

UNICEF Monthly Humanitarian Situation Report SENEGAL

Date: February 2013

Highlights

- Severe Acute Malnutrition (SAM) caseload in 2012 more than doubled expectations with more than 13,000 SAM cases reported in Matam and Diourbel regions only. The 2013 SAM burden is estimated at 63,323 under-five children – with a targeted coverage of **38,968 SAM cases**.
- In the first month of the year **763 SAM cases have been reported** bringing the number of SAM cases to **14,391 cases from the beginning of the response until end of January 2013**.
- Although partners have made good progress in improving the capacity and quality of the in-patient stabilization centers and out-patient nutritional facilities, funding to keep these units running is currently not forthcoming.
- Training of health authorities on the treatment of SAM in the regions of Fatick, Kolda and Tambacounda has taken place in February, with training of 25, 19 and 23 trainers respectively. These trainings are already allowing the medical districts to open some nutritional centers. Training of health post staff will follow suit, allowing to officially open the planned nutritional facilities in these regions.
- UNICEF has supported the MoH's to update the sector's management and monitoring tools, particularly to reflect malnutrition. The development of the training module and training of trainers took place in February, with cascade trainings to begin progressively in March down to region, district and health facility level.
- **Funding requirement estimates for the first half of 2013 are at 4,597,000 USD** for a target of 38,968 children affected by the nutritional crisis and to preposition supplies for the summer floods. This emergency response plan is currently **19% funded**.

Girl with SAM suffered from diarrhea for two months before her mother brought her to the health center thanks to mobilisation by community health workers. None of her siblings suffer from SAM.



Situation Overview & Humanitarian Needs

The national nutritional survey with SMART methods carried out in June 2012 enabled UNICEF to revise the estimated target caseload of severe cases of malnutrition from 20,000 - estimated based on the 2011 survey - to 22,336 for 2012, and the moderate cases estimated from 100,000 to 138,428 children. Based on the new data, in addition to the identified hotspots using 2011 data (Diourbel, Matam, Saint Louis, Thies and Louga), six new at-need Regions emerged: Fatick, Kaffrine, Kedougou, Kolda, Sedhiou and Tambacounda.

However, actual Severe Acute Malnutrition (SAM) caseload in 2012 more than doubled expectations with more than 13,000 SAM cases reported by Matam and Diourbel medical authorities, versus less than 5,000 SAM cases estimated based on projections from the 2012 survey. A revised methodology used by UNICEF across the Sahel region has allowed to adjust estimates for 2013 based on a higher correction factor. Thus that the SAM burden is now estimated at 63,323 under-five children – with a targeted coverage of 38,968 cases given estimated coverage (62%¹) – and a MAM estimated caseload of 255,675 cases.

2013 estimated caseload based on nutritional survey with SMART methods – June 2012:

Prevalence of Global Acute Malnutrition (GAM) and estimated annual caseload of SAM and MAM by region (SMART 2012)				
Region	Prevalence of GAM SMART 2012 (%)	Estimated MAM caseload ² (2013)	Estimated SAM burden ³ (2013)	Target SAM caseload coverage (2013)
DAKAR	6.1	41,524	9,330	5,742
DIOURBEL	7.9	26,336	5,144	3,165
KAFFRINE	11.0	14,225	3,305	2,034
TAMBACOUNDA	14.0	19,590	8,489	5,224
KOLDA	10.3	13,997	4,462	2,746
SEDHIOU	8.9	10,142	1,736	1,068
LOUGA	9.7	19,673	4,362	2,684
MATAM	15.4	18,155	8,583	5,282
SAINT LOUIS	11.8	24,923	5,815	3,579
KEDOUGOU	8.6	2,545	786	483
THIES	7.2	27,792	6,022	3,706
FATICK	7.1	12,681	2,127	1,309
KAOLACK	8.3	16,053	2,168	1,334
ZIGUINCHOR	6.0	8,039	995	612
TOTAL		255,675	63,323	38,968

¹ Taking into account SPHERE standards

² Incidence with correction factor of 1.5 based on June 2012 nutritional survey (SMART)

³ Incidence of correction factor of 2.6 based on June 2012 nutritional survey (SMART)

Funding Update

- In 2012, the Senegal country office funding needs to adequately respond to the nutritional crisis and flooding were funded at 66.6%, with the majority of this funding coming in the second half of the year.
- **Funding requirement estimates for the first half of 2013 are at 4,597,000 USD** for a target of 38,968 children affected by the nutritional crisis and to preposition supplies for the summer floods. Funding requirements are currently met at 19%.

Total needs for 2013 (HAU)	Funds received	Gap vs total needs	% Funded vs HAU
4,597,000	888,000	3,709,000	19

Inter-Agency Collaboration and Partnerships

- UNICEF has is extending a PCA with Action Against Hunger – Spain for their support to health authorities and facilities in the regions of Louga, Thies and Saint Louis.
- An agreement was signed between the French Red Cross and UNICEF to provide technical support and quality assurance to health authorities and facilities in the two districts of Diourbel region left by MSF.
- UNICEF is an active participant in three of the four sectoral groups established by the Humanitarian Country Team (Health & Nutrition, Food Security and Refugees) in addition to the lead agency in the WASH sectoral group.
- The latest WASH sectoral group took place on February 20th. Participants analysed the scenarios established in the national contingency plan, mapped their interventions and were briefed on the WASH in Nutrition (WASH in Nut) developed by the west and central Africa regional WASH group.
- Coordination meetings continue to take place between Medical Regions, Medical districts and their partners. Although these meetings are not specifically for emergency coordination, issues related to the emergency response and plan are also discussed.
- The weekly coordination meetings held by the Ministry of Women's Affairs under a mandate by the Prime Minister's office to monitor the emergency response have been discontinued for the moment. The meetings held so far this year were aimed at finalizing the minutes of the interministerial stocktaking exercise that took place at the end of 2012.

Programme response - SAHEL NUTRITION CRISIS

UNICEF provides training, anthropometric tools and therapeutic foods to all fourteen health regions in the country. It has furthermore been agreed with the Ministry of Health to proceed to a phased approach for closer capacity building in the most affected regions. A phased approach was largely motivated by the limited funding levels and the low starting capacity of health posts for treatment of malnutrition. In June 2012, Phase 1 covered Diourbel and Matam regions – with 174 public health centers and posts to offer nutritional services – providing direct capacity building to district authorities and some health facilities through the presence of INGO partners. Phase 2 effectively began in November 2012, covering Louga, Thies and St. Louis Regions, which count 367 health

facilities. The final stage began in January 2013 with the planning, supplying and gradual training of authorities and health post personnel in six additional regions. In all these regions UNICEF promotes response plans that integrate Nutrition/Health, WASH and Communication for behavioral change. UNICEF's activities in response to the nutritional crisis in Senegal officially launched in June 2012, and are currently planned until the end of 2013.

	Sector	Estimated # / % coverage	UNICEF & operational partners			Sector / Cluster		
			UNICEF 2013 Target	Cumulative results (#) January 2013	% of Target Achieved	Cluster 2013 Target ¹	Cumulative results (#) January 2013	% of Target Achieved
SAHEL NUTRITION CRISIS	Nutrition	Children 0-59 months with Severe Acute Malnutrition admitted for therapeutic care	38,968	763 ²	2	38,968	763 ²	2
		Children 0-59 months in therapeutic care discharged recovered from SAM	763	N/A ³	N/A	763	N/A ³	N/A
		Number of Health Centers with SAM treatment	941 ⁴	604	76	941 ⁴	604	76
		Children <5 with Severe Acute Malnutrition with complications admitted to therapeutic care	--	40	--	--	40	--
	List of UNICEF Operational Partners: Action Against Hunger – Spain, French Red Cross, Ministry of Health, Childfund (CRS, Plan, Africare, World Vision), Cellule de Lutte Contre la Malnutrition (CLM)							
	1. UNICEF and Cluster Target for SAM related activities are the same; UNICEF is the main supplier of RUTF to public health facilities in Senegal							
	2. Based on available data for January 2013 from authorities in Matam and Diourbel for all centers and posts in the region, from in-patient facilities run by ACF-Spain in Louga and Saint Louis, and for all ACF-S facilities in Thies.							
	3. Recovery data for January admissions is collected in February and will be available in the March SitRep.							
	4. Target until June 2013. Cumulative from June 2012. Includes health centers, hospitals, and health posts with SAM treatment in eleven out of fourteen Regions. In addition, UNICEF provides all health centers and posts in Senegal-- 34 Hospitals, 107 Health centres and 1,299 Health Posts – with RUTF, equipment and training.							
	WASH	Number of nutrition centers/posts with the WASH minimum package ³	604	154	25	604	154	25
Number of children with SAM benefiting from hygiene kits and key hygiene messages		763	N/A ²	N/A	763	N/A ²	N/A	
List of UNICEF Operational Partners: Ministry of Health, Ministry of Water and Sanitation, Local authorities (Mayor's office, etc), CBOs, Senegalese Red Cross								
¹ There is currently no WASH sector-wide reporting. Only UNICEF data is currently provided in this table. ² No new data for 2013 at this time. ³ "Minimum package" in this case is defined as: availability of drinking water, no open defecation and hygiene promotion.								

UNICEF and partners' programming

Nutrition

- Severe Acute Malnutrition (SAM)⁴ caseload in 2012 more than doubled expectations with more than 13,000 SAM cases reported in Matam and Diourbel regions only. The 2013 SAM burden is estimated at 63,323 under-five children – with a targeted coverage of **38,968 SAM cases**.
- In the first month of the year there have been **763 SAM cases reported** in the five Regions currently reporting, although these numbers are still incomplete. This brings the number of cases of SAM **from the beginning of the response until end of January 2013 to 14,391 cases**.
- According to Action Against Hunger – Spain, the UNICEF implementing partner in the regions of Thies, Louga and Saint Louis, they are finding more SAM cases than would normally be expected this time of year. In addition, parents in these regions often wait too long before bringing their children into health facilities, which then arrive with serious complications. Additional funding would be required to enhance the C4D and community components, while also prolonging support to health facilities that still show limited capacity.
- Although partners have made good progress in improving the capacity and quality of the in-patient stabilization centers and out-patient nutritional facilities, funding to keep these units running is currently not forthcoming.
- Additional funding is needed to continue providing technical assistance (INGOs and seconded staff) to health authorities and facilities. This support is particularly critical in the nine regions that were part of phase 2 and 3 of the emergency response.
- Training of health authorities on the treatment of SAM in the regions of Fatick, Kolda and Tambacounda has taken place in February, with training of 25, 19 and 23 trainers respectively. These trainings are already allowing the medical districts to open some nutritional centers. Training of health post staff will follow suit, allowing to officially open the planned nutritional facilities in these regions.
- UNICEF has supported the MoH's to update the sector's management and monitoring tools, particularly to reflect malnutrition. The development of the training module and training of trainers took place in February, with cascade trainings to begin progressively in March down to region, district and health facility level.
- Senegal's Food Security Early Warning System is currently being revised and reinforced with technical and financial support from partners UNICEF, WFP, FAO). The national council for food security will set up surveillance sites in at-risk areas (based on food security and nutrition criteria).
- UNICEF Senegal is working with WHO, the MoH and the CLM (Cellule de Lutte contre la Malnutrition) to develop a facility-based nutritional surveillance model. The statistics department at the MoH will be responsible for consolidating, analysing and reporting the data based on the revised indicators that will feed into the national early warning system.
- Current levels of Plumpynut supply purchases for the first half of 2013 are sufficient to cover up to half of the caseload expected for the year.

⁴ In the case of UNICEF Senegal this is always for under-five children unless specifically stated.

WASH

- Hygiene kits have been prepositioned in the regions of Kedougou, Kolda, Sedhiou and Tambacounda and medical authorities briefed on their use in line with the “WASH in Nut” strategy so that they can begin as soon as nutritional facilities become operational.
- UNICEF has produced and distributed a guidance note to hygiene brigades in all regions affected by the nutritional crisis. The note spells out the concrete actions to be taken by hygiene brigades in the context of the nutritional crisis, in line with the WASH in Nut strategy.

SUPPLY & LOGISTICS

- ECHO funding has allowed UNICEF Senegal to purchase sufficient Plumpynut cartons to cover half of the 2013 target caseload for the first half of the year.

HUMAN RESOURCES

- A P4 Nutrition Specialist joined the team in February 2013. The nutrition Specialist will be responsible for assisting in strategic questions of early recovery, sustainability and resilience among others.
- The P3 Nutrition Specialist (emergency) and the P3 Humanitarian Performance Management Specialist have been retained until end of June due to ongoing emergency needs.
- A P3 C4D Specialist is still needed to support the communication component of the response. Behavioral change regarding hygiene and nutrition practices in the household is central to the Senegal emergency response strategy.



Discussion on the correct use of treatment monitoring tools with head nurse and community health worker during a UNICEF field monitoring mission to a nutritional facility in Diourbel

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