

Sahel & West Africa

Food Security and Nutrition Hotspot Analysis

April 2023

Background

In the West and Central Africa Region, WFP, UNICEF and partners have been conducting a joint prioritisation exercise using the last six Cadre Harmonisé (CH) and Integrated Food Security Phase Classification (IPC) analysis rounds. These exercises aim at identifying areas to be prioritised for Food Security and Nutrition emergency responses with their expected number of beneficiaries based on the CH/IPC analysis results, as well as other information such as nutrition surveys, numbers of food insecure populations (i.e. populations in CH Phase 3 or higher¹), the number of internally displaced populations (IDPs) and conflict data. Hotspots for nutrition interventions were identified based on a variety of indicators (e.g. stunting prevalence, wasting [GAM and SAM] prevalence etc.) and associated aggravating and risk factors. Building on past exercises, the current analysis aims at identifying both priority areas and 'clusters' of food and nutrition insecurity hotspots which share similar characteristics in terms of food insecurity and nutrition trends, as well as underlying aggravating factors.

What is the hotspot analysis approach?

It is a classification of the area most vulnerable and at risk of food and nutrition insecurity, which relies on different prioritisation factors, and is based on existing food security and nutrition analysis exercises as well as an analysis of aggravating and risk factors. The analysis aims to ensure better targeting in humanitarian context, enhance coordination of interventions and supply planning, inform stakeholders, decision-makers and donors on the population and areas most in need of humanitarian assistance, and advocate for more funding opportunities for Food Security, Nutrition and other relevant sectors. It usually follows the two cycles of food security and nutrition analyses of the CH/IPC (usually March and November). This prioritisation exercise requires the availability of recent data to better reflect the situation and needs of the populations in the affected areas. The food security and nutrition hotspot analysis provides insights into the situation of the populations in need of food and nutrition assistance, and is intended to feed into response planning and prioritisation exercises at the country level.

Methodology

Data requirements

Food Security: The starting point of the food security hotspot analysis is the March 2023 CH analysis that covered West Africa and the Sahel, as well as the September 2022 IPC analysis conducted in the Central African Republic (CAR). The aggregated results of these analyses are consolidated by the WFP Regional Bureau for Western Africa after each analysis round and made available on the [HDX platform](#). CH and IPC results are aggregated at the region/Admin 1 or district/Admin2 level, depending on the representativity of the country-level analysis (see 'Scope and level of analysis' below for more information). To further contextualise the prioritisation of food security hotspot areas, historical CH/IPC data from the past two analysis rounds (2019/20 and 2020/21) were used, in addition to secondary data on climate hazards (rainfall and vegetation anomalies), economic shocks (market prices), conflict (ACLED violent events and

¹ The Cadre Harmonisé and IPC analysis uses 5 phases to classify food insecurity: Phase 1 (Minimal), Phase 2 (Stressed), Phase 3 (Crisis), Phase 4 (Emergency) and Phase 5 (Catastrophe/Famine). For more information, see the **CH manual** or **visit the IPC website**.

the latest version of the [conflict barometer](#) of the Heidelberg Institute for International Conflict Research/[HIIC](#)) and forced displacement (disaggregated IDP figures).

Nutrition: The nutrition hotspot analysis relies on a methodology developed by the Nutrition units of WFP and UNICEF West and Central Africa Regional Offices. This analysis combines a total of 29 quantitative and qualitative indicators (worsening, deteriorating and risk factors). The methodological approach of the Nutrition Hotspot analysis uses most up-to-date indicators of undernutrition (prevalence of acute and chronic malnutrition) to which factors of deterioration and/or aggravation (prevalence of severe acute malnutrition, under-five mortality, data on major morbidities) and risk factors (recent data on IDPs, population density, risks related to human hazards, socio-economic vulnerabilities, access to social basic services, conflict situations etc.) are associated.

Scope and level of analysis

While the area covered by the Food Security Sector for this analysis includes all countries covered by the CH and IPC analysis, the Nutrition sector initially focused on the Sahel (G5+1) countries where nutrition data are available based on national nutrition surveys that are carried-out once a year during the lean season. In the future, the Nutrition sector ambitions to expand the analysis to all countries with recent available nutrition data.

For both sectors Security and Nutrition, the analysis was conducted with the same level of representativity as the CH analysis (usually district/Admin 2 level) to facilitate targeting and planning of interventions. Data on climate hazards, economic shocks and conflicts have been aggregated at this level where possible (i.e. where the data was available with a higher degree of precision).

For administrative areas with multiple sub-group analyses (such as host populations and IDPs, or accessible and inaccessible areas) the number of people in the difference CH/IPC Phases was aggregated at the closest administrative level (region/Admin 1 or district/Admin 2). The highest phase classification was then applied to the entirety of the administrative area.

Prioritisation of food security hotspot areas

To ensure consistency with previous exercises, the following methodology was used to determine the priority of each analysed area:

- **Priority 1:** all administrative areas classified in Phase 3 or above and with $\geq 20\%$ of the population are in CH Phase 3-5; or with $\geq 5,000$ people in Phase 4. Areas with $\geq 50\%$ of the population in Phase 3-5; or with $\geq 10,000$ people in Phase 4; or with a presence of populations in Phase 5 are specifically highlighted in the maps and tables.
- **Priority 2:** all remaining administrative areas classified in Phase 2 or above and with 10-19.99% of the population in Phase 3-5.
- **Priority 3:** all remaining administrative areas classified in Phase 2 or above.
- **Priority 4:** remaining administrative 2 areas (i.e. areas not meeting above criteria).

Both the Mar-May 2023 estimate and the June-August 2023 projection were taken into account to determine the priority (e.g. an area can be classified as priority 1 if it matches the criteria above for at least one of the two phases as per the March 2023 CH analysis).

Prioritisation of nutrition hotspot areas

Since 2019 and the first round of the Nutrition hotspot analysis carried out jointly by UNICEF and WFP Nutrition Unit of the WCA Regional Offices, the methodology and tools continued to evolve further.

In 2020, the measures of association of risk factors associated with malnutrition from 120 research articles were extracted and identified. The factors identified were: birthweight; maternal stature; breastfeeding status; IYCF practices; immunization status, child morbidities; maternal or parental education; maternal

age; marital status; socioeconomic status; access to safe and clean water; sanitation and hygiene practices; family size; household food security; dietary diversity; living in rural or urban areas; access to and functionality of healthcare services; media; civil insecurity; mass population displacement; etc. Specific thresholds and scores were then developed for each factor, based on most predictive factors, using the quartile, median and CART method. Last, by using the various data resources mentioned above, the total score from all factors for each second-level administrative zone was obtained and prioritized either being at “very high” (priority 1), “high” (priority 2), “medium” (priority 3) or “low” (priority 4) risk of malnutrition. All administrative zones with a total score >51.25 ; $34.5-51.24$; $17.5-34.4$ and <17.4 were prioritized as being at very high, high, medium and low risk of malnutrition, respectively.

With the aim to refine the analysis of areas classified in VERY HIGH & HIGH priority level, a first tentative of "Clustering Approach" have been developed with the support of partners from the NiE working group and following comments provided by the FSNWG members. This new approach had considered a retrospective analysis of GAM prevalence (from 2010-2021), as well as the 2021 U5 crude mortality rate, and criteria related to insecurity/conflict which may hamper access to social basic services. This clustering approach is still in progress and has been applied in the 2023 Hotspot Analysis. It will be further elaborated in 2023. See Annex 1 for a detailed overview of all indicators considered in the nutrition hotspot analysis.

All results from the Nutrition analysis were reviewed and validated by the respective national nutrition clusters and finally endorsed by the regional FSN cluster.

Results of the Food Security and Nutrition Hotspot Analysis

The following section will present the results of the food security and nutrition hotspot analysis. First, the results for each sector are presented separately, and then the overlay of the two analyses is discussed. The tables below highlight the key figures for each of the three analyses.

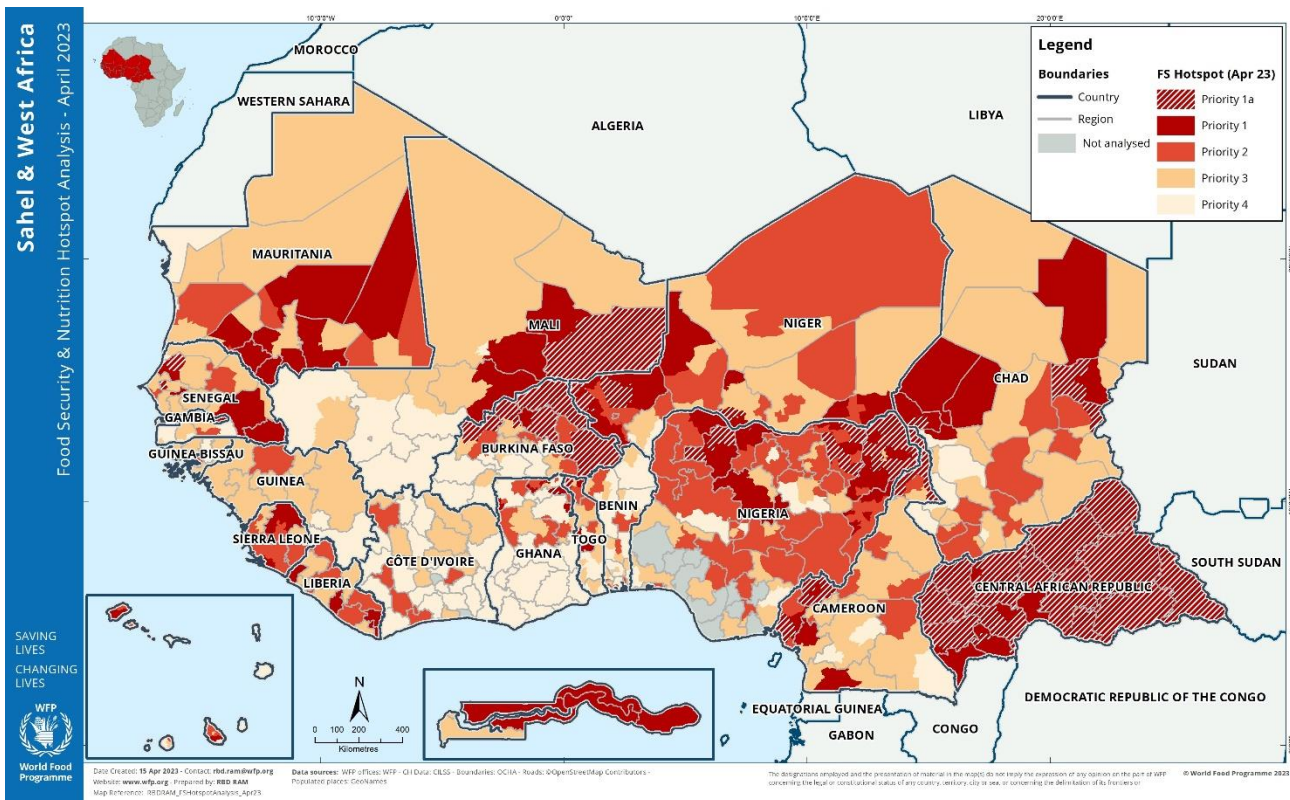
Key figures: food security hotspot analysis

Overall, the CH and IPC analyses estimated that 32.5 million people are currently (Mar-May 2023) food insecure in the region, and over 47.8 million will be food insecure during the projected period (Jun-Aug 2023). Of these, around 7 million are currently found in Priority 1 areas, with the figure projected to increase to around 19.9 million during the projected period. These figures include 3.3 million and 10.6 million food insecure people living in Priority 1a areas for the current and projected period, respectively. The following table shows the breakdown of these figures by priority, and the characteristics of each priority category:

Priority	Description	Current Period		Projected Period	
		Areas	People	Areas	People
Priority 1a	<i>Administrative areas classified in Phase 3 or above with $\geq 50\%$ of the population in Phase 3-5; or with $\geq 10,000$ people in Phase 4; or with a presence of populations in Phase 5</i>	33	3,336,401	123	10,635,278
Priority 1b	<i>Administrative areas classified in Phase 3 or above with $\geq 20\%$ of the population are in Phase 3-5; or with $\geq 5,000$ people in Phase 4</i>	72	3,733,650	184	9,295,782
Priority 2	<i>Remaining administrative areas classified in Phase 2 or above and with 10-19.99% of the population in Phase 3-5</i>	331	12,097,373	412	16,724,888
Priority 3	<i>Remaining administrative areas classified in Phase 2 or above</i>	339	7,933,209	333	7,704,440
Priority 4	<i>Remaining administrative 2 areas (i.e. areas not meeting above criteria)</i>	409	5,385,415	265	3,477,299
Total		1,184	32,486,048	1,317	47,837,687

Table 1: Food insecure population by priority classification

The following map shows the distribution of priority areas across the region:



Map 1: Food Security hotspot areas in the Sahel & West Africa in 2022/23

An analysis of food security hotspot patterns since 2020 suggests that the proportion of Priority 1 areas for the projected period (Jun-Aug 2023), which stands at 23% of analysed areas, has decreased slightly compared to Jun-Aug 2022 (26% of analysed areas) and Jun-Aug 2021 (24% of analysed areas). However, the proportion of Priority 2 areas has increased significantly, from 23% in Jun-Aug 2022 to over 31% in Jun-Aug 2023. Similarly, the proportion of the food insecure population in Priority 1 areas has decreased slightly, from 48% of all analysed populations in Jun-Aug 2022 to around 42% in Jun-Aug 2023:

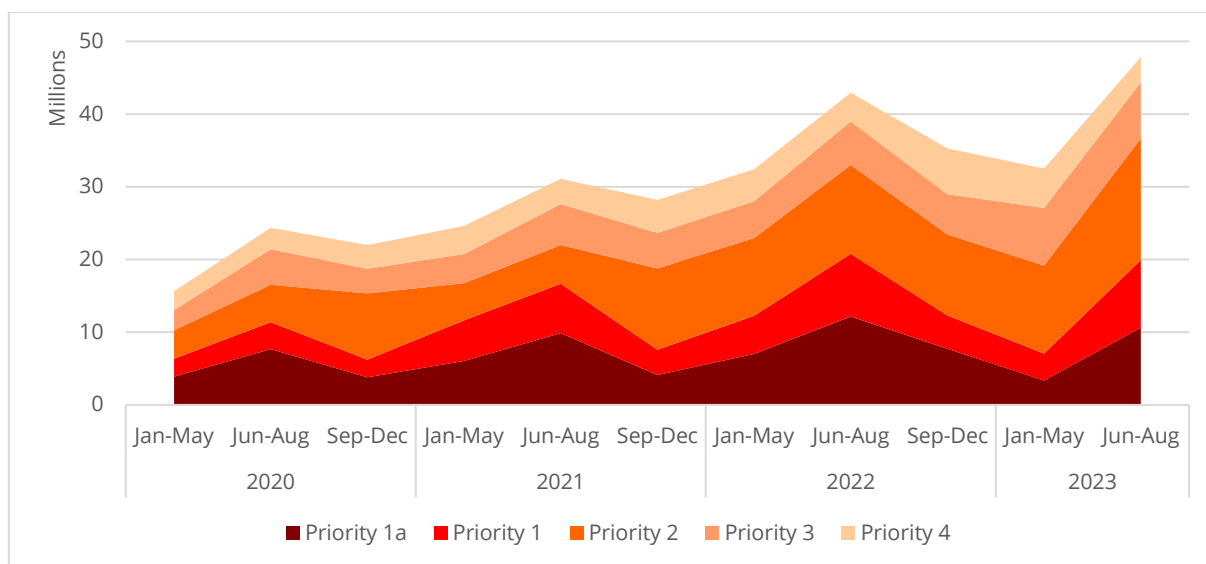


Figure 1: Evolution of food insecure populations by FS hotspot priority, 2020-2023

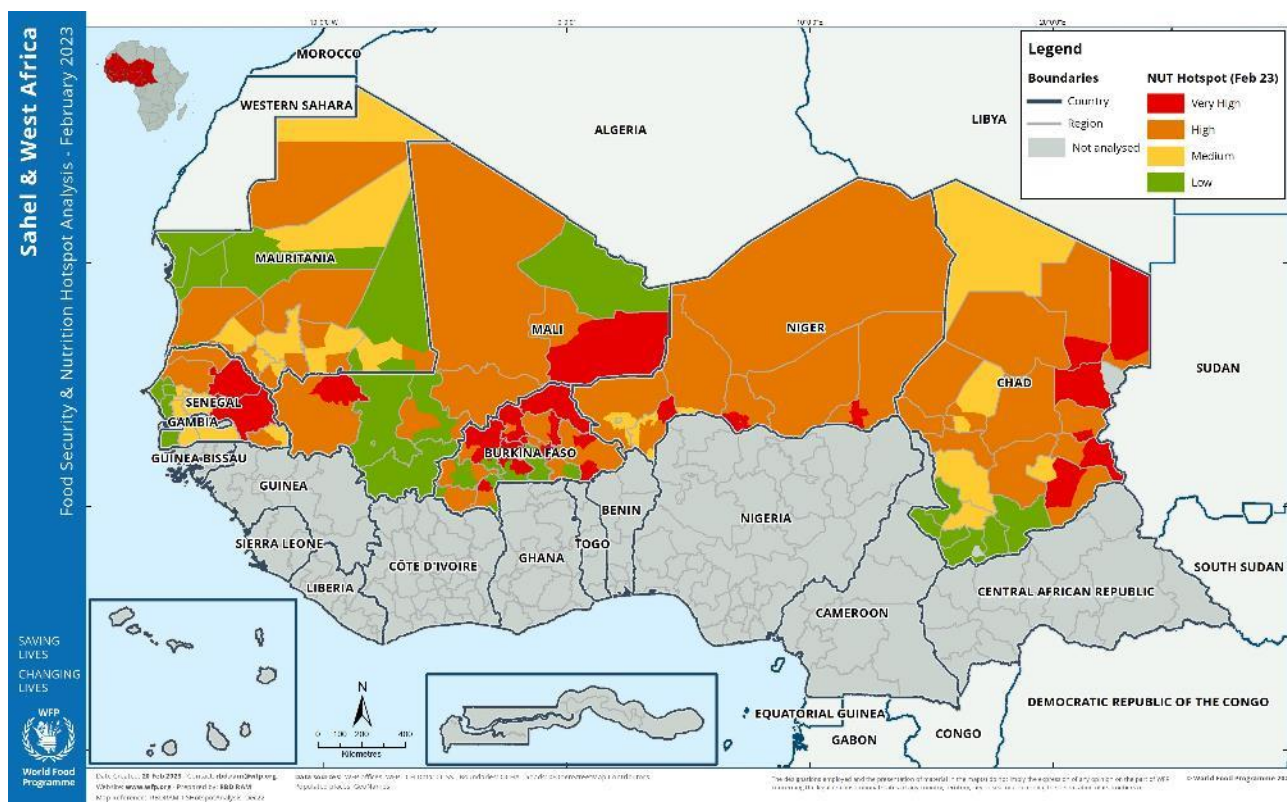
Key figures: nutrition hotspot analysis

A total of 425 administrative units² were analysed, which includes subdivisions (e.g. accessible & inaccessible areas, urban/rural etc.). The analysis suggests that of these, 68 areas (16%) are classified as 'Very High' priority; 183 (43%) as 'High' priority; 67 (16%) as 'Medium' priority and 107 (25%) as 'Low' priority. In 2023, a total of 6.3 million cases of wasting (GAM) are expected among children under 5 years old in the six countries included in the analysis, of which 1.5 million are expected to be cases of severe wasting (SAM). More than 60% of the GAM and SAM burden is found in the Central Sahel (4 million GAM cases and 976,500 SAM cases). The table below provides an overview of expected GAM and SAM cases by country in 2023:

Country	VERY HIGH		HIGH		MEDIUM		LOW	
	GAM	SAM	GAM	SAM	GAM	SAM	GAM	SAM
Burkina Faso	264,123	80,217	238,448	71,077	0	0	127,727	24,056
Chad	264,417	46,401	767,344	148,840	292,914	42,841	450,720	176,059
Mali	117,619	52,444	738,068	222,336	0	0	622,385	92,202
Mauritania	45,619	14,407	74,627	19,584	35,929	7,864	12,129	2,464
Niger	187,891	51,797	1,511,805	347,826	187,887	34,538	0	0
Senegal	52,286	21,046	58,569	15,691	76,010	24,904	154,670	36,914
Total	931,955	266,312	3,388,861	825,354	592,739	110,147	1,367,632	331,695
Central Sahel	569,633	184,458	2,488,320	641,239	187,887	34,538	750,113	116,258

Table 2: Expected GAM & SAM burden by country and NUT priority

The following map visualises the distribution of nutrition priority areas (Admin 2) across the six countries included in the NUT hotspot analysis:



Map 2: Nutrition hotspot areas in the Sahel in 2022/23

² These 425 analysis units are located in 330 administrative units (Admin 2 level).

Integration of FS & NUT Hotspot Analyses to inform programme design

To identify priority areas for joint interventions, the two sectoral analyses were combined as follows:

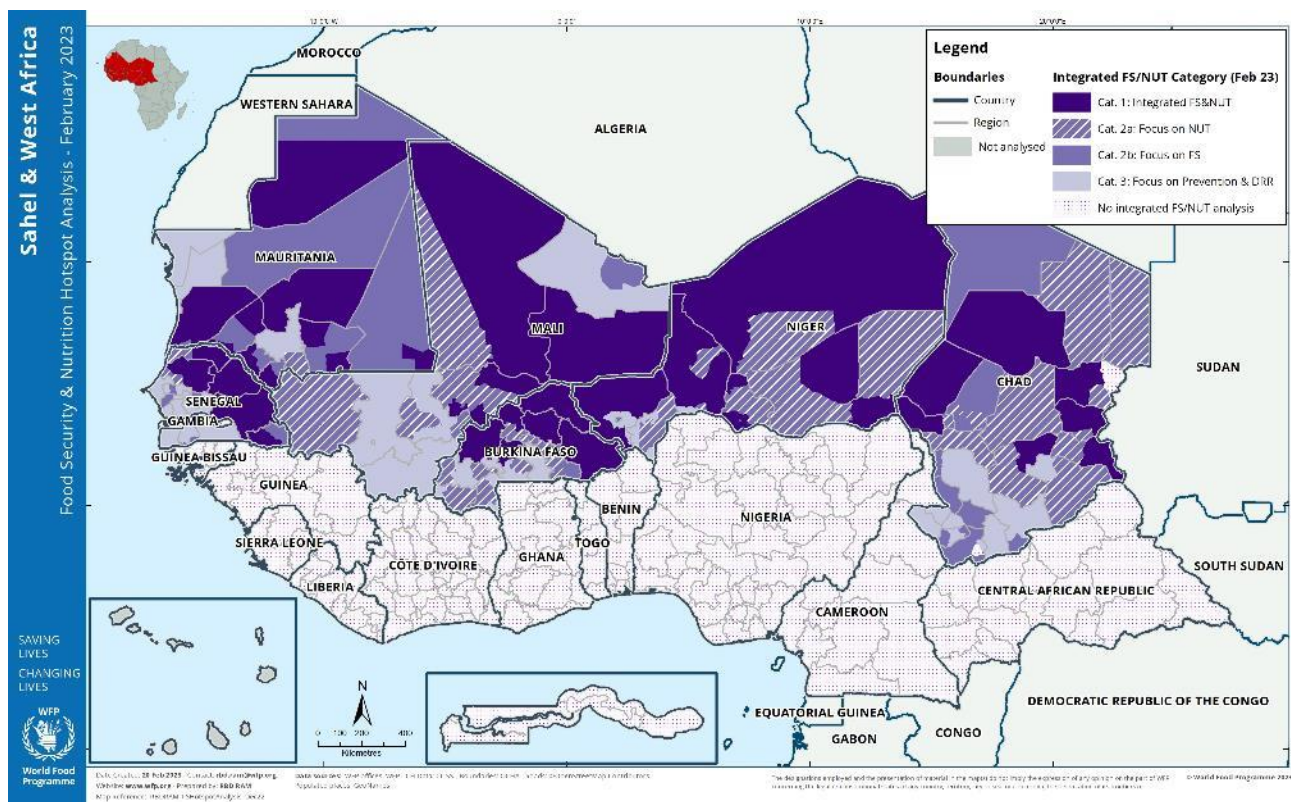
	FS Priority 1 & 2	FS Priority 3 & 4
NUT Priority: Very High & High	<p>Category 1 (High FS & NUT): Areas prioritised for integrated interventions that address acute food insecurity combined with malnutrition prevention and treatment. Pop CH Ph3+: 7.3 m; GAM: 2.3 m; SAM: 544,000</p>	<p>Category 2 (Low FS & High NUT): Areas prioritised for malnutrition prevention & treatment, but integration of FS & NUT is recommended. Pop CH Ph3+: 1.5 m; GAM: 1.9 m; SAM: 530,000</p>
NUT Priority: Medium & Low	<p>Category 2 (High FS & Low NUT): Areas prioritised for interventions that tackle acute food insecurity, but integration with malnutrition treatment & prevention (incl. SBCC) encouraged. Pop CH Ph3+: 1 m; GAM: 450,000; SAM: 129,000</p>	<p>Category 3 (Low FS & Low NUT): Areas prioritised for interventions that address the underlying causes of food and nutrition insecurity. Pop CH Ph3+: 1.6 m; GAM: 1.4 m; SAM: 300,000</p>

Table 3: Classification of joint food security & nutrition programme focus areas

This integration is intended to inform both the prioritisation and the design of integrated food security and nutrition responses:

- For programme design, the integrated analysis should be used to inform interventions that combine a response to acute food insecurity with the treatment and/or prevention of acute malnutrition.
- For the prioritisation of interventions, the results of the FS Hotspot Analysis can be used in addition to the CH to inform interventions that aim to address acute food insecurity. Priority should be given to interventions in Priority 1 areas, followed by Priority 2-4 in descending order. For interventions that address acute malnutrition, the NUT Hotspot analysis should be used as an entry point.

The following map shows the classification of the integrated FS & NUT programme focus areas:



Map 3: Integrated FS & NUT programme focus areas in the Sahel in 2022/23

Resources

Historical CH & IPC datasets (2014 to date): <https://data.humdata.org/dataset/cadre-harmonise>

WFP data visualisation platform (climate, economic & FS): <https://dataviz.vam.wfp.org/version2/>

Detailed results of FS & NUT hotspot analysis available upon request (see contact details below)

Contacts

Focal Points Food Security:

Ollo Sib, Head of RAM Unit, WFP Regional Bureau for Western Africa (ollo.sib@wfp.org)

Federico Doehnert, Regional RAM Officer, WFP Regional Bureau for Western Africa
(federico.doehnert@wfp.org)

Focal Points Nutrition (WFP):

Mahamadou Tanimoune, Head of Nutrition Unit, WFP Regional Bureau for Western Africa
(mahamadou.tanimoune@wfp.org)

Saidou Magagi, Regional Nutritionist, WFP Regional Bureau for Western Africa (saidou.magagi@wfp.org)

Focal Points Nutrition (UNICEF):

Simeon Nanama, Regional Nutrition Advisor, UNICEF Regional Bureau for Western Africa
(snanama@unicef.org)

Ann Defraye, Regional Nutrition Specialist, UNICEF Regional Bureau for Western Africa
(adefraye@unicef.org)

Anne-Céline Delinger, Nutrition Information System in Emergency Consultant, UNICEF HQ
(adelinger@unicef.org)

Annex

Annex 1: Final ranked factors for nutrition hotspot analysis with respective thresholds & scores

Rank	Contributing or Aggravating Factor	Thresholds in Administrative Zone	Scoring
1	GAM Rate in U5 Children	<ul style="list-style-type: none"> • ≥ 15% of U5 children with GAM • 10-14.9% of U5 children with GAM • 5-9.9% of U5 children with GAM • 2.5-4.9% of U5 children with GAM • < 2.49% of U5 children with GAM • 0% of U5 children with GAM 	<ul style="list-style-type: none"> • Score: 8 • Score: 6 • Score: 4 • Score: 2 • Score: 0
2	Stunting Rate in U5 Children	<ul style="list-style-type: none"> • ≥30% of U5 children are stunted • 20-29.9% of U5 children are stunted • 10-19.9% of U5 children are stunted • 2.5-9.9% of U5 children are stunted • < 2.49% of U5 children are stunted • 0% of U5 children are stunted 	<ul style="list-style-type: none"> • Score: 8 • Score: 4 • Score: 3 • Score: 2 • Score: 1 • Score: 0
3	SAM Rate in U5 Children	<ul style="list-style-type: none"> • ≥ 3% of U5 children with SAM 4 • 1-2.9% of U5 children with SAM 3 • 0.5-0.9% of U5 children with SAM 2 • <0.49 of U5 children with SAM 1 • 0% of U5 children with SAM 0 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1 • Score: 0
4	Risk of Mortality (Morbidity = Diarrhoea + Measles + Fever + Acute Respiratory Infections = Mortality)	<ul style="list-style-type: none"> • ≥3% of U5 children with risk of mortality • 1-2.9% of U5 children with risk of mortality • 0.5-0.9% of U5 children with risk of mortality • <0.49% of U5 children with risk of mortality • 0% of U5 children with risk of mortality 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1 • Score: 0
2	Diarrhoea	<ul style="list-style-type: none"> • ≥ 56% of U5 children with diarrhoea • 51-55.9% of U5 children with diarrhoea • 43-50.9% of U5 children with diarrhoea • ≤42.9% of U5 children with diarrhoea 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
3	Malaria or Fever	<ul style="list-style-type: none"> • > 56% of U5 children with a fever • 54.1-55.9% of U5 children with a fever • 43-50.9% of U5 children with a fever • ≤42.9% of U5 children with a fever 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
4	Vitamin A Coverage	<ul style="list-style-type: none"> • ≥ 65% of U5 children without vitamin A supplementation • 60-64.9% of U5 children without vitamin A supplementation • 55-59.9% of U5 children without vitamin A supplementation • ≤54.9% of U5 children without vitamin A supplementation 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
5	Deworming Coverage	<ul style="list-style-type: none"> • ≥ 65% of U5 children without vitamin A supplementation • 60-64.9% of U5 children without vitamin A supplementation • 55-59.9% of U5 children without vitamin A supplementation • ≤54.9% of U5 children without vitamin A supplementation 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
6	Measles	<ul style="list-style-type: none"> • ≥80% of U5 children with measles • 60-79.9% of U5 children with measles • 42-59.9% of U5 children with measles • ≤41.9% of U5 children with measles 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
7	Acute Respiratory Infections or Cough	<ul style="list-style-type: none"> • ≥ 70% of U5 children with ARI • 60-60.9% of U5 children with ARI • 30-59.9% of U5 children with ARI • ≤29.9% of U5 children with ARI 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1

Rank	Contributing or Aggravating Factor	Thresholds in Administrative Zone	Scoring
8	Access Health Care Facilities	<ul style="list-style-type: none"> • ≥ 40% of population have access to health care facilities • 35-39.9% of population have access to health care facilities • 30-34.9% of population have access to health care facilities • ≤29.9% of population have access to health care facilities 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
9	Access to Sanitation Facilities	<ul style="list-style-type: none"> • ≥46% of population have access to sanitation facilities • 31-45.9% of population have access to sanitation facilities • 26-30.9% of population have access to sanitation facilities • ≤25.9% of population have access to sanitation facilities 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
10	Access to Safe & Clean Drinking Water	<ul style="list-style-type: none"> • ≥ 46% of population have access to safe & clean drinking water • 43-45.9% of population have access to safe & clean drinking water • 28-42.9% of population have access to safe & clean drinking water • ≤27.9% of population have access to safe & clean drinking water 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
11	Cadre Harmonisé Phase 3-5	<ul style="list-style-type: none"> • > 2 Phase from the Cadre Harmonisé • 2.1-2.9 Phase from the Cadre Harmonisé • 1.1-2 Phase from the Cadre Harmonisé • ≤ 1 Phase from the Cadre Harmonisé 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
12	Displaced Populations	<ul style="list-style-type: none"> • > 30% of population is displaced • 15-29.9% of population is displaced • 10-14.9% of population is displaced • 5-9.9% of population is displaced • ≤4.9% of population is displaced 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1 • Score: 0
13	Food Insecurity (Household Food Consumption Score)	<ul style="list-style-type: none"> • ≥ 48% of HHs are food insecure • 45-47.9% of HHs are food insecure • 42-44.9% of HHs are food insecure • ≤41.9% of HHs are food insecure 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
14	Minimum Dietary Diversity	<ul style="list-style-type: none"> • ≥ 35% of U5 children met MDD • 25 – 34.9% of U5 children met MDD • 15 – 24.9% of U5 children met MDD • ≤14.9% of U5 children met MDD 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
15	Minimum Meal Frequency	<ul style="list-style-type: none"> • ≥ 60% of U5 children met MMF • 55-59.9% of U5 children met MMF • 50-54.9% of U5 children met MMF • ≤49.9% of U5 children met MMF 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
16	Low Birthweight	<ul style="list-style-type: none"> • ≥ 30% of new-borns with low birthweight • 25-29.9% of new-borns with low birthweight • 20-24.9% of new-borns with low birthweight • ≤21.9% of new-borns with low birthweight 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
17	Human Hazard (Part of Hazards & Exposure Index from INFORM SAHEL)	<ul style="list-style-type: none"> • ≥ 15% of Hazards & Exposure Index from INFORM SAHEL • 10-14.9% of Hazards & Exposure Index from INFORM SAHEL • 5-9.9% of Hazards & Exposure Index from INFORM SAHEL • ≤4.9% of Hazards & Exposure Index from INFORM SAHEL 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
18	Conflict Intensity (Index INFORM SAHEL)	<ul style="list-style-type: none"> • ≥ 7,5% of Conflict intensity Index from INFORM SAHEL • 5-7,4% of Conflict intensity Index from INFORM SAHEL • 2,6 - 4.9% of Conflict intensity Index from INFORM SAHEL • ≤2,5% of Conflict intensity Index from INFORM SAHEL 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1

Rank	Contributing or Aggravating Factor	Thresholds in Administrative Zone	Scoring
19	Civil Insecurity (Aclcd data from INFORM SAHEL)	<ul style="list-style-type: none"> • ≥ 7,5% of Civil Insecurity Index from INFORM SAHEL • 5-7,4% of Civil Insecurity Index from INFORM SAHEL • 2,6 - 4.9% of Civil Insecurity Index from INFORM SAHEL • ≤2,5% of Civil Insecurity Index from INFORM SAHEL 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
20	Socio-Economic Vulnerability (Part of Vulnerability Index from INFORM SAHEL)	<ul style="list-style-type: none"> • ≥ 15% of Vulnerability Index from INFORM SAHEL • 10-14.9% of Vulnerability Index from INFORM SAHEL • 5-9.9% of Vulnerability Index from INFORM SAHEL • ≤4.9% of Vulnerability Index from INFORM SAHEL 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
21	Infrastructure (Part of Lack of Coping Capacity Index from INFORM SAHEL)	<ul style="list-style-type: none"> • ≥ 15% of Lack of Coping Capacity Index from INFORM SAHEL • 10-14.9% of Lack of Coping Capacity Index from INFORM SAHEL • 5-9.9% of Lack of Coping Capacity Index from INFORM SAHEL • ≤4.9% of Lack of Coping Capacity Index from INFORM SAHEL 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
22	Lack of Coping Capacity Index (INFORM SAHEL)	<ul style="list-style-type: none"> • ≥ 15% of Lack of Coping Capacity Index from INFORM SAHEL • 10-14.9% of Lack of Coping Capacity Index from INFORM SAHEL • 5-9.9% of Lack of Coping Capacity Index from INFORM SAHEL • ≤4.9% of Lack of Coping Capacity Index from INFORM SAHEL 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
23	Exclusive breastfeeding	<ul style="list-style-type: none"> • ≥ 65% 0-6 month without EB • 60-64.9% 0-6 month without EB • 55-59.9% 0-6 month without EB • ≤54.9% 0-6 month without EB • 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
24	Formations sanitaires	<ul style="list-style-type: none"> • ≥ 60% of total of number • 45-60% of total of number • 30-45% of total of number • ≤30%of total of number 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
25	FOSA Fonctionnelles	<ul style="list-style-type: none"> • ≥ 60% of total of number • 45-60% of total of number • 30-45% of total of number • ≤30%of total of number 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
26	Couverture FOSA (%)	<ul style="list-style-type: none"> • ≥ 60% of total of number • 45-60% of total of number • 30-45% of total of number • ≤30%of total of number 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
27	FOSA avec PECIMA	<ul style="list-style-type: none"> • ≥ 60% of total of number • 45-60% of total of number • 30-45% of total of number • ≤30%of total of number 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
28	Couverture PECIMA (%)	<ul style="list-style-type: none"> • ≥ 60% of total of number • 45-60% of total of number • 30-45% of total of number • ≤30%of total of number 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1
29	Acces au structures Santé (non couvert)	<ul style="list-style-type: none"> • ≥ 60% of total of number • 45-60% of total of number • 30-45% of total of number • ≤30%of total of number 	<ul style="list-style-type: none"> • Score: 4 • Score: 3 • Score: 2 • Score: 1