done

Activities that have been undertaken in 2012 include:

- UNICEF supported the National Nutrition Surveillance conducted by the National Nutrition Agency (NaNA), February–March 2012
- A joint UNHCR and UNICEF Rapid Assessment of Situation of Refugees (from Casamance) has been conducted.
- 1,651 cartons of RUTF have been procured with CERF funds to be used to treat children affected by SAM.
- UNICEF has provided Vitamin A and Mebendazole to the Ministry of Health to support prevention of malnutrition activities for children under five.
- Water containers, household water treatment supplies and soap were provided by UNICEF to the National Disaster Management Agency at regional level to address needs of the 1,601 refugees from Casamance. UNICEF also supported the Department of Water Resources (DWR) to carry out water source treatment in three the refugee host communities.

What remains to be done

UNICEF is planning for the treatment of about 3,230 cases of SAM, including provision of therapeutic treatment with RUTF, Vitamin A and deworming supplies. In collaboration with the Ministry of Health, NaNA and Nutrition without Borders, 180 health workers in six health regions will be trained on case management of acute malnutrition and in SMART methods of nutrition survey data collection (planned for August 2012). In addition, UNICEF will work with the MoH and NaNA at district level on training community health workers in active case finding to identify malnourished children.

The capacity building of community health workers contributes to a more resilient health system by ensuring sustained capacities to prevent, detect and treat malnutrition and related illnesses in the future. UNICEF is supporting the scale-up of health services for prevention and treatment of diarrhoea, malaria and respiratory infections including the strengthening of the disease outbreak surveillance system by training of 150 health workers on disease epidemic preparedness and response. One hundred twenty health workers will be trained on the integrated management of childhood illness strategy. UNICEF will provide essential health supplies, including insecticide-treated nets to enhance

¹ Conducted by the National Nutrition Agency (NaNA) March 2012.

² MoE Gambia 2012.

prevention of malaria. Targeted WASH interventions are planned to benefit 50 affected communities in 19 affected districts (approximately 137,000 people) including the provision of household water treatment supplies, soap and water storage containers. Hygiene promotion and Community Led Total Sanitation is planned in regions with high malnutrition prevalence, particularly Upper River Region, Central River and Lower River Region, as well as the rehabilitation of 50 damaged water sources including those in schools and health facilities. Communication campaigns through community dialogues will be complemented by mass media messaging on young child feeding practices, cholera prevention and gender-based violence.

With the Ministry of Education, UNICEF will ensure access to preschool and primary education for 300 children for the school year starting in 2012 and support the provision of school furniture, uniforms and teaching and learning materials for refugee children. An assessment of protection issues of children and women as a result of the nutrition and refugee crisis assessment will be undertaken in collaboration with the Department of Social Welfare. In addition, village development committees will be trained on child protection issues.



Ramatou Tankouanou holds her malnourished daughter, 7-month-old Saamatou Bangou, during a growth-monitoring session at the health centre.

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Gambia Requirements

Funding shortfalls have constrained the implementation of full coverage interventions in health, nutrition, WASH, education, and protection. Additional funding is therefore needed to increase the scale and scope of interventions in the 19 affected districts in communities hosting refugees.

Appeal sector	HAU 2012 requirements	Received to date	Unmet requirements	% Unfunded
Nutrition	376,323	126,323	250,000	66
Health	100,000	0	100,000	100
WASH	250,000	9,938	240,062	96
C4D	60,000	0	60,000	100
Education	5,000	0	5,000	100
Protection	15,000	0	15,000	100
Total	806,323	136,261	670,062	83



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Mali Country Plan

The conflict situation in the north of Mali continues to exacerbate a larger food insecurity and nutrition crisis affecting 3.5 million people with more than half of the population being children. The lean season in Mali is putting vulnerable children at higher risk to slip into severe acute malnutrition (SAM). The estimated annual caseload of SAM in 2012 is 175,000 children under five years but with the current situation in the country, that number could rise to 220,000 in the worst case scenario. The humanitarian situation in the north continues to deteriorate with ongoing reports with about 200,000 people (including just over 150,000 IDPs and host families) with limited access to water and health services, education, protection and nutrition services. In addition, an estimated 480,000 people live in areas at risk of cholera, another major humanitarian concern. Following the activation of the clusters in March, UNICEF is leading the Nutrition, Education and WASH Clusters, and the Child Protection sub-cluster.

What has been done

- Since January 2012, 18,407 under 5 children have been admitted for treatment of SAM, of which 5,332 have recovered. UNICEF has distributed 9,109 ready-to-use therapeutic food cartons. Up to eight trucks of humanitarian assistance (in health, WASH, nutrition and NFI) were distributed to six partners for approximately 75,000 beneficiaries in the three regions in the North under the control of non-state entities (Tibumktu, Gao, Kidal) and Mopti region.
- 3,846 conflict-affected children under 5 in the north (Gao, Kidal and Timbuktu) have been vaccinated against measles, another 2,122 children aged 2-5 years have been dewormed and Vitamin A supplementation has been provided to 2,339 children aged 6-59 months. Twenty basic inter-agency emergency health kits targeting 60,000 people have been provided to partners.
- 9,300 refugees have received WASH NFI kits and have received hygiene promotion.
- An estimated 52,045 school children in vulnerable schools in the regions of Koulikoro, Mopti and Sikasso have benefited from a complete set of services, including latrines, water points, and hygiene kits. Some 5,800 children from the northern regions have been registered in host schools in Bamako, Koulikoro, Ségou, Sikasso and Mopti. UNICEF has successfully advocated for copyright authorization to reproduce textbooks for Mali refugees in Burkina Faso, Niger and Mauritania.
- Trainings on mine risk education, child protection in emergencies and gender-based violence have been conducted with partners (including local organizations). UNICEF has procured child protection and psychosocial supplies to cover 2,500 children in the conflict affected areas.
- With support from UNICEF and other education partners, the MoE has broadcast key messages via television and radio to sensitize displaced families that their children can be enrolled in schools in other regions.

A health worker gives a baby girl a needle injection in Banankoro Village in the western Kayes Region.



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	UNICEF target (people to be reached by end 2012)	UNICEF total progress (as of end May 2012)
NUTRITION		
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding programmes	175,000	18,283
Children <5 in Therapeutic Feeding Programmes of who have recovered	175,000	5,332
HEALTH		
People benefitting from interagency emergency health kits	360,000	60,000
WASH		
School children benefiting WASH in schools	242,537	52,045

What remains to be done

While the situation in the north is still very uncertain, UNICEF and its partners will increase their programme outreach as conditions permit. In coordination with the government and key partners, UNICEF will target and prioritize vulnerable zones according to the level of under nutrition, population displacement and cholera risk. Scale-up of nutrition and health interventions to reach the target of 175,000 children will continue including: trainings of 3,000 health staff in six regions on Integrated Management of Acute Malnutrition (IMAM) and IYCF; increased screening/active case-finding of acutely malnourished children; promotion of IYCF; and micronutrient supplementation. The distribution of RUTF supply is being decentralized to ensure that hard-to-reach communities are accessed. UNICEF also plans to reach 500,000 children through an immunization campaign in northern Mali (measles, polio, Vitamin A and deworming).

UNICEF will ensure access to safe water for 67,800 affected people, improved sanitation for 45,000 beneficiaries and household water treatments, storage materials, key hygiene supplies and messages to 1,536,000 people (including the distribution of 120,000 WASH/NFI kits). Cholera prevention and preparedness for areas most at risk will be bolstered through early warning systems, hygiene kit distribution and hygiene promotion. In collaboration with local authorities and NGOs, at least 200 villages (140,000 people) will benefit from an open defecation-free environment. In education, 470 temporary learning spaces will be provided for 22,000 displaced children at pre- and 25,000 children at primary school age, train 600 pre-, primary and secondary teachers on curriculum, psychosocial support and peace education. UNICEF will provide continued access to education to 60,000 school-aged children through the distribution of essential education materials.

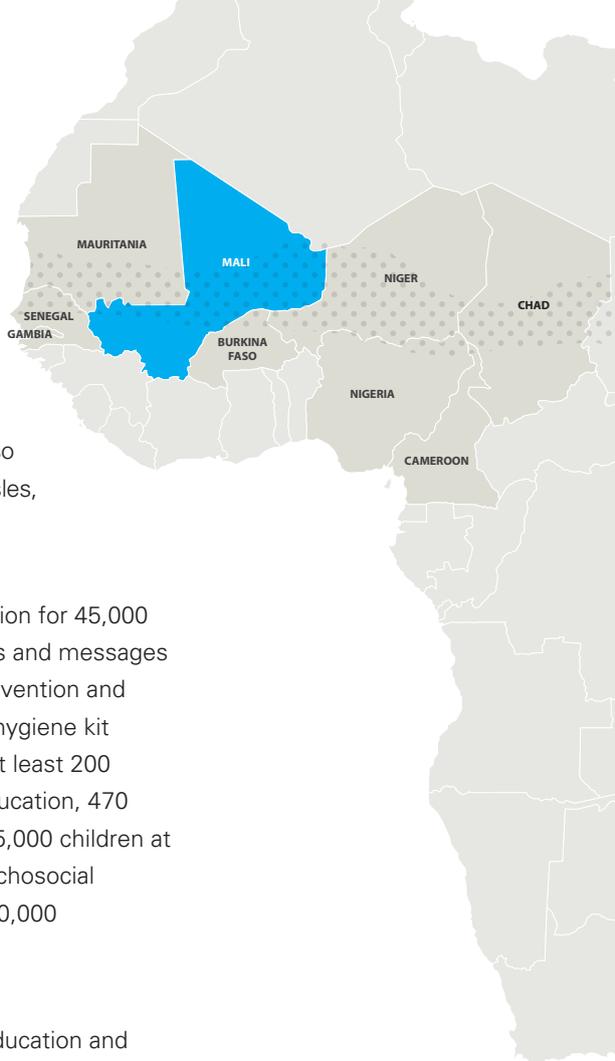
In the north, civil society trainings will be facilitated in child protection and mine risk education and a system will be established for the registration and monitoring of separated children to reunify an estimated 2,500 children. Psychosocial support will be provided to 100,000 conflict-affected children and adults via community activities and appropriate care will be provided to 750 vulnerable children and victims of violence. In addition, safe community spaces for socializing and playing will be provided to 12,500 children.

C4D initiatives will target community leaders to promote essential family care practices as well as 2,252 community health workers and 228 professional health staff to build capacity for the nutrition response. Radio messages on health, HIV, child protection, WASH, and education will be broadcasted to reach 100,000 IDPs in the north.

Mali Requirements*

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements*	Received to date	Unmet requirements	% Unfunded
Nutrition	13,750,387	27,020,151	8,416,537	18,603,614	69
Health	2,758,698	2,332,326	334,850	1,997,476	86
HIV	517,256	517,256	54,325	462,931	89
WASH	4,310,466	15,847,165	1,911,423	13,935,742	88
C4D	646,570	1,005,599	623,000	382,599	38
Education	107,762	3,933,978	171,245	3,762,733	96
Protection	193,971	3,105,658	305,012	2,800,646	90
M&E	2,791,027	3,453,389	512,000	2,941,389	85
Total	25,862,797	58,169,330	12,328,392	45,840,938	79

* CAP funding requirements for Mali cover 6 months (June to December) whereas UNICEF response plan covers full integrated response for 12 months. Also M&E, operational support and C4D costs are fully covered in the UNICEF response plan (partly in CAP projects).



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Girls wash their hands at a hand-washing station, at Fatao Primary School in the village of Fatao, in the western Kayes Region.

Mauritania Country Plan

Mauritania faces an unprecedented double emergency as some of the regions where 700,000 people are affected by the nutrition crisis are now hosting over 65,000 refugees fleeing conflict in Mali. This increasingly complex situation is placing great demands on limited government, UN and NGO resources to deliver assistance. The affected child population in 2012 is expected to include 77,300 moderately malnourished children, 12,600 severely malnourished children, 49,000 refugee children and a further 24,000 children in communities hosting refugees. UNICEF is working closely with its partners to respond to both crises and must massively scale up interventions in order to meet the needs of children and women. UNICEF is co-leading a nutrition sector coordination group with the Ministry of Health. Only the logistics cluster, led by WFP, has been activated.

What has been done

UNICEF and its partners are responding to the needs of children and communities affected by the Sahel nutrition crisis, Malian refugees and host communities by providing nutritional services, water, sanitation and hygiene (WASH), health services, education and child protection interventions. Key achievements include:

- 2,141 children admitted for treatment of SAM, including 695 refugee children; 2,819 cartons of RUTF have been distributed between January and May to partners to support treatment of children with SAM.
- 35 health workers in affected regions have been trained on the treatment of SAM; UNICEF is supporting the Ministry of Health to coordinate the response, conduct bi-annual nutrition surveys and provide additional monitoring for the nutrition crisis.
- UNICEF is working with partners on programmes to promote resilience with a focus on WASH and immunisation to reduce the incidence of disease. 332,159 children have been immunized against measles, including 27,830 refugees. Polio vaccinations were given to 9,767 refugee children.
- 15,236 refugees have been provided with access to safe water for their daily needs and 9,640 people have access to latrines. In M'Bera refugee camp, 1,007 hygiene kits have been distributed to 613 breastfeeding mothers and 394 pregnant women, and 38 community volunteers have been trained to promote hygiene.

10 month old Ahmed Salim is weighed at the UNICEF-supported nutrition center at Kaedi Hospital in Mauritania.

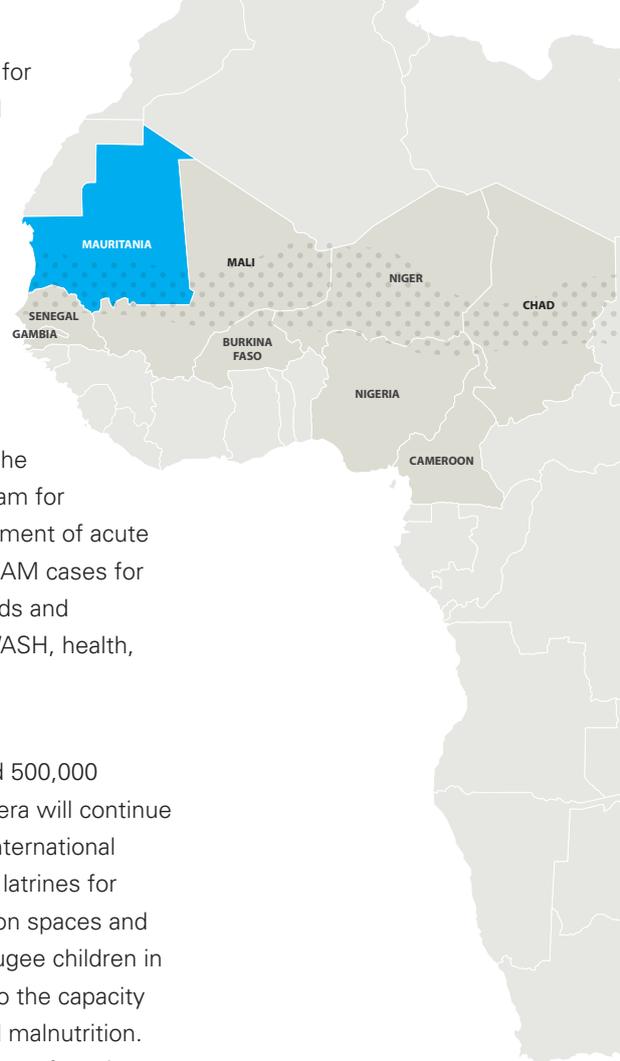


	UNICEF target (people to be reached by end 2012)	UNICEF total progress (as of end May 2012)
NUTRITION		
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding Programmes	13,950	2,141
Children <5 in Therapeutic Feeding Programmes who have recovered	10,462	432
HEALTH		
Children receiving measles vaccination ¹	344,725	332,159
Emergency affected families receiving 2 ITNs	13,000	13,000
WASH		
Emergency affected population provided with access to safe water	32,960	15,236
Emergency affected population provided key hygienic supplies	32,960	18,170
Emergency affected population provided with access to appropriately designed toilets	32,960	2,700
EDUCATION		
School-aged children including adolescents with continued access to formal and non-formal basic education	41,200	3,326

* Order placed for 4,000 ITNs

¹ Nutrition crisis targets 9 months to - 5 years and refugees crisis targets 6 months to - 15 years)

- Tent schools and education materials provided at M’Bera are providing education for 2,742 primary school aged refugee children with 3,326 enrolled. School tents and materials for 4,000 more children are currently en route.
- Child protection training has been provided to 260 people (97 female) at M’Bera. Issues including tracking unregistered births and separated children are being monitored.



What remains to be done

To move the humanitarian response forward in Mauritania, UNICEF plans to broaden the nutrition response with partners to include cash transfers and a blanket feeding program for 69,124 children (6-23 months). 265 health workers to be trained in integrated management of acute malnutrition in June/July, thus increasing capacity of health services to absorb more SAM cases for treatment, including for refugee children. 2,300 malnourished children, their households and communities will be provided with an integrated package of interventions including WASH, health, education and protection.

Nationwide measles, polio and Vitamin A supplementation campaigns to reach around 500,000 children are planned with the Government and partners. Vaccination programs in M’Bera will continue to ensure high levels of coverage in the community. UNICEF will also work to reach international standards for the provision of clean water (15 litres per person per day) and access to latrines for refugee and host communities with partners. Rapid access to sufficient child protection spaces and services and early childhood, primary and secondary education will be provided to refugee children in M’Bera with the assistance of partners. In addition, support will be provided to build to the capacity of government partners in monitoring and evaluation, supply management, health and malnutrition. Toward this end, a network of community workers will provide communication messages focusing on nutrition as well as health and WASH.



On 22 April, men unload school-in-a-box kits and other newly arrived UNICEF emergency supplies from a UPS (United Parcel Service, Inc.) aeroplane at the airport in Nouakchott, the capital.



Rougui’s two-year-old son Idy Oumar became severely malnourished and sick, and she raced him to a UNICEF-supported treatment center at Kaedi Hospital where his health improved with a regime of fortified milk and a special peanut paste.

Mauritania Requirements*

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements	Funds Received	Unmet requirements	% Unfunded
Nutrition	1,545,000	3,000,000	1,869,985	1,130,015	38%
Health**	218,000	2,170,000	367,581	1,802,419	83%
WASH	700,000	2,800,000	995,155	1,804,845	64%
C4D	77,000	77,000	15,949	61,051	79%
Education***	100,000	3,615,000	141,758	3,473,242	96%
Child Protection	95,000	450,000	81,009	368,991	82%
Coordination & M&E****	90,000	625,000	150,137	474,863	76%
Total	3,200,000	12,737,000	3,621,574	9,115,426	72%

* CAP funding requirements for Mauritania cover 8 months (May to December) whereas UNICEF response plan covers full integrated response for 12 months; ** includes some funding for HIV/AIDS; *** Includes some funding that is joint with child protection; **** includes operations support.

Niger Country Plan

In Niger, 394,000 children under 5 are anticipated to be affected by SAM and another 690,000 by MAM in 2012. Due to the continued conflict and the volatile socio-political climate in Mali, the influx of refugees into Niger is expected to continue, accompanied by a deterioration in security. As at 31 May, UNHCR has registered a total of 41,130 refugees in camps and on sites in the Departments of Abala, Ayorou, Ouallam and Tillia¹. The recent rise in cholera cases is of grave concern as the rainy season approaches. Already this year, 714 cases have been registered compared to only 163 in the same period in 2011. Recurrent outbreaks of measles and meningitis pose further risks.

What has been done

- 98,753 cases of SAM and 148,991 cases of MAM have been admitted for treatment by the end of May. 712,888 children aged 6-23 months and 234,416 lactating women are benefitting from blanket feeding as implemented by WFP and UNICEF. Infant and Young Child Feeding (IYCF) practices have been with messages broadcast through the national radio, six regional radios and 48 community radios until end August 2012. To ensure more resilient health systems, 2,000 health posts have been supported through training, supplies and capacity development for the prevention, identification and early treatment of malnutrition and other illnesses. One hundred health and social workers in Maradi have been trained on the impact of the nutrition crisis on children and on the provision of emotional support to children.
- With partners, 15,539 vulnerable households have been identified to benefit from cash transfers to start at the end of June. UNICEF has also financed the deployment of six social workers to provide psychosocial support/emotional stimulation and recreational activities to children and women at all sites.

Farida Ousmane, 16, holds her 9-month-old brother, Laouli Ousmane, at the UNICEF-supported Routgouna Health Centre, in the town of Mirriah, Mirriah Department, Zinder Region.



	UNICEF target (people to be reached by end 2012)	UNICEF total progress (as of end May 2012)
NUTRITION		
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding programmes	393,737	98,753
HEALTH		
Children <5 receiving measles vaccination	4,864,697	757,869**
Emergency affected families receiving 2 ITNs	300,000	250,000
WASH		
# of mothers of children treated for SAM at CRENI provided with hygiene kits	60,000	10,918
Estimated # of refugee population assisted with access to safe water	41,128	26,887
PROTECTION		
# of children who have access to child-friendly spaces and are provided with psychosocial support and recreational activities	10,000	2,200
# of communities that have received information on the risks of exploitation, violence and abuse of children (GBV, recruitment, WFCL) and have set mechanisms to protect them (prevention and response)	100	150
EDUCATION		
School-aged children including adolescents (including refugees) with continued access to formal and non-formal basic education	105,000	31,095
HIV / AIDS		
HIV positive pregnant women continuing to receive ARVs for PMTCT	11,900	2,856
Children under 15 who continue to receive ART	1,900	450

* 'Scaling-up' released weekly with data for the previous week ** Cumulative results represent routine immunization data targeting children 0-11 month. Children between 12-59 months will be reached through the follow-up campaign.

¹ Source: <http://data.unhcr.org/MaliSituation>. Level 1 Registration (CNE, CADEV, AKARASS, UNHCR). Some demographic and households data might be incomplete for some localities.

- During the second round of National Immunization Days in May, all children under 5 located on refugee sites were vaccinated against polio. ² With partners and the Ministry of Health, health worker capacity for integrated surveillance of killer diseases and cholera response has been strengthened in affected districts. Health centres have been stocked with sufficient supplies of essential drugs and medicines and 31 water points have been rehabilitated in the districts affected in Tillabéri.
- 26,887 refugees have access to safe water and 7,000 refugees have access to sanitation facilities. 10,918 children treated for SAM have received hygiene kits, 50 CRENIs have running water and 340 CRENAS have hand washing equipment.
- Supplies and funding have been provided to erect 1,000 temporary thatch-roof classrooms benefitting 30,000 children. UNICEF has equipped ten temporary classrooms for 400 children in Agadez. With partners, early food distribution has targeted 28,000 families of school-age children to reduce the school drop-outs in 500 schools.



What remains to be done

UNICEF will provide life-saving and life-sustaining interventions to address the humanitarian needs of children and women while promoting resilience among vulnerable populations. UNICEF is prioritizing continued prevention and treatment of acute malnutrition including screening, treatment for SAM and MAM, and blanket feeding as well as delivery of key messages and promotion of IYCF. Rapid SMS technology will be introduced to improve the monitoring and management of acute malnutrition cases. Training on integrated community case management in affected areas will continue along with work to ensure free access to health care.

UNICEF will reinforce outbreak surveillance mechanisms and preparedness and response plans particularly for cholera, polio and meningitis in border areas. With the WASH Cluster, cholera prevention will continue with particular emphasis on schools, health centres, refugee camps and other sensitive areas during the epidemic peak expected with the onset of the rainy season. A follow-up routine immunization campaign targeting children 12-59 months is planned as is bolstered surveillance and adequate prevention and treatment for malaria. With UNHCR, UNICEF will continue the multi-sector response to the needs of refugees/returnees from Mali in camps and host communities. This includes the establishment of temporary learning spaces meeting refugee children's rights to a quality education, helping them regain a sense of normalcy and strengthening their ability to deal with future emergencies.

Vulnerability assessments and economic household analyses will be undertaken to improve programme targeting of districts, communities and villages. To address vulnerability, UNICEF is planning the introduction of indirect transfers to, for example, abolish health user fees for children under 5. This will assist families in protecting assets and avoiding negative coping mechanisms during the current crisis, building resilience of populations to absorb future shocks. Enhanced advocacy and promotion of the 'resilience building' concept will continue at the national level, including efforts to strengthen national systems and policies such as a national disaster risk reduction platform and a national Social Protection Policy.

Niger Requirements*

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements	Received to date	Unmet requirements	% Unfunded
Nutrition	25,647,900	31,439,921	25,512,230	5,927,691	19
Health	2,835,500	2,835,500	1,990,323	845,177	30
WASH	1,198,400	3,343,460	996,555	2,346,905	70
Education	0	1,500,000	181,365	1,318,635	88
Child Protection	342,000	556,400	0	556,400	100
Total	30,616,500	39,675,281	28,680,473	10,994,808	28

* CAP funding requirement and UNICEF response plan for Niger cover 12 months. Total funding requirements are fully aligned with the exception of an additional sector (child protection) in UNICEF.

² Total figures have not yet been released by the Ministry of Health.



Children walk to school in the village of Garin Badjini, in Maradi Commune. Their school was built with UNICEF support.

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Nigeria Country Plan

The situation of children and women in northern Nigeria remains critical in terms of food insecurity and malnutrition. The prevalence of global acute malnutrition ranges from 6.4 to 13.1 per cent, while prevalence of severe acute malnutrition ranges from 0.7 to 2.2 per cent¹. Recent measles outbreaks in 31 local government areas of the eleven Sahel states are also of grave concern. As per the latest WHO report there are 5,104 suspected measles cases and 82 deaths – an alarming case fatality rate of 1.6 per cent. Sporadic cases of cholera have also been reported throughout the country (256 cases and four deaths²) with an expectation that cases will peak during the rainy season in some part of Nigeria (from July to September). The need to preposition enough supplies for cholera response and raise community awareness activities to prevent further transmission is crucial. Polio also remains a major concern and interventions will be integrated in the nutritional response.

What has been done

- 50,607 children with SAM have been treated between January and April in the 378 CMAM sites in eleven states in northern Nigeria. UNICEF has trained 1,089 health workers in the treatment of SAM, screening, community mobilization and commodity management.
- 549,168 children out of 578,072 children targeted were immunized for measles in nine Sahelian states; 20,506,958 children have been vaccinated against polio in the eleven states in the Sahel region.³ In addition, 6,984,017 families have received Insecticide treated nets as part of prevention of malaria interventions
- 22,000 families (about 132,000 people) have been provided with hygiene kits (jerry can, soap, water purification tablets) and 95 community participants have been trained in community lead total sanitation. UNICEF has prepositioned essential supplies and medicines in health facilities for cholera response in the Sahelian states and is working closely with WHO and other partners to ensure rapid detection of increasing cases of diarrhoea in preparation for a cholera outbreak.
- UNICEF has procured and prepositioned emergency education materials such as school-in-a-box (chalk, blackboards, pencils and tents for learning spaces) for a minimum of 10 students per kit.
- C4D initiatives have been undertaken for health, nutrition, protection and WASH messages.
- Though the cluster approach has not been adopted in Nigeria, there has been a significant improvement in coordination among partners in response to the Sahel crisis under the leadership of UNICEF as sector lead for Nutrition, WASH, and Education and Child protection sub sector.

A girl washes her hands with soap and water at a latrine block at Bungudu Primary School in the town of Bungudu, Zamfara State.



HPI INDICATOR	UNICEF target (people to be reached by end 2012)	UNICEF total progress (as of end May 2012)
NUTRITION		
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding programmes	208,000	50,607
Children <5 in Therapeutic Feeding Programmes who have recovered	156,000	30,500
HEALTH		
Children <5 receiving measles vaccination	578,072	549,168
Emergency affected families receiving 2 ITNs	8,730,022	6,984,017
WASH		
Emergency affected population provided key hygienic supplies	150,000	132,000

¹ Nigeria SMART Survey Feb, 2012.

² FMoH/WHO-Weekly Epidemiological Report, Week-19.

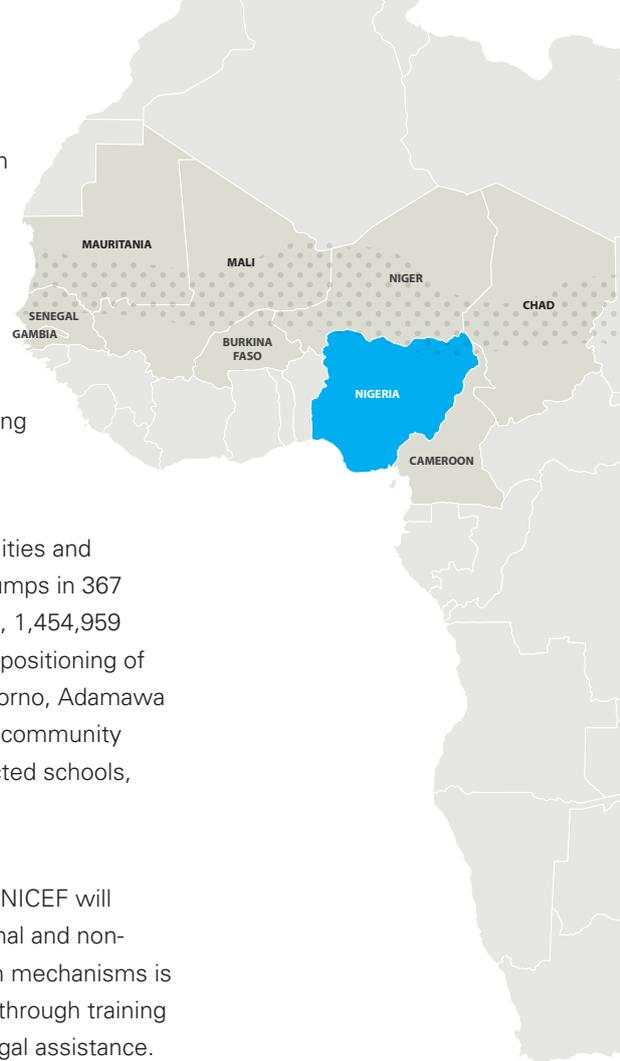
³ The second round of Immunization Plus Days (IPDs) was conducted for four days from 31st March to 3rd April targeting children under-five.

What remains to be done

UNICEF is planning to reach an additional 150,000 children in the next six months with the establishment of an additional 131 CMAM sites in 67 local government areas (on top of the 378 already existing) as well as provide support to training additional community health workers to increase outreach coverage and active case-finding. UNICEF will also provide support to eight state governments in the Sahel region to develop cash transfer interventions with other development partners linked to CMAM. A nutritional survey using SMART methods is planned for July to strengthen needs assessment in affected areas in the north. UNICEF and partners are also planning to vaccinate 1.19 million under-five children against measles in affected areas.

WASH interventions are planned to provide sustainable solutions to affected communities and strengthen resilience to future shocks. UNICEF will drill 367 boreholes, install hand pumps in 367 CMAM centres, and construct two blocks of toilets in 220 CMAM centres. In addition, 1,454,959 children and women will be reached with cholera/diarrhoea interventions. Further pre-positioning of essential supplies is planned for cholera/diarrhoea management in the three states (Borno, Adamawa and Yobe) in Chad Basin area. Training of health workers will also be provided to raise community awareness on hygiene practices. Hygiene education will be implemented in 100 selected schools, benefitting approximately 50,000 children.

Monitoring of displacement and/or school dropout is ongoing in the affected states. UNICEF will ensure 108,000 school-aged children, including adolescents, continued access to formal and non-formal basic education. Continued reinforcement of community-based child protection mechanisms is planned, such as strengthening child protection networks in emergency-prone states through training of network members and facilitating access to services including psycho-social and legal assistance. Child protection network members and their community partners will liaise with 378 CMAM centres to train and sensitize health personnel on “basic” child protection issues, including early detection of signs of abuses. C4D initiatives will include quarterly community dialogues to promote HIV prevention; continued roll out of the guidelines on young infant and child feeding to partners for strategies to reach communities with nutrition messages; and messages related to hand washing with soap, other health care behaviours and child protection.



A health worker administers an oral polio vaccine to Asiya Aminu, 5, as other children and parents watch, outside Mallam Mohammed Koranic School in the neighbourhood of Kofar Doka in Zaria Town in the northern state of Kaduna.



Nigeria Requirements

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements	Received to date	Unmet requirements	% Unfunded
Health	249,392	1,914,616	250,000	1,664,616	87
Nutrition	9,063,200	13,091,435	5,479,763	7,611,672	58
HIV	961,619	961,619	0	961,619	100
WASH	5,636,490	7,915,090	217,730	7,697,360	97
C4D	950,000	950,000	80,000	870,000	92
Education		2,355,000	0	2,355,000	100
Protection		153,684	0	153,684	100
Social Protection		341,520	0	341,520	100
Coordination & M&E	261,988	450,000	150,000	300,000	67
Total	17,122,689	28,132,964	6,177,493	21,955,471	78

Senegal Country Plans

The nutritional situation in Senegal remains of concern. With the support of UNICEF, the country's Ministry of Health is currently undertaking a SMART survey to update the nutrition status of children countrywide¹ and inform emergency response plans according to updated needs and most affected regions. Current estimates suggest that 20,000 children under five in the country will suffer from SAM in 2012, and another 100,000 from MAM. SAM cases are reported in communities but use of health facilities is low due to access barriers such as user fees.² Further access barriers include transportation costs for families in remote areas to reach health facilities offering treatment for SAM and added living expenses for families staying at health facilities while their child undergoes treatment – all of which adds strain on already limited household income. UNICEF is in discussion with partners (MSF and ACF) to explore solutions to address these issues.

What has been done

- 231 children have been admitted into treatment facilities in Diourbel and Matam, with 178 children with SAM recovered.
- 150,734 emergency affected people have been provided with access to safe water and hygiene through distribution of water purification tablets and hand washing kits. 45,220 people have benefitted from improved sanitation (such as latrines) in communities affected by food insecurity and malnutrition. A cholera emergency preparedness and response plan has been developed and current supplies are being reviewed.
- A polio immunization campaign was held in March, targeting three million children at national level.³
- C4D activities are ongoing including radio messaging focusing on the adoption of key family practices (i.e. breastfeeding, complementary feeding, hand washing with soap, vitamin A supplementation, using bed nets) and information on immunization campaigns, as well as production of posters with key messages related to WASH, health and nutrition. UNICEF supported the training of 240 community leaders, 1,284 community health workers and six regional radio stations (with six community stations) in key messages for the response.
- UNICEF, in collaboration with the Ministry of Health, is working on scaling up coverage other affected regions of include Saint Louis, Louga, Thies, Tambacounda, Kedougou, and Kolda in addition to Diourbel and Matam.

Fanta Seydi washes her hands at a Mark II-type handpump after cleaning the latrines at Etoba Primary School in Bignonga, a town in Casamance Region.



HPM INDICATOR	UNICEF target (people to be reached by end 2012)	UNICEF total progress (as of end May 2012)
NUTRITION		
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding programmes	20,000	231 ²³
Children <5 in Therapeutic Feeding Programmes who have recovered	20,000	178 ²⁴
WASH		
Emergency affected population provided with access to safe water	1,529,000	150,734
Emergency affected population provided key hygienic supplies	1,529,000	150,734
Emergency affected population provided with access to appropriately designed toilets	1,529,000	45,220

¹ Results of SMART survey to be available in July.

² Families are in fact not charged for SAM treatment itself.

³ Campaign coverage results still to be released by MoH.

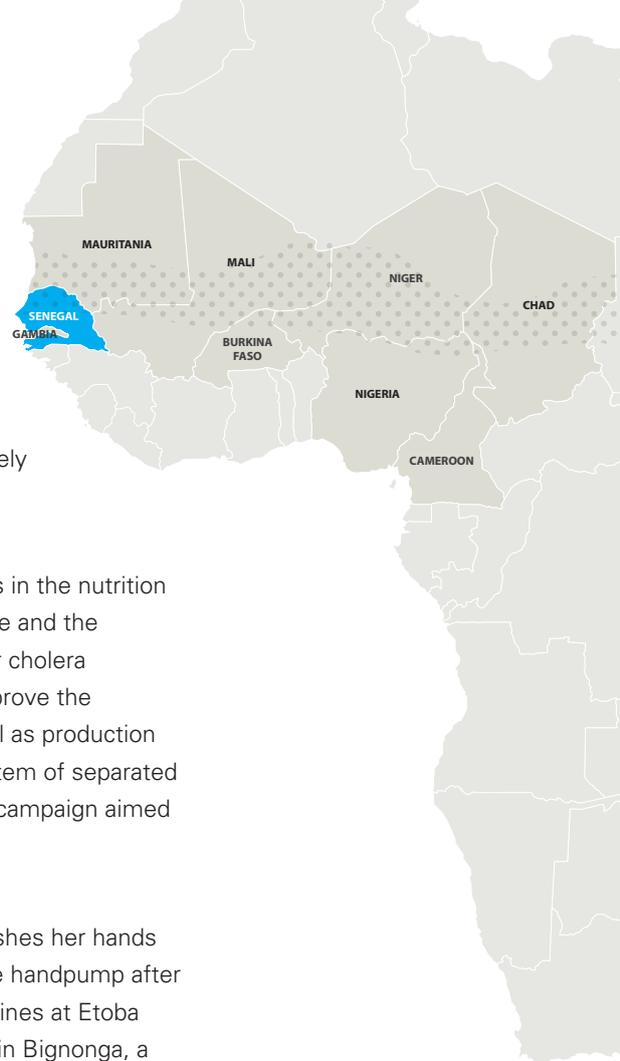
²³ Results are for Matam and Diourbel only- data from other regions not available.

²⁴ Idem

What remains to be done

To expand access to treatment of SAM services, UNICEF plans to continue working with partners to: increase the number of community health workers engaged in active case finding of malnourished children; train additional health workers to absorb additional SAM cases and treat children in both community and inpatient facilities; build capacity for health staff on the management of HIV and nutrition, screening of HIV cases among malnourished children, and management of HIV positive pregnant women; and continue advocacy support for the elimination of access barriers for families with malnourished children. In collaboration with WFP, UNICEF will also support capacity building of health personnel on community management of moderately acute malnutrition (100,000 children are estimated affected).

UNICEF will continue to improve access to safe water and hygiene/sanitation services in the nutrition centers and villages including the distribution of hygiene kits, water treatment at home and the promotion of good family practices on hygiene. Procurement of additional supplies for cholera response prepositioning is planned. An expansion of C4D interventions is planned to improve the community knowledge on key family practices, availability of existing services, as well as production of educational materials on HIV. UNICEF will also reinforce the existing screening system of separated children at community level in areas affected by malnutrition, as well as a prevention campaign aimed at reducing risk of child separation in affected communities.



Fanta Seydi washes her hands at a Mark II-type handpump after cleaning the latrines at Etoba Primary School in Bignonga, a town in Casamance Region.

Senegal Requirements

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements	Received to date	Unmet requirements	% Unfunded
Nutrition	1,257,178	4,372,178	1,189,000	3,183,178	73
Health	252,224	563,972	165,000	398,972	71
HIV	47,292	200,000	0	200,000	100
WASH	394,100	400,000	85,000	315,000	79
C4D	59,115	500,000	235,000	265,000	53
Protection	17,734	259,410	0	259,410	100
Coordination & M&E	255,180	530,000	200,000	330,000	62
Total	2,364,598	6,825,560	1,874,000	4,951,560	73

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, surge support and overall supplies and logistics coordination.

What has been done

WCARO programme advisor teams continue to provide dedicated emergency support including technical assistance and front line on Nutrition, Health WASH, Education, Child Protection, C4D and Supply and Logistics. Such support includes:

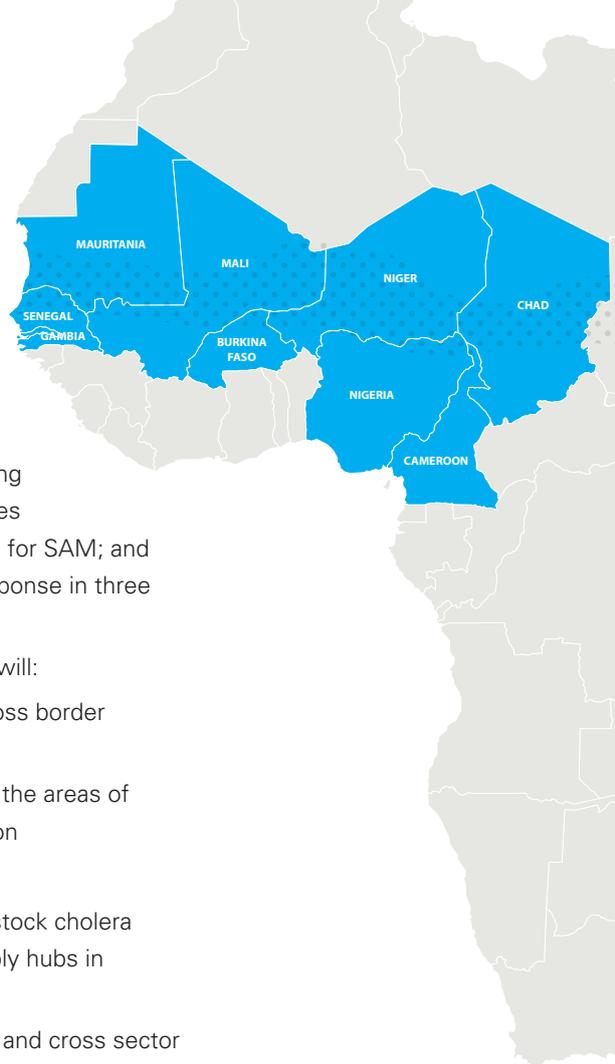
- Dedicated technical support on integrated response planning and delivery planning, across nutrition, Health, HIV, WASH, C4D, education, child protection and emergency (including Humanitarian Performance monitoring); as well as dedicated support to country offices has also been given for supply and logistics coordination and planning as well as HR fast-track recruitment
- Technical support for developing a strategy for comprehensive disaster resilience and activities to tackle the structural and underlying causes of malnutrition. A UNICEF Sahel Resilience Strategy has been elaborated outlining how both humanitarian and development programming can contribute to building more resilient households, communities and systems in the context of the Sahel; and discussions for an interagency framework for resilience in the Sahel are underway
- 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.
- Deployment of additional surge capacity throughout the Sahel region continues to urgently fill positions currently vacant at county levels and dedicated HR support has been provided to Chad and Mali to clear backlog of recruitments
- An estimated 50 per cent of RUTF needs as well as an estimated 90 per cent of the Health related requirements have been procured at regional level delivered to countries; the regional office provides oversight of supply management for the regional response. This includes ensuring that regional supply hubs in Accra and Douala 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. UNICEF is ensuring that all country offices are using harmonized performance indicators.
- Establishment of UNICEF Regional Office Taskforce to support cholera preparedness, prevention and response, with support provided to DRC, Guinea, and Sierra Leone. UNICEF is also a key player in the establishment of an interagency Regional Cholera Platform for improved cross-sector information sharing and management of cholera.

Cartons of PLUMPY NUT, therapeutic food for malnourished children, delivered by UPS to UNICEF Mauritania.



What remains to be done

- Continued follow up and assistance to COs with technical programme support (Nutrition, WASH, Health, Child Protection, Education, Emergency and C4D including on performance monitoring); continue funding and HR coordination;
- Continue support for Supply and Logistics coordination including developing standard pipeline monitoring reports to ensure a regular and comprehensive update of key data on gross and net needs for all key emergency supplies; and coordination of evaluations of supply management and warehouse capacity at country office level to give clarity on capacity limits and find alternative solutions;
- Support Country Offices for the nutrition surveys in 9¹ countries in the Sahel during the lean season ; strengthen nutrition programme reporting (to get admission rates for SAM and MAM, number of health centers doing SAM, performance indicators for SAM; and conduct an evaluation of effectiveness and the sustainability of the integrated response in three countries: Burkina Faso, Chad and Mali)
- To support country officers to prepare and respond to cholera, the regional office will:
 - Support strengthening existing or established local, regional, national and cross border information systems
 - Continue the provision of technical assistance to UNICEF Country Offices in the areas of WASH, Health, Communication for Development and emergency coordination
 - Share guidance on the use of cholera vaccines with countries
 - Ensure availability of adequate WASH, health and communication supplies; stock cholera related WASH, health and communication supplies in UNICEF Regional supply hubs in Douala (Cameroon).
- Continue to reinforce strategic partnerships including ongoing interagency, sector and cross sector coordination between Regional actors at Dakar level, the global cluster/sectors leads in UNICEF and country level sector and inter-sector coordination mechanisms;
- Continue advocacy and disseminating key messages on the situation of children affected by the crises in the Sahel, the framework of the integrated approach and in order to ensure the provision of efficient and timely support to country-led emergency responses.
- Development of resilience indicators and methods for resilience specific monitoring; and development of a regional inter-agency comprehensive strategy for building resilience in the Sahel.



Regional Support Requirements

Appeal sector	Previous HAU 2012 requirements	Updated 2012 requirements	Received to date	Unmet requirements	% Unfunded
Nutrition	800,000	1,725,800	1,119,300	606,500	35
Health		400,000	132,468	267,533	67
HIV		217,000	127,000	90,000	41
WASH	172,500	950,000	114,428	835,572	88
C4D		230,000	130,158	99,843	43
Education		114,428	114,428	0	0
Protection		200,000	94,500	105,500	53
Social Protection		114,428	114,428	0	0
Supply & Logistics	150,000	285,850	215,850	70,000	24
Coordination, security & M&E	395,000	1,021,500	2,726,827*	n/a*	n/a*
Total	1,747,500	5,259,005	4,889,386*	369,620	n/a

*Includes funds received at regional level that are in process of being allocated to country offices (over USD 2 million) that have yet to be reflected in countries as funds received.

¹ Ongoing and Planned Surveys are as follows: Burkina Faso (Aug-Sept 2012), Cameroon- 4 northern regions (June-July 2012), Chad- Sahel region (April-May 2012), Mauritania (June-July 2012), Niger (May-June 2012), Nigeria-northern region (July 2012), Senegal May-June 2012, Gambia (TBC). Note: Mali has national nut survey planned for June-July 2012 but given access constraints in the north, survey plan being reviewed.



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

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ACRONYMS LIST

C4D	Communications for Development
CAP	Consolidated Appeals Process
CCCs	Core Commitments for Children in Humanitarian Action Office
CERF	Central Emergency Response Fund
CFS	child-friendly schools/spaces
CLTS	Community-Led Total Sanitation
CMAM	Community-based Management of Acute Malnutrition
CRENA	Centre de Récupération Nutritionnelle Ambulatoire
CRENI	Centre de Récupération Nutritionnelles Intensive
GAM	Global Acute Malnutrition
GBV	gender-based violence
HAC	Humanitarian Action for Children
HAU	Humanitarian Action Update
ICCM	Integrated Community Case Management
IND	Immediate Needs Document
ITN	insecticide-treated net
IYCF	Infant/Young Child Feeding
MAM	Moderate Acute Malnutrition
MoE	Ministry of Education
MoH	Ministry of Health
MUAC	Middle Upper Arm Circumference
NaNA	National Nutrition Agency (Gambia)
NFI	Non-Food Item
ORS	Oral Rehydration Salts
PMTCT	prevention of mother-to-child transmission (of HIV)
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transitions
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization

June 2012

HUMANITARIAN ACTION UPDATE

Children in Crisis in the Sahel

Burkina Faso, Cameroon, Chad, Gambia, Mali, Mauritania, Niger, Nigeria, Senegal

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