

UNICEF HUMANITARIAN ACTION

NIGER

DONOR UPDATE

2 June 2006

UNICEF still requires more than US\$ 3 million to address the immediate and mid-term needs of children and women affected by the food crisis

- To date 107,101 malnourished children have been admitted in 2006 to UNICEF-supported therapeutic and supplementary feeding programs
- UNICEF and its partners expect to treat 500,000 malnourished children in 2006
- UNICEF has collaborated with the Government to contain the meningitis outbreak



1. ISSUES FOR CHILDREN

Niger faces an acute and chronic nutrition crisis. According to the results of the UNICEF/CDC/GoN nutritional survey conducted from September 17 to October 14 2005, 15.3 per cent of the children under five years of age suffer from acute malnutrition and one out of two children of the same age group suffer from chronic malnutrition. In seven of eight regions, the situation is severe (above 10%) and in four of eight regions, representing 60% of the population of Niger - Diffa, Maradi, Tahoua and Zinder- the situation is critical (above 15%). These rates are comparable to those observed in conflict zones and the worst emergencies in the world.

A joint GoN/WFP/FAO/FewsNet assessment revealed last November that more than 1.8 million people, including 380,000 children under five years of age, will face food insecurity during 2006. In a recent routine report (April 2006), the national early warning system estimated that one third of this vulnerable group faces a critical situation.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

UNICEF regular and emergency nutrition programs have been scaled up to coordinate and support the government and a network of 22 national and international NGOs with the aim of treating 500,000 children suffering from acute malnutrition during 2006.

In line with its Core Commitments for Children in emergencies, UNICEF's emergency response focuses on nutrition, health, water and sanitation and protection activities.

Nutrition

As lead agency for the nutrition sector response, UNICEF ensures, in cooperation with the Nutrition Division of the Ministry of Health, the technical coordination of the treatment of malnourished children. UNICEF supervises nutritional rehabilitation activities conducted by national and regional services of the Ministry of Health and NGO partners. With the leadership of UNICEF and the cooperation of all partners, a process of integration of all rehabilitation activities in the national structures is underway. In this context, UNICEF supports 29 district hospitals and 5 regional hospitals to facilitate the integration of the activities of intensive nutritional rehabilitation centres for the treatment of severely malnourished children and 145 integrated health centres to facilitate the integration of ambulatory nutritional rehabilitation centres for the treatment of severely malnourished children without complications and moderately malnourished children.

The national protocol for the management of acute malnutrition, developed and adopted last year by UNICEF, UN agencies, the Ministry of Health and NGO partners is currently used by all partners in the field. A review of the protocol is planned to take place after one year of practice by the partners in the field.

As part of the national capacity building strategy, UNICEF expects to train regional trainers and 700 health agents in the management of acute malnutrition. Since January 1st, 180 health agents received the training. To allow for the continuous monitoring of the nutritional status of children, UNICEF also trained early warning system and health agents in data collection and anthropometric data analysis and provided 14 computers, 12 radio-telecommunication units, 12 motorbikes and anthropometric equipment (Salter scales, measuring boards, arm measuring bands, etc). Thanks to this support and since the beginning of April, the national early warning system includes nutritional data along with food security and market data in the 12 UNICEF "Basic Integrated Services" departments across the regions of Maradi, Zinder and Tahoua. UNICEF has invited others partners to extend this experience across all vulnerable areas identified by the early warning system.

UNICEF is working with 22 national and international NGOs. These partners are Action Contre la Faim (ACF), Africare, AMURT, CADEV, CARE, CONCERN, Croix Rouge Française, GOAL, Human Appeal International, Helen Keller International (HKI), Humedica, Islamic Relief, Mercy Corps, MSF-Spain, MSF-France, MSF-Switzerland, PLAN Niger, Samaritan's Purse, Save the Children-UK, URC, Valpro, World Vision. These NGO partners are provided with therapeutic foods, (F75, F100, Plumpy'nut), supplementary foods (Unimix and oil), micronutrient supplements, essential drugs, and anthropometric materials procured by UNICEF to enable the establishment and functioning of fix and ambulatory nutrition centres and screening sites in the affected zones. All partners provide weekly reports on the establishment of nutrition programs and the number of children cared for either for severe or moderate malnutrition as well as monthly impact reports.

As of May 18th, there are 797 child feeding and screening programs across the country. Since January 1st, 107,101 malnourished children have been admitted to these feeding programs: 93,260 children with moderate malnutrition and 13,841 children with severe malnutrition. UNICEF and its partners expect to treat 444,000 moderately malnourished children and 56,000 severely malnourished children in 2006.

In addition, 240,000 children under 3 years old will receive supplementary feeding through a targeted distribution operation –blanket feeding operation- conducted in cooperation with WFP and NGO partners during the lean season.

UNICEF is initiating a study that will identify socio-economic, socio-anthropologic and behavioural determinants of malnutrition. On this basis, an integrated communication plan will be prepared to address behavioural factors that contribute to malnutrition.

Above and beyond the treatment of these malnourished children, UNICEF's main objective is to firmly entrench in communities the conditions for the long term control of malnutrition. To that end, a first step is to increase awareness among decision makers and policy makers in order to consider nutrition as a key factor for reaching the Millennium Development Goals and reducing poverty and to prepare and adopt a national nutrition plan of action and a national nutrition policy.

Health

UNICEF, alongside WHO, supported the authorities and NGO partners in organizing vaccination campaigns to contain a meningitis outbreak in the infected areas. As of April 23rd, 3117 cases were reported, of which 222 died. A first batch of 100,000 vaccines and 10,000 doses of antibiotics were already provided to the Government of Niger in December as part of contingency planning and, in April, UNICEF added 200,000 more doses and 10,000 doses of antibiotics as well as essential medical supplies such as syringes. A total of \$130,000 has been mobilized by UNICEF to respond to the outbreak. The Government reported that the peak of the epidemic was reached during the week 16th (17-22 April).

Free Access to governmental health services

UN agencies, bi-lateral donors and the government of Niger are discussing the review of the recovery costs systems and the establishment of a "Social Fund" in order to finance the free access to health services (third-payee system). UNICEF is giving technical and financial assistance to facilitate the discussions on this subject as well as on the issue of community-based health insurance. On April 26th, the Government announced that Caesarians, family planning, antenatal consultations and health care for children under five years of age will be provided free of charge.

Water, Hygiene and Sanitation

UNICEF is supporting the construction and equipment of 19 boreholes to benefit 5,690 people in the department of Magaria in the Region of Zinder. In this context, UNICEF is supporting communication activities for behavioural change in hygiene and is providing training to 19 management committees in water resource management.

In the department of Bouza, region of Tahoua and the department of Wallam, region of Tillaberi, 29 boreholes are being rehabilitated in 11 villages to benefit 20,000 people.

UNICEF is also providing plastic sheeting to build 11 shelters in integrated health centres as well as tents in 19 integrated health centres and rehabilitation centres.

Protection

UNICEF has included an element on child nutrition and best feeding practises for infants and toddlers in all its training programmes related to the promotion of women's rights.

Procurement of supplies

In nutrition, UNICEF is procuring therapeutic and non-therapeutic supplies needed for the treatment of severe and moderate malnutrition including F75 and F100, UNIMIX, Plumpy'Nut, Vitamin A and micronutrients, de-worming tablets, and non-food items. Along with the essential drugs, anthropometric equipment and training of health agents for both moderately and severely malnourished children, UNICEF will provide the therapeutic food needed for the treatment of the estimated 56,000 severely malnourished children. WFP committed to supply food (CSB (Corn-Soya-Bean)) for the moderately malnourished children. As of 26 April, 6 T of F100, 0.3 T of F75, 895 T of UNIMIX, 104 T of Plumpy'Nut have been distributed to Government's health centres and nutritional rehabilitation centres run by NGO partners.

3. ACHIEVEMENTS AND IMPACT

- Since 1st January to date, 107,101 malnourished children, of whom 13,841 were suffering from severe acute malnutrition, have been admitted to UNICEF-supported therapeutic and supplementary feeding programs.
- Partnership with NGOs has allowed UNICEF to expand its support to all the affected areas: Niamey, Tillaberi, Tahoua, Maradi, and Zinder. To date, more than 800 rehabilitation centres and screening sites are functional.

- Since April, nutritional data are included in the data collection of the national early warning system in 12 departments covered by UNICEF “Basic Integrated Services” programme across the region of Maradi, Zinder and Tahoua.
- Training of health workers is strengthening the national capacity in prevention, detection and treatment of malnutrition.
- UNICEF and its partners expect to treat 500,000 malnourished children during the year 2006.

4. APPEAL REQUIREMENTS AND RECEIPTS

As part of the Regional CAP appeal for the Sahel region launched on 28 March, UNICEF was seeking US\$8,946,794 to address the food crisis, both on immediate and mid-term needs of children and women especially in the field of nutrition, health, water, sanitation and protection activities. As of 15 May, UNICEF raised a total amount US\$5,726,533, including US\$2.1 million pledge by ECHO, which means that 37 per cent is still unfunded.

Table 1: Funds Received against Appeal

Appeal Sector	Requirements by Sector	Funds Received (US\$)	Unmet requirements (US\$)	% Unfunded
Health and Nutrition	8,772,621	5,429,444	3,343,177	38.1%
Water and Environmental Sanitation	174,173	174,173	0%	0%
Total	8,946,794	5,603,617	3,343,177	37.36%

Table 2: Funds received by Donor

Donor	Funds Received (US\$)	Sector
Belgian Committee for UNICEF	63,291	Health and Nutrition
CIDA/IHA International Humanitarian Agency	401,091	Health and Nutrition
ECHO	2,100,000*	Health and Nutrition
Finnish Committee for UNICEF	2,083	Health and Nutrition
France	248,690	Health and Nutrition
French Committee for UNICEF	172,950	Health and Nutrition / Water and Environmental Sanitation
German Committee for UNICEF	341,340	Water and Environmental Sanitation
Global - Thematic Humanitarian Response	1,023,262	Health and Nutrition / Water and Environmental Sanitation
Italian Committee for UNICEF	75,981	Health and Nutrition
Liechtenstein	16,590	Health and Nutrition
Spain	549,637	Health and Nutrition
Spanish Committee for UNICEF	109,310	Health and Nutrition
United Kingdom	17,036	Health and Nutrition
United Kingdom Committee for UNICEF	166,272	Water and Environmental Sanitation
USAID/OFDA Office	439,000	Health and Nutrition
TOTAL¹	5,726,533	

*amount pledged, not yet committed

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¹ The total includes a maximum recovery rate of 12%. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.