

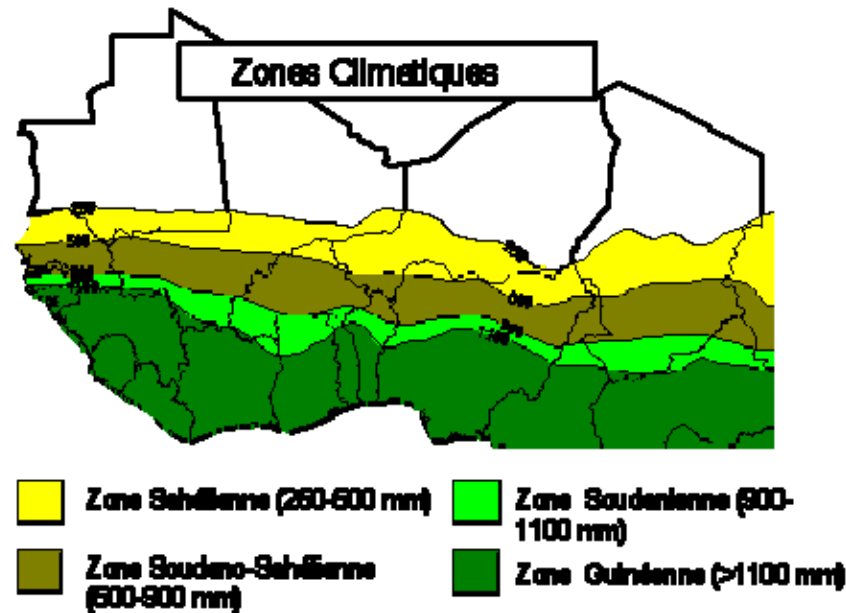
CHILD MALNUTRITION IN THE SAHEL REGION (AFRICA) – APRIL 2010

There is no doubt that tens of thousands of families in the Sahel region of Africa are facing acute distress due to food shortages and more than 859, 000 children will need to be treated for severe acute malnutrition.

The biggest need for interventions is in Niger and Chad.

This year the annual lean season is different. It is starting earlier and is predicted to be longer and more severe than usual. Compared to “normal” years, increased food insecurity is predicted to increase markedly the number of severely malnourished children.

UNICEF and its partners are already implementing life-saving interventions for children and women; more are being prepared for the coming months, but so far only half of the required USD 50 million has been donated.



Établi sur la base des pluies moyennes annuelles 1961-90, SDRN-FAO Rome

KEY MESSAGES

UNICEF is extremely concerned that increased food insecurity affecting the Sahelian region (Burkina Faso, Chad , Mali, Mauritania , Niger, northern Nigeria), will cause many children to suffer the effects of severe malnutrition, putting their lives and future development at risk.

Impact on children: The impact of severe food shortages on children from 6 months to 5 years old can already be seen in Niger and Chad, where thousands of households are out of food. A notable rise in the number of admissions in therapeutic feeding centers is expected.

Undernutrition makes children especially vulnerable to diseases and infection.

Emergency actions: We know how to fight malnutrition and treat severely affected children. Many different organizations are involved under a common plan of action, under the leadership of UNICEF. Emergency plans aim to prevent death and long term damage to young children. These live-saving actions are tried and tested and rely on community-based actions and the use of specific therapeutic feeding with ready-to-use-therapeutic foods (RUTF) such as 'PlumpyNut'. Large scale interventions will also involve foods such as Corn-Soya blends (CSB) and ready-to-use supplementary foods such as 'Plumpy Doz'.

Funding gaps: If not filled, funding shortfalls will prevent humanitarian actors from implementing these response plans. UNICEF and its partners urgently need additional financial support from the international community to ensure that the plans are implemented and supplies are purchased over the short, medium and long term of this emergency.

Lean season (or hunger season): period traditionally between May and October when the food stocks are low and the new crops are not available. In 2010, in the most affected parts of the Sahel, the lean season is estimated to have started up to four months earlier.

RUTF: Ready-to-Use Therapeutic Food for the treatment of severe acute malnutrition

The impact of the food crisis on child's malnutrition in the Sahel

CHILD MALNUTRITION IN THE SAHEL: CHILDREN AFFECTED, NEEDS AND GAPS

	Expected number of severely malnourished (SAM) children to treat in the course of 2010	Current financial resources mobilized (US\$)	Current shortfall in funding (US\$) for RUTF pipeline and program implementation
Chad	33,500	1,400,000	3,400,000
Niger	378,000	9,000,000	13,058,000
Northern Nigeria	212,000	630,000	3,500,000
Burkina Faso	144,000	1,062,280	3,393,000
Mali	83,000	11,563,000	0
Mauritania	8,900	290,000	860,000
Total	859,400	23,945,280	24,211,000

These estimates are based on the highest prevalence figures. They are the upper hand of the working figures.

QUESTIONS AND ANSWERS:

What are the main concerns for children at the onset of the 2010 lean season in the Sahel?

The Sahel Region has historically faced high prevalence of undernutrition among children.

But the 2010 hunger season in the Sahel is predicted to be far worse. Rainfall has been poor even if flooding has been heavy last year. Harvests were badly affected. Food prices are already higher than in previous years. As more households become food insecure, children's health and care will be damaged.

The Government of Niger has launched an appeal, and concern has been voiced by donors and a number of humanitarian organizations.

Where is this happening?

These bad weather conditions have affected the Western Sahelian belt of Africa: Burkina Faso, Chad, Mauritania, Mali, Niger and Northern Nigeria.

So far, Niger and Chad seem to be the most affected countries. Further data collection and evidence gathering is ongoing in other countries.

What is the predicted number of children with severe acute malnutrition in 2010?

We estimate that over 859,000 under five of age children may need treatment for severe acute malnutrition (SAM), in therapeutic centres. Niger will face the biggest burden with an estimated 378,000 severely malnourished children expected to need treatment.

We cannot predict with certainty the number of children who will suffer from acute malnutrition this year. The estimates are based on survey data that give a snapshot at a certain moment. Also, the situation can evolve.

For example, if the humanitarian response to the crisis is timely and adequate, with a good access to vulnerable areas, the number of children in need of treatment will decrease and the caseload will be less important. Blanket feeding programmes (free distribution of supplementary food) ahead or at the start of the lean season can prevent a rise in numbers of children suffering from severe malnutrition.

What is UNICEF's response to the 2010 hunger season?

We are in emergency situations in Chad and Niger. Emergency plans are in place and we are re-enforcing teams and support and scaling up response to prevent devastating death tolls among children under five.

Children with **severe acute malnutrition** (SAM) need urgent care. UNICEF is scaling-up the number and capacity of therapeutic feeding centers to treat this life-threatening condition. Specialist food (such as RUTF) and adequate care are needed for children under 5 who suffer from severe acute malnutrition and pregnant and lactating women who suffer from moderate acute malnutrition. In each country, UNICEF will scale-up the treatment of severe acute malnutrition (SAM), with proven therapeutic products and specially designed ready-to-use foods, both in outpatient and inpatient settings. UNICEF provides most of the RUTF used in the feeding centers. Stocks of RUTF are being supplied and additional orders are being placed, on the basis of available funds.

UNICEF, WFP¹, and NGOs will run blanket feeding programs in the Grand Kanem region in Chad (May) and the Zinder and Diffa regions in Niger (June). A blanket feeding is a distribution of adequate food for **all children aged 6-23 months**. Such blanket feeding help prevent children from becoming acutely malnourished. In situations such as Niger and Chad, such blanket feeding programmes targeting young children are an efficient way to prevent acute malnutrition.

In the same regions, WFP and its partners, with support from UNICEF, will make available special foods (supplementary food) for children with **moderate acute malnutrition** (MAM), who face an increased risk of disease and death and whose condition is unlikely to improve with foods that are accessible to families in these areas.

In the Sahel, UNICEF strategy also addresses the **underlying causes of malnutrition**. UNICEF will continue to protect, promote and support optimal infant and young child feeding practices, including exclusive breastfeeding during the first 6 months of life, provide vitamins and minerals through fortified foods and supplements, and promote access to sanitation and clean water and to preventive and curative health interventions. These proven live-saving programmes rely on community-based actions.

UNICEF, as the lead agency on child nutrition, will provide regional and national coordination of the interventions to save the lives of affected children. As humanitarian cluster lead for nutrition in emergency settings, UNICEF is primarily responsible to manage severe child malnutrition, to provide micronutrients supplementation, to promote infant and young child feeding and undertake nutrition surveys. When needed, as a provider of last resort, when critical needs are not met, UNICEF can also respond to the needs of moderately malnourished children.

¹ World Food Programme

What are UNICEF's funding gaps for 2010?

An estimated 50 million USD are required to cover UNICEF's nutrition response in the Sahel. Only half of this budget is mobilized so far.

As a major provider of RUTF, much of our funding needs are to cover the supply of therapeutic food and essential medicines. Basically, one box of RUTF covers the treatment of one severely malnourished child. Over 859,000 children under five may need treatment for severe malnutrition in therapeutic centres in the course of 2010.

What is malnutrition?

Malnutrition includes both overnutrition and undernutrition. In the Sahel, malnutrition generally means undernutrition.

Undernutrition includes either acute malnutrition (or "wasting"), **chronic malnutrition** ("stunting"), or **deficiencies** of essential vitamins and minerals (micronutrients).

Global acute malnutrition (GAM), or "wasting", is defined as low weight for height, or the presence of edema. It can be moderate (MAM) or severe (SAM). Severe acute malnutrition (SAM) characterizes children with a very low weight for height, by visible severe wasting, or by the presence of edema. See more details on definitions [here](#).

Children with acute malnutrition, and especially those that suffer from its severe form face a dramatically increased risk of disease and death.

Micronutrient deficiencies also lead to increased risk of disease and death and also need to be addressed.

Chronic malnutrition or "stunting" also leads to adverse outcomes on physical and mental development in children even if they are generally not life-threatening.

It has been estimated that undernutrition causes more than 50% of child deaths in settings such as the Sahel.

What are the main causes of undernutrition?

The immediate causes of undernutrition are inadequate dietary intake, food insecurity and a high burden of infectious diseases. Malnutrition can be caused and/or compounded by diarrhea, pneumonia, malaria, and measles.

The impact of the food crisis on child's malnutrition in the Sahel

It is essential to identify and understand the different reasons for malnutrition in an emergency-affected population in order to be able to design appropriate interventions.

Poor access to food increases child undernutrition. In the Sahel, there is seasonal variation in food availability and access, as a result of agricultural cycles and household incomes and expenditures. Normal food shortage months before the main harvest (lean season) have a higher prevalence rate of malnutrition.

But undernutrition among children cannot be attributed to a lack of food only. Underlying causes at the household level are poor access to clean water and sanitation, inadequate maternal and child care, and inadequate health services and lack of access to health services.

What has the prevalence of acute malnutrition been in the Sahel in recent years?

In the Sahel, the percentage of children under five years of age suffering from global acute malnutrition (wasting) has been above 10% in recent years. During the hunger season, this prevalence can increase to a critical 15%.

In the Sahel, infant and young children, especially between 6 months and 2 years old, are at high risk of acute undernutrition mainly because of sub-optimal infant and young child feeding practices; for instance the rate of exclusive breastfeeding in the first six months of life - 20% - is very low compared to 40% in other African regions.

In 2010, what is different?

Shortages started earlier and it is foreseen that this year hungry period will be prolonged, thus compounding the seasonal malnutrition increases. More households will become food insecure as they cannot meet their yearly food needs. Many people resort to coping strategies and leave their house to find work, money and food. As a result, child malnutrition is likely to increase.

All the countries in the Sahel belt are highly vulnerable to additional shocks since they already have high prevalence of acute malnutrition, high food insecurity rates, high poverty rates, and poor access to health and environmental services.

However, three countries seem to be more affected: Chad, Niger and Northern Nigeria. They are all in the eastern part of the Sahel.

But 2010 is not a repeat of 2005 (last major food and nutrition crisis in the Sahel, and especially in Niger), when the emergency situation was discovered and addressed late. In 2010, the evidence is readily available, as well as the know-how to effectively and efficiently address the situation. With adequate resources, the humanitarian community can address the needs of children.

The impact of the food crisis on child's malnutrition in the Sahel

KEY CHILD NUTRITION INDICATORS IN WEST SAHELIAN COUNTRIES

	Total population (thousands)	Under-5 population (thousands)	Under-5 mortality rate ‰	% of children under 6 months who are exclusively breastfed	% of infants with low birthweight	% of children under five suffering from global acute malnutrition (wasting)	% of children under five suffering from chronic malnutrition (stunting)
Burkina Faso	15,730	2 934	169	7	16	11,3	36
Chad	10,781	1,985	209	2	22	12	41
Mali	12,337	2 207	194	38	19	15	38
Mauritania	3,179	509	118	16	34	12,7	32
Niger	14,226	3 121	167	4	27	12	47
Northern Nigeria ²	48,786	7,854	186 ³	/	14 ⁴	14 ⁵	41 ⁶

Sources: UNICEF, State of the World's children (Dec. 2009), National surveys

² Northern Nigeria includes the states of Kebbi, Zamfara, Katsina, Kano, Jigawa, Bauchi, Yobe, Gombe and Borno

³ At country level

⁴ At country level

⁵ At country level

⁶ At country level