



Credit: WFP Niger 2012

# SAHEL REGIONAL STRATEGY

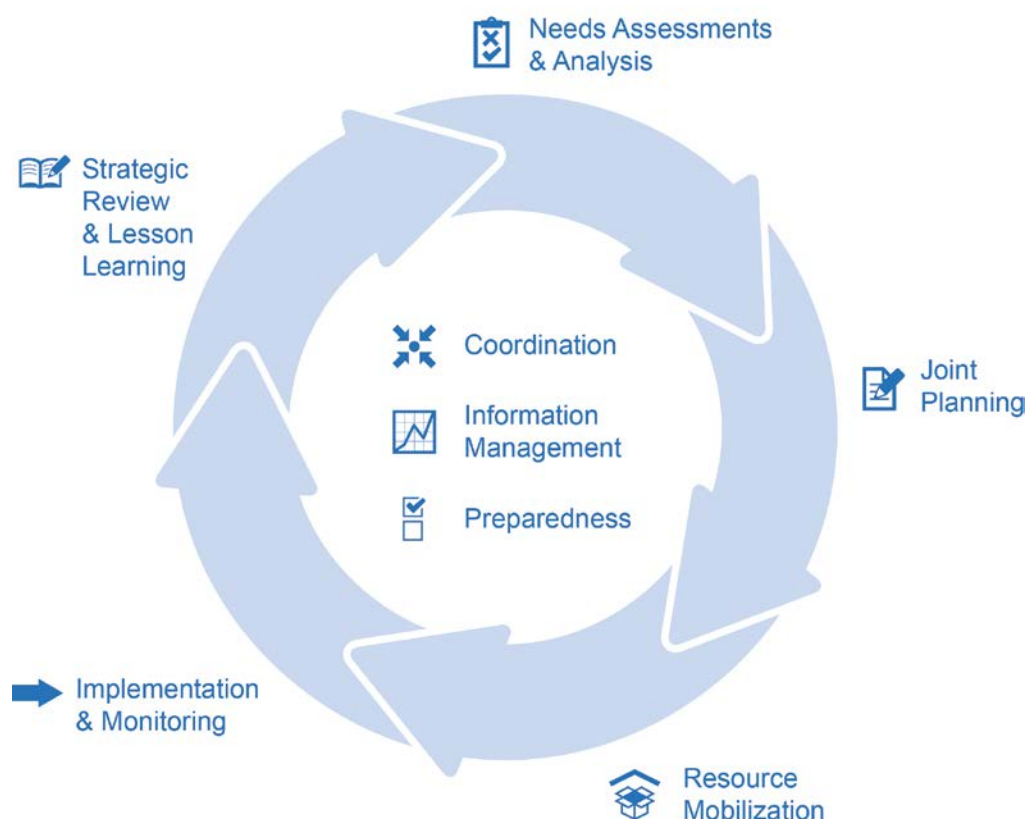
Mid-Year Review

# 2013











United Nations

## The humanitarian programme cycle



Please note that appeals are revised regularly. At the time of printing, projects continue to be revised. The latest version of this document and of the Burkina Faso, Chad, Mali, Mauritania and Niger CAPs are available on <http://unocha.org/cap>. Full project details, can be viewed, downloaded and printed from <http://fts.unocha.org>.

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# REFERENCE MAP





# 1. SUMMARY

## NEEDS REMAIN HIGH

Food security and nutrition in the Sahel have improved somewhat since the acute crisis in 2012, following better rains and harvests. However, the effects of the recent crisis are not so quickly erased.

Assessments, trend analysis and price monitoring in 2013 suggest that the food security and nutritional situation remains precarious for the most vulnerable and crisis-affected populations in the Sahel. Over 11 million people across the region continue to live in food insecurity. Five million children under five and pregnant or lactating women remain at risk of acute malnutrition, particularly in high risk areas such as Northern Mali and among Malian refugees in Burkina Faso, Mauritania and Niger. Cereal prices remain very high: in some areas as high as 50 per cent more than the five-year average.

As crises in the Sahel become more frequent, families are forced to increasingly adopt negative coping strategies to deal with the stresses. For example children are taken out of school, less quality food or seeds are consumed and animals are killed for sale that might have been intended for reproduction. These negative coping strategies have long-term consequences which cannot be reversed with one good harvest.

Conflict and insecurity continue to affect several Sahel countries, negatively impacting market trade and the access to and the quality of basic services. Moreover, one million people remain displaced, as internally displaced or refugees, living in camps or with host communities.

Furthermore, ahead of the approaching the rainy season, activities related to the prevention, preparedness and response to possible floods and epidemics of cholera and other waterborne diseases now need to be accelerated.

## FOCUS ON REGIONAL COHERENCE

The 2013 Sahel Strategy provides a summary of humanitarian needs, as articulated in the consolidated appeals (CAPs) of Burkina Faso, Chad, Mali, Mauritania and Niger and in the humanitarian strategies of Cameroon, The Gambia, Nigeria and Senegal. The strategy aims to present a common approach that includes: a shared regional situation analysis, common regional strategic goals and objectives, and performance indicators and systematic monitoring that provides evidence-based needs and gaps analysis.

At mid-year, the objective of the original 2013 Sahel Strategy remain valid: to respond to the 'triple crisis' currently affecting the Sahel: i) the continued humanitarian impact of acute food security and nutrition crisis of 2012; ii) the underlying chronic nature of food insecurity, malnutrition and the erosion of resilience in the region; and iii) the on-going current Mali crisis,

### Sahel Regional Strategy 2013 at mid-year: Key parameters

<b>Planning and budgeting horizon</b>	January – December 2013
<b>Target beneficiaries</b>	
Food Insecure People	11.3 Million
SAM under five children	1.5 Million
MAM under five children and pregnant women	3.4 Million
Refugees (incl. Malian)	597 Thousand
Malian refugees	174 Thousand
Internally Displaced Persons	443 Thousand
<b>Total funding requested</b>	US\$ 1.72 Billion

which has resulted in the significant displacement of IDPs within the country and an exodus of refugees to neighbouring countries.

### **ADDITIONAL AND MORE BALANCED FUNDING IS NEEDED**

As of 30 June, activities covered by the 2013 Sahel Strategy have received US\$<sup>1</sup> 607 million.

Several sectors remain largely underfunded, including Education, Agriculture under food Security, Health, Protection and WASH. Balanced funding among sectors remains essential to enable complementarity and to support a comprehensive response.

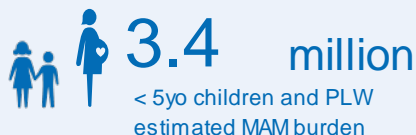
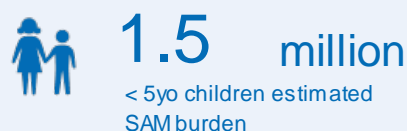
Following the mid-year review, requirements have been revised to \$1.72 billion, leaving \$1.1 billion to be raised for 2013.

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<sup>1</sup> All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, [fts@un.org](mailto:fts@un.org)), which will display its requirements and funding on the current appeals page.

# SAHEL Humanitarian Dashboard (30 June 2013)

## Key Planning Figures 2013



**SAM:** Severe Acute Malnutrition

**MAM:** Moderate Acute Malnutrition

**PLW:** Pregnant and Lactating Women

**<5yo:** Under 5 years old

**Refugees:** Malian refugees in 6 neighboring countries, Sudanese and CAR refugees in Chad

## Key drivers of the crisis



The **Food Insecurity and Nutrition crisis** further eroded the resilience of millions of people already suffering from chronic poverty



**Epidemics** Cholera, meningitis and measles are chronic in most of sahelian countries



**Floods**  
In 2012 severe floods affected more than 5 million people across the region

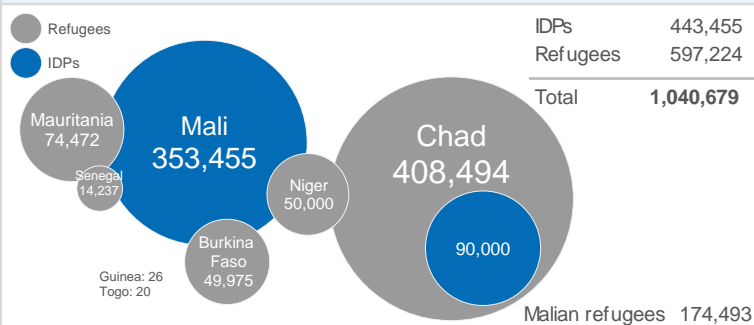


**Locust infestation** remains a threat in Mali, Mauritania, Niger and Chad



**Mali Crisis:** Insecurity continues in the north, with new attacks and other acts of violence, in addition to the presence of UXOs.

## 2013 Refugees And Internally Displaced Persons by Country [4]



## Sahel Strategy Funding Update as of 12 June 2013 [3]

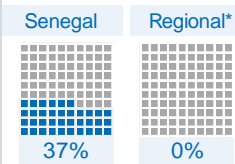
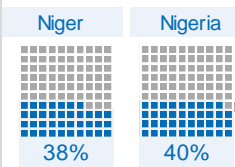
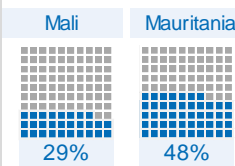
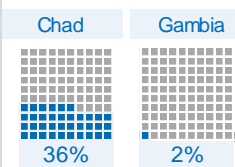
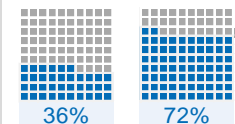
**\$1.72 billion**  
REQUESTED (US\$)  
for the Sahel



**\$607 million**  
RECEIVED (US\$)

■ Unmet ■ Funded

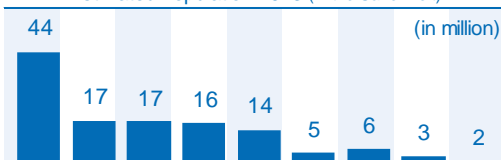
Burkina Faso Cameroon



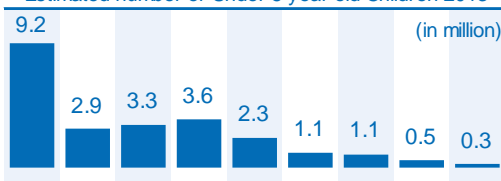
## Food Security and Nutrition Baseline Data



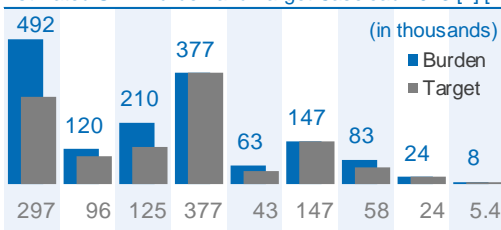
### Estimated Population 2013 (in the Sahel Belt)



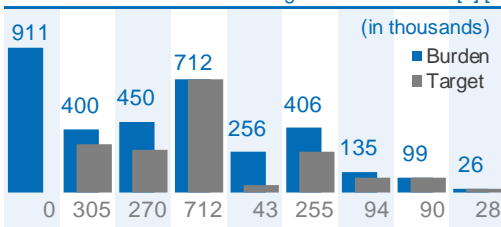
### Estimated number of Under 5 year old Children 2013



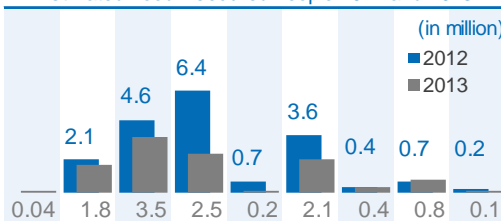
### Estimated SAM Burden and Target Caseload 2013 [1] [2]



### Estimated MAM Burden and Target Caseload 2013 [1] [2]



### Estimated Food Insecured People 2012 and 2013



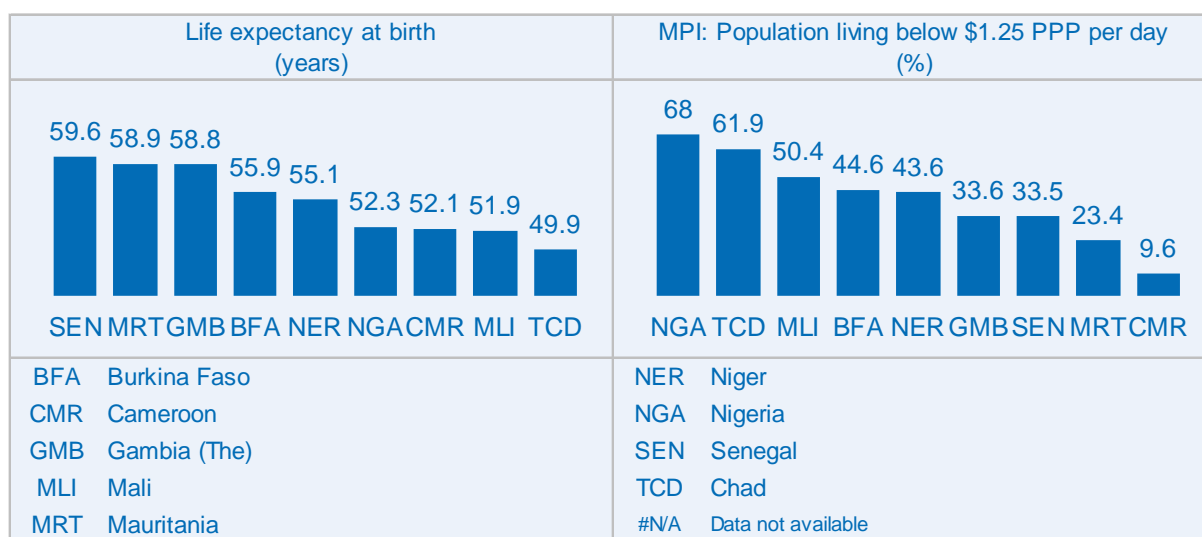
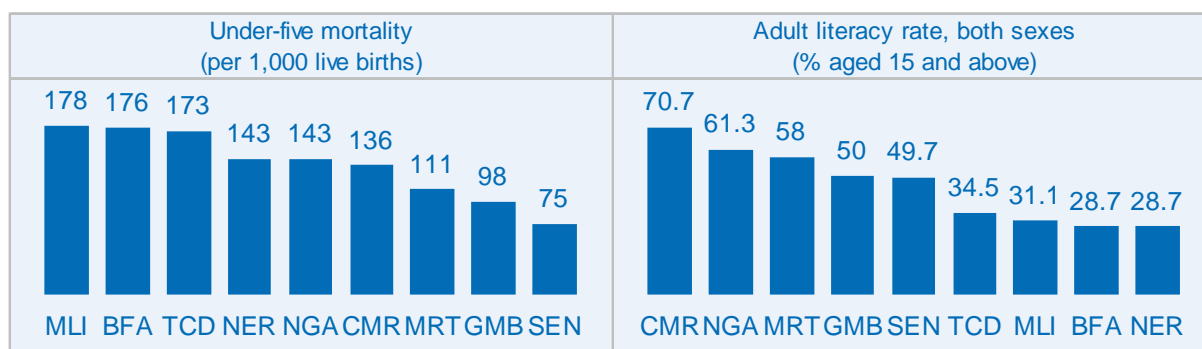
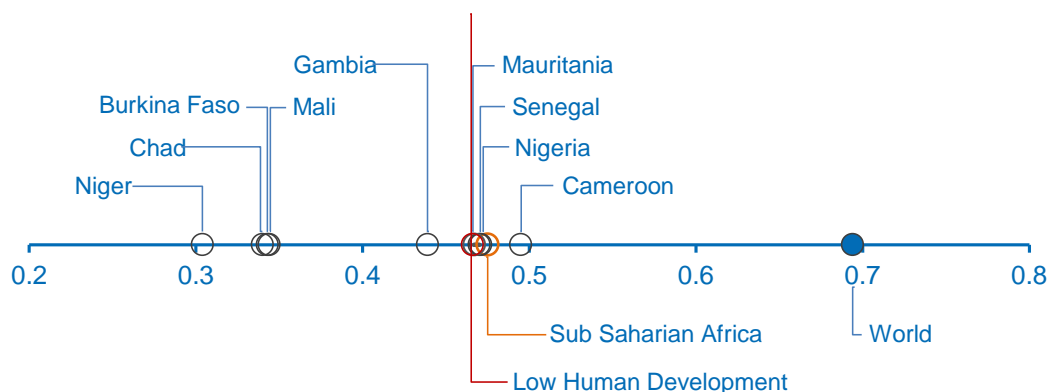
\* Regional food security coordination and support  
[1]&[2] Refer to footnote on next page

[3] Financial Tracking Service: [www.fts.unocha.org](http://fts.unocha.org)

[4] For malian refugees: <http://data.unhcr.org/MaliSituation/regional.php>

## SAHEL Humanitarian Dashboard (30 June 2013)

### 2012 Human Development Index Comparison (source: <http://hdrstats.undp.org>)



#### [1] Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) burden estimates

Estimated burden represents the total number of acute malnutrition cases in a population for a given period of time. It is estimated through the calculation of SAM prevalence within the 6-59 month population reported to incidence correction factor. For estimating the burden of Acute Malnutrition, the same incidence correction factor (1.6 for SAM and 0.5 for MAM) was applied for all countries (except Burkina Faso). Calculation methods: Estimated annual SAM burden = population 6-59m x [prevalence + (prevalence x 1.6)]

To take into account that this is extremely challenging to calculate with accuracy and any calculation constitutes a very rough estimate as best, some countries applied a margin to the calculated figures (estimates +10% in Mauritania and Niger; and estimates +25% in Chad), to reflect seasonality and past years admissions trends at country level.

Burkina Faso estimated SAM burden susceptible to change: the use of standardized incidence factor still to be validated at country level.

#### [2] Target Caseload

The target caseload represents the number of children that programs expect to treat within the 1 year period considered (2013) based on estimated prevalence and incidence, and a coverage objective.

The Indicator to follow is the new SAM admissions in the program during the year.

The coverage objective should be estimated based on previous year's performance, aiming for SPHERE standards of 70% in urban areas, 50% in rural areas and 90% in camps, as well as taking into account the overall UNICEF and Partners' capacity to treat.

The MAM target caseload were provided by WFP regional Office – no nutrition activities planned by WFP in Nigeria

Source: Regional Food Security and Nutrition Working Group, Dakar, Senegal



## SAHEL Humanitarian Dashboard (30 June 2013)

### Strategic Objectives 2013

<b>1</b>	Households are appropriately supported to rebuild after the 2012 crisis.
<b>2</b>	Chronic levels of food insecurity and malnutrition have been addressed through integrated programming to build resilience
<b>3</b>	Humanitarian actors respond effectively to the needs of refugees, displaced people and host communities resulting from both the complex emergency in Mali and other emergencies

**2013 Requirements and Funding US\$ 1,715,044,314 35% Funded**

### Revised Requirements Per Sector by Country

(in million \$US)

Chad	189.4	158.9	39.0	20.1	27.6	29.9	26.2	6.2	12.7	-	509.9
Mali	169.5	-	80.4	62.3	70.4	34.5	19.5	21.6	0.0	17.7	475.9
Niger	128.5	69.9	91.0	19.5	3.7	16.3	12.9	2.0	10.5	-	354.3
Mauritania	14.6	62.1	7.7	3.0	2.0	3.7	6.2	2.2	3.1	-	104.5
Burkina Faso	30.2	53.4	32.8	6.3	2.2	5.7	1.3	1.4	4.3	-	137.8
Senegal	23.4	3.0	17.9	1.1	0.0	-	0.1	-	0.0	-	45.6
Cameroon	2.7	-	9.3	3.4	0.5	6.5	0.0	8.3	0.4	-	31.1
Nigeria	1.5	-	18.0	11.0	1.1	0.9	0.0	-	0.0	-	32.4
Gambia	11.5	-	3.8	0.4	0.0	0.5	0.6	0.3	0.8	-	17.8
Regional	2.6	-	0.0	-	0.0	-	2.8	-	0.0	-	5.5
<b>Total</b>	<b>574.0</b>	<b>347.4</b>	<b>299.9</b>	<b>127.1</b>	<b>107.4</b>	<b>98.0</b>	<b>69.6</b>	<b>42.0</b>	<b>31.6</b>	<b>17.7</b>	<b>1,715</b>

### Percentage Funded Per Sector by Country (based on revised requirements)

											<b>Total</b>
Chad	74%	10%	22%	15%	5%	16%	43%	0%	0%		36%
Mali	35%		20%	10%	24%	27%	49%	11%		25%	29%
Niger	21%	57%	53%	5%	0%	37%	56%	0%	20%		38%
Mauritania	19%	50%	32%	33%	8%	17%	73%	0%	0%		48%
Burkina Faso	49%	32%	32%	29%	54%	22%	0%	111%	0%		36%
Senegal	58%	0%	17%	0%			0%				37%
Cameroon	130%		30%	0%	0%	0%		0%	0%		72%
Nigeria	66%		66%	0%	7%	0%					40%
Gambia	0%		9%	0%		0%	0%	0%	0%		2%
Regional	0%						0%				0%
<b>Total</b>	<b>46%</b>	<b>30%</b>	<b>35%</b>	<b>10%</b>	<b>18%</b>	<b>23%</b>	<b>47%</b>	<b>10%</b>	<b>7%</b>	<b>25%</b>	<b>35%</b>

Food Security  
 Nutrition  
 WASH

Protection  
 Health  
 Coordination

Education  
 Early Recovery  
 Emergency Shelter and NFI

Multi-Sector Assistance to Refugees

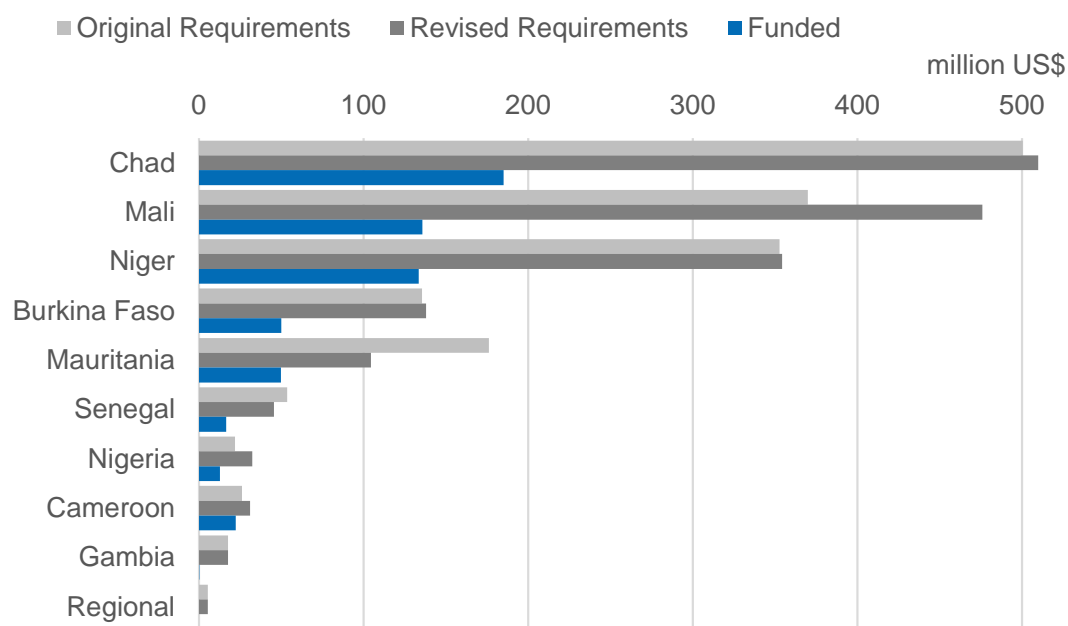
For ease of presentation, Coordination, Logistics, and Emergency Telecommunications have been combined in this section. For details on projects in these clusters, please see the individual appeal pages at: <http://fts.unocha.org/pageloader.aspx?page=emerg-emergencies&section=CE&year=2013>

**Table 1: 2013 Requirements and funding to date per country**

Original (January 2013) and Revised (June 2013) requirements and funding level  
per country as of June 2013

in million US\$

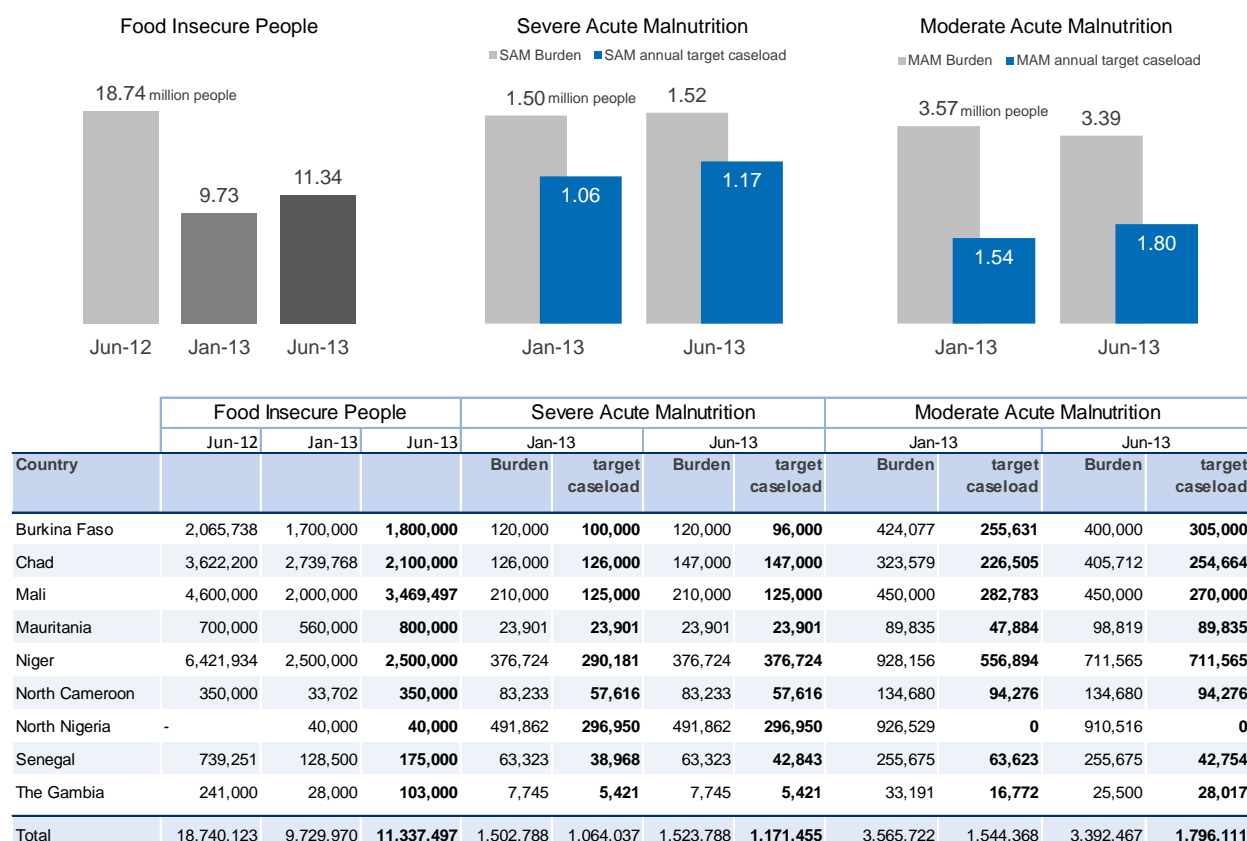
Country	Original Requirements	Revised Requirements	Funded	Unmet Requirements	% Funded
Chad	500.5	509.9 ↑	185.2	324.8	36%
Mali	369.9	475.9 ↑	135.9	340.0	29%
Niger	352.8	354.3 ↑	133.5	220.8	38%
Burkina Faso	135.5	138.1 ↑	50.1	87.9	36%
Mauritania	176.1	104.5 ↓	49.9	54.6	48%
Senegal	53.6	45.6 ↓	16.7	28.8	37%
Nigeria	22.0	32.4 ↑	12.8	19.6	40%
Cameroon	26.2	31.1 ↑	22.5	8.6	72%
Gambia	17.8	17.8 →	0.4	17.5	2%
Regional	5.5	5.5 →	0.0	5.5	0%
<b>Total</b>	<b>1,660.0</b>	<b>1,715.0 ↑</b>	<b>606.9</b>	<b>1,108.1</b>	<b>35%</b>



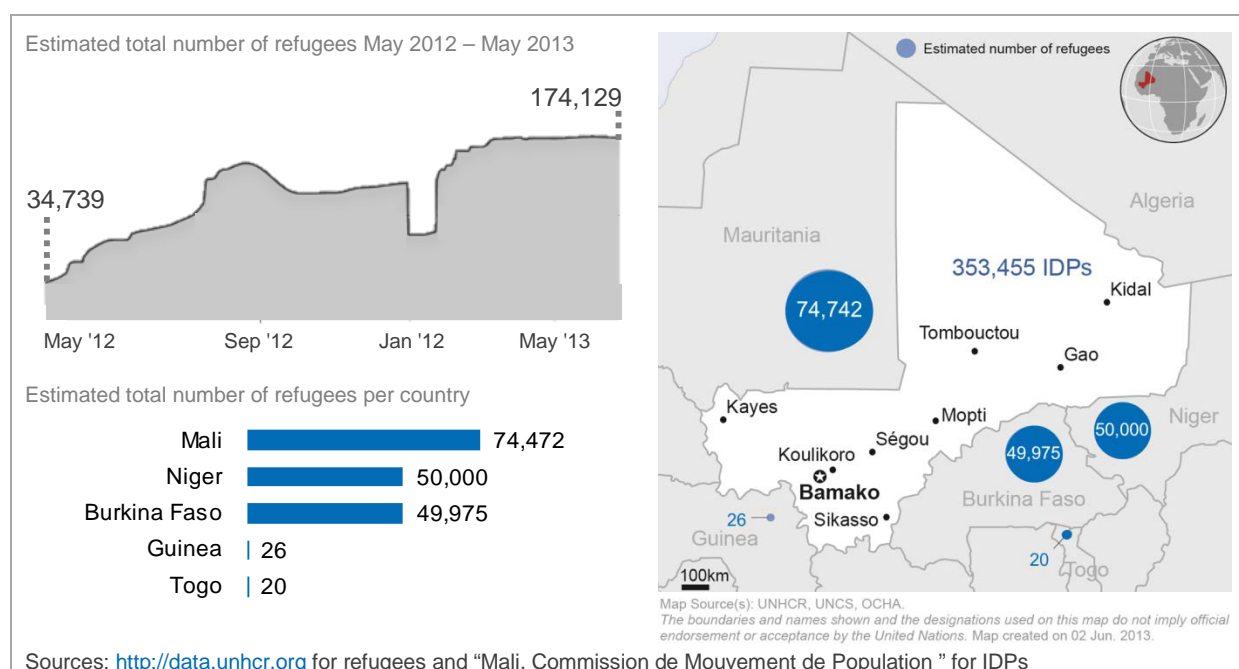
Source: Financial Tracking Service, <http://fts.unocha.org>

## 2. UPDATE ON CONTEXTS AND NEEDS

### Estimated number of Food insecure people, SAM and MAM children burden and target in the Sahel

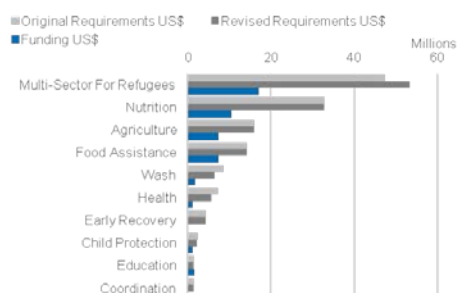


### Estimated number of Malian Refugees in neighbouring countries and IDPs in Mali as of 30 June 2013





### Requirements and Funding (as of 30 June 2013)



FTS recorded funding outside the appeal: **\$US 17 509 388**

Requested: **\$US 138** million  
 Funded: **\$US 50** million  
 Unmet: **\$US 88** million



### Key Planning Figures

**1.8 Million**  
 People in  
 Food Insecurity

**120 Thousand**  
 Children in Severe  
 Acute Malnutrition

**400 Thousand**  
 Children in Moderate  
 Acute Malnutrition

**400 Thousand**  
 To be vaccinated against  
 Meningitis

**50 Thousand**  
 Malian refugees

### Key Drivers of the Crisis

Food insecurity as households are still suffering from the effects of negative coping strategies implemented during the crisis in 2012 (e.g. Debt capitalization, sale of assets, etc.).

The crisis in Mali leading to the arrival of refugee populations in Burkina with their livestock (200,000 animals against 65,000 from local populations).

HDI Ranking : 183 out of 187  
 Child mortality: 176/1,000  
 Maternal mortality: 300/100,000  
 Fertility rate: 5,8  
 GDP growth rate (2012): 9%

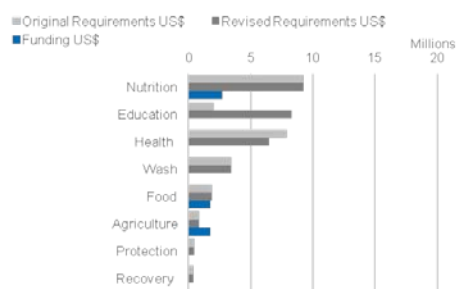
## Overview

At mid-year, 1.8 million people in Burkina Faso remain food insecure and in need of assistance. Households continue to face difficulties to access food due to low purchasing power, worsened by debts incurred during the last crisis, low agricultural production and the isolated nature of many parts of the country. 400,000 children are affected by Moderate Acute Malnutrition (MAM) and 120,000 by Severe Acute Malnutrition (SAM). The number of Malian refugees stands at 50,000.

Since the beginning of the year, 274,000 people have benefitted from food assistance, including through unconditional and conditional cash transfers. 51,520 have benefitted from seed distribution ahead of the main agricultural season. Ready for use therapeutic foods (RUTF) have been made available to all health districts to support SAM and MAM treatment. In response to a measles outbreak, 13,875 refugee children of 6 months and above, representing 35.8% of a total population of 39,601 people have been immunized. Refugee populations in camps were provided with food rations of 2100 Kcal per day. Shelter was distributed to 7,323 refugee households.

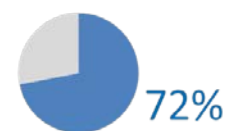


### Requirements and Funding (as of 30 June 2013)



FTS recorded funding outside the appeal: **\$US 16 168 640**

Requested: **\$US 31** million  
Funded: **\$US 22** million  
Unmet: **\$US 9** million



### Key Planning Figures

**350 Thousand**  
People in  
Food Insecurity

**83 Thousand**  
Children in Severe  
Acute Malnutrition

**135 Thousand**  
Children in Moderate  
Acute Malnutrition

**216 Thousand**  
Estimated flood affected  
people in 2012

### Key Drivers of the Crisis

**Food insecurity** as households are still suffering from the effects of last years crisis.

**Last year floods** caused serious damages to property and crops.

**Yellow Fever, cholera, measles and malaria** are common outbreaks in North regions. **Poor coverage of sanitation and access to clean water** is main cause of water-borne diseases.

HDI Ranking : 150 out of 187  
Child mortality : 136/1,000  
Maternal mortality: 690/100,000  
Fertility rate: 4,3  
GDP growth rate (2012): 4,9%

## Overview

The Sahelian Far North and North Regions of Cameroon remain extremely fragile and slow in recovering from the 2011-2012 drought and 2012 floods. A further increase in vulnerability is expected due to combined effects of the previous drought and floods and the present inflation of grain prices. 350,000 people remain food insecure while mid-year targets for acute malnutrition response have been revised to 57,616 for children under-five with Severe Acute Malnutrition (SAM) and 93,456 with Moderate Acute Malnutrition (MAM). About 33,700 persons are still targeted for General Food Distribution (GFD) and 11,000 moderately acute malnourished pregnant and lactating women are targeted for blanket and supplementary feeding. Refugees' response is also likely to increase with new arrivals from CAR (about 2,000) and more recently on-going arrivals from Nigeria (> 3,500).

Since the beginning of the year, emergency general food distribution was provided to 25,000 people (out of which more than 13,920 are women and 7,340 are children under 5) for a period of three months (Jan-Mar 2013). The nutrition sector response focused on providing supplies and strengthening capacities of 392 CNAs (outpatient clinics) and 43 CNTIs (inpatient hospitals) in the North and Far North regions and active case finding at the community level. At least 8,053 malnourished children have recovered from January to February 2013. Furthermore, essential medication was provided to all 43 health districts in the two northern regions for the management of the diseases related or associated malnutrition cases. A "school safety-net" emergency intervention package reached 170 flood-affected schools. The emergency response included school supplies, temporary shelter and temporary learning spaces water and sanitation materials for improved hygiene.





### Requirements and Funding (as of 30 June 2013)

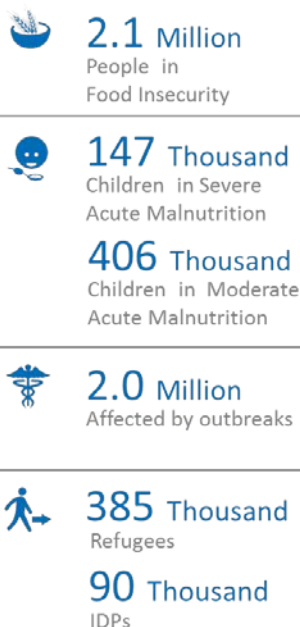


FTS recorded funding outside the appeal: **\$US 26 888 518**

Requested: \$US **510** million  
 Funded: \$US **185** million  
 Unmet: \$US **325** million



### Key Planning Figures



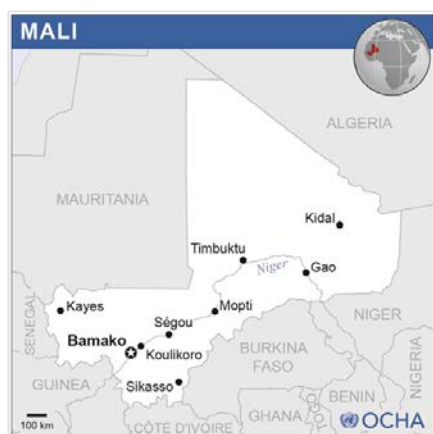
### Key Drivers of the Crisis

- Food insecurity exacerbated by 2012 floods; up to 30% of harvest lost to rodents and crop eating birds.
  - On-going conflict in neighbouring CAR, Libya, Nigeria, and Sudan highlighting volatility around Chad, insecurity; refugee influxes and return of Chadians.
  - Lack of qualified staff (only 400 doctors for 11.8 million people).
- HDI Ranking : 184 out of 187  
 Child mortality: 173/1,000  
 Maternal mortality: 1,100/100,000  
 Fertility rate: 5.8  
 GDP growth rate (2012): 7.2%

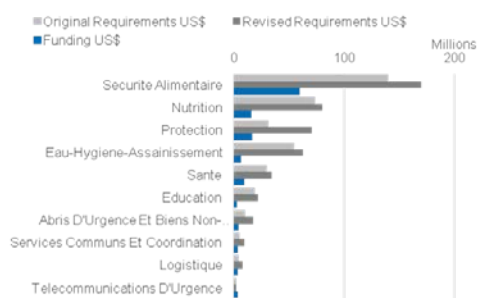
## Overview

Despite a 54% increase in cereal production in the 2012-13 cropping season over the last five year average, 2.1 million people remain food insecure in Chad. This is mainly due to the debt that families have accumulated over consecutive crises as well as on-going higher global food prices in 2013. Roughly 147,000 children under-five are affected by Severe Acute Malnutrition (SAM), an increase of 21,000 from the previous planning figure. An estimated 2 million people are at risk/affected by disease outbreaks. In the first half of 2013, approximately 37,948 new refugee arrivals were registered from Sudan and the Central Africa Republic (CAR) and 23,140 Chadian returnees from Sudan, CAR and Nigeria. This brings the total number of refugees and returnees to 408,494 up from the previous figure of 347,191.

Since the beginning of the year, UNHCR and partners have continued to provide assistance and support for self-reliance of 17,000 refugees in camps around eastern and southern Chad. 482 nutrition rehabilitation centres have been supported with staff, drugs and nutrition supplies. Following the outbreak of yellow fever in Goz Beida, Guereda and Adre health districts, a vaccination campaign with 97% coverage was organized for 872,919 people (520,300 women and 352,619 men).



### Requirements and Funding (as of 30 June 2013)



FTS recorded funding outside the appeal: **\$US 114 065 482**

Requested: **\$US 476** million  
 Funded: **\$US 136** million  
 Unmet: **\$US 340** million



### Key Planning Figures

**3.5 Million**  
 People in Food Insecurity

**1.4 Million**  
 People in Immediate Need

**210 Thousand**  
 Children in Severe Acute Malnutrition

**450 Thousand**  
 Children in Moderate Acute Malnutrition

**353 Thousand**  
 IDPs

### Key Drivers of the Crisis

Food insecurity due to the continued impact of the 2012 crisis, limited trade and access to markets in the north and an increase in prices.

Generalised insecurity, asymmetrical warfare perpetrated by non-State actors, use of landmines.

Lack of basic services and humanitarian access constraints.

HDI Ranking : 182 out of 187  
 Child mortality: 178/1,000  
 Maternal mortality: 540/100,000  
 Fertility rate: 6,2  
 GDP growth rate (2012): -1,5%

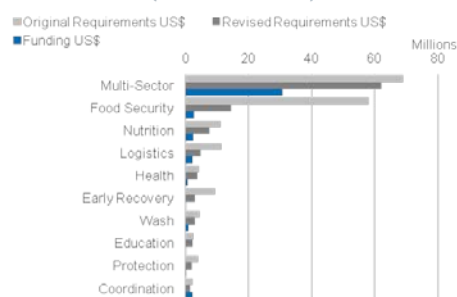
## Overview

The situation in Mali has changed dramatically since the original 2013 Appeal was designed. January 2013 saw renewed conflict in the north which led to further population displacement, a break down in services and the disruption of agro-pastoral livelihoods. Mali also continues to experience the impact of the 2012 food and nutrition crisis. According to recent evaluations, 3.5 million people continue to suffer from food insecurity with an estimated 1.4 million in need of immediate assistance. Mali has the third highest child mortality rate worldwide (176 per 1000 live births) and 660,000 children below five are at risk of acute malnutrition.

Since the beginning of the year, 838,000 people have been assisted by food security partners. 395,000 children have been treated for acute malnutrition and over a half a million people benefitted from WASH activities. As of May 2013, an increase in the return of IDPs and refugees has been observed. However, due to the security situation, accurate figures remain unavailable. Schools in Gao, Timbuktu and Kidal have begun re-opening, with 581 primary schools out of a total of 1,079 (around 54 per cent) now operating as of 30 June. As access conditions have stabilised, humanitarian actors have increased their presence in Timbuktu and Gao as well as in the northern part of Mopti. However access to Kidal and the rural areas of Timbuktu and Gao remains very limited as the security situation is still volatile.

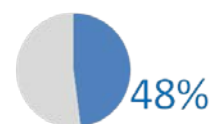


### Requirements and Funding (as of 30 June 2013)



FTS recorded funding outside the appeal: **\$US 4 590 149**

Requested : \$US **105** million  
 Funded: \$US **50** million  
 Unmet: \$US **55** million



### Key Planning Figures

**800 Thousand**  
 People in Food Insecurity

**24 Thousand**  
 Children in Severe Acute Malnutrition

**99 Thousand**  
 Children in Moderate Acute Malnutrition

**20 Thousand**  
 Affected by outbreaks

**80 Thousand**  
 Refugees (planning figure)

### Key Drivers of the Crisis

Current food insecurity is due to a combination of the continued impact of the 2012 crisis, irregular rain patterns and the increase in food prices.

The crisis in Mali has led the arrival of refugee populations and their livestock.

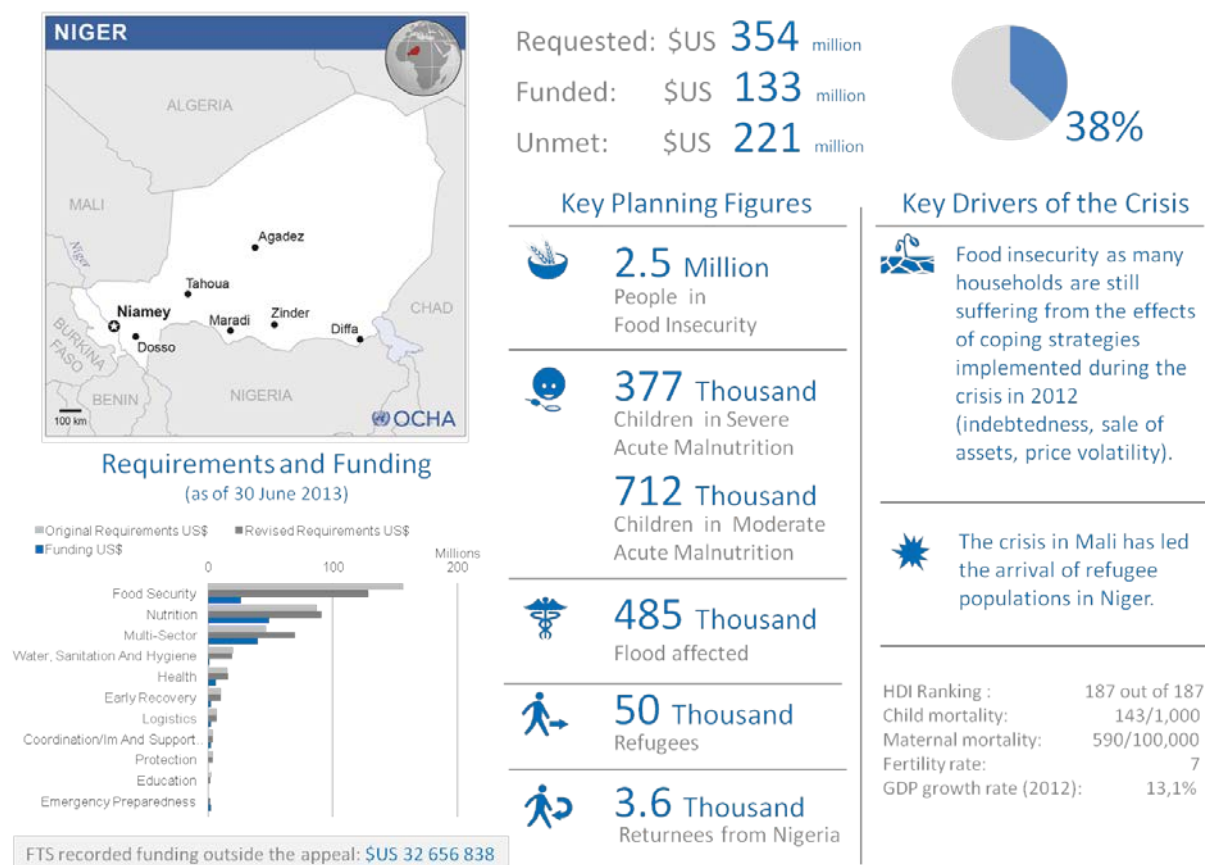
Weak access to water and hygiene aggravates the spread of epidemics (Rift Valley fever, cholera and meningitis), particularly during the rainy season.

HDI Ranking : 155 out of 187  
 Child mortality: 111/1,000  
 Maternal mortality: 510/100,000  
 Fertility rate: 4,4  
 GDP growth rate (2012): 6%

## Overview

There has been no significant change in the humanitarian context of Mauritania in the first half of 2013; the country continues to deal with the aftermath of the food and nutrition crisis of 2012, rising food prices and the Malian refugees caseload. Some 800,000 persons remain food insecure, with 240,000 persons (30 per cent) classified as severely food insecure. The Food Security Monitoring Survey (FSMS) of December 2012 denoted a worrisome increase in food insecure people in urban areas. This could be attributed to migration to urban centres, underemployment, particularly among young people, the decrease in household income (indebtedness and loss of livestock), rising prices of the basic commodities, including that of wheat (up by 50 per cent between 2010 and 2013) and rice (up by 50 per cent between 2011 and 2013).

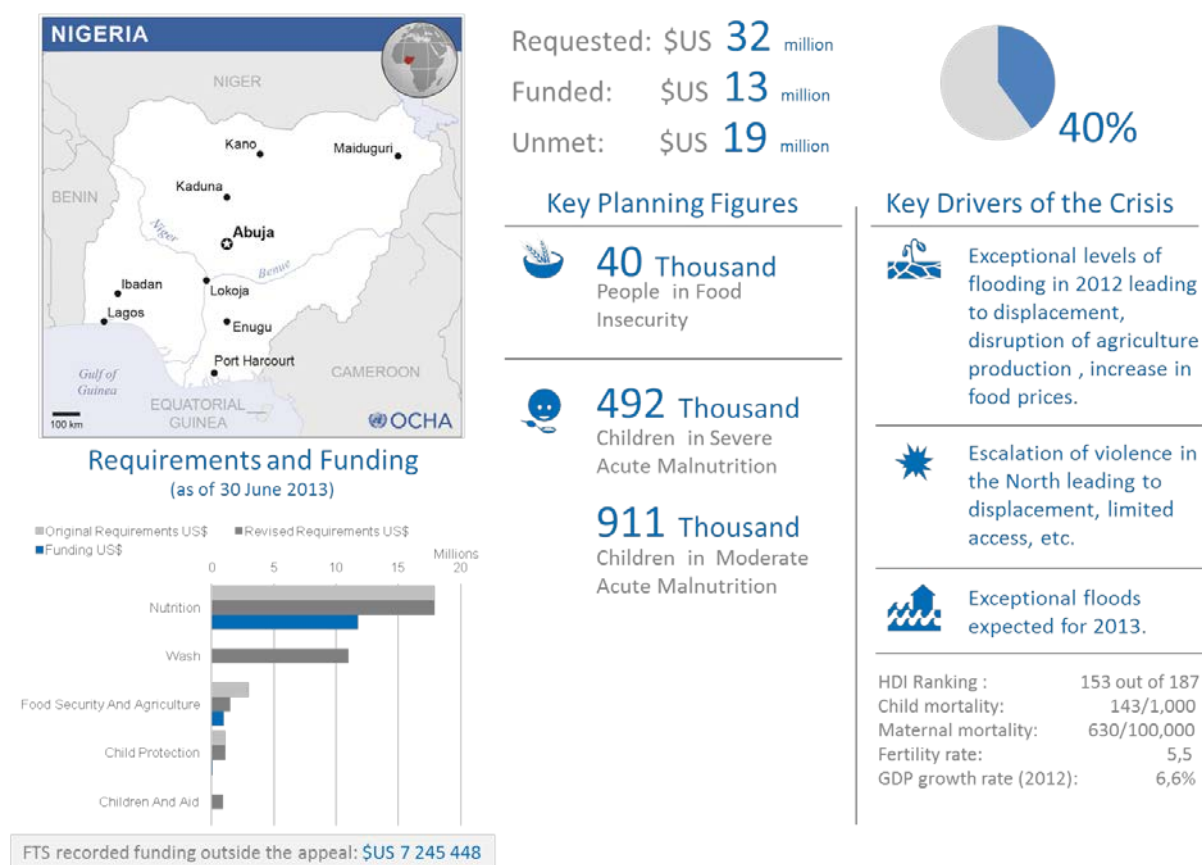
From January to May, when the prevalence of malnutrition is normally low, treatment of malnutrition was provided to some 37,297 beneficiaries. Food security interventions benefited 239,085 beneficiaries (123,846 women and 115,239 men). Activities included support to livestock of 18,557 households and the treatment of 257,560 animals. Agricultural inputs have been provided to 13,054 households. 74,472 Malian refugees in M'bera camp have been receiving food rations of 2100 Kcal per day, shelter and family kits, and access to basic social services namely water, sanitation, health and education. Under the "WASH in NUT" strategy, 187 feeding centers have been supported and 3,633 mother-child pairs received a WASH kit and an awareness session. Nearly 19,000 households have also received a session of hygiene promotion. The main challenges of the sector are related with the expected increase in the number of cases of malnutrition during the lean season, and the operational constraints exacerbated by the limited number of humanitarian organizations (low coverage), access constraints and the lack of funding.



## Overview

In Niger, 2.5 million people continue to be food insecure. 377,000 children are affected by Severe Acute Malnutrition (SAM) and additional 711,000 suffer from Moderate Acute Malnutrition (MAM). The country continues to host more than 50,000 persons who fled the conflict in northern Mali. More recently, insecurity in North-East Nigeria has pushed over 6,000 people to take refuge in the Diffa region of Niger. A cholera outbreak was declared in May. As of 16 June, 322 cases of cholera were registered with 10 fatalities. The country has seen a significant deterioration in the security situation leading to a reprioritization of national resources towards the security sector.

Since the beginning of the year, food security activities benefited 1,781,000 people. 106,706 cases of SAM and 182,533 cases of MAM of children aged 6-59 months, as well as 154,911 pregnant and lactating women were treated in all 2,000 nutritional centers in Niger. Protection and minimum essential services, including food assistance, shelter, non-food items, water and sanitation and basic education) were provided to 50,000 Malian refugees in the three camps in Tillabéri (Mangaize, Abala Tabareybarey) and the new "refugee Zone" in the region of Tahoua. Essential drugs, cholera, reproductive health and severe malnutrition treatment kits have been provided to health structures to assist 960,000 children under five years old. 109 nutritional centres have been delivering minimum WASH packages and 30,000 families received WAH kits.



## Overview

In the course of 2013, the situation in the eight Sahel States of Nigeria has significantly deteriorated due to the cumulative effects of insecurity and the continued impact of the 2012 floods on cereal production and prices. A March 2013 joint assessment involving FEWS NET, OCHA, WFP, CILSS and the National Emergency Management Association (NEMA) revealed that flood damages had been more severe than initially assessed and had led to a six per cent decrease in the production of cereals and tubers compared to the five-year average and a 12 per cent diminution compared to the 2011-2012 estimates. High rainfalls leading to flooding are again expected to affect several parts of the country.

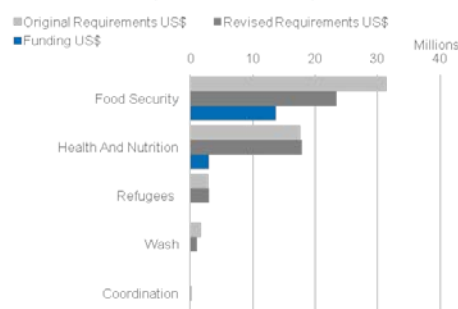
In mid-May a state of emergency was declared in the three northern-eastern states of Yobe, Borno and Adamawa and military operations against Islamic insurgents were scaled up. Initial reports indicate that as a result of this, market trade and basic services have been seriously disrupted. The scale of internal displacement of populations remains unverified, however cross border movements has been registered in Niger (more than 6,000 persons), Cameroon (more than 3,500 persons) and Chad (1,500 persons).

Since the beginning of the year, in the Sahel-States of Nigeria, 96,993 children under-five year suffering from Severe Acute Malnutrition (SAM) have been admitted in 414 therapeutic centers. The WASH minimum package has been delivered in 94 nutrition centers. 32,141 hygiene kits/hygiene messages have been distributed to SAM affected mother-child pairs. 549,168 children under-five were vaccinated against measles and 6,984,017 families were given insecticide-treated nets (ITN).



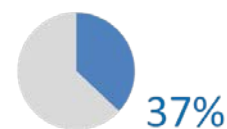


### Requirements and Funding (as of 30 June 2013)



FTS recorded funding outside the appeal: **\$US 1 201 280**

Requested: \$US **46** million  
 Funded: \$US **17** million  
 Unmet: \$US **29** million



### Key Planning Figures

**175 Thousand**  
 People in Food Insecurity  
**60 Thousand**  
 Agropastorals in need of assistance

**63 Thousand**  
 Children in Severe Acute Malnutrition  
**256 Thousand**  
 Children in Moderate Acute Malnutrition

**32 Thousand**  
 Malnourished Pregnant and Lactating Women

**14 Thousand**  
 Refugees

### Key Drivers of the Crisis

Food insecurity as many households are still suffering from the effects of coping strategies implemented during the crisis in 2012 (debt capitalization, sale of assets).

The impact of Mali crisis on the region.

Recurring flooding resulting in damages to property and crops.

HDI Ranking : 154 out of 187  
 Child mortality: 75/1,000  
 Maternal mortality: 370/100,000  
 Fertility rate: 4,7  
 GDP growth rate (2012): 3,7%

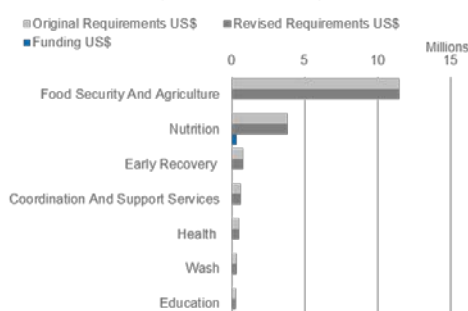
## Overview

Following recent assessments, the estimated number of food insecure people in Senegal has increased from 128,521 to 175,000 persons (an increase of 36 per cent). Assessments also show a deficit in fodder production that could potentially impact some 42,000 cattle and 58,000 small ruminants belonging to 5,000 vulnerable pastoralist households (or 35,000 people). Recurrent floods, potential locust invasion and the contagious bovine pleuro-pneumonia could further aggravate the fragile agro-pastoral situation in Senegal. An estimated 63,323 children under-five are suffering from Severe Acute Malnutrition (SAM). An additional 255,675 children and 31,898 pregnant or lactating women are suffering from Moderate Acute Malnutrition (MAM). In Diourbel, one of the regions most affected by the 2012 crisis, a 50% increase in Severe Acute Malnutrition (SAM) admissions was recorded during the month of April 2013. The number of refugees and asylum seekers living in Senegal has dropped by about 19 per cent and now stands at 16,570 people (including 14,237 refugees and 2,333 asylum seekers) that continue to rely on the assistance of UNHCR and partners.

During the first six months of 2013, 6,079 children with SAM were admitted to Nutrition Rehabilitation Centres (CRENs) supported by humanitarian partners through staffing, training, drugs and nutrition supplies. In line with the "WASH in Nut" programme, hygiene kits have been distributed and 1,202 households with SAM-affected children were targeted with awareness campaigns. UNHCR and partners provided assistance to 20,446 refugees and asylum seekers in protection, education, health and income generating activities.



### Requirements and Funding (as of 30 June 2013)



Requested: \$US **18** million  
 Funded: \$US **0.3** million  
 Unmet: \$US **18** million



### Key Planning Figures



**103 Thousand**  
 People in  
 Food Insecurity



**4 Thousand**  
 Children in Severe  
 Acute Malnutrition

**26 Thousand**  
 Children in Moderate  
 Acute Malnutrition



**8 Thousand**  
 Refugees

### Key Drivers of the Crisis



Food insecurity as households are still suffering from the effects of last years crisis including floods.



Annual floods resulting in damages to property and crops.



Meningitis & cholera are common outbreaks. Poor coverage of sanitation and access to clean water is main cause of water-borne diseases particularly diarrhoea among children under 5.

## Overview

The Gambia was among the nine Sahel countries that suffered from a severe food security and nutrition crisis in 2012. About 605,000 people were affected in the country. In the same year, flooding affected at least 35,000. The Government, the United Nations and partners responded quickly and provided food assistance to more than 200,000 people; some 3,000 acutely malnourished children were also treated.

Although the agricultural production in 2012/13 was higher than in the previous season, it remained below the 5-year pre-drought average. Humanitarian actors estimate that some 103,000 people still require food assistance and 29,500 children are affected by acute malnutrition, including up to 4,000 suffering from Severe Acute Malnutrition (SAM). The potential additional stresses known to occur during the rainy season remain of concern. Floods, outbreaks of epidemics, or a reoccurrence of the Contagious Bovine Pleuro-pneumonia (CBPP) would exacerbate the existing vulnerabilities and needs even further.

The Gambia Response and Recovery Plan 2013 aims at ensuring that the immediate needs of the most vulnerable populations are addressed, while their ability to withstand the shocks without resulting to negative coping mechanisms is strengthened. For example, a school-feeding programme has been developed in collaboration with the Government targeting nearly 100,000 in 585 rural schools; it aims at improving the nutritional situation and at increasing school enrolment and completion rates. To date, barely \$328,000 (or 2 per cent) of the \$18 million required to implement the plan of action have been secured for a nutrition intervention. The lack of funding significantly limits the ability of the humanitarian partners to provide the necessary assistance, putting such vital programming as the school-feeding at risk, and to prevent a further increase of vulnerabilities detrimental to the development gains made to date.

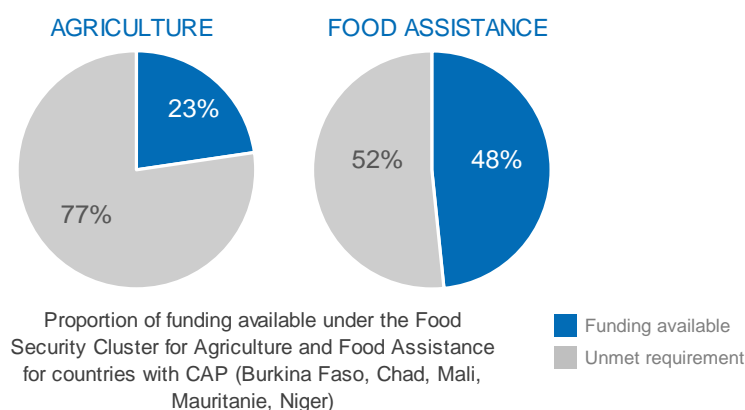
### 3. ANALYSIS OF FUNDING TO DATE

#### Funding to the appeal at mid-year

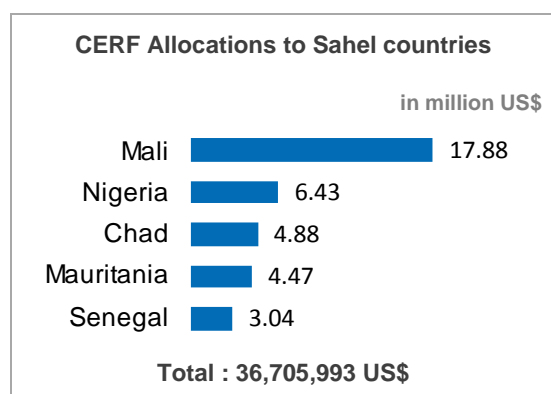
At June 2013, the Sahel crisis has received \$607 million (35 per cent) of requirements<sup>2</sup>. An additional \$220 million have also been provided to the Sahel countries to support humanitarian activities and organisations which are not part of the consolidated appeal process.

#### Funding per Cluster / Sector

The funding coverage per Cluster / Sector remains uneven: overall the best funded Sectors/Clusters across the Sahel are Coordination (47 per cent), Food Security (46 per cent) and Nutrition (35 per cent). However, within the Food Security sector, Agriculture is only funded at 23 per cent. Other Sectors/Clusters also remain severely underfunded: Early Recovery and Infrastructure (7 per cent), Education (10 per cent), Water and Sanitation (10 per cent), Protection/Human Rights/Rule of Law (18 per cent), Shelter/NFIs (25 per cent) and Health (23 per cent).



#### Pooled funding



The United Nations Central Emergency Relief Fund (CERF) has allocated a total of \$37 million to Mali, Nigeria, Chad, Mauritania and Senegal against the 2013 humanitarian response. This represents 6 per cent of the \$607 million received for the Sahel region. Mali has received the largest allocation with almost \$18 million (49 per cent).

54 per cent of the CERF allocations have been directed to life saving interventions for populations affected by the Mali crisis, especially internally

<sup>2</sup> This figure includes US\$61 million of carry-over, which means that US\$546 million in new funding were made available in 2013.

displaced people and Malian refugees in Mauritania. Some \$7 million has been allocated to nutrition, food and agriculture programming in Chad, Mali and Senegal.

A \$6.4 million allocation was made to life-saving support to flood affected people in Nigeria, while \$2 million was injected in emergency assistance, protection and agriculture programs in Chad for returnees and refugees from Sudan and Central African Republic.

### Revised requirements following the mid-year review

The revised mid-year review funding requirement is of \$1.72 billion, a \$55 million (increase of 3 per cent) from the original requirement of \$1.660 billion. Mali has recorded the highest increase in terms of revised requirements from \$370 million to \$476 million (29 per cent increase from its original requirement)<sup>3</sup>. The Mauritania request has been reduced most dramatically from \$176.1 to \$104.5 (41 per cent decrease).

in million US\$

Country	Original Requirements	Revised Requirements		Difference
Chad	500.5	509.9	↑	+ 2% + 9.4
Mali	369.9	475.9	↑	+ 29% + 106.0
Niger	352.8	354.3	↑	+ 0% + 1.5
Burkina Faso	135.5	138.1	↑	+ 2% + 2.5
Mauritania	176.1	104.5	↓	- 41% - 71.6
Senegal	53.6	45.6	↓	- 15% - 8.1
Nigeria	22.0	32.4	↑	+ 47% + 10.4
Cameroon	26.2	31.1	↑	+ 19% + 4.9
Gambia	17.8	17.8	→	0% 0.0
Regional	5.5	5.5	→	0% 0.0
Total	1,660.0	1,715.0	↑	+ 3% + 55.0

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<sup>3</sup> The increase in requirements in Mali was made in two stages, the first from \$370 million to \$409 million in March 2013 and the second to \$476 million at mid-term.

## 4. PROGRESS TOWARDS STRATEGIC OBJECTIVES

- 1 Households are appropriately supported to rebuild after the 2012 crisis.

### Regional level indicators (as of April 2013)

# and % of targeted population that received conditional transfers (cash, vouchers based) on a monthly basis

494,884

Assisted by Cluster

101%

reached / target



490,832

Targeted by Cluster

# and % of targeted population that received conditional transfers (food based) on a monthly basis

236,609

Assisted by Cluster

95%

reached / target



248,560

Targeted by Cluster

# and % of targeted population that received unconditional transfers (cash, vouchers based) on a monthly basis

97,225

Assisted by Cluster

92%

reached / target



105,431

Targeted by Cluster

- 2 Chronic levels of food insecurity and malnutrition have been addressed through integrated programming to build resilience.

### Regional level indicators (as of April 2013)

# and % of targeted population that received agricultural and Livestock support <sup>4</sup>

1,071,145

Assisted by Cluster

13%

reached / target



8,114,222

Targeted by Cluster

# and % of children from 6-23 months and PLW (Pregnant and Lactating Women) in Blanket Feeding programme in high risk areas

82,364

Assisted by Cluster

58%

reached / target



141,669

Targeted by Cluster

# and % of children under five vaccinated against measles in crisis affected health districts

1,205,027

Assisted by Cluster

92%

reached / target



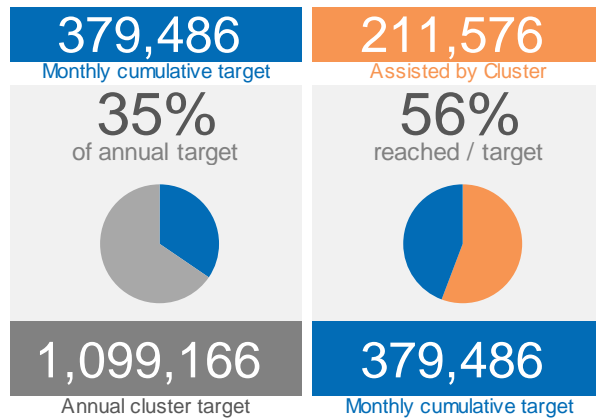
1,315,692

Targeted by Cluster

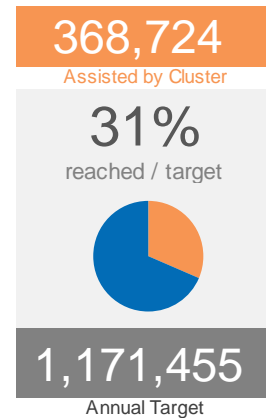
<sup>4</sup> 13% has been provided by the countries in April. Considering recent funding this figure is expected to significantly increase.



# and % of children admitted for SAM treatment using hygiene kits provided with key hygiene messages / behaviors counselled to parents / care givers.



# children 6-59 months with severe acute malnutrition admitted for therapeutic care



3

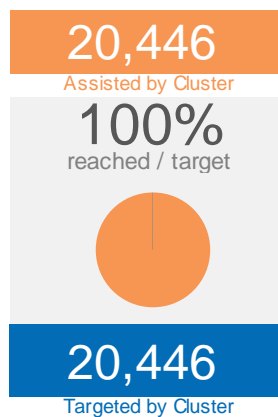
Humanitarian actors respond effectively to the needs of refugee, displaced people and host communities resulting from both the complex emergency in Mali and other emergencies.

#### Regional level indicators (as of April 2013)

# and % of Malian refugees in camps assisted



Multi Sector Assistance to Mauritanian refugees and Asylum seekers in Senegal



Multi Sector Assistance to Sudanese refugees in Chad



## Sectors updates



### Coordination

Contact information: [Allegra Baiocchi \(baiocchi@un.org\)](mailto:baiocchi@un.org)

## ACHIEVEMENTS AND CHALLENGES

At national level, the humanitarian coordination function led by Humanitarian Coordinators and Resident Coordinator, with the support of OCHA or the RC Offices, continues to support the work of national and international organisations, donors and national authorities to provide humanitarian assistance and protection and contribute to the building of the resilience of vulnerable people affected by the recurrent and protracted crisis of the Sahel.

At the regional level, the function of the Sahel Regional Humanitarian Coordinator (RHC) has been maintained to ensure a more coordinated and harmonized approach for the humanitarian response in the Sahel. Meeting regularly with the Humanitarian Coordinators/Resident Coordinators (RCs/HCs) of the region, the RHC has promoted a shared understanding of the key humanitarian challenges. He has also served to advocate with global partners and donors for a more robust short-term and mid-term commitment to the Sahel crisis and the Mali complex emergency.

## CHANGES IN STRATEGY

The focus for the remainder of the year will continue to be on promoting regional initiatives that strengthen the capacities of regional and country level partners to prepare and adequately respond to several crises, specifically in the following key areas:

- Emergency Response and Surge Capacity: Support to HC/RCs and Humanitarian Country Teams in emergency response coordination through regular surge deployments; the elaboration of the Country Strategies / Appeals; facilitate CERF requests; provide timely information on critical funding gaps, including situation report on Sahel humanitarian crises.
- Disaster Preparedness: the delivery of a minimum preparedness package to HCTs and governments, including developing and updating national and inter-agency contingency plans, related simulation exercises, emergency preparedness and response capacity assessments.
- Integrated Resilience Approach: establish collaboration and reinforce linkages with development actors and regional organizations to tackle high vulnerabilities, advocate for increased funding for human development, poverty reduction and mitigation of recurrent crises to promote resilience.
- Information Management and Public Information: maintain and enhance a data repository at the regional level, including a regional 3W; support risk analysis and mapping and promote performance monitoring of humanitarian response; support the HCT in developing strategies to effectively respond to evolving humanitarian emergencies and in developing common messages on the humanitarian situation.
- Monitoring: monitoring the humanitarian response at the regional level based on the regional response objectives and related key sector/cluster performance indicators.



## Education

Contact information: **Jennifer Hofmann** ([hofmann@unicef.org](mailto:hofmann@unicef.org))

### People in need, targeted, and covered (updated as of June 2013)

	IN NEED	TARGET	REACHED
<b>Burkina Faso</b>			
<b>pupils / Students / Teachers</b>			
6-11 years old in primary schools	11,024	11,024	
Preschool children of 3-5 years old	5,960	5,960	
Children 12-17 years old in primary schools or non formal education	6,165	6,165	
<b>Cameroon</b>			
<b>pupils / Students / Teachers</b>			
Children in affected schools in far North	34,800		
<b>Chad</b>			
<b>Food and Nutrition Crisis</b>			
Sahel belt (Regions of Kanem, Batha, Guerra, Bar El Ghazal)	593,666	178,100	63,439
<b>Natural disaster and Epidemics</b>			
Population affected by floods in south, East and N'djamena	466,000	60,505	1,721
<b>Population Movement / IDPs</b>			
Internal Displaced Persons, locally integrated population and returnees in Eastern Chad	181,000	53,530	27,000
<b>Population Movement / Refugees</b>			
Sudanese and CAR refugees in Eastern & Southern Chad (pre-and primary school age c	346,590	107,865	-
<b>Mali</b>			
<b>Buidlings</b>			
Schools	2,500	2,500	575
<b>pupils / Students / Teachers</b>			
Children	803,584	803,584	226,401
Teachers	12,500	12,500	2,796
<b>Mauritania</b>			
<b>pupils / Students / Teachers</b>			
Pupils from 4-11yrs affected by the nutritional crisis	340,000	30,500	
<b>Niger</b>			
<b>General population</b>			
Members, Communities	400,000	100,000	-
<b>Parents</b>			
Parents	800	200	-
<b>pupils / Students / Teachers</b>			
Children-pupils at risk to leave school	101,372	25,343	6,838
Teachers	2,744	686	127
Members of "Comités de Gestion Décentralisés des Etablissements Scolaires"	3,220	805	63
Inspectors and educational advisors from elementary schools	120	30	42

## ACHIEVEMENTS AND CHALLENGES

Evaluations conducted by the Education Cluster in Niger, Chad and Mauritania in the first semester of 2013 on the impact of the food and nutrition crisis on education provided evidence that large numbers of children were forced to drop out of school to take part in income-generating or household activities; to migrate with their families in search of work, food, or water; or to be forced into violent and exploitative relationships. In addition, the insecurity in Mali led in 2012 to the disruption of education for hundreds of thousand school-aged children.

The first semester of 2013 saw an improvement of the situation, with the progressive reopening of schools in Northern Mali: as of May 2013, 89 schools have reopened (36%) and 87,073 students are attending with 2,048 teachers in their post. However, significant challenges remain. It is estimated that 140 schools have been occupied, damaged or completely destroyed. The situation of out-of-school children in Mali has further deteriorated and many families no longer have the means to send their children to school.

The education response for Mali refugee children is also suffering due to lack of appropriate funding levels. It is estimated that an average of 36% of school-age refugee children are accessing education opportunities across Niger, Mauritania and Burkina Faso. While temporary learning spaces have been established in all camps, more support to alternative education opportunities for previously out-of-school refugee children needs to be provided.

Flooding and cholera is expected to hamper thousands of children to restart the 2013/14 school year on time. Countries like Cameroon, Chad and Nigeria, are still currently addressing the consequences of last year's floods on education infrastructure through limited rehabilitation efforts. However, the start of the new school year in September / October offers an opportunity that should not be missed to make significant improvements in children's access to quality education throughout the Sahel.

## **CHANGES IN STRATEGY**

There are no major changes at mid-year review. The sectoral response strategy will continue to develop along the following main axes:

### **Continued access for school-going children:**

- **School-based nutrition interventions:** provision of school meals or take-home rations to assist children and families during the "hunger-gap", training of mothers and school canteen staff on feeding practices, school gardens, vitamin A supplementation.
- **Temporary learning spaces and school rehabilitation** and provision of teaching materials in particular in refugee settings and schools absorbing IDP students
- **Back to school campaigns**, timed for the summer recess, target the most vulnerable families – who may not prioritise sending their children to school – through raising awareness to mobilise parents and communities; support to ensure school fees are waved / mitigated.
- **Early Childhood initiatives:** The youngest children, from 0-8 years, participate in play, education, care and development programs, ensuring they are stimulated and engaged;
- **Advocacy for term-time flexibility:** Advocating for local authorities in drought-affected areas to be able to set context-specific term times, so that they avoid the worst drought months, and to introduce school hours that are flexible, so that schools are accessible to children supporting family livelihoods through work and domestic tasks

### **Improved quality of teaching and learning environments**

- **Teacher training** on psychosocial support, classroom management for larger class sizes and related positive discipline techniques;
- **Provision of emergency education supplies:** school-in-a-box, ECD kit, recreation kit, teaching materials, etc.
- **Portable student learning kits:** Kits with portable independent self-study materials are provided to children who migrate and are unable to access other forms of education during drought periods;

### **Increased alternative education opportunities for out-of-school children**

- **Accelerated learning programs:** An alternative, flexible education program, targeting older children who have missed out on basic education and who would otherwise be unlikely to attend formal schooling;
- **Literacy programs:** focused on functional literacy and numeracy skills, coupled with lifeskills to build resilience
- **Education courses delivered by radio:** Course content for many subjects and years can be delivered via radio, allowing continuity for children on the move.

#### **Strengthened education preparedness and C/DRR:**

- Capacity-building of local education authorities and communities on disaster preparedness and response in and through the education sector.
- Integration of conflict and disaster risk reduction in national education strategies

The education response will also build on inter-sectoral linkages, since schools are poised to amplify humanitarian responses in other sectors:

- **Referral processes:** teachers and education personnel are trained on nutrition, health, psychosocial, and child protection issues
- **Health screenings in schools:** Health and education personnel identify and treat early malnutrition, worms, diarrhoea, and other illnesses prevalent in periods of drought;
- **Hygiene and sanitation in schools:** Education personnel implement activities that focus on hand-washing and other hygiene practices; ways to mitigate environmental factors that contribute to diarrhoea and sharing health messages to prevent diseases like cholera;





## Food Security

Contact information: **Jose-Luis Fernandez** ([JoseLuis.Fernandez@fao.org](mailto:JoseLuis.Fernandez@fao.org)) and **Anne-Claire Mouilliez** ([anne-claire.mouilliez@wfp.org](mailto:anne-claire.mouilliez@wfp.org))

### People in need, targeted, and covered (updated as of June 2013)

[Categories of people in need are distinct and should not be added up]

	IN NEED	TARGET	REACHED
<b>Burkina Faso</b>			
<b>Food and Nutrition Crisis</b>			
Food Insecure People	1,800,000		
General food distribution	1,800,000	1,400,000	274,040
Agriculture support	2,907,800	689,600	51,520
<b>Cameroon</b>			
<b>Food and Nutrition Crisis</b>			
Food Insecure People	350,000		
General food distribution	33,702	33,702	33,702
Agriculture support	60,000		
<b>Chad</b>			
<b>Food and Nutrition Crisis</b>			
Food Insecure People	2,100,000		
Sahel belt	1,520,000	1,200,000	1,092,083
<b>Natural disaster and Epidemics</b>			
People living in Flooded Areas	600,000	448,800	99,550
<b>Population Movement / Refugees</b>			
Refugee Camps	381,469	320,000	328,441
<b>Gambia</b>			
<b>Food and Nutrition Crisis</b>			
Food Insecure People	103,000		
<b>Mali</b>			
<b>Affected Population</b>			
People indirectly affected by the conflict	1,266,482	367,226	234,760
Populations affected by the conflict in the center	1,324,842	461,349	232,396
Populations affected by the conflict in the north	878,173	567,760	363,820
<b>Food and Nutrition Crisis</b>			
Food Insecure People	3,469,497		
<b>Mauritania</b>			
<b>Food and Nutrition Crisis</b>			
Food Insecure People	800,000		
<b>General population</b>			
Rural population	461,000	330,000	202,090
Urban population	339,000	20,000	61,665
<b>Niger</b>			
<b>Food and Nutrition Crisis</b>			
Food Insecure People	2,500,000	1,781,000	1,494,180
<b>Nigeria</b>			
<b>Food and Nutrition Crisis</b>			
Food Insecure People	40,000		
<b>Senegal</b>			
<b>Food and Nutrition Crisis</b>			
Food Insecure People	175,000	175,000	175,000

## ACHIEVEMENTS AND CHALLENGES

According to June PREGEC<sup>5</sup> meeting held in June 2013 in Cotonou, access to food for the poor and very poor households in the Sahel is likely to worsen over the lean period (June – September) given the high prices of food commodities and household market dependency for accessing food. Coarse grain prices remain higher comparatively to the five year average mainly in Burkina Faso, Chad, Mali, the Niger and Senegal.

In Nigeria, PREGEC estimated that crop production has decreased by 8%<sup>6</sup> during 2012-2013, which has had a direct impact on regional markets as Nigeria represents around 50% of Sahel production. This situation has led to price increases in northern Nigeria, northern Benin, south-eastern and central Niger (FEWSNET).

The *Cadre harmonisé* vulnerability analysis carried out in March classified Kidal region in Mali as being in emergency phase (phase 4 on a five-phase scale) which may extend to the whole of northern Mali. In the northern regions, food prices have risen, the livestock market is not functioning and the start of the 2013-14 agricultural campaign was disrupted (with limited availability and access of agricultural inputs) due to the protracted conflict. With the deterioration in the food security situation, the food security cluster estimates that 1,396,355 people will need immediate food assistance by the end of 2013 and the 2,073,162 will be under pressure.

The recent seasonal weather outlook for West Africa, Chad and Cameroon (PRESAO-ACMAD) indicates that despite an average to locally late start of the rainy season, the region is not expected to experience severe precipitation deficits. However, there is a risk of heavy rain which can cause flooding and loss of cultivated areas. These conditions are also favourable for the breeding of pests, including weeds and locusts and particular efforts are needed to continue pest monitoring in the coming months.

Monthly food security activities benefit millions of people in the Sahel. Ahead of the lean season, efforts are being made to create community assets that will be crucial during the agricultural season. For example some 700,000 people have been supported through asset creation activities in Burkina Faso and Niger in April. In Niger, both cash and food transfers were used, while in Burkina Faso payments were made through cash vouchers. These activities are intended to improve the soil by preventing erosion and retaining moisture to improve growth of crops.

While investments are being made to build resilience, immediate needs have to be addressed in support of the most vulnerable. In April, 954,000 people were supported through unconditional food rations, of which some 680,500 people are Malian refugees in Burkina Faso, Mauritania and Niger as well as people in Mali affected by the conflict and recovering from last year's drought. This represents a scaled up number of people than in March, when 767,000 people in the Sahel were supported through unconditional food assistance, of which 380,000 are affected by the Mali crisis.

With the funds received so far, FAO and partners of the agriculture sector are implementing interventions to rebuild the livelihoods of vulnerable people through agriculture and livestock assistance. This includes (i) the distribution of certified food crop seeds and tools for the main

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<sup>5</sup>System for the Prevention and Management of Food: Crises West Africa and Sahel Food Crisis Prevention Network organized by CILSS and ECOWAS with the participation of region's Governments and partners.

<sup>6</sup>Comparatively to 5 years average

agricultural campaign in Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal; (ii) the recapitalization of herds to compensate for losses; and (iii) the distribution of veterinary products and training.

While the assistance has been crucial in building the resilience of the farmers, herders and agro pastoralists assisted, rain-fed agriculture and pastoralist lean season activities have been underfunded in 2013, in the measure of 23%. In agricultural livelihood zones, the underfunded provision of agricultural input will limit agricultural productivity and production, resulting in insufficient coverage of households basic food needs, an earlier start and longer duration of the lean season, and earlier selling of production harvested at low market price with consequent loss of income. In pastoral livelihood zones, underfunded Animal Health Campaigns will dramatically increase the risk of livestock mortality.

In the absence of funded assistance, the foreseeable coping strategies that most vulnerable households will put in place include eroding their productive assets, reducing their investment in quality inputs, selling their assets and becoming indebted.

## **CHANGES IN STRATEGY**

The objective of the Food assistance sector remains to save lives and ensure adequate food and nutrition security during times of stress, addressing the immediate needs in support of the most vulnerable, while investments are being made to build resilience.

Support to vulnerable population is being provided to address specific needs through a combination of life-saving assistance and longer term support, with an increased focus on strengthening household and communities' resilience to future shocks through longer-term activities going beyond the emergency response.

For the remainder of the year, food assistance will continue to be provided through a combination of food and cash transfers. In that regard, post-harvest cash and food-for-assets activities will be scaled-up, gradually.

Conditional food and cash-for-assets activities will be concentrated in areas of the highest food insecurity and vulnerability, and where there is potential for collaboration in promoting irrigation systems, land regeneration and supporting small farmers. Asset-building activities will be carefully selected so as to maximize the contribution to local production.

Operations will be linked to parallel nutrition, education, and rural development activities to maximize the impact of the combined response and to best strengthen the resilience of chronically vulnerable and at-risk communities; through this integrated approach, the linkages between food security, nutrition, education, and agricultural development will be reinforced.

With regard to agriculture, three opportunities for engagement in the near future need to be seized:

- The provision of inputs to the floodplain recession agriculture campaign for sorghum, cowpeas and sweet potato crops (August – November) and to the off-season campaign for vegetable gardening (September - May).
- The implementation of animal health campaigns and restocking during the rainy season.
- The reinforcement of locust survey and control operations.

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## People in need, targeted, and covered (updated as of June 2013)

	IN NEED	TARGET	REACHED
<b>Burkina Faso</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children in areas affected by nutritional crisis	425,000	425,000	
Pregnant and lactating women in 31 health districts affected by nutritinal crisis	300,000	300,000	-
<b>Natural disaster and Epidemics</b>			
2-15 year olds Children for meningitis outbreak response	400,000	400,000	-
General population targeted for cholera outbreak prevention and response	5,514,946	5,514,946	-
<b>Population Movement / Refugees</b>			
Most vulnerable women and young people (host community and refugees)	714,584	715,584	-
Refugees	50,000	50,000	49,975
<b>Cameroon</b>			
<b>Natural disaster and Epidemics</b>			
Case Management of current diseases	216,235		
Prevent occurrence of outbreaks	216,235		
<b>Chad</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old malnourished Children	190,000	109,000	26,120
<b>Natural disaster and Epidemics</b>			
Population affected by outbreaks	2,007,000	1,505,250	872,919
<b>Population Movement / Refugees</b>			
Sudanese and CAR refugees	346,654	181,501	-
<b>Mali</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children	500,000	500,000	500,000
<b>Population Movement / IDPs</b>			
Population of the North and internal displaced persons	2,500,000	2,000,000	1,786,000
<b>Women</b>			
Monitoring of pregnancies and assisted deliveries	104,262	104,262	11,416
Women of childbearing age	47,000	302,210	
<b>Mauritania</b>			
<b>Natural disaster and Epidemics</b>			
Population affected by outbreaks	20,006	18,006	8,102
<b>Niger</b>			
<b>Natural disaster and Epidemics</b>			
Children under five years and pregnant women suffering from Malaria	2,800,000	1,600,000	328,897
People affected by cholera outbreaks	5,000	5,000	298
People affected by meningitis outbreaks	2,300	2,300	146
Persons affected by measles outbreak	6,000	3,000	2,636
Population affected by floods	400,000	80,000	-
<b>Population Movement / Refugees</b>			
Refugees and Returnees not housed in refugee camps	25,000	17,500	10,000

## **ACHIEVEMENTS AND CHALLENGES**

The health sector focused on implementing projects which contributed to improving the effective coverage of basic social services and social protection for the most vulnerable populations and reducing mortality and morbidity in crisis situations.

Despite receiving only 26% of its 2013 requirements, several activities have been implemented: vaccination campaigns, joint assessments mission to affected areas, provision of drug kits, opening of health centres, six humanitarian missions with medical specialists in the north and centre regions of Mali; the provision of medical kits in Mali, Niger, Mauritania and Burkina Faso; the contribution to cholera outbreak response in Mali, Cameroon and Niger in collaboration with UNHCR and UNICEF; measles immunization campaigns, in collaboration with NGOs and partners, in Mali and Niger; the assessment and mapping of measles risk and preparedness for preventive vaccination campaign for risk districts in the north and south of Mali; the reinforcement of epidemiological surveillance through the investigation and humanitarian missions in Sahel countries the strengthening the coordination of health clusters in Mauritania, Burkina Faso and Niger.

Following a Yellow fever outbreak in Cameroon, Chad and Mauritania, a reactive mass campaign was conducted and covered respectively a total number of 1,132,472 persons with 96.8% of coverage in Cameroon and 872,919 people in Chad with 97% coverage. In response to drought and floods in Cameroon, drugs kits were provided to all 43 health districts for diseases related or associated malnutrition cases.

## **CHANGES IN STRATEGY**

The health strategy will continue to focus on three areas: (i) accelerate priority lifesaving health interventions, (ii) prevent and control of communicable diseases outbreaks and build health resilience; and (iii) reduce vulnerabilities of the health system at the national, district, community and household levels

In Mali, humanitarian actors are hoping to extend their access and there will be a need to rehabilitate destroyed health facilities and to expand health services in the north of Mali. In addition, the Sahel region continues to be affected by prevalent endemic (malaria) and epidemic diseases (cholera, measles, meningitis, haemorrhagic fevers); population movement coupled with limited access to water, facilities for safe preparation and handling of food, shelter and sanitation and, against a background of high malnutrition rate, infectious disease morbidity and mortality can be very devastating, especially among children in addition to limited resilience.

The focus of health activities in the coming months will be on reinforcing medical supplies in the northern regions of Mali while supporting the control of on-going outbreaks. Across the Sahel priority will also be given to preparedness and outbreak prevention ahead of the rainy season.

## People in need, targeted, and covered (updated as of June 2013)

	IN NEED	TARGET	REACHED
<b>Burkina Faso</b>			
<b>Population Movement / Host communities</b>			
Host population	56,980	56,980	56,980
<b>Population Movement / Refugees</b>			
Maliens Refugees	49,975	49,975	49,975
<b>Chad</b>			
<b>Population Movement / Refugees</b>			
CAR Refugees	69,889	69,889	69,889
Sudanese refugees	337,928	337,928	337,928
Total Refugees in country	385,139		
Urban refugees and asylum-seekers	677	677	677
<b>Population Movement / Returnees</b>			
Returnees - former Internal Displaced Persons	91,000		
Returnees from Libya	150,000		
<b>Mauritania</b>			
<b>Population Movement / Refugees</b>			
Refugees	75,495	75,495	75,495
<b>Niger</b>			
<b>Population Movement / Refugees</b>			
Maliens Refugees	46,000	46,000	46,000
Refugees in rural areas	38,000	38,000	38,000
Refugees in urban areas	8,000	8,000	8,000
<b>Population Movement / Returnees</b>			
Returnees	4,000	4,000	4,000
<b>Senegal</b>			
<b>Population Movement / Refugees</b>			
Asylum seekers	2,333	2,333	2,333
Refugees	14,237	14,237	14,237

## ACHIEVEMENTS AND CHALLENGES

There are continued challenges to ensuring adequate food security for Malian refugees, particularly in Burkina Faso and Mauritania, where rates of malnutrition remain well above WHO standards. Efforts of humanitarian organizations, including outreach programs in Burkina Faso to ensure that refugees know how to prepare the food they receive, have led to decreasing rates of malnutrition for refugee populations between 2012 and 2013.

Low levels of enrolment and attendance of Malian refugee children is another challenge for countries of asylum surrounding Mali. Reasons for the low rates of school enrolment and attendance include the desire of parents to keep children at home for help with domestic chores. It should also be noted that rates of enrolment in northern Mali prior to the crisis were not high. Organizations involved in education in refugee camps and reception areas continue to work towards providing sufficient school structures and teachers for refugee students.



Humanitarian partners continued to work on water and sanitation in areas of high refugee concentration. This was done through transiting from temporary structures for latrines to more permanent ones, improving rates of water delivery, created solar powered systems, and creating water treatment plants.

Shelter continues to be a problem for displaced persons in Mali where IDPs are living in overcrowded situations (less than half the space that minimum standards indicate) - a situation which is a potential source of problems such as disease infection.

## **CHANGES IN STRATEGY**

At the beginning of the Malian crisis, the majority of IDPs lived with host families but currently, an estimated 75% of IDPs in Bamako and 50% in Mopti live in rented houses. To improve the shelter situation of IDPs in Mali UNHCR is working with Norwegian Refugee Council (NRC) to implement a shelter project which will expand IDP and host family houses and provide access to water and electricity for 750 households Segou, Mopti and Bamako.

The presence of the refugees and their livestock places an additional pressure on the environment, and access to water, fuel, and grazing remain key concerns. To combat these issues, the role of the environment is being mainstreamed into camp planning, and country operations are installing solar or gas cookers and implement pasture regeneration for land suffering from increased livestock use.

The participation of refugees in the upcoming Malian election through out-of-country voting is a major change in the response plan. Upon request by the Malian authorities, UNHCR is facilitating the participation of refugees in the Presidential elections scheduled for 28 July 2013. UNHCR is providing some logistical support as well as information to refugees. UNHCR will facilitate space for dialogue on the electoral process, and for registration of voters. UNHCR supports the voluntary participation of refugees in these elections, although its role will be strictly humanitarian and non-political. The support in facilitating the participation of refugees is however dependent upon certain protection considerations, in particular the voluntary participation of refugees (absence of threat or intimidation) and security considerations in and outside camp settings.



**People in need, targeted, and covered (updated as of June 2013)**

	IN NEED	TARGET	REACHED
<b>Burkina Faso</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children MAM	400,000	305,000	59,759
6 to 59 months old Children SAM	120,000	96,000	20,540
<b>Women</b>			
Pregnant and lactating women	120,000	72,500	14,337
<b>Cameroon</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children MAM	134,680	94,276	
6 to 59 months old Children SAM	83,233	57,616	23,572
Vitamin A supplementation 6-59 months	1,077,000		1,023,150
<b>Women</b>			
Pregnant and lactating women	11,000		
<b>Chad</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children SAM	147,000	147,000	53,291
<b>Women</b>			
Pregnant and lactating women	150,000	150,000	134,458
<b>Gambia</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children MAM	25,500	25,500	
6 to 59 months old Children SAM	7,745	5,421	472
Blanket feeding for 6 to 23 months old Children	22,500	22,500	
<b>Women</b>			
Pregnant and lactating women	12,544	12,544	
<b>Mali</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children MAM	450,000	270,000	47,849
6 to 59 months old Children SAM	210,000	125,000	29,358
<b>Mauritania</b>			
<b>Children</b>			
Well-nourished, 6 to 23 months old children	141,019	112,815	
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children MAM	98,835	98,818	26,344
6 to 59 months old Children SAM	23,901	23,901	3,310
Malnourished pregnant and lactating women	17,838	9,569	8,644

	IN NEED	TARGET	REACHED
<b>Niger</b>			
<b>Children</b>			
Blanket feeding for 6 to 23 months old Children	672,293	533,674	-
Vitamin A supplementation 6-59 months old children	3,500,000	3,500,000	-
Deworming children 6 to 59 months old children	3,000,000	3,000,000	-
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children MAM	711,565	711,565	168,818
6 to 59 months old Children SAM	376,724	376,724	142,992
MAM Pregnant and lactating women	222,260	222,260	154,911
Blanket Feeding for Pregnant and Lactating Women (PLW)	266,172	166,673	-
<b>Nigeria</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children MAM	910,515	-	-
6 to 59 months old Children SAM	491,862	296,950	96,993
<b>Women</b>			
Pregnant and lactating women	2,182,505		
<b>Senegal</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children MAM	255,675	42,844	2,715
6 to 59 months old Children SAM	63,323	42,843	6,079
<b>Women</b>			
Pregnant and lactating women	31,898	18,707	819

## ACHIEVEMENTS AND CHALLENGES

As of May 2013, over 345,000 severely acute malnourished children were admitted in UNICEF and partners' supported nutrition centres in the Sahel and received adequate treatment, nutrition and care advice and support thus reducing their risk of disease and mortality. Under targeted supplementary feeding, 385,000 people were supported in March, of which 5,700 were refugee children and women, and 410,000 people were supported in April, of which 6,600 were refugee children.

Data from recent SMART surveys show persistently high acute malnutrition rates, with rates surpassing the 10 percent serious threshold in regions of almost all countries and above the 15 per cent critical or emergency threshold in regions of Chad, Mauritania and Niger. A series of SMART surveys will be carried out in the Sahel soon.

Nevertheless, admissions trends for Severe Acute Malnutrition cases (SAM) observed in the Niger, Chad, Nigeria, and Cameroon during the first quarter of 2013 have been higher than the expected. In Niger for example, the number of children admitted to centres for MAM treatment during the first quarter of 2013 is comparable to trends observed during the same period in 2012 and 2011 while the number of children admitted for SAM treatment during the first quarter exceeded the trends observed last year for the same period. This situation is highly of concern and will need specific follow-up and rapid scaling-up of interventions.

This situation highlights the chronic vulnerability of Sahelian households which is due to market dependency (more than 50% of Sahelian rural households depend on markets to access more than 50% of their energy and nutritional needs and are net-buyers of cereals- HEA/SC), the erosion of productive assets due to recurrent crisis and the limited access to health services.

## CHANGES IN STRATEGY

In 2013, WFP, UNICEF and partners are continuing to implement a dual-pronged approach with both prevention and treatment activities across the Sahel. These interventions aim to limit child mortality due to malnutrition, as well as the incidence of malnutrition especially during the lean season when rates are at their peak, coping mechanisms are overstretched and services are overrun. Considering the already-alarming prevalence of acute malnutrition and the high risk of further deterioration, nutrition interventions remain priority interventions in all countries. Children 6 – 59 months as well as pregnant women and nursing mothers are among the most at risk of acute malnutrition, particularly in high risk areas

During the second period of the year, nutrition activities across the region are planned to be further scaled up as countries enter the critical lean season period. Beneficiary identification/targeting is underway in a number of regions.

The sector will also aim to complement existing nutrition data with an assessment of risk factors and the analysis of historical trends to deepen the understanding of suspected root causes of malnutrition in the Sahel and allow for a more comprehensive nutrition response in the post crisis period.

WFP and partners NGOs will continue to implement MAM treatment for children with moderate acute malnutrition and malnourished pregnant and lactating women as an important nutrition safety net, throughout the year. Targeted Supplementary feeding programs to treat children from 6 to 59 months with MAM are implemented in all regions where GAM exceeds 10% irrespective of the food security situation; Blanket supplementary feeding program to prevent acute malnutrition among children from 6 to 23 months of age, pregnant and lactating women with children under 6 months of age are implemented during the lean season in areas where GAM exceeds 15%, or where GAM exceeds 10% and a significant deterioration is expected due to aggravating factors such as large food deficits, high level of food insecurity based on household survey and /or soaring food prices.

UNICEF and partners NGOs will continue to support and strengthen health system capacities to offer treatment to severely acute malnourished children under 5 years of age in all areas with specific attention and additional support to SAM high prevalence areas (SAM prevalence > 2). Specific efforts and attention are given to programs quality and coverage. SAM admissions trends during the first part of the year indicate continuous degradation of the nutrition situation in particular in the eastern part of the Sahel, as a result of poor resilience and recovery capacities from recent crisis, and actual difficult situation at community level regarding access to food and basic services as health, hygiene and sanitation. It is crucial to monitor closely the situation and support scaling up of nutrition response as planned in CAP review in the most affected countries.

WHO in collaboration with partners will continue to support severe acute malnutrition with medical complication management in paediatrics ward of national, regional and district hospitals. In addition, nutrition surveillance will be strengthened with health programmes.

To strengthen resilience, all malnutrition programmes have to be implemented within an integrated package of intervention including Infant and Young Child feeding promotion, Hygiene and sanitation promotion for health takers, malaria prevention and treatment, and promotion of prevention services at community and health centres levels but this remain a significant challenge in the region. The nutrition sector strategy is heavily linked to several other sectors among which health, education WASH, food assistance, and agriculture. Each of this contributes greatly to under nutrition and interventions in all these fields contribute to decreasing malnutrition

prevalence and caseload. Their combination at all phases of a response – preparedness, prevention, response and recovery/ post-crisis is a key factor of success for humanitarian actors and an integral part of resilience programming for nutrition.

## People in need, targeted, and covered (updated as of June 2013)

	IN NEED	TARGET	REACHED
<b>Burkina Faso</b>			
<b>Children</b>			
Unacompagnied and separated children	2,350	600	378
<b>Population Movement / Refugees</b>			
Refugees and Host communities under-18 years old	64,000	59,400	18,878
<b>Cameroon</b>			
<b>Children</b>			
Children and families receiving psychological support	50,000		
<b>Chad</b>			
<b>Children</b>			
Children affected by presence of mines and UXO and other protection issues	120,000	90,000	2,690
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children suffering from malnutrition	136,500	104,000	-
<b>Natural disaster and Epidemics</b>			
People affected by floods	237,232	50,000	-
<b>Population Movement / IDPs</b>			
Internal Displaced Persons	90,000	90,000	500
<b>Population Movement / Returnees</b>			
Returnees - former Internal Displaced Persons	91,000	13,000	6,500
Returnees (neighbouring countries)	93,144	53,000	27,700
<b>Mali</b>			
<b>Food and Nutrition Crisis</b>			
Other vulnerable population (included the food crisis)	797,000	228,739	
<b>Non-displaced population</b>			
Non-displaced population in the north (Included circles Douentza Djenne and Mopt	1,194,177	358,253	73,104
<b>Population Movement / Host communities</b>			
Hosting Families	53,855	51,162	23,085
<b>Population Movement / IDPs</b>			
Internal Displaced Persons	300,783	143,173	198,902
<b>Population Movement / Returnees</b>			
Returnees	150,282	15,029	
<b>Mauritania</b>			
<b>Affected Population</b>			
Victims of human rights violations	1,000,000	260,000	6,682
<b>Children</b>			
Under 15 years old children affected by the food crisis, at risk or victims of abuse	200,000	50,000	5,000
<b>Nigeria</b>			
<b>Children</b>			
6 to 23 months old children in the affected regions	4,072,468		
Under 18 years old children in affected regions	22,698,052		
Under five years old children in the affected regions	8,730,082		



## **ACHIEVEMENTS AND CHALLENGES**

Since 2012, well over 3000 cases of sexual and gender based violence have been documented in Mali and surrounding countries. A major challenge has been supporting these victims/survivors with adequate legal, medical, and psycho-social referral services. Partners have been brought in and trained to help serve as referral services.

With regard to access of unaccompanied minors and separated children to services, one major achievement has been the institution of child friendly spaces in refugee camps and areas with high refugee concentrations. These child-friendly spaces enable humanitarian actors to ensure that children, particularly those not living with blood mothers and fathers, receive at least one high-calorie meal a day and an opportunity to learn basic life skills. Challenges abound: rates of separated children are extraordinarily high due to the traditional societal practice of leaving children with other family members or friends; and identification of separated or unaccompanied children has been frustrated by the unwillingness on the part of host families to identify the blood relatives of individual children.

In seeking durable solutions for individuals in the Sahel, one area of success includes the re-opening of a resettlement process in eastern Chad for Sudanese refugees. The Malian crisis has also forced country operations to re-examine protracted refugee situations, such as Mauritanian refugees in Mali, leading to increased documentation and improved conditions for these populations. The Mali crisis has also created a significant challenge to finding durable solutions for affected populations as most resources are geared towards emergency response.

Re-location of refugees away from border areas in order to maintain the civilian character of refugee populations remained a significant challenge for Burkina Faso and Niger throughout the first half of 2013. The capacity of the national authorities to identify and separate the combatants from the civilians remains weak.

Discrimination in large part against disadvantaged groups such as the Bellas continues. UNHCR and its partners continue to monitor that these groups have access to the same level of basic services as other refugees; efforts are on-going to provide messages about non-discrimination to the refugee community in Burkina Faso.

## **CHANGES IN STRATEGY**

While not yet necessitating a major change in the response plan, there have been increasing returns of IDPs to northern Mali and the first confirmed reports of refugee returnees. These returns are tempered by new arrivals in Niger of individuals seeking food assistance, rather than flight from individual or group persecution.

The major change in the response plan will be to concentrate on countries directly affected by the Mali crisis (Mali, Mauritania, Burkina Faso, and Niger), as that is where the majority of resources, and the ability to closely follow assistance, is found. The indicators will be altered in the second half of 2013 to more closely relate to issues pertinent to the Mali crisis. Four Indicators followed country operations involved in the Mali crisis related to traditional protection themes such as SGBV and child protection will be chosen.



## Water, Sanitation and Hygiene

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### People in need, targeted, and covered (updated as of June 2013)

	IN NEED	TARGET	REACHED
<b>Burkina Faso</b>			
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children SAM	120,000	23,000	3,031
<b>Population Movement / Refugees</b>			
Refugees and Host communities	120,000	66,000	22,000
<b>Cameroon</b>			
<b>Food and Nutrition Crisis</b>			
Malnourished and vulnerable children receiving WASH kits	58,000		
<b>Women</b>			
Dignity kits for women and households		1,200	
<b>Chad</b>			
<b>Food and Nutrition Crisis</b>			
Mothers / caregivers of malnourished children	156,000	127,300	24,168
<b>Natural disaster and Epidemics</b>			
General population targeted for cholera outbreak prevention and response	235,000	145,432	7,750
People affected by floods	280,000	70,803	9,006
<b>Population Movement / Host communities</b>			
Host population areas affected by crisis in the east	330,000	330,000	24,000
<b>Population Movement / IDPs</b>			
Displaced populations in eastern Chad	149,432	149,432	32,000
<b>Population Movement / Returnees</b>			
Population returned to eastern Chad	186,000	186,000	22,000
<b>Mali</b>			
<b>Affected Population</b>			
Population affected by the conflict in the north	1,720,000	1,720,000	415,614
<b>Food and Nutrition Crisis</b>			
6 to 59 months old Children SAM	210,000	125,000	22,800
<b>Natural disaster and Epidemics</b>			
General population targeted for cholera outbreak prevention and response	1,560,000	1,560,000	164,520
Population in areas at risk of flooding.	30,000	30,000	3,310
<b>Population Movement / IDPs</b>			
Internal Displaced Persons	300,783	300,783	58,722
<b>Mauritania</b>			
<b>Food and Nutrition Crisis</b>			
Population affected by the nutritional crisis	122,719	56,256	3,623
<b>Population Movement / Host communities</b>			
Hosting population	48,000	20,000	10,000

	IN NEED	TARGET	REACHED
<b>Niger</b>			
<b>Food and Nutrition Crisis</b>			
WASH in Nut	1,048,484	686,500	59,644
<b>Natural disaster and Epidemics</b>			
People at risk of cholera	1,971,479	448,000	70,620
<b>Population Movement / Refugees</b>			
Refugees and Internal Displaced Persons	175,000	101,650	49,300
<b>Senegal</b>			
<b>Food and Nutrition Crisis</b>			
Households with SAM children	42,843	23,000	1,202

## ACHIEVEMENTS AND CHALLENGES

At mid-year review, the WASH minimum package<sup>7</sup> has been delivered to one million vulnerable, namely SAM/MAM cases and refugees/IDPs before cholera and floods high risk period), out of the estimated three million in need.

The WASH progress indicators for the Sahel stand as follows:

- 39% of Nutritional Centres (1,898 among 4,811) are delivering the WASH minimum package which includes safe drinking water, disinfecting hand washing and food utensils, hygienic and secure defecation, key hygiene messages/behaviours counselling. This result is improving on a monthly basis (from 19% in February to 33% in April) due to improved inter-sector collaboration around the “WASH in Nut” strategy.
- 29% of admitted SAM cases (109,978 among 381,355) have received hygiene kits. This result is better than last year at the same period but has alarmingly decreased in recent months (from 75% in February to 45% in April) due to a WASH supply shortage
- 32% of armed conflict affected population (829,940 among 2,775,773) have received a WASH minimum package. The WASH assistance to the Malian refugees is meeting camp standards and 663,270 persons in Mali have access to temporary drinking water.

The “WASH in Nut” strategy and minimum package has now been adopted by all WASH clusters/groups. Inter-sectoral collaboration between WASH, Nutrition and Food Security has also significantly improved. At the same time, the sectoral response is severely weakened by low funding (12 per cent). Countries across the region are facing supply shortages, having used all the supplies that had been purchased with 2012 funding.

A continued challenge is also the need to improve the “WASH in Nut” linkages with the Health System so as to extend its reach to uncovered health posts through:

- Reinforced joint monitoring and data collection system down to the community level;
- Sharing of good practices as well as “WASH in Nut” impact studies, such as the one carried out by MSF in Niger;

<sup>7</sup> WASH minimum Package: Nutritional Centres: Safe drinking water, disinfecting hand washing and food utensils, hygienic and secure defecation, key hygiene messages/behaviors counselling; Children admitted for SAM treatment: Using hygiene kits provided with key hygiene messages/behaviors counselled to parents/caregivers; Refugees/IDPs/Host Communities: Safe drinking water and/or sanitation, hygiene supplies and key messages/behaviors counselling; Support from donors to WASH kits for SAM as “live saving” activities during the nutritional treatment.

- Supporting community resilience around technical traditional knowledge such alum stones for clarify water;

## **CHANGES IN STRATEGY**

The WASH strategy is to deliver a minimum package to the affected communities by involving them as decision makers, and supporting health, nutrition, food security, protection, education and cross-sectoral issues. The “WASH in Nut” Strategy launched in 2012 remains core to the WASH response in the Sahel. The number of targeted population also remains linked to the target numbers for the Nutrition, Health, Protection and Education sectors.

Focus is now on the rainy season, with at least one million potentially affected by the floods between July and September, and the increased risks of epidemic outbreaks, water-related diseases and the exacerbation malnutrition.

Several studies are on-going which will serve as basis for a “WASH in Resilience” strategy which will be focused on the empowerment of communities around water, hygiene and sanitation management.



# ANNEXE: SAHEL 2013: SECTOR STRATEGIC INDICATORS

## PERFORMANCE MONITORING

FOOD ASSISTANCE – AGRICULTURE – NUTRITION – WASH – HEALTH –  
MULTI SECTORS ASSISTANCE TO REFUGEES - PROTECTION

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*Burkina Faso, Chad, Mali, Mauritania, Niger,  
Northern Cameroon, Northern Nigeria, Senegal, The  
Gambia*

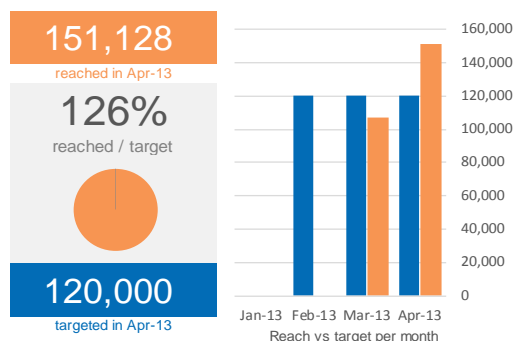
PERIOD: JANUARY - APRIL 2013



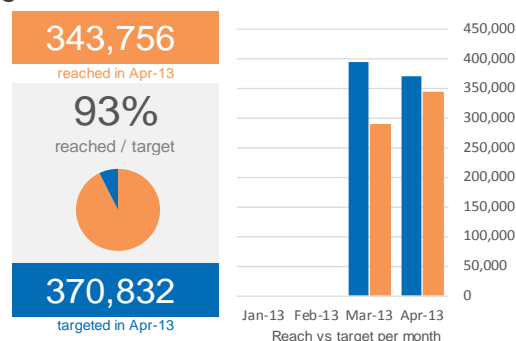
# Food Assistance key indicators monitoring

# and % of targeted population that received conditional transfers (cash, vouchers based) on a monthly basis

## Burkina Faso

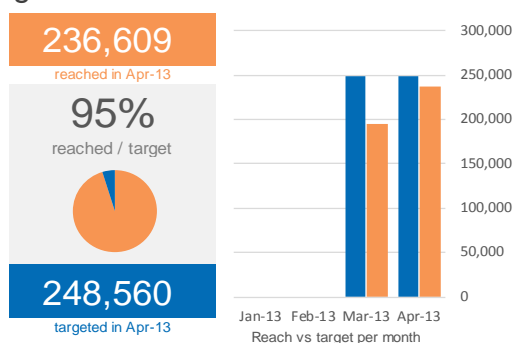


## Niger



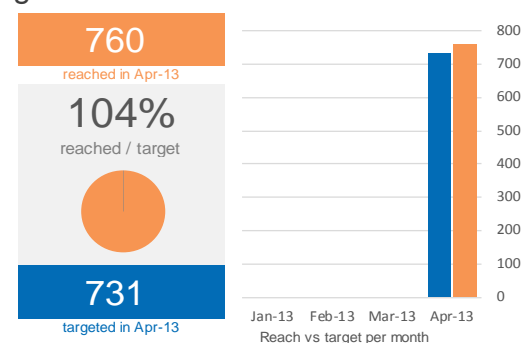
# and % of targeted population that received conditional transfers (food based) on a monthly basis

## Niger

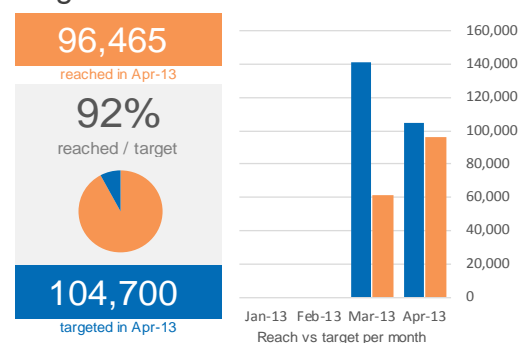


# and % of targeted population that received unconditional transfers (cash, vouchers based) on a monthly basis

## Niger



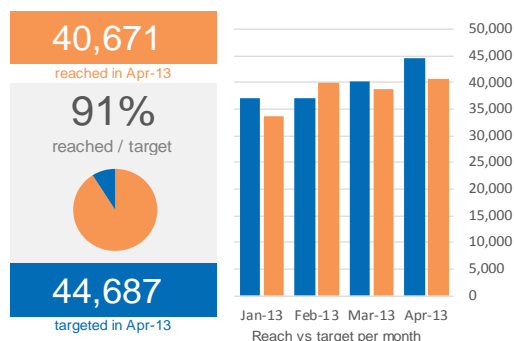
## Senegal



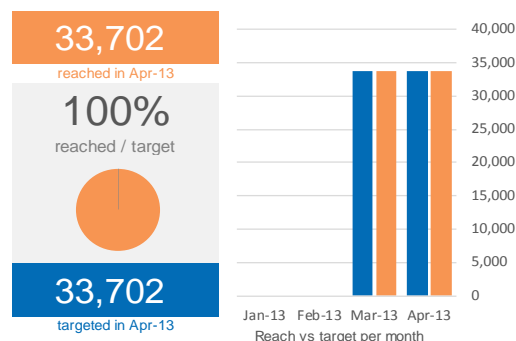
# Food Assistance key indicators monitoring

# and % of targeted population that received unconditional transfers (food based) on a monthly basis

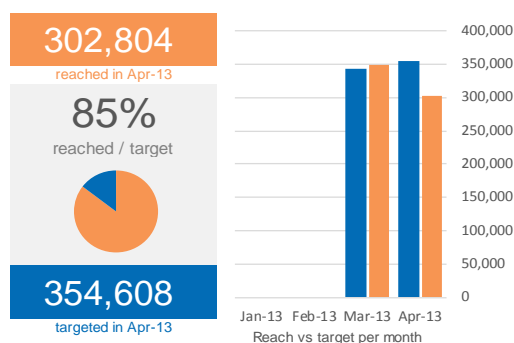
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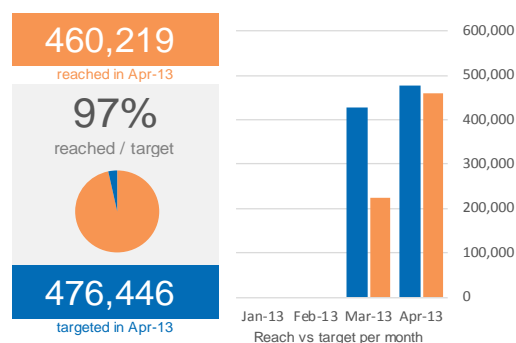
## Cameroon



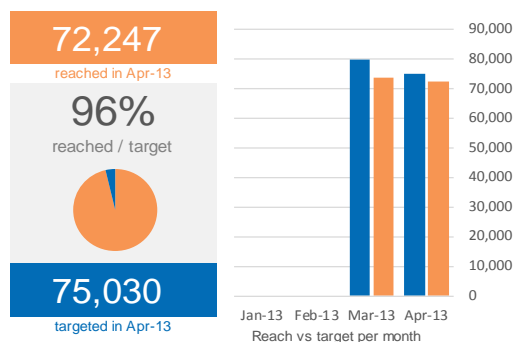
## Chad



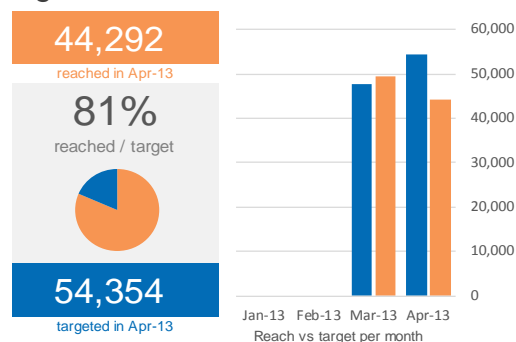
## Mali



## Mauritania



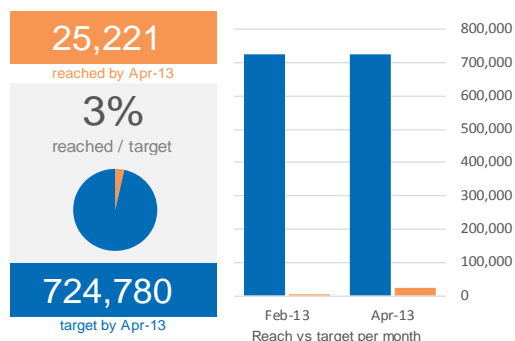
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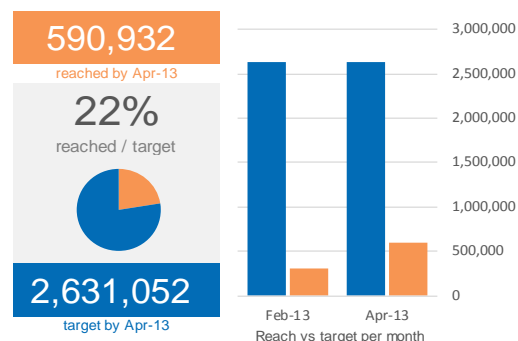
# Agriculture key indicators monitoring

# and % of targeted population that received agricultural and Livestock support

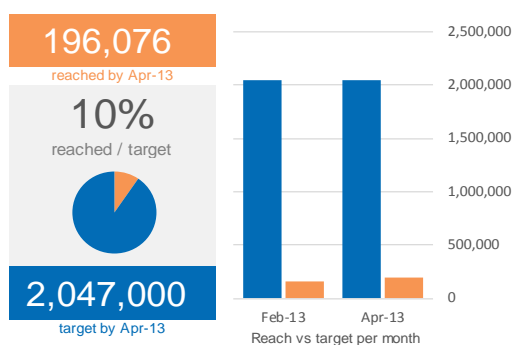
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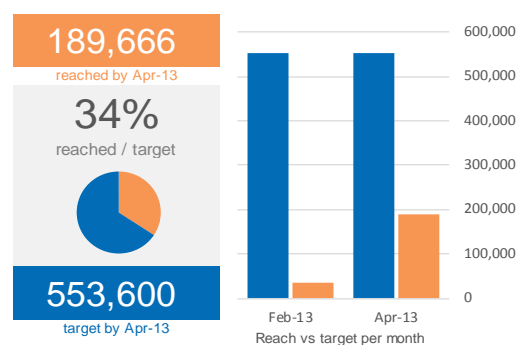
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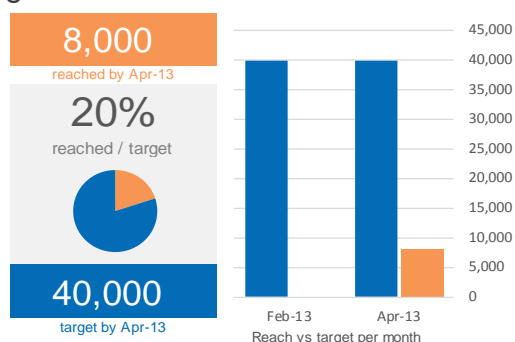
## Mali



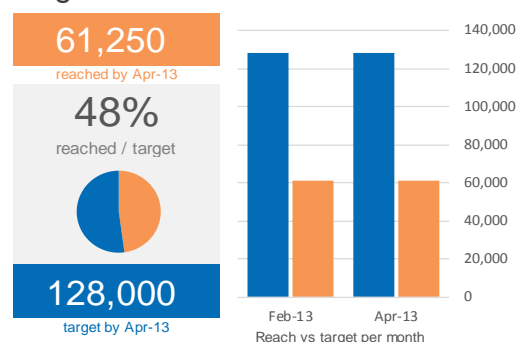
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## Nigeria



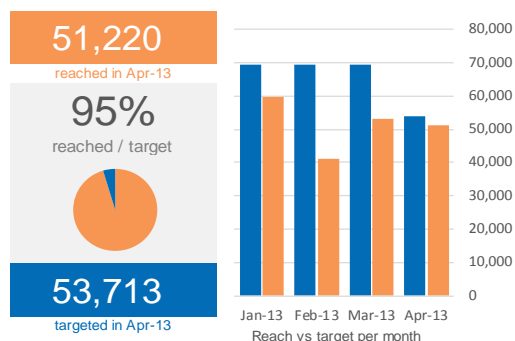
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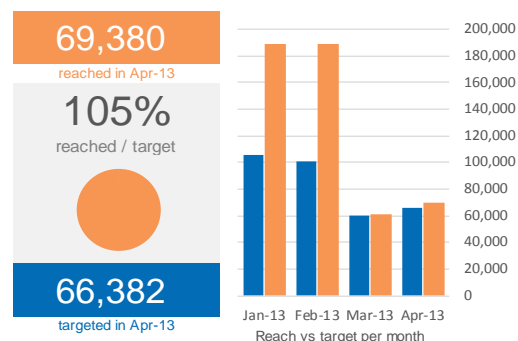
# Nutrition key indicators monitoring

# and % of children 6-59 months in targeted Supplementary Feeding Programme on a monthly basis

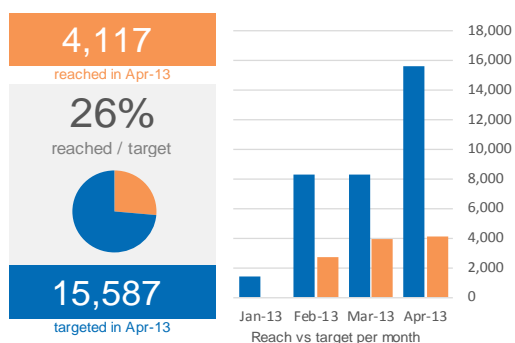
## Burkina Faso



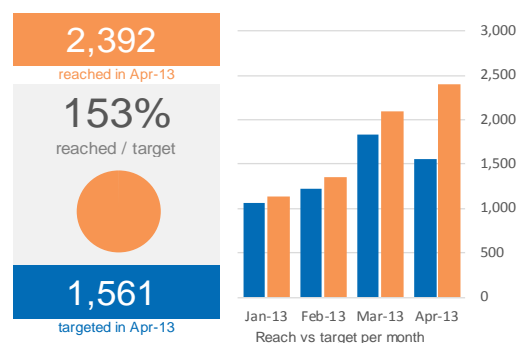
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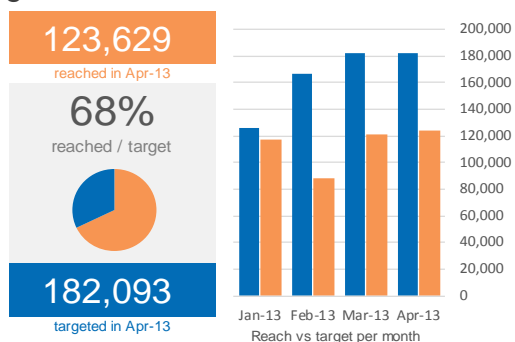
## Mali



## Mauritania



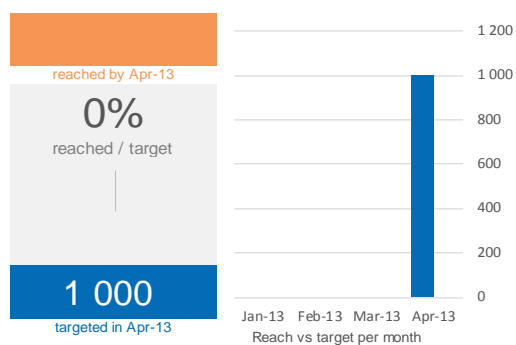
## Niger



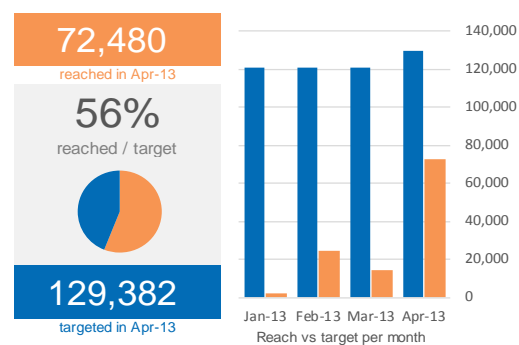
# Nutrition key indicators monitoring

# and % of children from 6-23 months and PLW (Pregnant and Lactating Women) in Blanket Feeding programme in high risk areas

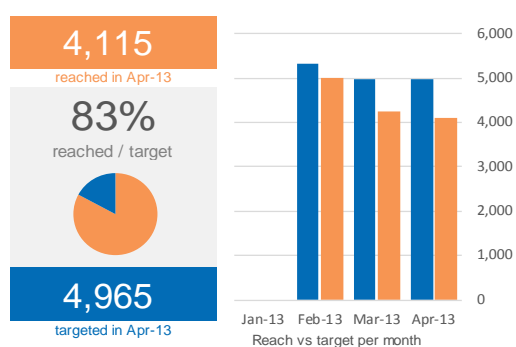
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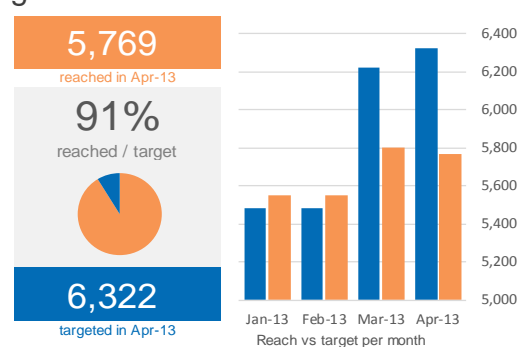
## Mali



## Mauritania



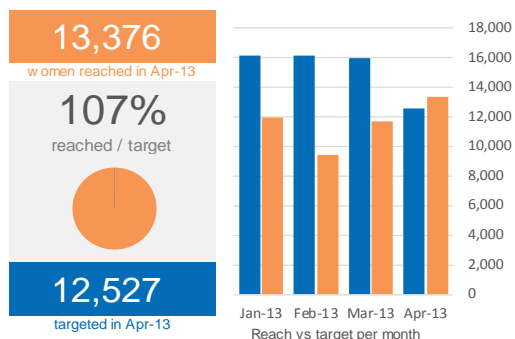
## Niger



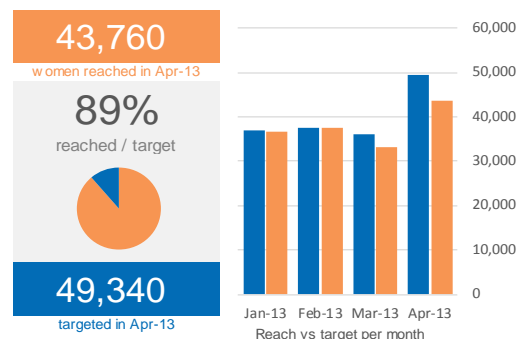
# Nutrition key indicators monitoring

# and % of malnourished women in targeted Supplementary Feeding programme

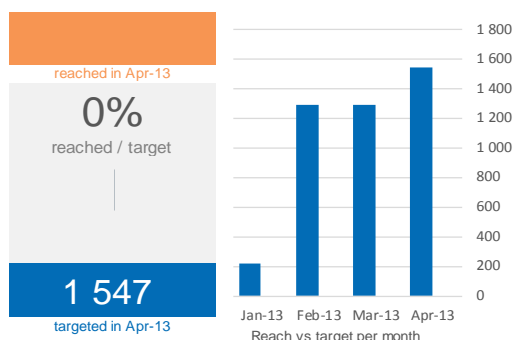
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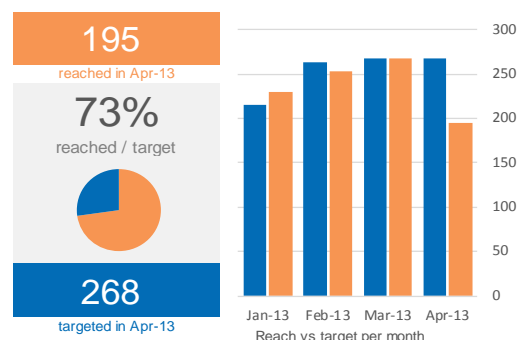
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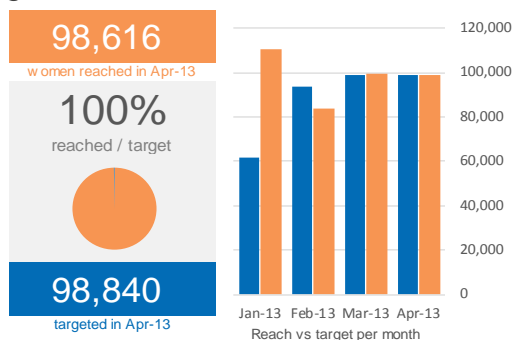
## Mali



## Mauritania



## Niger

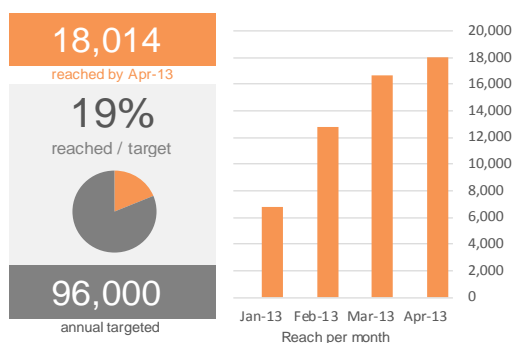




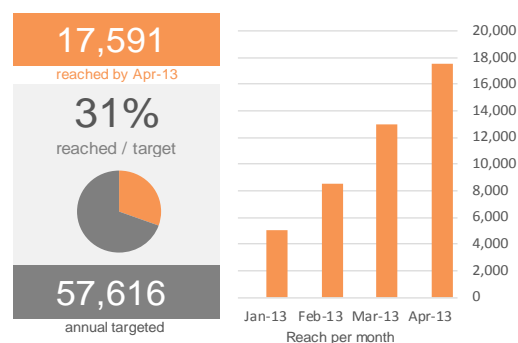
# Nutrition key indicators monitoring

# and % of children 6-59 months with severe acute malnutrition admitted for therapeutic care (compare to annual target).

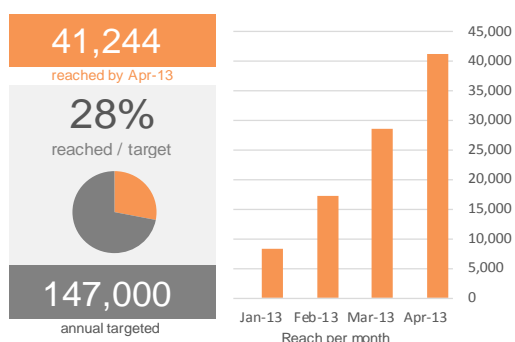
## Burkina Faso



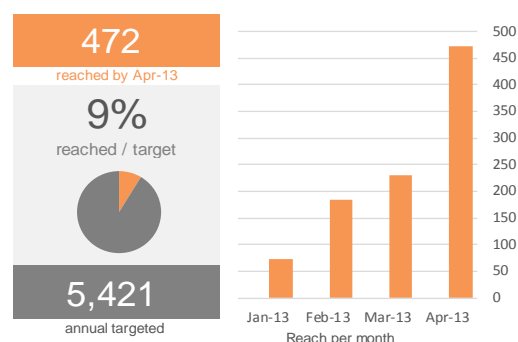
## Cameroon



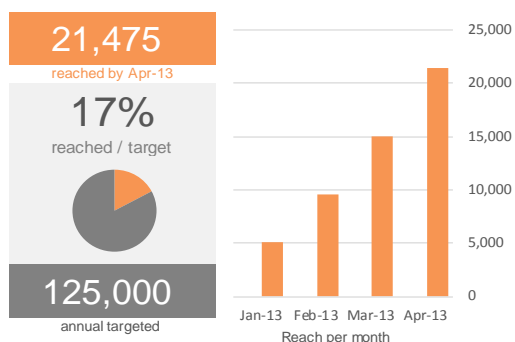
## Chad



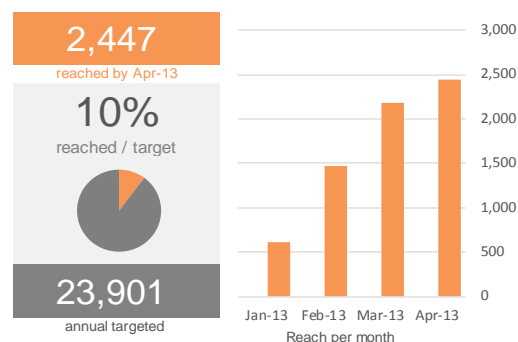
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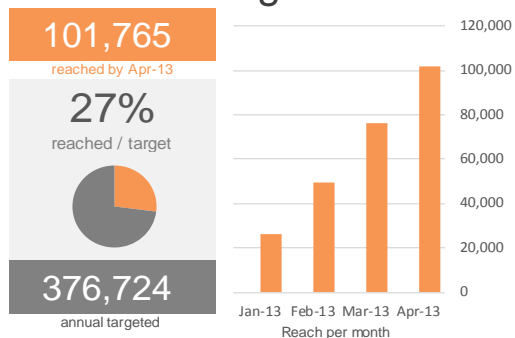
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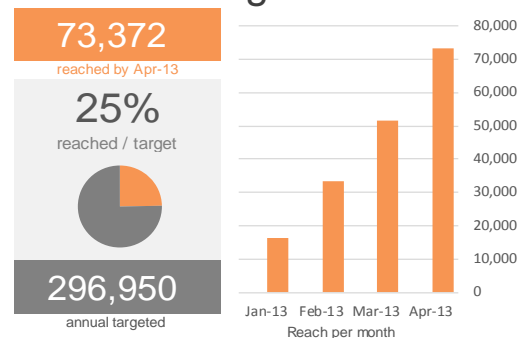
## Mauritania



## Niger



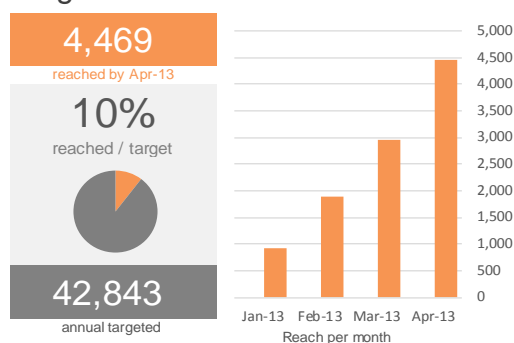
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# Nutrition key indicators monitoring

# and % of children 6-59 months with severe acute malnutrition admitted for therapeutic care (compare to annual target).

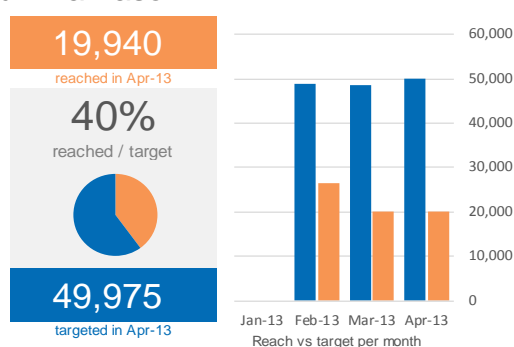
## Senegal



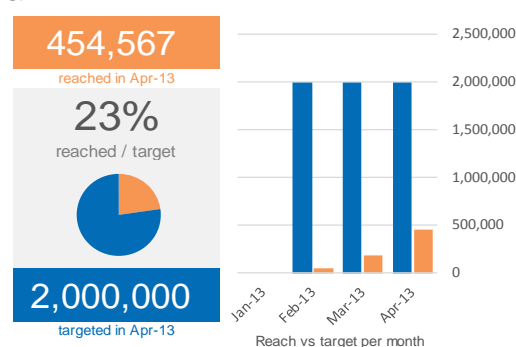
# WASH key indicators monitoring

# of affected population provided with a functional WASH minimum package (safe drinking water and sanitation, hygiene supplies and key messages / behaviors counselling) on a monthly basis

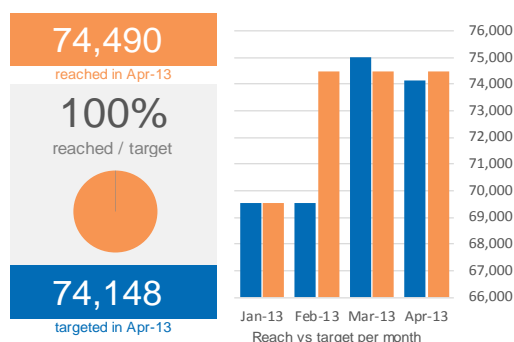
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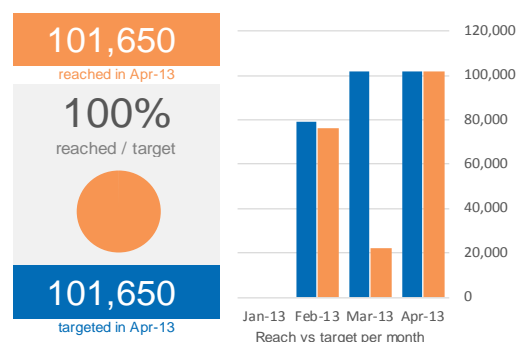
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## Mauritania



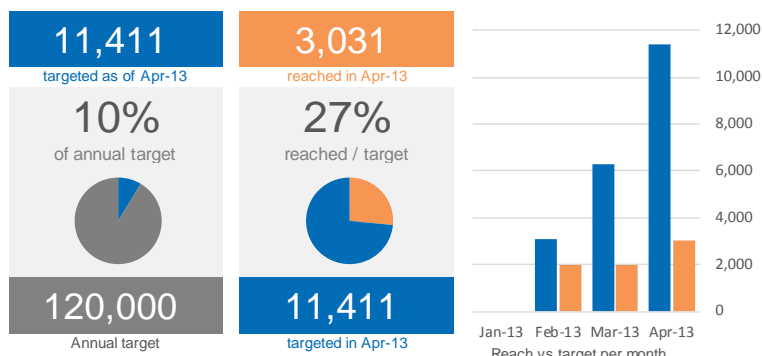
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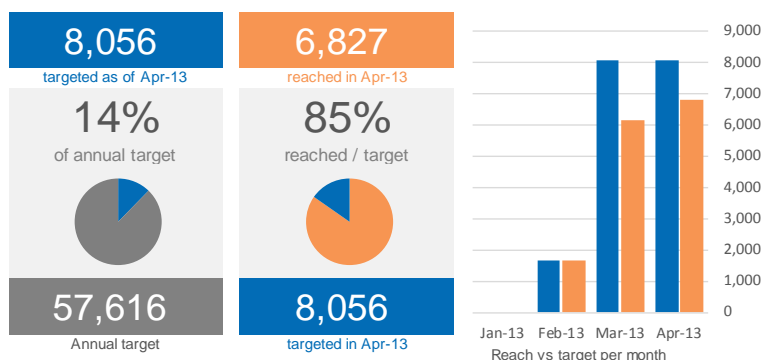
# WASH key indicators monitoring

# and % of children admitted for SAM treatment using hygiene kits provided with key hygiene messages / behaviors counselled to parents / care givers. (compare to annual and monthly target)

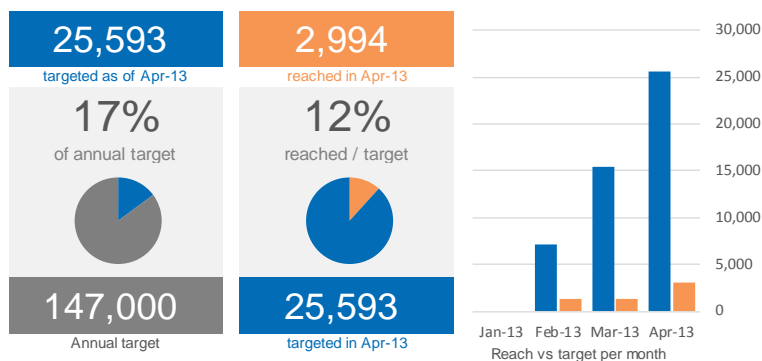
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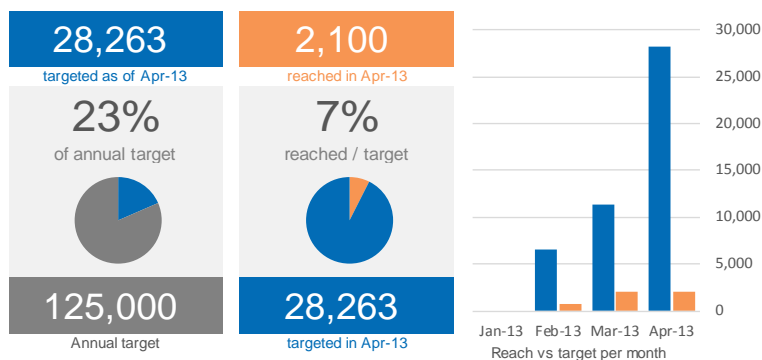
## Cameroon



## Chad



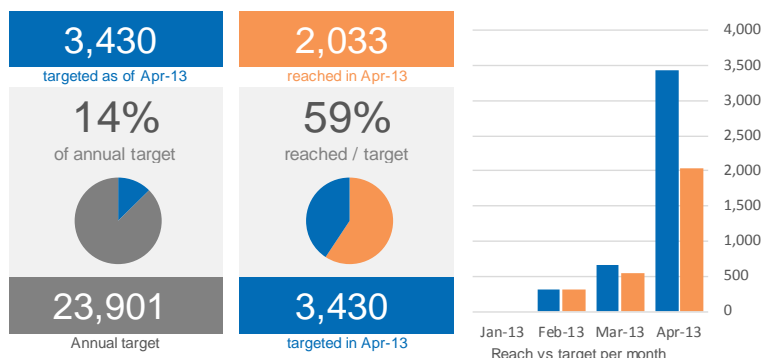
## Mali



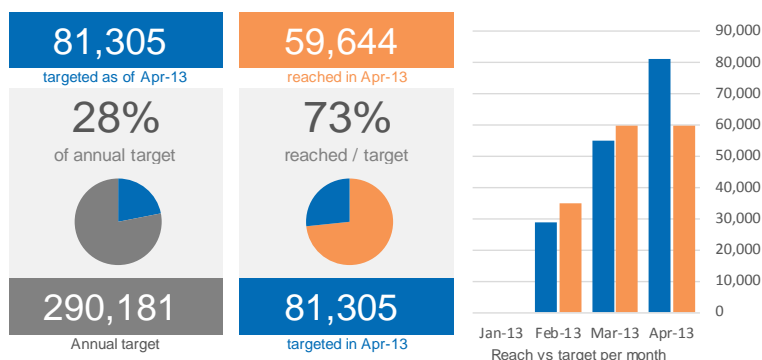
# WASH key indicators monitoring

# and % of children admitted for SAM treatment using hygiene kits provided with key hygiene messages / behaviors counselled to parents / care givers (compare to annual and monthly target)

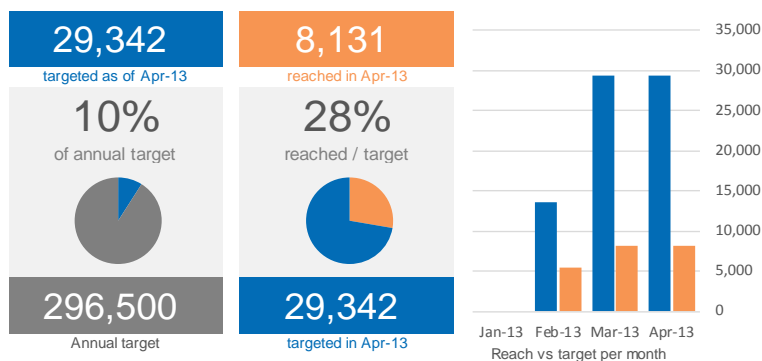
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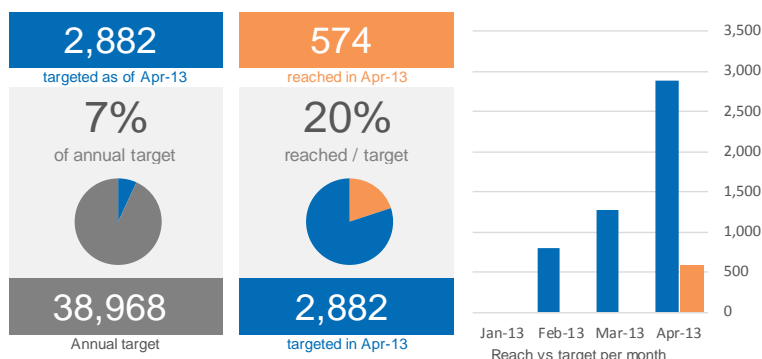
## Niger



## Nigeria



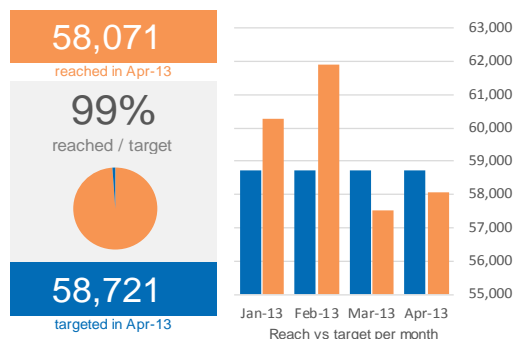
## Senegal



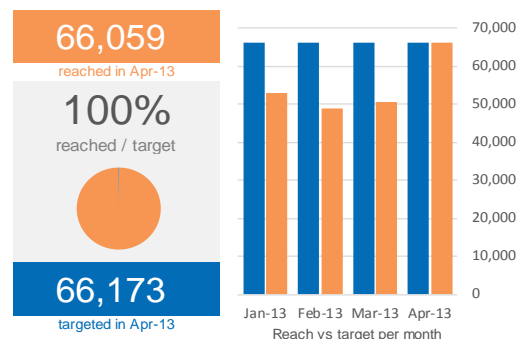
# Health key indicators monitoring

# and % of children under five vaccinated against measles in crisis affected health districts

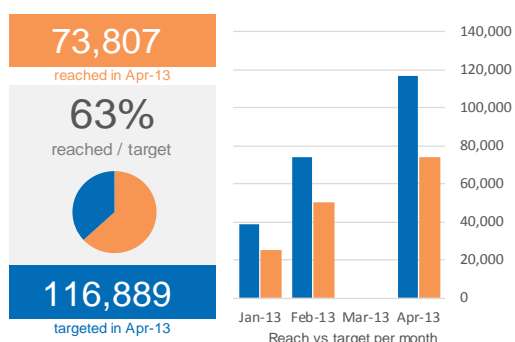
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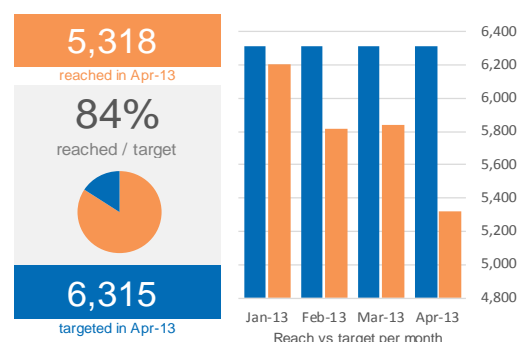
## Cameroon



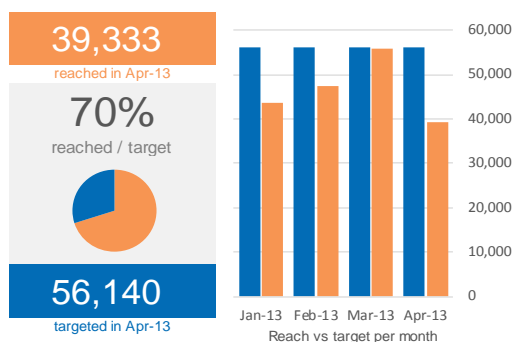
## Chad



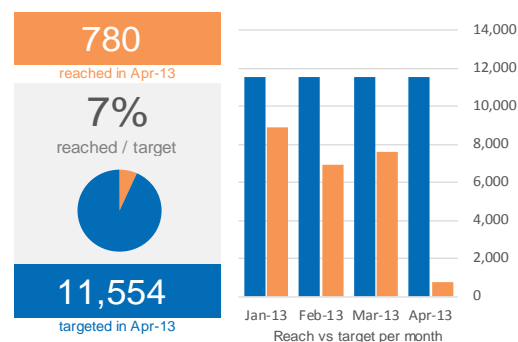
## Gambia



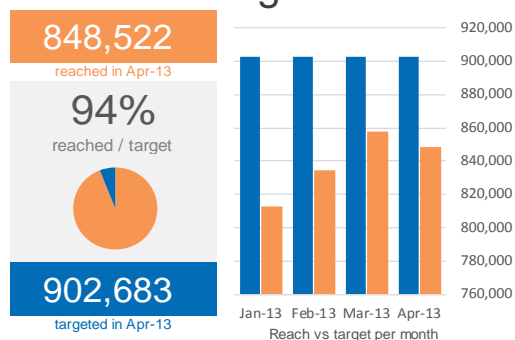
## Mali



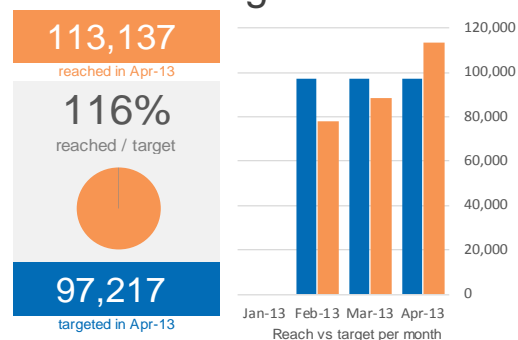
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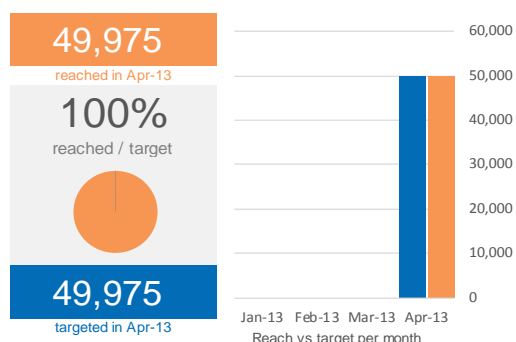
## Nigeria



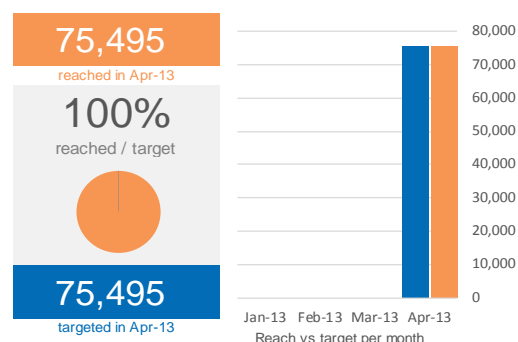
# Multi Sectors Assistance to Refugees key indicators monitoring

# and % of Malian refugees in camps assisted.

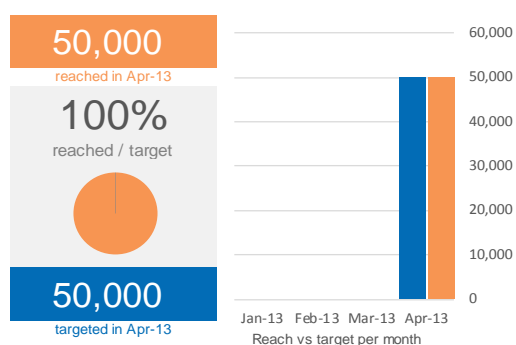
## Burkina Faso



## Mauritania



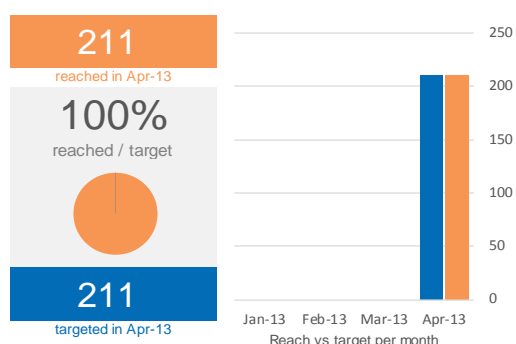
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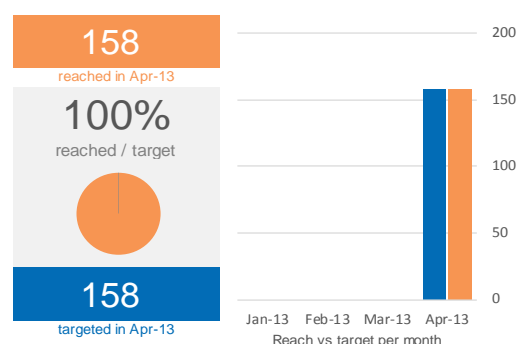
# Protection key indicators monitoring

# of GBV reported cases that received appropriated assistance (Legal, medical, psychosocial, socio economical)

## Burkina Faso



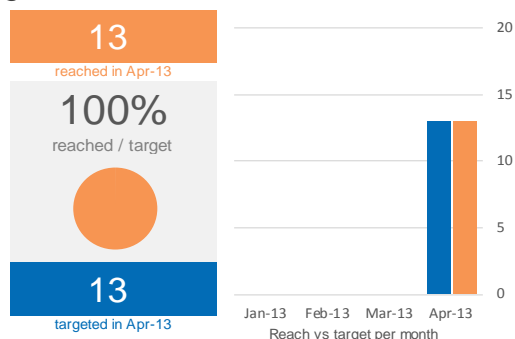
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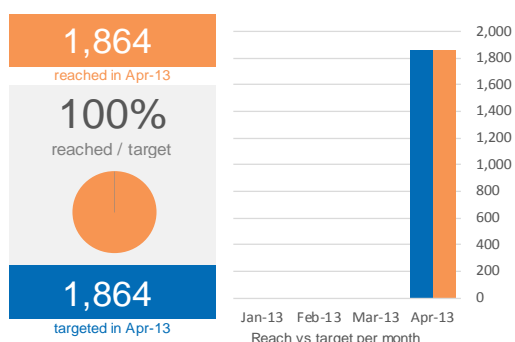
# Protection key indicators monitoring

# of identified Unaccompanied Minors (UAM) / Separated Children (SC) in need of psychosocial support assisted

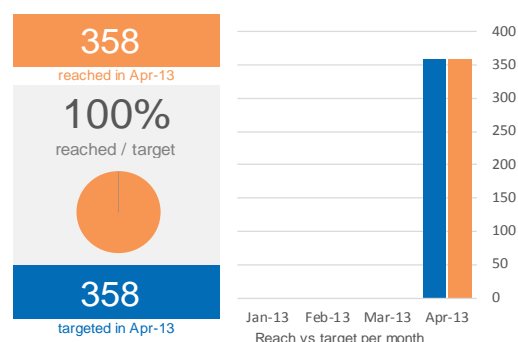
## Niger



## Burkina Faso



## Mauritania



## Niger

