SENEGAL
Humanitarian Situation
Report
2013 Overview

Highlights

- 63,323 children were estimated to suffer of Severe Acute Malnutrition (SAM) in 2013, as well as 255,675 with Moderate Acute Malnutrition (MAM)

- The target for admission of children with SAM was raised from 38,968 to 42,843 in April, after evidence of worse-than-expected food security emerged

- 21,849 SAM admissions were reported so far in 2013 out of 42,843 children targeted, representing reports from less than half the nutritional facilities

- 941 health centers in eleven regions integrated the management of acute malnutrition in 2013, an increase of 400

- 591 nutrition facilities had the WASH minimum package by the end of 2013, scaled up from 154 at the end of 2012

- UNICEF supported revision of the National Guidelines for the Management of Acute Malnutrition which were validated on 16 July 2013

- UNICEF Senegal’s emergency program was 75% funded in 2013

Recovered child and mother awaiting to see the head nurse in a nutritional facility in Kaffrine
Situation Overview & Humanitarian Needs

Using the results of the nutritional survey (SMART) of June 2012, it was estimated that 63,323 children under five would suffer from Severe Acute Malnutrition (SAM) in Senegal in 2013 and 255,675 from Moderate Acute Malnutrition (MAM). The humanitarian community agreed on a target of 38,968 children admitted for SAM (62%), considering funding trends and estimated geographical coverage of services. In April 2013, deterioration in food security led humanitarian actors to increase the target to 42,843 children with SAM, and CERF funding was obtained to support these additional efforts.

Eleven out of fourteen Regions in Senegal were identified in the 2012 SMART survey as needing humanitarian assistance in 2013, on the basis of prevalence of global acute malnutrition and aggravating factors such as diarrhoea and respiratory infections. These regions are Diourbel, Fatick, Kaffrine, Kedougou, Kolda, Louga, Matam, Saint Louis, Sedhiou, Tambacounda and Thies.

A food security and nutrition survey (ENSAN) was conducted in June 2013. The results showed critical prevalence of Global Acute Malnutrition in all three Departments of Matam and in the bordering Department of Podor in St Louis Region. Five additional regions had a critical prevalence of more than 2% SAM. Twelve more departments are in serious condition with GAM between 10 and 15%. Overall the survey showed that the regions in need of a nutritional emergency response remain unchanged from what was planned in 2013. Based on the results of the ENSAN survey, the SAM burden in Senegal for 2014 was estimated to be 78,888 children.

The food security module of the ENSAN survey found a moderate level of food insecurity at 18.8%; that is 245,000 households or 2.2 million people. It showed a deterioration in rural food security however as compared to 2010. Rural households are more affected (25.1%) with the regions of Casamance showing very high levels of food insecurity (Ziguinchor 68%, Sédhiou 67% and Kolda 50%). The regions of Matam and Kedougou follow with high prevalence of food insecurity at 48% and 45.6% respectively.

Key bottlenecks leading to malnutrition among children (UNICEF and Matam medical region. September 2013)

1. **Prevalence of morbidity factors**
2. **Spacing of pregnancies (limited family planning)**
3. **Limited access to water and sanitation and poor hygiene practices**
4. **Barriers to access to basic services (barriers such as cost and distance)**
5. **Poor nutrition practices (breastfeeding, diversification)**
6. **Performance and coverage of malnutrition management services (community and healthcare)**

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1. SPHERE standards: 50% in rural areas and 70% in urban areas.
2. Matam 21%, Kanel 18%, Podor 17%, Ranérou 16%
3. Bakel 2.7%, Goudiry 2% Médina Yoro Foula 2.2%, Bounkiling 4.6%, Mbour 2.3%
4. Senegal Humanitarian Needs Overview 2013
In 2013, UNICEF and the Senegalese government have successfully scaled up the emergency nutrition response from two medical regions in 2012 to eleven regions in 2013. This massive scale up has been possible with a strong commitment from government and with the invaluable financial support from ECHO, a timely CERF contribution and support from other donors like the Canadian and the Swedish governments.

In 2013 UNICEF has supported health authorities in eleven regions to develop integrated response plans that systematically address Nutrition, Health, WASH and Communication for behavioural change. These plans include an important capacity building component for transfer of competence, notably for supervision, coordination and monitoring of the nutrition response at central and decentralized levels. UNICEF continues to be the sole provider of RUTF and therapeutic milk to the Senegalese health system, while also providing training, anthropometric tools and essential medicine (deworming, vitamin A, antibiotics, oral rehydration salts, Zinc) for the functionality of nutritional units in all fourteen Health Regions in Senegal.

UNICEF and Partners’ Programing

SAM 2013

<table>
<thead>
<tr>
<th>Reached (reported)</th>
<th>21,849</th>
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<tbody>
<tr>
<td>Target</td>
<td>42,843</td>
</tr>
<tr>
<td>Total Need</td>
<td>63,323</td>
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2013 has been an important year for nutrition in Senegal. At policy level, UNICEF supported Senegal’s operationalization of the Scaling Up Nutrition (SUN) initiative. The government of Senegal further committed to The Global Alliance for Resilience Initiative (AGIR Sahel & West Africa) which UNICEF advocated for, although operationalization of these high level commitments is still to be developed. In an effort to promote infant and child survival by increasing access to healthcare, the government of Senegal started a phase by phase introduction of free health services for children under five, as part of the process for universal medical coverage for children under five launched in October 2013.

UNICEF sponsored the revision of the National Nutrition Guidelines for the Management of Acute Malnutrition, validated by the Ministry of Health on 16 July. Trainings of local health authorities and practitioners were sponsored in the following months. In 2012 UNICEF had already supported the MoH in the revision of the sector management tools to include malnutrition, in line with what was to come in the new Protocol. In 2013 UNICEF also funded printing and distributing of these tools to all health facilities and was among several actors funding training of medical authorities and practitioners on the use of the new tools nationwide.
With UNICEF support, the nutrition response became effective in eleven out of the country’s fourteen medical regions. The number of health facilities providing nutrition services went from 541 reported at the end of 2012, to at least 941 in 2013. All regions and their medical districts maintained a stock of RUTF and other essential therapeutic milks and drugs provided by UNICEF. RUTF stocks were replenished within 72 hours of communication of RUTF ruptures in Diourbel (due to higher than expected consumption), with no other region or district level ruptures noted.

21,850 children have been treated for severe acute malnutrition in Senegal in 2013 as reported by medical regional authorities and NGOs. This represents 50% of the annual target of 42,843 SAM cases. Reporting is still partial, thus the real number of admissions is likely higher. Additional bottlenecks remain, notably in terms of funding availability and government absorption capacity, coverage of community and health systems, and cost barriers to healthcare including transport cost.

362 of children in the program died, while about 12,550 were discharged recovered. Overall, performance indicators are good although improvement is needed to reduce dropouts and death rates. National recovery rate is more than 81%, death rate is almost 2.4% and default rate is 16%. Reporting on default rates is recent in some regions and will allow to better investigate low performance. Where this investigation has taken place UNICEF has found the following: mothers stop bringing their children when they start gaining weight, mothers get discouraged with head nurses are absent and in some areas outreach workers do not follow up on children than miss their appointments.

The Region of Diourbel, which does not come out as critical in nutrition surveys, has treated almost 42% of the national caseload with about 9,000 SAM admissions (more than 280% its original

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5 Situation update ongoing

6 SPHERE Standard: The proportion of discharges from therapeutic care who have died is <10per cent, recovered is >75per cent and defaulted is <15per cent
target and 163% its estimated SAM burden). Matam came next with 57% of its target reached, which indicates that there are still barriers to access that need to be overcome, particularly access to health services, safe water and better infant and child feeding practices.

The year began with an agreement between UNICEF and two INGOs to provide technical support and quality assurance in four regions. In May 2013, a new approach was agreed with the Ministry of Health which wanted more control over the response as well as greater accountability of health workers. National nutrition technical assistants were placed by UNICEF in the Ministry of Health and with medical regions to provide management and supervision support directly within government. CERF funding enabled to implement this approach in the regions of Kolda, Sedhiou, Fatick, Kaffrine, Tambacounda and Kedougou from June to August. ECHO agreed to extend this support, funding a total of eight technical assistants countrywide. Immediate results were visible in quicker implementation of response plans, better monitoring and information flow to and from central level, and improved availability of activity and performance data. At the beginning of the year, admissions and performance data was only available for five regions, three of which focused only on ACF-supported sites. By the end of the year all eleven regions supported by UNICEF were reporting on admissions and performance, although technical assistants continue their efforts to improve completeness of these reports.

The CLM\(^7\) Nutrition Reinforcement Program is a central part of the strategy to combat malnutrition at community level. UNICEF’s support to the CLM for active acute malnutrition screening, resulted in 1,150,000 children under five regularly screened, including growth monitoring of about 250,000 children under two years old. 190,000 mothers or guardians also received counseling on good nutrition and family practices through this community-based mechanism. UNICEF and partners continue to seek solutions to an identified weakness in effectively screening and referral for treatment of all children under five with SAM. With UNICEF advocacy and funding, malnutrition screening was integrated into the national supplementation campaign (Vitamin A and deworming) that took place in December 2013 and January 2014, thus allowing health actors to reach more than 2.5 million (90%) of children aged 6-59 months old.

To remove cost barriers to families for the treatment of malnutrition, UNICEF has provided all necessary RUTF and other essential supplies and advocated for provision of treatment free of charge. In addition, UNICEF with ACF and Red Cross have covered the cost of transport and food for the time that SAM children remain hospitalized as part of their projects. For sustainability UNICEF has strongly advocated coverage of referral cost by community-based associations as well as the national nutrition reinforcement program of the CLM.

Good progress has been made to integrate WASH into Nutrition programming. The “WASH in Nut” strategy is now generally accepted by Nutrition and WASH sectoral groups alike. UNICEF has provided 9,693 caretakers of children treated for SAM with hygiene kits. The number of health facilities with nutrition units now have the minimum WASH package (access to safe water, handwashing facilities and no-open defecation) has more than tripled from 154 to 591. Finally, the community-led total sanitation

\(^7\) Action Contre la Faim – Spain, present in about 70 facilities in Thies, Louga and St Louis regions under a UNICEF-sponsored project
\(^8\) Cellule de Lutte Contre la Malnutrition of the Prime Minister’s Office. In charge of community-based nutrition.
(CLTS) approach was launched in 365 villages, and 172 villages have been declared “free of open-defecation”.

SUMMARY RESULTS INDICATORS JANUARY-DECEMBER 2013

<table>
<thead>
<tr>
<th>Sector</th>
<th>Estimated # / % coverage</th>
<th>UNICEF &amp; operational partners</th>
<th>Sector / Cluster</th>
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<tr>
<td></td>
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<td>UNICEF 2013 Target</td>
<td>Cumulative results 2013</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Children 0-59 months with Severe Acute Malnutrition admitted for therapeutic care</td>
<td>42,843²</td>
<td>21,849³</td>
</tr>
<tr>
<td></td>
<td>Children 0-59 months in therapeutic care discharged recovered from SAM</td>
<td>21,849</td>
<td>12,544³</td>
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<tr>
<td></td>
<td>Number of Health Centers/Posts with SAM treatment</td>
<td>941</td>
<td>941³</td>
</tr>
<tr>
<td></td>
<td>Children &lt;5 with Severe Acute Malnutrition with complications admitted to</td>
<td>2,183⁶</td>
<td>2,060</td>
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<tr>
<td></td>
<td>therapeutic care</td>
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List of UNICEF Operational Partners: Action Against Hunger – Spain, French Red Cross, Ministry of Health, Childfund (CRS, Plan, Africare, World Vision), Cellule de Lutte Contre la Malnutrition (CLM)

1. UNICEF and Cluster Target for SAM related activities are the same; UNICEF is the supplier of RUTF to all public health facilities in Senegal
2. Revised target at Senegal Humanitarian Strategy mid-year review after updated context data.
3. Based on available data from government and NGOs. December data has only been reported by 5 out of 11 regions with low levels of completeness. November data is reported by 9 out of 11 regions with about 50% average completeness.
4. Data pending recovery figures for December 2013 admissions which are not yet available. To be collected in February 2014.
5. New health facilities have been created throughout the year which are to have nutritional services. An update exercise is underway and thus this number is estimated.
6. WHO in Senegal defines this target as 10% of SAM admissions. This is therefore a rolling target. The actual number of SAM with complications treated is greater than reported, as not all regions accurately report SAM with complications.

WASH

<table>
<thead>
<tr>
<th></th>
<th>Number of nutrition centers/posts with the WASH minimum package¹</th>
<th>941</th>
<th>591</th>
<th>63</th>
<th>941</th>
<th>591</th>
<th>63</th>
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<tbody>
<tr>
<td></td>
<td>Number of children with SAM benefiting from hygiene kits and</td>
<td>21,831</td>
<td>9,693²</td>
<td>44</td>
<td>21,831</td>
<td>11,193</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>counselling on key hygiene messages</td>
<td></td>
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List of UNICEF Operational Partners: Ministry of Health, Ministry of Water, Senegalese Red Cross

¹ “Minimum package” is defined as: availability of drinking water, no open defecation and hygiene promotion.
² Based on data reported by hygiene brigades
Interagency Coordination:

- UNICEF has led the WASH cluster and the Health and Nutrition Cluster a.i. UNICEF will be Nutrition Cluster co-lead in 2014.
- UNICEF provided the humanitarian community with up-to-date data and analysis on the progress of the emergency nutrition program in Senegal.

Funding Status 2013

In 2013, UNICEF Senegal received USD 2,469,490 in emergency funding. That is, 75% of UNICEF’s appeal in the Humanitarian Action for Children Framework (USD 3,305,266) was funded.

<table>
<thead>
<tr>
<th>Revised HAC Requirement USD (as of June 2013)</th>
<th>Funded USD (August 2013)</th>
<th>Unfunded USD</th>
<th>Gap %</th>
</tr>
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<tbody>
<tr>
<td>3,305,266</td>
<td>2,469,490</td>
<td>835,776</td>
<td>25</td>
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UNICEF Response to Seasonal Flooding (Aug-Oct)

- 19,200 affected families received hygiene kits
- > 75 radio spots, 250 outreach talks and 32,000 home visits for epidemics risk reduction
- 150 affected schools received disinfection supplies and school supplies for their students