Highlights

- 4,015 children have been admitted to treatment in January and February 2014, or 11% of the annual target.

- The national Infant and Young Child Feeding policy was validated in January with UNICEF funding and technical support.

- All 14 regions integrated screening for malnutrition into the national supplementation campaign. This strategy allows to reach at least 95% of all children aged 6 to 59 months who also receive Vitamin A and deworming.

- UNICEF trained the Division of Food and Nutrition (DAN) at the Ministry of Health on data management for decision making. A three day workshop to build the capacity of the Nutrition Technical Assistants provided to the DAN and the health regions also took place on 18-20 March.

- There is insufficient funding to sustain the pipeline of RUTF throughout the year and to maintain the technical assistance structure established in the health regions to support the nutrition response.

- The emergency appeal of $5,000,000 is 4% funded. Urgent unfunded needs include RUTF and technical assistance, particularly for the period from August until the end of the year. Flood preparedness ahead of the August flood season also requires additional funding.

2014

340,000
Children with
79,000
Children with Severe Acute Malnutrition
261,000
Children with Moderate Acute Malnutrition
(HNO 2014, OCHA)

9 out of 45 departments
with SAM prevalence over critical threshold
16 out of 45 departments
with SAM prevalence over alert threshold

UNICEF Senegal Appeal 2014*
US$ 5 million

Percent funded
4%
Situation Overview & Humanitarian Needs
Since 2012, Senegal continues to suffer of pockets of population suffering from food insecurity and acute malnutrition. According to the Humanitarian Needs Overview document, 2.25 million Senegalese will suffer from food insecurity in 2014, 480,000 requiring immediate aid. 340,000 children under five years of age will suffer from acute malnutrition, almost 79,000 children with severe acute malnutrition \(^1\) (SAM).

Although Senegal’s overall nutritional status is precarious \(^2\) with a prevalence of global acute malnutrition of 9.1%, four departments in the regions of Matam and Saint Louis have surpassed the critical threshold \(^3\) (Matam 21%, Kanel 18%, Podor 17% and Ranérou 16%). The latest nutritional survey from June 2013 also shows critical levels of severe acute malnutrition (SAM) in nine out of the country’s forty-five Departments. Five additional departments with SAM prevalence over the alert threshold have important levels (>50%) of aggravating factors such as respiratory illnesses and diarrhea. Thus a total 14 out of 45% Departments require immediate assistance.

Humanitarian leadership and coordination
The humanitarian community in Senegal coordinates its interventions through the humanitarian country team and four sector groups: Health and Nutrition, Food Security, WASH and Multisector (Refugees). UNICEF leads the WASH sector and has taken over the leadership of the Health and Nutrition group from WHO in 2014 (with Action Contre la Faim as co-lead). Government is represented in each sector. The Division of Food and Nutrition (DAN) of the Ministry of Health and the Cellule de Lutte Contre la Malnutrition (CLM) of the Prime Minister’s office participate in the meetings of the Health and Nutrition group, whereas the National Hygiene Service of the Ministry of Health participates in WASH meetings. Humanitarian priorities are outlined in the Strategic Response Plan 2014-2016, which responds to the needs outlined in the Humanitarian Needs Overview document produced in December 2013.

Humanitarian Strategy
UNICEF supports the Ministry of Health, the regional health authorities and the Cellule de Lutte Contre la Malnutrition (CLM) in the implementation of a nutritional response at central, regional, district, health post and community levels. UNICEF supports the management of an emergency nutritional response in eleven out of fourteen regions in Senegal, and intends to scale up this year to include the three regions that have not been supported yet. UNICEF has promoted regional response plans that integrate health, nutrition, WASH and communication activities to address the key determinants of malnutrition. It supports medical authorities in the management of severe acute malnutrition (SAM) with closer planning, supervision to improve quality of treatment and data collection for better

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\(^1\) ENSAN June 2013 – Food security and nutrition survey (SMART)

\(^2\) Idem

\(^3\) >15% MAG prevalence
management and accountability. To this end, in a strategy agreed with the DAN and funded by ACDI and ECHO, nutrition technical assistants are provided to the ministry of health and health regions. 867 nutritional facilities have been set up so far in health posts and centers, and health personnel have been trained in the treatment of SAM with and without complication. UNICEF is the only provider of RUTF and therapeutic milks for treatment in Senegal.

**Summary Analysis of Program response**

4,015 children with SAM were treated in the months of January (2,383) and February (1,632) according to reports received so far. This is 11% of the annual target and more than double the number of SAM reported for the same period in 2013 (1,916), largely as a result of the nutrition technical assistants provided by UNICEF to the regions. In March 2013, about 20% of health facilities reported their admissions data, whereas in March 2014 SAM admissions data reflects information coming from almost 60% of health facilities. In addition, the number of the health facilities providing treatment has also increased. Over 67% of the children admitted so far this year are in the age group of 6-23 months, and 30% are 24-59 months old. Existing data on gender, although incomplete, indicates that about 55% of children with SAM are girls.

Overall, performance indicators for January and February are acceptable (75% discharged recovered, 1% deaths) except for dropouts which are 24% of exits on average. Whereas progress has been made in reporting admissions, the quality of reporting of other performance indicators is still to be improved. Dropouts and readmissions continue to not be well understood by health practitioners who also have too many demands on their time to adequately track and follow up to ensure readmission.

With UNICEF advocacy and funding screening for malnutrition was integrated into the national supplementation campaign in all 14 regions of Senegal. This strategy allows to reach at least 95% of all children aged 6 to 59 months who also receive Vitamin A and deworming.

The 11 nutrition technical assistants provided by UNICEF to the Ministry of Health were convened to a workshop with UNICEF and the DAN from 18 to 20 March. Specific issues pertaining quality of treatment, supervision, supply management, data management and prevention of dropouts were discussed and key actions to improve the quality of the nutrition program in the regions were agreed. Additional funding is needed to maintain this essential technical assistance beyond August 2014.

UNICEF has supported the Ministry of Health and nutrition actors by providing data compilation and analysis in 2013 and beginning of 2014. With a view of transferring this capacity to the Ministry of Health, the UNICEF expert on humanitarian performance monitoring provided a one-day training to the team at the DAN on data management on 7 March. During the 18 March workshop the nutrition technical assistants were also trained to improve the quality of data collection and to capacitate them to conduct performance analysis that they will translate into targeted trouble-shooting with health districts and health workers.

The French Red Cross, supported by ECHO and UNICEF in the Region of Diourbel, facilitated a workshop to draw lessons learned and define the way forward. The four health districts in the Diourbel region, which treats the largest number of children with SAM in Senegal, devised transition plans to gradually take over elements of the nutrition response supported by the Red Cross.

In addition, WHO and UNICEF have supported the Ministry of Health to include malnutrition in their epidemiological surveillance. The weekly bulletin included malnutrition reports from two regions for the first time in February. In addition, five surveillance sites have been validated as part of the early warning system supported by UNICEF and other actors. This approach will now be operationalized through the health system and gradually scaled up over the next four years.
Finally, in January 2014 the Ministry of Health validated Senegal’s Infant and Young Child Nutrition policy with UNICEF funding and technical assistance.

Communications for Development (C4D)
UNICEF supported field actors in the departments with highest acute malnutrition prevalence (the three departments of Matam region and the Podor department in Saint Louis region) in conducting a review and analysis of the 2013 C4D plans. This review, which allowed the communities to identify the strengths and weaknesses of C4D interventions, led to the development of an accelerated action plan. C4D, a strategic approach to improving prevention and early action by households, will be reinforced within the local nutrition emergency response plans (January-June 2014) in these areas. Key strategies will include community dialogue and more active participation of community leaders and other sectors (Education, Agriculture, Women’s Associations).

Supply and Logistics
UNICEF continues to support the health regions through nutrition technical assistants which are also responsible for improving the management of medicines and therapeutic foods and milks used in the treatment of severe acute malnutrition. In the workshop held on 18-20 March in Dakar, specific measures were agreed to prevent expiration of these basic products and to improve reporting of stocks and gaps to reduce ruptures at health post level. 11,000 cartons of RUTF were received so far this year. With current funding commitments, the Senegal country office estimates a gap of 18,000 cartons of RUTF against the annual need. Current commitments should supply the nutritional response until August, which would leave a major gap at the peak of the lean season.

Funding

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Funds received*</th>
<th>Funding gap</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000,000</td>
<td>200,000</td>
<td>4,800,000</td>
<td>96%</td>
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</tbody>
</table>

* ‘Funds received’ does not include pledges

UNICEF Senegal has received USD 200,000 in emergency funding so far this year. An ECHO funded project continues until May 2014. No commitments have so far been received to support emergency education and child protection, particularly needed to study the effects of malnutrition and food insecurity on children in these domains. No funding has so far been received to prepare for the flood season, which typically begins in July or August.

UNICEF wishes to express 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 ‘non-earmarked’ funding. ‘Non-earmarked’ 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. Continued donor support is critical to sustain and continue scaling up the response.

Next SitRep: May 2014

UNICEF Senegal Facebook: https://www.facebook.com/pages/Unicef-Senegal/187171071405084

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# SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of nutrition centers/posts with the WASH minimum package¹</td>
<td>867 ⁴</td>
<td>867</td>
</tr>
<tr>
<td>Number of children with SAM benefiting from hygiene kits and counselling on key hygiene messages</td>
<td>78,888</td>
<td>4,015 ²</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children 0-59 months with Severe Acute Malnutrition admitted for therapeutic care</td>
<td>78,888</td>
<td>50,325</td>
</tr>
<tr>
<td>Children 0-59 months in therapeutic care discharged recovered from SAM</td>
<td>2,383 ³</td>
<td>2,383</td>
</tr>
<tr>
<td>Number of Health Centers/Posts with SAM treatment</td>
<td>1,415 ⁴</td>
<td>1,025</td>
</tr>
<tr>
<td>Children &lt;5 with Severe Acute Malnutrition with complications admitted to therapeutic care</td>
<td>7,890 ⁵</td>
<td>5,033</td>
</tr>
</tbody>
</table>

1. Rolling indicator as new nutritional facilities open.
2. Rolling target, all children with SAM admitted to treatment targeted.
3. On average, overall needs is total January admissions. Recovery data for January admissions is collected in February and is available in the March SitRep.
5. WHO estimates expected SAM with complications as 10% of total SAM cases and SAM admissions.