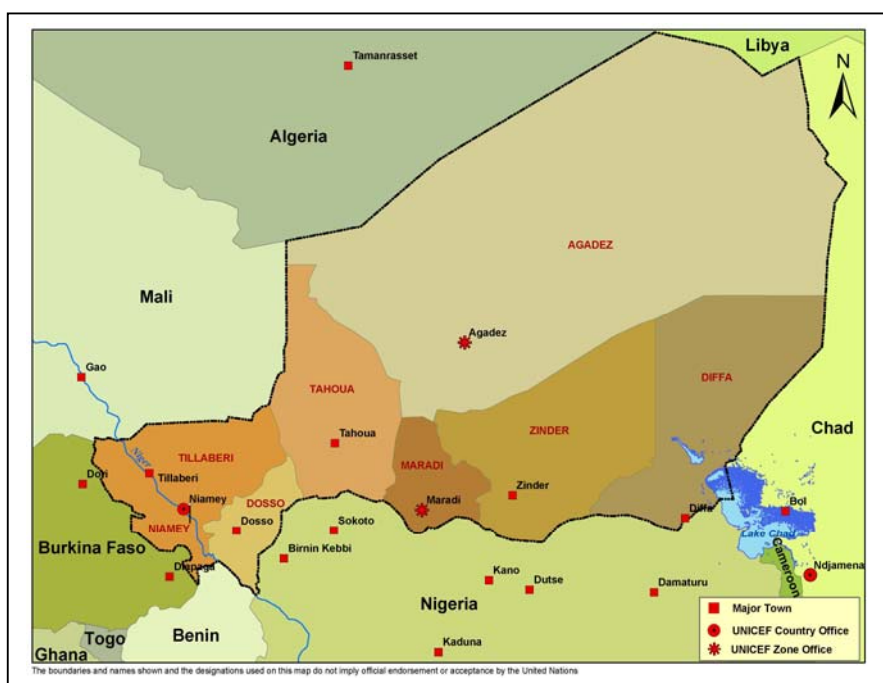


UNICEF HUMANITARIAN ACTION

NIGER

IN 2007



CORE COUNTRY DATA

Population under 5 (thousands)	2851
U5 mortality rate*	198
Infant mortality rate*	81
Maternal mortality ratio (1990-2005, reported)	590
Primary school enrolment ratio, 2000-2005, net (male/female)	46/32
% U1 fully immunized (DPT3)	89
% population using improved drinking water sources	46
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	79
% U5 suffering from moderate and severe underweight	40

Sources: *The State of the World's Children 2007*

* Multiple Indicator Cluster Survey, 2006

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	5,879,318
Water, sanitation and hygiene	1,300,000
Education and child protection	380,000
Total*	7,759,318

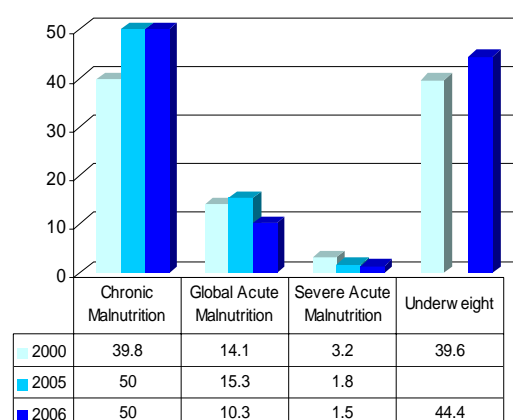
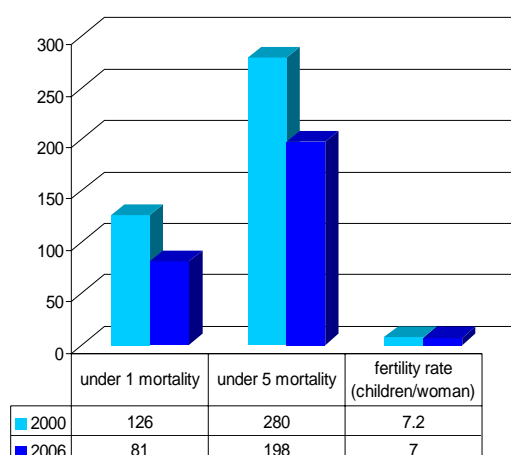
* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Classified as both a least developed and a low-income country, Niger is the lowest-ranked country in UNDP's Human Development Index. Niger has a population estimated at 13.9 million, of which 61 per cent survive on less than \$1 a day and almost 49 per cent are under 15 years old.

Women and children live in extreme vulnerability. One child out of five dies before the age of five, due primarily to the prevalence of acute respiratory infections, water-borne diseases, malaria, other preventable diseases and malnutrition. Infant and under-five mortality rates are among the highest in the world, at 81 and 198 per 1,000 live births respectively, according to the latest Niger Multiple Indicator Cluster Survey conducted in 2006 (MICS 2006). More than half of deaths in under-five children are associated with malnutrition. Malnutrition in infants and young children in Niger remains a major public health problem. The nutritional status of children deteriorated during the 2005 food security crisis that severely eroded the capacity of households to survive further shocks.

Although acute malnutrition declined as compared to the peak of the food and nutrition crisis in 2005, the prevalence of global acute malnutrition (both moderate and severe) in children 6-59 months is above emergency threshold at 10.3 per cent, and almost one child under five out of two suffers from chronic malnutrition. This reveals a deeply rooted nutrition crisis undermining children's survival and development. Underlying and root causes notably consist in the low performances of the national health system, both in terms of availability and access to adequate childcare, and in poor implementation of key family practices for adequate child nutrition and care at the household level (i.e., only 13 per cent of children aged 0-6 months are exclusively breastfed).



Malnutrition indicators for children under 5 years

As shown in MICS 2006, the prevalence of diarrhoea in under-five children stands at 26 per cent, an underlying cause of the high mortality rate for this age group. Poor hygienic practices contribute to the persistence of water-related diseases, which have been exacerbated during recent emergencies (drought, floods, and cholera outbreaks). In 2006, 1,018 cholera cases and 4,103 meningitis cases were reported, with a lethality rate of 5 per cent and 7.1 per cent respectively. In addition, malaria is endemic in Niger, with more than 750,000 reported cases in 2005 and 2,054 reported deaths.

Poor school attendance, especially among girls, contributes to Niger's 85 per cent illiteracy rate. The rainy season floods destroyed school books, equipment and buildings and washed away food sources, which educational authorities say might lead to considerable migrations of children and their families and to low school attendance as parents prioritize food over education.

The precariousness of women's livelihoods has an important effect on the access of children to education and on the abandonment and trafficking of children. In some regions, as many as 47 per cent of households are headed by women, as men habitually migrate to look for work, leaving women in increasingly worsening conditions that are exacerbated during floods, food shortages and other emergency situations. Children's rights are often violated as they face abuses, violence, exploitation and neglect.

Out of 8,301 schools in 2004/2005, more than 6,990 (84 per cent) had no latrines, hindering both school access and quality, as well as students' health. Nutrition and hygiene have not been fully integrated into schools making it difficult to have a long-term impact on malnutrition and water-borne diseases.

Despite progress in the availability of basic social services, as illustrated in MICS 2006, the incidence of natural disasters and endemic poverty call for a lot of efforts to ensure child survival and development and to achieve the Millennium Development Goals.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In 2006, UNICEF's support to the Government of Niger in response to emergency issues focused on the management of the nutrition crisis, the response to the meningitis and cholera outbreaks and mass communication campaigns to respond/prepare to respond to avian influenza outbreaks.

Coordination

As nutrition cluster lead, UNICEF's action in support to the Government of Niger focused on the coordination of a network of 24 international and national NGOs in the treatment of acute malnutrition. In addition, UNICEF led the revision of the National Plan of Action on nutrition, the preparation of a guide on management of nutritional rehabilitation centres as well as the review of the national protocol for the management of acute malnutrition. Through its coordination role, UNICEF facilitates the process of integrating nutritional rehabilitation activities run by NGO partners into the national health system and enables the exchange of good practices and lessons learned on the implementation of nutritional programmes as well as the standardization of methodology on surveys, blanket feeding operation and the one-year review of the national protocol for the management of acute malnutrition.

Achievements

As of 24 September 2006, a total of 287,722 malnourished children had been treated at UNICEF-supported supplementary and therapeutic feeding centres. UNICEF provided more than 850 feeding centres with essential food and non-food items.

A blanket feeding has been conducted during the months of September to November 2006. Some 355,000 children under three years of age benefited from this operation in the regions of Tahoua, Maradi and Zinder most affected by malnutrition. UNICEF also coordinated the training of around 700 health workers in support to the Ministry of Health.

A nutrition-related Knowledge, Attitudes and Practice study and an in-depth qualitative socio-anthropologic survey were carried out to formulate an integrated communication plan and tools for behavioural change with respect to nutrition and childcare. In addition, a national nutrition and mortality survey was conducted during the month of October, which focused on the nutrition status of children aged 6-59 months and on the survival of children aged 0-59 months. It also offered a report card on exclusive breastfeeding for infants, early initiation of breastfeeding and complementary feeding practices for toddlers, as well as an update on indicators related to the performance of health care services (measles vaccination, vitamin A supplementation, use of long-lasting insecticidal nets) and supplementary feeding centres.

UNICEF supported the Ministry of Health in tackling meningitis and cholera outbreaks that mainly affected children by providing, in addition to technical support, supplies and funds for a total amount of US\$ 200,000. Thanks to UNICEF's support, 224,475 people were vaccinated at the time of the meningitis epidemic in the region of Douthi and 350 children were treated with adequate antibiotics. UNICEF provided emergency supplies for 1,000 severe cholera cases. Additional supplies for sanitation and hygiene were provided to allow intervention teams to disinfect wells, houses and health and therapeutic feeding centres.

UNICEF also significantly contributed to the emergency response to flash floods that occurred during the months of August and September and affected more than 46,000 people in 6,500 households in seven of the country's eight regions. In addition to ongoing support to the Government, UNICEF ensured the provision of emergency non-food supplies to the affected population. UNICEF has reinforced its partnership with NGOs in order to tackle the post-emergency with the rehabilitation of dig wells damaged during the floods.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF will continue to participate in the emergency preparedness and response coordination mechanism, the National Mechanism for Disaster Management, chaired by the Secretary-General of the Prime Minister's cabinet, through a joint consultation committee that includes UN agencies, the donor community and the network of NGOs operating in Niger. OCHA ensures the coordination of UN agencies' support to the national response through cluster working groups. UNICEF leads the nutrition cluster and partners with 24 NGOs with whom it signs memoranda of understanding.

Regular programme

The interventions to be implemented through this emergency appeal are complementary to the regular activities carried out in the overall Country Programme, in particular with regard to strengthening basic health services as part of the strategy to accelerate child survival and development through the implementation of evidence-based high impact interventions at scale. The strategy focuses on the development of human resources and the availability of essential equipment, as well as on the reinforcement of capacities at the community level to enable the adequate care and protection of children at the household level. It also aims at strengthening the liaison between communities and the national health system.

Health and nutrition (US\$ 5,879,318)

The overall goal is to reduce child mortality and to reduce/maintain the rate of acute malnutrition at or below 10 per cent by treating 300,000 under-five children and implementing a behavioural change communication plan at the community level targeting key population groups in the eight regions of Niger. The strategic approach adopted with national authorities and international NGOs is to continue to support nutritional rehabilitation centres, to ensure access to health for under-five children and to implement effective nutritional surveillance. Main activities will include:

- Therapeutic and supplementary feeding: support the development and implementation of national policies and protocols, ensuring an uninterrupted pipeline of therapeutic and supplementary foods and anthropometric tools for the treatment of moderate and severe acute malnutrition in under-five children;
- Blanket feeding for children under three in the most vulnerable regions;
- Breastfeeding for infants and complementary feeding for toddlers: support the promotion and protection of exclusive breastfeeding and adequate complementary feeding for young children;
- Vitamin A supplementation, de-worming and vaccination: ensure an uninterrupted supply of vitamin A supplements, de-worming tablets and systematic immunization;
- Information systems: conduct surveys, early warning and surveillance, undertake advocacy;
- Water and sanitation: promote management of diarrhoeal diseases (oral rehydration therapy) and handwashing;

- Protect water sources to ensure water availability to all with minimum risk of contamination;
- Promote improved sanitation and sensitization using existing training materials as well as newly developed ones;
- Improve utilization of long-lasting insecticidal nets for infants, young children and pregnant women;
- Undertake contingency planning on meningitis epidemic with increasing risk of X meningitis outbreaks particularly in the Niamey urban area and bordering region;
- Reinforce preparedness on management of cholera outbreaks, strengthening prevention activities, enhancing local capacities to cope with disaster and pre-positioning supplies;
- Train staff and community workers on care of sick children, particularly against acute respiratory infections, diarrhoea and malaria.

Water, sanitation and hygiene (US\$ 1,300,000)

- Promote the management of diarrhoeal diseases (oral rehydration therapy) and handwashing;
- Protect water sources to ensure water availability to all with minimum risk of contamination;
- Promote improved sanitation and sensitization using existing training materials as well as newly developed ones;
- Improve school environments providing water and sanitation facilities.

Education and child protection (US\$ 380,000)

Interventions will focus on post-emergency rehabilitation of schools affected by floods and the education of children and parents in collaboration with women's associations on key nutrition and hygiene issues:

- Rehabilitate classrooms and equipment damaged by floods in five districts;
- Provide school manuals for approximately 1,500 children affected by floods;
- Construct latrines in 100 schools in cholera-prone regions;
- Provide parental education on key nutrition and hygiene issues in 100 pre-school centres and 400 schools.