SAM Prevalence 2018

- Prevalence of Acute Malnutrition
- Results from the 2018 nutrition surveys show a persistence of GAM and SAM high prevalences.
- National GAM prevalence ≥ 10% and SAM prevalence ≥ 5% in Chad, Mali, and Niger.
- Preliminary results of the 2019 NNS in Chad, Mali, and Mauritania show slight decrease in GAM and SAM prevalences at national level, however wide disparities remain at disaggregated level.

Food and Nutrition Security
- 10.6 million people expected between June and August 2019 (Cadre Harmonisé, March 2019).
- In areas affected by conflict (LCB, Central-Sahel) food consumption is inadequate and

SAM Burden and Target per country

<table>
<thead>
<tr>
<th>Countries</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>38,914</td>
<td>133,066</td>
<td>133,066</td>
</tr>
<tr>
<td>Chad</td>
<td>249,872</td>
<td>360,400</td>
<td>360,400</td>
</tr>
<tr>
<td>Gambia</td>
<td>5,958</td>
<td>5,991</td>
<td>5,991</td>
</tr>
<tr>
<td>Mali</td>
<td>86,992</td>
<td>184,751</td>
<td>184,751</td>
</tr>
<tr>
<td>Mauritania</td>
<td>10,099</td>
<td>31,682</td>
<td>26,930</td>
</tr>
<tr>
<td>Nigeria</td>
<td>216,591</td>
<td>346,156</td>
<td>360,166</td>
</tr>
<tr>
<td>Senegal</td>
<td>14,466</td>
<td>32,917</td>
<td>43,438</td>
</tr>
<tr>
<td>TOTAL (6 countries)</td>
<td>981,319</td>
<td>1,130,750</td>
<td>1,675,533</td>
</tr>
<tr>
<td>TOTAL (9 countries)</td>
<td>2,901,451</td>
<td>2,116,611</td>
<td>3,389,611</td>
</tr>
</tbody>
</table>

Indirect program coverage map (related to Sub-National SAM Target)

New Admissions per month in the 9 Sahel countries (2015-2019)

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>369</td>
<td>296</td>
<td>341</td>
<td>371</td>
<td>355</td>
<td>332</td>
<td>319</td>
<td>326</td>
</tr>
<tr>
<td>Cameroon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td>980</td>
<td>1,047</td>
<td>1,074</td>
<td>1,143</td>
<td>1,211</td>
<td>1,232</td>
<td>1,275</td>
<td>1,302</td>
</tr>
<tr>
<td>Gambia</td>
<td>130</td>
<td>137</td>
<td>170</td>
<td>176</td>
<td>183</td>
<td>190</td>
<td>201</td>
<td>207</td>
</tr>
<tr>
<td>Mali</td>
<td>967</td>
<td>1,013</td>
<td>1,044</td>
<td>1,120</td>
<td>1,193</td>
<td>1,211</td>
<td>1,245</td>
<td>1,273</td>
</tr>
<tr>
<td>Mauritania</td>
<td>364</td>
<td>350</td>
<td>375</td>
<td>390</td>
<td>405</td>
<td>410</td>
<td>425</td>
<td>430</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2,204</td>
<td>2,250</td>
<td>2,300</td>
<td>2,350</td>
<td>2,400</td>
<td>2,450</td>
<td>2,500</td>
<td>2,550</td>
</tr>
<tr>
<td>Senegal</td>
<td>276</td>
<td>283</td>
<td>314</td>
<td>336</td>
<td>358</td>
<td>370</td>
<td>392</td>
<td>404</td>
</tr>
<tr>
<td>TOTAL (9 countries)</td>
<td>7,789</td>
<td>8,320</td>
<td>8,851</td>
<td>9,381</td>
<td>9,911</td>
<td>10,031</td>
<td>10,461</td>
<td>10,691</td>
</tr>
</tbody>
</table>

RUTF Pipeline Mostly Secured Except in Nigeria
- Funds secured to cover 2019 RUTF needs in all the countries, except in Nigeria where alarming situation occurred in the North-Western states that are experiencing stock-out since May 2019.
- Significant increase of new admissions noted in Chad that can be explained by: Multiplication of screening campaigns / Epidemic (Chad), Malaria season and Lean season / Stock-out of IMAM supply / Improved geographical coverage / Weak data quality / Recurrent population movement / Limited access to basic health services in certain areas.

Key Messages

- National strike of Health Workers in Burkina Faso continues to reduce drastically the data completion rate to less than 15% since May 2019.
- New SAM admissions are stable (-0.4%) in the 9 Sahel countries when compared to the average for the past 5 years, at the same period. However, a decrease of -60% is recorded compared to 2018. This is mostly due to Niger that has recorded a decrease in new SAM admissions (-60%) and to Burkina Faso that has weak completion rate since May 2019.
- New SAM admissions have increased (+19%) in the G5+1 Sahel countries when compared to the average for the past 5 years, at the same period. It increase by 12% when compared to 2018, this is mostly due to increase recorded in Chad (+44%).

Deteriorated Situation in Central-Sahel that may spread in coastal countries
- Continuous and exponential deterioration of access to Health and Nutrition services in the 6 emergency regions of Burkina Faso, preventing ~80,000 people from access to basic social services.
- Level of emergency is maintained by UNICEF in Central-Sahel countries (Burkina Faso, Mali and Niger) and in the 4 coastal countries (Benin, CIV, Ghana and Togo) due to major risk of spreading-out of the crisis.

Nutrition situation
- Preliminary Results from Chad 2019 national nutrition survey (SMART method) show no improvement in nutritional situation among U5 children. National level of GAM and SAM rates remain above the alert and emergency thresholds with respectively 12.9% and 2.9%.
- In Mauritania, biomass levels at their lowest since 1998 in Assaba, Braaka, Gorgol, Guédiaway, Hodh El Chargi, and Tiris regions. Negative impact expected on pastoral lean season that could begin earlier than usual, as well as on population nutritional status, especially in regions with high level of SAM prevalence (Assaba: 2.6%; Gorgol: 2.6%; Braaka: 1.5%; Assaba: 2.6%; Hodh El Chargi: 1.8%).

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SAM Admissions Increasing in Moi, Niger, Chad
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RUTF Pipeline Mostly Secured Except in Nigeria
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SAM Prevalence 2018

Prevalence of Acute Malnutrition
- National SAM Rate: 7.1%: SAM rate 2.6% (NNS (SMART Method), 2018).
- 9 provinces among 45 with SAM rate > 3%.

Food and Nutrition Security
- 15% of total population considered Crisis Phase (PfH) between June and August 2019 (Cadre Harmonisé, March 2019).

New Admissions per month OTP vs IPF

<table>
<thead>
<tr>
<th>Region</th>
<th>SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boucle du Mouhoun</td>
<td>3,440</td>
<td>12,276</td>
<td>3,440</td>
</tr>
<tr>
<td>Cascades</td>
<td>2,903</td>
<td>6,467</td>
<td>2,903</td>
</tr>
<tr>
<td>Centre</td>
<td>3,483</td>
<td>15,834</td>
<td>3,483</td>
</tr>
<tr>
<td>Centre Est</td>
<td>1,733</td>
<td>8,334</td>
<td>1,733</td>
</tr>
<tr>
<td>Centre Nord</td>
<td>3,885</td>
<td>14,039</td>
<td>3,885</td>
</tr>
<tr>
<td>Centre Ouest</td>
<td>3,977</td>
<td>8,709</td>
<td>3,977</td>
</tr>
<tr>
<td>Centre Sud</td>
<td>1,377</td>
<td>3,019</td>
<td>1,377</td>
</tr>
<tr>
<td>Est</td>
<td>1,210</td>
<td>11,153</td>
<td>1,210</td>
</tr>
<tr>
<td>Hauts Bassins</td>
<td>3,666</td>
<td>8,196</td>
<td>3,666</td>
</tr>
<tr>
<td>Nord</td>
<td>6,000</td>
<td>11,226</td>
<td>6,000</td>
</tr>
<tr>
<td>Plateau Central</td>
<td>5,666</td>
<td>10,692</td>
<td>5,666</td>
</tr>
<tr>
<td>Sahel</td>
<td>3,349</td>
<td>19,382</td>
<td>3,349</td>
</tr>
<tr>
<td>Sud Ouest</td>
<td>3,958</td>
<td>6,513</td>
<td>3,958</td>
</tr>
<tr>
<td>TOTAL</td>
<td>38,914</td>
<td>133,065</td>
<td>38,914</td>
</tr>
</tbody>
</table>

SAM Prevalence Status (as of October 2019)

RUTF Pipeline Status (as of October 2019)

SAM children newly admitted for treatment: 38,914
Data completion rate (average for the ongoing month): 56%
100% of Health Centers offering IMAM services

Key messages

Trends in New SAM Admissions
- 60% of New SAM Admissions (2,160) recorded in the 6 regions most affected by insecurity (Sahel, Centre-Nord, Est, Boulou Mouhoun, Centre-Est et Nord).
- Underachievement in new SAM admissions due to underreporting linked with ongoing health sector’s strike and extended until November 2019. Serious implications for program monitoring, situation analysis and planning of emergency response.

Response
- 30 health workers trained on Integrated Management of acute malnutrition (IMAM) in 6 health districts of Centre-Nord and Nord Region, on procurement and provision of RUTF nationwide and provision of materials for anthropometric measurement in health centres of Centre-Nord, Nord, Est and Sahel Regions;
- Jointly revision of the counseling cards on infant and young child feeding (IYCF) and on sensitive thematic such as early child development, hygiene, growth monitoring and nutritive gardening;
- 1,932 villages (66,994 men and 18,676 women) reached with community dialogues and sensitization sessions on appropriate nutrition and hygiene practices since January;
- 25,599 mother-to-mother support groups set up since January to provide counselling to 389,391 pregnant and lactating women (60% of the annual target);
- National Nutrition Survey (SMART method) collection data ongoing, results to be available by beginning November;
- Simplified approaches to be rolled-out in areas with restricted access and health centers closed.

RUTF Pipeline
- Significant change in the RUTF pipeline status compared to the previous month Dashboard due to recent consideration of RUTF Boxes deployed by the Governmental partner;
- 156,018 RUTF Boxes secured in 2019, of which almost 60,000 Boxes purchased by the Government in end-2018 (48,000 injected in the 2019 pipeline) and end-2019 (10,000 injected in the 2020 pipeline);
- Potential balance of 45,000 RUTF boxes from 2019 to use to cover the 2020 estimated needs established at 102,603 Boxes (considering 30,000 boxes as contingency stock).

Indirect program coverage per region (related to sub-national SAM Target)

New Admissions per month OTP vs IPF

Performance Indicators per region

RUTF Pipeline: Established at 162,423 Boxes (considering 30,000 boxes as contingency stock).
SAM Prevalence

Prevalence of Acute Malnutrition
- SAM rates for Adamaoua (4.1%), East (2.5%), Far North (7.9%) and North (5.9%) regions among children aged 6-59 months (Nutrition survey (SMART Method), 2018).
- SAM rate below 2% in the 4 regions: Adamaoua (3.7%), East (0.8%), Far North (1.4%) and North (1%).

Food and Nutrition Security
- 1,079,528 persons expected in Crisis Phase (IPC - PH3) between June and August 2019 (Cadre Harmonisé, March 2019).

SAM Burden and Target per region (Admin 1)

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamaoua</td>
<td>4,806</td>
<td>11,880</td>
<td>11,880</td>
</tr>
<tr>
<td>Est</td>
<td>4,353</td>
<td>4,079</td>
<td>4,079</td>
</tr>
<tr>
<td>Extrême Nord</td>
<td>29,423</td>
<td>31,533</td>
<td>31,533</td>
</tr>
<tr>
<td>Nord</td>
<td>14,935</td>
<td>12,553</td>
<td>12,553</td>
</tr>
<tr>
<td>TOTAL</td>
<td>53,516</td>
<td>60,045</td>
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</tr>
</tbody>
</table>

SAM Burden and Target per region (Admin 1)

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<td>60,045</td>
<td>60,045</td>
</tr>
</tbody>
</table>


New Admissions per month OTP vs IPF

Performance Indicators per region (Admin 1)

RUTF Pipeline Status (as of October 2019)

Key Messages

Trends in SAM Admissions
- The new SAM admissions are on the rise compared to average number recorded at the same period last 5 years (+16.5%).
- Compared to 2018, an increase of 8.5% in New SAM admissions is recorded in the 4 concerned regions. This can be explained by the increase of geographical access (new health centers offering the services).
- Ongoing Nutrition (SMART) survey in the 4 regions. Results for 2019 will be shared before end of year.

Reasons
- Facilitation of a 5-day training on Integrated Management of Acute Malnutrition reaching 18 health staff from 9 health districts of the North region.
- Since January, 10,000 WASH Kits were prepositioned and distributed to families with SAM children (distribution is ensured in 65% of the health center covered by the IMAM program).

RUTF Pipeline
- Funds secured for the procurement of the whole RUTF need for 2019.
- Potential balance of 9,531 RUTF boxes from 2019 that will be used to cover part of the 2020 needs estimated at 70,000.
- Funds already secured for 40,000 RUTF boxes in 2020. New proposals are being submitted.

SAM Children [2019] - Annual Estimated Burden 60,045
SAM Children [2019] - Annual Target 60,045
Data completion rate (average for the ongoing year) 78%
% of Health Centers offering IMAM services 87%

SAM Prevalence 2018

Prevalence of Acute Malnutrition
- SAM rates for Adamaoua (4.1%), East (2.5%), Far North (7.9%) and North (5.9%) regions among children aged 6-59 months (Nutrition survey (SMART Method), 2018).
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<thead>
<tr>
<th>REGIONS</th>
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- Potential balance of 9,531 RUTF boxes from 2019 that will be used to cover part of the 2020 needs estimated at 70,000.
- Funds already secured for 40,000 RUTF boxes in 2020. New proposals are being submitted.
CHAD - Factsheet - Care for children with SAM

Convered period: January-August 2019

SAM Children (2019) - Annual Estimated Burden
360,400
SAM Children (2019) - Annual Target
360,400

SAM Prevalence 2019

Prevalence of Acute Malnutrition
• Slight decrease of the GAM rate at 12.9% and SAM rate at 2.9% compared to 13.5% and 4% respectively in 2018.

Food and Nutrition security
• 460,074 people expected in Crisis Phase (PH2) between June and August 2019.

SAM Burden and Target per region (Admin 1)

Revised Needs 2019 (# Boxes)
378,683 boxes.

Actual distributed (Q1-Q3)
25,487 boxes

Revised Needs 2019 (# Boxes)
378,683 boxes.

Actual distributed (Q1-Q3)
25,487 boxes

RUTF Pipeline Status (as of October 2019)

331,975
244,708

Estimated needs for Q4 2019
87,767
25,487

Estimated balance by end 2019
330,475
307,882

Prevalence acute malnutrition in CHAD (Q1-Q3 of 2019) by region

Sources: MOH and Nutrition Cluster/Sector

Convered period: January-August 2019

RUTF Pipeline estimations are prone to change from one month to another.

SAM Burden and Target per region (Admin 1)

NEW SAM Admissions
360,400
SAM Burden
360,400
SAM Target
360,400

SAM Children newly admitted for treatment
249,972

Data completion rate
94%

% of Health Centers offering IMAM services
42%

Key Messages

Trends in New SAM Admissions
• Level of new SAM admissions is still very high in August with 16,931 U5 children admitted for treatment in nutritional unit nationwide, even if a decrease is observed compared to July (-4.6%).

• Compared to previous years (same period) the trends are: -44.8% to 2018, -77.7% to 2017, -58.7% to 2016, -118.2% to 2015.

• Ndjamena counts for 32% of national new SAM admissions, followed by Lac province (14%).

• 8 of the 23 provinces already exceeded 7% of their annual target, while Guera, Lac, Moyen Chari, Ndjamena and Salamat exceeded 50% of their annual target. Key reasons are: Multiple screening campaigns (Ndjamena, Lac and Kanem) / Measles epidemic (Ndjamena, Guera and Salamat) / Stock-out of MAM supply / Lean season / Improved geographical coverage / Weak data quality / Population movement / Underestimation of SAM cases / Malnutrition incidence, etc...

Situation analysis
• Preliminary results of the National Nutrition Survey (SMART method) show a 12.9% GAM rate and a 2.9% SAM Rate. 13 out of 23 provinces present a SAM rate >2% while 18 have a GAM rate >10%. No significant change compared to previous years.

Response
• Screening campaign that reached 13,824 children (4.5%), of which 9.4% were SAM (Guera 7.2%, Batha 11.3%, Salamat 14.1%).

• Training of 141 health workers on national protocol and nutrition supplies management (Batha, Borkou, Ennedi Est and Ouaddai-provinces).

• Opening of 6 new out-patient (OTP) and 3 new in-patient therapeutic centres (IPF) in Ennedi Est and Borkou provinces to increase coverage and to respond to needs.

RUTF Pipeline
• Potential surplus of 25,487 RUTF boxes in end 2019, that will be used to cover part of the needs for Quarter I 2020.

• Agreement in principle for 15,000 Boxes to cover 2020 RUTF needs estimated at 325,653 boxes.

• New proposals are being submitted.

SAM % DEFAULTER

SAM % CURED

SAM % DEATH
MALI - Factsheet - Care for children with SAM

Converted period: January-August 2019

SAM Children (2019) - Annual Estimated Burden 156,461
SAM Children (2019) - Annual Target 156,461

SAM Prevalence 2019
Prevalence of Acute Malnutrition
• GAM rates 10% and SAM rate 1.5% among children 6-59 months (NNS (SMART method), 2019)

Food and Nutrition Security
• 233,770 people expected in Crisis Phase (IPC - PH3) between June and August 2019 (Cadre Harmonisé, March 2019).

Indirect program coverage per region (related to Sub-National SAM Target)

RUTF Pipeline Status (as of October 2019)


Trends in New SAM admissions

SAM Burden and Target per region (Admin 1)

New SAM admissions per month OTP vs IPF

Performance Indicators per region (Admin 1)

SAM Prevalence Data (as of October 2019)

NB: Data from Kidal, Menaka and Taoudenit are from the weekly reporting mechanism
Sources: DHIS2
Convered period: January-August 2019

30th

10th

5th

3rd

1st

Je

Feb

Mar

Apr

May

Jun

Jul

Aug

0

2,000

4,000

6,000

8,000

10,000

12,000

14,000

16,000

18,000

20,000

22,000

24,000

26,000

28,000

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

New Admissions per month OTP vs IPF

• New proposals are being submitted.
• 20,000 additional RUTF boxes already secured to cover the 2020 needs estimated at 134,560 boxes.
• New proposals are being submitted.

Distributed in Q4 to Q3 - Planned needs for Q4 (# Boxes)

RUTF Pipeline

• Possible balance of 63,166 RUTF Boxes from 2019 to be used in 2020.

IPF # NEW admissions

• Revised Needs 2019 (# Boxes)

Estimated Needs for Q4 (# Boxes)

148,174
134,560
45,266
44,672
45,266
44,672
134,560

National

Taoudenni

Segou

Mopti

Menaka

Kidal

Kayes

Dolores RIO - drio@unicef.org or Anne-Céline DELINGER - adelinger@unicef.org

WCAHO Nutrition Section, for further information, please contact

Estimated balance by end 2019

Revision Needs 2019 (# Boxes)

Actual distributed (# Boxes)

134,560

World Against Hunger and Starvation

IPF: Integrated Protein- calorie Malnutrition

Global Hunger Index (GHI) fallen for the second consecutive year

OTP: Moderate Acute Malnutrition

GHI: 2019

SAM: Severe Acute Malnutrition

GHI: 2018

GHI: 2017

IPF: Integrated Protein- calorie Malnutrition

GHI: 2016

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2015

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2014

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2013

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2012

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2011

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2010

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2009

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2008

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2007

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2006

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2005

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2004

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2003

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2002

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2001

SAM: Severe Acute Malnutrition

IPF: Integrated Protein- calorie Malnutrition

GHI: 2000
Convered period: January-August 2019

SAM Children (2019) - Annual Estimated Burden 17,990
SAM Children (2019) - Annual Target 5,398

SAM Prevalence 2018

- GAMBIA prevalence 5.8% and SAM prevalence 3.2% (GMNS 2018).
- 2 regions with SAM rate exceeding the 2% emergency threshold: Kanifing 3.1%; Janjanbureh: 2.3%.

Food and Nutrition Security

- 83,076 expected in crisis (IPC - Ph3) between June and August 2019 compared to 45,785 between March and May 2019 (Cadre Harmonisé (March 2019).

SAM Burden and Target per region (Admin 1)

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central River</td>
<td>240</td>
<td>2,539</td>
<td>762</td>
</tr>
<tr>
<td>Lower River</td>
<td>356</td>
<td>1,973</td>
<td>333</td>
</tr>
<tr>
<td>North Bank East and West</td>
<td>214</td>
<td>1,729</td>
<td>531</td>
</tr>
<tr>
<td>Upper River</td>
<td>477</td>
<td>6,203</td>
<td>625</td>
</tr>
<tr>
<td>Westcoast1</td>
<td>469</td>
<td>3,453</td>
<td>736</td>
</tr>
<tr>
<td>Westcoast2</td>
<td>346</td>
<td>5,954</td>
<td>1,786</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,656</td>
<td>17,990</td>
<td>5,398</td>
</tr>
</tbody>
</table>

Trends in New SAM Admissions

- Compared to previous years at the same period, decrease of -27% from 2018; -55% from 2017; -53% from 2016; -60% from 2015.
- Results from the 2018 National Micronutrient Survey showed SAM prevalence decline passing from 2.2% in 2015 (NNS, SMART Method) to 1.2% in 2018, reason that could explain the low level of new SAM admissions recorded in Nutritional Units in 2019. Given that, over time it was not clear whether the low admission was due to real low malnutrition prevalence or due to low coverage, UNICEF in Gambia decided to maintain in 2019 the burden and target from previous year.

Response

- No update in August.

RUTF Pipeline

- Funds secured for the procurement of 2,800 RUTF Boxes.
- No update on RUTF pipeline shared by the CO for the reporting period.

Key Messages

- Trends in New Admissions
  - Compared to previous years at the same period, decrease of -27% from 2018; -55% from 2017; -53% from 2016; -60% from 2015.
  - Results from the 2018 National Micronutrient Survey showed SAM prevalence decline passing from 2.2% in 2015 (NNS, SMART Method) to 1.2% in 2018, reason that could explain the low level of new SAM admissions recorded in Nutritional Units in 2019. Given that, over time it was not clear whether the low admission was due to real low malnutrition prevalence or due to low coverage, UNICEF in Gambia decided to maintain in 2019 the burden and target from previous year.

- Response
  - No update in August.

- RUTF Pipeline
  - Funds secured for the procurement of 2,800 RUTF Boxes.
  - No update on RUTF pipeline shared by the CO for the reporting period.

SAM % CURED
SAM % DEATH
SAM % DEFAULTER
SAM % NON RESPONDING

SAM Prevalence: Less than 1%
SAM Prevalence: 1% - 2%
SAM Prevalence: Greater than 2%

Prevalence of Acute Malnutrition

- GAM prevalence 5.8% and SAM prevalence 3.2% (GMNS 2018).
- 2 regions with SAM rate exceeding the 2% emergency threshold: Kanifing 3.1%; Janjanbureh: 2.3%.

Food and Nutrition Security

- 83,076 expected in crisis (IPC - Ph3) between June and August 2019 compared to 45,785 between March and May 2019 (Cadre Harmonisé (March 2019).

GAMBIA (The) - Factsheet - Care for children with SAM

WCRF Nutrition Section, for further information, please contact
Dolores RIO - drio@unicef.org or Anne-Céline DELINGER - adelinger@unicef.org
# MAURITANIA - Factsheet - Care for children with SAM

**Convered period:** January-August 2019

### SAM Prevalence 2019

- **Prevalence of Acute Malnutrition**
  - Slight decrease of National GAM rate (11.2%) and SAM rate (1.8%) compared to 11.6% and 2.1% in 2018 (NNS SMART method).
- **Food and Nutrition Security**
  - 606,647 people expected in Crisis Phase (IPC - PH3) between June and August 2019 (Cadre Harmonisé, March 2019).

### SAM Burden and Target per region (Admin 1)

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrar</td>
<td>1,749</td>
<td>1,416</td>
<td>1,416</td>
</tr>
<tr>
<td>Assaba</td>
<td>2,859</td>
<td>3,741</td>
<td>3,741</td>
</tr>
<tr>
<td>Brakna</td>
<td>1,332</td>
<td>2,717</td>
<td>2,717</td>
</tr>
<tr>
<td>Dakhlet Nouaidhou</td>
<td>137</td>
<td>365</td>
<td>365</td>
</tr>
<tr>
<td>Gorgol</td>
<td>1,836</td>
<td>3,994</td>
<td>3,994</td>
</tr>
<tr>
<td>Guidimakha</td>
<td>2,293</td>
<td>5,383</td>
<td>5,383</td>
</tr>
<tr>
<td>Hodh El Chargi</td>
<td>2,339</td>
<td>5,210</td>
<td>5,210</td>
</tr>
<tr>
<td>Hodh El Garbi</td>
<td>2,666</td>
<td>3,813</td>
<td>3,813</td>
</tr>
<tr>
<td>Inchei</td>
<td>50</td>
<td>81</td>
<td>81</td>
</tr>
<tr>
<td>Nouakchott</td>
<td>2,487</td>
<td>3,591</td>
<td>3,591</td>
</tr>
<tr>
<td>Tagant</td>
<td>267</td>
<td>1,072</td>
<td>1,072</td>
</tr>
<tr>
<td>Tiris Zemmour</td>
<td>75</td>
<td>160</td>
<td>160</td>
</tr>
<tr>
<td>Trarza</td>
<td>194</td>
<td>1,971</td>
<td>1,971</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>17,009</strong></td>
<td><strong>31,682</strong></td>
<td><strong>26,930</strong></td>
</tr>
</tbody>
</table>

### Trends in New SAM Admissions per month (2015-2019)

- **Trends in previous years at the same period:** <1% compared to 2018, +25% to 2017, +52% to 2016, +43% to 2015.
- **Higher proportion of newly admitted SAM cases in certain regions compared to the same period in 2018:** Tiris Zemmour (+67%), Guidimakha (+56%), Gorgol (+53%), Tagant (+50%), Adrar (+42%), Assaba (+42%) and Hodh El Gharbi (+37%).

### Indirect program coverage per region (related to sub-national SAM Target)

- **SAM Prevalence 2019**
  - SAM Burden and Target per region (Admin 1)

### Key Messages

- **Trends in New SAM Admissions**
  - Trends in previous years at the same period: <1% compared to 2018, +25% to 2017, +52% to 2016, +43% to 2015.
  - Higher proportion of newly admitted SAM cases in certain regions compared to the same period in 2018: Tiris Zemmour (+67%), Guidimakha (+56%), Gorgol (+53%), Tagant (+50%), Adrar (+42%), Assaba (+42%) and Hodh El Gharbi (+37%).
  - Main reasons could be: Higher frequency of early detection at community level through nutrition partners and hiring of national consultants that enhance data completion rate.

### Situation analysis

- *End August*, in-depth analysis showed that 19/15 regions have more than 54% of rainfall deficit stations.
- Biomass levels at their lowest level since 1996 in Assaba, Brakna, Gorgol, Guidimakha, Hodh El Gharbi, and Tiris Zemmour regions. Negative impact expected on pastoral lean season that could begin earlier than usual, as well as an increase in the national population status, especially in regions with high level of SAM prevalence (Assaba: 2.6%, Gorgol: 2.6, Brakna: 1.71%, Assaba: 2.65, Hodh El Gharbi: 1.85%).
- Additionally, flooding in Gorgol and Guidimakha increases vulnerability of communities implying: Reduction of physical access for humanitarian partners; Destruction of crops and livestock; Limited access to drinking water due to contamination of boreholes; Increased risk of morbidity and acute malnutrition in UI children.
- Preparedness measures deployed to face with plausible deterioration: Pursue of nutritional screenings, Partners and Interventions mapping, RUTF pipeline monitoring, Advocacy towards decision makers.

### RUTF Pipeline

- **Potential balance of 880 RUTF boxes from 2019 that will be used to cover part of the January 2020 needs.**
- **Important change in RUTF pipeline status mainly due to funds reorientation and delay in RUTF delivery.**
  - Around 13,000 RUTF boxes should be available by mid-January, while new proposal are being submitted to cover 2020 needs estimated at 10,213 RUTF boxes.

### New Admissions per month OTP vs IPF

- **New admissions per month OTP vs IPF**
  - **New SAM children newly admitted for treatment** 17,009
  - Data completion rate [change for the referring year] 79%
  - % of Health Centers offering IMAM services 84%

### RUTF Pipeline Status (as of October 2019)

- **RUTF Pipeline Status (as of October 2019)**
  - 19,467 Revised Needs 2019 (# Boxes)
  - 16,547 Actual distributed (Q1-Q3)
  - 2,912 Estimated needs for Q4

---

**Sources:** MOH and Nutrition Cluster/Sector

**Sources:** Preliminary Results - NNS (SMART Method), 2019

**Convered period:** January-August 2019

**Trarza**

**Tiris Zemmour**

**Tagant**

**Nouakchott**

**Hodh El Gharbi**

**Hodh El Chargi**

**Guidimakha**

**Gorgol**

**Dakhlet Nouadhibou**

**Brakna**

**Assaba**

**Adrar**

**Trarza**

**TOTAL 17,009**

**REGIONS**

**New SAM Admissions**

**SAM Burden**

**SAM Target**

**Performance Indicators per region (Admin 1)**

**SAM Burden and Target per region (Admin 1)**

**Indirect program coverage per region (related to sub-national SAM Target)**

**New Admissions per month OTP vs IPF**

**RUTF Pipeline Status (as of October 2019)**

**Situation analysis**

**Response**

**RUTF Pipeline**

**Notes:**

- SAM % DEFAULTER
- SAM % CURED
- SAM % NON RESPONDING
- SAM % DEATH
- SAM Prevalence >= 2%
- SAM Prevalence <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
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- Prevalence SAM >= 2%
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- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
- Prevalence SAM >= 2%
- Prevalence SAM <1%
### SAM Prevalence 2018

**Prevalence of Acute Malnutrition**
- National GAM rate (35%) and National SAM rate (3.2%) prevalence both exceeding emergency threshold (NNS, SMART Method, 2018).
- When comparing 2018 acute malnutrition prevalence with the one of 2012 (reference year for the world health assembly’s nutrition target) no improvement is noted (from 14.8% GAM and 3.0% SAM in 2012 to 15.0% GAM and 3.2% SAM in 2018).

### Indirect program coverage per region (total admissions / subnational target)

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agadez</td>
<td>5,821</td>
<td>7,089</td>
<td>7,089</td>
</tr>
<tr>
<td>Diffa</td>
<td>24,891</td>
<td>24,891</td>
<td>24,891</td>
</tr>
<tr>
<td>Maradi</td>
<td>60,972</td>
<td>106,220</td>
<td>106,220</td>
</tr>
<tr>
<td>Niamey</td>
<td>5,605</td>
<td>9,288</td>
<td>9,288</td>
</tr>
<tr>
<td>Tahoua</td>
<td>32,394</td>
<td>70,092</td>
<td>70,092</td>
</tr>
<tr>
<td>Tillabery</td>
<td>28,690</td>
<td>34,790</td>
<td>34,790</td>
</tr>
<tr>
<td>Zinder</td>
<td>70,429</td>
<td>15,635</td>
<td>15,635</td>
</tr>
<tr>
<td>TOTAL</td>
<td>240,519</td>
<td>380,166</td>
<td>380,166</td>
</tr>
</tbody>
</table>

**Key Messages**

**Trends in New SAM Admissions**
- Trends in new SAM admissions are quite stable compared with 2018 (+0.6%).
- Level of new SAM admissions in Tillabery region increased compared to the same period in 2018 (+17%).
- This increased is observed in some specific Health Districts. Main reasons could be: higher presence of operational partners in some Health Districts, Extension of geographical coverage by some operational partners, and consequently, to improvement in IMAM coverage services. At this stage, no increase in new SAM admissions observed in Health Districts affected by Central Sahel Crisis such as Ayorou, Barombougou and Douflou.
- Despite efforts of the MOH to improve data transmission through DHIS2, completeness for inpatient facilities remains weak (<65% in August).

**Situation**
- Conduct of an exhaustive screening in September in Dan Kano and Tiadi health areas in Maradi region that shows global malnutrition rates of 10.1% and 11.1% in Dan Kano and Tiadi respectively, similar to the 2018 prevalence of GAM in Maradi region (national nutrition survey).
- Response
  - Conduction of the 2nd round of the SMC campaign in end of August that enabled to screen 3,841,491 children (6-59 mo), of them 18,539 children (4.3%) were SAM and 15,021 children (3.0%) MAM.
  - Data collection for 2019 National Nutrition Survey (SMART Method) ended beginning of October. Results should be available by end October.

**RUTF Pipeline**
- Funds secured for the procurement of 300,150 RUTF boxes in 2019.
- Potential balance of 36,000 RUTF boxes from 2019, while additional 5,000 Boxes have been secured to cover part of the needs for 2020.
- New proposals are being submitted.

**SAM Burden and Target per region (Admin 1)**

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
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<td>70,429</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>240,519</td>
<td>380,166</td>
<td>380,166</td>
</tr>
</tbody>
</table>

**New Admissions per month OTP vs IPF**

<table>
<thead>
<tr>
<th>Month</th>
<th>IPF # NEW admissions</th>
<th>OTP # NEW admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>60,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Feb</td>
<td>70,000</td>
<td>70,000</td>
</tr>
<tr>
<td>Mar</td>
<td>80,000</td>
<td>80,000</td>
</tr>
<tr>
<td>Apr</td>
<td>90,000</td>
<td>90,000</td>
</tr>
<tr>
<td>May</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Jun</td>
<td>110,000</td>
<td>110,000</td>
</tr>
<tr>
<td>Jul</td>
<td>120,000</td>
<td>120,000</td>
</tr>
<tr>
<td>Aug</td>
<td>130,000</td>
<td>130,000</td>
</tr>
</tbody>
</table>

**RUTF Pipeline Status (as of October 2019)**

- Revised Needs 2019 (# Boxes): 249,194
- Actual distributed (Q1-Q3): 181,814
- Estimated needs for Q4: 67,380
- Estimated balance by end 2019: 50,961

**Notes:** RUTF Pipeline estimations are prone to change from one month to another.

### Data completion rates

- 100% of Health Centers offering IMAM services
- 100% Data completion rate

### Trends in New SAM Admissions per month (2015-2019)

- New SAM admissions observed in Maradi region increased compared to the same period in 2018 (+17%).
- This increased is observed in some specific Health Districts. Main reasons could be: higher presence of operational partners in some Health Districts, Extension of geographical coverage by some operational partners, and consequently, to improvement in IMAM coverage services.
- Despite efforts of the MOH to improve data transmission through DHIS2, completeness for inpatient facilities remains weak (<65% in August).

### Situation

- Conduct of an exhaustive screening in September in Dan Kano and Tiadi health areas in Maradi region that shows global malnutrition rates of 10.1% and 11.1% in Dan Kano and Tiadi respectively, similar to the 2018 prevalence of GAM in Maradi region (national nutrition survey).

### Response

- Conduction of the 2nd round of the SMC campaign in end of August that enabled to screen 3,841,491 children (6-59 mo), of them 18,539 children (4.3%) were SAM and 15,021 children (3.0%) MAM.
- Data collection for 2019 National Nutrition Survey (SMART Method) ended beginning of October. Results should be available by end October.

### RUTF Pipeline

- Funds secured for the procurement of 300,150 RUTF boxes in 2019.
- Potential balance of 36,000 RUTF boxes from 2019, while additional 5,000 Boxes have been secured to cover part of the needs for 2020.
- New proposals are being submitted.
**SAM Prevalence 2018**

Prevalence of Acute Malnutrition


**SAM Children (2019) - Annual Estimated Burden**

<table>
<thead>
<tr>
<th>Region</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>28,231</td>
<td>70,140</td>
<td>93,152</td>
</tr>
<tr>
<td>Bauchi</td>
<td>14,952</td>
<td>151,448</td>
<td>81,724</td>
</tr>
<tr>
<td>Borno</td>
<td>90,822</td>
<td>194,932</td>
<td>95,071</td>
</tr>
<tr>
<td>Gombe</td>
<td>3,315</td>
<td>61,831</td>
<td>30,996</td>
</tr>
<tr>
<td>Jigawa</td>
<td>35,643</td>
<td>179,495</td>
<td>88,242</td>
</tr>
<tr>
<td>Kaduna</td>
<td>15,923</td>
<td>155,690</td>
<td>77,846</td>
</tr>
<tr>
<td>Kano</td>
<td>3,349</td>
<td>274,310</td>
<td>137,955</td>
</tr>
<tr>
<td>Katsina</td>
<td>32,580</td>
<td>149,659</td>
<td>74,319</td>
</tr>
<tr>
<td>Kebbi</td>
<td>5,035</td>
<td>95,459</td>
<td>45,249</td>
</tr>
<tr>
<td>Sokoto</td>
<td>5,022</td>
<td>94,879</td>
<td>47,419</td>
</tr>
<tr>
<td>Yobe</td>
<td>5,049</td>
<td>186,341</td>
<td>97,636</td>
</tr>
<tr>
<td>Zamfara</td>
<td>5,045</td>
<td>131,018</td>
<td>64,504</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>278,478</strong></td>
<td><strong>1,675,533</strong></td>
<td><strong>918,418</strong></td>
</tr>
</tbody>
</table>

**SAM Burden and Target per region (Admin 1)**

**Indirect program coverage per region (related to sub-national SAM Target)**

**New Admissions per month OTP vs IPF**

**RUTF Pipeline Status (as of October 2019)**

**SAM children newly admitted for treatment**

1,675,533

**Data completion rate**

100%

**% of Health Centers offering IMAM services**

15%

**Key Messages**

- Trends in New SAM admissions
  - Indirect coverage stands at 43% in the 3 States in Emergency, while it is at 47% in the 9 remaining Northern States.
  - Compared with previous years at the same period: -46% of new SAM admission from 2018, -27% from 2017, -3% from 2016 and +23% from 2015.
  - North-Western States, key reasons of the decrease (-47%) compared to 2018 is mainly lack of funding for IMAM programming causing RUTF stock-out since May 2019 as well as closure of Nutritional Units.
  - North-Eastern States, key reasons of the decrease (-45%) compared to 2018 are as follow: Large scaled-up of the nutrition program through community mobilizations, Mobile outreach teams and monthly exhaustive screening in end 2017/2018 that hugely increased New Admissions ; Massive influx in early 2018 of people escaped from inaccessible areas that arrived in IDPs camps with deteriorated nutritional status ; Lower out-break of infectious disease mainly cholera and measles in 2019 compared to 2018 ; Closure of some OTP sites early 2019 to avoid duplication issues and adapt the program based on changing context.

**Response in BAY States**

- 3,413 new caregivers reached with Infant and Young Child Feeding (IYCF) counselling in August.
- 15,810 new children aged 6-36 months received multiple micronutrient powder (MNP) supplementation in August. These results were achieved through community-based active screening for the identification of malnutrition in children aged 6-59 months (using measurement of mid-upper arm circumference, or MUAC) among 1,246,753 children, out of which all children with SAM were admitted for treatment.

**RUTF Pipeline**

- No update shared by the CO for the reporting period.
- North-Western states: UNICEF secured new funding through an emergency loan that will prevent RUTF shortages until the end of 2019.
- North-Eastern States: RUTF stock out already recorded in most of the Nutrition sites which host 28% (or 1.5 Million) of the 2019 SAM Burden. SAM children are at immediate risk if no funds to purchase RUTF and to support treatment sites, are found.

**Indirect coverage per region (related to sub-national SAM Target)**

**New Admissions per month OTP vs IPF**

**RUTF Pipeline Status (as of October 2019)**

**SAM children newly admitted for treatment**

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**Data completion rate**

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**Indirect coverage per region (related to sub-national SAM Target)**

**New Admissions per month OTP vs IPF**

**RUTF Pipeline Status (as of October 2019)**

**SAM children newly admitted for treatment**

278,478

**Data completion rate**

100%

**% of Health Centers offering IMAM services**

15%
**SAM Prevalence 2019**

- Prevalence of Acute Malnutrition: According to the ENSAR 2019, GAM rate is 8.2% while SAM rate is 2.1% at national level.
- Food and Nutrition Security: 151,413 people are considered acute phase (IPC PH2-3) between March and May 2019; they could be considered as close to moderate in need (IPC PH1).

**Indirect program coverage per region (total admissions / subnational target)**

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakar</td>
<td>1,534</td>
<td>7,045</td>
<td>5,636</td>
</tr>
<tr>
<td>Diourbel</td>
<td>1,049</td>
<td>5,443</td>
<td>4,356</td>
</tr>
<tr>
<td>Fatim</td>
<td>886</td>
<td>3,922</td>
<td>3,337</td>
</tr>
<tr>
<td>Kedougou</td>
<td>394</td>
<td>1,399</td>
<td>1,099</td>
</tr>
<tr>
<td>Kolda</td>
<td>971</td>
<td>3,027</td>
<td>2,446</td>
</tr>
<tr>
<td>Louga</td>
<td>439</td>
<td>1,627</td>
<td>1,426</td>
</tr>
<tr>
<td>Matam</td>
<td>1,163</td>
<td>2,922</td>
<td>2,337</td>
</tr>
<tr>
<td>Saint Louis</td>
<td>991</td>
<td>3,654</td>
<td>2,891</td>
</tr>
<tr>
<td>Sedhiou</td>
<td>471</td>
<td>1,461</td>
<td>1,169</td>
</tr>
<tr>
<td>Tambacounda</td>
<td>1,279</td>
<td>3,177</td>
<td>2,642</td>
</tr>
<tr>
<td>Thies</td>
<td>1,488</td>
<td>5,779</td>
<td>4,650</td>
</tr>
<tr>
<td>Ziguinchor</td>
<td>355</td>
<td>1,250</td>
<td>1,460</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14,663</td>
<td>57,817</td>
<td>45,438</td>
</tr>
</tbody>
</table>

**SAM Burden and Target per region (Admin 1)**

Sources: ENSAR, 2019, MOH and Nutrition Cluster/Sector

**SAM Prevalence 2019**

- Prevalence of SAM: Dakar = 7.0%, Diourbel = 5.4%, Fatik = 3.9%, Kedougou = 1.4%, Kolda = 3.0%, Louga = 1.6%, Matam = 2.9%, Saint Louis = 3.7%, Sedhiou = 1.5%, Tambacounda = 3.2%, Thies = 5.8%, Ziguinchor = 1.8%.

**Performance Indicators per region (Admin 1)**

- SAM % CURED: Dakar = 94%, Diourbel = 92%, Fatik = 93%, Kedougou = 93%, Kolda = 94%, Louga = 91%, Matam = 91%, Saint Louis = 92%, Sedhiou = 91%, Tambacounda = 94%, Thies = 90%, Ziguinchor = 90%.
- SAM % DEATH: Dakar = 0%, Diourbel = 10%, Fatik = 20%, Kedougou = 30%, Kolda = 40%, Louga = 50%, Matam = 68%, Saint Louis = 40%, Sedhiou = 32%, Tambacounda = 27%, Thies = 0%, Ziguinchor = 10%.
- SAM % DEFAULTER: Dakar = 0%, Diourbel = 0%, Fatik = 0%, Kedougou = 0%, Kolda = 0%, Louga = 0%, Matam = 0%, Saint Louis = 0%, Sedhiou = 0%, Tambacounda = 0%, Thies = 0%, Ziguinchor = 0%.
- SAM % NON RESPONDING: Dakar = 0%, Diourbel = 0%, Fatik = 0%, Kedougou = 0%, Kolda = 0%, Louga = 0%, Matam = 0%, Saint Louis = 0%, Sedhiou = 0%, Tambacounda = 0%, Thies = 0%, Ziguinchor = 0%.

**Key Messages**

**Trends in New SAM Admissions**

- Compared to previous years, constant decrease in new SAM admissions is observed: -17% compared to 2018, -43% compared to 2017, -48% compared to 2016 and -40% compared to 2015.

**Response**

- Based on the last ENSAR finalized in January 2019 and showing a national GAM prevalence of 8.2%, establishment of a National Response Plan targeting 9 regions (Matam, Louga, Saint Louis (Podor), Kaolack, Tambacounda, Kolda, Kedougou, Sedhiou, and Kaffrine). Main activities are as follows: Malnutrition screening, IMAM, WASH and Food assistance, as well as Communication for development.

- In August, conduction the different existing platforms, namely the Government, Society, Civil, Donor / UN System platforms of the SUN self-evaluation considering the period from April 2018 to April 2019.

**RUTF Pipeline**

- No update shared by the CO for the reporting period.
- Funds secured for procurement of 18,295 RUTF boxes.

**New Admissions per month OTP vs IPF**

- Jan-20: Expected Stock-out period

**RUTF Pipeline Status (as of October 2019)**

- Annual Needs (RUTF): 33,503
- Secured (RUTF): 18,295
- Remaining GAP (RUTF): 15,208

NB: RUTF Pipeline estimations are prone to change from one month to another.

* Based on Boxes already distributed in Q1, and on estimated needs for Q2, Q3 and Q4 - No updated data was shared in August 2020.
**Key Messages**

- **Prevalence Acute Malnutrition**
  - SAM prevalences exceeding the 2% emergency threshold in 2 regions affected by the LCB Crisis (Diffa in Niger [2.4%], and Adamawa in Nigeria [2.2%]).
  - SAM Admissions
    - 2019 SAM Burden estimated at 431,457, while SAM target is 326,752.
    - All countries except Nigeria [215] are targeting 100% of at risk SAM children.
    - 86% of the SAM Burden and 81% of the SAM Target are in Nigeria.
  - 237,635 new SAM admissions recorded form January to August (of which 73% recorded in Nigeria).
- **Far-North Region (CMR)**: No data available for July in Cameroon
- **Lac Region (Chad)**: 18,414 new SAM admissions recorded over the period (209% of the annual Target). Population movements in emergency areas (Bagasola DS), Regular screenings organized by Nutrition partners (Bagasola DS), Increased coverage of PCIMA in Kouloudia DS (5 new UNA) and establishment of a mobile clinic and interruption of MAM Case Management since January 2019 due to Supply stock-out could explained the high level of SAM admissions over the period.
- **Diffa (Niger)**: 10,686 new SAM admissions (68% of the annual target). 2nd round of the Seasonal Malaria Chemoprophylaxis (SMC) campaign in August, coupled with malnutrition screening during which 149,380 children (109% of the target population) benefited from malaria chemoprophylaxis, and 1,255 malnourished children were referred to a health facility.
- **BAY (Nigeria)**: 169,112 new SAM admissions recorded out of which 20,211 in Adama State, 97,822 in Borno State and 51,079 in Yobe State. Compared to last year, drop-down of -45% in New SAM admissions. Among reasons: Limited access to basic health services by population due to insecurity / Lowest outbreak of infectious disease (cholera and measles) in 2019 than 2018 / Closure of some OTP sites during early 2019 to avoid duplication issues and adapt the program based on changing context.

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**SAM Burden and Target per region (Admin 1)**

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>New SAM Admissions</th>
<th>SAM Burden</th>
<th>SAM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMEROON (Far-North)</td>
<td>24,414</td>
<td>31,533</td>
<td>31,533</td>
</tr>
<tr>
<td>CHAD (Lac)</td>
<td>24,414</td>
<td>15,575</td>
<td>15,575</td>
</tr>
<tr>
<td>NIGER (Diffa)</td>
<td>169,112</td>
<td>374,714</td>
<td>266,009</td>
</tr>
<tr>
<td>NIGERIA (BAY)*</td>
<td>33,641</td>
<td>431,457</td>
<td>326,752</td>
</tr>
<tr>
<td>TOTAL (LCB)</td>
<td>322,955</td>
<td>451,457</td>
<td>346,790</td>
</tr>
</tbody>
</table>

* BAY (Borno, Adamawa, and Yobe)

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**Trends in New Admissions per month (2016-2019)**

- Feb 2016: 30,197
- Feb 2017: 37,411
- Feb 2018: 39,291
- Feb 2019: 31,418

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**New Admissions OTP vs IPF per Admin 1**

- Far-North
- Lac
- Diffa
- Adamawa
- Borno
- Yobe

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**Indirect program coverage per region (related to sub-national SAM Target)**

- CAMEROON (Far-North): 95%
- CHAD (Lac): 68%
- NIGER (Diffa): 64%
- NIGERIA (BAY)*: 73%
- TOTAL (LCB): 80%

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**Performance Indicators per Admin 1**

- SAM % CURED: 93%
- SAM % DEATH: 209%
- SAM % DEFAULTER: 68%
- SAM % NON RESPONDING: 64%

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* RFI [Borno, Adamawa, and Yobe]