SAHEL 2012: CLUSTER STRATEGIC INDICATORS

FOOD ASSISTANCE

Burkina Faso, Chad, Mali, Mauritania, Niger, Senegal, The Gambia

PERIOD: MAY 2012

WFP Sahel response

In May, WFP and its partners provided vital food and nutrition assistance to **2.9 million** vulnerable people, over one million of which are children and women. Activities were focused on providing emergency assistance, building the resilience of communities and mitigating the risk of increased malnutrition-related mortality and morbidity among children and pregnant women and nursing mothers. Interventions that are context-specific and based on assessed needs, WFP and partners are accompanying vulnerable households through the lean season and beyond the harvest..

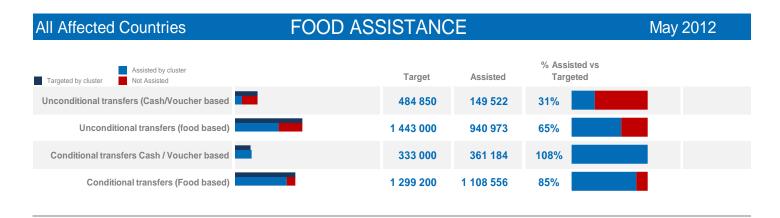
A key success factor for the support provided in May was the broad base of partnerships with governments and international and local non-governmental organizations who provide technical know-how, local knowledge and complementary inputs. On the other hand, operations in Chad continue to be affected by the lack of sufficient security escorts for commodities coming through the Sudan corridor; the instability and security constraints in Mali have caused delays in the scaling-up of activities. As the rainy season approaches and access to communities may be hampered due to impassable roads, much effort continues to be made to preposition commodities to ensure for the coming months to ensure the provision of much needed assistance.

Food security:

- 1.8 million people received food security support. Severely food insecure people including 160,000 Malian refugees received unconditional targeted food and cash. These activities are expected to further increase in June and July, when the lean season marks its peak and needs are greatest among already vulnerable communities. In The Gambia, the second distribution for nearly 50,000 food insecure people was completed the first week in June. Also within the framework of food security support, 1.3 million women and men participated in food and cash for work (conditional) activities such as soil rehabilitation, community assets regeneration and hedge reconstruction to protect agricultural land etc.
- Some 500,000 people in May received their ration in the form of cash, a modality that is being scaled up.

Nutrition:

Nutrition activities aimed at treating children and women with moderate acute malnutrition as well as preventing those in high risk areas from falling into moderate acute malnutrition. These activities were carried out hand in hand with national counterparts, international and national NGO partners and sister UN agencies. As a result, nearly 500,000 children under two and pregnant and nursing mothers benefitted from blanket supplementary feeding, while over 500,000 children and women with MAM received treatment to improve their nutrition status, and hence reduce their risk of morbidity and mortality. For additional details, see the nutrition cluster annex.



Targets for Food assistance are monthly

FOOD ASSISTANCE BURKINA FASO May 2012 % Assisted vs Assisted by cluster Assisted Target Targeted Targeted by cluster Not Assisted Unconditional transfers (Cash/Voucher based Unconditional transfers (food based) 32 500 50 041 154% Conditional transfers Cash / Voucher based 18 000 15 330 85% Conditional transfers (Food based) 190 000 51 685 27%

Foot Note

Conditional transfers (Food based): includes food for work activities focusing on soil rehabilitation

Conditional transfers Cash / Voucher based: includes cash for work activities focusing on soil rehabilitation

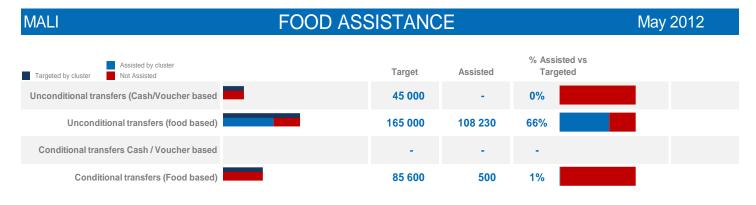
Unconditional transfers (food based): Malian refugees and hosts. Newly registered refugees were added to the distribution list, hence increasing the caseload.

Unconditional transfers (Cash/Voucher based: not yet launched



Foot Note

Conditional transfers Cash / Voucher based: not yet launched.



Foot Note

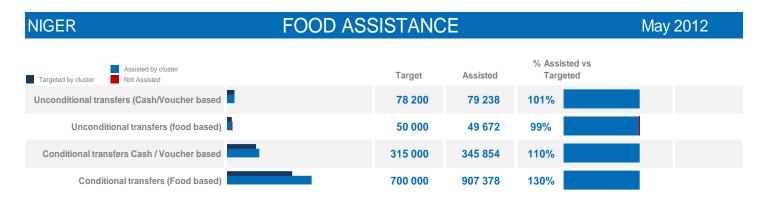
Conditional transfers (Food based): This activity started on 31 May, and is further being scaled up in June. Works include water drainage of dirty water to avoid disease outbreaks. Unconditional transfers (Cash/Voucher based: Start of activities postponed to June.



Conditional transfers (Food based): WFP restocked cereal banks benefitting people from subsidised sales.

Unconditional transfers (food based): Support to Malian refugees

Unconditional transfers (Cash/Voucher based: Preparatory activities took longer than planned, hence leading to a later start of the activity, now being scaled up.

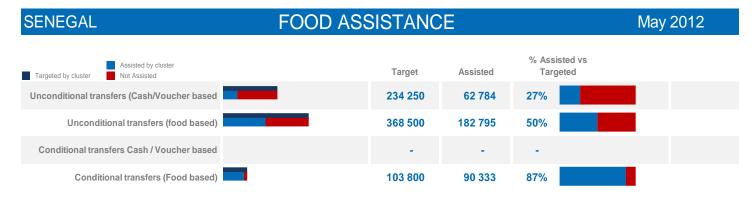


Foot Note

Conditional transfers (Food based): Includes people who were included in April plans. Activities included soil erosion prevention and water conservation projects.

Conditional transfers Cash / Voucher based: Includes people who were included in April plans. Activities included soil erosion prevention and water conservation projects.

Unconditional transfers (food based): Support provided to Malian refugees and hosts



Foot Note

Conditional transfers (Food based): Of which 43 785 are primary school children benefitting from daily school meals.

THE GAMBIA FOOD ASSISTANCE May 2012



Foot Note

Conditional transfers (Food based): not planned

Conditional transfers Cash / Voucher based: not planned

Unconditional transfers (food based): The distribution was completed the first week in June

Unconditional transfers (Cash/Voucher based: not yet launched

SAHEL 2012: SECTOR PERFORMANCE INDICATORS

AGRICULTURE

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

PERIOD: JANUARY - MAY 2012

FAO Sahel response

The Food and Agriculture Organization of the United Nations (FAO) has been working with its partners since October 2011 to reduce food insecurity in the Sahel region through improved preparedness for and effective response to food and agricultural threats and emergencies.

FAO has co-led, together with OCHA, WFP, UNICEF and ACF, on behalf of the Regional Food Security and Nutrition Working Group (FSNWG), the preparation of the Inter-Agency Standing Committee (IASC) Strategy for the Sahel "Preparation for a food and nutrition crisis in the Sahel and neighbouring countries", launched on 15 December 2011 and updated on 6 February 2012. Within this existing IASC framework, FAO, in support of national governments and in collaboration with other humanitarian agencies, has prepared a Regional Response Programme to the Food and Nutrition Crisis in the Sahel. This document is in line with the national action plans and the Interagency Consolidated Appeals (CAPs) 2012 launched in several countries of the Sahel region. It defines FAO's priority response interventions, linking action in a continuum from emergency to recovery and development, focusing on protecting, restoring and building resilient livelihoods of vulnerable farmers and herders.

This Programme include interventions that are developed to meet the immediate needs of the current year (first phase), by providing emergency assistance to targeted vulnerable populations. In particular the period before the lean season and the lean season, between March/April to September depending on the area, are critical to food insecurity and malnutrition. In order to ensure livelihood protection for the most vulnerable populations, FAO support includes:

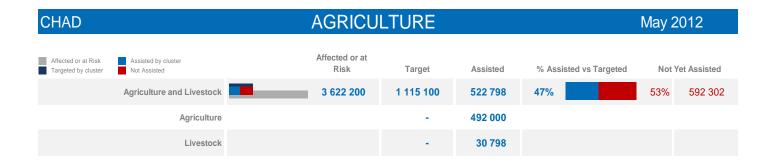
- helping farmers with the delivery of food crops and vegetable seeds in time for the main planting season, which begins in May/June 2012, depending on the area;
- increases in off-season irrigated crop production;
- drought-related assistance to herders, including the distribution of animal feed, use of cash vouchers to rehabilitate natural pastures and water points;
- production of animal fodder, livestock destocking, and veterinary inputs;
- provision of integrated nutrition practices through agriculture, livestock rearing, school gardens, and nutrition education for women with children, support for reinforcement of food security-information, early-warning systems and coordination.

The data presented below were collected at the end of May 2012. The numbers of persons assisted refer to the beneficiaries that receive agricultural/livestock inputs according to funds received at that date. The distribution of seeds for the main agricultural campaign starts in May/June 2012 (depending on the country and region). The off-season campaign will start in October 2012.



BURKINA FASO		AGRIC	AGRICULTURE				May 2012	
Affected or at Risk Targeted by cluster	Assisted by cluster Not Assisted	Affected or Risk	at Target	Assisted	% Assisted vs Targeted	Not '	Yet Assisted	
	Agriculture and Livestock	2 065 73	933 800	283 444	30%	70%	650 356	
	Agriculture		-	265 244				
	Livestock		-	18 200				

Agriculture and Livestock: FAO data only



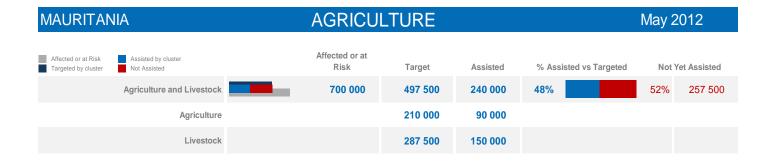
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Agriculture and Livestock: Assisted: FAO beneficiaries only

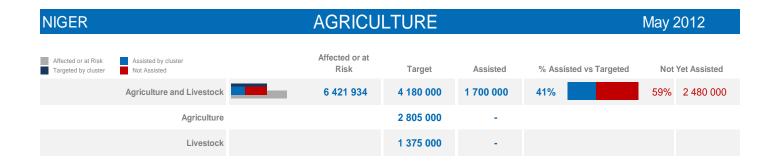


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Agriculture and Livestock: FAO and partners data

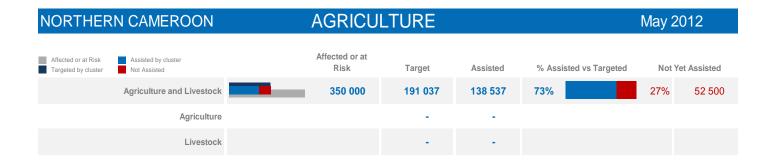


Agriculture and Livestock: Assisted: FAO beneficiaries only



Foot Note

Agriculture and Livestock: FAO data only



Foot Note

Agriculture and Livestock: FAO data only

SENEGAL		AGRICULTURE			May 2012			
Affected or at Risk Targeted by cluster	Assisted by cluster Not Assisted		Affected or at Risk	Target	Assisted	% Assisted vs Targeted	Not '	Yet Assisted
	Agriculture and Livestock		739 251	420 000	318 066	76%	24%	101 934
	Agriculture			-	318 066			
	Livestock			-				

Foot Note Agriculture and Livestock: Assisted: FAO beneficiaries only

THE GAMBIA		AGRICULTURE					May 2012	
Affected or at Risk Targeted by cluster	Assisted by cluster Not Assisted		Affected or at Risk	Target	Assisted	% Assisted vs Targeted	Not \	et Assisted
	Agriculture and Livestock		241 000	197 495	143 798	73%	27%	53 697
	Agriculture			-	143 798			
	Livestock			-	-			

Foot Note Agriculture and Livestock: Assisted: FAO beneficiaries only

SAHEL 2012: CLUSTER STRATEGIC INDICATORS

NUTRITION

Burkina Faso, Chad, Mali, Mauritania, Niger, North of Cameroon, North of Nigeria, Senegal, The Gambia

PERIOD: JANUARY - MAY 2012

Nutrition

UNICEF estimates that nearly 1.1 million children under 5 years will suffer from severe acute malnutrition (SAM) in 2012, and almost 3 million children will suffer from moderate acute malnutrition, exacerbated by and complicating needs in health, water and sanitation, protection and threatening rights to education. To date, there are 336,121children admitted in SAM treatment facilities supported by UNICEF across the Sahel (31% of annual target). Chronic food insecurity and cyclical food crises such as today's situation in the Sahel are then further compounded by poor infant and young child feeding (IYCF) practices at home, poor health status and insufficient access to health services, inadequate preventive interventions against malnutrition, and poor access to water and sanitation. Poor rainfall has exacerbated food insecurity and loss of livestock, coupled with increasing food prices especially of cereals, impacting the purchasing power of households and increasing the strain on livelihoods, jeopardizing children's lives. With the onset of the lean season, an uptake in SAM admissions is expected. Nutrition surveys are going to be carried out in all nine of the Sahel countries over the next few months which will serve to confirm, or adjust where necessary, the total estimated number of children that are at risk of suffering SAM through the full calendar year of 2012.

Substantial nutrition scale-up operations are underway in Mali, Mauritania, Senegal and Cameroun which are starting from a lower baseline than Niger, Chad and Nigeria which have been undergoing up scale-up of nutrition interventions since 2010. Burkina Faso has admitted 23,000 children in the first trimester while they were expecting 15,000. They are envisaging increasing the estimated caseloads from 100,000 to 150,000. Burkina Faso has also agreed with the government to change the frequency of the reporting from quarterly to monthly. An increase in the estimated SAM caseload is also expected in Chad and Cameroon. The scaling up of capacity is paying off in these 3 countries. In Burkina, UNICEF is supporting the government to accelerate the national nutrition scale-up plan. In Senegal access barriers such as user fees at health facilities as well local transport expenses affect the ability of families with malnourished children, already struggling with limited household income, to access treatment accounting for low coverage to date. UNICEF is exploring ways to address this issue with partners.

WFP has been adjusting or massively scaling up nutrition programmes that prioritize the delivery of the right foods at the right time to children under 5 and pregnant women and nursing mothers, who face the highest risk of acute malnutrition. Large-scale blanket supplementary feeding programmes prevent acute malnutrition among children 6-23 months and their mothers in risk areas, irrespective of their nutrition status. Targeted supplementary feeding programmes provide support to children 6-59 months with moderate acute malnutrition and malnourished pregnant women and nursing mothers. Food rations for caretakers of children with severe acute malnutrition (SAM) admitted in nutritional centres prevent dropouts and ease the burden of households with severely malnourished children. WFP's nutrition response is developed within the framework of the MoU with UNICEF, in partnership with national Governments, UN partners and local and international NGOs. In April, nutrition support activities were ongoing for MAM and Blanket feeding in Burkina Faso, Chad¹ and Niger. Launching of MAM and Blanket feeding operations will be happening in other countries in May/June.

All Affected Countries	NUTRITION		N	<i>l</i> lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
# children 6-59 months with severe acute malnutrition admitted for therapeutic care	1 094 986	1 094 867	336 121	31%
# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	3 006 339	364 700	317 407	87%
Targeted Supplementary Feeding programme - malnourished women	1	197 700	202 359	102%
Blanket Feeding in high risk areas (preventative)		861 700	486 327	56%
Number of health centres with nutriton programmes		-	4 709	-

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¹The pipeline for Chad was severely constrained by insecurity preventing the use of the Lybia corridor and insufficient availability of escorts to enable the use of the Port Sudan corridor as an alternative. Shortages caused by such pipeline challenges, negatively affected the delivery of assistance. The WFP Country Office, Regional Bureau and Headquarters are working together to overcome the bottleneck produced for the increased use of the Port Sudan corridor.

BURKINA FASO	NUTRITION		1	/lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
# children 6-59 months with severe acute malnutrition admitted for therapeutic care	100 000	100 000	23 659	24%
# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	450 000	67 800	67 192	99%
Targeted Supplementary Feeding programme - malnourished women		20 500	20 771	101%
Blanket Feeding in high risk areas (preventative)		45 900	22 350	49%
Number of health centres with nutriton programmes		-	1 658	-

Number of health centres with nutriton programmes: Data collection May 2012

Blanket Feeding in high risk areas (preventative): (Monthly target - May 2012) - Less children than planned could be assisted due to pipeline break in nutritional products.

Targeted Supplementary Feeding programme - malnourished women: (Monthly target - May 2012)

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: (Monthly target - May 2012)

children 6-59 months with severe acute malnutrition admitted for therapeutic care: SAM data is for Jan – March 2012, work is underway with national nutrition authority to move from quarterly to monthly reporting.

CHAD		NUTRITION		N	<i>l</i> lay 2012
Affected or at Risk Targeted by cluster	Assisted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
	6-59 months with severe acute admitted for therapeutic care	127 300	127 300	57 742	45%
	en 6-59 months with moderate n admitted for therapeutic care	331 559	80 500	61 391	76%
Targeted Supple	mentary Feeding programme - malnourished women	l	72 500	52 072	72 %
Blanket Feeding in	high risk areas (preventative)		104 500	74 883	72 %
Number of health cent	res with nutriton programmes		-	289	-

Foot Note

Number of health centres with nutriton programmes: Data collection June 2012 $\,$

Blanket Feeding in high risk areas (preventative): (Monthly target - May 2012) - Includes PLW Target: 19,000 Assisted 15,841

Targeted Supplementary Feeding programme - malnourished women: (Monthly target - May 2012)

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: (Monthly target - May 2012)

children 6-59 months with severe acute malnutrition admitted for therapeutic care: Data collection June 2012

MALI	NUTRITION	May 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk Targ (Jan - Dec) (Jan -	-
# children 6-59 months with severe acute malnutrition admitted for therapeutic care	175 000 175	000 20 241 12%
# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	385 000 76	000 16 950 22%
Targeted Supplementary Feeding programme - malnourished women	17	200 - 0%
Blanket Feeding in high risk areas (preventative)	188	3 100 182 0%
Number of health centres with nutriton programmes		- 459 -

Number of health centres with nutriton programmes: Data from national nutrition programme is for Jan – March. Data from NGOs until end May.

Blanket Feeding in high risk areas (preventative): (Monthly target - May 2012) - 1) MUAC screening required before implementation of BSFP and delayed arrival of Plumpy'Sup led to late start of the activity. 2) Delays in arrival of Supercereal have led to the decision to switch to a standard individual food ration to PLW. Such needed reprogramming has led to delayed start of the activity.

Targeted Supplementary Feeding programme - malnourished women: (Monthly target - May 2012)

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: (Monthly target - May 2012) - Validation of National Protocol, training of partners and MUAC screening for referral to health centers and delayed arrival of Plumpy'Sup led to a late start of the activity. # children 6-59 months with severe acute malnutrition admitted for therapeutic care: Data from national nutrition programme is for Jan – March. Data from NGOs until end May.

MAURITANIA	NUTRITION		Λ	May 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
# children 6-59 months with severe acute malnutrition admitted for therapeutic care	12 600	12 600	1 668	13%
# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	77 293	17 300	8 602	50%
Targeted Supplementary Feeding programme - malnourished women		-	-	-
Blanket Feeding in high risk areas (preventative)		-	-	-
Number of health centres with nutriton programmes		-	370	-

Foot Note

Number of health centres with nutriton programmes: Data collection May 2012

Blanket Feeding in high risk areas (preventative): Activity launched in June, PLWs not planned

Targeted Supplementary Feeding programme - malnourished women: Activity not yet launched

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: (Monthly target - May 2012)

children 6-59 months with severe acute malnutrition admitted for therapeutic care: Data collection May 2012

NIGER	NUTRITION		N	<i>l</i> lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
# children 6-59 months with severe acute malnutrition admitted for therapeutic care	393 737	393 737	130 596	33%
# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	689 450	123 100	163 272	133%
Targeted Supplementary Feeding programme - malnourished women	•	87 500	129 516	148%
Blanket Feeding in high risk areas (preventative)		523 200	388 912	74%
Number of health centres with nutriton programmes		-	898	-

Number of health centres with nutriton programmes: Data collection May 2012

Blanket Feeding in high risk areas (preventative): (Monthly target - May 2012) - 1) Delay in delivery of SuperCereal + due to late arrival led to fewer than planned children reached. 2) Includes PLW Target:19,000 Assisted 15,841

Targeted Supplementary Feeding programme - malnourished women: (Monthly target - May 2012) - Lean season active screening during BSFP and TSFP acitvities led to the increase in women identified in need of treatment.

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: (Monthly target - May 2012) - Lean season active screening during BSFP and TSFP acitvities led to the increase in children identified in need of treatment.

children 6-59 months with severe acute malnutrition admitted for therapeutic care: Data collection May 2012

NORTHERN CAMEROON	NUTRITION		١	/lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
# children 6-59 months with severe acute malnutrition admitted for therapeutic care	55 119	55 000	29 376	53%
# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	105 009	-	-	-
Targeted Supplementary Feeding programme - malnourished women		-	-	-
Blanket Feeding in high risk areas (preventative)		-	-	-
Number of health centres with nutriton programmes		-	439	-

Foot Note

Number of health centres with nutriton programmes: Data collection June 2012

Blanket Feeding in high risk areas (preventative): Activity not yet launched

Targeted Supplementary Feeding programme - malnourished women: Activity not yet launched

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: Activity not yet launched

children 6-59 months with severe acute malnutrition admitted for therapeutic care: Data collection June 2012

NORTHERN NIGERIA	NUTRITION		N	<i>l</i> lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
# children 6-59 months with severe acute malnutrition admitted for therapeutic care	208 000	208 000	71 167	34%
# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	794 225	-	-	-
Targeted Supplementary Feeding programme - malnourished women		-	-	-
Blanket Feeding in high risk areas (preventative)		-	-	-
Number of health centres with nutriton programmes		-	378	-

Number of health centres with nutriton programmes: Data collection June 2012

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: Data collection June 2012

children 6-59 months with severe acute malnutrition admitted for therapeutic care: Data collection June 2012

SENEGAL	NUTRITION		N	/lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
# children 6-59 months with severe acute malnutrition admitted for therapeutic care	20 000	20 000	706	4%
# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	100 000	-	-	-
Targeted Supplementary Feeding programme - malnourished women		-	-	-
Blanket Feeding in high risk areas (preventative)		-	-	-
Number of health centres with nutriton programmes		-	216	-

Foot Note

Number of health centres with nutriton programmes: Data collection June 2012

Blanket Feeding in high risk areas (preventative): Activity not yet launched

Targeted Supplementary Feeding programme - malnourished women: Activity not yet launched

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: Activity not yet launched

children 6-59 months with severe acute malnutrition admitted for therapeutic care: Data collection June 2012

	ΓΗΕ GAMBIA	NUTRITION		V	May 2012
	Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - May)	% Assisted vs Targeted
	# children 6-59 months with severe acute malnutrition admitted for therapeutic care	3 230	3 230	966	30%
	# and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care	73 803	-	-	-
	Targeted Supplementary Feeding programme - malnourished women		-	-	-
	Blanket Feeding in high risk areas (preventative)		-	-	-
N	lumber of health centres with nutriton programmes		-	2	•

Number of health centres with nutriton programmes: Data collection June 2012

Blanket Feeding in high risk areas (preventative): Activity not yet launched, PLWs not planned

Targeted Supplementary Feeding programme - malnourished women: not planned

and % of children 6-59 months with moderate acute malnutrition admitted for therapeutic care: not planned

children 6-59 months with severe acute malnutrition admitted for therapeutic care: Data collection June 2012

SAHEL 2012: CLUSTER STRATEGIC INDICATORS

WASH

Burkina Faso, Chad, Mali, Mauritania, Niger, North of Cameroon, North of Nigeria and Senegal

PERIOD: JANUARY - MAY 2012

WASH

The current low-level of funding of the WASH sector in the humanitarian response in the Sahel (funding status of 11%) explains poor results of the 2 strategic indicators selected to monitor WASH performance:

- 12 % of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages);
- 8 % of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)

With the upcoming rainy season that will add the risk of epidemics of diarrhoeal diseases to the current vulnerability of displaced and malnourished, the challenge remains acutely relevant to:

- Deliver a minimum WASH package including all components "Water Hygiene Sanitation";
- Integrate this minimum WASH package into humanitarian programming in order to achieve the Nutrition sector's standards.

Six months after the dissemination of the "WASH in Nutrition" strategy by UNICEF and the Regional WASH Group, countries which benefited from strong capacity building in cholera preparedness and response, such as Cameroon, Senegal, and Chad now show the most significant improvements. Other countries, such as Mali, Niger, Burkina Faso and Mauritania were strongly affected by the Malian crisis and still needs to scale up their action.

The levels of implementation of the various components of a WASH package vary greatly, testifying to the difficulties to implement an integrated response swiftly. In Mali, the WASH response will benefit from the recent activation of the Clusters and subsequent coordination improvements. In Burkina Faso, a better coordination of the WASH response is necessary to achieve a minimum qualitative package.

Cholera Focus

Sahel countries already affected by cholera outbreak include: Nigeria, Cameroon and Niger (before rainy season uptake in cases). Other Sahel countries facing significant risk of cholera in 2012 with the onset of the rainy season include Chad, Burkina Faso, and Mali. The dynamic nature of these cross-border regions require intensive coordination and proactively in all the relevant countries, or the epidemic can be easily re-introduced into countries with weak containment and response actions.

Based on best practice in the region, the recommended approach for managing cholera in the region is called 'Sword and Shield'. This approach highlights the need for ongoing, cross-sector activities throughout the year, as opposed to sectorial approaches that are implemented once the caseload starts to go up, which is too late. This integrated approach focuses on the integration of WASH, health and Communication for Development results and activities in preparedness, prevention and response to cholera.

All Affected Countries	WASH		N	May 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		5 473	465	8%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	1 210 489	1 210 489	146 081	12%

BURKINA FASO	WASH		N	May 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		1 658	-	0%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	109 229	109 229	10 000	9%

of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages): Source: Groupe Regional WaSH (data collection 1-15 June 2012).

CHAD	WASH		N	May 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		468	86	18%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	127 300	127 300	93 620	74%

Foot Note

of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages): High demographic pressure on water resources due to conjunctural sedentarisation of nomadic groups. Source: Groupe Regional WaSH (data collection 1-15 June 2012).

MALI	WASH		N	/lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		1 094	-	0%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	175 000	175 000	9 300	5%

Foot Note

of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages): 46,900 school children accessing safe water, sanitation and hygiene in their learning environment and in child-friendly spaces. Source: Groupe Regional WaSH (data collection 1-15 June 2012).

MAURITANIA	WASH		N	/lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		370	25	7%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	122 104	122 104	6 000	5%

of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages): 60,707 affected persons (refugees) were also provided with safe water, and 5,000 refugees provided with key hygienic supplies. Source: Groupe Regional WaSH (data collection 1-15 June 2012).

NIGER	WASH		N	/lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		898	90	10%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	393 737	393 737	3 937	1%

Foot Note

of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages): This corresponds to an estimation that less than 2% of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages). Source: Groupe Regional WaSH (data collection 1-15 June 2012).

NORTHERN CAMEROON	WASH		N	/lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		439	184	42%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	55 119	55 119	11 024	20%

Foot Note

of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages): This corresponds to an estimation that less than 20% of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages). The WASH response has been initiated in 18 of the 43 Health Districts affected by the Nutritional crisis, with a focus on SAM. Source: Groupe Regional WaSH (data collection 1-15 June 2012).

NORTHERN NIGERIA	WASH		N	/lay 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		378	38	10%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	208 000	208 000	5 200	3%

** of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages): This corresponds to an estimation that less than 2.5% of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages). Source: Groupe Regional WaSH (data collection 1-15 June 2012).

SENEGAL	WASH		N	May 2012
Affected or at Risk Assisted by cluster Targeted by cluster Not Assisted	Affected or at Risk (Jan - Dec)	Target (Jan - Dec)	Assisted (Jan - Dec)	% Assisted vs Targeted
# of nutritional centers delivering the WASH minimum package (safe drank water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation)		168	42	25%
# of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages)	20 000	20 000	7 000	35%

Foot Note

of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages): This corresponds to an estimation that less than 35% of affected population provided with the WASH minimum package (safe water, hygiene supplies and key messages). Positive impact of Cholera-preparedness. Source: Groupe Regional WaSH (data collection 1-15 June 2012).