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# Children in Crisis in the Sahel

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

## Progress Report

December 2012

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children

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## Executive Summary

The nutrition situation of children in the Sahel belt of Africa deteriorated significantly in 2012. Poor rainfall in 2011 led to widespread crop failure and loss of livestock, leading to a rise in food prices, and the forecast for 2012 was not encouraging. Early warning systems predicted that more than 12 million people would be affected by the nutrition crisis across a swathe of countries in the Sahel and that the lives of 1.1 million children would be at risk from severe acute malnutrition. In order to survive, these children needed specialized treatment and long-term support in their communities. Crisis response was complicated by the fact that many of the affected areas were remote and difficult to access and national health systems did not have sufficient capacity to reach affected populations.

The 2012 nutrition crisis affected nine countries: Burkina Faso, Cameroon (north), Chad, Gambia, Mali, Mauritania, Niger, Nigeria (north), and Senegal. The context in the Sahel is particularly challenging. The situation could be described as a chronic emergency made up of interlinked acute episodes. The remote nature of many of the regions in the Sahel poses considerable challenges for supply and distribution, with often extended lead times due to distance, security and climate constraints.

In December 2011, UNICEF warned the global community about the impending crisis and the need to plan an appropriate humanitarian response. In February 2012, UNICEF appealed for increased support through an emergency funding appeal. The appeal was revised to US\$239 million over the course of the year because of the scale of the crisis, exacerbated by flooding, cholera and population displacement in Mali.

The situation in Mali is particularly complex and has consequences for other countries in the region. In addition to the worsening food crisis, the country experienced a military coup in the capital, followed by conflict in the north. The political situation continues to hinder humanitarian efforts. UNICEF benefits from its established presence and experience in the country and, as a United Nations agency, is in a position to reach children even amid difficult

circumstances and heightened insecurity. The conflict forced large numbers of people to flee to other parts of the country and across borders into Mauritania, Burkina Faso, and Niger. Population displacement poses an additional humanitarian challenge, which will continue into 2013 – refugees are being received in host communities already struggling with resource scarcity.

In emergencies on this scale, the speed of responsiveness is key. It is difficult to predict how the situation will evolve, as any factor – rains, outbreaks of disease, insecurity – can cause the threat to children to escalate overnight. To this end, unrestricted funding has proven invaluable, enabling us to react quickly and effectively to changing circumstances.

In addition to the immediate nutritional and health needs, at times of crisis children's education can be disrupted or they may become separated from their families, which exposes them to greater risk. And so the crisis extends beyond food security: child protection must be addressed as an integral part of humanitarian response.

In the Sahel, the threat of crisis was identified early. As donors responded to the call for action, UNICEF was preparing the emergency response, long before the magnitude of the crisis became fully evident to the general public. Thanks to the generous funding provided at the outset, UNICEF was able to reach more children than ever before with emergency nutrition. However, with nutrition the priority, donors devoted less attention to the need to fund emergency education, child protection, water and sanitation, and HIV and AIDS interventions – essential components of the comprehensive and integrated response necessary to address the long-term needs of the affected communities.

With the support of donors, UNICEF has already reached the majority of the most vulnerable children in the Sahel region. Latest figures indicate that together with partners we will have reached more than 850,000 children at risk of severe acute malnutrition by the end of 2012. This is a significant achievement that has prevented a humanitarian catastrophe on a grand scale – but many children in the region still remain unreached.

Latest estimates indicate that donors contributed US\$134.7 million to the UNICEF emergency appeal for the Sahel.<sup>1</sup> This is an outstanding response, without which we would not have achieved such remarkable results. At the same time, some areas of the integrated UNICEF response for children and their families remain underfunded. The need for continued funding remains very real – a further US\$104 million is required to provide a response commensurate with the scale of the crisis.

Finally, it should be noted that this report focuses on Humanitarian Action Update (HAU) funds only and UNICEF also continues to run regular programmes and development activities in the countries affected by the Sahel emergency. Emergency appeal funds are used to support additional activities to address the pressing needs of children during exceptional times.

Without the existing infrastructure to run development activities in the affected countries, UNICEF would not have been able to scale up the response for children so effectively. Thus, while this report focuses specifically on emergency funding, UNICEF also wants to thank all donors contributing to the organization's core funding which lays the foundation for a successful emergency response.

Only with continued donor support can we maintain our response to the crisis, saving the lives and protecting the well-being of thousands of children. We ask for your continued support so that we can build on the success of this year's operations as we move into 2013.



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***COVER PHOTO: NIGER, 2012***  
*A woman feeds ready-to-use therapeutic food to her malnourished daughter, at the UNICEF-supported Routgouna Health Centre, in the town of Mirriah, Mirriah Department, Zinder Region.*

<sup>1</sup>Funding figures as of 24 October 2012 unless otherwise indicated, accounting for all Emergency Funds mobilised and issued in 2012. Funding figures show funds received at country office level. An additional 7 per cent have been received at HQ for support/recovery costs. All results current as of 30 September 2012 unless otherwise indicated.

# Key achievements

## Glimpses of hope amid the crisis

To make the difference between life and death, doctors, nurses and nutrition workers work around the clock with support from UNICEF. With timely and appropriate treatment and care, a severely malnourished child can recover quickly, regain weight, and start smiling again.

Large quantities of emergency therapeutic food are being distributed throughout the region. Therapeutic food comes in sachets that can be given to children straight out of the box, without the need for cooking or mixing with water. Three sachets a day is all it can take to save a malnourished child's life.

## Early warning – early action

In late 2011, an analysis of existing food stocks, past trends and forecasts suggested that a nutrition crisis was imminent in the Sahel region of Africa, prompting UNICEF to start preparing for the year ahead. Working with the Food and Agriculture Organization (FAO), the World Food Programme (WFP), and a number of national governments, UNICEF raised the alarm to warn the international community of the impending crisis. The swift donor response enabled UNICEF and partners to act quickly.

The response started with planning to identify where people, supplies and technical assistance would be needed most over the coming months. Preparations began to ensure UNICEF was ready

to act in time for the lean season – the period when food is particularly scarce just before the harvest. As limited stocks run out, there is a risk that people start harvesting the new crop prematurely to meet immediate needs, increasing the probability of a crisis the following year.

The likelihood of a nutrition crisis in the Sahel was identified early, enabling UNICEF to raise the alarm, secure funding and prepare a response. Our experience and presence on the ground facilitated an effective intervention, including assessments that proved reliable throughout the year.

## Scale-up of nutrition response

The 2012 response to the Sahel emergency was the largest nutritional intervention for children under five years old in the region to date. UNICEF acted early and concentrated its emergency efforts, reaching the three-year target over the course of just one year. It is expected that approximately 75 per cent of the estimated 1.1 million children at risk of severe acute malnutrition (SAM) will be reached by the end of 2012 – an unprecedented number of children saved from suffering and even death.

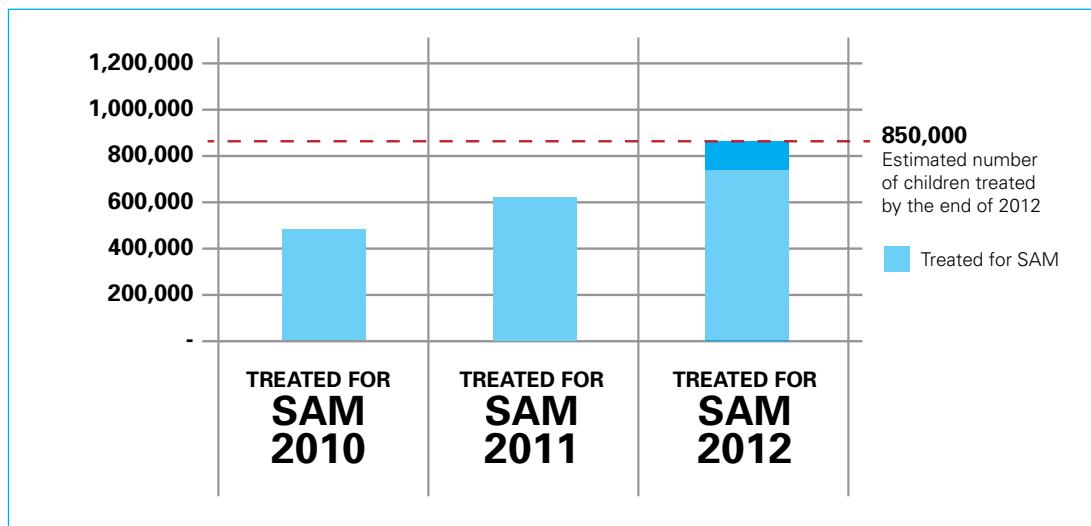
While more children than ever before received life-saving treatment for malnutrition, not all of the estimated 1.1 million children could be reached. The crisis affected a vast region, and access to all those who needed help was not always easy, with many of the countries characterized by limited transport and health and nutrition infrastructure, scattered populations,

## Key Results

- Over 730,000 severely malnourished children under five received life-saving treatment by end September 2012. Projections indicate that by the end of the year more than 850,000 children will have been reached. This represents three-quarters of the 1.1 million children identified as at risk of severe acute malnutrition (SAM) in the region.
- Over 400,000 of the children who have been treated for malnutrition have since been discharged.
- The number of health facilities providing nutrition services has increased to more than 4,700, compared with only 3,100 just one year ago.
- 1.9 million children in the emergency areas have been vaccinated against measles.
- 7.3 million families in the emergency areas received insecticide-treated bed nets to prevent malaria.

## Number of children treated for severe acute malnutrition (SAM) in 2012 compared to previous years

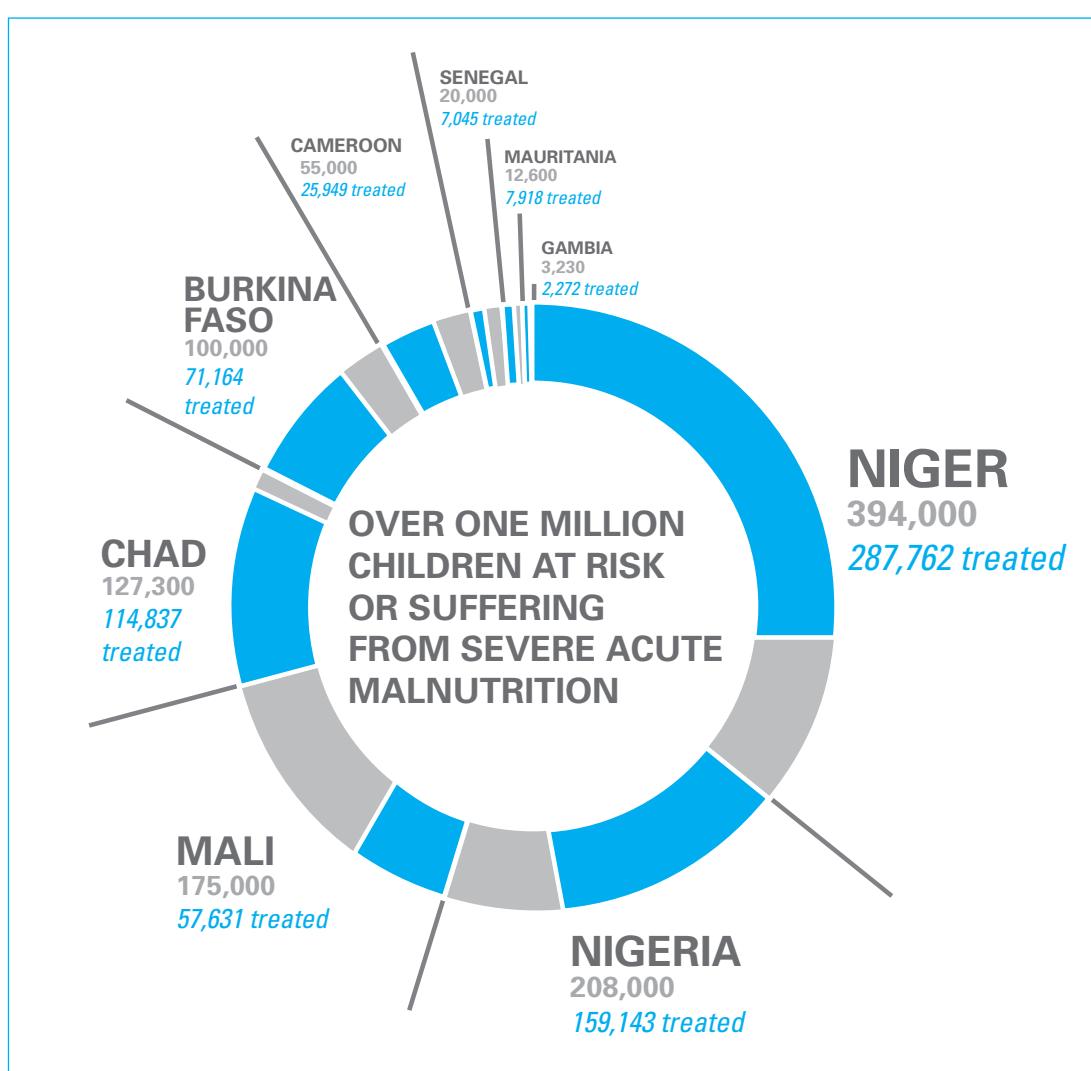
(estimate based on progress as of 30 September)



(accumulated figure for the nine countries included in the Humanitarian Action Update)

## Number of children treated for severe acute malnutrition (SAM) compared with estimated 2012 caseload

(actual reported figures as of 30 September)



and security concerns. In Niger and Chad, it is estimated that only half of the population has access to health services. In Mauritania, it is less than half. Nonetheless, through concerted action, UNICEF has helped:

- Expand the number of national health centres providing nutritional assistance from 3,100 at the end of 2011 to more than 4,700 a year later.
- Provide supplies and equipment, train local health staff, and facilitate further resourcing for nutrition centres.
- Set up mobile clinics to cover areas where no nutrition centres or suitable health posts exist.
- Create capacity for outreach and screening of malnutrition at the community level.

### **Results-based management: Knowledge management, data quality and monitoring**

Reliable data is vital to planning a crisis response. Systematic collection and analysis of data enables a more targeted intervention – reaching those whose needs are greatest. As the knowledge leader on children's issues, UNICEF is playing a key role in data management. Significant progress has been made across the region in terms of data collection systems and quality:

### **Children at risk of and treated for severe acute malnutrition (SAM)**

Children under 5 years old	2010	2011	2012		
	Treated for SAM	Treated for SAM	At risk of SAM	30 April	30 Sept
<b>Burkina Faso</b>	35,000	50,000	100,000	23,659	71,614
<b>Cameroon</b>	17,000	35,000	55,000	18,012	25,949
<b>Chad</b>	55,000	68,000	127,300	43,420	114,837
<b>Gambia</b>	n/a	n/a	3,230	n/a	2,272
<b>Mali</b>	25,000	15,000	175,000	18,407	57,631
<b>Mauritania</b>	3,400	5,000	12,600	2,141	7,918
<b>Niger</b>	330,000	300,000	394,000	50,607	287,762
<b>Nigeria</b>	32,000	141,310	208,000	50,607	159,143
<b>Senegal</b>	5,000	5,000	20,000	231	7,045
<b>Total</b>	<b>502,400</b>	<b>619,310</b>	<b>1,095,130</b>	<b>249,785</b>	<b>734,171</b>



#### BURKINA FASO, 2012

A woman turns to smile at her laughing baby, in a sling on her back, while she transplants vegetables to a garden in the village of Noussou, Nord Region. She is a member of a collective of 54 women who each manage one hectare of land. With support from the UNICEF-assisted local NGO Association Solidarité et Entraide Mutuelle au Sahel (Solidarity and Mutual Association in the Sahel), the collective produces vegetables year-round, despite seasonal interruptions in agricultural production that are characteristic of the region. The region is participating in the UNICEF/EU-supported nutrition security programme.

## Situation update

The nutrition crisis affecting children across the Sahel belt requires an ongoing emergency response in nine countries: Burkina Faso, Cameroon (north), Chad, Gambia, Mali, Mauritania, Niger, Nigeria (north), and Senegal.

The situation is further complicated by political instability in northern Mali. Latest UNHCR (United Nations High Commissioner for Refugees) figures estimate that more than 200,000 people are internally displaced within the country and a further 210,000 fled to neighbouring countries. In Burkina Faso, Mauritania and Niger, many of the areas receiving refugees are also those most vulnerable to the food crisis, and the influx of displaced families places additional strain on host communities. As a result, in several places the situation has deteriorated into a 'triple shock' of drought, high food prices, and instability.

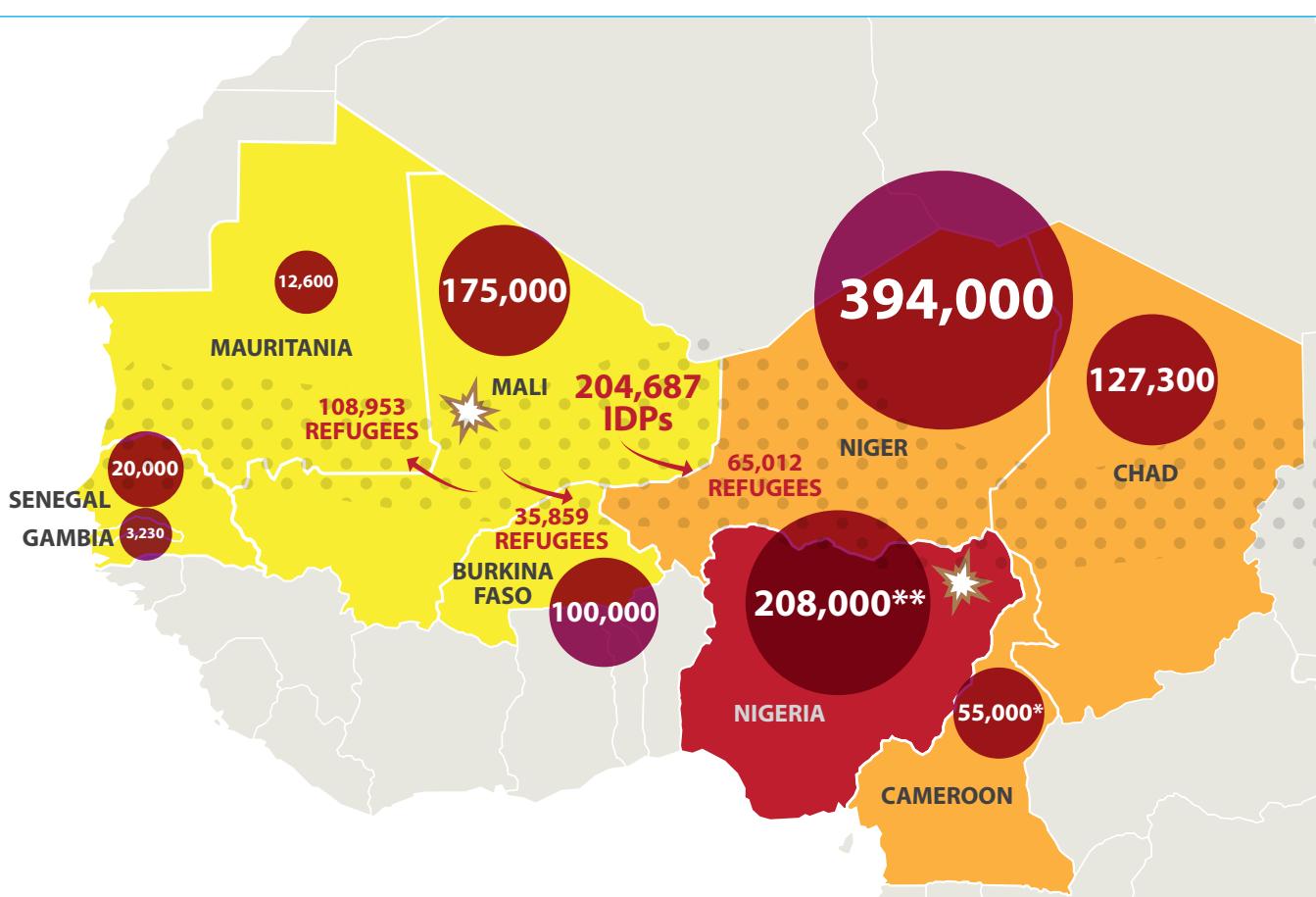
Internal displacement and significant numbers of refugees have also triggered increasing child protection and education concerns. UNICEF has responded by working with UNHCR to address the needs of displaced populations as part of the broader humanitarian response.

Once the long-awaited rains arrived starting in July 2012, in many areas the drought-parched soil was unable to absorb the significant water mass, resulting in serious flooding. The floods caused damage to infrastructure and affected agricultural lands, diminishing expected harvests and thus seriously exacerbating the nutrition crisis. UNICEF has assisted, and continues to assist, the affected populations with emergency relief efforts and nutrition support, as well as with the rebuilding of homes and vital infrastructure.

With the floods also comes an increased risk of waterborne diseases, particularly cholera, against the backdrop of a poorly funded water, sanitation, and hygiene (WASH) sector that makes effective response complicated. In high-risk areas, UNICEF has enforced integrated health, WASH, and communication for development (C4D) efforts – educating the public about simple interventions to promote health and well-being of children. At

the same time, the organization has prepared for cholera outbreaks by pre-stocking supplies for cholera treatment and developing response plans together with local authorities.

In emergency situations, UNICEF is there to ensure the needs of children are on the agenda as UNICEF efforts are coordinated with other agencies involved in humanitarian response efforts. Our role is not only to provide immediate relief, but to advocate on behalf of children and coordinate our efforts with partners. In the Sahel, UNICEF called for enhanced humanitarian coordination and an improved security response across the region, with particular emphasis on Mali, Mauritania and Burkina Faso, where coordination clusters were formed to create an aligned international response. UNICEF was involved in issuing joint appeals and in coordinating the nutrition and WASH clusters across the majority of the countries affected by the Sahel crisis, which included tracking indicators for humanitarian response in these sectors.



Children under five affected by severe acute malnutrition

**TOTAL  
OVER 1M**

Estimated number of under-five children  
with severe acute malnutrition (SAM)

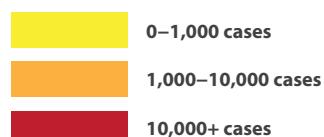
\* Northern Cameroun (Sahel region) only

\*\* Northern Nigeria (Sahel region) only



SAHEL Region

Cholera risk, based on 2006-2011 average annual caseloads



Source: WHO



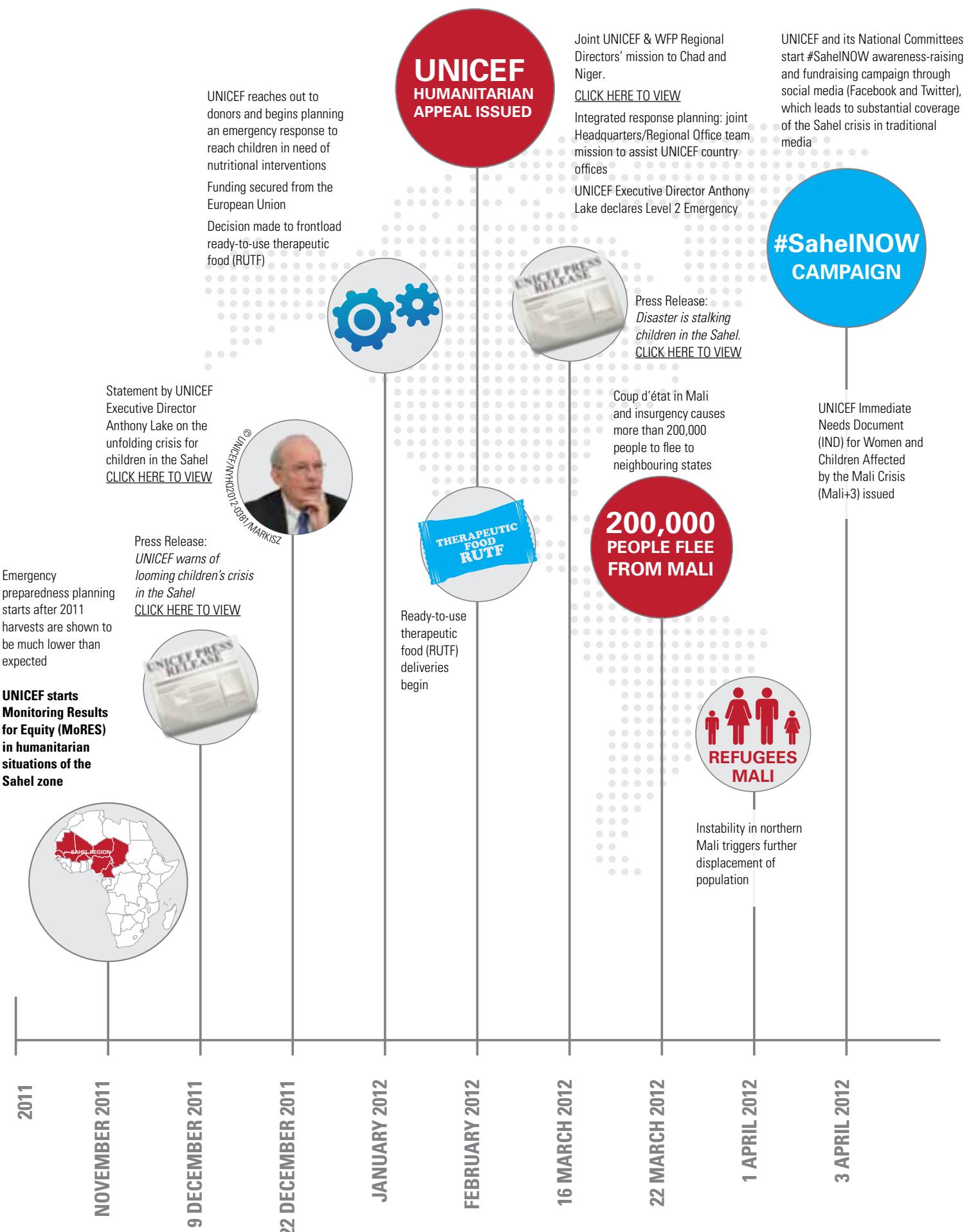
Mali refugees and internally displaced persons (IDPs)

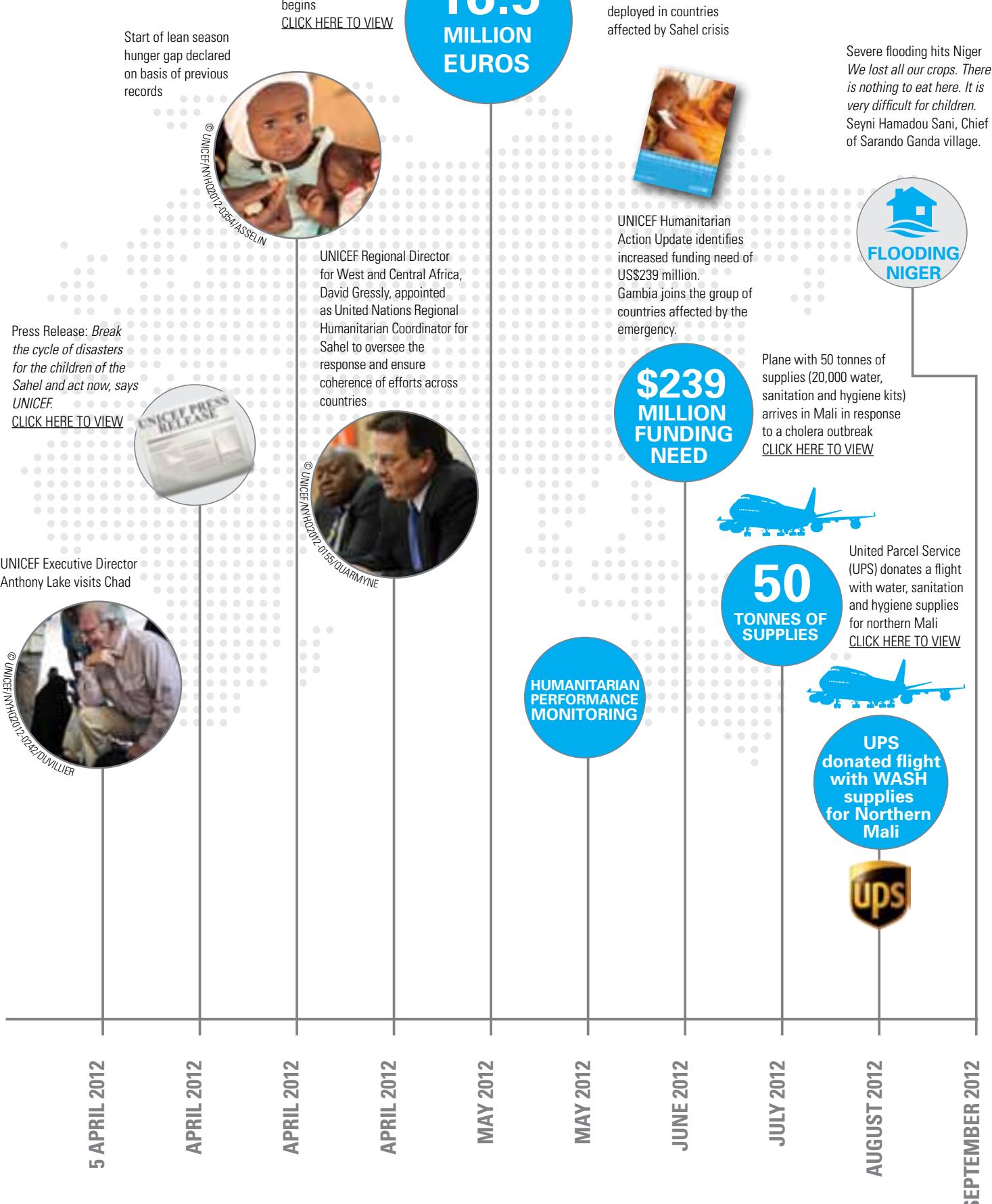
Source: UNHCR



Conflict and insecurity

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## The Response



© UNICEF BURKINA FASO/2012/TARPLGAC

*Malnutrition has so many causes. Food without sufficient micronutrients, poor hygiene and sanitation. If a pregnant or lactating woman's health is poor then her baby is also more likely to be undernourished. And people reject some healthy foods as they are considered taboo.*

*The fight against malnutrition does not take place only in nutrition centres; we need to change behaviour and attitudes, too. Poverty is at the bottom of it all, but so is a lack of knowledge. I have seen first-hand that if you give parents even a little bit of information about hand-washing and nutrition, they can start making a difference.*

*If you show people that malnutrition does not have to be commonplace, that they should seek treatment for it just like for a disease, then they will bring their children to the Community Health Works where they can get treated, and they will get better.*

Fatoumata Lankouande, UNICEF Nutrition Specialist, Burkina Faso

The situation in the Sahel is a chronic emergency. The overall response in the region reached approximately 500,000 children in 2010; 619,000 in 2011; and is estimated to reach over 850,000 children in 2012.

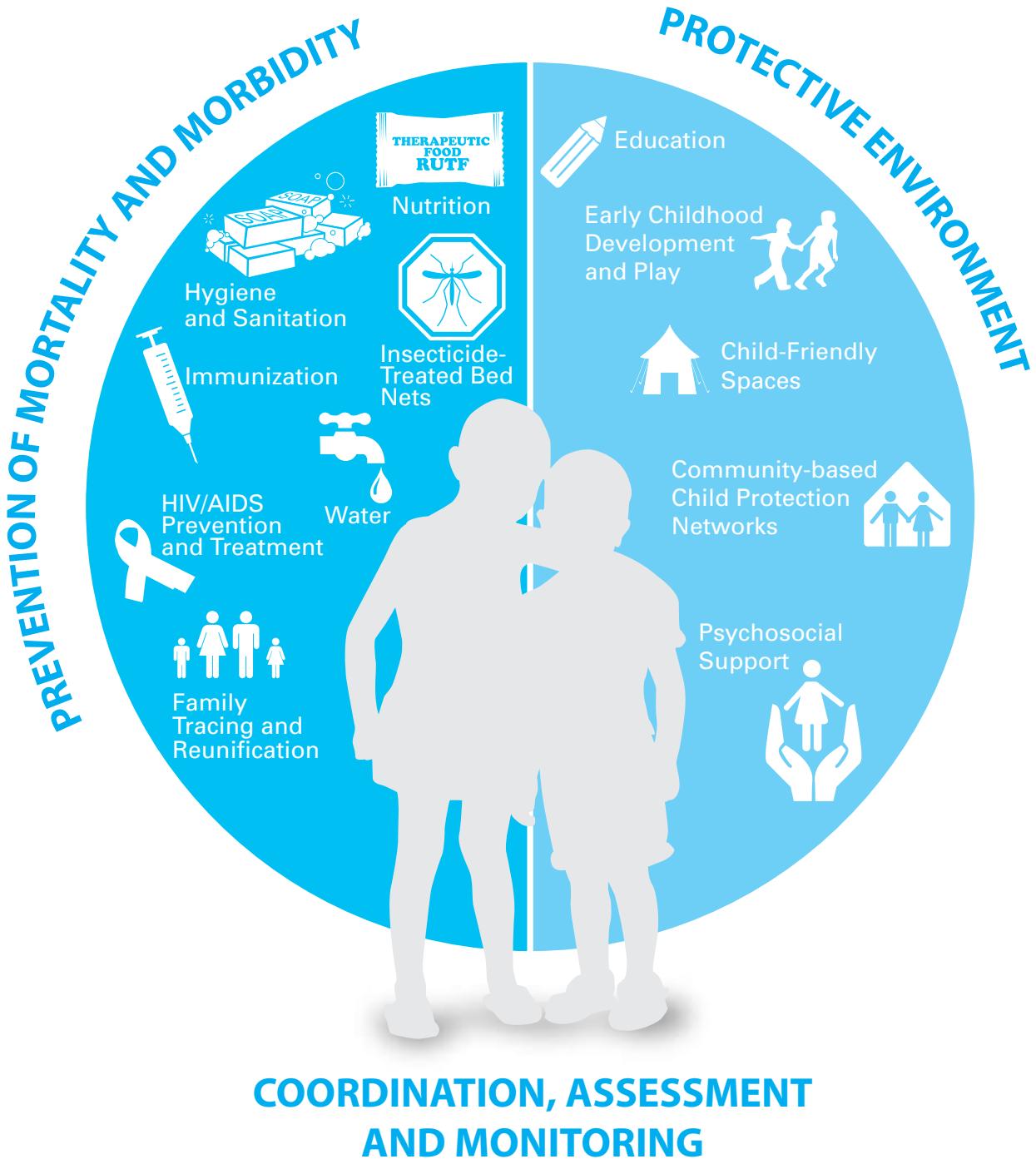
In 2012, the scale of need was estimated using Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys, which identified approximately 1.1 million children at risk of severe acute malnutrition across the region. In order to reach as many of the children as possible, UNICEF required sufficient supplies and increased capacity to deliver treatment to target beneficiaries. The UNICEF nutrition intervention includes identifying vulnerable children, promoting nutrition services at the community level, monitoring effectiveness of treatment and distributing therapeutic food to affected populations.

Drought-affected communities across the region have also been provided with improved water and sanitation services, including supplies of water jerry cans, collapsible water tanks, oral rehydration salts (ORS), basic family water kits, and tents. UNICEF was also part of an Inter-Agency Standing Committee, which was

responsible for reporting cholera outbreaks in the region.

While immediate humanitarian response is critical, long-term efforts are needed to build resilience and help prevent similar crises from reoccurring. We know that it is much cheaper to prevent child malnutrition than to provide emergency treatment. That is why, in addition to providing emergency relief, UNICEF works to strengthen capacity in vulnerable communities by identifying and mitigating risks and investing in sustainable health care solutions and adequate child nutrition monitoring systems.

## Protecting the 'whole' child



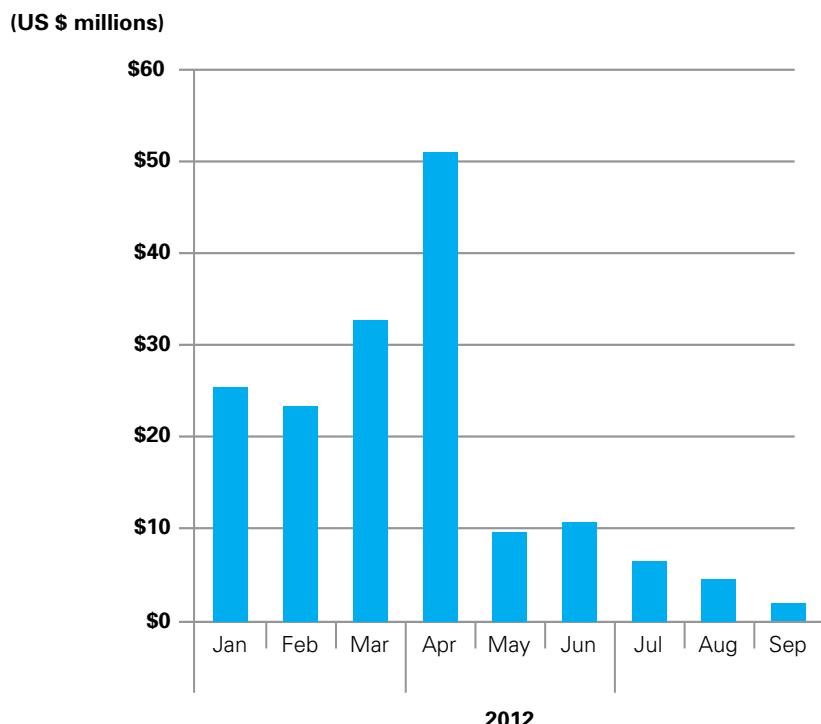
## Lessons learned

- The initial focus on nutrition supplies proved very successful in raising the profile of the crisis, garnering public attention, and mobilizing funds quickly and effectively. As a result, UNICEF was able to start saving child lives straight away.
- On the other hand, the spotlight on nutrition meant other types of intervention, in the field of education, communication for development, and HIV/AIDS, for example, did not receive sufficient funding support in the early stages
- The focus on the regional scope of the crisis helped make the case for the urgent nature of the appeal due to the sheer number of children at risk, and attracted significant unrestricted funds for the emergency response.
- The regional focus of the appeal did not provide space to address specific challenges in coverage, causes and capacity country-by-country.
- Frontloading large quantities of emergency supplies in the regional warehouse facilities of UNICEF and partners allowed for quick and flexible allocation and distribution. It also led to significant cost savings through bulk shipping. Good forecasting and logistics planning contributed to effective coordination of required quantities from various sources.
- Given the scale of the emergency, procurement of locally available supplies helped keep down costs and reduce reliance on single supply sources. RUTF supplies were produced in Niger for the first time and distributed across the region, showing that a country at the core of the nutrition crisis can also play a key role in providing the solution, resulting in cheaper and quicker deliveries of essential supplies.
- Politics can hinder response. Some local authorities were reluctant to acknowledge malnutrition as a problem. Although most countries agree that malnutrition needs to be addressed, governments tend to focus more on food security, leaving the international community, including UNICEF, to address the problem of malnutrition.
- Maternal and under-five mortality rates in the region are among the highest in the world. Children growing up across the Sahel are already a vulnerable population. Malnutrition is an underlying cause of high child mortality. An integrated approach to emergency response is especially important in this context, where factors such as population pressures and chronic poverty place additional strain on already fragile resilience and coping mechanisms.
- Cultural and societal factors should be taken into account when addressing crises. For instance, while vulnerability of children and women is known to be high, access to health and social services is frequently constrained by cultural factors.
- Analysis shows that an investment of US\$1 in January 2012 was worth US\$9 later. This is simply because it costs more to procure and airlift supplies at short notice than to purchase and deliver supplies in advance.
- Social media influences traditional media. The largely digital #SahelNOW campaign triggered significant media coverage. This reveals the potential of a coordinated social media response during emergencies.<sup>2</sup>

<sup>2</sup> Source: CARMA International, Inc. – The Sahel Crisis Special Report: Analysis of Targeted Traditional Media and Social Media Coverage (April 2012)

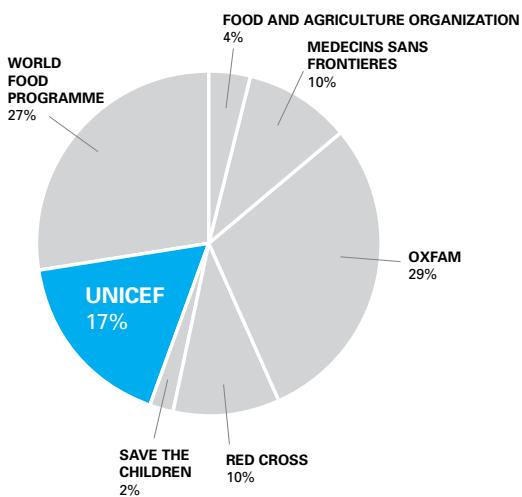
## Early funding enables early action: starting dates of grants

(PBAs active in 2012)

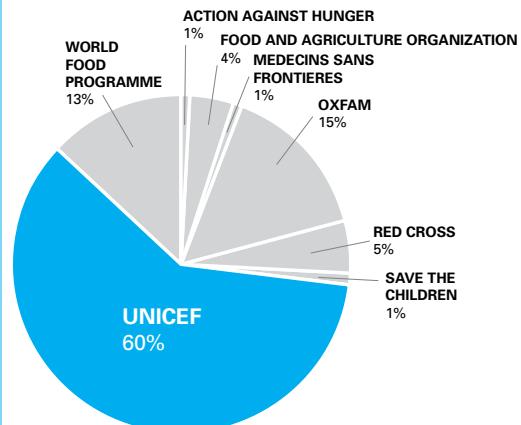


## Social media moves traditional media: Media coverage of the Sahel crisis

### 26 March – 2 April



### 3 April – 10 April



During the week prior to the campaign, UNICEF was mentioned in 17 per cent of all articles on the Sahel. Coverage included, among other topics, undernourished families in Chad, an announcement that the United States will donate US\$120 million in emergency aid to the region, and quotes from UNICEF experts discussing the famine in Chad and Mauritania.

During the first week of the #SahelNOW campaign, most of the media attention focused on UNICEF. The number of articles mentioning UNICEF increased tenfold. A significant portion of coverage highlighted the role of UNICEF in raising awareness of the crisis, especially through the extensive use of social media. Coverage also focused on the possibility of a second famine in the Sahel region and the role of UNICEF in mobilizing the international community.

## Spotlight: Resilience

### Saving lives today – and tomorrow

Poor rainfall in the Sahel in 2011 led to crop failure and loss of livestock, which, together with rising food prices, contributed to creating the emergency situation in 2012.

In addition to external factors, such as weather patterns and economic fluctuations, cyclical crises are often a sign of underlying causes that create a situation of chronic vulnerability.

Poor water and sanitation, limited access to health services and inadequate infant and child feeding practices are some of the factors that render children and their families particularly vulnerable at times of crisis.

Experience suggests that at times of emergency children face heightened protection risks that require targeted intervention. For example, children may be forced to drop out of school in order to help support their families, which disrupts education and may put them at risk of exploitation.

Traditional emergency relief efforts follow a linear, phased approach: relief, recovery, development. This approach has not been successful in preventing similar emergencies from occurring again. The UNICEF emergency response to the 2012 Sahel nutrition crisis includes investment in building resilience – making households, communities and national systems more prepared to deal with similar shocks in the future.

### Resilience-focused interventions

Ensure health workers have the capacity to prevent, detect, diagnose, and treat malnutrition and related illnesses through training (e.g., outreach strategies), system building (such as health surveillance systems; screening and referral systems) and adequate supplies.

Address behavioural causes of malnutrition:

- Increase knowledge and adoption of key nutritional practices through outreach programmes, media campaigns, and training for service providers
- Promote adoption of essential family practices (exclusive breastfeeding for children under six months of age, hand-washing with soap, use of oral rehydration therapy for treatment of diarrhoea, etc.)
- Stimulate health-seeking behaviour to promote demand for lifesaving services.

Protect assets and avoid negative coping mechanisms during crisis through direct transfers (cash/voucher schemes) and indirect transfers (e.g., abolition of user fees for health services).

Reduce likelihood of cholera and other diarrhoeal diseases through:

- Improvement of drinking-water sources and management of sanitation facilities
- Equipping nutrition centres with safe water facilities
- Automatic distribution of hygiene kits to mothers of children treated at health and nutrition centres.



*This project, which is integrated within a group of projects that we are funding in Burkina Faso in the field of food security, is specifically focused on nutrition with the pedagogical aim to emphasize that nutrition issues have to be understood in a multisectoral approach. That means to integrate production, quality, food diet, education. So in one word, it must become a 'hub' of issues, which is a very new way of approaching things, compared to what has been in place in the field of food security over the last few years.*

**Alain Holleville, Head of European Union Delegation to Burkina Faso**

## Resilience through education

In partnership with the Government of Burkina Faso and local NGOs, a UNICEF project improves nutrition security among women and young children – and it starts with education. More than 14,500 villages will benefit from the project, reaching an estimated 75,000 pregnant women and some 145,000 breastfeeding mothers and their children.

Information is spread in a variety of ways. Theatre groups visit villages and perform plays that encourage exclusive breastfeeding for the first six months of a child's life. Mothers are also being taught to become less reliant on staple grains, such as millet, and to introduce vitamin-rich fruits and vegetables into their daily diets. Cooking demonstrations show how to fortify meals with healthy and nutritious ingredients.

Fruit and vegetable sellers are given information on the nutritional value of their products, so that they in turn can pass on this knowledge to their customers. Farmers are educated in new techniques and given financial assistance to plant fruit and vegetables in addition to staple grains.



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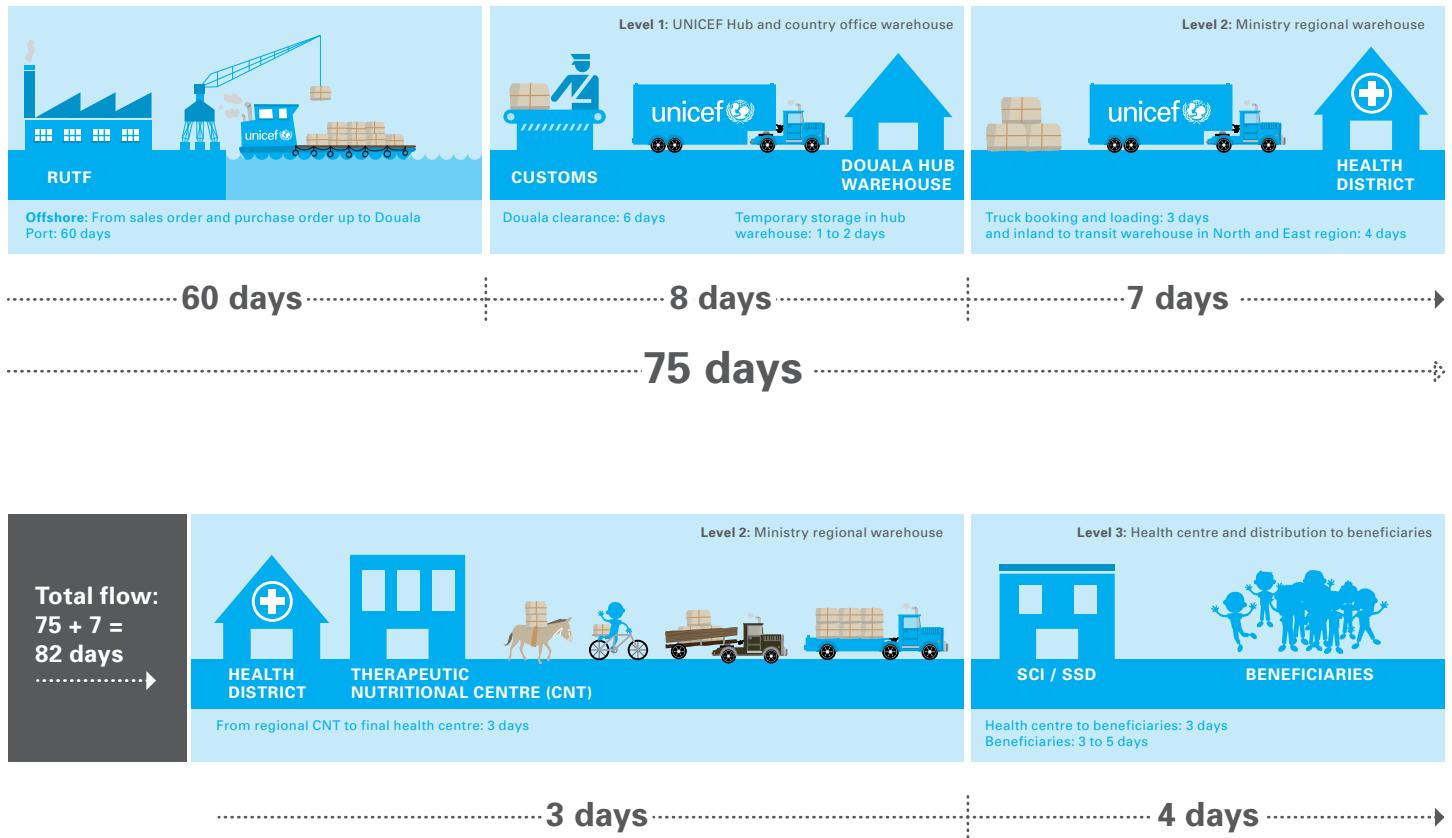


*Before, it was common for children to be ill. Babies were prone to illness because of incorrect feeding practices; some even died. Today, women practise exclusive breastfeeding and the children are healthy; they don't get sick as much. That's why all the women in this village breastfeed their children until they are six months old.*

**Mamounata Kabore, Mother  
Village of Tamidou, Burkina Faso**

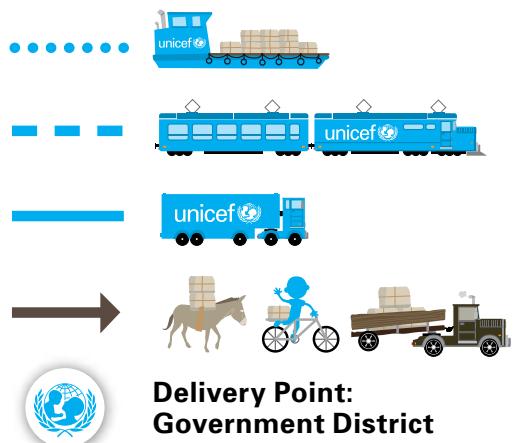
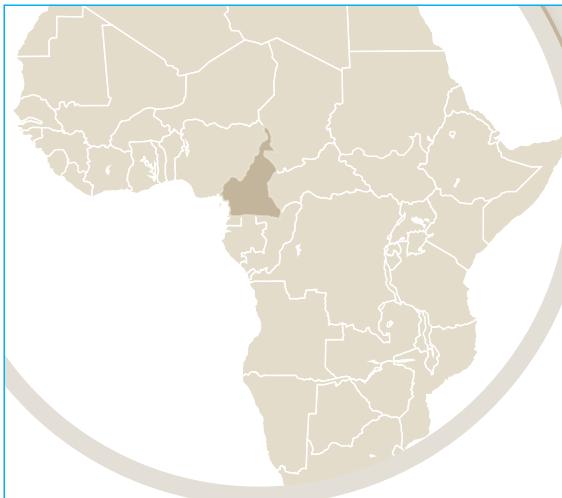
# Supply Chain

## Flow diagram: Cameroon RUTF Supply Chain



## To Chad





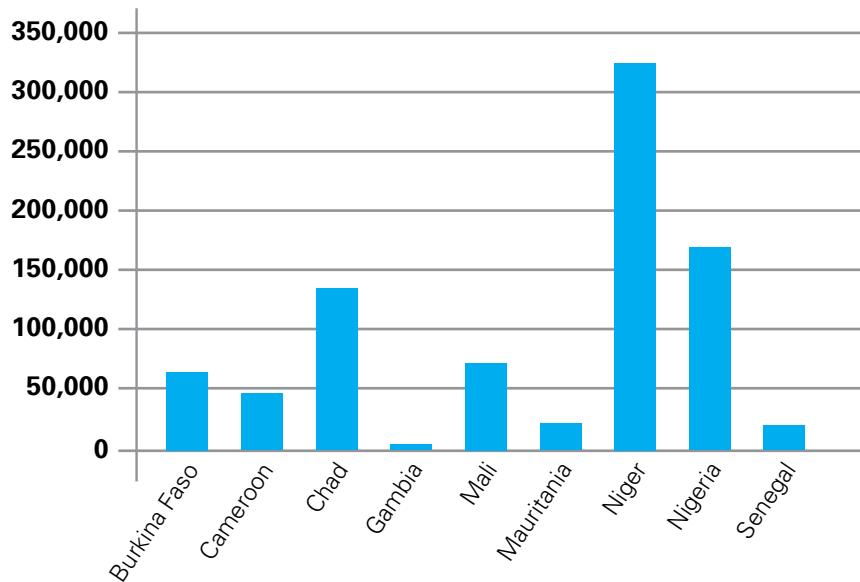
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## Supply statistics

### Ready-to-use therapeutic food (RUTF) orders

Ready-to-use therapeutic food:  
Number of cartons ordered in  
2012, per country. Each carton  
contains 150 sachets of  
ready-to-use therapeutic food  
(92g each).

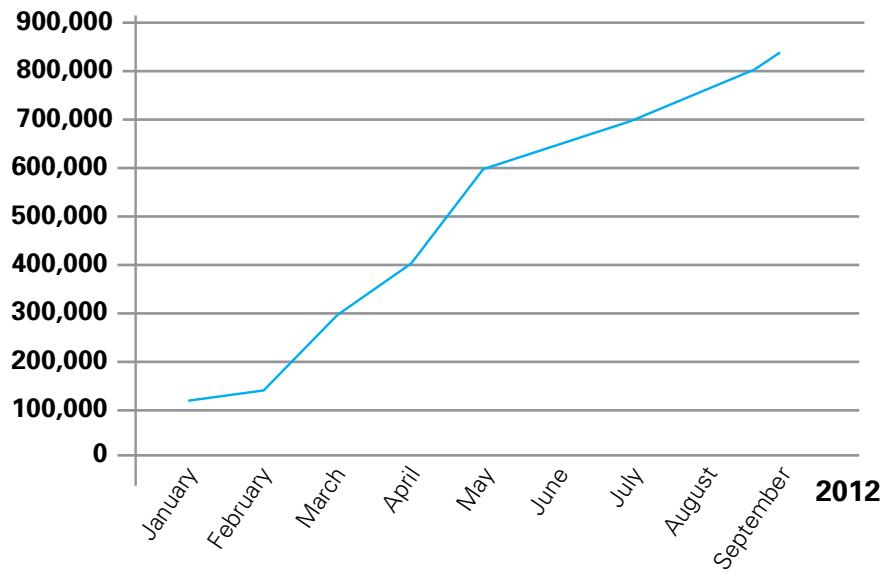
No. of cartons



### Cumulative RUTF sales orders

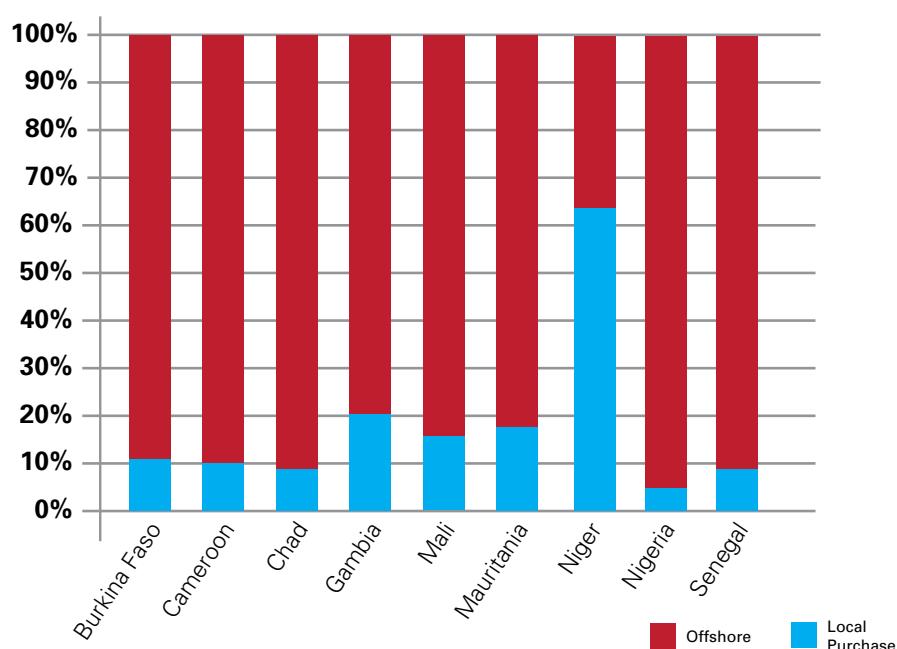
Securing funding early made it possible to stock up on essential supplies. UNICEF had prepared for the crisis, stocking RUTF in time for the lean season which started in July 2012.

No. of cartons



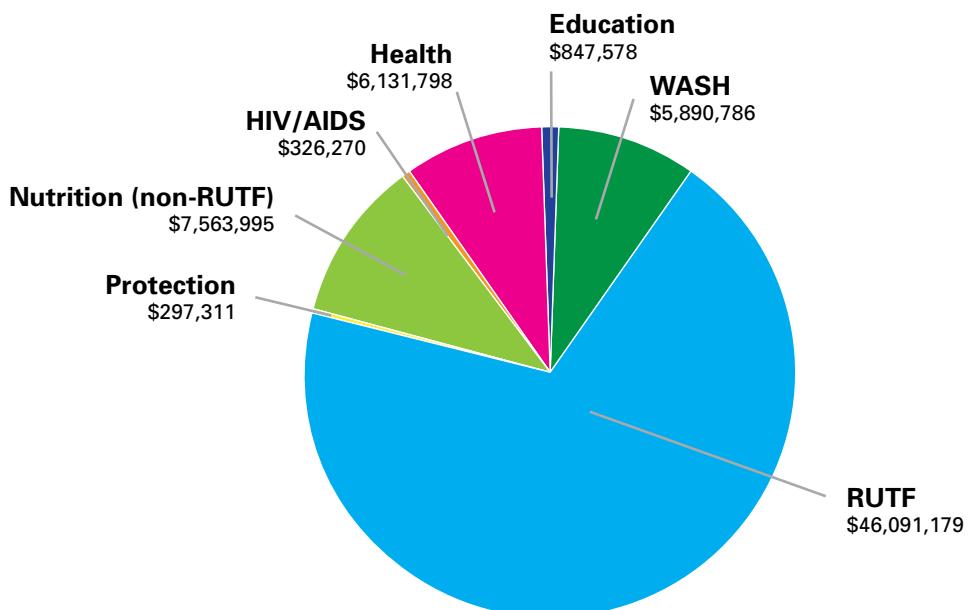
## Supply statistics

### Ready-to-use therapeutic food (RUTF): share of supplies produced locally



For the first time, ready-to-use therapeutic food is being produced locally: UNICEF Supply Division set up production facilities in Niger. In addition to satisfying local demand, starting in June 2012, the Niger production facility started supplying ready-to-use therapeutic food to other countries in the region.

## Sectors



Nutrition at the core of the crisis: RUTF accounts for 69 per cent of supplies procured by value, with additional nutritional supplies representing a further 11 per cent.

# Burkina Faso

## Context

The challenges in Burkina Faso are a result of repeated drought-related food shortages, from which people have insufficient time to recover before being again affected. By late July 2012, 3.2 million under-five children and nearly 836,000 pregnant women in the country had been affected by the crisis. The number of children that are at risk of suffering from severe acute malnutrition in 2012 is estimated at 100,000. By early August, crop failures had been reported in roughly 40 per cent of the country.

Thousands of Malian refugees have fled to Burkina Faso. First phase estimates from UNHCR were that over 107,000 refugees crossed into Burkina Faso, a figure that was revised downward to 35,000 in the phase 2 registration process by UNHCR. Seven official sites have been recognized as refugee camps by the Government of Burkina Faso. In addition, several spontaneously settled sites have arisen. As of September 2012, 47 cases of cholera have been reported in the Sahel region in the north of Burkina Faso.

## Nutrition

- By September 2012, 71,614 children were treated for severe acute malnutrition.
- UNICEF supported the Ministry of Health to improve the reporting system that now provides, for the first time, admissions data on a monthly basis.

## WASH

- More than 10,000 hygiene kits (composed of jerry cans, buckets, soap, kettles, and cups) have been distributed via the health centres in the Centre North and Sahel region to benefit families with SAM children.
- Targeting 55,000 refugees, UNICEF and Oxfam promoted essential family practices in four camps, with a strong focus on hygiene promotion. In addition, 21 hygiene promoters were trained in skills and knowledge of essential family practices.
- Seven water points have been rehabilitated, benefiting host communities and refugees.

- 12,500 hygiene kits have been distributed to serve about 62,500 refugees and host population living in high-risk cholera areas.
- With WASH partners (Oxfam, UNHCR, Burkinabe Red Cross Society, Help, and Plan Burkina), supported the construction of 890 latrines and 685 shower rooms in the camps in Fererio, Gandafabou, Mentao, Damba and Goudebou.

## Health

- In response to the cholera outbreaks near the Nigerien border, UNICEF provided disinfectants, disinfections, and protection material as well as operations cost for mass media and interpersonal communication, supervision, household disinfections, and household water treatment.
- More than 70,000 children (including over 10,000 Malian refugee children) were immunized against measles. Nutrition screening and vitamin A and deworming drugs distribution were also carried out in the context of this campaign.
- Children in the camps, infants aged 0–11 months continue to be immunised within the framework of routine vaccination. UNICEF has ordered routine vaccines to replenish the national stock.

## Child Protection

- 12 teachers have been trained on psychosocial support in emergency situations and on managing child-friendly spaces.
- 36 community volunteers have been trained on the promotion and protection of child rights.
- 24 community animators, two staff members from Ministry of Social Welfare, and four supervisors have been trained on psychosocial support and managing activities in child-friendly spaces.

## Education

- 3,600 children were provided with textbooks and school supplies, and their schools equipped with desks and other equipment.

- UNICEF, together with Terre des Hommes, Save the Children International, the Foundation for Community Development (FDC), and the Red Cross, provided catch-up classes for 838 elementary school children. A further 984 children aged between three and five received education support and social protection services.

### **Coordination**

- The nutrition cluster has been activated with UNICEF as the lead agency.
- Coordination mechanism for all interventions in the education sector has been put in place, including the Ministry of Territorial Administration and Security, the Ministry of Education, and NGOs.
- Regular meetings have been held under UNHCR leadership to coordinate assistance to the Malian refugees.
- An Epidemic Management Committee has been formed under the leadership of the Ministry of Health, focusing on cholera.

### **Funding (US\$)**

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	12,401,204	6,656,646	54
Health	3,968,267	1,770,403	45
WASH	2,097,000	1,864,937	89
Communication for Development	862,500	155,000	18
Education	1,034,627	1,132,300	109
Protection	1,319,600	1,019,000	77
Coordination and M&E	587,000	194,500	33
Other	-	50,000	-
<b>Total</b>	<b>22,270,198</b>	<b>12,842,786</b>	<b>58</b>



Yasmina Nikiema is 16 months old. Five weeks ago, when her mother Celine brought her to the local health centre in the Karpaala neighbourhood of Ouagadougou, Burkina Faso, she weighed only 6.3 kilogrammes. The nurses immediately referred her to the nearby Saint Camille Hospital, which is supported by UNICEF. After receiving intensive nutritional care in the hospital's therapeutic feeding centre, Yasmina now weighs 8.1 kilogrammes and will fully recover from malnutrition. Celine and Yasmina will continue to visit the hospital for weekly follow-up consultations and supplementary feeding until she reaches her target weight.

# Cameroon

## Context

The affected areas of Cameroon are the country's North and Far North regions. The percentage of the population suffering from food insecurity in these regions is above 15 per cent. Access to these far-flung areas is difficult, compromising the response and data collection. The number of children in the two regions that are at risk of suffering from severe acute malnutrition during 2012 is estimated at 55,000.

The severe drought in the Sahel region was followed by heavy rains that have led to widespread flooding in both these northern regions. More than 70,000 people have been forced to take shelter in schools, in health centres, and with local host families. Crops have been destroyed, especially millet, rice, and sorghum, increasing the risk of serious food shortages. Open wells have been polluted. Floods also increase the risk of cholera.

Child protection issues play an important role in the UNICEF response as the two regions have the highest number of children under five years old who are not registered at birth, the highest rate of early marriage for girls under 15 years, and the highest rate of children aged 5 to 14 years working as domestic workers.

## Nutrition

- By September, 26,000 children had been treated for SAM. UNICEF provides technical leadership, training, supervision and supplies (RUTF, therapeutic milk, essential drugs, and medical equipment) and strengthening capacities of 435 clinics and hospitals in the North and Far North.
- 1,144 trainers, health workers and community workers have been trained in community management of acute malnutrition in order to reinforce capacities.
- UNICEF provided technical expertise and formative supervision in 16 health districts and supports the regular community based active screening of malnutrition in two health districts.

## WASH

- 27,000 WASH kits have been provided at the regional level to be distributed to households through health centres.
- WASH trainers at district level have been trained 3,500 community workers responsible for hygiene education promotion at the household and community levels.
- Cholera supplies have been pre-positioned at district level in all 43 health districts, including chlorine, pool testing kits, hand washing facilities, and communication tools on cholera awareness and prevention.
- UNICEF has assisted the government in the development of WASH protocols for clinical and community management of cholera cases, and participated in cross-border meetings (between Chad and Cameroon) to address these issues.
- In response to the flooding, UNICEF has provided wash kits, water purification tablets, and chlorine for disinfection.

## Health

- UNICEF led the implementation of Maternal and Child Health and Nutrition Week campaigns in the two affected regions:
  - More than 1.1 million children (1-5 years) have been dewormed and 1.2 million children received Vitamin A supplementation to protect them against malnutrition.
  - 1.9 million children under five were vaccinated against measles, DPT and polio.
  - A mobile treatment unit established to provide health services to the displaced population. 10,000 long-lasting insecticide-treated mosquito nets and other essential items have been distributed to IDPs.

## Education

- Almost 4,500 vulnerable out-of-school children in 15 crisis districts benefitted from UNICEF's immediate response to the nutritional crisis.
- By the end of 2012, all 168 schools affected by flooding will have benefitted from a 'school safety-net' emergency intervention package:

- Essential school supplies: Schools In a Box, recreational kits, early childhood development kits, pens, chalk, classroom jugs
- Temporary shelter and provision of tarpaulins, mats and tents for schools and classrooms that have been washed away by the flood to provide temporary learning spaces.
- Water and sanitation materials for improved hygiene to include hygiene kits (toothbrush, toothpaste, towels, detergent, toilet paper, soap), complemented by a cholera campaign package which includes “our schools without cholera” comic books, drinking cups and soap.

### Child protection

- 2,300 children were surveyed and their needs identified in the flood-affected areas. Fortunately, no cases of unaccompanied or separated children were identified.
- 1,200 copies of handbook for community-based workers and social workers on psychosocial support in emergencies have been distributed through the national pool of trainers on psychosocial care.

### Coordination

- UNICEF leads the nutrition, WASH, and education clusters. National nutrition cluster and sub-clusters in the regions have been activated.
- UNICEF is coordinating the emergency nutrition sector group with the Ministry of Public Health at national level and in both regions.
- Bi-weekly coordination meetings are held between the Central Emergency Response Fund recipients (UNICEF, WFP, WHO, and FAO) and UNHCR to coordinate actions.



The two adjoining rooms for mothers with severely malnourished children at the Kousseri Hospital were full of women, each with one child. Most of them had come in recently, and all were from Kousseri and immediate surroundings in north Cameroon.

Mrs Mayawe, the young woman seen in the photograph, stood out from the crowd. She had been there the longest – two weeks, I think. Her daughter, Oya, was now recovering well after initially not being able to take nourishment, neither food nor drink. The little girl was nursed back to health. The mother felt at ease at the clinic, while other mothers had not yet settled in. And she was happy and visibly proud of her child and her success.

Mrs Mayawe served as a good example for the mothers of other children, showing that recovery was possible and that completing the course of treatment at the centre was in the child’s best interest. There was a tendency to take children out of the clinic as soon as they showed a little improvement and before they have made a full recovery.

*Mads Hoisgaard Jorgensen, Photographer and Emergency Communication Specialist*

### Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	4,844,909	2,757,348	57
Health	3,002,766	399,744	13
WASH	3,732,206	1,879,455	50
Communication for Development	305,792	-	-
Education	33,868	220,192	650
Protection	300,000	189,946	44
Coordination and M&E	638,782	307,616	48
Other	325,647	110,196	58
<b>Total</b>	<b>13,183,970</b>	<b>5,864,498</b>	<b>44</b>

## Chad

The crisis in Chad's Sahel belt followed scant and erratic rainfall during the 2011 rainy season, which, in turn, has caused a severe reduction in both agricultural harvest and livestock production. There has been a shortfall of 30 per cent in total cereal production in 2012 compared to previous years. Men are forced to move to other regions to find work as agricultural labourers, thus separating families and making children and women even more vulnerable.

Food scarcity also contributes to the rise in the market price of staple foods, such as millet. In some areas prices have more than doubled since 2011, and consequently many families do not have sufficient income to buy nutritious foods. As a result, it was originally feared that in the country's Sahel belt one child out of ten below five years (more than 125,000) would be affected by severe and acute malnutrition and would require therapeutic care and life-saving treatment. Based on new SMART survey data generated across the Sahel belt, UNICEF now estimates that the number of expected cases for treatment of SAM could actually exceed the original 2012 estimate.

In late July and early August of 2012, heavy rains caused flooding in the southern regions of Chad. According to government estimates, more than 700,000 people were affected, and an estimated 70,000 displaced. UNICEF has provided shelter and critical assistance to 20,000 flood-affected internally displaced persons (IDPs), including tents, mosquito nets, hygiene kits, water treatment sachets, soap, hygiene promotion materials, and other WASH supplies.

### Nutrition

- As of September 2012, almost 115,000 severely malnourished children have been admitted for treatment – already more than the total in 2011 (70,000).
- The number of treatment sites continues to increase, from 276 therapeutic feeding centres supported by UNICEF and its partners in 2011 to 384 in 2012.
- A psychosocial support project for under-nourished children accompanied the re-

covery process of 3,000 children with use of emotionally stimulating activities. About 20 traditional leaders attended launch and expressed their full support. The initiative includes 25 training sessions on psychosocial stimulation and support for 745 health/nutrition agents and social agents working in the nutrition centres.

### WASH

- WASH materials have been provided to the nutritional health centres in the Sahel area to prevent diarrhoeal diseases, with a focus on a mother-and-child package.
- 400 technicians have been trained in household water treatment and good hygiene practices in feeding centres, enabling quick delivery and follow-up of mother-and-child package and safeguarding of malnourished children from diarrheal diseases.
- At time of writing, preparation was under way for the drilling of 100 boreholes in areas affected by nutritional crisis and cholera high-risk villages, including hygiene promotion and construction of hygienic sanitary facilities.

### Health

- Approximately two hundred nurses have been deployed to support the Ministry of Health in the Sahel belt.
- 130 paramedics have been recruited to expand the revitalization of the health centres in the Sahel belt and the southern regions, enabling them to provide an integrated package of nutrition and health interventions.
- 249 community health workers have been trained on cholera prevention activities in six high-risk districts.
- 15,000 doses of ACT (artemisinin-combination therapy) have been provided for malaria treatment and 10,000 long-lasting insecticide-treated bed nets for the prevention of malaria to 20 districts affected by flood.
- Established an Emergency Unit in N'Djamena Children's Hospital. The unit admitted more than 2,000 children in September 2012 alone.

## Education

- Technical assistance and financial support has been provided for 'catch-up classes', helping 1,660 children who dropped out of school because of the crisis to be ready to return to school, and do well during the 2012–2013 academic year. UNICEF provided school-in-a-box and recreational kits to the schools.

## Child protection

- More than 3,000 children have benefitted from psychosocial support interventions in return villages and internally displaced sites, as a preventive intervention to protect children from abuse associated with family separation, early marriage, and child trafficking exacerbated during emergency situations.
- The Regional Delegation of Social Affairs in Sila has been supported to provide birth certificates to 1,681 children.

## HIV/AIDS

- The number of PMTCT clinical sites increased from 35 to 45. The 10 new sites provided HIV/AIDS testing to 161 pregnant women in the zones affected by the nutritional crisis. Mothers in nutrition treatment centres are systematically counselled for being tested, and those found positive are then referred to PMTCT services.

## Coordination

- Nutrition, WASH, and Education clusters have been activated.
- A child protection sub-cluster at the national level has been created with the support of United Nations Office for the Coordination of Humanitarian Affairs (OCHA).



## Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	25,200,000	13,947,185	55
Health	13,200,000	1,585,713	12
WASH	6,400,000	1,964,549	31
Communication for Development	2,000,000	1,930,844	97
Education	2,000,000	100,000	5
Protection	200,000	343,847	172
Coordination and M&E	2,685,000	2,164,581	81
HIV/AIDS	315,000	100,000	32
Multi-Sector	-	3,365,447	-
<b>Total</b>	<b>52,000,000</b>	<b>25,502,167</b>	<b>49</b>

Achta Saleh's mother remembers how her one-year-old got sick:

*It started with a cough. Then she had oedema – her feet and arms were swollen. She fell very sick and weak. Achta was so ill that she used to lie down and stay asleep all the time. She couldn't stand up or hold an item in her hands. I gave my child porridge, but she didn't want to eat. I couldn't add sugar because I didn't have enough money. She used to suckle a lot, but then she refused. I don't know why. When we arrived here [at the nutritional intervention centre in Chad], I was concerned. I didn't know if Achta would survive. Today I am happy because she is cured. Now when I go home, I will try to make sure she gets the food she needs. Nurses told me what I should do. I don't want to let my baby get ill again.*

## Gambia

Gambia was the ninth country to be added to the consolidated emergency appeal in June 2012. 34,000 people were affected by floods and windstorms in September /October, with almost 8,000 displaced. Thirteen people were reported to have died. A multi-sectoral needs assessment of the flood affected population was carried out by the government with technical support from the UN System. National Disaster Management Agency distributed food and non-food items to most flood-affected households, including water containers, bleach, soap, and aqua tablets procured and prepositioned at regional level by UNICEF. No case of cholera has been reported since January 2012.

### Nutrition

- RUTF was procured and distributed for children 6 to 59 months, reaching 2,272 children.
- Technical guidance and training has been provided for first-ever national nutrition survey with SMART methods in August 2012. Preliminary results revealed that 1.2 per cent of children 6-59 months are suffering from Severe Acute Malnutrition.
- 150 health workers from paediatric units of hospitals and major health facilities including private and NGOs have been trained on SAM management. This training has helped in building up the minimum capacity for management of SAM.
- Nutrition supplies for 300 children have been provided, including therapeutic milk for treatment of SAM, in Bansang Hospital.

### Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	376,323	-	-
Health	100,000	454,771	455
WASH	250,000	-	-
Communication for Development	60,000	7,286	12
Education	5,000	-	-
Protection	15,000	-	-
<b>Total</b>	<b>806,323</b>	<b>462,057</b>	<b>57</b>

### Health/WASH

- Cholera preparedness and response plan has been developed and put in place, including the provision of essential medical supplies in centres such as disinfectants and detergents.
- 754 contaminated water points for human consumption have been disinfected in the affected communities, and conducted sanitation and hygiene education in affected communities, focusing on caregivers of malnourished children under five
- WASH minimum packages have been provided to promote good hygiene practice among caregivers of SAM and MAM children in 5 nutrition centres.
- Water sources in 22 health facilities including nutrition centres have been treated with chlorine to reduce the risk of water borne diseases among malnourished children admitted for treatment.
- During community registration and RUTF distribution, community health workers sensitized caregivers of malnourished children on improved hygiene and sanitation practices.
- Vitamin A and de-worming tablets for 12 to 59 month old children were provided to the Ministry of Health to prevent micronutrient deficiency.

### Education

- UNICEF procured and distributed educational materials (exercise books, pencils, pens, erasers and text books) to 17 schools reaching 810 refugee children. The WASH facilities in these schools will be rehabilitated.

### Coordination

- UNICEF provides technical support to the cholera taskforce and also participates in the Food and Nutrition Security Council meeting. UNICEF provides technical support to the WASH, Nutrition and Health sector coordination.

# Mali

Since armed groups took control of northern regions of the country following the coup in March 2012, Mali has remained divided. Armed Islamist groups continue to maintain control of Timbuktu, Gao, and Kidal, as well as parts of Mopti region. On 20 August 2012 the interim Malian president, Dioncounda Traoré, announced the formation of a national unity government in an attempt to bring stability to the country. In October the UN Security Council declared its readiness to support the Transitional authorities of Mali to recover the occupied northern regions through an international military force, with a draft plan to send 3,300 international troops to Mali.

The combination of drought, food insecurity, and conflict has forced more than 400,000 people to flee their homes, many of them children:

- More than 200,000 people have been internally displaced in Mali. Displacement has also resulted in an excess burden for the estimated 150,000 people hosting IDPs around the country.
- Some 200,000 people have sought refuge in neighbouring countries. Refugees in Burkina Faso, Mauritania, and Niger are progressively moving into camp accommodations where humanitarian assistance can be more easily provided.

The lack of political stability resulted in a significant degradation of children's and women's rights in the north. A particularly worrying trend is the continued association of children with armed Islamist groups (there are indications of a few hundred children being associated with armed groups in the three northern regions). There are also repeated reports of unaccompanied children, sexual violence, and victims of unexploded ordinance.

In collaboration with a number of UN agencies, INGOs and NGOs, UNICEF is working across the north of Mali to maintain access to vulnerable children and women. An integrated package of medical supplies, household water, hygiene, education, and child protection has reached 216,000 of the most vulnerable people in the north. The distribution of household hygiene supplies with hygiene promotion has reached at

least 490,000 people. UNICEF has also recruited and trained two third party organizations for field monitoring of project implementation in the northern regions.

In 2012, 219 cases of cholera were reported, with 19 deaths, with cases isolated to Gao region. As a result of flooding in August and September nearly 9,000 people were made homeless and 201 schools in southern regions were affected, limiting access to education for 29,000 students.

## Nutrition

- Estimates for 2012 predicted 385,000 cases of moderate acute malnutrition and 175,000 cases of severe acute malnutrition in children under five. By end of November, more than 57,000 cases of severe acute malnutrition have been admitted for treatment.
- Pre-positioning of nutrition supplies continues at the health region level to ensure uninterrupted supplies in health centres.
- 2,652 health personnel in Bamako, Kayes, Ségou, Mopti, and Koulikoro have been trained on community management of acute malnutrition and integrated young child feeding as well as on the revised national nutrition protocol.

## WASH

- As a measure to prevent, respond to and reduce the risk of cholera spreading, UNICEF has distributed supplies to treat 2,000 cases of cholera, as well as WASH kits for prevention of diarrhoea at the household level. UNICEF has also provided almost 100,000 WASH kits to partner NGOs to distribute alongside community hygiene promotion sessions. United Parcel Service supported UNICEF Mali through free airline delivery with 20 megatons of WASH supplies to respond to the cholera outbreak. As of September 2012, no new cases of cholera have been reported. UNICEF has also provided financial and material support to the government WASH response to cholera in high-risk zones, including through roll out of a cholera prevention communication plan developed with the Ministry of Health and partners.

- UNICEF has initiated construction of several small-scale drinking water systems and four boreholes, ensuring access to safe drinking water to some 58,000 vulnerable people in the Kidal, Gao and Timbuktu regions.
- UNICEF and partners have reinforced WASH facilities in 40 health centres, with 34 centres provided with chlorine production units to promote Household Water Treatment and Storage, and 16 with WASH facilities rehabilitated in the Timbuktu and Kidal regions.
- UNICEF has supported the Ministry of Education in the development of a teacher training guide on 'psychosocial support' for conflict-affected and internally displaced students and teachers.

### **Health**

- A UNICEF-funded integrated vaccination campaign to reach all children (0-59 months) in the northern regions has to date reached 276,000 children with polio vaccine, 260,000 with measles vaccine, 247,000 with Vitamin A, and 212,000 with de-worming medication.
- UNICEF has supported the revitalisation of 38 health facilities in Gao and Timbuktu with capacity and medical supplies.
- In response to the Ministry of Health's warning of stock-out of essential supplies due to the suspension of donor funding to Mali, UNICEF has ordered 567,000 doses of polio vaccine and 730,000 syringes to cover needs for the last quarter in 2012. Essential PMTCT supplies were procured to cover the needs of all health facilities across the country for six months, as well as 13 cholera kits and more than 50,000 bed nets for routine delivery to pregnant women and infants.
- In the two regions in the south which have received the majority of displaced persons, 700 community health workers have provided care for 12,000 people with malaria, 4,000 cases of diarrhoea, and 2,300 cases of acute malnutrition between January and August.

### **Education**

- A 'Back to School' campaign has been conducted in areas where schools host IDPs as well as areas affected by flooding targeted 2.5 million students, 300,000 of whom in the north.
- UNICEF has provided 10,500 children with learning materials, including hygiene and

sanitation kits. 7,700 children in the north benefitted from remedial classes and their participation in the end of cycle examination was facilitated. 4,600 Malian refugee children in Mauritania and Niger received textbooks to follow the national curriculum.

- UNICEF has supported the Ministry of Education in the development of a teacher training guide on 'psychosocial support' for conflict-affected and internally displaced students and teachers.

### **Child protection**

- UNICEF has held Mine Risk Education (MRE) awareness sessions in areas where internally displaced people have moved to, reaching at least 1,600 people to date. 12,100 MRE leaflets were distributed in at-risk northern communities. 33 doctors and midwives in Ségou region were trained on medical care for survivors of gender based violence (GBV).
- A national campaign against the recruitment of children by armed groups was launched in November.
- UNICEF and UN Women jointly trained 30 officers of the Malian Armed and Security Forces on gender and child protection in armed conflict.

### **Coordination**

- UNICEF leads the Nutrition, WASH, and Education (with Save the Children) clusters, and the Child Protection sub-cluster.
- Regional Nutrition sub-clusters in Kayes and Ségou regions are both led by Malian Red Cross, with the Belgian Red Cross in Ségou and the French Red Cross in Kayes.
- UNICEF leads the regional Child Protection sub-cluster in Mopti.
- The Education sub-clusters of Ségou and Mopti have been activated.
- The WASH and Health clusters have delivered prevention and integrated care for cholera patients.
- Nutrition and WASH clusters have delivered 'WASH in Nut' programmes for severely malnourished children.
- UNICEF, UNFPA, and WHO are collaborating to address children's health needs in the northern regions.

## Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	27,020,151	7,024,844	26
Health	2,332,326	654,922	28
WASH	15,847,165	6,014,893	38
Communication for Development	1,005,599	-	-
Education	3,933,978	412,963	10
Protection	3,105,658	1,068,918	34
Coordination and M&E	3,453,389	707,761	20
Other	1,471,064	-	-
<b>Total</b>	<b>58,169,330</b>	<b>15,884,301</b>	<b>27</b>



*I heard about it before, but then I saw it with my own eyes. I saw the reality of malnutrition in my own country! I saw children who are sick from malnutrition for the first time. But I have hope, because I saw the medical staff and how they take care of the children. They showed me how they check the weight of the children, and they showed me what they give the children to build them up. A woman cooked porridge in which they mix oil, sugar, salt, milk, and a special kind of peanut sauce. That was for me the ray of hope, to see that it is possible to nourish those children who are suffering. They received help, even if it is not yet enough. I want to thank UNICEF and its donors for the therapeutic food that helps these children get well. But it is a big problem for the Sahel; a lot of children still pass away. It is still very urgent.*

**Habib Koité, UNICEF National Ambassador, Senegal**



## Mauritania

It had been estimated that as many as 90,000 of the country's children could suffer malnutrition in 2012, out of which 12,600 may suffer severe acute malnutrition.

In partnership with relevant Government ministries, United Nations agencies, NGOs and civil society, UNICEF has supported the provision of a package of interventions integrating Health, Nutrition, WASH, Education and Child Protection sectors to address the needs of children and communities affected by the food and nutrition crisis.

The early rains in July indicated the start of the much-awaited rainy season. Flooding reported in several regions worsened the situation of the most vulnerable communities and posed additional threats in terms of potential cholera outbreak and displacement, as well as the impact on the food and nutrition situation.

More than 108,953 refugees from Mali are now living in Mauritania, increasing the demand for assistance and resources. They are largely located in a camp at M'Bera in the south-east of the country. Access is difficult due to long distances, lack of sealed roads, flooding and security concerns.

For malnourished refugee children, both living conditions and recovery are often difficult. Parents may refuse to bring their children to health clinics, or take children out of treatment programmes before they have had time to recover fully. Displacement is an uncertain time for children. Children may become separated from other family members. Consequently, both parents and children need psychosocial support to minimise the disruption to their lives.

UNICEF is working with the Government of Mauritania, UNHCR, other United Nations agencies, and international and national NGOs to respond to the needs of refugee children and women by providing nutrition, WASH, health, education, and child protection services in the M'Bera camp and for the host communities.

## Nutrition

### Drought-affected areas

- 9,155 children under five years of age suffering from severe acute malnutrition have been admitted and treated in 291 health facilities (out of 488) run by the Ministry of Health and supported by UNICEF and partners.
- UNICEF has provided ready-to-use complementary food to 45,210 children aged 6–24 months to prevent malnutrition during the peak of the lean season, and trained health staff on the Blanket Feeding programme in Assaba, Hod El Chargui, Hod El Garbi and Tagant.

### Refugee Camps

- 774 refugee children under five years of age have been admitted and treated for severe acute malnutrition (SAM) in health centres run by the Government and Medicins Sans Frontières.
- 2,769 children aged 6–24 months have received one month's supply of ready-to-use complementary feeding to prevent malnutrition.

## Health

### Drought-affected areas

- UNICEF has made preparations for potential outbreaks of cholera by working with the Ministry of Health, World Health Organization and partners to identify communities at risk, preposition supplies for 150,000 persons, and ensure surveillance. Fortunately, no case of cholera has been recorded to date.
- 13,000 insecticide-treated mosquito nets (ITNs) have been distributed to districts affected by the nutrition crisis.

### Refugee Camps

- More than 28,000 children have been immunized against measles and 10,520 have been immunized against polio. Routine immunization is organized twice a week.
- 14,000 ITNs distributed among refugees at M'Bera.

## WASH

### Drought-affected areas

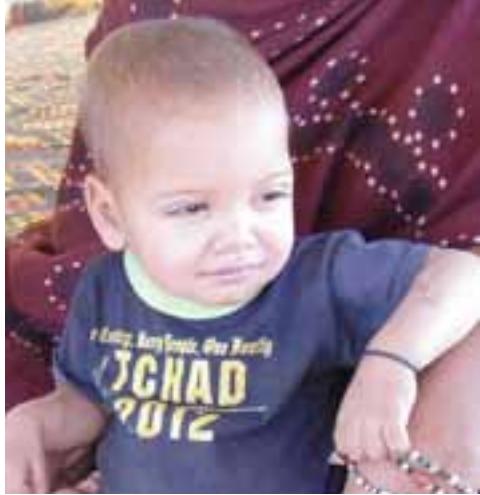
- 'WASH in Nut' interventions, which integrate a WASH component in the context of nutrition interventions, have targeted 100 per cent of the 12,600 severely malnourished children and women at 291 nutrition centres.



### Habibi, February 2012 at Fassala.

Looking at the two photos of Habibi, it is difficult to believe that one is looking at the same child. Two-year-old Habibi arrived in Mauritania in a severely malnourished state in February 2012 after his family fled political instability in northern Mali. UNICEF and local health authorities provided lifesaving medical and nutritional assistance. After more than two months of treatment, Habibi has completely recovered.

When Habibi and the six members of his family fled an attack on their village, they travelled through the night in an old truck until they reached Mauritania. During the cold journey, Habibi began coughing, and the cough developed into a respiratory infection. He also suffered from severe diarrhoea, and thus began a vicious cycle in which the illnesses contributed to malnutrition and, as he became more malnourished, his immune system grew weaker, leaving him even more susceptible to illness.



### Habibi, May 2012 at M'Bera camp, where he was treated for severe acute malnutrition.

Many people and many organizations played a part in Habibi's recovery. The boy was treated at the main health centre in the M'Bera refugee camp in Mauritania, which is run by the local government. Most of the staff providing nutrition services were volunteers from within the refugee community. UNICEF trained health staff who provided appropriate treatment for severe acute malnutrition, and supplied therapeutic food to enable recovery.

- WASH kits have been distributed to 8,100 to mothers and children affected by the nutrition crisis in 4 regions and technical assistance has been provided to ensure access to WASH services to 8,946 refugee households.
- Hygiene promotion and hygiene kits for 750 mothers distributed in collaboration with local authorities
- 1,450 health workers and community health workers have been trained on hygiene promotion (water treatment and hand washing).
- Partnerships with national NGOs (Amami, Ecodev and Moundy) are in place to scale up 'WASH in Nut' activities to reach children in the most affected regions where global acute malnutrition rates exceed 10 per cent: Assaba, Brakna, Gorgol, Hodh Ech Chargui, Hodh El Gharbi, Guidimakha and Tagant. These activities focus on nutrition centres and the community. Additional partnerships with NGOs are being negotiated.
- WASH coordination at the national level has been reinforced to enhance capacity to prepare for and respond to emergencies, and in monitoring and information management.

#### *Refugee Camps*

- UNICEF supported the construction of 1,700 out of 3,228 latrines built by UNHCR and partners, including those in schools and health centres.
- UNICEF supported 200 of the 2,313 showers constructed by UNHCR and partners
- UNICEF supported one-third of the total water storage capacity of 833 cubic metres.
- The following items have been distributed:
  - hygiene kits and hygiene products for pregnant and lactating women, and people with special needs, benefitting 40,000 people;
  - collapsible water containers, benefitting 27,500 people;
  - family water kits, benefitting 15,000 people;
  - hand washing devices, benefitting 5,700 families
  - safe water, latrines, and hand washing devices in schools for refugee children.

## Education

### Drought-affected areas

- UNICEF has been carrying out an evaluation of the impact of the nutritional crisis on the education sector.
- Nutrition and hygiene curricula are being prepared to train the primary school teachers and the preschool educators.

### Refugee Camps

- UNICEF has been ensuring rapid access to temporary primary education for children aged 6–11 years in partnership with UNHCR, NGOs and the education authorities.
- Four primary schools are operating in double shifts, providing education for 3,637 children using UNICEF tents and supplies.
- Malian curricula, textbooks, and teacher guides have been made available, and copies have been provided to 4,000 children in M'Bera camp.

## Child protection

### Drought-affected areas

- 250 children affected by severe acute malnutrition (SAM), including those with medical complications benefited from psychosocial activities established in four health and nutritional structures.
- UNICEF and Save the Children have provided assistance to the Ministry of Health in establishing spaces for malnourished children and mothers at one outpatient and one inpatient nutrition centre.

## Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	3,000,000	2,048,369	68
Health	2,170,000	1,054,118	49
WASH	2,800,000	1,725,475	62
Communication for Development	77,000	20,000	26
Education	3,615,000	672,592	19
Protection	450,000	423,339	94
Coordination and M&E	625,000	1,237,409	198
HIV/AIDS	-	105,000	-
<b>Total</b>	<b>12,737,000</b>	<b>7,286,303</b>	<b>57</b>

- UNICEF and Terre des Hommes-Lausanne have established two psychosocial support spaces in the El Mina health centre for children affected by acute malnutrition, which benefitted 190 children.'
- UNICEF has also supported the Ministry of Social Affairs to establish provincial child protection structures in two 'wilayas' (provinces), Guidimakha and Gorgol, to ensure coordination of the emergency response and integrating psychosocial support in nutrition centres.

### Refugee Camps

- The following results have been achieved in coordination with UNHCR and partners for the refugee population:
  - 775 children have benefited from recreational activities through four child-friendly spaces.
  - 2,600 children suffering from moderate acute malnutrition and 400 suffering from severe acute malnutrition and their mothers have benefited from psychosocial activities through five health and nutritional centres. This resulted in improved attendance at the centres.
  - The families of 80 vulnerable children have been sensitized to allow their children to attend child-friendly space activities. Child-friendly spaces provide a safe and secure environment amid challenging circumstances.
  - 300 educators and leaders have been trained on child rights, child protection, and gender-based violence to be able to identify victims of child protection issues and assist them and their families.
  - UNICEF and UNHCR initiated joint advocacy for birth registration.

## Coordination

- Only the logistics cluster has been formally activated.
- UNICEF is leading coordination for nutrition, child protection, education, and WASH activities, together with Ministry of Health and other ministries.
- A national committee of Government, WHO, UNICEF, and NGO partners has been activated to plan and prepare a response to the possibility of a cholera outbreak.

# Niger

UNICEF and partners estimate that nearly 394,000 under-five children will have needed treatment for severe acute malnutrition by the end of 2012, and these already weak children are also particularly vulnerable to other deadly diseases, such as from contaminated water. This is why UNICEF implemented an integrated response in Niger – including not only the emergency treatment of children but also a programme to increase the resilience of the poorest households against future malnutrition and disease through vaccination and hygiene promotion.

The national SMART nutrition survey of July 2012 revealed a global acute malnutrition rate in children 6–59 months of 14.8 per cent nationwide. In August, admissions to therapeutic feeding centres reached unprecedented levels.

The continuing deterioration of the security situation in northern Mali resulted in a constant flow of refugees into Niger, with the number of officially recorded refugees more than 60,000 by end of September, located in camps and other sites close to the Malian border. These families have poor access to social services and live in the regions the hardest hit by the current food and nutrition crisis. In addition, considerable numbers of Nigeriens who were earning their living in northern Mali are returning to the country, putting further pressure on the already scarce resources in the region.

The rainy season with its above-average rainfalls has given hope for a good harvest in the coming months, and fresh grazing land for livestock is starting to alleviate food insecurity among herders and nomads. However, the excess rainfall is also a threat. Niger is still dealing with the consequences of heavy rains and the exceptional increase in the level of the Niger River, which has led to flooding across the country since the beginning of the rainy season in June – affecting more than a half a million people in all regions of the country, displacing 110,000, and causing 46 fatalities.

From its pre-positioned stock, UNICEF delivered non-food items – including family kits, hygiene kits, and shelter materials – within 48 hours from the occurrence of the flooding. As of today, UNICEF has assisted approximately 11,000 flood-affected

families in Niger. Additional essential supplies have been ordered, but more funding is needed to ensure humanitarian assistance in the coming months, to rehabilitate schools destroyed or damaged by flooding, to provide shelter to homeless families, and to replenish emergency stocks.

Notably, the cholera epidemic continues to spread, with more than 4,000 cases and almost 100 deaths recorded since the beginning of the year. Indeed, the impact of the cholera epidemic has worsened in 2012 due to the number of people fleeing the conflict in Mali.

As of September 2012, 1.8 million cases of malaria have been registered, with more than 2,000 deaths. With the rainy season at its peak, these numbers are expected to increase, and worst-case scenarios predict more than three million cases.

## Nutrition

- More than 287,000 children under five have already been admitted to therapeutic feeding centres for SAM, and more than 369,000 children have received treatment for moderate acute malnutrition at 1,145 supplementary feeding centres.
- Since January 2012, UNICEF has ordered US\$19 million of emergency supplies, 91 per cent for the nutrition response. The pipeline of RUTF provided by UNICEF through local (ready-to-use therapeutic food sachets) and offshore procurements (high-energy F-75 and F-100 therapeutic milk) has been secured until end of the year.

## Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	31,439,921	25,390,415	81
Health	2,835,500	2,502,327	88
WASH	3,343,460	5,097,798	152
Communication for Development	-	414,481	-
Education	1,500,000	1,510,976	101
Protection	556,400	953,659	171
Coordination and M&E	-	257,573	-
<b>Total</b>	<b>39,675,281</b>	<b>36,127,229</b>	<b>91</b>

- Together with CARE, UNICEF has been implementing a cash distribution programme in four municipalities. This unconditional cash transfer programme targets 15,000 severely food-insecure families with children under two years and pregnant and lactating women.
- Outcomes of national nutrition survey show the effectiveness of the emergency response in Niger. Despite food insecurity affecting a large proportion of the population, the mortality rate among children under five is below the internationally recognized emergency threshold of 1 per 10,000 children per day.

## Health

- In collaboration with the Ministry of Health, UNICEF has supplied two million paediatric malaria treatments and 250,000 long-lasting insecticide-impregnated mosquito nets.

## WASH

### Drought-affected areas

- Treating those infected with cholera is crucial, but even more effective is educating communities to prevent themselves against cholera. UNICEF has been working with partners in affected and high-risk areas (including refugee camps) to disseminate cholera prevention messages through door-to-door interventions. In coordination with the Health cluster, medicines and water purification tablets have been provided to affected population in outbreak areas, along with sensitization campaigns and health education messages.

### Refugee camps

- UNICEF has concluded the implementation of a WASH programme for refugees in the Tahoua region. Due to intense preventative activities and the improvement of WASH, no new cholera cases have been reported in the refugee camps.

## Education

### Drought-affected areas

- Due to flooding, schools are occupied by displaced people. With support of partners, the government is actively seeking solutions to provide shelter to some 7,000 homeless families to ensure schools will be available in time for new school year in September.

### Refugee camps

- In agreement with UNHCR, UNICEF has developed and implemented an operational strategy to secure basic education for refugee children. Preparations for the 2012–2013 school year have started and seed funding has been secured.
- Through Oxfam, UNICEF has funded the building of temporary classrooms in Abala camp for 2,248 children.

## Coordination

- Thanks to an early warning, the emergency response started on time, mobilized a substantive amount of resources, and has progressed as planned. Coordination among government and humanitarian partners is effective and the cluster system is in place and fully operational.

*The significant interventions implemented and the efforts made by all humanitarian actors and donors have helped save the lives of tens of thousands of children. Without these concerted actions by the Government and the humanitarian community, malnutrition rates would certainly have reached higher levels.*

*We must re-energize our efforts to address the root causes of malnutrition. Positive results have been achieved in treating and saving the lives of children, but more needs to be done. The battle against malnutrition is far from won, and sustainable interventions must be made available to every child, building on the significant progress made.*

**Mr. Soumana Sanda, Minister of Health, Niger**

# Nigeria

While the Federal Government has not declared an emergency so far, authorities at the Federal level and in the Sahelian states have taken leadership in responding to the crisis. The Minister of State explained the government's vision for the near future with regard to the fight against malnutrition as included in the 'Save One Million Lives' initiative: that is, the scaling-up of community-based management of acute malnutrition (CMAM) centres. Governors in the country's northern states are taking steps to address long-term interventions to food insecurity and malnutrition in order to build resilience to the communities.

Following torrential rains, flooding has been reported in several parts of the country, with more than 60,000 people being displaced. Temporary IDP camps were established, and UNICEF provided vital supplies, including health kits, family kits, blankets, vitamin A, water tanks, and garbage bins. A flood disaster in Adamawa state following heavy rains and the release of water from a dam in neighbouring Cameroon killed 10 people and displaced an estimated 23,000.

The ongoing flooding in parts of the country has increased the risk of cholera outbreaks dramatically. To date, 364 suspected cholera cases have been reported, including four deaths.

## Nutrition

- Nearly 160,000 children have been admitted for treatment from January to September in 466 CMAM sites (up from 378 sites in 2011).

- The recovery rate for July was 68 per cent; default rates remain high at 28 per cent due to the distance of some communities to CMAM centres, while the fatality rate remains low at one per cent.
- 125,000 cartons of RUTF had been delivered by end of August. A portion of those were procured from Niger, with time from sales order to delivery overland approximately two months – much shorter than orders coming through the Lagos port.

## Health

- UNICEF has prepositioned diarrhoea treatment supplies (ORS, ringers lactate, and zinc) in health facilities and Ministry of Health warehouses for rapid response.

## WASH

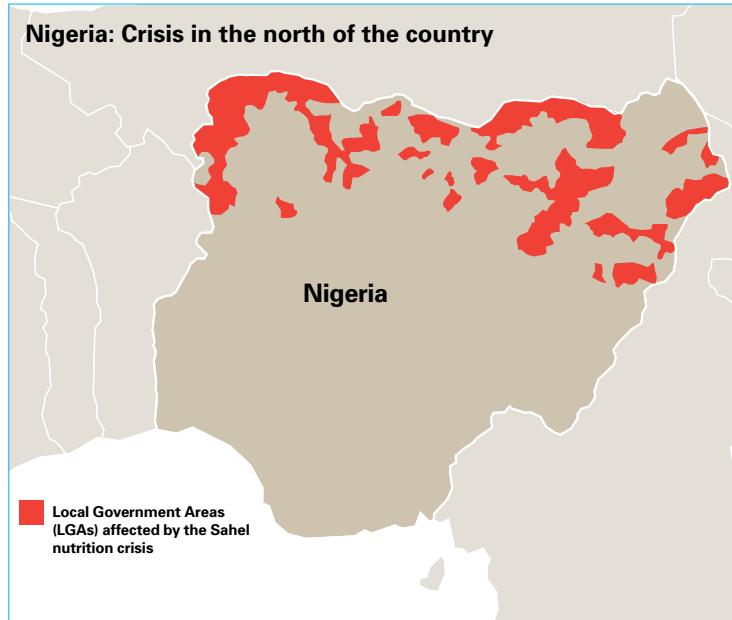
- WASH supplies to address immediate needs of approximately 6,500 families have been distributed to all CMAM sites.
- Hygiene promotion activities have been carried out in 137 CMAM sites, reaching more than 11,000 people.
- UNICEF is supporting hygiene promotion in flood-affected IDP camps with information, education, and communication materials and hygiene promotion messages.

## Education

- Emergency education materials, such as Schools-in-a-Box, chalk, blackboard, pencils, and tents for minimum of 10,000 students.

## Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	13,091,435	5,032,341	38
Health	1,914,616	80,000	4
WASH	7,915,090	-	-
Communication for Development	950,000	-	-
Education	2,355,000	-	-
Protection	495,204	412,750	83
Coordination and M&E	450,000	122,256	27
HIV/AIDS	961,619	100,289	10
Multi-Sector	-	829,707	-
<b>Total</b>	<b>28,132,964</b>	<b>6,577,343</b>	<b>23</b>



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## Senegal

The affected regions of Senegal are the far east and some parts of the north, particularly the regions of Matam and Diourbel. The Ministry of Health released preliminary results of the national SMART nutrition survey, showing the deteriorating nutritional situation of children with an estimated 22,336 cases of severe malnutrition cases in 2012 compared to 20,000 cases in 2011. As a consequence, the government has requested UNICEF and WFP to increase their financial and technical support to the emergency response plan.

Based on learning what worked (and what did not) in the two regions, UNICEF is now assisting the Ministry of Health in planning the scale-up of the emergency response plan to eight regions. The additional regions affected by the nutrition crisis are Louga, Thies, Saint Louis, Kolda, Tambacounda, Sedhiou and Kedougou. A Memorandum of Understanding has already been signed with Action Against Hunger - Spain on the management of severe acute malnutrition in the three regions of Louga, Thies, and Saint Louis.

More than 300,000 people have been affected by flooding due to heavy rains during August and September throughout the country. UNICEF has provided support to 150 affected schools and 15,000 households.

### Nutrition

- UNICEF support to the *Cellule de Lutte Contre la Malnutrition* (governmental cell for malnutrition) has begun to bear fruit, with an increase in the number of severely malnourished children screened at community level arriving at health centres for treatment. 7,045 children have already been identified as severely malnourished through the screening and been put on treatment.
- Currently supporting 590 treatment centres, providing nutrition supplies to health facilities, and building capacity of health workers on integrated management of acute malnutrition.
- Training has been conducted for 33 radio broadcasting journalists, 38 nutrition focal points, and 103 community leaders in Matam

and Diourbel regions on good health practices related to prevention of malnutrition.

- With UNICEF support, the government has deployed the first national C4D plan for nutrition, including implementation plans with local authorities. The plan includes three crucial messages: essential family practice, availability of nutrition services, and proper use of supplies received.

### WASH

- All in-patient treatment centres have been provided with a WASH minimum package.
- Hygiene kits have been provided to 15,000 flood-affected households as well communication materials for prevention of water-borne diseases in all affected regions.

### Education

- 22,500 students and 150 schools in 10 flood-affected regions affected have been provided with disinfection materials, school-in-a-box kits, recreation kits, early child development kits, and iron supplements.

### HIV/AIDS

- Children not responding to treatment at stabilization centres are tested for HIV/AIDS. To date, there have been no HIV-positive cases reported.

### Coordination

- National coordination under the leadership of the Ministry of Women Affairs and Social Action was established by the Prime Minister to monitor progress of the response to the nutrition crisis.
- Regional coordination meetings under the leadership of the Regional Governor have been conducted.

## Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date	% Funded
Nutrition	4,372,178	3,187,204	73
Health	563,972	-	-
WASH	400,000	279,264	70
Communication for Development	500,000	-	-
Protection	259,410	-	-
Coordination and M&E	530,000	-	-
Other	200,000	-	-
<b>Total</b>	<b>6,825,560</b>	<b>3,466,469</b>	<b>51</b>

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*The story that moved me the most, maybe because it seemed like one of the most desperate cases, is the one of little Deynaba. She was 30-months old and arrived weighing only 5.3 kilograms. A child of her age should normally have been almost double that weight. She suffered from diarrhoea and refused to eat anything.*

*We put her on F75 therapeutic milk to begin the treatment. It was very difficult for her mother to believe that 'simple milk' could improve the state of her child that she thought to be condemned. We had to incessantly reassure her, and monitor her that she didn't give any inappropriate food to Deynaba and that she would follow the instructions of us caretakers.*

*Very quickly, the diarrhoea stopped and her appetite returned. We moved her on F100 therapeutic milk and eventually on*

*Plumpy'Nut. Her mother couldn't believe seeing her daughter asking for more food and starting to play again.*

*To see Deynaba recover was a relief not only for her mother but for our whole team of caretakers. We all felt rewarded for our work. It also reassured the other mothers. Irony of fate, it was Deynaba's mother, who was so reluctant in the beginning, who eventually guided the other mothers and encouraged them to trust in the treatment. When she left us, Deynaba weighed 8.6 kilograms.*

*This gives me the strength to continue my work, because unfortunately we do not save all the children. But behind all the figures and the definitions, I am now aware that malnutrition is a reality in Senegal, that it kills numerous children, particularly here in Matam – but also that it can be treated.*

Fatou Talla Dieng, Centre de Récuperation Nutritionel (CREN), Matam, Senegal

## Regional support (WCARO)

The UNICEF Regional Office for Western and Central Africa (WCARO), located in Dakar, Senegal, is the primary coordination point for the multicountry response, led by the Regional Director. In this function, the Regional Office (RO) not only provides the higher-level monitoring and coordination but also serves as a service provider to the nine country offices, responding to their requests regarding the mobilization of supplies, funding and human resources, the identification and resolution of capacity bottlenecks, training needs, and strategic guidance. The following is a selection of key achievements that were made possible through dedicated regional support and funding.

### Monitoring Results for Equity (MoRES) in humanitarian situations

- MoRES has been developed, deployed, and implemented in all affected country offices and funded through regional funds.
- For first time, the same monitoring system has been used for all countries from the Atlantic Ocean to Lake Chad – covering a region as large as Central Europe.
- MoRES measures outputs, translating them into estimates of number of affected population reached, directing response towards areas of low coverage and/or low impact, for example by limiting such factors as inappropriate use of supplies, identifying cultural factors and access problems.
- MoRES provides information on adequate resources, progress, quality of response, and accountabilities.

### Pipeline monitoring and management

- Piloting of regional pipeline monitoring of RUTF on Regional Office level has allowed a prepositioning and distribution oversight and gap analysis, which country offices do not have the capacity and expertise to undertake.

### Emergency logistics and supply-chain management

- Dedicated capacity funded by regional funds for emergency logistics at the regional level has provided crucial support to country offices with a weak capacity in logistics. This has helped effective emergency preparedness and logistics planning (warehouse, transport, geographic distribution, etc.) to avoid bottlenecks at the country office level. Nutrition programmes are usually very decentralized through the responsible state departments and often encounter bottlenecks between the warehouse and the beneficiary. A regional-level supply chain analysis, funded by ECHO, identified such bottlenecks and assisted countries in addressing them.
- Regional support also allowed for cross-country solutions to address bottlenecks. For example, procuring RUTF supplies for northern Nigeria not through the usual channel from Europe but regionally from the new RUTF factory in Niger. Resulted in much faster and significantly cheaper procurement and delivery.

### Regional supply hubs in Accra and Douala (operational partnership with WFP & UNHCR)

- Stockpiles for 10,000 beneficiaries to allow quick deployment has led to significant reductions in response time, and to significant reductions in costs compared to emergency delivery by plane:
  - Tarpaulins and WASH items urgently needed to respond to the developments in northern Mali could be quickly dispatched from regional supply hubs. This allowed much faster delivery compared to standard shipping from UNICEF Supply Division in Copenhagen, and avoided costly delivery by airfreight.
  - Analysis has shown that the regional supply hub system reduced the lead time for supply distribution to Chad by 71 per cent: Douala-Ndjamena from 87 to 190 days down to 20 to 28 days.

## Health component integration and support

- Supported with dedicated staff in each affected country to assure that the health intervention is technically sound, inter-sectoral, addresses identified needs and gaps, and has the necessary resources for implementation. The health response used nutritional intervention as an entry point for accelerating and expanding existing health interventions.
- Development of an effective response strategy with various ministries and other partners at national and regional level was supported.
- Regional trend monitoring was conducted, including high performance indicators to monitor the progress of health interventions with governments and key partners.

## Funding (US\$)

Appeal Sector	Updated 2012 requirements	Received to date*	% Funded
Nutrition	1,725,800	2,754,155	160
Health	400,000	132,468	33
WASH	950,000	114,428	12
Communication for Development	230,000	130,158	57
Education	114,428	114,428	100
Protection	314,428	253,928	81
Coordination and M&E	1,021,500	-	-
HIV/AIDS	217,000	115,468	53
Supply & Logistics	285,580	-	-
Multi-Sector	-	7,132,420	-
<b>Total</b>	<b>5,259,005</b>	<b>10,747,450</b>	<b>204</b>

## Communication for development (C4D)

- Regional communication for development support for nutrition has allowed UNICEF to shift national communication strategies from 'information driven' to 'dialogue driven'. For example, local radio stations will not only broadcast pre-produced public service announcements but also facilitate interactive programmes by recording witnesses in the affected communities, hold interviews and discussions with local leaders and technical experts, host call-in shows, etc. This allows affected communities to receive correct information on the availability of nutrition services and essential lifesaving family practices as well as find local solutions to the crisis, enter into a relationship with service providers, and give feedback on their quality.
- Three countries (Chad, Senegal, and Mauritania) are in process of rolling out national communication for development plans, including implementation plans with local authorities.
- Regional capacity has also led to efficiency gains by producing effective communication for development content centrally for all affected countries. Examples are use of effective imagery and translation of successful material into local languages. This has saved precious time as each country only had to adapt available materials rather than producing them from scratch.

# Funding Overview

The initial **UNICEF Humanitarian Action Update appeal**, issued on 12 February 2012, outlined a **funding need of US\$119.5 million** to address humanitarian requirements in eight countries: Burkina Faso, Cameroon (north), Chad, Mali, Mauritania, Niger, Nigeria (north), and Senegal.

Numerous **governments** responded quickly to the appeal, and together with **National Committees**, UNICEF ran a successful campaign to raise awareness and funds for the emergency. The #SahelNOW campaign, which started online, brought media attention to the critical situation of millions of children in the Sahel. In April, UNICEF Executive Director Anthony Lake visited Chad to highlight the scale of the emergency.

UNICEF responded to the crisis with emergency nutrition programmes and related interventions covering the areas of health, water and sanitation, education, and child protection. Our approach is to find integrated solutions to address current emergencies but also build resilience for the future.

The response was made more challenging by adverse political developments in northern **Mali**, where a military coup led to significant population displacement, both within the country and across borders. UNICEF responded quickly by providing humanitarian support for displaced populations and refugees. In this context, unearmarked funding proved particularly helpful as the organization was able to flexibly allocate funds to best reach children and families amid quickly changing circumstances.

In June 2012, UNICEF issued a **revised appeal, with an updated funding need of US\$239 million**, including Gambia as the ninth country.

Thanks to generous financial contributions from governments, organizations, businesses, and individuals, UNICEF has reached more than 850,000 of the 1.1 million children estimated to need treatment for severe acute malnutrition. As of 24 October 2012, **UNICEF has received 56 per cent** of the funding necessary to

appropriately respond to the scale of the Sahel emergency.

The majority of funds received to date have been contributed by government donors, with the European Community Humanitarian Office (ECHO) representing the single largest funding source.

More than half of all donations were channelled through UNICEF's Regional Office for Western and Central Africa, a remarkable ratio, allowing strategic allocation of funds from a regional crisis perspective.

Continued donor support is critical to enable UNICEF to respond to the needs of children in the Sahel. The need continues to be severe and is projected to continue in 2013. In order to meet our commitment to children in the region, **a further US\$104 million is urgently needed, as 44 per cent of the appeal for funds remains unmet**. Continued donor support is essential to meet the needs of children in the Sahel, for many of whom the famine is exacerbated by other factors, such as cholera or political crises.

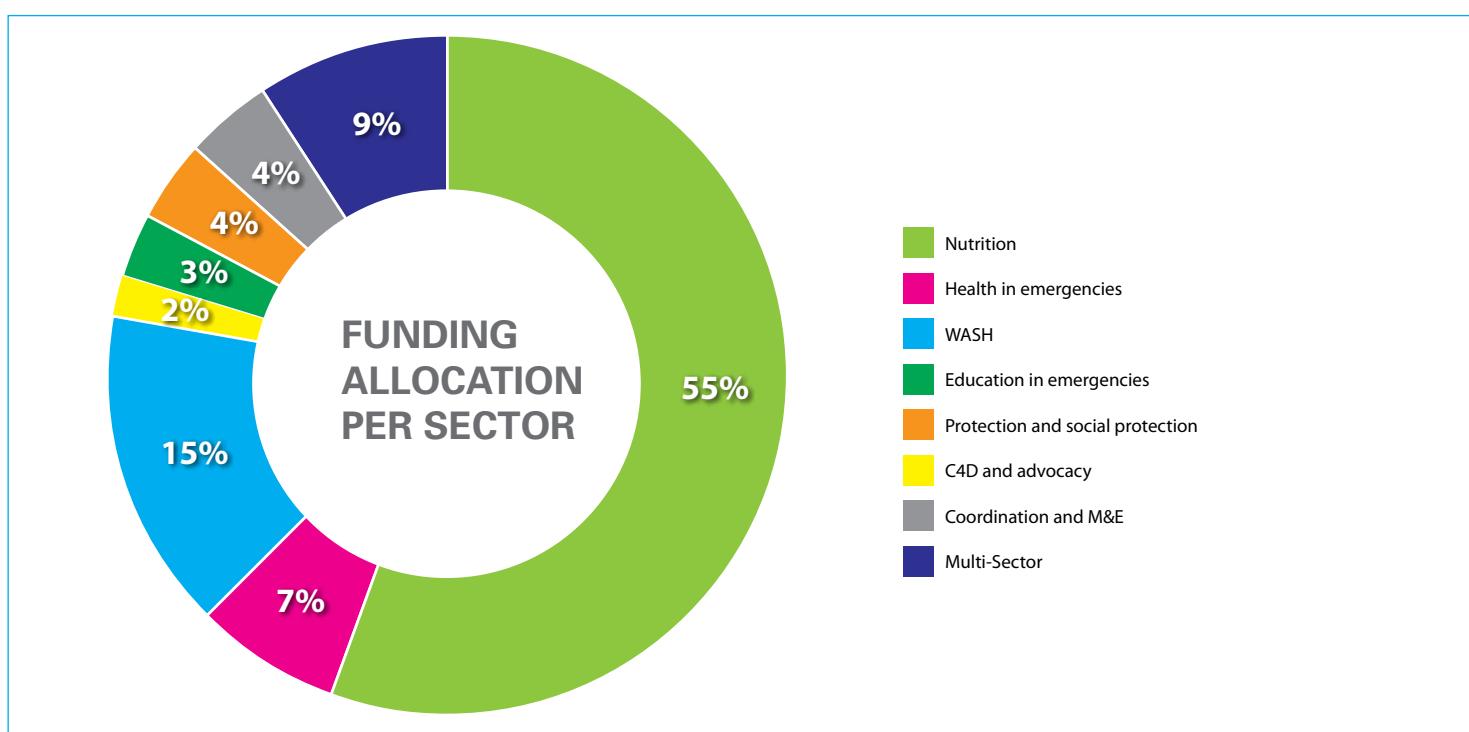
UNICEF wishes to express our deep gratitude to all donors for the contributions and pledges received, without which the current response would not be possible. UNICEF would especially like to thank those donors who have contributed 'unearmarked' funding. Such funding gives UNICEF the essential flexibility to direct resources and ensure the delivery of lifesaving supplies and interventions to where they are needed most. Predictable funding streams allow UNICEF to allocate resources to strengthening preparedness and building resilience in addition to responding to the immediate needs of children today.

## Funding Allocation and Utilization (US\$)

Status: 24 October 2012

	Updated 2012 requirements	Allocation	% Funded	Utilized	% Utilization
Burkina Faso	22,270,198	12,842,786	58	11,027,369	86
Cameroon	13,183,970	5,864,498	44	4,091,713	70
Chad	520,000,000	25,502,167	49	22,760,750	89
Gambia	806,323	462,057	57	343,979	74
Mali	58,169,330	15,884,301	27	11,877,592	75
Mauritania	12,737,000	7,286,303	57	4,740,660	65
Niger	39,675,281	36,127,229	91	24,261,028	67
Nigeria	28,132,964	6,577,343	23	5,714,724	87
Senegal	6,825,560	3,466,469	51	2,908,231	84
WCARO*	5,259,005	10,747,450	204	2,971,053	28
Unallocated	-	9,918,419	-	-	-
<b>Grand Total</b>	<b>239,059,631</b>	<b>134,679,021</b>	<b>56</b>	<b>90,697,098</b>	<b>67</b>

\* These funds reflect money in the accounting system on a given date – such grants received at the regional office level are redistributed to country offices to meet emergency needs and underfunded programmes according to prioritization and will involve funds that can be used to ensure continuation of services in 2013.



Funding figures as of 24 October unless otherwise indicated, accounting for all Emergency Funds mobilised and issued in 2012.

Funding figures show funds received at country office level. An additional 7 per cent have been received at HQ for support/recovery costs.

## Looking Ahead

Together, we have avoided a major humanitarian disaster by reaching and treating more children for malnutrition than ever before. The crisis is not over. Many families experienced tragedy and many children in the Sahel remain at risk.

With your continued support we need to ensure that there is ongoing provision of life-saving treatment for children who suffer from malnutrition and infectious diseases, including malaria, measles, meningitis and cholera.

The recurrent and chronic humanitarian situation in the Sahel is largely due to high levels of vulnerability. In a region where an estimated 226,000 children under the age of five die every year of treatable or preventable causes exacerbated by undernutrition, we need to focus on addressing the structural underlying factors. UNICEF is committed to an approach that saves lives today and builds resilience for tomorrow.

Acute emergency response is only one part of the puzzle. By building on what has been achieved in 2012, we want to enable communities to be more prepared to cope with future threats and shortages. We will continue to do all we can to meet the needs of all children and protect their rights.

The Sahel continues to present a challenging environment for realizing children's rights. Food security is threatened by desertification, droughts and other disasters, population pressures and frequent shifts in staple food prices.

In order to minimize the impact of future emergencies, now is the time to build systems and strengthen resilience in the communities most at risk. Our response to the crisis in 2012 showed just how much can be achieved through a concerted international effort. We must work together to build local capacity to address not only ongoing needs but also to face future shocks.

UNICEF continues to provide lifesaving humanitarian support to children and their families in the Sahel. In 2013, we plan to scale up the capacity to tackle severe acute malnutrition at the community level, extend the number of national health centres providing nutrition interventions and coordinate services to promote sustainability, and ensure the immediate humanitarian response is linked to longer-term nutrition, health, hygiene and HIV and AIDS interventions for children.

We will work with communities and local partners to strengthen the strategies that allow children and their families to reduce vulnerability, plan and adapt for future shocks and mitigate the risk of impact. In order to ensure our resources are spent effectively, we will scale up monitoring systems on the ground and work with governments to better predict critical events.

With your help, change is possible. Your support will save lives – now and in the future.

### **Thank you for your support.**



#### NIGER, 2012

Raya Achirou plays with her 8-month-old daughter, Nana Fassouma, at the UNICEF-supported Bilmari Health Centre, in the town of Mirriah, Mirriah Department, Zinder Region. Nana is suffering from malnutrition and being treated at the centre with ready-to-use therapeutic food.





# **Children in Crisis in the Sahel**

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

## **Progress Report**

unite for  
children

unicef 