

Niger

The great humanitarian crisis that affected the Niger in 2010 deprived its people of the most important essential for life: food. This story of hunger echoed throughout the Sahel region, where climate change, demographic pressure and outdated farming techniques have stripped the people of their ability to feed themselves. In the Niger, food insecurity threatened 7.1 million of people, almost half of the country's population.¹ Children were hit hardest. Acute malnutrition in children rose to 16.7 per cent, with a peak of 26.1 per cent in those under age 2.² Unprecedented humanitarian action backed the Government of the Niger response and helped avoid a heavy death toll. More than 200,000 tons of food aid³ were distributed to vulnerable families, and more than 300,000 children were treated for severe acute malnutrition in therapeutic feeding centres.⁴



Abundant rains in second-half 2010 raised hope for good harvests, but floods and outbreaks of cholera and malaria added hazards and increased distress. Although the food outlook for 2011 is better than in 2010, chronic and acute undernutrition are expected to remain high. The country faces widespread poverty, limited health infrastructure and inadequate education facilities. In the northern area, the presence of Al-Qaida further complicates humanitarian access.

UNICEF is requesting US\$37,062,000 to carry out its planned activities in the Niger in 2011. This request is in line with Consolidated Appeals Process (CAP) requirements. Generous and rapid funding is needed to prevent child deaths due to malnutrition and disease. UNICEF will continue to ensure the screening and case management of severe acute malnutrition within the national network of hospitals and health centres. The capacity of health workers will be strengthened through training and surge capacity when needed. An adequate supply and distribution of ready-for-use therapeutic food will be ensured. UNICEF will collaborate with the World Food Programme to carry out blanket feeding operations during the so-called lean season – the period from April to September when food stocks run out – and to expand the case management of moderate acute malnutrition at the community level and in health centres. Prevention of undernutrition will be reinforced by promoting exclusive breastfeeding and other key family practices, such as hand washing with soap, improved child-care and feeding practices, family spacing and micronutrient supplementation. In addition, the health information system will be strengthened and rapid nutrition surveys will be carried out to monitor the nutritional status of children.

UNICEF will stand ready to respond to natural disasters and outbreaks of diseases such as cholera, malaria and meningitis. In regions at risk, there will be a pre-positioning of supplies, namely essential drugs, hygiene and family kits, water treatment products, water tanks and other key items for a rapid emergency response, including rehabilitation of wells and water systems. Protection measures will be readily put in place to ensure psychosocial support to affected women and children and to prevent violence, abuse and exploitation. Local communication media will be used to provide information and educational messages. Disruption of schooling will be minimized by ensuring provision of school kits and temporary learning spaces for displaced children and migrants, and through repair of damaged schools.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Despite a steady reduction of child mortality rates in the past decade, children in the Niger are still at high risk of death due to common illnesses such as pneumonia, diarrhoea and malaria. Immuno-preventable diseases, such as measles and meningitis, have been reduced but not eliminated. Food insecurity, compounded by a heavy burden of disease, insufficient birth spacing, lack of hygiene and poor child-feeding practices, is a chief cause of both acute and chronic malnutrition and micronutrient deficiencies.

In June 2010, a nutrition survey of children aged 6–59 months found global acute malnutrition at 16.7 per cent – well above the emergency threshold of 15 per cent – and severe acute malnutrition at 3.2 per cent.⁵ Global acute malnutrition among children aged 6–23 months was found



CORE COUNTRY DATA	
Population (thousands 2009)	15,290
Child population (thousands 2009)	8,611
U5 mortality rate (per 1,000 live births, 2009)	160
Infant mortality rate (per 1,000 live births, 2009)	76
Maternal mortality ratio (per 100,000 live births 2008)	820
Primary school enrolment ratio (net male/female, 2005–2009*)	60/48
% U1 fully immunized (DPT3, 2009)	70
% population using improved drinking-water sources (2008)	48
HIV/AIDS prevalence rate (% aged 15–49, 2009)	0.8
% U5 suffering from moderate and severe wasting (2003–2009*)	12

Source: UNICEF, *The State of the World's Children 2011*.
 *Data refer to most recent year available during the period specified.

to be even higher, at 26.1 per cent. While there is no gender gap in health service utilization, undernutrition affects more boys than girls, with a global acute malnutrition rate of 19 per cent and 14.4 per cent, respectively. Against these data, the nutrition cluster estimated at 384,000 the number of children that would fall into severe malnutrition during 2010.⁶

The health of girls and women is undermined by early marriage, high fertility, undernutrition and limited access to and utilization of effective reproductive and maternal health care. The rate of maternal mortality is among the highest in the West African region. Especially in rural areas, where close to 80 per cent of the population lives, the status of women in society is extremely low and suffers the burden of tradition in a male-dominated society. This situation makes children, girls and women extremely vulnerable to shocks, food crises and natural disasters, which need to be addressed by both immediate humanitarian response and longer-term development actions that address underlying and root causes.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US\$38,735,292 was needed to fund its humanitarian work in the Niger. As of October 2010, a total of US\$27,205,183, or 70 per cent, had been received.

As cluster lead for nutrition, UNICEF spearheaded the nutrition response to the food crisis. The major achievement has been the effective treatment of more than 300,000 children aged 6–59 months suffering from severe acute malnutrition, of whom 12 per cent required inpatient treatment for medical complications. Case management fully met Sphere standards and took place within the national network of 822 health centres and 50 district hospitals, which were strengthened by the training of 700 health workers and, through the ministry of health, the recruitment of 122 health providers in surge capacity.

In partnership with the World Food Programme and 20 national and international NGOs, UNICEF co-funded the operational costs of a large blanket feeding operation, which reached 675,000 children aged 6–23 months. To improve food security in vulnerable households and prevent misuse of the supplementary food for children distributed through blanket feeding, UNICEF set up an emergency cash transfer programme for 35,000 families, reaching out to children aged 6–23 months and pregnant and lactating women. Two national nutrition surveys in June and October, as well as weekly reports, allowed for real-time monitoring of both the nutritional situation and the response.

Operational research on new forms of ready-for-use supplementary foods, including Plumpy'doz and Supplementary Plumpy, was carried out in association with Médecins sans Frontières and Epicentre. A rapid assessment was conducted in June 2010 in the cities of Agadez, Maradi, Niamey and Zinder on the situation of women migrating with their

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children to urban areas under the pressure of the crisis. The assessment revealed their vulnerability – family dislocation, exposure to violence and abuse, threat of spontaneous eviction from their precarious shelters, and lack of access to sanitation – as well as the coping and adaptation strategies they succeeded in putting in place.⁷

The wave of optimism brought about by a good rainy season was partially offset by extensive flooding, a cholera outbreak of limited proportions and a sharp increase in malaria cases, which further compromised the nutritional status of children. About 36,680 families lost homes, livestock or crops to flooding.⁸ Between July and October, 1,029 cholera

cases and 66 deaths were reported in regions bordering Chad and Nigeria.⁹ UNICEF contributed to the response by providing flood-affected families in the regions of Niamey, Maradi and Zinder with clean water, sanitation facilities and 33,191 emergency family kits. Essential drugs, insecticide-impregnated mosquito nets and educational messages through local media were made immediately available to counter the cholera outbreak and the malaria epidemic. Psychosocial support and awareness-raising campaigns helped protect 13,000 women and children who were affected by floods from abuse, violence and exploitation. Repairs to flood-damaged schools allowed 7,000 students – 3,470 of them girls – to resume their education.

HUMANITARIAN ACTION: BUILDING RESILIENCE

In the midst of the 2010 food and nutrition crisis, UNICEF promoted a rapid assessment of the situation of urban children and women in the poorest neighbourhoods of the cities of Agadez, Maradi, Niamey and Zinder. The vast majority of the surveyed households were headed by women who had left their villages, at different times, to seek alternative means of survival. The survey showed that migrant and displaced women developed well-structured coping strategies based on solidarity and mutual aid, whereby older migrants helped newcomers settle and subsist in the urban environment. The women's priorities were focused on feeding their children, ensuring minimum access to health services, and trying to send children to school. Women engaged in small business activities, including begging and vending on the street. Efforts were made to keep in contact with their community of origin and to send food, seeds or money whenever possible. Many women expressed the desire to return to their villages if the situation improved with the rainy season.

These findings enabled UNICEF to advocate on behalf of these uprooted families with national authorities, regional governors and partners, in order to encourage their resilience and ensure more equitable access to relief efforts and humanitarian aid.

PLANNED HUMANITARIAN ACTION FOR 2011

As cluster lead agency for nutrition, protection and WASH, UNICEF will continue to work with the Government of the Niger, other UN agencies, local and international NGOs and host communities in addressing the needs of more than 2 million children.

NUTRITION (US\$24,129,000)

The 2010 food and nutrition crisis has left a profound mark on the nutritional status of the children of the Niger, which is expected to deteriorate again during the next lean season. UNICEF will not only focus on the treatment of severe acute malnutrition, but also on the prevention of chronic undernutrition through the promotion of infant and young child-feeding practices at the community level.

Working with the ministry of public health and specialized NGOs, UNICEF will further strengthen national capacity to ensure screening and effective treatment of at least 200,000 severely malnourished children aged 6–59 months in the country's therapeutic feeding centres. This will be done by providing technical assistance, training health workers and supplying at least 140,000 boxes of ready-for-use therapeutic food, such as Plumpy'nut.

In collaboration with the World Food Programme and other humanitarian partners, UNICEF will support case management of moderate acute malnutrition, as well as targeted blanket feeding operations during the hunger season for a projected number of 500,000 children at risk.

Promotion of infant and young child-feeding practices, including exclusive breastfeeding, diet diversification and micronutrient supplementation, will be scaled up, along with other key family practices to reduce the prevalence of acute and chronic malnutrition. Operational research and nutrition surveys will ensure timely information for action and capitalization of lessons learned and best practices.

HEALTH (US\$7,711,000)

In 2011, the overall goal regarding health will focus on the prevention and treatment of epidemic diseases.

- UNICEF will ensure immunization of 200,000 children against meningitis and treatment with antibiotics of 10,000 children who have contracted the infection.
- UNICEF will supply 400,000 insecticide-treated mosquito nets and will provide health centres with

essential medicines and medical equipment to treat 1.6 million paediatric cases of malaria and 1,500 cases of cholera.

WATER, SANITATION AND HYGIENE (WASH) (US\$3,420,000)

To respond to the threat posed by floods and outbreaks of waterborne diseases, UNICEF will provide access to safe water, proper sanitation and hygiene facilities to more than 1 million people.

- 200,000 households will be provided with water purification tablets, 5,000 wells will be disinfected with calcium hypochlorite, and 50,000 family kits will be pre-positioned and distributed to affected populations.
- Water tanks and latrines will be installed in resettlement sites for displaced families, and water points and hygiene facilities will be rehabilitated in schools and health centres damaged by floods.

CHILD PROTECTION (US\$1,362,000)

UNICEF will promote and protect the rights of at least 10,000 children and women affected by natural disasters.

- UNICEF will provide psychosocial support, protection from violence and abuse, and public information through local media.
- UNICEF will train 400 humanitarian workers and 240 service providers, including police, health promoters and social workers.

EDUCATION (US\$200,000)

In the event of floods or other natural disasters, UNICEF will strive to minimize disruption of schooling and facilitate the early return to school of affected and/or displaced children.

- Provisions will be made to ensure that at least 15,000 students from 60 primary schools have safe learning spaces through the provision of 375 school kits and rehabilitation of 15 classrooms.

CLUSTER COORDINATION (US\$240,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

1. National Institute of Statistics, 'Vulnerability and Food Security Survey in Niger', INS - Niger, Niamey, April 2010.
2. National Institute of Statistics and Ministry of Public Health, National Nutrition Survey, INS - Niger, Niamey, June 2010.
3. Nutrition Crisis Unit, Cabinet of the Prime Minister, *Projet de plan de soutien aux populations vulnérables* [Plan to support vulnerable populations] 2010–2011, Republic of the Niger, Niamey, October 2010, p. 13.
4. United Nations Children's Fund, 'Scaling-Up Niger 2010', UNICEF Niger, Niamey, November 2010, p. 1.
5. National Institute of Statistics and Ministry of Public Health, National Nutrition Survey, INS - Niger, Niamey, June 2010.
6. Nutrition cluster meeting report, June 2010.
7. Ministry of Population, the Promotion of Women, and Child Protection, *Evaluation rapide multisectorielle des besoins des femmes et des enfants affectés par la crise alimentaire en milieu urbain* [Rapid assessment of the needs of children and women affected by the food crisis in urban areas], synthesis, The Republic of the Niger, 21 June 2010.
8. Cellule de Coordination du Système d'Alerte Précoce [Coordination Unit for the Early Warning System] (CC/SAP), September 2010.
9. National Health Information System (SNIS), Ministry of Health, November 2010.
10. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011		ESTIMATED BENEFICIARY NUMBERS ¹⁰		
By sector	US\$	Total per sector (all beneficiaries)	Boys	Girls
Nutrition	24,129,000	800,000	385,000	315,000
Health	7,711,000	2,000,000	1,000,000	1,000,000
WASH	3,420,000	1,050,000	N/A	N/A
Child protection	1,362,000	10,000	4,000	4,000
Education	200,000	15,000	8,000	7,000
Cluster coordination	240,000	N/A	N/A	N/A
Total	37,062,000	3,875,000	1,397,000	1,326,000