2016 SAHEL CONSOLIDATED EMERGENCY REPORT

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Table of Contents

Abbreviations and Acronyms

C4D Communication for Development
CH Child Health
CHD Child Health Days
CLM Cellule de Lutte contre la Malnutrition
CLTS Community-Led Total Sanitation
CHWs Community Health Workers
ECD Early child development
ECOWAS Economic Community of West African States
GAM Global Acute Malnutrition nationwide
IMAM Integrated Management of Acute Malnutrition
INCY Infant and young child feeding
MAM Moderate Acute Malnutrition
MNP multiple micronutrient powder
MPN Multiple micronutrient powder
MoH Ministry of Health
PCA Programme Cooperation Agreement
RUTF Ready to Use Therapeutic Food
SAM Severe Acute Malnutrition
SMC Seasonal Malaria chemoprophylaxis
UNCT United Nations Country Team
UNDAF United Nations Development Assistance Framework
WASH water, sanitation and hygiene
WCA West and Central Africa
WCARO West and Central Africa Regional Office

Executive Summary

The Sahel region remains confronted with a nutrition and food insecurity crisis with about 4.7 million children under 5 acutely malnourished. Some improvement has been observed in Burkina Faso, Niger and Mali. However, in certain zones of Chad and northeast Nigeria the global acute malnutrition prevalence rate is as high as 30 per cent, double the emergency threshold[1]. In 2017, it is estimated that 6 million children under five and pregnant and nursing women will be in need of assistance across the region. Around 1.4 million children will require treatment for severe acute malnutrition, and 3.3 million are projected to suffer from moderate acute malnutrition.[2] Children's wellbeing and survival has been also compounded by flooding, cholera and population displacement in the Sahel sub region.

Also compounding the situation of the Sahel In 2016, ongoing conflict in northeast Nigeria led to an increase in the SAM burden with more than 3.5 million children affected by SAM compared to 1.5 million in 2015; this caused the Nigerian government to declare an emergency nutrition situation in Borno, Yobe and Adamawa. This shocking increase of SAM burden in the Northern Nigeria has accounted for 63 percent (2,255,241)[3] of the total burden in the Sahel region (from nutrition data base). Overall, out of the nearly 3.6 million children affected by SAM in the West Africa region[4], nearly 1.3 million were treated in the nine Sahel countries[5]; against the annual 2016 target to treat 1.6 million SAM affected children under age 5, this represents 81% of treatment program coverage in the Sahel.

As part of the integrated management of malnutrition programs (i.e. IMAM), UNICEF and partners supported training of health practitioners, and community health workers to screen and identify malnourished children and provide them with treatment as per the standard protocoals; in addition UNICEF and partners provided essential nutrition supplies and medicines which were delivered to health centers across the Sahel. An estimated 8000 health centres were reached through the support of UNICEF and partners.

As 2016 came to close and 2017 began, the humanitarian situation in the Sahel is still of concern as communities across the region remain highly vulnerable. In 2017, around 30 million people are expected to face food insecurity, and almost 12 million of them at crisis and emergency levels. Pockets of pasture deficits have been observed in certain areas of Chad, Mali, Mauritania and Niger, and risks of locusts have been identified in Mauritania and neighbouring areas. The situation of people living in the conflict affected regions of Mali and the Lake Chad Basin, is particularity critical [6] as violence across the region has led to large-scale displacement, affecting a total of 4.9 million people. The prolonged displacement also increases the pressure on the limited resources of their hosts, many of whom count among the world's poorest communities.

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[1] Emergency threshold for GAM is 15% as per WHO global standards.
[2] 2017 Sahel Overview of Humanitarian Needs and Requirements
https://www.humanitarianresponse.info/system/files/documents/files/hnro_sahel-2017-en_2.pdf
[3] Include estimated cases in 11 Northern states and Kaduna
4 Not including new estimated burder in 11 states in Nigeria.
[5] The nine Sahel countries include Burkina Faso, Mauritania, Senegal, Gambia, Cameroun (northern), Nigeria (11 states in Northern Nigeria), Chad (Sahel belt), Mali and Niger.
[6] 2017 Sahel Overview of Humanitarian Needs and Requirements
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Lack of water and sanitation facilities and poor hygiene conditions, exacerbated by limited capacity of health systems to ensure proper surveillance and treatment, make communities extremely vulnerable to disease and epidemics. Cholera outbreaks continue to be recurrent across the region, although less severe than in precedent years. Meningitis, measles, Lassa fever and Polio remain serious risks, with recent outbreaks in the region, and a Rift Valley Fever outbreak was confirmed in north-west Niger. The risk of a new pandemic, such as Ebola, continues to loom large and threaten health systems across the region.

While the Sahel sub region is comprised of nine countries, in 2016 five countries had their own distinctive humanitarian appeals: Niger, Nigeria, Chad, Mali and Cameroun. These countries have their own 2016 CERs which are submitted independently from this report. In addition, the regional office, WCARO had a separate HAC for 2016 distinct from the 2016 Sahel HAC and as such has a separate 2016 CER for WCARO. As such, this CER only covers Senegal, Burkina Faso, Gambia and Mauritania in detail and provides a regional overview as per the UNICEF 2016 Sahel HAC. For details on Sahel crisis response in Niger, Nigeria, Chad, Mali and Cameroun as well as details on WCARO supported humanitarian interventions please consult the individual CERs for these countries and regional office which are being submitted separately.

Humanitarian Context

The Sahel region remains confronted with a nutrition and food insecurity crisis with about 4.7 million children under 5 acutely malnourished. Some improvement has been observed in Burkina Faso, Niger and Mali. However, in certain zones of Chad and northeast Nigeria the global acute malnutrition prevalence rate is as high as 30 per cent, double the emergency threshold[7]. In 2017, it is estimated that 6 million children under five and pregnant and nursing women will be in need of assistance across the region. Around 1.4 million children will require treatment for severe acute malnutrition, and 3.3 million are projected to suffer from moderate acute malnutrition.[8] Children's wellbeing and survival has been also compounded by flooding, cholera and population displacement in the Sahel sub region.

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[12] 2017 Sahel Overview of Humanitarian Needs and Requirements
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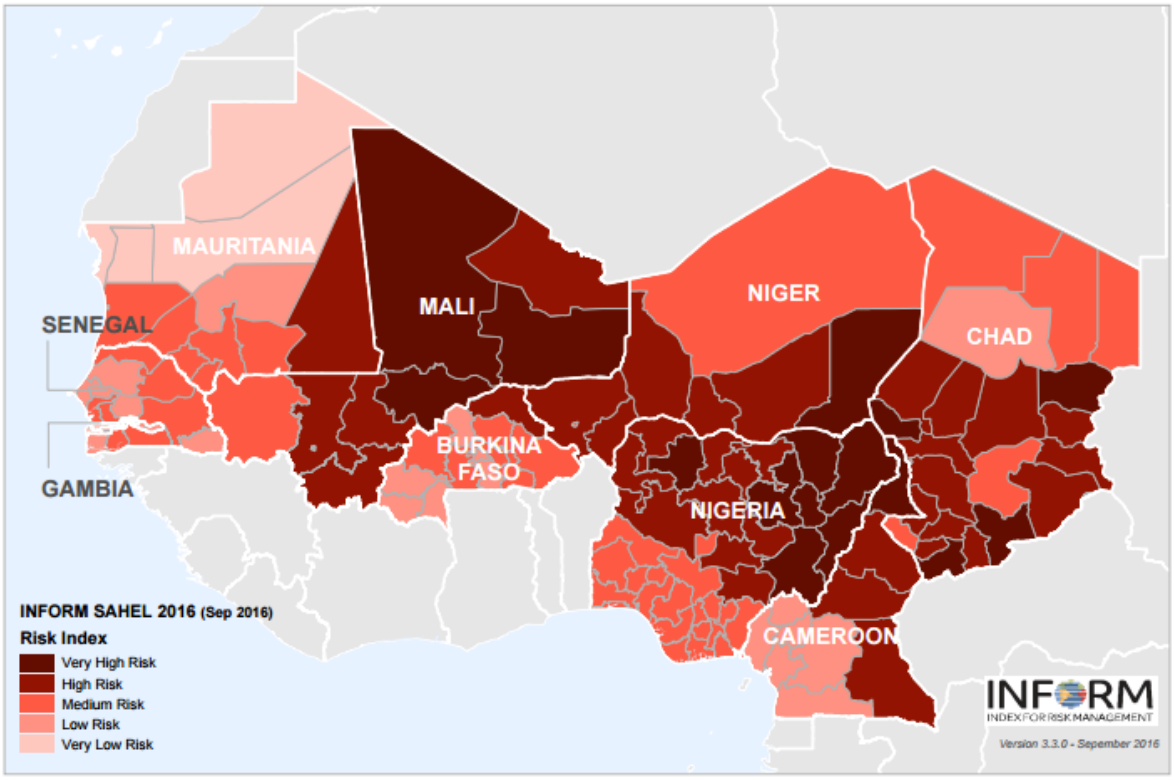
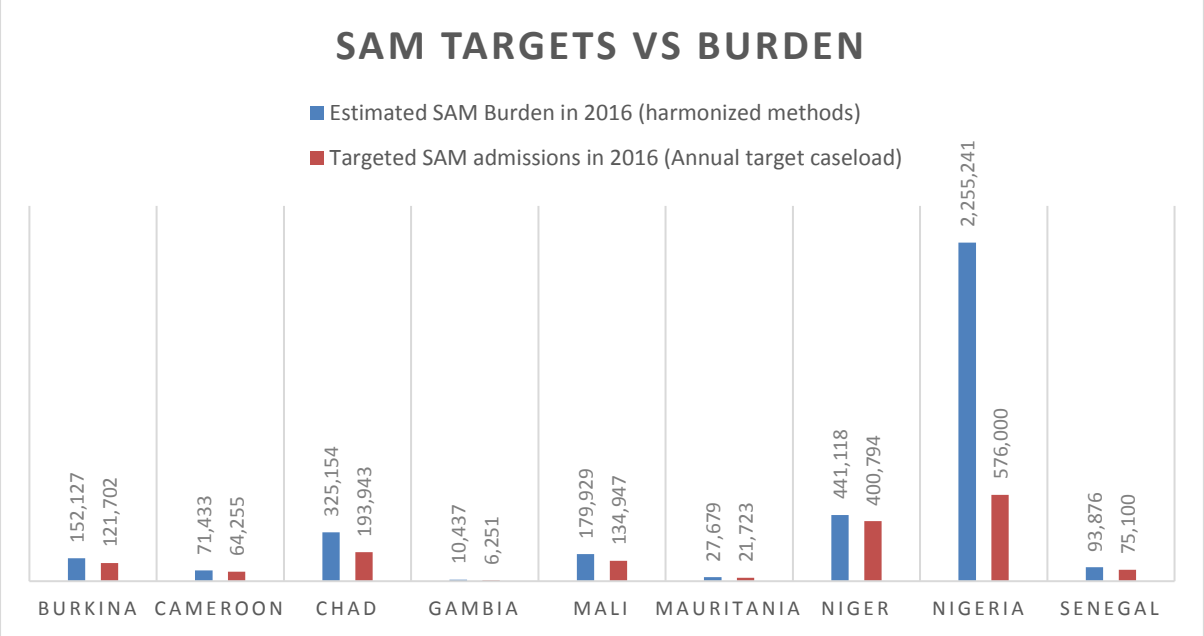


INFORM is a composite index for risk management that identifies countries at a high risk of humanitarian crisis which are more likely to require international assistance. The index envisages three dimensions of risk: hazards & exposure, vulnerability and lack of coping capacity dimensions.

2016 Estimated SAM target vs targeted SAM admission in 9 Sahel countries



Source: UNICEF IMAM Data base 2016

UNICEF Regional Office played a lead role in mobilizing resources and in coordinating, supporting and providing oversight for the response.

Humanitarian Results

In order to reinforce its nutrition response throughout the Sahel sub-region, WCARO planned to strengthen nutrition assessments, nutrition monitoring, and coverage of nutrition programs for the benefit of the most vulnerable children, and to reinforce an integrated, multi-sectoral approach to the nutrition crisis, incorporating Severe Acute Malnutrition (SAM) treatment and prevention within a package of interventions for health, water, sanitation and hygiene (WASH), education, promotion of essential practices, as well as psychosocial support, within UNICEF country programs, in partnership with other UN agencies (WFP, FAO, WHO, UNHCR) and with partners at cluster/sector level.

The main expected outcomes for UNICEF and its sector/cluster partners as listed below included supporting ongoing scale-up of SAM treatment and infant & young child feeding in humanitarian situations especially in Lake Chad Basin countries as well as reinforcing resilience in terms of prevention of malnutrition. The Outcomes also include strengthening multi / inter-sectoral programming and sector coordination. They are as follows:

- Prevent mortality and morbidity resulting from acute malnutrition.
- Prevent all forms of under-nutrition in children (boys and girls in all regions) through improved family practices.
- Improve the quality and coverage of SAM treatment programs and integration of nutrition activities with other sectors and
- Promote preventive actions to address the root causes of malnutrition and build resilience among the poorest communities.
- Strengthening humanitarian response capacities in nutrition by training nutrition staff from UNICEF, partners (including NGOs and CSOs) and governments from the region.
- Improve learning and from emergency responses and reinforce knowledge management.
- Mitigate the adverse effects of the precarious food and nutrition situation in the Sahel and other emergency affected settings to reinforce early warning capacities in the region including support to the regional early warning mechanisms
- Improve the capacity and number of capable personnel trained to respond to Nutrition in Emergencies and implement quality Integrated Management of Acute Malnutrition (IMAM)programs in the instable environment of the Sahel

In 2016, UNICEF, partners and governments were able to ensure effective cluster coordination to offer adequate and coordinated nutrition services to children affected by emergencies in the Sahel. Active screening at field level allowed UNICEF and partners to identify and offer treatment to nearly 1.3 million SAM children out of nearly the 1.6million SAM affected children under age 5 targeted in almost 8,000 supported health centers. Seven out of nine Sahel countries reached over 75 per cent of their target caseload in 2016 (Table A below). Cure rate in all 9 countries was maintained above the required standard (<75%) and death rate >10%.

In order to strengthen active screening and early treatment of SAM cases, screening of children was coupled with Seasonal Malaria chemoprophylaxis (SMC), Vitamin A supplementation, deworming campaign, Child Health Days (CHD) and mother-to-mother groups. As a result, more than 2.6 million of children were reached in the 9 Sahel countries through these package of health interventions.

UNICEF continued to support the national scaling up plan for promoting optimal IYCF practices including several kinds of nutrition-preventive interventions at community and facility levels. The community component through mother-to-mother groups is used as a community platform for operationalizing multisectoral interventions sensitive to nutrition.

In 2016, almost 25,000 health practitioners and more than 30, 000 Community Health Workers (CHW) were trained on active screening, IYCF and SAM management. More than 2.2 million mothers, pregnant women and mothers with children under 2 years old were reached with nutrition counselling of IYCF through campaigns, regular medical consultation at health facility level and individual or group counselling. More than 10,000 children living in areas more than 5 km from Health Centre received medical consultations and / or treatment in 2016. Furthermore, 6,448 community support groups were formed and the roll out of early child development (ECD), Infant and young child feeding (IYCF) and psychosocial support (MHPSS) integrated training module was realised in Mali, Senegal and Cameroon.

With support and quality assurance from the UNICEF regional office, National nutrition surveys using SMART methods were done in 5 countries of Sahel: Burkina Faso, Mali, Niger, Chad and Mauritania. Smaller-scale nutrition surveys using SMART methods were done in Cameroon (North). Nigeria did not have SMART NNS because they had MICS. In Nigeria a special nutrition surveillance system was designed to follow the situation in the northeast.

UNICEF WCARO continued to promote the use of new technologies in Nutrition information systems. In addition, the Rapid Pro SMS nutrition monitoring system has been scaled up in all 3 states of northeast Nigeria and 2 countries used tablets for Nutrition surveys in 2016 allowing quick data treatment and quality analysis. For regional early warning UNICEF WCARO also provided substantial technical support to the *Cadre Harmonise*[13]. Two main tasks were realised i) review of CH manual that now includes an improved method for nutrition component of the analysis and ii) training of CH national coaches on nutrition.

With the objective of reinforcing staff capacity to respond to nutrition in emergencies, a four day Regional training workshop on Nutrition in Emergency for French speaking countries was organised in March 2016. 62 participants took part including 20 government staff, 6 NGO staff, 2 from other UN agencies, and 24 UNICEF Staff. The training was organized around various modules including: Main responses axes, norms and standards, UNICEF and UN emergency response procedures, risk analysis and risk informed programming, bottleneck analysis, preparedness, monitoring and reporting as well as supply forecasting and humanitarian coordination mechanisms. Due to the importance of inter sector collaboration and coordination in emergency, the two last days of the workshop were opened other UNICEF sectors including ECD and WASH.

[13] The Cadre Harmonisé (CH) is a current regional framework aimed to prevent food crisis by quickly identifying affected populations and proffering appropriate measures to improve their food and nutrition security. This analysis uses the food and nutrition security outcome indicators corroborated by relevant contributing factors to identify the food and nutrition insecure areas within a country. The CH framework is primarily used in the Sahel sub-region to contribute to country and regional analysis of food and nutrition security within countries and throughout the sub region.

SAM admission Vs. annual target in 2016

COUNTRIES	Estimated SAM Burden in 2016 (harmonized methods)	Targeted SAM admissions in 2016 (Annual target caseload)	Clusters reported SAM annual target (new admissions 2016)	TOTAL SAM ADMISSIONS to date	Percent Reached (%)
Burkina Faso	152,127	121,702	121,702	96,809	80
Cameroon	71,433	64,255	64,255	52,350	81
Chad	325,154	193,943	190,159	178,577	92
Gambia	10,437	6,251	6,251	5,374	86
Mali	179,929	134,947	134,947	141,724	105
Mauritania	27,679	21,723	27,679	17,417	80
Niger	441,118	400,794	400,794	288,857	72
Nigeria (11 states)	2,255,241	576,000	615,611	476,251	83
Senegal	93,876	75,100	75,100	39,235	52
TOTAL	**3,556,994**	**1,594,715**	**1,636,498**	**1,296,594**	**81**

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Burkina Faso

The security situation in the Northern part of Mali and border areas with Niger has remained volatile which prevented around 32,200 Malian refugees including over 17,700 children from repatriation (32,017 refugees as of December 2016, UNHCR). Meanwhile, in March 2016, inter-ethnic crisis in the northern part of Ivory Coast (Bouna) has led to 2,500 displaced persons who fled to the south west of Burkina Faso. In January 2016, a terrorist attack hit Ouagadougou for the first time and insecurity incidences linked to terrorist threats has multiplied in the Sahel region since September 2016. Between January and December 2016, total 14 insecurity incidents were registered in the country, mainly in the Sahel region, involving 69 deaths (including victims of the terrorist attack in Ouagadougou). During the first trimester of 2017, the security situation of the northern zones of the region bordering Niger and Mali has deteriorated significantly, with a few critical attacks and threats involving deaths and injuries. The situation exaggerated in the province of Soum in Sahel region since December 2016, characterized by jihadist attacks to gendarmes, a police station and schools. Teachers

were threatened to teach Qur'an education in Arabic, leading to the temporary closure of the majority of over 300 schools in Soum as of early March 2017.

Although the prevalence of Severe Acute Malnutrition (SAM) among children under five has reduced from 2.2 per cent in 2015 to 1.4 per cent in 2016 (SMART 2016), three out of 13 regions still exceeds the emergency threshold of the SAM prevalence of 2% including the Sahel region. Nationally, an estimated 152,127 children under five years old were affected by Severe Acute Malnutrition in 2016 based on the prevalence rate of 2015.

In 2016, the UNICEF Burkina Faso Country Office mobilized US$ 7,208,747 humanitarian funds, including from regional office allocations (i.e. regional ECHO contribution) representing a funding gap of 62 per cent funding against the initial appeal (HAC 2016). Most of the funding has supported the RUTF pipeline for nutrition response, with significant gaps in Protection, Education and WASH. The funding constraints especially affected the continuity of the supports to Malian refugees, as UNICEF's support to one of the Child-friendly centres had to be suspended for a few months. The supports resumed late 2016 with UNICEF's core resources and the new grants from the Austrian cooperation which will secure the support to Malian refugees in Education, Protection and WASH until the end of 2017.

Coordination with UNHCR has been critical for the effective use of limited resources allocated for the support to Malian refugees and host communities. A Memorandum of Understanding with UNHCR was renewed until the end of 2017 under which two agencies are collaborating for joint planning and monitoring, as well as advocacy to promote the integration of the refugees into the national and local social services. In all the interventions for Malian refugee population, UNICEF has incorporated strategies for developing a sustainability mechanism and progressively increasing the accountability of local and national authorities in these interventions.

The UNICEF Country Programme (2011-2017) and UNDAF will conclude at the end of 2017, UNICEF Burkina Faso has started to develop a new country programme for 2018-2020 period, along with the programming process of UNDAF 2018-2020. In the new UNDAF, emergency programming will fully be integrated in the UNDAF and its action plan. Sahel region has been identified by the UNCT as the area of convergence among all the UN agencies, based on the UN Resilience Strategy for Sahel developed in 2015. Several UN joint programmes are being developed to support sustaining peace and resilience building.

Ongoing insecurity in Soum province (in Sahel region) seriously affecting the education of children would require an urgent coordination with the Government and other UN agencies for strategic positioning and advocacy to ensure the well-being of affected children and families, while reinforcing local security measures to stabilize the situation. UNICEF will continue to be flexible and agile in programming, given that the continuum between emergency and development nexus may be regressive and unforeseeable.

WASH:
In collaboration with the Danish Refugee Council (one of the implementing partners in Sahel region), 13 water sources were rehabilitated and 12 water pumps were newly constructed to provide

improved access to water among the population in host communities in Sahel region. The sustainability of the water services was ensured by strengthening the local capacity in water management through training and technical support to 15 Associations of Water Users in 4 municipalities.

- To improve the access to adequate sanitation, 17 out of 19 targeted villages in Sahel region attained the 100% Open defecation free status through the Community-Led Total Sanitation (CLTS approach). A total of 3,626 new family latrines were constructed by the population and 40 masons were trained to support CLTS.
- A standby Programme Cooperation Agreement (PCA) with the National Red Cross was signed in July 2016 to provide programmatic support and assistance to the 2,500 displaced persons ("returnees") from Ivory Coast until the end of 2016. The project was further extended until early 2017 and the final monitoring trip is planned at the end of March. A water pump was constructed in Kpuéré to provide drinkable water to the affected populations and WASH kits were distributed to the population.

Education:

- UNICEF in partnership with the Ministry of Education and others partners implemented the Child Friendly School (CFS) approach in 152 primary schools in Sahel Region. In this context, 976 teachers were trained to apply child-centered pedagogy with community support through school clubs and school management committees.
- 185 refugee's adolescents in two refugee camps and host communities developed skills through vocational training on sewing, pastry, mechanical two wheels and fabrication of soaps. In addition to allow the integration into the job market, they were organized into groups and provided with 25 insertion kits to facilitate setting up of small businesses.
- In order to increase the absorption capacity of the classes with the influx of Malian refugees, 765 school desks and 83 Easels tables were purchased for schools in Sahel Region, including the schools in host communities.
- In addition to allow students to learn in the evening after classes without having household electricity, 10,000 solar lamps were purchased and provided to 10,000 children in primary schools in Sahel region. With these solar lamps, children are getting together with others in their neighbors and working on homework in a group at night.
- To further promote girls' education, school supply kits, bursaries and bicycles were distributed to 15,000 girls of primary and post-primary schools in Sahel region. In addition, 125 associations of educating mothers and School management committee received funds to undertake income-generating activities. The funding allowed the organization of a workshop for the design of a catalog for school clubs named Deen-kan clubs.

Health/Nutrition:

- 67,020 children under 5 years old and 17,660 pregnant women received free healthcare in 26 health centers in Dori (Sahel region). Through the free medical care that they received, 77,590 episodes of childhood illness were detected and treated. Also, 46,429 cases of complication were detected among 17,660 pregnant women and treated, and 5,501 deliveries and 257 caesarian sections were assisted.

- From January to December 2016, 96,929 children under five years old with Severe Acute Malnutrition (SAM) have been newly admitted, including 10,609 children in inpatient services and 86,320 in outpatient services (preliminary MoH SAM data, 2016). This represents 79.6% of the annual caseload. SAM cure rates were 93.4% for outpatients and 87.8% for inpatients. The program of Integrated Management of Acute Malnutrition was mainly funded through emergency funds allowed to purchase and distribute 86,864 RUTF cartons nationwide for supporting the SAM treatment.
- 70,642 pregnant women and 166,116 lactating mothers and their children aged from 0 to 23 months gained the access to an integrated package of Infant and Young Children Feeding (IYCF) services through ECHO and Japanese Emergency Funds.
- UNICEF CO has financially and technically supported the government at the regional and district level in the Sahel to ensure Vitamin A supplementation campaign coupled with deworming. As a result, 227,110 children 6-59 mo. have benefited from Vitamin A Supplementation (VAS) twice a year and 198,237 children 12-59 mo. were dewormed twice a year.
- A national nutrition survey was conducted in August 2016 with ECHO funds and it allowed to estimate the national prevalence of global acute malnutrition and severe acute malnutrition at 7.6% and 1.4%, respectively.
- UNICEF CO has led the nutrition cluster through regular monthly meetings and has reported SAM and MAM caseloads and admissions. Performance indicators of the Integrated Management of Acute Malnutrition have been also calculated and shared with OCHA and other partners.
- Through the partnership with the NGO HELP, the grant is contributing to the implementation of the community component of the Burkina Faso's IYCF scaling up plan in the Sahel region through the following activities:
    - 371 Community Health Workers (CHWs) were trained to provide optimal Infant and Young Child Feeding services and promote optimal hygiene practices to 27,662 pregnant and lactating women within the mother-to-mother support group platform;
    - In order to tackle bottlenecks in IYCF practices, 742 influential people in the community such as husbands, traditional and religious chiefs, grand-mothers and mothers-in-law are sensitized on optimal Infant and Young Child Feeding practices;
    - In line with nutrition sensitive interventions, 200 mothers were trained on homestead food production and supported to implement their action plan (small live stock or micro gardening).
    - In order to address anaemia, 14,212 children 6-23 months have been received multiple micronutrient powder from an intervention of home-based food fortification within the mother-to-mother support group platform;
    - Japan's generous contribution has allowed to purchase and distribute 55.000 multiple micronutrient powder (MNP) cartons and 2,016 RUTF cartons in Dori and Sebba.

Mauritania:

In 2016, Mauritania continued to deal with crises throughout the country, notably due to the impact of the conflict and instability in Northern Mali – with the presence of numerous non-state armed entities operating close to the Mauritanian border. Chronic food insecurity and high levels of

malnutrition reaching emergency thresholds during the lean period, which is arriving earlier and longer as a consequence of climate change.

The SMART nutrition survey conducted in June 2015 confirmed the deterioration of the nutritional situation of children under five with 14.8% of Global Acute Malnutrition nationwide (GAM) with large disparities at regional level, in particular in the seven southern and eastern regions - Hodh El Chargui, Hodh El Gharbi, Assaba, Guidimakha, Gorgol, Brakna and Tagant - of the country.

This worsening nutrition situation further exacerbates an already fragile country situation characterized by massive and pervasive poverty, which, seriously compromises the capacity of the most vulnerable population, largely children and women, to recover and further worsens social-economic disparities and inequities.

Mauritania continues to host, in a camp in the eastern part of the country, 45,000[14] Malian refugees (including 24,300 women, 25,700 men and 7,650 children aged 0-4). Despite the signing of peace agreements in 2015 in Mali and the repatriation agreement with UNHCR, very few refugees have returned to their country. Rather more than 4,000 new arrivals were registered in the last quarter of 2016. Since their arrival in 2012, existing basic services, infrastructure and natural resources of the region hosting them were and are put under additional pressure with a direct impact on its population – already extremely vulnerable. As a result, children are more exposed to different types of risks such as exploitation, child marriage, child labour and other forms of violence, low school enrolment, lack of birth registration, malnutrition, as well as dying of preventable diseases. Moreover, the proximity of the camp to the conflict affected areas of Mali is further exposing children to the risk of being recruited by armed group. It is therefore paramount to continue strengthening existing services and resources, and at the same time narrow down the gap between the living conditions of the refugees and local population in order to improve social cohesion and stability.

Programming for nutrition presented an opportunity to strengthen the health teams of 23 districts in the preparation, planning and response to emergencies. In all, 23 national and international NGOs supported the government in the management of malnutrition. In the 23 target districts, during the lean period, 21,723 cases of severe acute malnutrition were expected, but only 10,560 cases were recorded. As preventive measures, 1320 community health workers were trained on essential family practices allowing to reach 344,820 women with promotional activities in close collaboration with 870 breastfeeding community support groups.

In addition to the effective management of malnutrition, the WASH component targeted outpatient rehabilitation centers (CRENAS), nutritional rehabilitation centers at the level of hospital structures (CRENI) and malnourished mother / child couples with a package WASH to improve the hygiene conditions in structures and within households as well as their consumption of drinking water. Thus, 408 health facilities and 7,854 malnourished mother / child couples benefited from WASH kits.

For the Maternal Child Health Component, these grants contributed to a range of activities. Funds were used to improve immunization rates in 5 low performing districts which had less than 50%

[14] UNHCR figures, October 2016.

coverage of 3 doses of *Pentavalent vaccine* in the third trimester. Additionally, funds supported the delivery of essential medicines by 59 community health workers and reinforced the interpersonal communication skills of health workers (40 immunization focal points trained). The obstetrical package was launched in 3 new districts, targeting 2797 pregnant women and the delivery of 5000 insecticide treated mosquito nets. Finally a complete revision of community health worker tools was conducted with the aim at reinforcing the National Community Health Strategy.

UNICEF supported also the National Social Protection Strategy (NSPS) and its operationalization through the support of ensuring the integration of child rights, multidimensional poverty and equity dimensions and contributing to the animation of the technical steering committee of the NSPS and of the ongoing national cash transfer program.

UNICEF also implemented a cash transfer pilot program in one region, Guidimakha, aiming at strengthening the resilience of communities and families affected on a yearly basis by the nutritional crisis. The cash transfer activities were complemented and coordinated with nutrition and Communication for Development (C4D) activities to maximize the impact of the interventions. The project targeted 624 households with children under two, in twelve (12) villages in the communes of Hassi Chegar and Ould M'Bonny in the Wilaya of Guidimakha. As part of the implementation, the composition of the targeted households and their access to basic services and the structure of their expenditures were analyzed which helped to better understand their profiles.

Regarding the refugee response, although the rates of acute malnutrition have decreased significantly at the camp level in 2016 with a GAM rate of 8.3% and SAM at 0.4%, stunting is still high with 33% with 8.1% of severe cases. To this end, a home-based food fortification intervention with micronutrient powders affecting 5,129 children aged 6-36 months was put in place while 34 community volunteers reached 4,830 mothers and caregivers with promotional message on Essential Family Practices for behaviour change.

In the host communities bordering the refugee camp, 30 new community health workers were identified and the program established in 30 villages. Through the partnership with local NGO, 8 health workers were trained on adolescent care and 17 persons were trained as relays for information dissemination among adolescents. A total of 2 awareness campaigns on reproductive health for adolescents is also scheduled in addition to a national restitution of the study on barriers to accessing reproductive health services for adolescents. Supervision of the Prevention of Mother to Child transmission of HIV is also underway in 10 districts as well as the production of maternal health counselling and health cards to accompany the extension of the obstetrical package.

With regard to education, 6127 Malian refugee children of which 3030 girls of 6-17 years supervised by 136 teachers took formal or non-formal education courses including trades. School supplies and teaching materials were distributed, teachers' capacities strengthened, and communities mobilized for enrolment and retention of children with special emphasis on girls. Examinations (DEF and BAC) were organized for 257 students (53 girls) of the secondary school, of which 28% succeeded. 16,007 students including 8,038 girls were provided with school bags, school kits and recreational kits and their schools (120) equipped with bench-tables. An illustrated hygiene and nutrition module is being finalized to be used by teachers to raise awareness on good hygiene and nutrition practices in schools

in order to promote behaviour change in households, preschool children and students. Psychosocial follow-up training was also provided to all teachers in M'berra camp for better counselling Malian refugee students if required. The same training was organized for the benefit of the DREN staff including the IDEN in order to popularize it in the schools of the host community.

In child protection, four awareness-raising campaigns organized by the Child Protection Network for the Malian refugee children of the camp and more than 8,000 people were sensitized on the rights of children and their vulnerability in an emergency context. With the support of UNICEF, nine (9) schools and Children's Friendly Spaces in M'Berra camp and the host community were covered by emergency activities (access to WASH services - latrines, drinking water, and hygiene kits distribution).

In order to strengthen the social cohesion between the refugees and the inhabitants of the neighbouring communities at the camp, interventions in favour of these communities were also implemented, namely 120 schools with 16,007 pupils (including 8,038 of girls), were provided school bags, school kits and recreational kits to help improve the learning conditions of children from very poor backgrounds. Also, 7 mini drinking water supplies and outreach sessions to communities are underway in the host community.

Although clusters are not activated in Mauritania, UNICEF has taken the lead in organizing the bi-monthly meetings of all the actors active in emergencies in Bassikounou, and also takes part in coordination meetings of humanitarian actors around the administrative authorities of the locality.

Senegal

Senegal's humanitarian needs are mainly driven by seasonal climatic shocks and chronic vulnerabilities, especially in the eastern and northern regions where levels of food insecurity and malnutrition are often high. Epidemics, droughts and floods also cause human suffering. Around 881,000 people will require humanitarian assistance in 2017. More than 880,000 people are projected to face "emergency" levels of food insecurity and over 90,000 under 5 children are likely to suffer severe acute malnutrition. Tens of thousands of people are at risk of floods and the effects of drought in the coming months, while more than 21,000 people are threatened by epidemics.

Food shortages and nutrition crises in the country's Sahel region are increasingly recurrent due to the effects of climate change. Rainfall deficits and worsening food security have forced communities to resort to survival measures such as selling assets, incurring debts or cutting down the size of meals. These strategies further erode their means to withstand cyclic food deficits and malnutrition that are aggravated by scarcity and difficult access to potable water, weaknesses in the health system and poverty.[15]

In 2016, Senegal elaborated a nutrition response plan under the leadership of ministry of health with UNICEF support as nutrition sector lead. The main purpose of the 2016 response was to manage the nutritional crisis through the implementation of an integrated package of interventions (nutrition wash, health and communication for behaviour change) at all levels (national, regional, Districts, health system and community).

[15] 2017 Sahel Overview of Humanitarian Needs and Requirements
https://www.humanitarianresponse.info/system/files/documents/files/hnro_sahel-2017-en_2.pdf

In Senegal, with UNICEF support, the nutrition response plan is now operational in all the country's fourteen health regions with a focus on more vulnerable regions. Financial and technical support to the elaboration and implementation of the Nutrition Emergency Response Plan have been provided. UNICEF funded the national workshop on the elaboration of this plan under the leadership of the MOH.

UNICEF also continue to support the MoH and CLM (*Cellule de Lutte contre la Malnutrition*), a coordinating body for nutrition attached to the Prime Minister's office, in the implementation of a package of different nutrition interventions at health system and community level. UNICEF continues to support the integrated operational action plan at Regional and Districts level, formative supervision and coordination meetings at national, regional and district levels.

UNICEF support the delivery of nutrition supplies to health facilities, essential medicines for systematic treatment, and other anthropometric equipment for severe acute malnutrition management. Capacity building of health and community workers has been a priority. 1500 Community health workers were trained on the screening/IMAM, 450 community health workers were trained on IYCF and IMCI, 30 Health workers were trained on IYCF, 30 MOH, CLM and NGOs staffs were trained on ECD (Early Child Development) with focus on stimulation and awakening (300 community health workers).

UNICEF Supported systematic screening at national levels (14 Regions) in all the health facilities and regular active screening and referral of severe acute malnutrition children through distribution of anthropometric equipment to health and community facilities and logistic support (fuel) with focus on more affected Regions (Matam, Tamba, Saint Louis, Louga and Diourbel). In 2016 about 1.3 million children 6-59 months were regularly screened through the child survival days (June) organized by MOH, and the CLM activities.

Across Senegal the number of health facilities providing IMAM services increased through the support of UNICEF. This included at least 1,400 health centres supported with supplies (RUTF, essential medicines and trained staff); 44,081 childred were admitted for SAM treatment out of the 75,100 target caseload, with 78.9% of children were reported as cured, 0.7% as death and 19.4 % default.

An average of 275,199 children 0-23 months were reached by the GMP (Growth Monitoring Promotion) per month and ECD is integrated in 300 community sites. Also 184,298 care givers were reached monthly by the essential family practices and 19,276 SAM children benefited from WASH minimum package (Aquatab, Soap, and hand washing kits, buckets, communication messaging) in 1265 health facilities.

Senegal Results:

Indicators	Cluster/ sector 2016 Target	Cluster/ sector 2016 total results	UNICEF 2016 Target	UNICEF Total results
Nutrition				
Children < 5 with Severe Acute Malnutrition admitted for therapeutic care	75,100	**44,081** (59 %)	75,100	**44,081** (59%)
Children < 5 in therapeutic care discharged recovered from SAM	56,250	32,464 (78,9%)	56,250	32,464 (78,9%)
Number of Health Centres / Posts with SAM treatment	1,400	1422	1,400	1422
Children <5 with Severe Acute Malnutrition with complications admitted to therapeutic care	7,510	3,251	7,510	3,251
WASH				
Families of children affected by Severe acute malnutrition receiving WASH kits	62000	Not available	25,000	16,276
Minimum WASH supplies available in nutrition rehabilitation units and centres	1300	Not available	1300	1265
Villages in which CLTS is implemented	400	Not available	400	460
Vulnerable persons reached with messages on the prevention of diarrheal diseases	Not available	Not available	336,600	700 000
Wells and drilling sites where water quality control tests have been conducted	3960	Not available	1,300	1430
Hygiene workers trained in Ebola prevention and control	Not available	Not available	0	0

1. Source: National Health Information System Tool (DHIS2) and National Hygiene Service.

Complementarity exists between the different UN agencies in their support to humanitarian response under the leadership of UNICEF for nutrition sector. WHO is in charge of the nutrition surveillance, and UNICEF supports the treatment of severe cases with integrated package while the World Food Programme oversees the acute moderate malnutrition cases. Also UNICEF has supported communications and social mobilisation for essential family practice.

UNICEF Supported the MOH Nutrition Division on elaboration of the nutrition sectoral strategic plan 2016-2020 of the health sector. The aim is to have a coherent nutrition plan in health sector, reinforce the inter-sectoral coordination and strengthen the nutrition within the public health sector. In 2016, UNICEF supported the prime minister's cabinet through CLM to the multi-sectoral Nutrition strategic Plan 2017-2021, aiming to reinforce nutrition in key sectors (Health, Agriculture, Households, and Education etc.). In addition, for advocacy, as a SUN UN/Donors co-lead, in collaboration with World Bank, UNICEF provided a financial and technical contribution to investment case studies to build evidence and strengthen advocacy for nutrition. Specifically for this investment case, UNICEF funded a study related to the institutional and organizational capacity of the CLM and the Technical Ministries associated to CLM like Health, Agriculture, and Education. This case study contribute to identify the gap in capacity of nutrition program management in Senegal. UNICEF also funded in June a high level

national advocacy workshop to promote the multisectorality and reinforce the positioning of nutrition among all actors Government, civil society, private sector, academicians and researchers, UN, Donors – 75 actors in total.

Monitoring and Evaluation

WCARO: UNICEF has continued to support countries and governments in the 9 Sahel countries to undertake timely nutrition assessment in emergency situation, and to develop capacities to lead Nutrition Surveys in chronic or rapid onset emergency settings.

In 2016, UNICEF WCARO dedicated specific resources and advocacy effort to countries to improve level 3 and humanitarian program monitoring. IMAM reporting is now systematic and regular in 9 Sahel countries of the region where nutritional context is considered as fragile. Nigeria scaled up CMAM reporting using Rapid Pro in the 3 northeast states of Borno, Yobe and Adamawa.

Burkina Faso: Monitoring and Evaluation of interventions funded by grants under "Sahel appeal" was ensured as a part of the office's M&E framework. Key indicators on emergency responses were incorporated as a part of the office's management indicators and reported at least twice a year in RAM (UNICEF's result assessment module). Field visits were conducted by UNICEF colleagues and/or joint visits with the government and other UN agencies (mainly with UNFPA, WFP and FAO) to cross check the results reported by implementing partners and identify recommendations for improved quality results.

The presence of UNICEF's zonal office in Dori has greatly contributed to the strengthened monitoring of interventions in the region. The Dory office shares a weekly update and report with the Country Office to update on the progress, challenges and coordinate activities. UNICEF Dori office also coordinate sectoral groups of partners at the regional level, such as Education, WASH and Nutrition. These groups played critical roles in joint planning, coordination, monitoring and knowledge sharing on the interventions in the region.

Given the deteriorating security in the region especially in Soum province, UNICEF Burkina Faso in collaboration with local authorities and implementing partners has strengthened the monitoring and reporting of the grave violation of child rights, such as recent terrorist attack and threats to schools in Soum and subsequent closure of the schools in the province affecting thousands of children's education.

Since January 2016, the transport and warehousing for nutritional supplies which were previously supported by UNICEF are integrated in the supply and logistic chain of the national health system through the agreement between MoH, the national central procurement (CAMEG) and UNICEF. Moreover, a bottleneck analysis of the IMAM program involving the government and all partners was finalized and indicators to follow main bottlenecks are being integrated into the health monitoring system. These outputs and partnership are facilitating the quality monitoring of nutrition activities and supply chains.

Mauritania: M&E support technically the design of and was involved in a Real Time Monitoring system experience implementation in two additional regions in collaboration with the Ministry of Economic

and Finance. M&E also supported the programme implementation through various joint monitoring visits as well as the development of studies and other data collection and monitoring activities tools. M&E section participated to the regional RBM training in Dakar and organized a back to back RBM training at Country office level as a first step in the process of the elaboration of the new country programme document 2018-2022.

Senegal: The Country Office develops an Emergency Response Plan annually, which forms the basis of humanitarian response measures. This document is also aligned with the humanitarian needs overview conducted jointly with other partners. Monitoring of activities is undertaken through routine reporting, field visits and surveys. Direct support is also offered to the national, regional and district health authorities conduct of field supervisory missions.

UNICEF Senegal also supported strengthening nutrition monitoring through provide technical assistance to 11 medical regions and 3 in community level. Technical assistant helps to improve IMAM quality, monitoring and supervision, and data management at regional and central level. In addition, technical and financial assistance has been provided to the Government to conduct nutrition surveillance activities through the implementation of 5 sentinel sites. The Country Office has also contributed to nutrition surveillance through the operationalisation of the sentinel sites, the annual Continuous DHS 2016. It is also noteworthy to mention that UNICEF financially and technically supported the decentralization of DHIS platform, with a view to improving the timeliness and completeness of health and nutrition data.

In Senegal, some constraints included challenges in data collection for some regions. In addition, high defaulter rate has been a problem all over - even in areas supported by NGOs. This issue is one of the main challenges that Senegal is facing. Among the probable reasons for defaulters are the long distances between the IMAM services and some villages and the high mobility of nomad population groups particularly in the northern areas of Senegal. A possible measure is the revision of national IMAM protocol to decentralize IMAM services including creating mobile IMAM and health services for nomadic populations.

Across Burkina Faso, Senegal, Mauritania and Gambia more funding is needed to improve measures to overcome shortfalls in reaching targeted beneficiaries including the extension of the tracing mechanisms for the recovery of defaulter cases; signing agreements with more NGOs to support the technical implementation and monitoring of IMAM; and deploying more nutrition technical assistants to support medical region teams. For Water and sanitation humanitarian interventions the inadequacy of funding of key WASH interventions such as CLTS in food insecure regions and for the supply of sufficient quantities of WASH kits for affected families adversely affected response measures.

UN Coherence

In 2016, coordination with UN agencies was strong with improved implementation of cluster approach at country level as well as monthly regional coordination. The coordination for emergency preparedness, response and recovery was strengthened by:

- The signature of a regional MoU between WFP and UNICEF to strengthen collaboration on an agreed and formalized plan of action for nutrition

- Strong coordination around the UN Strategy for the Sahel and the Regional Roadmap for Resilience where UNICEF was the lead for the Nutrition Pilar.

Financial Analysis

Table 1

2016 Funding Status against the Appeal by Country Office (in USD):

Country Office	Requirements	Funds Available Against Appeal as of 31 December 2016*	% Funded
Burkina Faso	18,815,490	8,992,890	48%
The Gambia	2,146,400	0	0%
Mauritania	15,065,887	5,664,337	38%
Senegal	6,200,000	1,932,095	31%
Total	**42,227,777**	**16,589,322**	**39%**

Note: This does not include regional allocations made from regional ECHO grant SM160142 to Mali ($2,266,493), Niger (7,320,096) and WCARO (462,577) which are reported separately in the CERS for these respective offices against nutrition sector funding in addition to the dedicated regional ECHO Donor report for this grant. Moreover, this does not include regional allocations made from USAID/FFP grant SM160383 made to WCARO (34, 733), Supply Division (19,,254) and Program Division (20,952) and which are reported in the WCARO CER against the nutrition sector funding received. The table only reflects funding received by Cos as per the Sahel HAC 2016.

Table 2

Table 2 - Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)			
Business Area	**Donor Name/Type of funding**	**Programme Budget Allotment reference**	**Overall Amount***
I. Humanitarian funds received in 2016			
a) Thematic Humanitarian Funds			
Mauritania	United Kingdom Committee for UNICEF	SM1499101158	**96,200**
b) Non-Thematic Humanitarian Funds			
Burkina Faso	Japan	SM160098	1,759,259
	SIDA - Sweden	SM160115	434,299
	USAID/Food for Peace	SM160508	925,500
	European Commission / ECHO	SM160142	5,873,832
Mauritania	Japan	SM160085	2,592,593
	USAID/Food for Peace	KM160043	65,000
		KM160045	430,434
		SM160383	417,926
	European Commission / ECHO	SM160142	1,008,659
		SM160283	830,745
		SM160370	222,780

Senegal	European Commission / ECHO	SM160142	1,932,095
Total Non-thematic grants			**16,493,122**
(i) CERF Grants			
N/A			
Total CERF Grants			**-**
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc.			
N/A			-
Total Other Pooled funds			**-**
Total Pooled Funding (i+ii)			**-**
d) Other types of humanitarian funds			
N/A			
Total Other types of humanitarian funds			**-**
Total humanitarian funds received in 2016 (a+b+c+d)			**16,589,322**
II. Carry-over of humanitarian funds available in 2016			
e) Carry over Thematic Humanitarian Funds			
N/A			**-**
f) Carry-over of non-thematic humanitarian funds			
N/A			
Total carry-over non-thematic humanitarian funds			**-**
Total carry-over humanitarian funds (e + f)			**-**
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)			
N/A			
Total other resources			

Note: This does not include regional allocations made from regional ECHO grant SM160142 to Mali ($2,266,493), Niger (7,320,096) and WCARO (462,577) which are reported separately in the CERS for these respective offices against nutrition sector funding in addition to the dedicated regional ECHO Donor report for this grant. Moreover, this does not include regional allocations made from USAID/FFP grant SM160383 made to WCARO (34, 733), Supply Division (19,,254) and Program Division (20,952) and which are reported in the WCARO CER against the nutrition sector funding received. The table only reflects funding received by Cos as per the Sahel HAC 2016.

Future Work Plan

Over the last few years across the Sahel investments in coordination, strengthening partnerships, developing national capacities for nutrition, including screening and SAM management have highly contributed to improve early response to nutritional needs of displaced children and mothers. Improved regular programs and monitoring of the supply pipelines in 2016 allowed for early detection of potential supplies' bottlenecks and anticipation of funding for a timely response. In addition, improved Cluster/Sector coordination across all UNICEF led sectors/clusters (Nutrition, WASH, Education and Child Protection) with partners at country level was is a notable achievement.

In the coming year UNICEF will continue to reinforce emergency preparedness and response, including by supporting national and local authorities and civil society to better respond to slow onset or sudden disasters and thereby prevent and/or mitigate their impact. UNICEF will scale up ongoing integrated

management of acute malnutrition, focusing on life-saving treatment of severe acute malnutrition (SAM), as well as the prevention of malnutrition through infant and young child feeding and the promotion of essential family practices. Working with partners, UNICEF will improve access to water, sanitation and hygiene (WASH) for crisis affected populations. As part of epidemic preparedness and response, UNICEF will support immunization campaigns targeting children to help mitigate or cope with ensuing epidemics, including through the integrated management of childhood illnesses. Access to education will be improved and protective environments will be supported for crisis-affected children by reinforcing systems and community-based interventions to provide care and support. UNICEF will support social protection mechanisms to reinforce the resilience of families and communities affected by crises, including refugees (for example in the Gambia).

Expression of Thanks

The results in in this report, highlight the importance of flexible thematic and non-thematic humanitarian funding from donors which has enabled UNICEF to respond quickly and meet the nutrition crisis across the Sahel. UNICEF has been able to use the financial support it has received to contribute to achieving results for children suffering from malnutrition.

UNICEF would like to express our gratitude to all donors for providing their support which has enabled UNICEF across the region to successfully fulfil UNICEF's mandate by responding in times of humanitarian crises when the rights of women and children are in danger.

While significant results were achieved to address malnutrition across the Sahel, additional funding is still needed to ensure timely, targeted and comprehensive nutrition support, as well as build long term community and family resilience, capitalizing on the gains made in recent years.

For all those who have supported the Sahel crisis, you have contributed to the survival, development and protection of children and women. Without your generous support UNICEF's work would not be possible – thank you!