

WCA Regional Nutrition Working Group

Joint Note on the Nutrition Situation in the West
and Central Africa Region

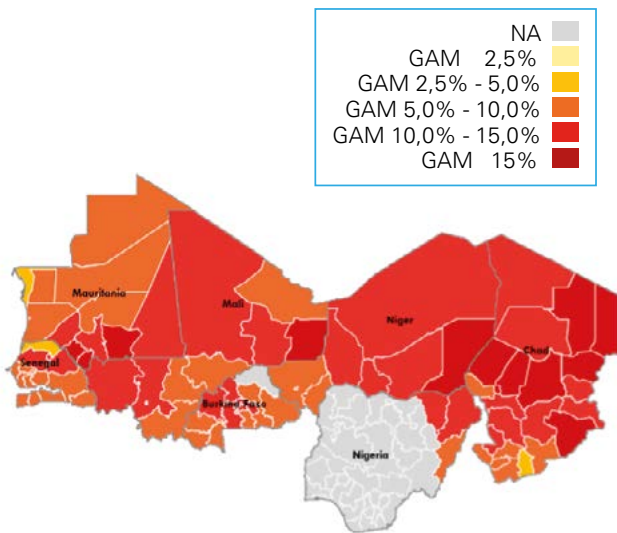
March 2022

Current Nutrition situation

Prevalence and burden of Global Acute Malnutrition

In the Sahel G5+1 countries, results of the nutritional surveys carried out in 2021 show **the persistence, even the increase in the prevalence of global acute malnutrition (GAM) among children under 5.**

Fig 1: GAM prevalences, SMART 2021



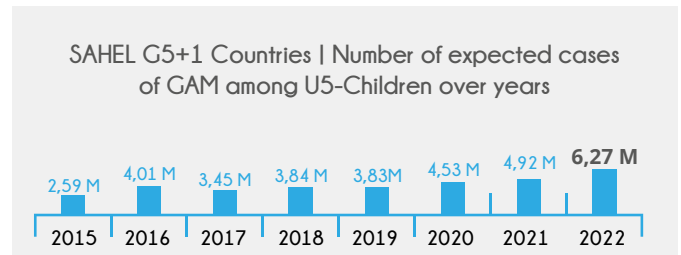
In Mauritania, Niger and Chad, GAM prevalences are above the “alert” threshold of 10%, while in many areas of some countries (Menaka Region of Mali, South Mauritania, Diffa Region of Niger, and East/West Chad), GAM rates exceed the emergency threshold of 15%.

The recent IPC acute malnutrition analysis in Mali shows that between October 2021 and May 2022, 16 administrative subdivisions will likely be in a Serious nutritional situation (IPC Phase 3) and 3 other administrative subdivisions in a Critical situation (IPC Phase 4). Between June and August 2022, a progressive deterioration in the nutritional situation is expected, with 37 administrative subdivisions, out of 51 analysed, in a Serious condition and five administrative subdivisions likely in a Critical condition¹.

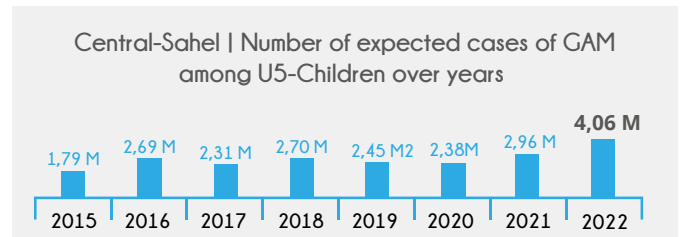
In Nigeria, both in the North-East and the North-West, the insecurity situation continues to deteriorate which leads to an increase in the number of displaced people, with increased vulnerabilities. The results of the nutrition survey conducted in December 2021 in the North-West with the rapid SMART methodology indicate that the prevalence of global wasting for Sokoto State by LGAs² among children aged 6-59 months ranged from 7.3% in Sabon Birni LGA to an emergency level of

30.1% in Isa LGA, and the prevalence of severe wasting ranged from 0.3% to a very critical level of 10.2%.

As a result, in 2022, it is estimated that **6.3 million children aged 6-59 months in the Sahel G5+1 will suffer from wasting**, of which more than 1.4 million children will suffer from severe wasting.

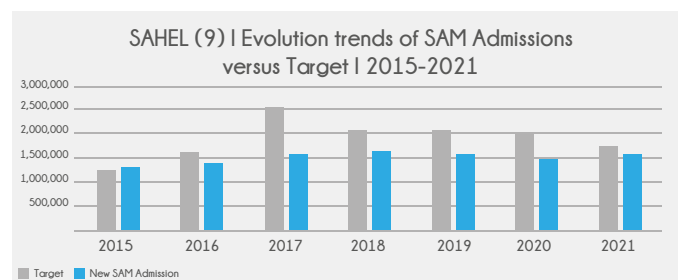


Almost 70 % of U5 children expected with wasting in the Sahel G5+1 are in the Central-Sahel countries (Burkina Faso, Mali & Niger).



When compared to previous years, the number of expected GAM cases has never been so high, showing **an increase of 27% as compared to 2021 estimates and a 62% increase as compared to 2018**, reaching for the fifth year in a row a record high level.

In 2021, out of the 1.8 million children under five suffering from severe wasting that were targeted for treatment in the 9 Sahel countries³, 1.6 million (89%) were admitted in health facilities. Compared to 2020, a slight increase of 2% is recorded in the number of new admissions. As compared to the past 5 years, this represents the highest rate of achievement.



¹ <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155466/?iso3=MLI>
² Local Government Areas

³ Burkina Faso, Cameroon, Chad, Gambia, Mali, Mauritania, Niger, Nigeria, Senegal

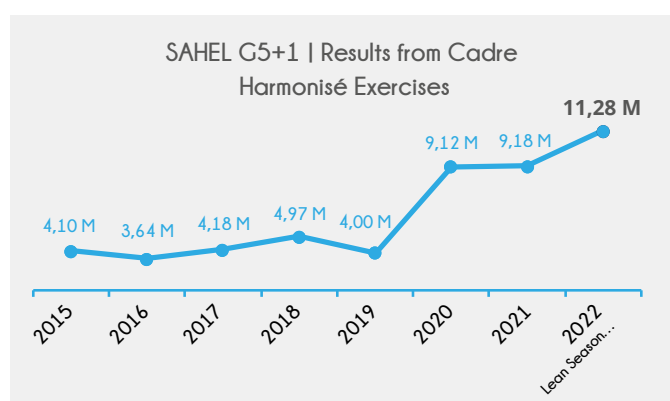
Prevalence of stunting

The situation is even more worrying as the high prevalence of wasting in the Region also coincides with a high prevalence of stunting in children under 5. This further inhibits their physical and cognitive development, while the concurrent manifestation of wasting and stunting in the same child also increases the risk of mortality.

The results of the national nutrition surveys⁴ conducted in 2021 show that in Burkina Faso and Mali, the national prevalence of stunting exceeds the high threshold of 20% (21.9% in Mali and 21.6% in Burkina Faso), while in Chad and Niger, the national prevalence exceeds the very high threshold of 30% (43.5% in Niger and 30.4% in Chad).

Aggravating factors

Malnutrition is linked to multiple underlying vulnerabilities such as widespread household food insecurity, inadequate dietary and care practices for infants and young children, high incidence of childhood illnesses, widespread poverty, inadequate access to water and sanitation and health services, as well as gender and other social norms.



The results of the national nutrition surveys conducted in 2021 also show that inadequate infant and young child feeding practices persist. Among the G5 Sahel countries, the lowest proportion of children having a minimum acceptable diet is found in Mali (9.8%), followed by Chad (11.5%), Niger (19.5%), Mauritania (21.7%) and Burkina Faso (23.9%).

In the Sahel G5+1 countries, the Food Security situation is of particular concern, with results from the November 2021 Cadre Harmonisé exercise showing that **almost 11.3 million people will be in need of urgent food assistance during the next lean season**. Such level has never been reached so far, displaying an increase of 92% when compared to the five-year average (2015-2020). Moreover, if the conflict in Ukraine results in a prolonged reduction in food exports from Ukraine and the Russian

Federation, simulations from FAO suggest that the number of undernourished people in Sub-Saharan Africa will increase from 2.6 to 5.1 million.⁵

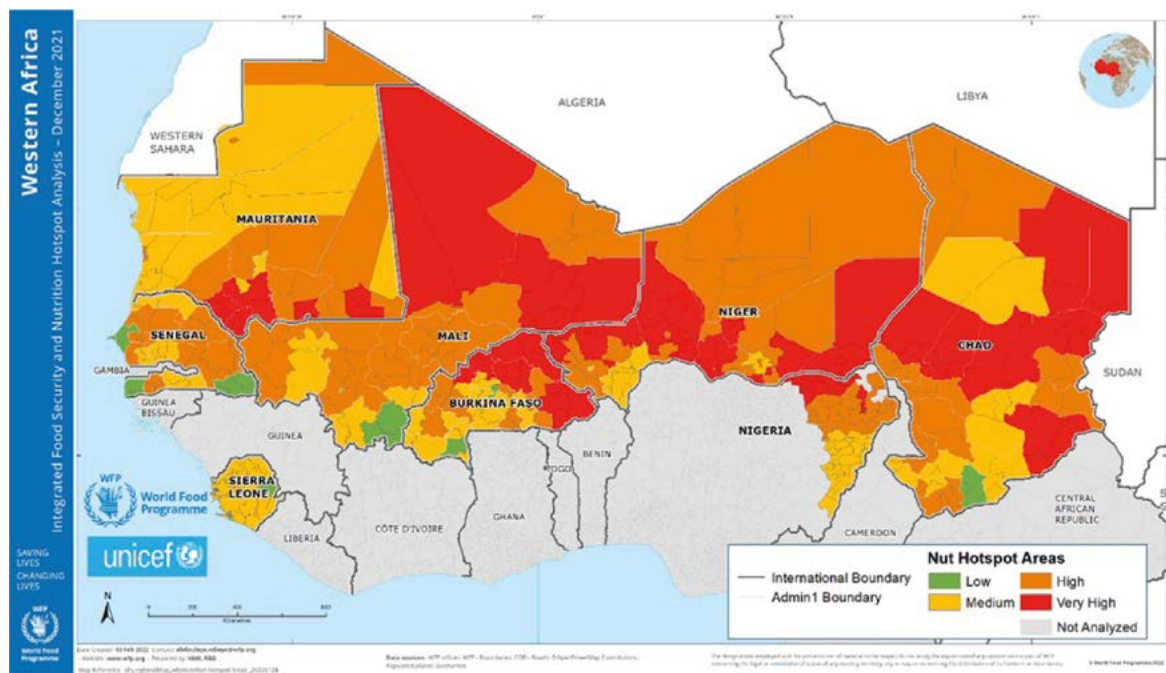
Also, insecurity continues to increase, particularly in the Central-Sahel and Lake Chad Basin regions. This further aggravates an already fragile and precarious situation and leads to massive populations displacement. As of end 2021, **more than 2.5 million people were internally displaced in the Central-Sahel**. In Burkina Faso, the number of IDPs grew by 50% last year to over 1.5 million. In Chad, the number of refugees grew with 17% to 555,787, and the number of IDPs grew with 21% to 406,573 in 2021. Over the past 3 years, the sharp increase in armed attacks on communities, schools, health centers and other public institutions and infrastructure have disrupted livelihoods and access to social services including education and health care. Insecurity is worsening chronic vulnerabilities including high levels of malnutrition, childhood illnesses, and poor access to clean water and sanitation as well as health facilities.

⁴ National nutrition surveys conducted in 2021 with the SMART methodology

⁵ <https://www.fao.org/3/cb9013en/cb9013en.pdf>



Prioritization exercise: Nutrition Hotspot Analysis 2022



While the nutrition needs are increasing, and humanitarian funding has been declining sharply over the past few years, UNICEF WCARO and WFP, RBD⁶ jointly developed a prioritization (HOTSPOT) tool to identify areas to be prioritized for emergency response with the aim to improve and harmonize geographical targeting in humanitarian context across the region.

This G5+1 Sahel context-specific analysis relies on a [methodology and tool combining a range of 29 nutrition indicators, aggravating factors, and risk factors indicators](#)⁷

In 2022, out of the 333 Admin 2 areas analysed in the Sahel G5+1 countries, 70% were classified in “VERY HIGH” or “HIGH” Priority level, with 4.59 million U5-children expected to suffer from acute malnutrition in these areas, of which more than 1 million from its most severe form. Further prioritization of these areas to better inform programmatic targeting is currently underway, in consultation with the nutrition cluster partners at country level.

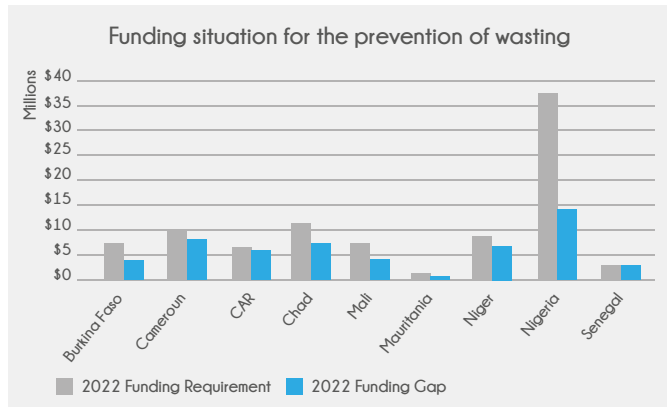
The results thus show that the situation is deteriorating in a complex environment, and urgent actions are required to mitigate a plausible fast and serious degradation of the nutritional situation during the 2022 lean season. Therefore, the partners of the Regional Nutrition Working Group call for urgent intensification of preventive and curative nutrition interventions as well as actions across other sectors including social protection, health, food security and WASH.

⁶ UNICEF, West and Central Africa Regional Office & WFP, Regional Bureau Dakar

⁷ ENN Article, “The Nutrition hotspot analysis: Prioritising intervention areas in the Sahel countries”

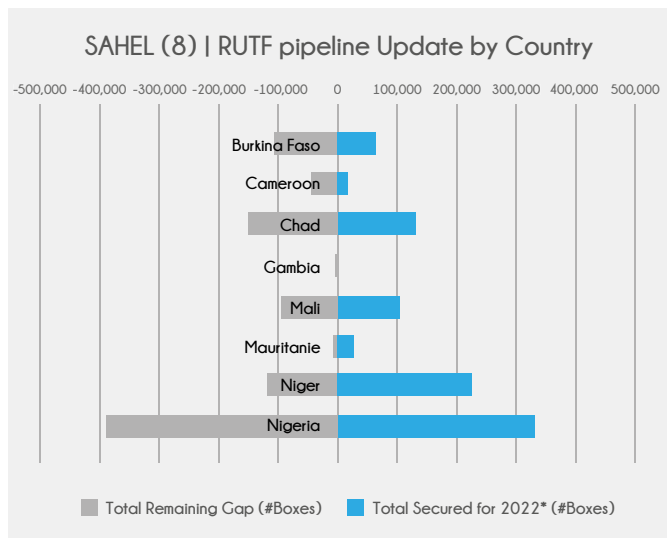
Pipeline & Funding needs to ensure an efficient response for the prevention and treatment of wasting

The data for the prevention of wasting among children aged 6-23 months and pregnant and lactating women through supplementary feeding in 9 countries (see below) also show that urgent funding is required to ensure efficient and timely response. The total funding requirement is \$93.4 million, with a funding shortfall of \$56.2 million, including \$26.3 million to cover the needs during the lean season from June to September.



Nigeria is facing the more serious funding gap (\$14.5 million), followed by Cameroon (\$8.5 million), Chad (\$7.9 million), Niger (\$7.2 million) and CAR (\$5.9 million).

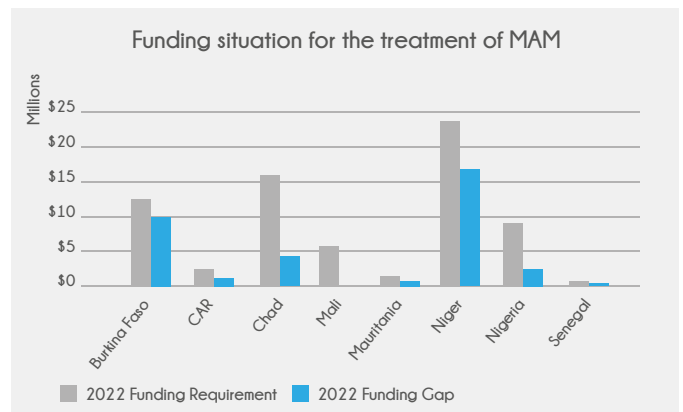
The information available for 8 Sahel countries (graph below) on the status of the pipeline for Ready-to-Use Therapeutic Foods (RUTF) shows that there are still important gaps to cover the annual estimated needs for the treatment of children with severe wasting. For Nigeria the information in the graph refers to the national needs; for the emergency locations in the North, a pipeline break is predicted by the third quarter of this year if no new funding is secured.



These gaps in the number of RUTF boxes represent funding shortfalls of around \$6 million for Chad, \$5.8 million for Niger, \$5 million for Burkina Faso, \$4.5 million for Mali, and \$2.2 million for Cameroon.

If no additional funding is secured, RUTF pipeline breaks in these countries are expected in March (for Cameroon), in May (for Mali), in June (for Burkina Faso and Chad) and in August (for Niger). If the gaps in the RUTF pipeline are not filled, this will put the lives of at least 900,000 children at risk in 2022.

The funding situation for the treatment of children under 5 with moderate wasting is also alarming. Based on the annual estimated needs, the total funding requirement in 8 countries (Sahel, Lake Chad Basin and Nigeria) is \$70.0 million with a current funding shortfall of \$35.5 million (51%). Niger (\$16.9 million), Burkina Faso (\$10.1 million) and Chad (\$4 million) are the countries facing the biggest funding shortfalls.





Key Messages

The nutrition situation in the Sahel requires urgent attention from all stakeholders including governments, donors and development partners to strengthen the resilience of systems, communities and people.

Priority must be given to strengthening the resilience of the most vulnerable communities to break the vicious circle of increasing levels of wasting, stunting and micronutrient deficiencies due to the recurrent and multiple shocks experienced in the Region. We need a paradigm shift, prevention first and treatment when prevention fails in all contexts.

Therefore, it is essential that all stakeholders, both humanitarian and development actors, strengthen joint planning to ensure synergy towards the implementation of a multi-system approach which includes the following key actions:

1. Ensure **access to a nutritious and affordable diet and to adequate services and practices for pregnant and breastfeeding women, infants and young children** through actions in the food, health, WASH and social protection systems (e.g., breastfeeding support and promotion, maternal and adolescent nutrition interventions, food and micronutrient supplementation, cash transfers, essential WASH and health services).
2. **Scale up the early detection & treatment of wasting** at community level to mitigate the expected increase in the number of wasted children.
3. Anticipate plausible increase in supply needs as well as costs of food and nutrition supplies and **identify local solutions to improve access to nutritious diets for children**. This can be achieved through partnerships including with the private sector, women's associations and youth engagement.
4. Scale up the CMAM/health Surge approach to **strengthen local capacities for preparedness and response to peaks**.
5. **Strengthen the nutritional surveillance** system to generate evidence & guide emergency preparedness and response planning.

Investments in this holistic approach are very cost-effective as well-nourished children will have better physical and cognitive development, better performance at school, and will be more resilient to shocks and more productive later in life. Therefore, we call for increased investments by Governments and donors in nutrition specific and nutrition sensitive interventions across the health, WASH, social protection and food systems. This will eventually lead to economic growth of the countries in the Region.

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