Humanitarian Action for Children

Sahel

The Sahel sub-region is characterized by cyclical drought conditions, chronic food insecurity and alarming levels of malnutrition. Existing vulnerabilities, such as poverty and lack of access to basic social services, persist and are exacerbated during additional shocks, including floods, epidemic outbreaks, conflict and displacement. Socioeconomic factors, such as rising food prices, also deepen vulnerability. In 2016, an estimated 23.5 million people will be affected by food insecurity in the sub-region, and more than 5.8 million children will suffer from acute malnutrition (moderate and severe). The protracted humanitarian situation in the Sahel means that families are facing the daily erosion of coping capacities and resorting to negative strategies, such as taking on too much debt, eating seed stocks and removing children from school. In turn, these strategies leave families even less able to cope with the next shock and more likely to continue to need humanitarian assistance in the future. Building the capacity of households across the Sahel to deal with and recover from shocks is a central element of the humanitarian strategy. The UNICEF humanitarian strategy and the 2015 results for Burkina Faso, the Gambia, Mauritania and Senegal are presented below, with separate appeals available for the complex situations in Cameroon, Chad, Mali, the Niger and Nigeria.

Humanitarian strategy

In line with the 2014–2016 Sahel Strategic Response Plan (which brings together humanitarian and resilience interventions), the UNICEF humanitarian strategy aims to reinforce emergency preparedness and response, including by supporting national and local authorities and civil society to better respond to slow-onset or sudden disasters and thereby prevent and/or mitigate their impact. UNICEF will scale up ongoing integrated management of acute malnutrition, focusing on life-saving treatment of severe acute malnutrition (SAM), as well as the prevention of malnutrition through infant and young child feeding and the promotion of essential family practices. Working with partners, UNICEF will improve access to water, sanitation and hygiene (WASH) for crisis-affected populations. As part of epidemiic preparedness and response, UNICEF will support immunization campaigns targeting children to help mitigate or cope with ensuing epidemics, including through the integrated management of childhood illnesses. Access to education will be improved and protective environments will be supported for crisis-affected children by reinforcing systems and community-based interventions to provide care and support. UNICEF will support social protection mechanisms to reinforce the resilience of families and communities affected by crises, including refugees (for example in the Gambia).

Results from 2015

As of 31 October 2015, UNICEF had received 23 per cent (US$14.2 million) of its total 2015 humanitarian funding requirements for Burkina Faso, the Gambia, Mauritania and Senegal, in addition to US$10.7 million carried forward from 2014. In Burkina Faso, the Gambia, Mauritania and Senegal, 114,000 children were admitted for SAM treatment through the support of UNICEF and partners, including governments and non-governmental organizations. This represents a portion of the more than 1 million children reached across nine countries in the Sahel as of the end November 2015. In the area of child protection, UNICEF provided nearly 8,800 children with access to safe spaces for play, psychosocial support and learning. Although UNICEF was unable to meet its child protection target in Burkina Faso due to funding shortfalls, the targets were exceeded in Mauritania due to enhanced resource mobilization. In Burkina Faso, more than 6.2 million children received micronutrient supplements and in Senegal, over 1.8 million children received vitamin A supplementation with UNICEF support. In Burkina Faso, the Gambia, Mauritania and Senegal, some 276,000 crisis-affected people gained access to safe water and more than 18,000 children gained access to education. Although WASH and education targets were not met in Burkina Faso, the Gambia, Mauritania and Senegal due to limited funding, UNICEF remains committed to reinforcing fundraising and partnerships to support education interventions.

2016 programme targets

Burkina Faso

- 152,127 children under 5 years with SAM admitted into therapeutic feeding programmes
- 120,000 people, including 50,000 children, accessed safe drinking water, sanitation and hygiene
- 11,000 emergency-affected children accessed quality formal and non-formal education
- 21,000 children provided with safe access to community spaces for socialization, play and learning

The Gambia

- 6,251 children under 5 years with SAM admitted into therapeutic feeding programmes
- 78,000 people accessed safe drinking water, sanitation and hygiene
- 3,500 emergency-affected children accessed quality formal and non-formal education
- 62,500 children under 5 years immunized against measles

Mauritania

- 21,376 children under 5 years with SAM admitted into therapeutic feeding programmes
- 16,450 mother/caregiver-child pairs received WASH kits as per WASH-intervention
- 3,300 emergency-affected children accessed quality formal and non-formal education
- 18,150 children accessed care services, including psychosocial support

Senegal

- 68,821 children under 5 years with SAM admitted into therapeutic feeding programmes
- 70,000 people accessed safe drinking water, sanitation and hygiene
### Funding requirements

In line with the 2016 humanitarian response plans for Burkina Faso, the Gambia, Mauritania and Senegal, UNICEF is requesting US$42,227,777 to meet the humanitarian needs of children in 2016. This includes an additional US$800,000 for the Gambia for health and social protection and US$3.25 million for Burkina Faso and Mauritania for health, child protection, nutrition, WASH and the multi-sector response for refugees. Without additional funding, UNICEF will be unable to support the response to the protracted nutrition crisis affecting these countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>2016 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>18,815,490</td>
</tr>
<tr>
<td>The Gambia</td>
<td>2,146,400</td>
</tr>
<tr>
<td>Mauritania</td>
<td>15,065,887</td>
</tr>
<tr>
<td>Senegal</td>
<td>6,200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42,227,777</strong></td>
</tr>
</tbody>
</table>
Information:

**Who to contact**

Feeding programme (i.e. for SAM) with resilience

1. 30 June 2016
2. 9 December 2016
3. 30 June 2016
4. 30 June 2016
5. 30 June 2016
6. 30 June 2016
7. 30 June 2016
8. 30 June 2016
9. 30 June 2016
10. 30 June 2016

### Table: Nutrition Sector Working Group

<table>
<thead>
<tr>
<th>Country</th>
<th>Nutrition</th>
<th>Health and HIV and AIDS</th>
<th>Water, sanitation and hygiene</th>
<th>Child protection</th>
<th>Education</th>
<th>Cross sector/coordination</th>
<th>Total (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>15,606,000</td>
<td>554,090</td>
<td>1,450,400</td>
<td>900,000</td>
<td>205,000</td>
<td>100,000</td>
<td>18,815,490</td>
</tr>
<tr>
<td>The Gambia*</td>
<td>607,300</td>
<td>200,000</td>
<td>604,100</td>
<td>1,188,192</td>
<td>135,000</td>
<td>600,000</td>
<td>2,146,400</td>
</tr>
<tr>
<td>Mauritania</td>
<td>6,863,481</td>
<td>817,845</td>
<td>3,992,723</td>
<td>2,003,646</td>
<td>2,000,000</td>
<td>200,000</td>
<td>15,065,877</td>
</tr>
<tr>
<td>Senegal</td>
<td>5,000,000</td>
<td>1,200,000</td>
<td>1,200,000</td>
<td>1,188,192</td>
<td>2,000,000</td>
<td>900,000</td>
<td>6,200,000</td>
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<td><strong>900,000</strong></td>
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</tr>
</tbody>
</table>

Requirements are for Burkina Faso, the Gambia, Mauritania and Senegal (as per the 2016 Humanitarian Response Plan). Requirements for other countries in the Sahel are included in the standalone 2016 Humanitarian Action for Children chapters for Cameroon, Chad, Mali and the Niger.

* For the Gambia, health and social protection (cross-sector) needs are not included in the Humanitarian Response Plan for UNICEF requirements. As there has been an inter-agency consensus to keep the humanitarian appeal at a minimal cost, the Gambia Country Office has included these needs in the Humanitarian Action for Children. In the case of health, due to the measles cases reported in August 2015, there is a strong need to target communities with high malnutrition rates. For social protection, there are refugees in the western region that have multiple deprivations in the areas of food insecurity, malnutrition and access to health care services, education and WASH. The social protection minimum package will enable resilience.

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1. Food insecurity figures are still to be confirmed, pending the Food and Agriculture Organization and World Food Programme 2016 Cadre Harmonisé in March 2016. However, this figure is for Burkina Faso, the Gambia, Mauritania and Senegal. In total, the estimated number of people affected by food insecurity is 23.5 million, as per the Sahel Humanitarian Response Plan published on 8 December 2016 by the Office for the Coordination of Humanitarian Affairs (OCHA), covering nine countries in geographic scope. The absence of Senegal food insecurity figures is also noted in the document. See <www.humanitarianresponse.info/en/system/files/documents/files/sahel_hrp_2016_-_en_4.pdf>.

2. This is the estimated SAM and moderate acute malnutrition burden for children under 5 years for Burkina Faso, the Gambia, Mauritania and Senegal only. The overall GAM burden across the nine countries in the Sahel region is more than 5.8 million children, including Burkina Faso, northern Cameroon (North and Far North regions), Chad (Sahel belt), the Gambia, Mali, Mauritania, the Niger, northern Nigeria (11 states in the Sahelian band) and Senegal.

3. This is the figure only for Burkina Faso, the Gambia, Mauritania and Senegal, as per the Sahel Humanitarian Response Plan. In total, some 7.7 million people will be reached in the nine countries of the Sahel. See: Office for the Coordination of Humanitarian Affairs, Sahel Humanitarian Response Plan, OCHA, 8 December 2016, <www.humanitarianresponse.info/en/system/files/documents/files/sahel_hrp_2016_-_en_4.pdf>.

4. This is the target GAM caseload for Burkina Faso, the Gambia, Mauritania and Senegal. This figure is more than 16 per cent of the overall GAM target caseload of 1.47 million children for nine countries in the Sahel sub-region. Source: Regional Nutrition Sector Working Group. The matrix is an internal planning document for the Regional Nutrition Sector Working Group.

5. This is the target SAM caseload for Burkina Faso, the Gambia, Mauritania and Senegal. This is the estimated SAM and moderate acute malnutrition burden for children under 5 years for Burkina Faso, the Gambia, Mauritania and Senegal only. The overall SAM burden across the nine countries in the Sahel region is more than 5.8 million children, including Burkina Faso, northern Cameroon (North and Far North regions), Chad (Sahel belt), the Gambia, Mali, Mauritania, the Niger, northern Nigeria (11 states in the Sahelian band) and Senegal.

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7. In this chapter, we are reporting on the results for Burkina Faso, the Gambia, Mauritania and Senegal. The results of SAM admission in other Sahelian countries such as Cameroon, Chad, Mali and the Niger are included in their respective Humanitarian Action for Children chapters. For northern Nigeria (11 states), the results are reported against the regional nutrition results reporting for integrated management of acute malnutrition.

8. Food insecurity levels from 2012 to 2015 show that the average range is between 10 and 20 million people. Source documents include inter-agency Sahel response plans 2012, humanitarian needs overviews 2013–2015, and Office for the Coordination of Humanitarian Affairs (OCHA) Regional Office for West Africa.

9. The Sahel Strategic Response Plan (also known as the Humanitarian Response Plan) is an inter-agency document that spans 2014–2016 and provides an outline of the strategic objectives agreed to by humanitarian actors in the Sahel to tackle ongoing crises in the Sahel and link life-saving interventions with resilience-building. The Sahel Strategic Response Plan 2014–2016 is also combined with the United Nations Integrated Strategy for the Sahel, which has three pillars – security, governance and resilience – and provides an outline for United Nations agencies’ support to governments and civil society to address the multidimensional problems in the Sahel sub-region.

10. This is the WASH-in-nutrition package, which specifically targets mother/caregiver-child pairs, specifically for children admitted to a therapeutic feeding programme (i.e. for SAM treatment).