



**THE REGIONAL FOOD
SECURITY AND
NUTRITION WORKING
GROUP (WEST AFRICA)**

**GROUPE DE TRAVAIL
RÉGIONAL SÉCURITÉ
ALIMENTAIRE ET
NUTRITION
(AFRIQUE DE L'OUEST)**

**Sahel and
West Africa :
Alarming Food
and Nutritional
Insecurity**

MARCH 2021



STATE OF PLAY

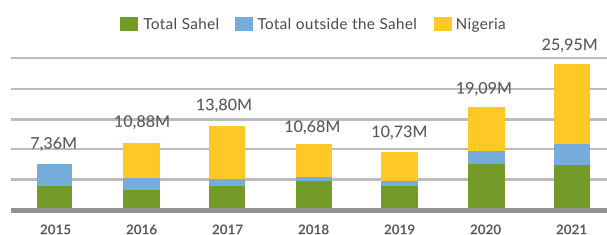
AN UNPRECEDENTED LEVEL OF FOOD AND NUTRITIONAL INSECURITY

In the Sahel and West Africa, the results of the latest analyses of the Cadre Harmonisé (October-November 2020) have shown that around 16,7 million people are currently in acute food insecurity (CH | IPC Ph3-5) and that, if effective interventions are not undertaken quickly, around 23,6¹ million people will be so during the next lean season 2021 (June-August).

Inter-annual comparisons must be nuanced because, on the one hand, these are situational analyses of acute food insecurity dependent on shocks/events and, on the other hand, there are variations in terms of the geographical coverage of the analyses and the type of data available. However, this situation is unprecedented in terms of the scale of the increase it represents (currently and for the coming lean season), +159% and +126% respectively of people in acute food and nutrition insecurity compared to the five-year average (2015-2020). Over one year, there is an increase of around 80% for the current period (Oct-Dec), and 18% for the hunger gap (June-August). This is despite a year considered as good in terms of rainfall conditions and agro-pastoral production.

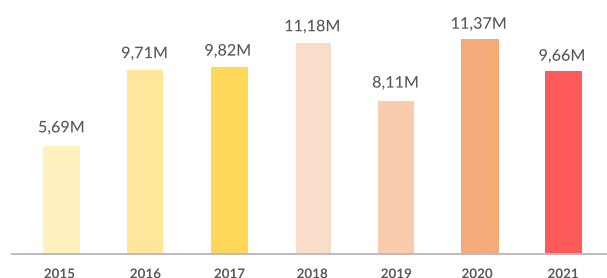
In 2021, the nutritional situation also remains worrying in the West and Central African region. A total of 13,90 million cases of acute malnutrition (AMD) are projected among children under 5 years old, of which about 30% (4,31 million) are cases of severe acute malnutrition (SAM). With regards to the ECOWAS² countries, as well as Cameroon and Mauritania, 9,66 million GAM cases are expected, of which 3,08 million are severe acute malnutrition cases (SAM), showing an increase of +7% compared to the five-year average (2015-2019).

NUMBER OF PEOPLE EXPECTED IN PHASE 3 OR MORE DURING THE LEAN SEASON (ANALYSES OF THE CADRE HARMONISÉ 2015 - 2021)



SOURCE: REGIONAL CONSOLIDATION CADRE HARMONISÉ, 2020

NUMBER OF EXPECTED GAM CASES AMONG CHILDREN UNDER 5 YEARS OLD IN WEST AFRICA AND THE SAHEL 15 ECOWAS COUNTRIES + CAMEROON AND MAURITANIA



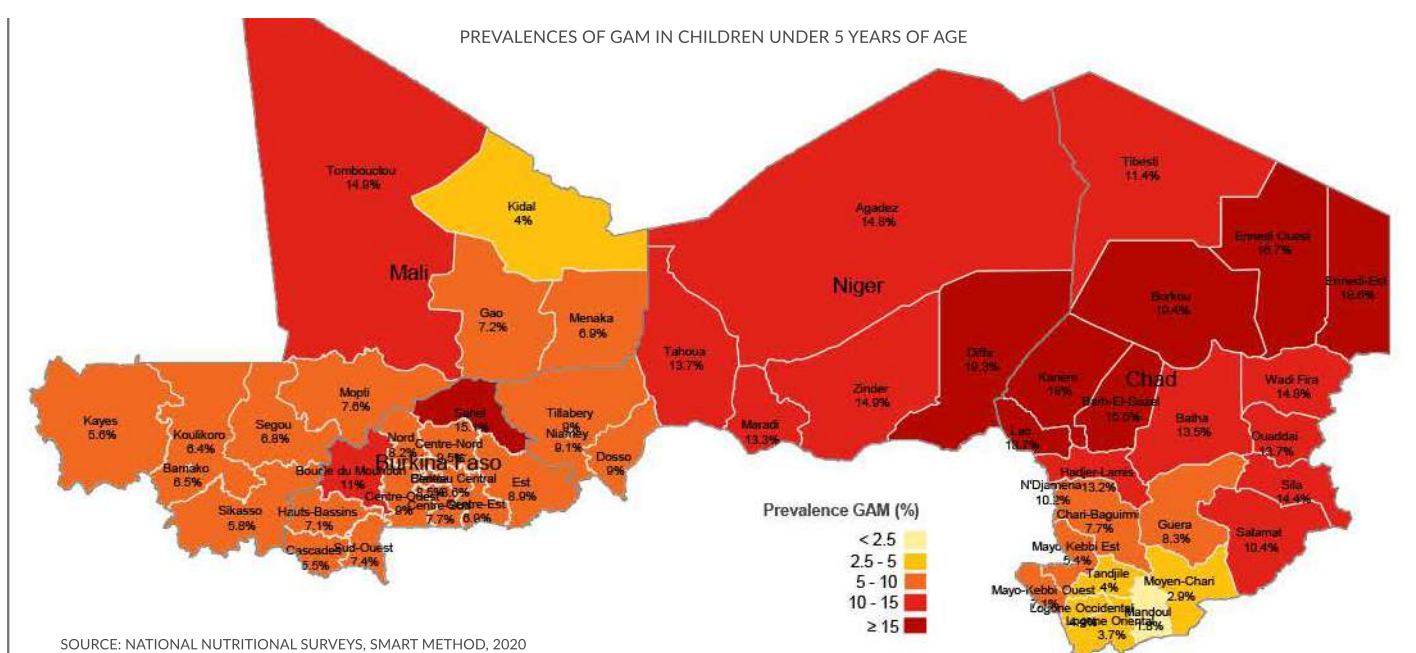
SOURCE: NUTRITION CLUSTER/SECTOR, 2021

¹ The figures of 16.7 (current) and 23.6 (projected) million take into account Benin, Burkina Faso, Chad, CIV, Gambia, Ghana, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo. But these figures are 19.4 and 25.9 M if Cameroon is also considered (for which the analyses have been carried out regularly since March 2019).

² Nutrition figures for ECOWAS countries take into consideration 15 countries (Benin, Burkina Faso, Cape Verde, Chad, VIC, Gambia, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo) + Cameroon and Mauritania.



In 2020, four national nutrition surveys were conducted, respecting protective measures related to the COVID-19 pandemic, between September and December in Burkina Faso, Mali, Niger and Chad³. The results showed an increase in national GAM prevalence in Burkina Faso (9,1% vs 9,0%) and Niger (12,7% vs 10,6%) compared to the results of the 2019 surveys, while in Mali (7,2% vs 8,1%) and Chad (10,0% vs 12,9%), a slight decrease is recorded. However, it should be noted that for the latter two countries, the results are not directly comparable as the surveys were conducted during the post-harvest period, making comparison with previous surveys difficult.



These figures reflect extreme human suffering. The Food Security and Nutrition Regional Working Group (FSNWG) calls for concrete and immediate commitments to meet the most acute needs and anticipate a lean season that is projected to be extremely challenging for the populations of the Sahel and West Africa.

Recommendations to this effect are made in the last part of this note. These recommendations also include the need to improve ongoing medium and long-term interventions which must (i) respond more effectively to structural needs and (ii) address underline causes to make long lasting changes.

³ Final report of the national nutrition survey 2020 in Niger (SMART Method) and Preliminary reports of the national nutrition surveys 2020 in Burkina Faso, Mali and Chad (SMART Method).

Key drivers for an unprecedented increase in acute food and nutrition insecurity



As a preamble, it should be noted that additional aggravating factors occur in a context of already high chronic vulnerability that a large part of the region's population has confronted for decades. The combined effects of civil insecurity and its multiple consequences on markets and livelihoods (particularly agricultural and pastoral livelihoods), climatic shocks and atypical and abnormally high food prices are the main drivers for recurring food and nutrition insecurity. There is a geographical overlap between the areas most affected by acute food and nutrition insecurity and conflicts. The latter also negatively affect people's livelihoods and the functioning of markets. It should therefore be noted that the national response plans (PNR Plan National de Réponse) are, in this sense, undersized and underfunded. Analyses showed that these drivers resulted in record levels of food and nutrition insecurity as early as the November 2019 analyses with consequences of the COVID-19 pandemic further aggravating an already deteriorated situation.

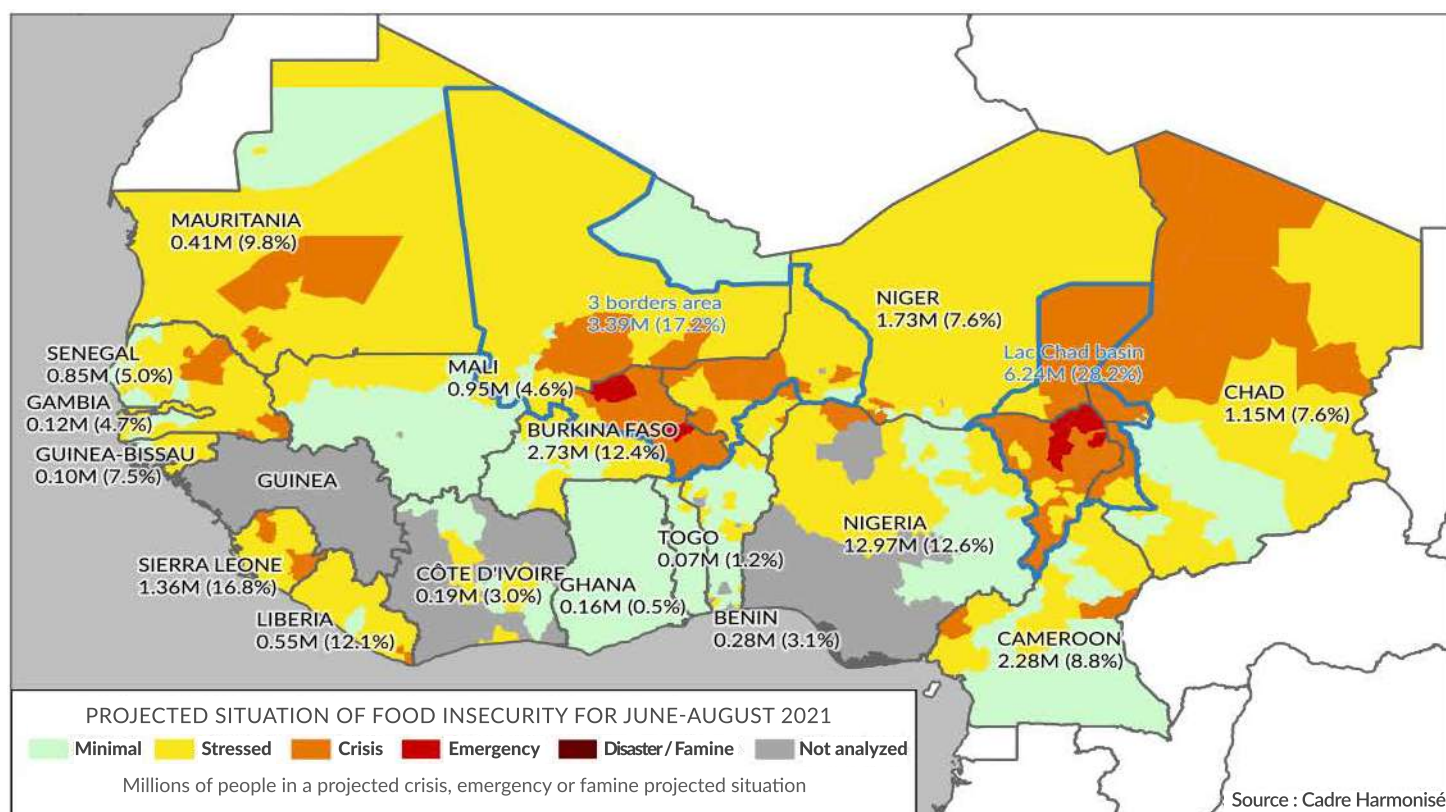
The political and health measures taken by national governments in the region to deal with the first wave of COVID-19 have slowed the spread of the pandemic. However, despite the short duration of some of the initial restrictive measures in the region, they also contributed to degrading the already fragile livelihoods of vulnerable populations by disrupting market access conditions for a large number of agricultural and livestock products.

The restriction of movements within and especially between countries (border closures) had a significant negative impact on the mobility of people and animals and on trade flows. The closure of land borders in most countries also undermined cross-border markets, trade, and many actors in the food supply chains, particularly those involved in the livestock sectors. In addition, preventive and curative services in health, nutrition and other basic services (such as education) have been affected, despite the operational adaptations and adjustments that have been put in place. As a result, many preventive interventions and the delivery of nutritional inputs have been significantly slowed. Since December 2020, there has been a significant resurgence of COVID-19 cases in Africa, leading to a "second wave" with new measures restricting mobility of people and goods. This new wave is likely to cause further disruption to livelihoods, food, health and agro-pastoral systems, which will weigh even more heavily on vulnerable households.

CRITICAL AREAS OF ACUTE FOOD AND NUTRITION INSECURITY IN THE REGION

According to available data, three regional subsets appeared to depict even more critical areas of food and nutrition insecurity: the Lake Chad Basin⁴, the Three border area⁵ and, to a lesser extent (in absolute terms), Liberia and Sierra Leone.

Nevertheless, the focus on these critical areas should not make us lose sight of the deteriorated situations in North-West Nigeria (Sokoto, Niger, Katsina and Kaduna⁶) where 4,37 million people will be in crisis during the projected period. In terms of nutrition, and in the 9 states of North West⁷ Nigeria, more than 2 million cases of acute malnutrition among children under 5 years old are expected, including nearly 840 000 in SAM. The North-West/South-Western zone of Cameroon is also in a critical situation with 8 out of 13 administrative zones classified as being in crisis in the current period and 663 921 people in crisis in the projected situation. The multiplication of food insecure geographical areas represents another major challenge to be met.



⁴ Border regions of Niger (Diffa), Chad (Lake), Nigeria (Borno, Yobe and Adamawa) and Cameroon (Far North).

⁵ Border regions of Mali (Timbuktu, Gao, Mopti and Ménaka), Niger (Tillabéry and Tahoua) and Burkina Faso (Sahel, East, North Central and North)

⁶ Zamfara was not analysed in the last CH cycle due to an inability to organise the analysis at the local level.

⁷ Bauchi, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto and Zamfara.

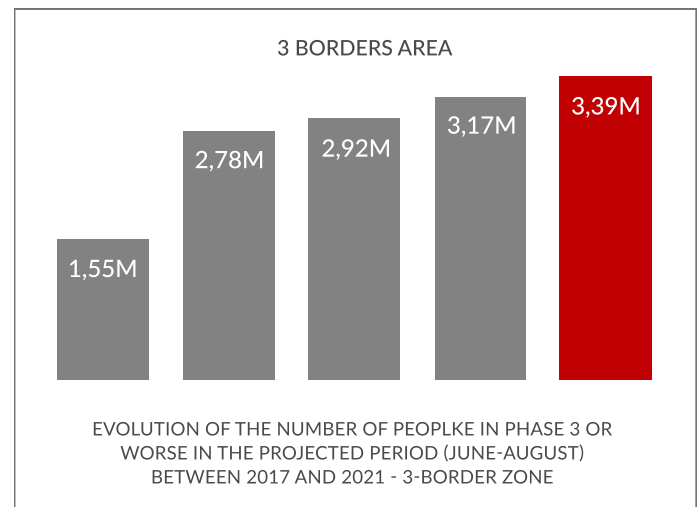
CRITICAL AREAS OF ACUTE FOOD AND NUTRITION INSECURITY IN THE REGION

3 BORDERS AND LAKE CHAD BASIN

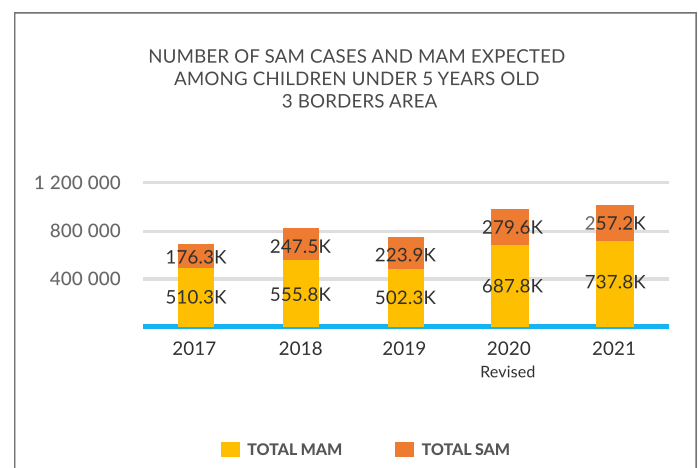
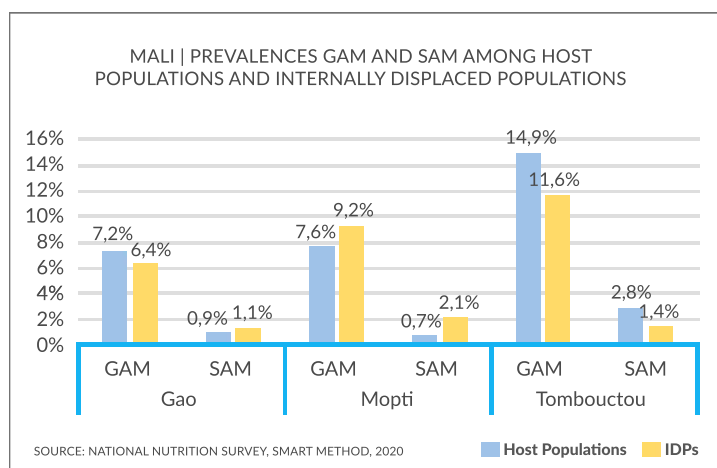
In these two subsets, where the security deterioration is prolonged or has intensified, while continuing to expand geographically, an increase in the number of people in food crisis is projected. The complex context has led to internal displacement of populations, difficulties in accessing fields and pastures, strong pressure on household livelihoods, and has dramatically limited access to basic social services and healthy food. It should be noted that the situation of food and nutritional insecurity among the 4,2 million internally displaced persons (IDPs) in the zone remains difficult to measure, not only because of the lack of specific analysis in the most recent CH analyses, but above all because of the persistence of conflicts causing repeated displacements and limiting access for humanitarian actors to certain areas. Despite this lack of access, the available information indicates a sharp deterioration in food security indicators.

For the moment, the situation is more nuanced for the nutrition sector which can be explained by the fact that the effect of food deprivation is not immediate on the nutrition status. For example, in Mali, the 2020 national nutrition survey targeted IDPs in 6 regions (Bamako, Koulikoro, Gao, Mopti, Segou and Timbuktu). The results showed higher GAM prevalence among IDPs in Mopti region (9,2% vs 7,6%), while the trend is reversed in Gao (6,4% vs 7,2%) and Timbuktu (11,6% vs 14,9%). With regard to prevalence of SAM, these were higher among IDPs in the regions of Gao (1,1% vs. 0,9%) and Mopti (2,1% vs. 0,7%).

In the Three-Borders area, the food and nutritional situation has been steadily deteriorating since 2017. The number of people in a crisis situation (Phase 3 to 5) has increased from 1,55 million in 2017 to 3,39 million in 2021 according to the projections of the Cadre Harmonisé from November 2020. Strong disparities exist since in the Burkina Sahel region, 43,2% of the population could be in food crisis, while this proportion is 7,4% in the Tahoua region of Niger.



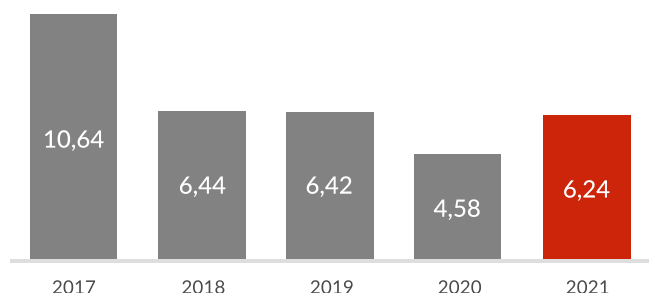
In 2021, the estimates established by the Nutrition Clusters show that almost 1 million children under 5 years of age will be in a situation of acute malnutrition (GAM) in the Three-Borders area, including almost 260 000 SAM. According to the results of the 2020 national nutritional surveys, the Sahel region in Burkina Faso, Timbuktu in Mali and Tahoua in Niger are the regions whose nutritional situation has deteriorated the most, with GAM prevalence of 15,1%, 14,9% and 13,7% respectively, approaching the "very high" threshold of 15% defined by the WHO. These same regions show SAM prevalence above the emergency threshold of 2%, with 2,7% in the Sahel (Burkina Faso), 2,8% in Timbuktu (Mali) and 2,9% in Tahoua (Niger). In a context where access to basic social services is limited and humanitarian access compromised, this situation is very worrying as children with SAM face a significantly increased risk of mortality and morbidity.





CRITICAL AREAS OF ACUTE FOOD AND NUTRITION INSECURITY IN THE REGION

LAKE CHAD BASIN



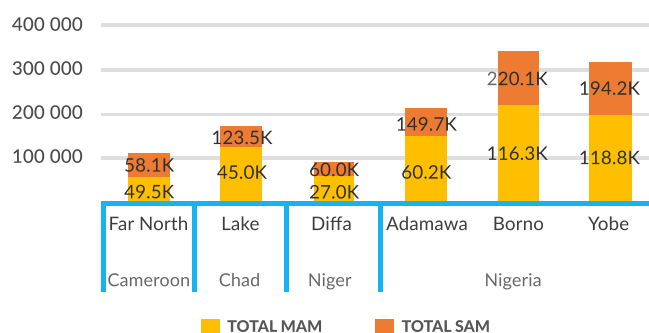
EVOLUTION OF THE NUMBER OF PEOPLE (IN MILLION) IN PHASE 3 OR WORSE IN THE PROJECTED PERIOD (JUNE-AUGUST) BETWEEN 2017 AND 2021

In the Lake Chad Basin, for the first time in 4 years, a new increase in the number of people in food crisis is expected during the lean season in 2021 with 6,24 million (+1,66 million) people projected in Phase 3 and above. It is estimated that nearly 28% of the population in this zone will be food insecure during the lean season in 2021. In Cameroon's Far North, this proportion has been steadily increasing since 2019, rising from 7,4% to 18,3% expected in 2021. Borno and Yobe (North East Nigeria) have the highest proportions with 39,4% and 33,6% of their population affected respectively, while considering that the needs of nearly 800 000 people could not be analysed due to the very deteriorated security conditions mainly in some parts of Borno State.

According to estimates by Nutrition Clusters in Cameroon, Nigeria and Chad, it is expected that by 2021 there will be nearly 1,22 million cases of GAM among children under 5 years of age, including 417 000 cases of SAM in 2021.

The number of cases of GAM among children projected this year represents an 11% increase compared to 2020 estimates. In Nigeria, as in Cameroon, no nutritional survey was conducted in 2020, however in Chad, the results of the national 2020 survey have shown that in Lake province, the nutritional situation is alarming with GAM and SAM prevalence rates of 18,7% and 3,9% respectively; the threshold of 15% GAM is largely exceeded.

NUMBER OF CASES OF SAM AND MAM EXPECTED IN 2021 AMONG CHILDREN UNDER 5 YEARS OLD LAKE CHAD BASIN

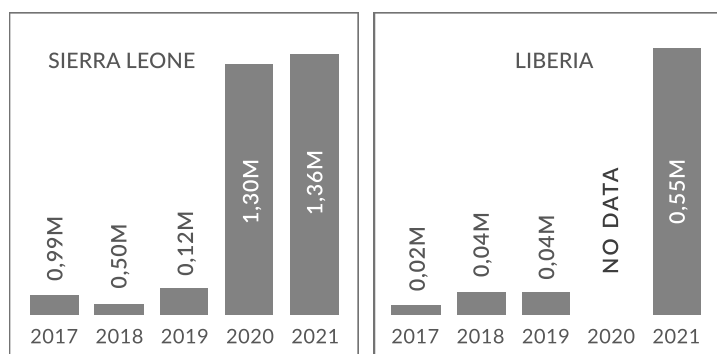




CRITICAL AREAS OF ACUTE FOOD AND NUTRITION INSECURITY IN THE REGION

SIERRA LEONE AND LIBERIA

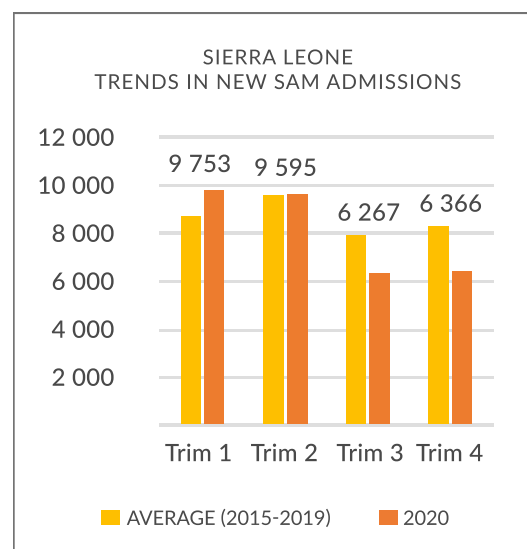
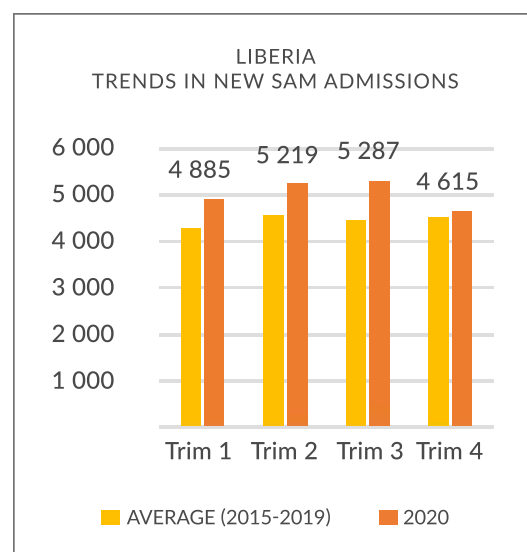
Liberia and Sierra Leone are sinking into an economic crisis whose repercussions directly affect market food prices and household incomes and, therefore, their ability to access food in sufficient quantity and quality. According to CH projections, 16,8% and 12,1% of the population of Sierra Leone and Liberia respectively will be in food crisis or worse between June and August 2021, proportions never before seen.



EVOLUTION OF THE NUMBER OF PEOPLE IN PHASE 3 OR WORSE IN THE PROJECTED PERIOD (JUNE-AUGUST) BETWEEN 2017 AND 2021 SIERRA LEONE AND LIBERIA.

At the level of the nutrition sector, the lack of recent survey data does not allow an in-depth analysis of the nutritional situation in these two countries. However, in 2021, 184,000 cases of GAM are expected, including 61,000 cases of SAM; it should be noted that 68% of these cases are in Sierra Leone. A comparison of the levels of admissions of SAM children to treatment units between 2020 and 2019 shows a decrease of -28% in Liberia and -24% in Sierra Leone. However, it should be noted that in Liberia, an increase of +13% is observed in new SAM admissions when compared to the 5 years average. Decreased admission between 2020 and 2019 are believed to be directly linked to the decreased use of nutrition services attributable to the COVID-19 pandemic and a low level of reporting in the last quarter of 2020 rather than an improvement in nutrition status. However, while levels of food insecurity have increased as a result of economic inflation in both countries, the low uptake of best practices in early childhood care and feeding, the high burden of environment-related communicable diseases (particularly in urban areas), and inadequate access to health, water, hygiene and sanitation services, all threaten the nutritional status of children under five and mothers. Special attention must therefore be paid to monitoring the nutritional situation in these two countries.

EVOLUTION TRENDS NEW ADMISSION SAM 1ST AND 2ND QUARTER 2020 COMPARED TO THE AVERAGE OF THE LAST 5 YEARS (2015-2019) - SIERRA LEONE AND LIBERIA.





CONCLUSIONS AND RECOMMENDATIONS

2021 is reminiscent, although the causes are not exactly the same, of the situation observed in 2020, when the figures for acute food and nutritional insecurity had risen sharply and suddenly. The alarming situation projected for 2021 calls for heightened and sustained attention and immediate action to meet emergency needs and protect household livelihoods.

The FSNWG calls on governments, ECOWAS, the African Union and their partners to ensure that, beyond the emergency humanitarian response - from which the region will benefit in the face of this food and nutrition crisis - concrete policies, response strategies and action plans are rapidly produced in anticipation. This would ensure better and more effective complementarity of funding and, at the same time, increase the medium to long term impact on the well-being of populations and communities (including stabilised IDPs) who have become weary and vulnerable as a result of chronic crises..

An operational and financial paradigm shift must take place to break the recurring cycle of fragility and vulnerability in which populations find themselves, and ensure food and nutritional security, the resilience of agro-pastoral households and access to basic social services (health, nutrition, water and sanitation, education).

This can only be achieved through strong, flexible and multi-year investments which shall contribute to strengthening social cohesion and contain the deterioration of the security context. Chronic vulnerability must therefore remain a major concern and focus for development actors allowing humanitarian actors to respond rapidly to the most acute needs when national capacities are overwhelmed.

The current strategy in the Centre-Sahel, mainly oriented towards military and security aspects, has negative impacts on food and nutritional security directly resulting in increased numbers of people in need of assistance. While security has become a priority with the worsening and spread of conflicts, reduced investment in social/basic services has a direct impact on access to education, health, nutrition and water and sanitation.

The FSNWG therefore calls on decision-makers to put civilian populations back at the heart of the short, medium and long-term response by focusing on social protection, support to agriculture, food and nutrition security and livelihoods.



CONCLUSIONS AND RECOMMENDATIONS

FOR AN EMERGENCY RESPONSE :

To all stakeholders

1. Strengthen appropriate response mechanisms, including rapid response mechanisms for unconditional food and nutritional assistance, to recently displaced populations and populations identified in phase 3 and beyond;
2. Monitor food and nutrition security in cross-border areas identified as critical and/or at risk of degradation, and support data collection systems adapted to conflict areas where state systems are no longer functional;
3. Promote and ensure the deployment of innovative, contextualised strategies with a solid anchorage at community level (cereal banks, community solidarity systems, Family-MUAC, ICCM⁸, Cash Transfer, Health Surge) to ensure access to essential services at all times, including in areas where access is limited or difficult;
4. Strengthen inter-sectoral synergies and "integrated assistance packages" for more effective emergency responses;
5. Maintain the principles of 'do no harm' and put conflict sensitivity at the heart of emergency response, including ensuring the inclusion and participation of all components of the community, including marginalised groups.

To Governments

1. Guarantee, through the implementation of specific measures, free and direct access to humanitarian assistance for the population;
2. Protect health facilities and medical staff, and facilitate access to basic social services, including access to social safety nets;
3. Increase the budgets allocated to National Response Plans through the mobilisation of national financial resources dedicated to humanitarian response and monitor the implementation of these plans with a clear and inclusive mechanism that includes civil society representatives;
4. Strengthen the extension of existing social safety net programmes for food security and nutrition-sensitive livelihoods for households (including IDPs) in critical areas.

FOR A RESPONSE TO STRUCTURAL NEEDS :

1. Ensure that the structural needs of IDPs that have been "stabilised" for several years are met (particularly access to basic services), and increase the coverage of structural/recurrent bridging needs, particularly through more responsive social safety nets and ambitious social protection programmes;
2. Support investments in agricultural, food and health systems through proactive policies aimed at ensuring food, nutrition and health security and sovereignty in the region;
3. Monitor and ensure accountability mechanisms on budgetary commitments to family farming and the provision of basic health, nutrition and education services (to be materialised and sustained over sufficiently long cycles - 10 years), anti-speculative measures and monitoring of "stimulus packages";
4. Invest in sustainable solutions (cross-sectoral policies and action plans) for more effective prevention and management of malnutrition, including promoting the availability, access and use of nutritious, safe, affordable and sustainable food;
5. Support the acceleration of innovative operational approaches to strengthen the resilience of health systems and communities.

⁸ Integrated Community Case Management

THE REGIONAL FOOD SECURITY AND NUTRITION WORKING GROUP (WEST AFRICA)

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