

**DONORS ALERT
NIGER FOOD CRISIS
UNICEF NIGER – July 28, 2005**

**160,000 children suffering from moderate undernutrition (wasting)*
32,000 children suffering from severe undernutrition (wasting)***

This document reflects the UNICEF component of the UN Joint Flash Appeal developed in coordination with the UN Country Team in Niger.

I. Niger Profile

Niger (estimated population, 12 million) is one of the poorest and least developed countries in the world. UNDP's 2004 Human Development Index ranks it 176th out of 177 countries. The infant mortality rate (154/1000) and underfive mortality rate (262/1000) are among the world's highest. The major causes of death among children are diarrhea, pneumonia, and malaria, all of which are accentuated by the underlying cause of undernutrition. Nigerien families practice subsistence farming, growing enough food to sustain themselves until the next harvest, creating a situation of ongoing undernutrition.

II. Context: Nutrition insecurity caused by drought and locust infestation in rural Niger

During the 2004 agricultural season, swarms of desert locusts consumed nearly 100% of the crops in some areas of Niger. In addition, parts of the country received insufficient rainfall resulting in poor harvests and dry pasturelands affecting both farmers and livestock breeders. The Nigerien government estimates cereal deficits at 223,448 tons and livestock feed deficits at 4,642,219 tons.



According to a joint assessment by the Government, UN and NGO partners carried out in March 2005, 3.6 million people (2,988 villages) — including 800,000 children under five years of age— have been made vulnerable by the current situation. Of these 800,000 children under five years

* Proportion of under-fives falling below minus 2 and minus 3 standard deviations from the median weight-for-height of the reference population.

of age, an estimated 20% suffer from moderate wasting (160,000) and 4% suffer from severe wasting (32,000).

The President and the Prime minister are describing the situation as most critical. The country's nutrition security is currently challenged by pockets of severe food insecurity; out of 106 identified potentially vulnerable zones, only 10 are indicating a relatively satisfactory situation.

At therapeutic feeding centres, admissions are rising exponentially. As of mid-July they are at least twice as high as those registered last year for the same period. Further increases in undernutrition are expected through the end of the lean period which runs from April to October. In the Saga Therapeutic Feeding Centre run by Mother Teresa's sisters in Niamey as many children were treated for severe wasting (650) between April and June 2005, as during the 12 previous months.

III. Action to date

UNICEF Niger has currently allocated US \$1,235,400 to respond to the crisis. UNICEF is working in collaboration with the Government, NGO partners—*Médecins sans frontières*, World Vision, SIM, BALD, ACF, HKI, Save the Children, local Red Cross and IFRC, and Plan International—and sister UN agencies WFP, FAO and WHO to treat children with severe and moderate malnutrition, and to reduce the effects of household food insecurity.

UNICEF has delivered over 41 tons of therapeutic milk and 1.5 tons of Plumpy'nut® to the government and NGO partners. Therapeutic food purchases by UNICEF are supporting 10 fixed therapeutic feeding centers and 21 outreach therapeutic centers. 190 tons of Unimix are being delivered to the Government and NGO partners. In collaboration with WFP, 614 tons of cereals have already been delivered to the 62 affected villages which have benefited an estimated 200,000 persons, including 40,000 children under the age of five. 900 additional tons are expected to be delivered to 90 additional villages. Approximately 6 tons of seeds (corn, wheat, and potato) have been provided.

IV. Compounding Issues

Grain Prices and Cereal Banks - Grain prices in March 2005 increased drastically compared with prices for the same period last year. They are as high as those normally seen during the *lean season* months of April through September, when grain stocks are at their lowest. Increasing numbers of livestock deaths due to hunger and thirst are being reported. Families who are not migrating from affected areas are selling off their animals and flooding the market, sending beef prices to abnormally low levels. The amount breeders receive for livestock sales does not cover the cost of the grain they must purchase to feed their families.

Health and Immunization - Moderately and severely malnourished children tend to have weakened immune systems and lowered resistance to infections, and they are consequently susceptible to common childhood diseases such as diarrhea, pneumonia, malaria, measles, and a variety of water born illnesses. A continuous rapid assessment of children at feeding centers and in affected areas is needed to monitor the health and immunization status of children being treated as well as the other children left behind in villages affected by the nutrition crisis.

V. National Coordination

The Food Crisis Prevention and Mitigation Mechanism (DNPGCA) is the key coordination structure in Niger for preventing and managing food crises. The executive secretariat is facilitated by the food crises cell (CCA) in charge of the coordination of activities among partners. Weekly inter-agencies / NGOs coordination meetings have been started by the end of June, chaired by the

Prime minister's cabinet. UNICEF and Ministry of Health are in charge of the nutrition coordination.

VI. Scaling up UNICEF response

In food emergency situations UNICEF works in close collaboration with WFP. UNICEF's overall strategy is to ensure coordination and to support national health structures (health facilities) and NGOs in the management of severe and moderate undernutrition (providing therapeutic food to children and training for the health staff), and any accompanying issues related to health, immunization, water/sanitation and protection.

UNICEF's immediate aims are: 1) To treat an estimated 32,000 children suffering from severe undernutrition and 160,000 children suffering from moderate undernutrition so as to prevent the following scenarios: a) that children currently suffering moderate undernutrition slip into severe undernutrition; and b) that children cured from undernutrition in therapeutic feeding centres slip back into undernutrition again; 2) To reinforce the capacity of the government agencies and the communities to deal with the immediate and recurrent food crises; and, 3) To assure adequate health, immunization, protection, and water/sanitation services for affected populations.

Health and Nutrition – By strengthening links between its Nutrition and Health programmes, UNICEF will ensure complete measles immunization coverage of all malnourished children, as well as provision of vitamin A, in order to avoid a possible deterioration of the health status of the beneficiaries. UNICEF will also focus on prevention of malaria, gastrointestinal diseases and Acute Respiratory Infections among the affected children. UNICEF will work with WHO on surveys for nutrition, health and mortality, as well as on epidemic preparedness plans for measles, malaria and meningitis.

Water/Sanitation – With the objective of preventing an exacerbation of the situation due to high prevalence of water-borne diseases, UNICEF will assure adequate water and sanitation facilities at feeding centres, and focus on providing potable water, and water purification materials and training to the families of the malnourished children. In collaboration with other organisations active in the W&S sector, UNICEF will ensure that water quality and quantity, as well as hygiene awareness and standards at community level, are improved in the food-shortage affected areas.

Child Protection - In order to avoid risks of sexual exploitation and abuse of minors and women which could arise in large scale food distribution situations, UNICEF will undertake awareness and sensitization activities on existing guiding principles among partners, UN personnel, government counterparts and local communities.

Monitoring - UNICEF is developing a rapid appraisal instrument to monitor key indicators related to: a) Effective supply and distribution of food items in therapeutic feeding centers; b) Quality of care at therapeutic feeding centers; c) Protection and promotion of exclusive breastfeeding; d) Nutritional status of beneficiaries; e) Health and immunization status of children, including coverage of vitamin A and other micronutrients; f) Water and sanitation needs in affected areas; g) Impact of the food crisis on regular social services; h) Population movement related to the food crisis; and i) Protection issues related to displaced families and human rights. Government agents, UNICEF staff and partners will be sent in teams to the affected areas to monitor and report back on key indicators related to these issues.

VI. Program of activities

In partnership with Government counterparts, UN agencies, and NGO partners, UNICEF will undertake the following activities:

- Procure and distribute supplementary food for 160,000 moderately undernourished children (4000 MT of Unimix and 400,000 litres of oil), and non-food items (measuring boards and scales).
- Procure and distribute therapeutic food for 32,000 severely undernourished children (13,000 boxes of Plumpy-nut and 366 boxes of therapeutic milk F100), and non food items (essential drugs, vaccines, mosquito nets, vitamin-A supplements, and iron and folic acid supplements).
- Establish additional therapeutic feeding centres and train health workers in the management of severe undernutrition.
- Train and support community based anthropometric assessments and promotion teams to identify undernourished children early and make referrals to therapeutic and supplementary feeding programs.
- Counsel mothers, care givers and community resource persons in essential child feeding, particularly exclusive breastfeeding, development, and protection principles.
- Restock 150 cereal banks and train 150 communities in their management.
- Strengthen capacity of Ministry of Public Health agents and NGO staff on feeding program management.
- Distribute garden seeds to 50 women’s groups.
- Procure water/sanitation kits (water purification tablets, jerry cans, soap, etc.) for families of malnourished children. Train families in basic water purification and storage practices.
- Assess the status of the water and sanitation situation in the food-shortage affected areas and develop a plan of intervention for an improvement of water provision and hygienic facilities and habits, to be implemented after the rainy season.
- Disseminate and sensitize humanitarian guidance principles, especially pertaining to sexual exploitation and abuse issues, to main partners, government agents and UN personnel.
- Assure monitoring, evaluation and reporting system (field trip missions, coordination meetings).

VII. Budget for Scaling Up Response

ACTIVITY/ITEM	Funding Required
Therapeutic food and non-therapeutic food; shipping and handling	\$8,700,000
Community support on undernutrition prevention and training	\$250,000
Cereal bank stocks, seeds and supply for irrigated gardening	\$1,000,000

Technical assistance Nutrition	\$200,000
Essential drugs, anthropometric equipment, mosquito nets, vaccines, vitamin-A and other micronutrients.	\$1,000,000
Technical assistance Health	\$150,000
Water/sanitation assessment, kits and training for families in affected areas	\$800,000
Technical assistance Water/sanitation	\$150,000
In-country logistic support (staff, interagency)	\$500,000
Assessments, Monitoring and Evaluation	\$200,000
Communications (Programme/media)	\$100,000
Indirect Programme Support Costs (12%)*	\$1,566,000
TOTAL	\$14,616,000

*The actual recovery cost applied will be in accordance with the UNICEF Executive Board Decision 2003/9 of 5 June 2003.

Zones of Food Crisis in Niger – June 2005 (SAP)

