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**Facts and Figures  
(Jan.2012)**

- The percentage of people in the Sahel who are severely malnourished ranges from 10.9% in Mali to 20.1% in some part of Chad (GAM rates). **1.3 million children** are currently suffering from acute malnutrition across the Sahel, **400 000** of them are suffering from its most severe form.
- 300,000 children die in a 'normal year' from malnutrition or its related causes. In 2011, **311,000** were treated in humanitarian aid nutrition programmes out of which, **156,000** (50%) were treated in ECHO funded programmes
- **23.7 million** people, of which **6.8 million** are at risk of severe food insecurity in 2012 mainly due to poor harvest and high food prices.
- Commissioner Georgieva: "The question is not whether there will be another food "crisis" in the Sahel in 2012, but to what extent"

**THE HUMANITARIAN SITUATION**

The countries of the Sahel (Senegal, Mauritania, Mali Burkina Faso, Niger, and Chad) suffer from chronic food insecurity. An estimated 300.000 children die because of malnutrition or related causes per year during a 'non-crisis year'. This year, following a harvest in 2011 that was on average 25% lower than last year, over 23 million people will be affected, of which nearly 7 million are at risk of becoming severely food insecure (see box). Approximately 1.3 million of those at risk are children. The underlying causes of this persistent food insecurity and high acute malnutrition rates are irregular rains and environmental degradation, aggravated by rapid population growth (3% per year), poor access to basic services, acute poverty and poor governance. The most vulnerable households, approximately one fifth of the population, live permanently on the edge of crisis.

The worst affected states in 2012 are Chad, Niger and Mauritania with harvest deficits of 50%, 30% and 52%. For children, the damage caused by severe malnutrition in the early years of childhood is permanent, if not lethal. Malnutrition is estimated by the World Bank as a major cause of the slow economic and social growth in these countries and therefore partly responsible for their underdevelopment. None of the Sahel states will reach the Millennium Development Goals by 2014, especially not concerning reduction in hunger, reduction in infant mortality or reduction in maternal mortality.

By late 2011, five of the most affected Sahel states had declared a crisis and called for international assistance.

	Source of information	Population living in affected areas	Population at risk of food deficit*
Niger	DNPGCA	<b>6 006 711</b>	<b>1.600.000</b>
Mauritania	WFP / FEWS	<b>3 542 000</b>	<b>850.000</b>
Chad	WFP	<b>5 000 000</b>	<b>1.600.000</b>
Mali	SAP	<b>2 892 795</b>	<b>1.200.000</b>
Burkina	Min of Agri.	<b>5 486 614</b>	<b>1.400.000</b>
Senegal	WFP/ SAP	<b>850 211</b>	<b>210.000</b>
<b>Total</b>		<b>23 778 331</b>	<b>6.860.000</b>

Other aggravating factors at play include the rapidly rising world food prices that are pushing up prices on local markets in West Africa. Cereal prices have already increased by 35% to 50% compared to last year at the same time, they could triple in the coming months, leaving the poorest and most vulnerable locked out of the market. Food and water shortages are also giving rise to increased migration among pastoralist communities caused. For example World Food Programme (WFP) estimates that pastoralists will bring 8 million livestock over the border from Mauritania to Mali and Senegal in search of grazing for their animals, in turn increasing risks of local conflict. In another context the return of hundreds

of thousands of unemployed men fleeing the conflicts in Libya and the Ivory Coast has increased the number of vulnerable households as the flow of important remittances previously sent home by them has stopped.

A final factor magnifying the humanitarian need of these populations is how quickly this new food crisis has followed the major crisis of 2010; the poorest households have had no time to recover. Crisis has

severely diminished the resilience capacity of these populations; they struggle to cover basic food needs in a 'normal' year, this year the depletion of their few productive assets and livestock is compounded for many by high levels of indebtedness. Coping strategies such as seeking day labour are no longer possible, as a bad harvest and the economic crisis also means less local work opportunities.

## THE EUROPEAN UNION'S RESPONSE

The European Commission has been at the forefront of the humanitarian response to malnutrition in the Sahel since 2007 when the ECHO Sahel Plan was adopted. Since then ECHO has allocated over €225 million to the fight against malnutrition in the Sahel, through designing and funding the implementation of appropriate aid responses in cooperation with the local authorities, humanitarian agencies and EU Delegations and other donors in the region.

Based on continued monitoring on the ground through its four offices spread across the region, ECHO has so far allocated €55 million of humanitarian aid funding specifically to address malnutrition and the food crisis in the Sahel in 2012.

In 2011, it was estimated that almost 320,000 children, of the 400,000 children identified as suffering from severe malnutrition, were treated across the Sahel. Nearly half of these children were treated directly because of the European Commission's humanitarian funding; nevertheless thousands more remain unidentified and ECHO estimates that at least 600 000 children will need treatment for severe acute malnutrition in the Sahel in 2012 (a 50% increase on last year).

### What can be done to reduce the impact of a food crisis?

In order to reduce the suffering caused by this food crisis prevention and mitigation measures need to be taken immediately. This year in some places the 'lean season' is expected to begin in February, five months earlier than usual. The EU is ready to support the most vulnerable populations through different tools. ECHO's current order of priorities is:

- Scaling-up Cash & Voucher transfers, where affected populations are given money or vouchers either unconditionally or in return for work with which they can get food for themselves. This type of intervention when implemented correctly can have the added-value of boosting local economies rather than weakening them as massive food distributions often risk doing.
- Mobilising funding in advance of the crisis to purchase food stocks before food prices rise.
- Reinforcing existing nutrition and treatment operations to treat acute malnutrition in children

under 5 years of age, and for pregnant and breastfeeding women.

- Providing support to pastoralist communities to ensure the availability of food for their livestock in markets.
- Providing general food distributions at household level to the most vulnerable populations when and where food is not available on markets.
- Committing to a closer coordination between international humanitarian, development agencies and national governments so as to top-up national emergency food stockpiles and pre-position food in the areas most at need.
- Adapting development aid projects to reduce people's obligation to sell productive assets such as agricultural tools, land and livestock.

Action towards achieving these short-term objectives has already begun; at the end of November 2011, ECHO committed a €10 million emergency decision to support the preparation and mitigation of the first adverse effects of the crisis in the Sahel. This funding will directly benefit 380 000 people through cash and voucher transfers and the repositioning of products to treat malnutrition during the 'lean season'. In Chad, a further €10 million is being mobilised to contribute to ECHO's activities.

With ECHO funding, UNICEF is already shipping in therapeutic feeding supplies for when malnutrition rates peak later in the year. While the WFP is purchasing food in the region so as to channel it towards the most affected populations. In the event that markets fail because prices rise so high that no-one can afford food, in-kind food aid for populations in isolated regions will be needed. This will require effective national and regional coordination of actions.



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# 2011 ECHO CONTRIBUTION IN SAHEL

