Funding needs (US$)
As of June, the total funding gap is US$ 198 million out of a total of US$ 262 million required. Urgent support is needed to scale-up prevention and treatment activities for children with severe acute malnutrition.

Severe Acute Malnutrition Priority Areas

UNICEF is grateful for the support received from donors and acknowledges the work of implementing partners, including government and NGOs, to respond to SAM.

* the GAP for Programme Implementation costs does not account for funds received directly by implementing partners. The actual gap could be lower.

* 1.6 M SAM children is an estimation of the worst case scenario for 6 Sahel countries (Senegal, Mauritania, Burkina Faso, Mali, Niger, Chad).

** RUTF funding needs includes a three month contingency stock for each country.

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UNICEF Sahel SAM Response Update – Burkina Faso

Situation Overview

- 187,177 children are expected to suffer from SAM in 2018. The Sahel, East, Centre-North and North regions registered the highest SAM burden in 2018, reaching 72,828. The four regions represent 49% of the national SAM caseload.
- The national Global Acute Malnutrition (GAM) rate has increased from 7.6% in 2016 to 8.6% in 2017, while the national Severe Acute Malnutrition (SAM) prevalence has increased from 1.4% to 2.0% (National Nutrition Survey, September 2017).
- According to the latest Cadre Harmonisé (March 2018), 954,315 people will be food insecure between June to August 2018, at the same period in 2017, the population at risk of food insecurity was established at 257,238.

Response

- **Care**: UNICEF supported treatment for 44,490 SAM children under five as of end of June;
- **Supplies**: nutrition supplies and other medicines for SAM treatment are secured for 187,177 children nationwide, covering the 2018 current target and 94% of the worst-case scenario estimates. A contingency stock of 30,000 RUTF boxes has been pre-positioned at regional level to improve coverage and quality of SAM treatment.
- **Surveillance**: The first round of integrated nutrition screening in Child Health Days took place between June 13 to July 12 reaching 2,788,126 children. Results showed that SAM rates were below 1%. MUAC screening by mothers themselves has been included in IYCF training.
- **Malaria**: MUAC screening has been integrated into seasonal malaria chemoprevention monthly activities. 2,593,295 children aged 6-59 months will be targeted in August, September and October in 65 districts.
- **Vitamin A supplementation and deworming**: 2,593,295 children will be reached through Child Health Days.
- **Coordination**: UNICEF works with partners and the nutrition directorate to review and integrate new approaches (MUAC screening by mothers, stock management of nutrition supplies by the National Pharmacy) and include them in the national IMAM protocol.

Challenges

- Escalating violence in northern Burkina Faso has steadily increased humanitarian needs and reduced health workers access to deliver services, and has reduced the ability of children to access care.
- The current nutrition crisis has been aggravated by persistent drought, particularly in the Sahel, East and North regions.

Next steps

- Scale up the joint WASH and Nutrition strategy by training key partners on SAM screening and equipping health centres with clean water and sanitation facilities
- A National Nutrition Survey using SMART methodology in September 2018 will update the current SAM targets.

**Note**: The annual needs are calculated using 0.9 cartons per child, based on the current target of 187,177 children under five (MOH Target). In the worst case scenario, the needs are based on an estimated annual target of 243,330 children under 5 years old.

**Funding requirements**

<table>
<thead>
<tr>
<th>Category</th>
<th>Funding requirements</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme implementation cost</td>
<td>$22.5M (95%)</td>
<td></td>
</tr>
<tr>
<td>RUTF**</td>
<td>$2.3M (22%)</td>
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</tr>
<tr>
<td>Screening/Prevention activities</td>
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</tr>
<tr>
<td>WASH in Nutrition</td>
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</tr>
<tr>
<td>Therapeutic milks and medical supplies</td>
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</tr>
<tr>
<td>Coordination and Nutrition surveys</td>
<td>$0.5M (64%)</td>
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</tr>
</tbody>
</table>

*Funding requirements are based on the worst case scenario

** RUTF funding needs includes a 3 month contingency stock

+ the GAP for Programme Implementation costs does not account for funds received directly by implementing partners.
**Situation overview**

- In 2018, the annual SAM burden was revised at 362,681 from an initial estimate of 205,902. This is in line with the worst case scenario estimations. The burden in 2018 is 59% higher than in 2017. The 2018 target is of 294,510 SAM children.
- According to the 2017 SMART survey, the GAM rate is 13.9% (11.7% in 2015, 11.9% in 2016) and the SAM rate over the emergency threshold at 3.9% (2.8% in 2015 and 2.6% in 2016).
- Health sector strikes have disrupted health services.
- A measles outbreak in May 2018 in 7 regions increased severe acute malnutrition. A serious cholera outbreak in the region may spill over to Chad.

**Response**

- **Care**: Monthly SAM admissions have increased nationally by 25% as compared to the same period in 2017. Between January to June 2018, a total of 124,742 new SAM children have been admitted for treatment, the highest number ever recorded by the country at the same period. 5 new mobile clinics provide lifesaving care in hard to reach areas.
- **Supplies**: UNICEF has increased availability of therapeutic foods and essential drugs in all of the 597 outpatient therapeutic units (OTP) and in-patient therapeutic units (ITP) for SAM treatment.
- **Surveillance**: a rapid SMS system has been rolled out for data collection.
- **Prevention**: UNICEF supported awareness-raising on IYCF and good hygiene and health practices, reaching 3,057 mothers. 2.1 million children received vitamin A supplements and deworming tablets.
- **WASH**: UNICEF supported hygiene promotion, sanitation and child wellbeing in 123 health centers and supplied 30 treatment centers with a full WASH package. UNICEF has pre-positioned chlorine, soap, sprayers, PUR as well as 6 cholera treatment kits.
- **Health**: 1.4 million children have been vaccinated against measles. 74,000 bed nets have been distributed to vulnerable families.
- **Coordination**: Joint planning has been strengthened across the nutrition WASH and food security clusters.

**Key challenges**

- Gap in RUTF of 88,980 boxes, with risk of stock out of the pipeline in November 2018.
- Underfunded multi-sectoral response and prevention activities.
- Limited public sector funding for health and nutrition services, resulting in a heavy reliance on humanitarian funds.

**Next steps**

- Procure additional RUTF when funding is available.
- Conduct SMART survey and enhanced screening to update SAM data.
- Develop a specific response plan for N’Djamena nutritional crisis through the Nutrition Cluster.
- Distribute WASH kits that include soap and chlorine to 33,100 SAM-affected families.
- Prepare for implementation of the simplified protocol with national authorities.

**Priority regions**

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Priority 2</th>
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<td>Kanem</td>
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<td>N’Djamena</td>
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<td>Guadadua</td>
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<tr>
<td>Sila</td>
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<tr>
<td>Balamat</td>
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</table>

**Cumulative SAM Admission Jan-Jun (2015-2018)**

- 2015: 14,950
- 2016: 95,575
- 2017: 76,951
- 2018: 124,742

**RUTF pipeline and Gap (# boxes)**

- Current situation: 205,530
- Annual needs: 294,510

**Funding requirement: US$ 63M**

- Programme implementation cost+: $26.7M (80%)
- RUTF**: $4.4M (29%)
- Screening/Prevention activities: $7.1M (97%)
- WASH in Nutrition: $3.9M (89%)
- Therapeutic milks and medical supplies: $0.1M (52%)
- Coordination and Nutrition surveys: $1.7M (77%)

**Note**: the annual needs are calculated using 1 RUTF carton per child based on the national target of 294,510 children

**Gap**: US$ 44M

**** RUTF funding needs includes a 3 month contingency stock

+ the GAP for Programme Implementation costs does not account for funds received directly by implementing partners.
Situation Overview

- According to the latest SMART Survey 2017, the country has a SAM rate of 2.4 (above the 2% emergency threshold).
- In March 2018, the Government of Mali revised upwards the SAM estimated annual burden from 162,993 to 274,145 (100% targeted for SAM treatment). This revision is aligned with the estimated worst-case scenario. In comparison to previous years, the 2018 SAM estimated burden is very high (181,011 in 2015, 179,929 in 2016, and 142,238 in 2017).

Response

- **Care:** From January to June 2018, 55,881 SAM children under 5 were admitted for treatment. Mali recorded a 8% increase in new SAM admissions compared to the same period in 2017.
- **Supplies:** RUTF and essential drugs have been provided to nearly 100% of health facilities in all 75 health districts; **Surveillance:** “MUAC by Mothers” was scaled-up through greater community mobilization activities improving early detection of acute malnutrition. This is expected to reduce RUTF consumption per treatment as malnourished children are detected earlier. 54 sentinel sites have been established to monitor case trends in the most vulnerable areas.
- **Prevention:** Nutritional screening has been integrated in community awareness activities on IYCF, stimulation, and essential family practices in priority Northern and Central districts. 5,527,457 children under 5 will be provided with Vitamin A supplementation and deworming linked to national vaccination campaigns.
- **Malaria:** Malnutrition screening has been integrated into Seasonal Malaria Chemoprevention campaigns in 25 priority health districts out of 75.
- **WASH:** UNICEF is implementing the joint “WASH in Nut” strategy in 12 of the most vulnerable health districts, reaching 7,569 children.
- **Coordination:** UNICEF leads the Nutrition Cluster in collaboration with the Ministry of Health. UNICEF is also the lead of the Nutrition Commission of the National Response Plan

Key challenges

- Armed conflict is reducing quality of service, staff presence and children’s access to health centers in the Center and North.
- It is to be noted that admission data are still incomplete due to the use of a new national tool for data collection, the number of new SAM admission could be higher than the one presented.
- Current RUTF supplies cover only 70% of the estimated annual needs.

Next steps

- Procure additional RUTF supplies when funding is available.
- Conduct a SMART survey in August.
- Scale-up the implementation of the simplified protocol. After evaluating the pilot phase rolled-out by IRC and Alima in two health districts (Nara and Dioila in the Koulikoro region) community screening will be expanded.

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**UNICEF Sahel SAM Response Update – Mali**

**July 2018**

**Priority regions**

**Cumulative SAM Admission Jan-Jun (2015-2018)**

**RUTF Pipeline and Gap (actual)**

**Current situation**

Funding requirement: US$ 47.8M

Funding gap: US$ 35M

**Programme implementation cost+**

**$15.5M (76%)**

**RUTF**

**$9.4M (69%)**

**Screening/Prevention activities**

**$6.5M (95%)**

**WASH in Nutrition**

**$2.2M (54%)**

**Coordination and Nutrition surveys**

**$0.1M (7%)**

**Note:** the annual needs are calculated using 0.9 cartons per child based on the national target of 274,145 children.

**Cumulative SAM Admission Jan-Jun (2015-2018)**

**RUTF Pipeline and Gap (actual)**

**Current situation**

Funding requirement: US$ 47.8M

Funding gap: US$ 35M

**Programme implementation cost+**

**$15.5M (76%)**

**RUTF**

**$9.4M (69%)**

**Screening/Prevention activities**

**$6.5M (95%)**

**WASH in Nutrition**

**$2.2M (54%)**

**Coordination and Nutrition surveys**

**$0.1M (7%)**

**Note:** the annual needs are calculated using 0.9 cartons per child based on the national target of 274,145 children.

**Funding requirement: US$ 47.8M**

**Funding gap: US$ 35M**

**Programme implementation cost+**

**$15.5M (76%)**

**RUTF**

**$9.4M (69%)**

**Screening/Prevention activities**

**$6.5M (95%)**

**WASH in Nutrition**

**$2.2M (54%)**

**Coordination and Nutrition surveys**

**$0.1M (7%)**

**Note:** the annual needs are calculated using 0.9 cartons per child based on the national target of 274,145 children.

**Next steps**

- Procure additional RUTF supplies when funding is available.
- Conduct a SMART survey in August.
- Scale-up the implementation of the simplified protocol. After evaluating the pilot phase rolled-out by IRC and Alima in two health districts (Nara and Dioila in the Koulikoro region) community screening will be expanded.

**Key challenges**

- Armed conflict is reducing quality of service, staff presence and children’s access to health centers in the Center and North.
- It is to be noted that admission data are still incomplete due to the use of a new national tool for data collection, the number of new SAM admission could be higher than the one presented.
- Current RUTF supplies cover only 70% of the estimated annual needs.
UNICEF Sahel SAM Response Update – Mauritania
July 2018

Situation Overview

- Mauritania is experiencing a severe drought, affecting agro-pastoralist communities in Central, Southern and Eastern regions of the country. Irregular rainfall during the 2017 rainy season have led to dry pastures, reduced agricultural production, and low surface water availability, triggering early livestock movements and inflation of prices for primary cereals.
- According to the latest Cadre Harmonisé held in March 2018, a total of 538,446 people will be food insecure during the lean season (Jun-Aug 2018), compared to 281,156 in 2017 showing a deterioration.
- The SMART survey carried out in 2017 shows a 10.9% GAM rate, and a 2.3% SAM Rate nationally.

Response

- **Care:** By June 2018, 10,847 children with SAM were admitted for treatment throughout the country, representing 34% of the 2018 national target estimated at 32,244 SAM cases. Of those admitted, 58% were in the 21 emergency districts, out of 54 districts. New SAM admissions during the first semester of 2018 show comparable levels to 2015 which is considered a crisis year in Mauritania. UNICEF has intensified curative and preventive nutrition activities targeting 119,000 children under five (32,244 SAM and 86,503 MAM) and 46,253 acutely malnourished pregnant/lactating women. To date, 80% of health facilities in the country have staff trained by UNICEF to use the national protocol to manage acute malnutrition.
- **Supplies:** UNICEF has secured the RUTF pipeline for the current 2018 national SAM target with 37,771 cartons of ready-to-use therapeutic food (RUTF) and other lifesaving drugs funded by ECHO, USAID, and CERF. This includes the needs of Q1 2019. If applying the worst case scenario target the Gap in RUTF is 23,336 cartons.
- **Surveillance:** To closely monitor the nutritional situation, UNICEF supports a survey mechanism integrating mass screening of children alongside with national SMART survey.
- **Cooperation:** Regular monthly coordinating meetings of the nutrition sector are held under the co-leadership of UNICEF and the Ministry of Health, in partnership with the food security sector led by WFP. A mapping exercise has been carried out to better coordinate partners in the field and to improve their geographical coverage.

Challenges

- The current situation calls for greater convergence between multisectoral humanitarian and development efforts, however, funding is a major obstacle.
- While the prevalence of stunting in Mauritania decreased from 34.5% to 20.1% between 2001 and 2017 due to improved access to basic social services, recurrent droughts suggest that gains in recent years might be reversed if no urgent actions is taken.

Next Steps

- Preliminary results from the 2018 SMART survey indicate a 2.3% SAM prevalence in 23 emergency districts (48% of the country; two additional districts compared to 2017).
- UNICEF will continue efforts to strengthen response capacity, and advocate for increased public spending on health services.

### Priority regions

<table>
<thead>
<tr>
<th>Priority</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Red</td>
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<tr>
<td>2</td>
<td>Pink</td>
</tr>
<tr>
<td>3</td>
<td>Pink</td>
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### Cumulative SAM Admission Jan-Jun (2015-2018)

<table>
<thead>
<tr>
<th>Month</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td>Jan</td>
<td>2,000</td>
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<td></td>
<td>1,587</td>
</tr>
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<td>Mar</td>
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<td>May</td>
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<tr>
<td>Jun</td>
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</tbody>
</table>

**Note:** the annual needs are calculated using 0.9 cartons per child, based on the current target of 32,244 children under five (MOH Target). In the worst case scenario, the needs are based on an estimated target of 67,896 children under 5 years old.

### Funding requirement**: US$ 12.8 M

**Funding gap:** US$ 9.9 M

<table>
<thead>
<tr>
<th>Category</th>
<th>Funds available</th>
<th>Gap</th>
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</thead>
<tbody>
<tr>
<td>Programme implementation cost+</td>
<td>$6.3M (96%)</td>
<td></td>
</tr>
<tr>
<td>RUTF**</td>
<td>$1.4M (47%)</td>
<td>$0.2M (53%)</td>
</tr>
<tr>
<td>Screening/Prevention activities</td>
<td>$1.5M (89%)</td>
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</tr>
<tr>
<td>WASH in Nutrition</td>
<td>$0.4M (41%)</td>
<td></td>
</tr>
<tr>
<td>Coordination and Nutrition surveys</td>
<td>$0.2M (53%)</td>
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</tbody>
</table>

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*Funding requirements are based on the worst case scenario
** RUTF funding needs includes a 3 month contingency stock
+ the GAP for Programme implementation costs does not account for funds received directly by implementing partners.
UNICEF Sahel SAM Response Update – Niger
July 2018

Situation overview

- The 2018 “Cadre Harmonise” forecast that 800,000 people will be in food insecurity between June-August, mainly in Lake Chad Basin and northern Tillaberi and Tahoua regions (bordering Mali) affected by insecurity.
- Preliminary 2017 DHS data is alarming with 15.3% GAM and 4.7% SAM compared to the 2016 SMART Survey results (10.3% GAM and 1.95% SAM). The 2018 national SAM burden is estimated at 380,166 compared to 309,175 in 2017.
- In the Diffa region a SMART survey showed a general deterioration for nutrition, but an improvement for IDPs and Refugees.
- The conflict along the Malian border and in the Lake Chad Basin are impacting the delivery of nutrition services. People mobility is restricted impacting community based activities and access to health centres.
- A serious cholera outbreak in Maradi may contribute to additional SAM cases.

Response

- **Care**: A total of 159,203 SAM children under 5 have been admitted for treatment throughout the country, out of the 380,166 target. The national SAM treatment programme covers all 1,233 health facilities.
  UNICEF and NGO partners support mobile health-nutrition clinics run by local health authorities to provide services to displaced population and host communities located in hard-to-reach areas, including the north Tillabery region.
- **Supplies**: Niger has already secured the RUTF needed to treat all SAM target children in 2018 plus a contingency stock of 22,300 that could cover needs until February 2019.
- **Surveillance**: MUAC screening has been integrated in the UNICEF-coordinated Rapid Response Mechanism (RRM) when feasible.
- **Coordination**: UNICEF has supported strengthening national and sub-regional coordination and inter-sectoral response.

Key challenges

- The reduction of funding has negatively impacted nutrition activities, particularly for NGOs.
- During the lean season there is a potential risk of stock out of therapeutic milks and medical supplies used for treatment of medically complicated SAM cases.

Next Steps

- Advocate to increase national financing of SAM treatment, and long-term, multi-sectoral investments to mitigate recurring shocks and reduce nutrition vulnerabilities.
- Expand MUAC screening by Mother/Parents to the highest burden regions (Maradi), in collaboration with WFP and the NGO ALIMA.
- Carry out a large scale MUAC screening / active case finding, reaching over 3 million children, and integrate screening in the national Malaria chemoprevention campaign during the lean season of July-October. This campaign provides an opportunity to reach over 60% of children nationwide, on a monthly basis.
- A national nutritional survey using SMART methodology is planned during August/September.

**Funding requirement**: US$ 64.2 M
Funding gap US$ 48.2 M
*(based on worst case scenario)

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<tr>
<th>Programme</th>
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</thead>
<tbody>
<tr>
<td>Implementation cost</td>
<td>$31.3M (97%)</td>
<td></td>
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<tr>
<td>RUTF**</td>
<td>$1.3M (9%)</td>
<td></td>
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<tr>
<td>Screening/Prevention activities</td>
<td>$9.2M (95%)</td>
<td></td>
</tr>
<tr>
<td>WASH in Nutrition</td>
<td>$5.8M (99%)</td>
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<tr>
<td>Therapeutic milks and medical supplies</td>
<td>$0.5M (37%)</td>
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<tr>
<td>Coordination and Nutrition surveys</td>
<td>$0.2M (40%)</td>
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</table>

** RUTF funding needs includes a 3 month contingency stock

Note: the annual needs are calculated using 0.7 cartons per child, based on the target of 380,166 children under five (MOH Target). In the worst case scenario, the needs are based on an estimated annual target of 387,944 children under 5 years old.[1]
UNICEF Sahel SAM Response Update – Senegal
July 2018

Overview

Data from the “Cadre Harmonisé” from March 2018 showed that 735,305 persons (against 257,238 in 2017) will be food insecure during the lean season (June to August 2018) due to poor rainfall in 2017.

In the 5 regions were a nutritional survey was held in 2017, 4 present a SAM rate below or equal to 1%, while the SAM rate in Louga Region stands to 1.7% (close to the emergency threshold of 2%).

Based on the latest SMART survey results (2015 and 2017), the nutrition working group estimated that in 2018 a total of 76,897 children under 5 are at risk of SAM nationally, of which 24,181 in the 5 vulnerable regions (Djourbel, Louga, Saint Louis, Matam, Tambacounda). A national nutrition response plan was developed linked to the Humanitarian Response Plan.

Response

- Care: 8,849 SAM children have been treated nationally, out of whom 47% are in 5 vulnerable regions of Matam, Louga, Saint Louis, Diourbel and Tambacounda.
- Supplies: Nutrition supplies have been secured for the 5 vulnerable regions, however a gap of 26,871 RUTF boxes persists for the 9 remaining regions to address the 2018 needs.
- Coordination: The Ministry of Health and Social Affairs has received supplies, financial and technical support in SAM management. UNICEF supports the Ministry to coordinate the nutrition response activities, in collaboration with other stakeholders such as ACF, WFP, CLM and other nutrition working group members (HKI, Save the children, and World Vision).

Challenges

- A SMART survey in the 5 most vulnerable regions will generate new data. This survey should be conducted from July to October 2018 and is crucial to monitor the nutritional situation.
- From January to June 2018, there is a decrease in the reported cases of SAM admissions (8,849), compared to the same period in 2017 (17,574). This is mainly due to incomplete data from the first semester of 2018, caused by a strike by health workers. The withdrawal of the Red Cross has also impacted the availability of data.
- The reduction of the community screening rounds (2 instead of 4 per year) will dramatically impact SAM children referral, and will require UNICEF to mobilize new funding to support this priority activity.

Next steps

- Urgently scale-up mass screening and referral for SAM cases during national health campaigns.
- Set up contingency stocks pending funding.
- Advocate for the use of the simplified IMAM protocols.
- Strengthen professional and institutional capacity for SAM management, including at sub-regional level.
- Advocate for the continuum of care between Health System and Community Nutrition Programs for screening, referral and monitoring of SAM cases.