

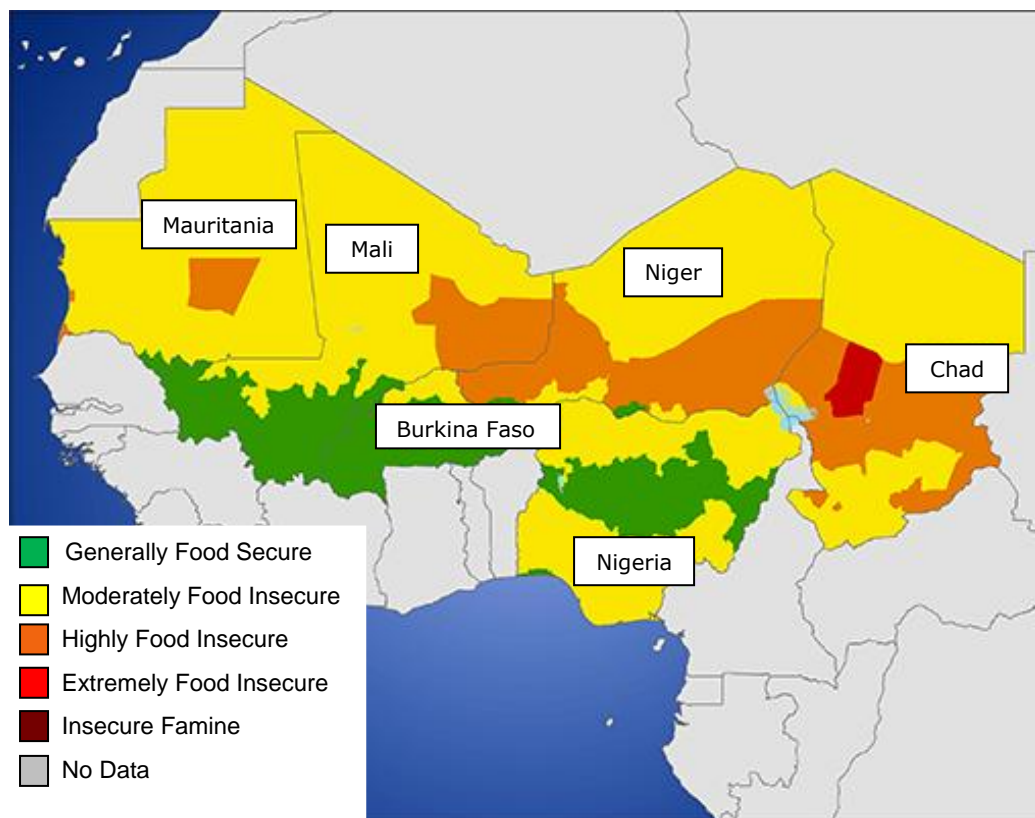
# UNICEF HUMANITARIAN ACTION UPDATE

## Sahel

3 June 2010

### UNICEF urgently requires US\$ 14.6 million to provide emergency assistance for hundreds of thousands of children suffering from acute malnutrition in Niger and Chad

- The food and nutrition situation in the Sahel, and particularly in Niger is extremely serious and will continue to deteriorate in the coming months.
- In Niger, as many as 7.1 million people, representing 48 per cent of the country population are currently food insecure, of which 3.3 million are severely affected.
- In response to the nutrition crisis, UNICEF is re-enforcing teams and scaling up its response in Chad and Niger to prevent devastating death tolls among children under five.
- On 4 April, the UN System launched an Emergency Humanitarian Action Plan (EHAP) for Niger, calling for US\$ 190 million in funding, of which US\$ 22 million to tackle child malnutrition.



FEWS NET Estimated food security conditions, 2nd Quarter 2010 (April-June). Geographic data are partly derived from the UN/FAO GAUL system.

## 1. ISSUES FOR CHILDREN

The lack or poor distribution of rainfall has caused large deficits in the 2009/2010 agricultural and pastoral productions in many parts of the Sahel region; Burkina Faso, Mauritania, Mali, northern Nigeria but particularly in Niger and Chad. The consequences are already being felt with food prices already higher than in previous years. The Sahel region has historically faced high prevalence of under nutrition among children and the situation this year is predicted to be far worse.

Across the Sahel, the rains begin around June, coinciding with the onset of what is called the hunger or the lean season. At this time stocks of grains come to an end for a large percentage of the population and the labour intense planting season begins. Caregivers often leave their infants with grandparents or older children during the working day exposing children to poor feeding and caring practices. At the same time, water quality deteriorates as rains cause surface contamination of many customary water sources. Rates of morbidity are likely to rise due to poor hygiene and increase of the vector for malaria transmission. These conditions of limited food availability, reduced time for infant care and increased morbidity provoke a dramatic increase in acute malnutrition in young children. Some of these details are displayed in the seasonal calendar below.

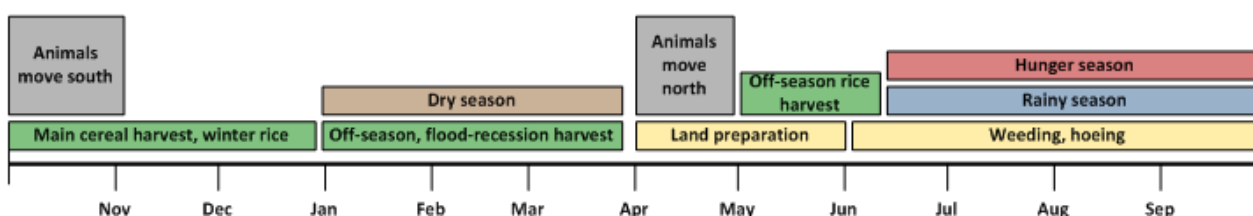


Figure: Seasonal Calendar for Niger produced by FEWSNET

### Chad

The Sahel belt of Chad is highly vulnerable to food insecurity. The region is characterised by poor cereal production due to adverse weather and inadequate rainfall. In the recent past, the regions of the Sahel belt of Chad have increasingly suffered from deteriorating quantity and poor distribution of rainfall. For instance, the amount of rainfall registered in 2009 in Kanem was 52 per cent lower than that of 2007 leading to a drop in cereal harvest by almost 83 percent. This situation is further aggravated by recurrent epidemics such as measles, escalating food prices and weak institutional capacity to respond to the pressing health and nutrition needs of the most vulnerable section of the population.

For many years, the rate of acute malnutrition in the Sahel belt of Chad has been above emergency thresholds. In 2009, the WFP Vulnerability Analysis Mapping (VAM) survey reported rate of global acute malnutrition in the Sahel belt regions ranging from 25.3 per cent in the Batha to 19.9 per cent in the Lac. These prevalence figures are all above the WHO emergency threshold of 15 per cent. The number of children admitted to feeding centres in Kanem and Barh-el-Ghazel increased significantly from December 2009 to March 2010 (726 children in December 2009 vs. 1, 255 in March 2010). The current nutritional crisis in the Sahel belt of Chad results from the conjunction of many factors – food insecurity, poor access to health services, insufficient access to safe drinking water and inappropriate infant and young child feeding practices.

### Niger

On a background of chronic food insecurity and high levels of maternal and child malnutrition - common to the entire Sahel region - Niger is in the grip of a severe food and nutrition crisis, which will continue at least until the end of the hunger season, in October.

Recent data show that 7.1 million people (48 per cent of the country population) are food insecure, of which 3.3 million are severely affected. About 40 per cent of the agricultural villages had production losses over 50 per cent. The gap in cereal production is at least 410.000 metric tons<sup>1</sup>. The national livestock is threatened by the significant fodder deficit affecting pastoral and agro-pastoral areas, leading to massive and premature transhumance to the south. On average, food prices are higher than in the 1991-2009 period, and the rising trend in food insecure areas is similar to that observed in 2005.

<sup>1</sup> USAID's Famine Early Warning Systems Network (FEWS); Evaluation of the 2009 agricultural campaign and final results, Ministry of agricultural development, February 2010

Even before the current crisis, child malnutrition was high. The June 2009 Child Survival and Nutrition Survey found the national prevalence of Global Acute Malnutrition (GAM) in under-5 children at 12.3 per cent and of Severe Acute Malnutrition (SAM) at 2.1 per cent. All but one region are above the alert threshold of 10 per cent. Data from this survey are being used for targeting the response (e.g. blanket feeding) towards the most affected districts. The prevalence of acute malnutrition in Diffa and Zinder exceeds the emergency threshold of 15 per cent (17.4 per cent and 15.4 per cent respectively). In both regions, the prevalence of Severe Acute Malnutrition (SAM) is as high as 3.5 per cent requiring immediate response. Displacements of food insecure families towards cities or neighbouring countries are starting to affect school attendance. Some schools in southern districts are reported to have been closed down for lack of pupils.

The results of the 2010 May/June Child Survival Survey will help fine tune the amplitude of the crisis and review needs and priorities. All indicators currently demonstrate a situation worse than in 2009, raising concerns for the coming year.

## 2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

In response to this urgent situation, UNICEF is reinforcing teams and scaling up its response to prevent devastating death tolls among children under five.

UNICEF, as the lead agency on child nutrition, provides regional and national coordination of the interventions for children suffering from acute malnutrition, ensuring high coverage of demonstrated evidence-based effective interventions in order to save lives and prevent the devastating effects of malnutrition on the child population. UNICEF is responding to the nutrition crisis in the region by providing an intensive response to both treat and prevent malnutrition. Children with severe acute malnutrition (SAM) need urgent care, and UNICEF is scaling up the number and capacity of therapeutic feeding centres to treat this life-threatening condition. UNICEF is also working with governments to strengthen their national nutrition information systems with nutrition surveys using SMART methods and production of more timely and accurate programme reporting.

In the Sahel, the UNICEF prevention strategy addresses the underlying causes of malnutrition. UNICEF will continue to protect, promote and support optimal infant and young child feeding practices, including exclusive breastfeeding during the first 6 months of life, provide vitamins and minerals through fortified foods and supplements, and promote access to sanitation and clean water and to preventive and curative health interventions. These proven live-saving programmes rely on community-based actions.

Increased interventions are needed to reinforce the management of severe and moderate acute malnutrition in Niger and Chad and more efforts are needed to strengthen the national nutrition information systems. Timely and high-quality nutrition data is essential to characterize nutrition situations and trends, analyze program performance, and target resources. UNICEF will support nutrition surveys throughout the Sahel during the hunger season. The weekly and monthly reporting systems for management of acute malnutrition will also be strengthened to deliver more timely and accurate information on program activities.

### Chad

In response to this multidimensional problem, UNICEF has put in place a multi-sectoral approach to support and strengthen the capacity of the Ministry of Health to respond to the crisis in a timely manner. In particular, UNICEF is supporting the health districts in the Sahel belt of Chad to implement a minimum package of health and nutrition interventions that include the following elements: detection and referrals of malnourished children at health facility, treatment of severe acute malnutrition (SAM), promotion of key family behaviours, micronutrient supplementation, high-impact health and WASH interventions and overall coordination of the response.

**Nutrition:** UNICEF has scaled up the process of community mobilization working towards ensuring that severely malnourished children are actively screened, detected and timely referred to the treatment centres. UNICEF is currently supporting 43 out-patient treatment centres and 5 in-patient therapeutic feeding centres in Kanem, Barh-el-Ghazel and Guera. From January to March 2010, these centres treated up to 4,000 children for severe acute malnutrition with performance outcomes well within SPHERE standards<sup>2</sup>. In line with the increase in the admission rate to therapeutic feeding centres, UNICEF is planning to open 43 new out-patient feeding centres and three in-patient therapeutic feeding centres in the region.

UNICEF has already procured about 500Mt of Plumpy'Nut, a Ready-to-Use Therapeutic Food (RUTF). This will cover the needs of 36,000 severely malnourished children without complications. Resources to procure

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<sup>2</sup> Cure rate>75%, death rate<10%, defaulter rate< 15%).

RUTF needed in Guera, Kanem and Barh-el-Ghazel have already been secured, however, in order to support further need that might arise due to worsening of the situation or need to expand in localities not fully covered yet in some of these regions (Lac, Hadjar-Lamis, Batha, Sila and Ouaddai), UNICEF is seeking additional resources to procure 655 Mt of RUTF. UNICEF has an emergency stock of 13.2Mt of F75, 14.2Mt of F100 and 1.2Mt of Resomal. UNICEF is also providing essential drugs to nutrition centres.

UNICEF is also taking proactive action to not only treat severe acute malnutrition but also prevent it. Through Communication for Development (C4D) campaigns, UNICEF is reinforcing efforts on messages on essential family care practices (exclusive breastfeeding for children less than six months, adequate complementary feeding for children aged six to 23 months, hand washing at critical times with water and soap, the use of ORS and zinc to treat diarrhea, sleeping under long-lasting insecticide-treated nets, utilization of antenatal and postnatal care services) using community-based screening sessions for SAM, local FM radios and other existing community based communication mechanisms. The nutrition cluster led by UNICEF is coordinating the implementation of all nutrition interventions. Cluster meetings are used as the key forum to disseminate and discuss reports on malnutrition situation, admission trends, standard treatment and quality indicators etc.

The expansion of services coupled with efforts to improve quality will entail increased technical support, monitoring and oversight. The feeding centres will need additional support in order to be able to cater for the expected increase in the caseload of malnourished children during the lean season. Towards this, UNICEF will engage need based specialists to further augment the internal techno-managerial capacity. In addition, together with government, UNICEF will also work-out incentives for the facility based support staff to address, at least partially, the issue of inadequate number of qualified health workers.

**Health:** In March 2010, UNICEF held a mass vaccination campaign against measles in Kanem together with Vitamin A supplementation and intestinal de-worming, and will continue to support routine immunizations and provide vaccines to health districts. UNICEF has also supplied essential generic medicines to effectively treat co-morbid conditions in line with existing national guidelines on integrated management of childhood illness.

**WASH:** UNICEF is working to improve access to safe drinking water and promote improved hygiene and sanitation practices in the region. UNICEF has supported a) the construction of 80 boreholes in Kanem and Barh-el-Ghazel for water access in communities, schools, and health centres, b) training of communities on the incidence of open defecation through Community-led Total Sanitation (CLTS) approach, c) construction of separated gender latrines in schools in 16 schools, and d) construction of 34 modules of latrines in 17 health centres.

## Niger

Between January and May this year, nearly 75,000 children have been treated for severe acute malnutrition at therapeutic feeding centres throughout the country<sup>3</sup>. It is estimated that 378,000 cases of severe acute malnutrition and 1.2 million cases of moderate acute malnutrition among children under five will be registered in 2010, if urgent actions are not taken.

**Nutrition:** Niger has a dynamic network of over 20 international and national NGOs working on the management of acute malnutrition. UNICEF Niger in line with its plan of action for preventing and addressing severe acute malnutrition in Niger will undertake the following interventions:

Coordination and monitoring: UNICEF, in its capacity of cluster lead, is permanently advocating with implementing partners, to increase coverage of their programs to ensure that we reach all children. UNICEF will continue to maintain the weekly admission figures ("Scaling Up"), and the Monthly Monitoring Data Reports. These two tools are useful in providing trends and are important information tools for program partners as well as for donors. UNICEF is supporting the government to strengthen the existing nutrition surveillance system and is also supporting WFP to conduct a survey to complete the national vulnerability survey, with exhaustive data on utilization and quality determinant of vulnerability.

Strengthen and improve the existing blanket feeding program: To mitigate negative impact of malnutrition on children in most vulnerable areas (regions with GAM > 15 per cent and highly food insecure areas) UNICEF, in partnership with WFP, supports the implementation of a blanket feeding operation to improve access to food for 500,000 children aged 6 to 23 months. The first phase of the operation, targeting 295,000 children was launched in May. To improve the impact of this intervention, the nutrition cluster is considering the

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<sup>3</sup> These figures cannot be compared with the figures of 2009, since Niger adopted and progressively implemented (in 2009) the new World Health Organization (WHO) growth standards as criterion for admitting malnourished children in treatment programmes. While these standards enable improved identification of the most vulnerable children, their use has resulted in a significant increase in identified SAM cases.

inclusion of Plumpy'Doz in addition to corn soya blend (CSB), oil and sugar in the food basket for children who have been found to be moderately malnourished during the screening done simultaneously with the blanket feeding operation.

Ensure the timely supply of therapeutic foods: UNICEF is committed to ensuring timely and adequate availability of therapeutic foods (therapeutic milk, RUTF, medicines and equipments) for treatment of SAM in Niger. To adequately treat 378,000 children some 285,000 cartons of RUTF are required.

Strengthen public health system capacity for treatment of severe malnutrition: More than 400 public health centres are now involved in the management of acute malnutrition. When no NGO is present to support the national facilities, staffing and skills can be limited. On a case by case basis, it is necessary to consider a surge capacity of an estimated 100 health workers for a period of 6 months. Training of service providers would go along surge capacity to ensure availability of adequate capacity for treatment of cases of SAM.

**WASH:** UNICEF plans to reduce the incidence of diarrheal diseases by developing the following simple water, sanitation and hygiene measures: Reinforce /renovate / build water and sanitation facilities in 40 health centres with an accent on nutritional recuperation centres to ensure proper environment for acute malnutrition treatment; Sensitize 200 personal of health centres and nutritional centres in providing proper information on water treatment and hand washing with soap, Support 6,500 households for sanitation facilities adopt safe hygiene practices; and Social Mobilization and Communication for adoption of appropriate behaviours

UNICEF and the Ministry of Public Health have already selected vulnerable regions for implementation of activities (Maradi, Zinder, Diffa, Dosso, Tillabery and Tahoua). The Regional Health Divisions and NGOs involved in the nutrition crisis are collecting technical information for further construction and/or rehabilitation of water and sanitation facilities to be carried out. Social mobilization, communication and sensitization on hygiene environment are planned and will be carried out before, during and after the planned works for proper utilization of such facilities at health centres and household level, including water treatment and hand washing with soap.

**Coordination:** The Government and the UN have agreed on the following main interventions: prevention of malnutrition through a blanket feeding operation targeting 500.000 children aged 6-23 months old in areas where vulnerability rates are particularly high; management of 1,200,000 new cases of moderate acute malnutrition in children aged 6-59 months old and 35,000 cases of moderate acute malnutrition among pregnant and lactating women; and treatment of severe acute malnutrition targeting 378,000 new cases in children aged 6-59 months old.

### 3. FUNDING REQUIREMENTS AND RECEIPTS

The food and nutrition situation in the Sahel, and particularly in Niger is extremely serious and will continue to deteriorate in the coming months, until at least the end of the lean season, in October. The consequences of the crisis will be felt for a much longer period, especially if its structural causes will not be tackled. UNICEF urgently needs **US\$ 14.6 million** to be able to tackle most immediate needs in Niger and Chad over the next few months.

#### Chad

Out of over US\$ 40.5 million in unmet requirements, UNICEF Chad currently needs US\$ 7 million to be able to respond to most urgent needs of children and women in the country.

**Table 1: Funds Received against Appeal**

Appeal Sector	HAR Requirements by Sector	Funds Received (US\$)	Unmet requirements (US\$)	% Unfunded
Nutrition	12,500,000	2,569,944	9,930,056	79%
Health	5,005,000	2,780,509	2,224,491	44%
Water, Sanitation and Hygiene	11,557,500	1,826,260	9,731,240	84%
Education	10,500,000	840,705	9,659,295	92%
Child Protection	9,133,100	1,812,791	7,320,309	80%

HIV/AIDS	1,700,000	0	1,700,000	100%
<b>Total*</b>	<b>50,395,600</b>	<b>9,830,209</b>	<b>40,565,391</b>	<b>80%</b>

\*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

**Table 2: Funding Priorities June-July 2010**

Project	Beneficiaries/coverage	Amount Required (US\$)
1. Purchase of therapeutic food, essential drugs and anthropometric equipments for the management of severe acute malnutrition in Chad  Purchase of Plumpy'Doz for blanket feeding in Kanem and Bar-el-Ghazel	102,037 children with severe acute malnutrition  46,000 children aged 6-23 months	3,000,000
2. Operational cost of treatment of acute malnutrition including transport, storage, structures and additional staff	102,037 children with severe acute malnutrition  46,000 children aged 6-23 months	3,600,000
3. Improve nutritional surveillance system in the Sahel belt of Chad (through SMART surveys)	8 regions (Lac, Hadjar-Lamis, Kanem, Barh-EI-Ghazel, Batha, Guera, Sila, Ouaddai)	400,000
<b>Total Priority needs</b>		<b>7,000,000</b>

## Niger

The transitional Government of Niger launched an appeal for international aid on 10 March 2010. On 4 April, the UN System launched an Emergency Humanitarian Action Plan (EHAP) calling for US\$ 190 million in funding, of which UNICEF is requesting US\$ 22 million to tackle child malnutrition and US\$ 1.4 million for WASH related interventions. The EHAP is aligned with the national authorities' priorities defined in its 2010 Support Plan and has been developed with the participation of its technical services. As per the below table, UNICEF requirements for the nutrition and WASH sectors have been revised in line with the EHAP. UNICEF Niger urgently needs US\$ 7.6 million to be able to respond to most urgent needs of children and women in the country.

Appeal Sector	Original HAR Requirements	Revised Requirements by Sector	Funds Received (US\$)	Unmet requirements (US\$)	% Unfunded
Health	2,475,000	2,475,000	0	2,475,000	100%
Nutrition	14,723,200	22,058,069	14,353,785	7,704,284	63%
Water, Sanitation and Hygiene	800,000	1,391,000	0	1,391,000	100%
Education	700,000	700,000	0	700,000	100%
Child Protection	550,000	550,000	0	550,000	100%
<b>Total*</b>	<b>19,248,200</b>	<b>27,174,069</b>	<b>14,353,785</b>	<b>12,820,284</b>	<b>47%</b>

\*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

**Table 2: Funding Priorities June – July 2010**

Project	Beneficiaries/coverage	Amount Required (US\$)
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1. Therapeutic and supplementary foods, medicine and other supplies	378,000 children U5 suffering from severe malnutrition	4,500,000
2. Operational cost of treatment of acute malnutrition including surge capacity, extension of hospitalization capacity	378,000 children U5 suffering from severe malnutrition	2,200,000
3. Water supply and sanitation	40 health centres	900,000
<b>Total Priority needs</b>		<b>7,600,000</b>

Further information on the UNICEF emergency programme in the Sahel can be obtained from:

<p><b>Gianfranco Rotigliano</b> Regional Director West and Central Africa Regional Office (WCARO) UNICEF WCARO Tel: +221 33 869 58 58 Fax: +221 33 820 89 64 Email: <a href="mailto:grotigliano@unicef.org">grotigliano@unicef.org</a></p>	<p><b>Dermot Carty</b> Deputy Director Office of Emergency Programmes (EMOPS) UNICEF Geneva Tel: + 41 22 909 5601 Fax: + 41 22 909 5902 E-mail: <a href="mailto:dcarty@unicef.org">dcarty@unicef.org</a></p>	<p><b>June Kunugi</b> Deputy Director Public Sector Alliances and Resource Mobilization Office (PARMO) UNICEF New York Tel: + 1 212 326 7009 Fax: + 1 212 326 7165 Email : <a href="mailto:jkunugi@unicef.org">jkunugi@unicef.org</a></p>
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