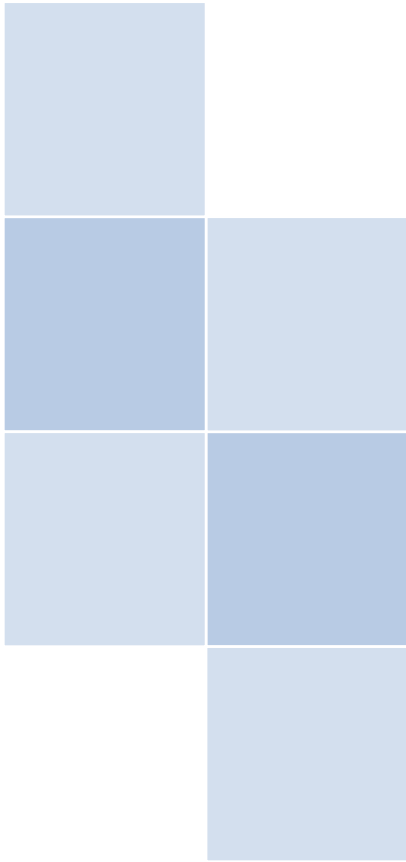




# *2012 Strategic Document*

*Version 2*

*Response plan addressing the food and  
nutrition crisis in the Sahel*



*Food Security and Nutrition Working Group*

*Inter Agency Standing Committee (IASC), Dakar*



# **2012 STRATEGIC DOCUMENT**

## **RESPONSE PLAN ADDRESSING THE FOOD AND NUTRITION CRISIS IN THE SAHEL**

This document was prepared by ACF, FAO, OCHA, UNICEF and WFP in response to a request from the regional IASC and the Regional Food Security and Nutrition Working Group.

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## SUMMARY

1. In 2011, sporadic rainfall, insufficient local harvests, high food prices and the consequences of the crises across the region had a serious impact on already vulnerable communities in the Sahel. Given the combined effects of these factors, it is estimated that more than 10 million people are food insecure and over 1 million children are at risk of severe acute malnutrition.

2. The increase in the frequency and severity of food and nutrition crises over the past few years has eroded the resilience of people, undermining their capacity to respond to recurrent crises in the Sahel. Households have been unable to restore their livelihoods before the next shock. Children in the Sahel region suffer from a high rate of malnutrition, not only at the peak of the lean season, but also in post-harvest periods. It is estimated that about 226,000 children die of malnutrition and health related consequences each year in the eight countries of the Sahel (Burkina Faso, Mali, Mauritania, Niger, Senegal, Chad, northern Nigeria and northern Cameroon). Moreover, the vulnerability of households is compounded by external factors, including the loss of remittances and return of hundreds of thousands of migrant workers from Libya or Ivory Coast — countries that both faced a crisis in 2011.

3. To address this crisis, humanitarian partners within the Regional Food Security and Nutrition Working Group have developed this strategy which aims to: i) strengthen preparedness at the regional level; ii) support coordination among response actors, and facilitate the monitoring of the situation; iii) serve as a reference document if other appeals (i.e. Flash Appeals) are developed by countries within the region; iv) raise awareness among donors, partners and governments in the region on the extent of the crises, their cross-border nature and the need for early action; v) facilitate resource mobilization.

4. The strategy aims to support the ongoing efforts of various national authorities by providing a regional perspective. It includes a budgeted response plan with the required interventions to mitigate the impacts of the crisis. The total cost of planned interventions to address the crisis is US\$724,546,917, including \$480,906,207 for food security and \$243,640,710 for nutrition. The beneficiary figures by activity are in the tables related to budget and estimated needs<sup>1</sup>.

5. However, it is important to note that the current vulnerabilities cannot be tackled solely through humanitarian interventions. The real challenge is to break the recurrent cycles of food and nutritional crises that continue to weaken communities' resilience. It is therefore essential to provide adequate resources for long-term programmes that will address structural causes of food insecurity and malnutrition in the Sahel. This will require integrated strategies by governments and between governments in the region, with the active participation of civil society, development partners and the private sector.

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<sup>1</sup> "Please note that these figures are based on estimates dating from January/early February 2012 as well as on the CAP figures for Chad and Niger. However, by 15 February 2012, WFP estimated their budget requirements for food security and nutrition activities to US\$808 million until the end of 2012. The discrepancy is partly due to the fact that needs in Niger and Chad are likely to increase and will be reflected in the next revision of the CAP documents."

## 1. OBJECTIVES

6. In view of the expected nutrition, food and pastoral crises in the Sahel and its neighbouring countries in 2012, this document aims to:

- i) Strengthen preparedness at the regional level;
- ii) Support the coordination among response actors and facilitate the monitoring of the situation;
- iii) Serve as a reference document if other appeals (i.e. Flash Appeals) are developed by countries in the region;
- iv) Raise awareness among donors, partners and governments in the region on the extent of these crises, their cross-border nature, and the need for early action;
- v) Facilitate resource mobilization.

7. This document provides an analysis of the crises that occurred in the Sahel in the last few years. It also advocates for closer coordination between humanitarian, early recovery, and development programmes with a view to breaking the recurring cycle of food and nutrition crises in the Sahel.

## 2. SCOPE AND VISION

### Scope

8. This strategy covers the West African countries that could face food, nutrition and pastoral crises in 2012, i.e. Burkina Faso, Chad, Mali, Mauritania, Niger, Senegal, northern Cameroon and northern Nigeria.

9. It covers the year 2012, in particular nutrition and food security in areas already identified at risk. While the response plans focus on humanitarian needs and emergency response, this document also includes information on activities and programmes that aim to strengthen resilience and long-term development so as to promote an integrated approach to the region's challenges.

10. The strategy also takes into account the national response plans and the 2012 Niger and Chad CAPs.

11. The strategy was developed by a drafting committee from the Dakar-based regional Food Security and Nutrition Working Group (FSNWG).<sup>2</sup> The CAP Sub-Working Group of the Inter-Agency Standing Committee (IASC) in Geneva decided not to develop a regional CAP for West Africa in 2012. As a result, the regional IASC in Dakar asked FSNWG to develop this response strategy specifically to address the looming food, pastoral and nutrition crises.

### Long-term vision

12. Based on the assessment of a number of indicators, this strategy suggests that early warning and emergency preparedness should lead to early action that not only addresses immediate critical

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<sup>2</sup> FSNWG, created after the nutrition and food crisis that hit the Sahel in 2005, was established in 2006 within the regional IASC framework. It comprises United Nations agencies, NGOs, the International Red Cross and Red Crescent Movement and donors.

humanitarian needs, but also aims to minimize the impacts of the crises on the Sahel's already extremely vulnerable populations.

13. Given the high rates of food insecurity and chronic and acute malnutrition even in years of good harvests, it is essential to change our vision of what is considered "normal" and what constitutes an "emergency crisis" in the Sahel. Humanitarian and development efforts need to be combined to strengthen populations' resilience in order to break the cycle of those crises. This should be done within the updated comprehensive framework of action of the United Nations system's High-Level Task Force on Global Food Security, taking into consideration also the analysis of different partners.<sup>3</sup>

14. During the elaboration process for this strategy, development actors were consulted at the regional level to exchange ideas on programmes and initiatives related to strengthening resilience and sustainable development. This includes those developed within the MDG Acceleration Framework (MAF) and within the Sahel Initiative. To date, this integration remains fairly incomplete. It will require greater coordination between the governments of concerned countries and partners dealing with various aspects of assistance so as to prioritize the actions that will lead to resilience and sustainable development in the region.

15. In this regard, the United Nations system aims to mobilize key stakeholders to continue developing a longer-term strategy based on a greater synergy of actions, and a better alignment of resources and capacities towards common goals.

**MDG Acceleration Framework:** As certain countries are lagging behind in meeting all or parts of the Millennium Development Goals (MDGs) in 2015, MDG Acceleration Frameworks (MAF) have been elaborated. The MAF was developed by UNDP, endorsed by UNDG and made available to all United Nations Country Teams. It allows them to help Governments accelerate the achievement of the MDGs. The MAF includes concrete action plans with coordinated roles for Governments and all other development partners. Within the framework of the **Sahel Initiative**, UNDP, in collaboration with country teams, has helped identify bottlenecks and supported the participative development of action plans, with a view to accelerating progress towards sustainable food and nutrition security in Burkina Faso and Niger, and more recently in Chad and Mali.

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<sup>3</sup> a) *Escaping the Hunger Cycle - Pathways to resilience in the Sahel*: Work Group on Sahel/Peter Gubbels; September 2011; b) *A Dangerous Delay - The cost of late response to early warnings in the 2011 drought in the Horn of Africa*: Save the Children & Oxfam; January 2012; c) *Humanitarian Action in Drought-Related Emergencies*: ALNAP, October 2011

### 3. GLOBAL SAHEL CONTEXT

16. West Africa has one of the world's highest poverty rates. According to the 2011 report on the MDGs, the poverty rate in sub-Saharan Africa is as high as 51 per cent. The sub-region's vulnerability is further compounded by numerous structural factors. These include low levels of education; lack of access to basic services; political instability; conflicts; bad governance; weak economies and their dependence on international markets; high demographic growth; and the trend towards urbanization and rural exodus. All the countries in the Sahel have some of the lowest rankings in the 2011 Human Development Index. The vulnerability of people is also reflected in the very high prevalence of malnutrition, not only during the lean season but also in post-harvest times. An estimated 645,000 children die in the Sahel every year, with an estimated 226,000 of these deaths being directly linked to malnutrition.

17. The repetition and rising frequency of crises observed since 2000, as the result of droughts, climatic hazards, price increases, has led to a progressive degradation of the populations' livelihoods and increased their vulnerability to food and nutrition insecurity.

18. The crises that hit the Cote d'Ivoire and Libya in 2011 resulted in the return of migrant workers to already vulnerable areas. The loss of revenues from remittances has added an additional burden to the host communities. For instance, IOM estimates that the monetary transfers made by every migrant worker previously supported about seven people in their country of origin, and that consequently about 3 million people in the Sahel are now directly affected by the Libyan crisis.

19. Continued social and political unrest in Nigeria, as well as the armed conflict in Mali in January 2012, is further destabilizing the region.

20. The region's security situation is also a major constraint to humanitarian access in affected areas. It includes: (i) the presence of terrorist groups such as Al-Qaida in the Islamic Maghreb (AQMI) and Boko Haram; (ii) cross-border military activities; (iii) the proliferation of weapons in the Sahel, increased by the Libyan crisis; (iv) the renewed conflict between the Malian authorities and the Tuareg community in northern Mali; and (v) the growing importance of various illegal trafficking in these areas, such as drugs and weapons.

#### Government response planning

21. In **Burkina Faso**, as early as October 2011, the government made available FCFA 6 billion (\$12 million) to buy cereals for vulnerable populations. To improve food availability, it also launched an operation called *Bondofa*, with FCFA 2 billion (\$4 million) to produce 50,000 tons of off-season maize. This operation is likely to experience difficulties, as there are insufficient water resources for such off-season crops. The government has also developed and adopted an operational plan of intervention to address future food issues. Its total cost is an estimated FCFA 70 billion (\$138 million).

22. In **Mali**, the government aims to mobilize FCFA 77 billion (\$154 million) for activities related to subsidized sales in most affected areas, to food and seed distributions, and to replenishing the national food-security stock. However, this plan has just been launched and the coordination among actors needs to be strengthened.

23. In **Mauritania**, the government has prepared the "*Emel*" (Hope) plan for ouguiyas 45.4 billion (\$160 million) to alleviate the difficulties facing its population and livestock in drought-affected areas. Emel has a food component through Village Food Reserves (SAVS - Stocks Alimentaires Villageois de Solidarité); a nutrition and child-health component; free food distribution; subsidized shops; income-generating activities; and livestock assistance.

24. In **Niger**, the government aims to mobilize FCFA 160 billion (\$320 million) for emergency programmes in irrigated cultures, livestock safekeeping, revenue-generating activities and national stock recovery. The programme has already started. The Government is also implementing an initiative called "les Nigériens Nourrissent les Nigériens" ('3N' – 'Nigeriens Feed Nigeriens'), which aims to re-launch the production of improved seeds to increase agricultural production. The response plan is currently being reviewed

25. The actions in the Sahel strategy complement the national plans. It should be noted that the government of **Chad** has not yet developed a consolidated response plan, and that **Senegal** is working on one for nutrition. In **the Gambia**, the government is considering declaring a state of emergency due to poor harvests and increasing cereal prices.

### 3.1 Evolution of food-insecurity factors in the Sahel

#### Insufficient localized agropastoral productions

26. The regional meeting on agricultural and food security outlooks in the Sahel and West Africa (PREGEC) held in Cotonou (24-26 November 2011) estimated that the 2011-2012 crop production in West Africa and the Sahel would reach 55,451,000 tons. These estimates were confirmed at the meeting of the Food Crisis Prevention Network in Praia (8-10 December 2011). Crop production during this period increased by 4 per cent compared with the five-year average and decreased by 8 per cent compared to the previous year. For the member countries of the Permanent Inter State Committee Fighting Drought in the Sahel (CILSS), production is estimated at 16,613,000 tons. This is a 2 per cent decrease compared to the five-year average, but 25 per cent below last year's production.

27. Regarding the pastoral situation, both the Cotonou and Paris meetings highlighted a marked fodder deficit in the Sahel strip. The situation is being further exacerbated by low water levels, triggering early seasonal migration in Mali, Niger, Chad and Mauritania. Overgrazing and conflicts are expected to arise in the host areas (Niger Delta, Gourma, Lake Chad, Salamat and southern Chad, northern Central African Republic, and the Northern Gulf of Guinea).

28. Significant declines in crop production have been reported in Kayes; Koulikoro and Mopti in Mali; central Senegal; in north, east and central-north Burkina; across Niger, except in Maradi and Dosso; in all of the Sahelian strip; in the Sudanese area (Logone and Tandjilé) in Chad; in all the agropastoral and pastoral areas of Mauritania; in northern, centre-west, and centre-east Senegal; and in certain regions of the Gambia. Insufficient production has also been recorded for controlled and free-floating rice culture in Mali and the Gambia. Weak and poorly distributed rains have caused a water deficit which has been detrimental to crops in Chad, Mauritania, Senegal and Mali.

29. In **Burkina Faso**, the late start to the rainy season has reduced the size of cereal-cultivated land and thus the agriculture-generated revenues. Significant production deficits are expected in the Sahel region and in the north of the country. The level of surpluses in productive zones may not be sufficient to cover the needs of deficient areas and thus increase market tensions. The productivity of natural fodder pasture will be lower than usual and could jeopardize livestock. An Early Alert System (EAS) study confirmed that 1.67 million people in over 162 districts (2,750 villages) are vulnerable to food insecurity in 2012.

30. In **the Gambia**, irregular rainfall has particularly hit the North Bank and Lower River regions, triggering a decrease in the production of rain-fed rice and peanuts, which is the main cash crop in these regions (rice minus 75 per cent; peanut minus 65 per cent; early-growing millet minus 58 per cent compared to the previous season). Households' food stocks have reduced from an average of six months to two to three months. The most affected households will need to buy food on markets earlier than usual, while cereal prices, such as in neighbouring Senegal, will remain particularly high.

31. In **Mali**, with the exception of a few places (Kayes, Yelimané, etc.), the total cumulated rainfall is normal or higher than average, but still lower than in 2010. Nonetheless, rainfall was irregular and poorly distributed, and, as a result, the vegetation cover in the humid zone of the Niger Delta is half what it was in October 2010. Regarding the pastoral situation, rangelands are widely available in Gourma and guarantee feed for Malian and Nigerien herds. However, other areas in the country are experiencing a significant fodder deficit. A massive livestock de-capitalization is taking place in affected areas. According to the EAS, the situation is worrisome in over 100 central districts, putting an estimated 1,699,467 people (242,781 households) at risk of food insecurity. Furthermore, 55 districts encompassing 1,193,328 people (170,475 households) are classified as being in economical distress.

32. In **Mauritania**, major rainfall deficits have triggered a significant decrease in biomass production and of rain-fed crop yields. The government estimates a 75 per cent decrease in production in Dièri. The pastoral situation is also worrying in a country that has more than 1.5 million cattle, 16 million goats and almost 1 million camels. Further south, there is likely to be a scarcity of available rangeland. According to the nationwide study conducted in December 2011 on the impact of rainfall deficit and the increase of food prices on household food security, 24.6 per cent of rural households (about 700,000 people) in six of the country's 13 regions (Hodh El-Chargui, Hodh el-Gharbi, Tagant, Assaba, Gorgol, Guidimakha) are food insecure. More than half of these households (12.9 per cent) have insufficient food intake.

33. In **Niger**, the preliminary results of the study on rural and urban households' vulnerability to food insecurity were made public on 13 January 2012. They show that in December 2011, more than 5,458,000 people (34.9 per cent of the population) were food insecure, of whom 1,324,435 (8.5 per cent) were severely food insecure (having less than one month's worth of food stock). They are mainly located in Tahoua (8.6 per cent), Tillabéri (8.5 per cent), the periphery of Niamey (7.3 per cent) and Maradi (6.7 per cent). The estimate of 1.3 million people in severe insecurity dates back to November 2011, and these figures are expected to increase in early 2012 according to EAS projections. In this context, market prices will be decisive in vulnerable populations' food-security status (68 per cent of a household's global spending is used to buy cereals). According to projections made by the agricultural and livestock market information system in Niger, an increase in coarse-grain prices is expected due to a decrease in local grain availability, as well as an increase in transportation costs due to the social tensions in Nigeria and the suppression of fuel subsidies.

34. In **Senegal**, the 2011-2012 crop year was marked by irregular and poorly distributed rainfall, in addition to a short rainy season, a series of long interruptions in rainfall and the delayed delivery of fertilizers in certain areas of the country. These climatic shocks coincided with critical phases of crop development (millet, peanut and bean), negatively affecting agricultural and pastoral productions in these areas. It is provisionally estimated that more than 800,000<sup>4</sup> people are affected. The regions most affected by declines in agricultural production are Kaffrine, Louga and Tambacounda.

35. In **Chad**, in the central regions of the Sahel, vegetation growth was normal between May and June 2011, remaining within the 1998-2010 average. Since early July 2011, vegetation growth has stagnated and observed biomass production has been below average. Water stress suffered by crops in the vegetative phase is so high that the last rainfall will not improve the yield of crops affected. The situation is the same for wild grasses in the southern part of this area, thus leading to predictions of poor fodder yields. Assessments are underway.

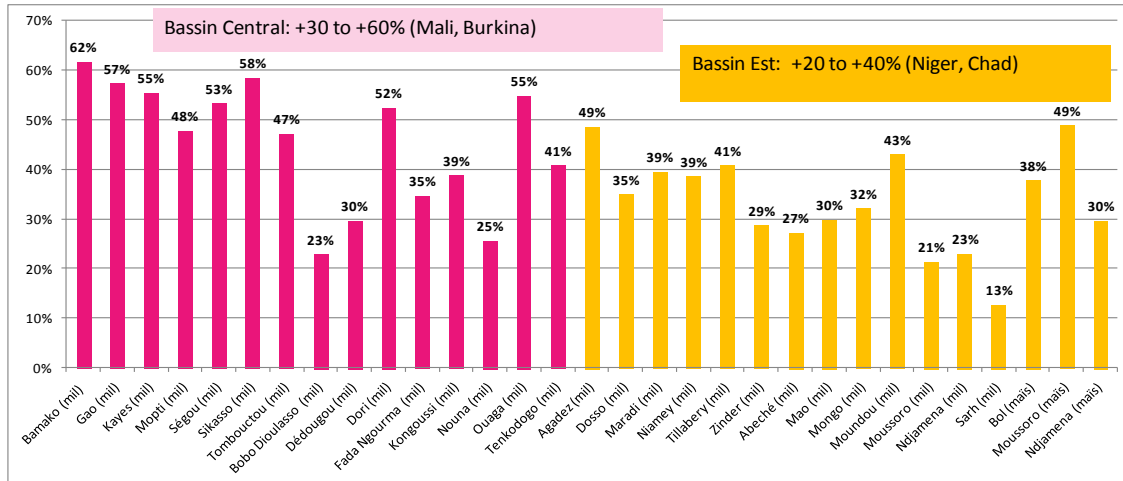
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<sup>4</sup> Non-validated temporary report of the joint mission Gov/FAO/WFP from 22 to 30 November 2011.

## Market Response

36. Coarse-grain prices are at high levels on most of the Sahelian markets, but it is believed that markets can mitigate the Sahel cereal deficit. Consequently, the coming crisis will revolve around food access and not food availability. However, supply difficulties are expected in certain landlocked areas, such as the Chadian Sahel.

Evolution of coarse grain prices, January 2012 compared to the 5-year average



Sources: WFP graph, data FAO/GIEWS.

37. In the Western basin, coarse-grain prices show a 25 to 33 per cent increase compared with the five-year average. In Senegal and Mauritania, the markets will turn to imported goods and will thus compensate for the fall in the availability of local coarse grains. In the Central basin, the increase in millet prices is especially high (30 to 60 per cent above the average). The highest increases have been recorded in the food-deficit markets of Bamako (+62 per cent), Gao (+57 per cent) and Kayes (+55 per cent), but also in Sikasso (+58 per cent), which is usually a surplus cereal market. The cereal flows towards markets of food-deficit zones in the Central basin, especially from the north of Ivory Coast, began earlier than usual. In the eastern basin, the price increase is around +20 to +40 per cent. Although the price difference has triggered imports from coastal countries, market supply difficulties have been observed in the Chadian Sahel. It is worth noting that maize prices in the Sudanese zone are already high, particularly in Ghana. This will make Sahelian cereal imports more expensive.

38. The price increases observed in the Sahel this year occurred earlier than usual, but they lowered in January on certain markets. If price changes follow a “normal” rate of increase in the next few months, the Sahel will enter the lean season with prices higher than average. The cereal price increase, in the Sahel and in certain countries of the Gulf of Guinea, is reducing households’ buying power. If this trend continues in 2012, it will likely jeopardize access to food for the most vulnerable households, especially those dependent on markets for foodstuff (e.g. urban households, breeders, daily workers and small farmers during the lean season).

## 3.2 Nutrition Situation in the Sahel

39. In 2010, Niger, Chad, northern Cameroon and northern Nigeria faced a large food and nutrition crisis. This was caused primarily by inadequate and inefficient policies and programmes that failed to protect populations from regular and/or cyclic seasonal variations. Governments and partners involved in the region implemented a massive response to prevent food and nutrition insecurity from reaching catastrophic levels. In 2010, more than 430,000 children (age 6 months to 59 months) were treated for

severe acute malnutrition (SAM) and 760,000 received food assistance through blanket feeding operations to prevent severe malnutrition. At the end of 2011, the governments of Niger, Burkina Faso and Mauritania declared 2012 a crisis year. If the current situation continues to deteriorate as announced, a state of emergency could be declared in the Sahel region extending from Mauritania to Chad.

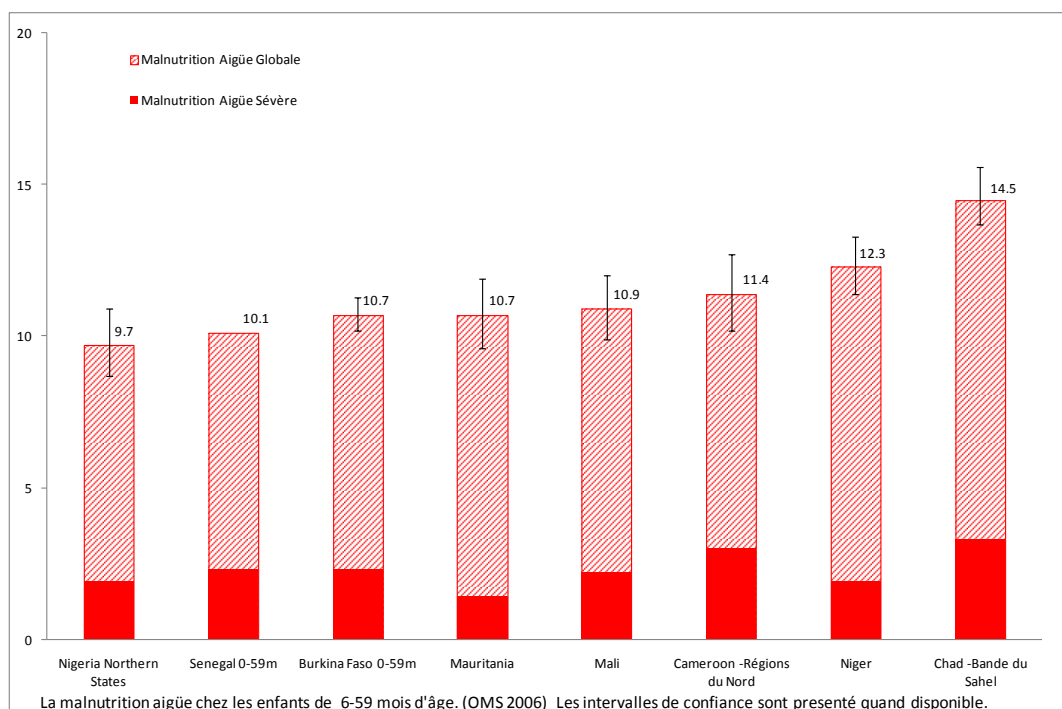
## Present Situation

40. The nutritional status of children in the Sahel is disastrous, even though the rates of the 2010 crisis have not yet been reached in the most affected countries. As shown in the following graph, the nutrition situation is considered serious in Senegal, Mali, Mauritania, Niger and Burkina Faso, where prevalence of global acute malnutrition ranges between 10 and 14 per cent. In Chad, the situation is critical in the Sahel strip, where global acute malnutrition prevalence is close to 15 per cent (according to August 2011 data). However, national global acute malnutrition prevalence does not give information on which specific regions or districts are the most affected and require the implementation of an immediate and efficient emergency operation. In most countries, the national prevalence of global acute malnutrition varies slightly between the lean-season peaks and the post-harvest period. This variation is only partly contingent upon the global quantity and availability of food.

41. In the media, nutrition crises are generally presented only through their food component, but the availability of food within households is only one of several determining factors of a child's nutrition status. To eradicate the present intolerable levels of child mortality and delays in cognitive development and growth retardation in this region, stronger emphasis must be put on direct and immediate causes of malnutrition and mortality (poor caregiving practices, lack of drinking water and hygiene, lack of access to treatments for childhood diseases). This change in perceptions is essential, as moderate acute malnutrition (MAM) doubles the risk of infantile deaths and severe acute malnutrition increases this risk by nine times.

42. Thus, there is a permanent large-scale nutrition crisis that must be addressed by long-term actions throughout the year, and must be reinforced by specific response programmes during the lean season. Greater synergy between all development partners must be elaborated and built around strong sectoral policies carried out by governments

### Severe and Moderate Acute Malnutrition in the Eight Sahel Countries, May-August 2011



43. There are large seasonal variations during the year in caregiving practices, the quality and quantity of available water, and the incidence of diseases. The lean season brings a heavy workload for heads of households. This often results in the deterioration of caregiving practices and feeding, as children are looked after by their older siblings. Water sources, usually used for drinking water, become polluted by storm and flood runoffs. The incidence of diarrhoea significantly increases at the beginning of the rainy season and malaria cases peak at the end of the rainy season. The prevalence of endemic diseases such as malaria, infectious diseases such as measles, respiratory conditions and diarrhoea, and epidemics such as cholera, all contribute to the accelerated deterioration of the nutrition status, especially for children.

44. The worst consequences of acute and chronic malnutrition occur when they affect a child in the first two years of his or her life. After the age of 6 months, a child requires supplementary nutrients and energy from supplementary foods—nutrients supplementing breastfeeding. Children aged 6 months to 23 months who are breastfed need an average of 250 to 500 kilocalories per day in addition to those acquired from the mother's milk. This relatively small quantity shows that the complementary food quality and the quality of caregiving practices (especially hygiene and the treatment of childhood diseases) are more determining than the quantity of food in the onset of malnutrition during the lean season and the post-harvest season.<sup>5</sup> Vital and preventative interventions must occur during the 1,000 days between a child's conception and his or her second year of life in order to guarantee cost-efficient malnutrition prevention and treatment.

45. The concept of intermittent emergency is generally not appropriate in the Sahel, where it is estimated that 226,000 children die each year of malnutrition-related causes<sup>6</sup>. Recurrent nutritional crises hitting West Africa, particularly in the Sahel, are being addressed by managing national support programmes for acute malnutrition, allowing the provision of care services throughout the year, and through yearly, or even twice-yearly, nutritional surveys to monitor the nutritional situation.

46. The response strategy related to nutrition is outlined in section five of this document.

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<sup>5</sup>For more information on causes of malnutrition, see UNICEF's conceptual framework on malnutrition: <http://motherchildnutrition.org/info/food-and-nutrition-conceptual-framework.html>

<sup>6</sup> *Levels and Trends in Child Mortality Report 2011*, Lancet Maternal and Child Undernutrition Series, 2008.

## 4. FOOD-SECURITY RESPONSE STRATEGY

### 4.1 Needs assessment and preparedness

47. In most of the concerned countries, governments, in collaboration with humanitarian organizations, are working on preparatory activities, especially on needs assessment planning for a more effective response.

48. The estimated numbers of populations affected have been confirmed by the results of joint missions on market and food-security assessments, which took place in January 2012 in the different countries. These missions confirmed a critical food status in certain areas (Sahel strip of Chad; central and north of Tillabery region; central Tahoua, eastern Zinder and Diffa in Niger; Sahelian strip north of the Koulikoro, Ségou and Mopti regions in Mali; northern Sahel and Central Plateau in Burkina Faso; and southern and south-eastern Mauritania). The Chad estimates are being finalized.

#### Affected Populations

Country	Mauritania	Mali	Burkina Faso	Niger	Senegal	Chad	Northern Cameroon	Northern Nigeria
Vulnerable populations	700,000	3,000,000	1,670,000	5,458,000	850,000*	1,600,000**	NA	NA

\* Ongoing validation of numbers

\*\* CAP numbers Chad 2012

#### Main planned needs assessments

Countries	Assessment	Organizations involved	Implementation date
<b>Burkina Faso</b>	Assessment of food security and markets (affected regions and urban areas)  Study on households' livelihood profiles	Government, FAO, WFP, partners  Oxfam, Government	January 2012
<b>Cameroon</b>	Data not available	Data not available	Data not available
<b>Mali</b>	Assessment of household food security  Market assessment (affected areas and cross-borders)  Study on households' livelihood profiles  Vulnerability study done by livelihoods zones	SAP, WFP, FAO, CILSS  WFP, CILLS, FAO  Save the Children and partners  ACF	Mid-December
<b>Mauritania</b>	Assessment of household	Government, WFP,	

	food security  Market assessment (affected areas and cross- borders)	FAO	January 2012
<b>Niger</b>	Household food insecurity vulnerability study  Market assessment (affected areas and cross- borders)	Government, FAO, WFP, CILSS, Fewsnet	January 2012
<b>Nigeria</b>	Data not available	Data not available	Data not available
<b>Senegal</b>	Joint mission on the identification of areas prone to food insecurity	Government, FAO, WFP	November 2011
<b>Chad</b>	Household Food Security study  Market assessment (affected areas and cross- borders)	WFP, FAO, Government, CILSS	November 2011 – February 2012

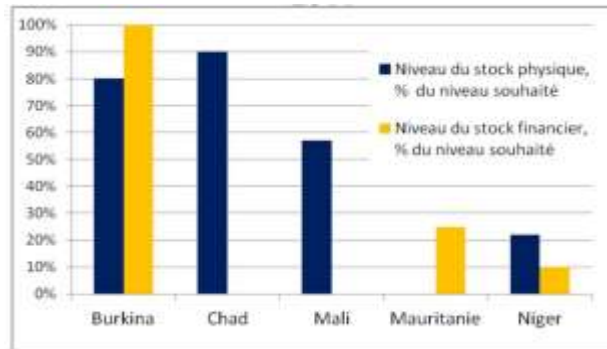
## Preparedness

### **Logistics**

49. In anticipation of an increase in humanitarian activities in the Sahel, three logistical assessments of capacities have been conducted in the sub-region: Nigeria (October 2011), Mauritania (October 2011) and Burkina Faso (January 2012). The advanced stock in the United Nations Humanitarian Response Depot in Accra (Ghana) will be widely used for the pre-positioning of food stocks and non-food items.

50. To prevent duplication, the emergency response takes into account the existence of national strategic stocks.

*Levels of National Security Stocks (October 2011) (Source: WFP)*



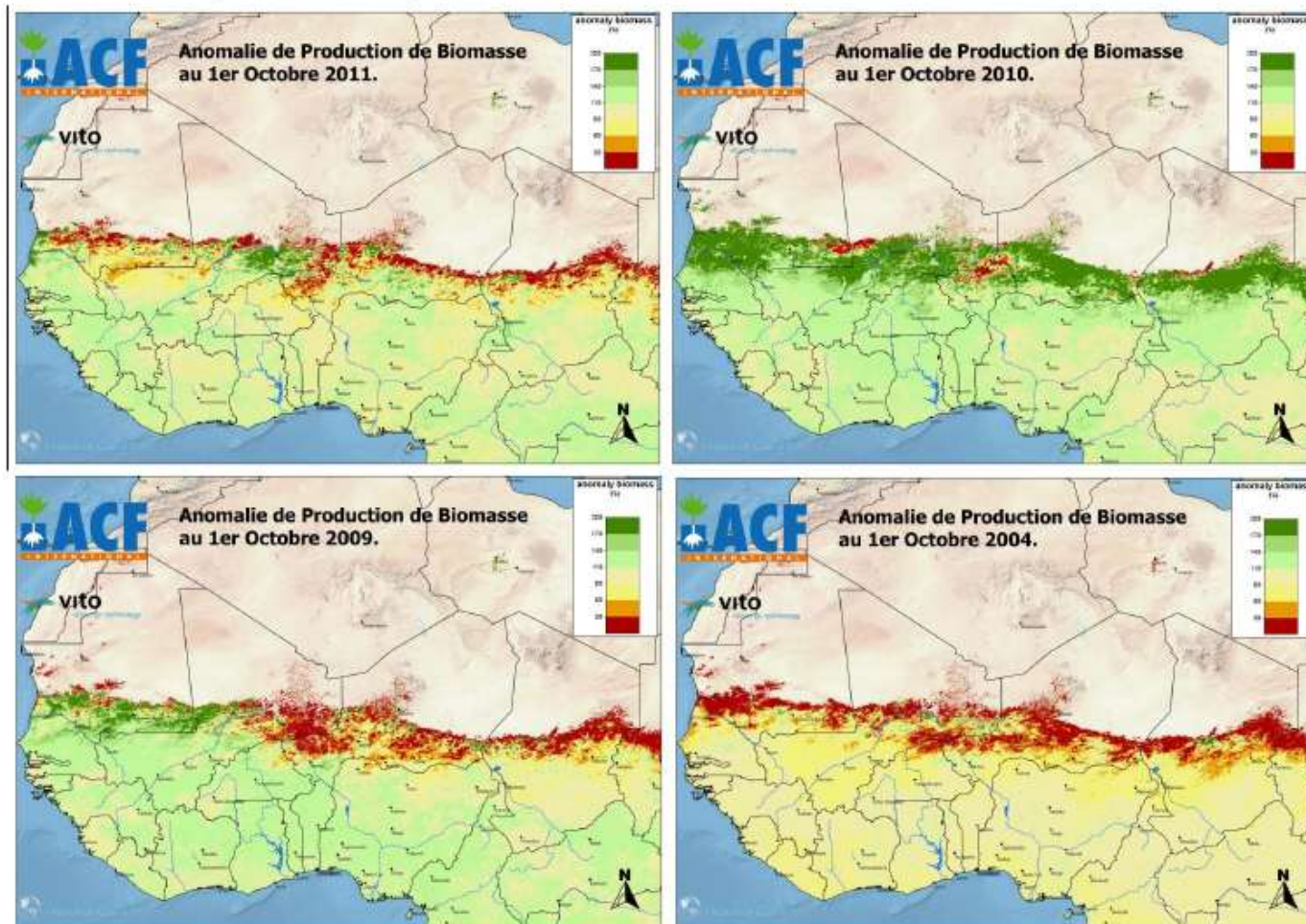
### **Emergency Stocks**

51. In light of the anticipated difficulties in procuring foodstuffs in international and regional markets (due to the global economical and financial crisis, and a massive humanitarian operation in the Horn of Africa which could divert funds from the Sahel), the humanitarian community is determined to guarantee the most efficient and appropriate operation by taking proper preparatory and response measures.

52. WFP has a regional procurement capacity that relies on the heavy use of advance internal resources to buy and strategically pre-position the most essential commodities in order to be able to deliver an intensified and adequate response. These stocks are bought or pre-positioned so that all the countries that could potentially require food (based on ongoing assessments) can have access to stocks as soon as donors confirm their contributions. The governments involved have reached different planning stages, and WFP is working to ensure that an adequate procurement chain will be secured during the most critical months.

53. FAO's livestock food stocks are limited, and the agency will need financial pledges to mobilize available stocks in the sub-region. With the exception of the local production of nutritious blocks (Niger), the available stocks are located in the Sudanese zone (south of the Sahel or in the north of coastal countries, particularly Nigeria) but most needs are located in the Sahelian strip.



*Biomass anomalies. Comparison of pastoral situations.*

## 4.2 Response Strategy

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**General goal:** Provide necessary support to households suffering from a deficit in means of survival and subsistence.

**Specific objectives:**

- Prevent an increase in malnutrition rates by guaranteeing a minimal coverage of the affected populations' food needs.
- Strengthen the livelihoods of affected or potentially food-insecure households.

**Strategy and activities:**

**Ongoing activities: January-March 2012**

- Food assistance through direct food distribution or monetary transfers

Goal: To guarantee a minimal food intake to affected households/households lacking means of survival. Unconditional transfers of food or cash to allow food access to the most food-deficient households. Food assistance will consist of food or monetary transfers (cash or vouchers). When the situation allows (functioning markets, partners' capacities), the response will rely on markets to manage the monetary transfers. In certain countries, this operation will also include the replenishment of national strategic stocks..

**Planned activities: April-October 2012**

- Food assistance through direct food distribution or monetary transfers

Goal: To guarantee a minimal food intake and to strengthen the livelihoods of households most affected by the crisis. These activities will ensure that the family's food intake is not interrupted and will promote the recovery of households' productive activities during the next agropastoral campaign (2012). In particular cash- or food-for-work activities will see the construction or rehabilitation of dams, start soil water conservation works, etc. Food assistance will be given through food distributions or monetary transfers (cash or vouchers). Procurement of local and regional products will be favoured whenever possible. When the situation allows (market functioning, partners' capacity), the response will utilize the markets to manage the monetary transfers.

- Strengthening livelihoods (agriculture, breeding)

Goal: Strengthen households' livelihoods and resilience capacities by promoting appropriate technologies and good practices in the following areas:

- (i) Agricultural production: Distribution of fertilizers (cereals, pulse, gardening), procurement of small equipment, support production-management mechanisms (warrantage, seed multiplication), water collection and valorization techniques.
- (ii) Breeding: Distribution of livestock feeding, rehabilitation of water sources, livestock destocking (dry season), livestock recapitalization, veterinary care.
- (iii) Natural resource management: Rangeland rehabilitation, reforestation and promotion of useful trees, development of agroforestry practices, fight against erosion, small water runoff collection system, concerted and agropastoral multi-use management of water, integrated management of production and depredators, fight against bush fires, support fish farming.

### 4.3 Budget and estimated needs

Appeal Mechanism										
Activities	Burkina Faso		Mali		Mauritania*		Senegal		Cameroon (Northern)	
	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts
	(number)	(USD)	(number)	(USD)	(number)	(USD)	(number)	(USD)	(number)	(USD)
General Food Distribution	227,500	16,366,900	659,985	39,202,900	227,500	16,967,500	101,795	6,570,300	118,985	8,716,400
Food for Assets	100,000	5,395,500	300,000	15,889,500	25,000	11,302,500	285,000	13,797,300	50,000	2,747,800
Cash for Work	100,000	3,645,000	-	-	-	-	50,000	1,822,500	-	-
Cash & Vouchers	150,000	7,290,000	150,000	7,047,000	95,000	5,495,769	210,000	10,206,000	-	-
Cereal Banks	-	-	-	-	214,060	11,302,500	45,000	2,376,000	-	-
Agriculture/Breeding/ Livelihoods	826,000	14,873,200	380,625	10,043,731	500,000	9,000,000	350,000	5,058,190	-	-
<b>Total</b>	NA	<b>47,570,600</b>	NA	<b>72,183,131</b>	NA	<b>54,068,269</b>	NA	<b>39,830,290</b>	NA	<b>11,464,200</b>

Appeal Mechanisms		CAP (cf. numbers of CAP documents)								Total
Activities	Niger		Chad		Nigeria (Northern)		Regional Approaches (analysis, advocacy, follow-up and country support)			
	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts		
	(households)	(USD)	(households)	(USD)	(households)	(USD)	(households)	(USD)		
General Food Distribution					-	-			<b>404,131,287</b>	
Food for Assets					-	-				
Cash for Work	3,834,400	85,699,146	1,440,000	132,290,772	-	-	-	-		
Cash & Vouchers					-	-				
Cereal Banks					-	-				
Agriculture/Breeding/ Livelihoods	2,091,000	23,444,200	149,100	13,228,099	-	-	NA	1,127,500	<b>76,774,920</b>	
<b>Total</b>	NA	<b>109,143,346</b>	NA	<b>145,518,871</b>	-	-	NA		<b>480,906,207</b>	

\* These figures are based on confirmed data or projections and estimates to enable planning and preparation of interventions.

\*\* These figures include only requirements for the Sahelian zones of Chad affected by the food and nutrition crisis.

## 5. RESPONSE STRATEGY IN NUTRITION

### 5.1 Needs assessment and preparedness

54. In most affected countries, governments are working with humanitarian organizations to develop preparatory activities, specifically on planning needs assessment. This approach should ensure an effective response.

55. The two main sources of information on the current nutrition status are nutrition studies and data from acute malnutrition management programmes.

56. Regular nutrition surveys use the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology: the majority of the sub-region's countries conduct relatively inexpensive and fast nutrition surveys based on SMART. They provide yearly (or seasonal) acute malnutrition trends. These surveys have considerably improved the availability of high-quality nutrition data, and thus enabled awareness-raising and the ability quickly to reach a consensus on the proper immediate response to acute malnutrition.

57. Data from the acute malnutrition management programme: All of the sub-region's countries have included the management of acute malnutrition in their national health system. Currently, only a few countries have been able to deploy programmes at a scale approaching the national scale. The number of weekly or monthly admissions in the programmes managing children's severe and moderate acute malnutrition can be used as a proxy for the malnutrition incidence, at least in countries that have complete and regular reporting systems.

58. The estimate of anticipated cases of moderate and severe acute malnutrition was calculated at the country level with input from the technical committee in charge of planning and implementing the integrated malnutrition management programme.

#### ***Admissions and number of anticipated cases of severe acute malnutrition in the Sahel between 2010 and 2012***

Country	2010		2011		2012	
	Actual SAM programme admissions	Estimated SAM caseload	Actual SAM programme admissions	Estimated SAM caseload	Expected SAM caseload	Worst-case scenario (estimated #)
Niger	330,000	378,000	307,000	310,000	331,000	413,000
Nigeria (north)	32,000	309,000	70,000	219,000	207,700	260,000
Chad	55,000	94,000	65,000	97,000	127,300	159,000
Mali	25,000	80,000	25,000	87,000	175,000	219,000
Burkina Faso	45,000	110,000	50,000	100,000	99,200	125,000
Cameroon (north)	17,000	34,000	20,000	35,000	55,100	69,000
Mauritania	3,400	19,000	9,000	13,000	12,600	15,700
Senegal (north)	5,000	5,700	10,000	11,000	20,000	21,400
Total Sahel	512,400	1,029,700	556,000	872,000	1,027,900	1,282,100

Note: The sums are considered to be minimal estimates; the calculation of the number of expected cases is based on SAM prevalence multiplied by the population age 6 to 59 months and multiplied by a prevalence to incidence conversion factor identified by each country. The numbers in the worst-case scenario are estimated to be 125 per cent of cases expected in 2012.

**Number of cases calculated for the planning purposes of programmes managing the moderate acute malnutrition in children age 6 to 59 months, and in acutely malnourished pregnant and nursing women in the Sahel in 2012.**

Country	2012	
	# of MAM cases in children age 6-59 months calculated for the programme's planning	# of cases of acutely malnourished pregnant and nursing women calculated for the programme's planning
Niger	725,000	177,000
Nigeria (north)	559,000	126,000
Chad	300,000	70,000
Mali	175,000	36,800
Burkina Faso	101,000	58,900
Cameroon (north)	91,000	25,300
Mauritania	40,000	14,100
Senegal (north)	68,000	9,400
Total Sahel	2,059,000	517,500

Note: The number of cases used in planning for the programme in malnutrition management is calculated using the MAM prevalence multiplied by the population of children age 6 months to 59 months, and by a prevalence to incidence conversion factor of 1.5 and a coverage rate of 70 per cent.

**Numbers of beneficiaries estimated for blanket feeding in Sahel in 2012**

Country	Children 6-23 months	Pregnant and nursing women
Niger	332,000	75,000
Nigeria	ND	ND
Chad	300,000	150,000
Mali	161,997	72,320
Burkina Faso	75,500	33,700
Cameroon (north)	23,797	16,998
Mauritania	64,500	29,000
Senegal (north)	31,641	19,776
Total Sahel	989,435	396,794

59. A study is underway in the sub-region to establish a more precise/realistic conversion factor. The above-mentioned estimates could therefore be revised. Certain predictions show that the lean season will start three months earlier than in 2011. In light of this, it is urgent to plan and prepare for an appropriate response.

60. Screening data will be gathered from children and women benefiting from the malnutrition management and prevention programme. This information will give us an accurate picture of the present situation. The data will be analyzed and regularly reported in a standardized way.

### Needs Assessments

Countries	Assessments	Organizations involved	Implementing date
<b>Burkina Faso</b>	2012 National Nutrition Study	La Direction de la Nutrition, World Bank & UNICEF	August 2012
<b>Cameroon</b>	2012 Nutrition Study on Northern regions	La Direction de la Nutrition & UNICEF	June 2012
<b>Mali</b>	2012 National Nutrition Study	La Direction de la Nutrition & UNICEF	June 2012
<b>Mauritania</b>	2012 National Nutrition Study (SMART) including key indicators: water, hygiene, sanitation	La Direction de la Nutrition & UNICEF	June/July 2012
<b>Niger</b>	Two 2012 National Nutrition Studies	La Direction de la Nutrition & UNICEF	May 2012
<b>Nigeria</b>	Two 2012 studies on the nutrition status of northern bordering countries	National Population Commission, National Bureau of Statistics & UNICEF	January 2012 & July 2012
<b>Senegal</b>	2012 Regional Nutrition Study	La Direction de la Nutrition & UNICEF, FAO	December 2011
<b>Chad</b>	Two 2012 National Nutrition Studies	La Direction de la Nutrition & UNICEF	April/May 2012

61. Coverage surveys should be planned to estimate the coverage of acute (severe and moderate) malnutrition management activities and blanket feeding activities. If a degradation of nutrition conditions is suspected in high-risk zones, a rapid assessment of the nutrition status will be conducted.

### Preparedness

62. UNICEF, WFP, WHO and all partners in the nutrition field are preparing the implementation of a large-scale response. It implies identifying and mobilizing large amounts of human resources, buying and positioning stocks, and training for and supporting the supervision of the interventions. The UNICEF regional office in Dakar (Senegal) will work with its Copenhagen office (supply) and the country offices to mobilize the necessary resources, and to prepare a nutrition response at a larger scale in 2012.

63. WFP has a regional procurement capacity relying on a heavy use of advanced internal resources to buy and strategically pre-position the most essential commodities to deliver an acute and adequate response. These stocks are bought or pre-positioned so that all countries potentially in need (based on ongoing needs assessments) can have access to food as soon as donors confirm their contributions. The Governments involved have reached

different planning stages, and WFP wants to ensure that fast purchase action can secure the procurement chain during the most critical months.

64. WHO is helping countries to strengthen malnutrition management in cases worsened by medical conditions and to prevent relapse cases in public hospitals. At least 20 per cent of severely malnourished children suffer from a medical complication. Inter-agency medicated kits and reproductive health kits are pre-positioned in Accra, Ghana.

## 5.2 Response Strategy

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**Global Goal:** To reduce mortality and permanent damage caused by acute malnutrition through integrated interventions in nutrition, health, water, hygiene, sanitation and behavioural changes.

### Specific Objectives:

- Care for acutely malnourished children, pregnant and nursing women in communities and health centres through early diagnosis and efficient treatment. This is part of the integrated acute malnutrition management programme.
- Provide appropriate food assistance (blanket feeding) to children age 6 to 23 months and pregnant and nursing women in areas where the global prevalence of acute malnutrition is greater than 15 per cent, or in areas highly prone to deterioration, or in areas where acute malnutrition management programmes do not exist.
- Provide an integrated rehabilitation and prevention nutrition package:
  - Promote adequate practices in infants and young-child feeding in an integrated programme for acute malnutrition management.
  - Prevent water-related diseases in children and caregivers by promoting good hand-washing practices, an adequate sanitation system and water treatment in targeted households.
  - Prevent and treat childhood diseases, specifically malaria, by distributing impregnated mosquito nets and anti-malarial drugs to people benefiting from the integrated acute malnutrition management programme.
  - Sensitize and use prevention services available in the community and health centres advertised through an information campaign.

### Activities/Programmes

#### Emergency response (short term)

#### Integrated interventions' package

65. The management of acute malnutrition is the first intervention proven to save the lives of children and adults most severely affected by nutrition privation. The integrated intervention package will be available to beneficiaries of the acute malnutrition management programme. Simultaneously addressing health, water, hygiene and sanitation needs, and the needs linked to caregiving practices for children and women, allows for the treatment and prevention of acute malnutrition. This is a complex but necessary approach. Emergency response should first be directed towards areas considered most at risk. It should also include the distribution of an integrated package to optimize the impact of the treatment and of preventive actions for the most affected populations.

#### Integrated management of acute malnutrition

- The integrated management of severe acute malnutrition needs to be reinforced by increasing the coverage and number of sites where community-based management can be performed. Early identification of SAM cases can be done by intensifying active screening activities at the community level. The management of

medical complications linked to SAM will be taken care of by reinforcing the quality of the care given at intensive nutrition recuperation centres. This will be done by establishing or reinforcing teams of care quality monitoring, strengthening health agents' capacities in these centres, strengthening coaching, ensuring the timely provision of medical supplies (drugs and medical equipment) in the right quantities and strengthening the system referring SAM cases.

- The management of moderate acute malnutrition needs to be established in areas where conditions/needs have been clearly identified in order to deliver an appropriate response. These interventions need to be part of an integrated approach that will include interventions similar to those described above and geared towards water, hygiene, sanitation, health and communication for development. The management of MAM is planned for geographic areas where the global level of acute malnutrition is higher than the 10 per cent "serious" threshold, or where a great risk of deterioration exists. If possible, these programmes will be implemented through community and sanitary structures. In these areas, all children who are aged 6 months to 59 months and who meet the admission criteria defined by the National Protocol will be admitted. The management of children suffering from MAM will be done with Supercereal+ (CSB++) or Plumpy'Sup.
- Responding to the needs of malnourished pregnant and nursing women will be performed by the programme for acute malnutrition management. Every pregnant and nursing woman who meets the admission criteria defined in the country's National Protocol (brachial perimeter smaller than 21 cm in most countries) will be admitted and cared for until the sixth month after delivery in order to cover the exclusive breastfeeding phase.

### Acute malnutrition prevention

66. Blanket feeding activities will be implemented in areas where global acute malnutrition prevalence is higher than 15 per cent, or at a high risk of deterioration or in areas where programmes for the management of acute malnutrition do not exist. This activity will take place during the six most critical months of the year (usually between April and September). The targeted population will encompass all children age 6 months to 23 months and all pregnant and nursing women, regardless of their nutrition status. Children will receive dietary supplements (i.e. plumpy doz) or Supercereal+ (CSB ++). For women, Supercereal (CSB+) with added oil and sugar will be used. The blanket feeding programme will also screen all children age 6 months to 23 months so as to refer all malnourished children to the adequate structure. An effort will be made to coordinate the blanket feeding with other crisis-alleviation activities.

### Complementary package

- **Infant and young child feeding (IYCF):** The most efficient intervention to fight all forms of malnutrition is the optimization of IYCF practices. Each encounter between the child, his/her parents and the programme staff will be used to promote the key practices that can guarantee proper nutrition for the infant and young child.
- **Water, sanitation and hygiene (WASH):** WASH interventions will be part of the programmes for SAM management, in agreement with the specific 'WASH in Nutrition' standards and will consist of guaranteed access to drinking water with residual chlorine, and to hygienic latrines in nutrition centres. It will also promote a minimum WASH package (at-home water treatment, protective container, correct hand-washing procedures at key moments with soap or any other disinfectant) for targeted households/families.
- **Treatment and prevention of childhood diseases:** These interventions aim to prevent malaria, set up active screenings of malaria and other childhood diseases, and integrate vitamin A supplementation and deworming as part of the vaccination campaign. Screening, prevention and treatment of HIV in children will be done in high-risk areas.
- **Communication to strengthen programming:** A communication strategy also needs to be developed so as to inform the most vulnerable communities of these interventions and their goals. Communication intervention for Development (C4D) should also be devised to improve caregiving practices and, more specifically, all that is linked to IYCF and hygiene.

### Maintenance of national nutrition information systems

67. National information systems need to be respected so that studies conducted in the same month every year are comparable. To assure quality and usefulness of the studies' data, standardized methods and a limited number of indicators will be used.

### Regional and national nutrition coordination

68. It is fundamental that all partners engaged in food security and nutrition work together to guarantee efficient actions. It is important to strengthen information management, logistics and a coordinated approach within the Food Security and Nutrition sectors and clusters.

69. Nutrition intervention strategies in the region are being harmonized to be more efficient. The monitoring and assessment system is also being improved to make joint nutrition interventions more effective.

70. Other prevention interventions will centre on strengthening maternal nutrition and health programmes and on social protection systems (monetary transfer or other).

### 5.3 Budget and estimated needs

Appeal Mechanisms								
Activities	Burkina Faso		Cameroon		Mali		Mauritania	
	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts
	(number)	(USD)	(number)	(USD)	(number)	(USD)	(number)	(USD)
Management of SAM	99 200	6,223,032	55,100	4,321,550	175,000	13,750,387	12,600	1,545,000
Management of MAM	101,611	2,926,397	91,099	2,623,651	172,988	1,527,830	40,120	354,339
Management of pregnant and malnourished nursing women	58,893	6,309,560	25,318	3,007,778	36,800	4,292,352	14,111	1,676,387
Integrated package budgeting (hygiene, health and communications)	260,000	5,481,730	170,000	3,806,757	290,000	12,112,410	69,000	1,655,000
Blanket feeding (children 6 months to 23 months)	75,500	4,348,800	23,797	322,116	161,997	9,331,027	64,500	3,715,200
Blanket feeding (pregnant or nursing women)	33,700	2,406,989	16,998	1,346,242	72,320	5,623,603	29,000	2,296,800
<b>Total</b>	NA	<b>27,696,508</b>	NA	<b>15,428,094</b>	NA	<b>46,637,609</b>	NA	<b>11,242,726</b>

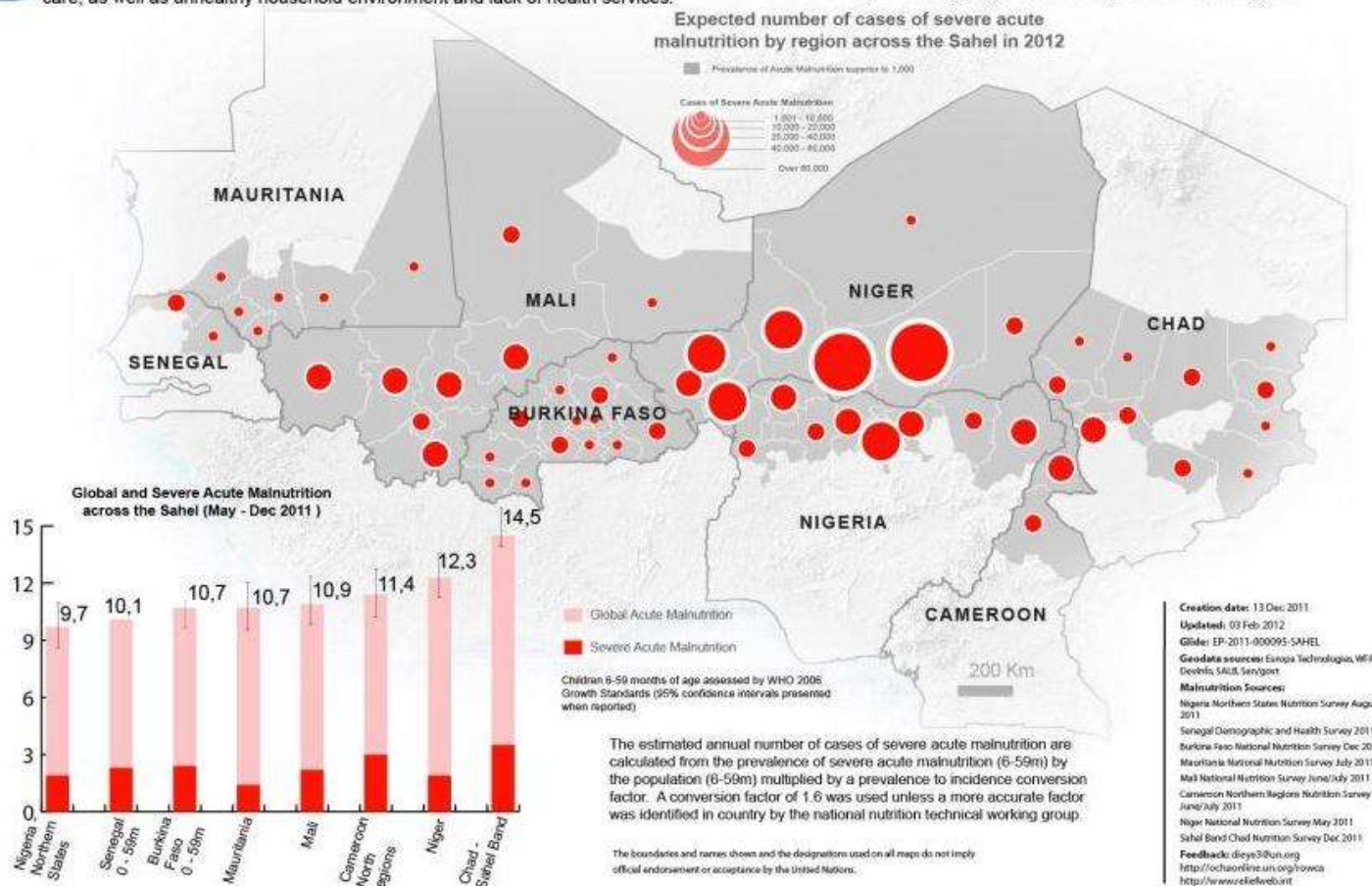
Appeal Mechanisms					CAP		CAP		TOTAL
Activities	Senegal		Nigeria		Niger		Chad		
	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts	Beneficiaries	Amounts	Amounts
	(number)	(USD)	(number)	(USD)	(number)	(USD)	(number)	(USD)	(USD)
Management of SAM	20,000	1,257,178	207,700	9,063,200	2,354,092	83,944,664	270,000	33,114,892	<b>243,640,710</b>
Management of MAM	68,409	1,595,845	-	-					
Management of pregnant and malnourished nursing women	9,426	1,099,449	-	-					
Integrated package budgeting (hygiene, health and communications)	70,000	1,107,420	207,700	8,059,489					
Blanket feeding (children 6 months to 23 months)	31,641	1,822,522	-	-					
Blanket feeding (pregnant or nursing women)	19,776	1,571,114	-	-					
<b>Total</b>	NA	<b>8,453,528</b>	NA	<b>17,122,689</b>					

## The Sahel: On the edge of a nutrition crisis



Throughout the Sahel, acute malnutrition in children reaches its annual peak during the hunger season. Children under two years of age have the highest risk of becoming sick or dying during this period. Malnutrition is caused by inadequate food quality and quantity, inadequate care, as well as unhealthy household environment and lack of health services.

The prevalence of global acute malnutrition met or exceeded the critical threshold of 10% in all of the surveys conducted in the hunger season of 2011 (from May to August). If food security significantly deteriorates in 2012, the nutrition conditions for children could surpass emergency levels throughout the Sahel region.



## 6. HUMANITARIAN RESPONSE, STRENGTHENING RESILIENCE AND LONG-TERM DEVELOPMENT

71. It is crucial to combine humanitarian and development efforts to strengthen populations' resilience and to end the recurrent cycles of food and nutrition crises in the Sahel. In concerned countries, strong coordination is required between the government and partners working on the different streams of interventions in order to prioritize actions that can lead to resilience and sustainable development. In this context, the recommendations brought forth in the MDG Acceleration Framework and the Sahel Initiative will play a vital role.

72. The interventions mentioned below are examples of medium- and long-term initiatives in food and nutrition:

### Food Security

73. Humanitarian interventions and crisis response need to be complemented by long-term approaches, and to consider developing systems of a social safety net. One example is the twin-track approach chosen by FAO, IFAD and WFP in emergencies. This approach encourages tackling food security and sustainable development's immediate priorities by improving productivity and resilience. It is essential to help vulnerable people gain access to revenues and infrastructures, and to help them build assets and develop sustainable livelihoods, especially for populations that have experienced prolonged crises. To deal with such crises, institutions and communities need to be supported. Therefore, synergies should be sought between the development programmes headed by governments with the support of technical and financial partners in food security and the protection of the natural environment. Locally targeted interventions, involving close interaction with local communities, should be encouraged in fields such as collecting water runoff, developing small irrigation, natural resources management, and land planning and management.

74. It is thus accepted that transition activities set towards development should be implemented at the end of a crisis in order to mitigate or prevent similar crises. Future programmes' official goals will include: increasing populations' resilience by enlarging agricultural productions and their conservation or transformation; developing a network of national strategic stocks, both in capacity and efficiency; favouring South-South exchanges and the sharing of best practice, and elaborating a more operational EAS. To maximize the activities' efficiency, to avoid duplicates and to control costs, WFP and FAO have started a common management process of disaster risk reduction projects in four pilot countries in the sub-region (Niger, Senegal, Burkina Faso and Chad).

75. Most NGOs have adopted similar medium- and long-term approaches in all countries of the region. ACF is developing specific risk management programmes centred on resilience and nutrition.

### Activities to plan:

- Strengthening information systems (food and pastoral security)

Goal: Information systems are essential to assess and monitor crises and raise alerts. The strengthening of systems and capacities remains a priority to maintain the availability of reliable and quality data, and to assure the right analysis on which to base decisions. Initiatives in integrated analysis of food and nutrition security based on livelihoods (Harmonized Framework and Integrated Classification of Food Security Framework, IPC) need to be pursued and strengthened in Niger, Senegal and Chad, and initiated in the other countries. It would also be appropriate to reinforce the implementation and use of information systems that consider not only the situation analysis, but also the food security risk analysis. Initiatives related to pastoral information systems need to be continued and strengthened. Systems that have been shown to be effective (GIS and in particular ACF's pastoral information system) need to be supported and integrated into current national systems.

- Regional and national coordination on food security and nutrition

Goal: Concerted and efficient action between all concerned and engaged actors in food security and nutrition is fundamental. It is important to strengthen the information management, the logistics and the coordinated approach within sectors and Food Security clusters. Nutrition intervention strategies in the region are being harmonized to become more efficient. Improving the existing monitoring and assessment system will also increase the efficiency of joint activities on nutrition interventions.

## Nutrition

- Maintaining national nutrition information systems

Goal: National information systems, such as those conceived by the National Nutrition Coordinator and the technical working group must be followed to ensure the comparability of studies conducted during the same month each year. To guarantee the usefulness and quality of studies' data, standardized methods and a limited number of nutrition indicators should be used.

- Scale up the integrated acute malnutrition management programme within national health systems

Goal: Improve the current programmes' coverage; increase the number of sites where malnutrition treatment is effective; increase the coverage of screening activities and community follow-up; and improve the relationship between communities and their health centres.

- Strengthen and scale up the package of complementary interventions within national health systems

Goal: Promote IYCF and WASH within the programmes of management and the health facilities; treat and prevent childhood diseases (malaria, diarrhoea, respiratory diseases, vitamin A supplementation, deworming, vaccination, screening, HIV prevention and treatment); and raise awareness and reinforce programming (C4D) to improve caregiving practices and, more specifically, all that is related to IYCF, as well as hygiene.

## Annex 1: 3Ws

### BURKINA FASO

Admin level 2	Food Security	Nutrition
Boucle du Mouhoun	Africare, Croix Rouge BF, Eau Vive, FAO	Africare, Croix Rouge BF, Eau Vive, UNICEF
Cascades	Africare, Croix Rouge BF, FAO, HOPE'87	Africare, Croix Rouge BF, UNICEF, HOPE'87
Eastern Center	Plan BF, CCFC, Croix Rouge BF, Eau Vive, FAO	Plan BF, CCFC, Croix Rouge BF, Eau Vive, UNICEF
Western Center	Christian Aid BF, CCFC, Croix Rouge BF, FAO	Christian Aid BF, CCFC, Croix Rouge BF, UNICEF
Northern Center	Oxfam, Plan BF, Christian Aid BF, Croix Rouge BF, Welthungerhilfe, FAO	Plan BF, CRS, Christian Aid BF, Croix Rouge BF, Welthungerhilfe, UNICEF, SC
Southern Center	ADRA, Christian Aid BF, CCFC, Croix Rouge BF, Welthungerhilfe, FAO	Christian Aid BF, CCFC, Croix Rouge BF, Welthungerhilfe, UNICEF
East	ACF, CCFC, Croix Rouge BF, Eau Vive, FAO, WFP	ACF, CCFC, Croix Rouge BF, Eau Vive, UNICEF, HKI, WFP
Hauts-Bassins	Oxfam, Africare, Croix Rouge BF, Eau Vive, FAO, HOPE'87, WFP	Africare, Croix Rouge BF, Eau Vive, UNICEF, HOPE'87, WFP
Kadiogo	ACF, ADRA, Christian Aid BF, CCFC, Croix Rouge BF, FAO, HOPE'87, WFP	ACF, CRS, Christian Aid BF, CCFC, Croix Rouge BF, UNICEF, HOPE'87, WFP
Central Plateau	Christian Aid BF, CCFC, Croix Rouge BF, Welthungerhilfe, Eau Vive, FAO	Christian Aid BF, CCFC, Croix Rouge BF, Welthungerhilfe, Eau Vive, UNICEF
North	Africare, Christian Aid BF, CCFC, Croix Rouge BF, Eau Vive, FAO, WFP	MSF, Africare, Christian Aid BF, CCFC, Croix Rouge BF, Eau Vive, UNICEF, WFP
Sahel	HOPE'87, Oxfam, ADRA, Christian Aid BF, Croix Rouge BF, Eau Vive, FAO, WFP	HOPE'87, Christian Aid BF, Croix Rouge BF, Eau Vive, UNICEF, WFP
South-West	Plan BF, Croix Rouge BF, Welthungerhilfe, Eau Vive, FAO	Plan BF, Croix Rouge BF, Welthungerhilfe, Eau Vive, UNICEF

### MALI

Admin level 2	Food Security	Nutrition
Gao	WFP, FAO, ACF	WFP, UNICEF, ACF
Kayes	WFP, FAO, Welthunger, ACF	WFP, UNICEF, ACF
Kidal	WFP	WFP
Koulikoro	WFP, FAO, ACF	WFP, UNICEF
Mopti	WFP, FAO, ACF	WFP, UNICEF, ACF

Segou	FAO, WFP	UNICEF, WFP
Sikasso	WFP, FAO	UNICEF
Tombouctou	WFP, FAO	WFP

## MAURITANIA

Admin level 2	Food Security	Nutrition
Hodh Charghi	WFP, GTZ, FLM	WFP, FLM, UNICEF
Hodh Gharbi	CPI, WFP, GTZ, FLM, ACORD	WFP, FLM, CPI, UNICEF
Assaba	CPI, WFP, GTZ, WVI	WFP, UNDP, CPI, WVI, UNICEF, WHO
Gorgol	CPI, WFP, AECID, ACF, FLM, ACORD, Cives Mundi, Oxfam, CR Fr, CR Mr, GRDR	WFP, UNDP, UNFPA, CR Fr, FLM, CR Mr, CPI, UNICEF, WHO
Brakna	WFP, FLM, WVI, Caritas, CR Esp, ACPP, Oxfam, CR Fr, CR Mr	WFP, UNDP, UNFPA, FLM, WVI, UNICEF, WHO
Trarza	WFP, FLM, IPADE, ACPP, IRD	WFP, FLM, UNICEF
Adrar	FAO, LVIA	UNICEF
Dakhlet Nouadhibou	UNHCR, CR Esp, CR Mr, Oxfam	CR Esp, UNICEF
Tagant	WFP	WFP, UNICEF
Guidimagha	CPI, WFP, GTZ, C Doulos, CPI, GRDR, ACF	WFP, UNDP, UNFPA, ACF, CPI, UNICEF, WHO
Tiris Zemmour		UNICEF
Inchiri	FAO, CR Esp, CR Mr, LVIA	UNICEF
Nouakchott	UNHCR, FLM, C Doulos, Oxfam	WFP, SCAC, FLM, SSF, MdM, CR Fr, UNICEF

## NIGER

Admin level 2	Food Security	Nutrition
Agadez	Oxfam, FAO, WFP	CADEV, IRD, WFP, UNICEF, WHO
Diffa	FAO	IRD, SC-UK, UNICEF, WFP, WHO

Dosso	FAO, WFP	IRD, UNICEF, WFP, WHO
Maradi	ASB, FAO, WFP, ACF	FORSANI, HELP, IRD, SC-UK, UNICEF, WFP, WHO, ACF
Niamey	FAO, WFP	CADEV, IRD, WFP, UNICEF, WHO
Tahoua	CW, Oxfam, FAO, WFP, ACF	CW, IRD, UNICEF, WFP, WHO, ACF
Tillaberi	ACTED, Oxfam, FAO, WFP	CADEV, HELP, IRD, WFP, UNICEF, WHO
Zinder	ASB, FAO, WFP	ALIMA, CADEV, BEFEN, IRD, SC-UK, UNICEF, WFP, WHO

### NORTHERN NIGERIA

Admin level 2	Food Security	Nutrition
Yobe		ACF

### SENEGAL

Admin level 2	Food Security	Nutrition
Dakar	FAO, ACRA, COPI, WFP	
Diourbel	Africare, CR Sn, Oxfam, WVI, FAO, WFP	
Fatick	Africare, CR Sn, Caritas, WVI, FAO, CISV, COSPE, WFP	
Kaffrine	Africare, CR Sn, Oxfam, WVI, Plan, FAO, WFP	
Kaolack	WFP, Africare, CR Sn, Oxfam, WVI, Plan, FAO, COSPE, Wulanafa	
Kedougou	WFP, WVI, Africare, Caritas, FAO	WFP
Kolda	Aide et Action, Caritas, Africare, FAO, WFP	
Louga	Africare, Oxfam, Caritas, Plan, FAO, COSPE, WFP	
Matam	CR Sn, FAO, WFP	UNICEF, WFP
Saint Louis	Africare, CR Sn, Oxfam, Plan, FAO	UNICEF, WHO
Sedhiou	Africare, Caritas, FAO, WFP	
Tambacounda	WFP, GRDR, Caritas, FAO	WFP

Thies	Africare, CCF, Caritas, FAO	
Ziguinchor	WFP, FAO, Africare, Caritas, Oxfam, FAO	UNICEF

## CHAD

Admin level 2	Food Security	Nutrition
Batha	FAO, WFP, Africare	UNICEF
Chari-Baguirmi		
Eastern Logone	WFP, ACTED	
Western Logone	WFP	
Mayo-Kebbi Ouest		
Mayo-Kebbi Est	ACTED, ACRA	
Tandjile		
Lac	WFP, FAO	WFP
Hadjer-Lamis	WFP, FAO	
Kanem	FAO, WFP, ACF, SIF	ACF, UNICEF
Barh-El-Gazal	ACF, FAO, Oxfam, WFP, SIF	ACF, UNICEF
Tibesti		
Borkou		
Salamat	WFP, Solidarite Int	UNICEF
Moyen-Chari	WFP, Grande Sido	
Mandoul		
Guera	FAO, WFP, SIF, Oxfam	
Sila	FAO, ACF, ACORD, ACTED, Concern, BCI, FTP, WFP	ACF, UNICEF, WFP
Ennedi	ACTED, WFP	
Ouaddai	ACF, Africare, BCI, FAO, WFP, ACAS, ATURAD, PU, SECADEV	ACF, UNICEF

Wadi Fira	FAO, Care Int, WFP	
Ndjamena	SIF	

### NORTHERN CAMEROON

Admin level 2	Food Security	Nutrition
North	WFP, HKI	UNICEF, WFP
Extreme North	CR Fr, CR Cm, WFP	UNICEF, WFP