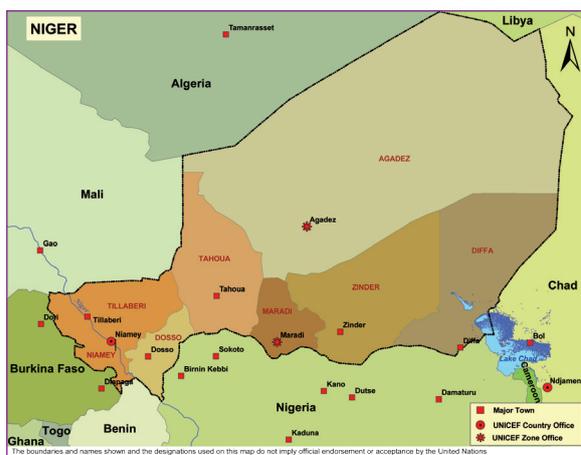


# UNICEF HUMANITARIAN ACTION

## NIGER

### IN 2009



Core Country Data	
Child population under 18 (millions)	7.5
U5 mortality rate	198
Infant mortality rate*	81
Maternal mortality ratio (1990–2006)	650
Primary school enrolment ratio (net)	48
Primary school enrolment ratio for girls (net)	40
% U1 fully immunized (DPT3)	39
% population using improved drinking-water sources	46
HIV/AIDS prevalence	0.7
% U5 suffering moderate and severe malnutrition (underweight)	40

Sources: Country Programme Document (CPD) Niger 2008, \*Demographic and Health Survey/ Multiple Indicator Cluster Survey 2006 (DHS-MICS 2006)

The four main areas of humanitarian concern in Niger are child undernutrition, meningitis and cholera outbreaks, cyclical water floods and the insurgency of rebel groups in the region of Agadez since February 2007. UNICEF’s humanitarian action in 2009 will cover the needs of 635,000 undernourished children and will reach 10,000 mothers and children affected by disease outbreaks, floods and insecurity in the North.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	12,689,148
Water, Sanitation and Hygiene	800,000
Education	450,000
Child Protection	80,000
Mine Action	50,000
<b>Total**</b>	<b>14,069,148</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* 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 AND WOMEN

The main humanitarian issue in Niger in 2008 and in the coming year is child undernutrition. The latest survey conducted in June/July 2008 reported a consistent decline of global acute malnutrition (GAM) to 10.7 per cent and severe acute malnutrition (SAM) to 0.8 per cent (National Centre for Health Statistics – NCHS References). This decline in GAM at the national level reported throughout 2008 shows the effectiveness of the global humanitarian response, including public health interventions and improved access to essential health services. However, the national levels of malnutrition mask considerable regional variations. For example, the survey shows that the region of Zinder is in an emergency situation, with 15.7 per cent of GAM among children aged 6–59 months. The findings of the survey reveal that not only nutrition indicators are low in this region, but most of the child survival indicators in Zinder are the worst nationwide. Three (out of eight) regions have a GAM prevalence of between 10 and 15 per cent, or above the alarm level. Also distribution of malnutrition according to age groups shows that the GAM rate is at 14.6 per cent for children aged 6–35 months, and a troubling 20.9 per cent for children aged 12–23 months, which means that younger children are the most affected by acute malnutrition, and that priority must be given to this age group and to maternal nutrition.

Even if the situation seems to show a consistent improvement since 2005, it remains unstable and still needs a strong response, particularly within the Ministry of Health (MoH) system and within the framework of the new national child survival strategy. This is even truer with the recent adoption by the MoH of the new World Health Organization (WHO) growth standards. These new standards will definitely allow for a better selection of the malnourished children to be admitted into the programme, but at the same time it will sharply increase the number of children to be treated. The prevalence of GAM according to the WHO new standards is 11.6 per cent, while the prevalence of SAM becomes 2.8 per cent, a level that requires a strong response.

Epidemic outbreaks, particularly cholera during the rainy season and meningitis during the dry season, are cyclical in Niger. By October 2008, 3,234 meningitis cases and 778 cholera cases had been registered, which represent a slight increase compared to the levels encountered in 2007. Maintaining high alert levels and pursuing social mobilization on water, sanitation and hygiene is therefore crucial to continue containing epidemics. Heavy rains in the summer expose the populations to flooding, a situation which is aggravated by poor lodging conditions associated with inadequate water infrastructures. The July and August floods affected 42,100 people in 5,100 households in Niger.

Since February 2007, civilians have been increasingly caught up in insecurity caused by the conflict between the Nigerian army and armed militias in the northern part of the country, in particular the region of Agadez. A new front near the Chadian border opened up in April 2008. These clashes between rebel groups and the Government have caused the displacement of approximately 15,000 people in 2008. The situation is aggravated by the presence of anti-vehicle mines in strategic areas, which have caused vehicles to blow up, including in the capital Niamey. Since November 2007, the Government of Niger and its partners have evaluated the situation of mines in Niger and set up a joint committee composed of the UN and the National Commission for the Collection and Control of Illegal Weapons, which meets on a regular basis. Mine-risk education messages were aired between January and March thanks to the collaboration between UNICEF and the Ministry of Communication. This action has been reinforced through the recruitment of an international consultant in December 2008 for one-month duration.

Despite the encouraging progress achieved in the education sector in recent years (gross enrolment ratio has rocketed up from 37 per cent in 2000–2001 to 62 per cent in 2007–2008), the situation is still very challenging. Issues such as gender disparities, inadequate learning conditions and difficult school access for nomadic populations and the chronically poor are becoming more complex due to insecurity in the North.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF supported the Government of Niger as nutrition cluster lead, in the coordination of a network of 20 international and national NGOs for the prevention and treatment of acute malnutrition. As of 3 October 2008, a total of 184,759 children under age five (or 58 per cent of target) (134,214 moderately malnourished and 50,545 severely malnourished) had been admitted in the 811 UNICEF-supported nutritional centres operating in the 42 districts of the country. A joint Government/World Food Programme (WFP)/UNICEF blanket supplementary feeding operation reached 292,000 vulnerable children aged 6–36 months (or 97.3 per cent of target) with 5,570 MT of food. UNICEF signed a Memorandum of Understanding (MoU) with seven NGOs to implement a package of seven key behaviours<sup>1</sup> and eight essential services,<sup>2</sup> a package that is also

1 The seven key behaviours are: exclusive breastfeeding, use of appropriate weaning and complementary food, use of impregnated mosquito nets by pregnant women and children under age five, use of oral rehydration salts, handwashing with soap, recognition of early signs of illness and use of health services.

2 The eight essential services are: integrated management of childhood illness, complete vaccination of children, vitamin A supplementation for children aged 6–59 months, quality antenatal care, delivery assisted by trained staff, growth monitoring, malnutrition case management and low-cost boreholes.

being implemented at women group/village growth monitoring team level. These interventions contributed to global acute malnutrition going down from 11.2 per cent in June 2007 to 10.7 per cent in June 2008, and severe acute malnutrition from 1.2 per cent to 0.8 per cent. In spite of the vaccination of some 800,000 people during the meningitis epidemics in the first half of 2008 (compared to 224,475 people in 2007), there was an increase in the number of reported cases (3,234 cases among which 216 deaths by October 2008, compared to 739 cases and 77 deaths in 2007). The increase in the cases can be attributed to an important outbreak in Nigeria, with which Niger shares a long and open border.

Due to heavy rains in the months of July/August, floods were reported in the regions of Zinder and Tillabery affecting a total of 42,100 people (24,000 in Zinder and 18,100 in Tillabery) in 5,100 households. UNICEF dispatched 500 family kits (including insecticide-treated mosquito nets, blankets, 20-litre tanks, soap and 20 metres of tarpaulin for each family) to the Zinder region and 250 family kits to the Tillabery region. Awareness-raising campaigns on cholera by health officers and local media are ongoing. Required rehydration drugs (oral rehydration salts (ORS) and Ringer's lactate) as well as 2,800 boxes of 50 chlorine tablets each were handed over to the Minister of Health, who is dispatching these supplies to the affected populations. UNICEF also sent three tents to set up an isolation centre. Water points were treated with bleach or hypochlorite and separate latrines for patients were built.

Following the displacement of population in the North, UNICEF provided training to education partners on minimal norms for education in emergency situations. Displaced children were able to integrate host primary and middle schools, which received extra support through the supply of textbooks and a catch-up course for the 162 displaced children. Seventy-seven per cent of these pupils were able to move up to the next grade, a good promotion rate for Niger. UNICEF is now supporting the Regional Directorate of Education in its effort to create some 30 community daycare centres. Approximately 570 women heads of household, who have been displaced to Agadez, have received financial support from UNICEF for income-generating activities, such as the setting-up of small businesses.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF will continue to participate in the emergency preparedness and response coordination mechanism chaired by the Secretary-General of the Cabinet of the Prime Minister, through a joint consultation committee that includes Government partners, UN agencies, the donor community and the network of NGOs. It will also provide leadership to the nutrition cluster and support to the Nutrition Section of the Ministry of Health.

#### Linkages of HAR with the Regular Programme

The activities to be funded by this emergency appeal are complementary to the regular Country Programme activities, with a particular focus on the reinforcement of 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.

In 2009, emergency interventions will address the needs of 635,000 acutely malnourished children under age five. Other interventions regarding water and sanitation will reach 10,000 mothers and children affected by floods and epidemics. Education and child protection interventions will also be implemented in order to mitigate the consequences of the conflict on children in Northern Niger.

#### Health and Nutrition (US\$ 12,689,148)

For 2009, the overall goal is to reduce child mortality, to maintain the rate of acute malnutrition at or below 10 per cent and to contribute to reducing the prevalence of stunting. To that end, key activities will include:

- Continue supporting the Government of Niger in the coordination of the nutrition response;
- At the community and household level, implement a community-based integrated, evidence-based high-impact child survival package with seven key behaviours and eight essential services;
- At health facility and community level, treat 635,000 cases of both moderate and severe acute malnutrition (reaching 60 per cent of children in need), of which 135,000 are expected to be of severe malnutrition. It is anticipated that one-third of these 135,000 severe cases will be treated at inpatient therapeutic centres within hospitals, while the remaining will be treated at outpatient therapeutic centres at community or health facility level;

- At the national and global level, undertake nationwide blanket feeding for 250,000 children under age three, support human resource capacity-building as well as a child survival and nutrition survey for effective nutritional surveillance;
- Support the Government and communities in their effort to improve the quality of complementary feeding, in addition to breastfeeding after the age of six months, by using new ready-to-use food, such as Nutributter and Sprinkles.

In the area of infectious and waterborne diseases, such as cholera and meningitis, UNICEF will further reinforce national and local preparedness by prepositioning medical supplies and drugs in high-risk health districts. Main activities will include:

- Supply meningitis vaccines for the immunization of 75,000 children and the treatment of 10,000 cases;
- Support communication activities for the prevention of cholera and provide supplies for the management of 1,500 cases;
- Provide medical supplies to cover the needs of up to 10,000 women and children displaced by floods or conflicts in the northern area (contingency stock).

### **Water, Sanitation and Hygiene (US\$ 800,000)**

For 2009, UNICEF's response will cover the water, sanitation and hygiene (WASH) needs of a population of 10,000 people (1,250 households), who may be affected by floods, displacement or cholera outbreaks. Key activities will include:

- Provide water and sanitation equipment, including water tanks, water cans, cups, water purification tablets, rakes and shovels, and support the renovation/construction of up to 30 water points/water supply systems in 30 schools and 10 health centres in affected areas;
- Promote sanitation (treatment of water, construction of household latrines), hygiene and handwashing (for the adoption of key practices related the reduction of waterborne diseases) coupled with soap distribution among the targeted population;
- Enhance capacity of the Ministry of Hydraulic and the Ministry of Health for an improved preparation and collaboration in time of crisis, through the organization of workshops related to emergency and sanitation promotion.

### **Education (US\$ 450,000)**

For 2009, the overall goal is to support the training of 30 teachers, 30 community educators and 700 parents and generally support the Regional Directorate of Agadez in its efforts to maintain all children at school. Key activities will include:

- Should population displacement continue through 2009 due to floods or to the escalation of the northern insecurity, support the schools receiving displaced children by distributing school kits and material to build temporary learning spaces.

### **Child Protection (US\$ 80,000)**

UNICEF plans to reinforce those grass-roots organizations and NGOs which are organizing income-generating activities in the areas affected by the insecurity and those areas which may be stricken by natural disasters in 2009. The current forecast is to assist 1,000 disadvantaged households, benefiting 5,000 children who will then have improved access to basic social services.

### **Mine Action (US\$ 50,000)**

For 2009, the overall goal is to continue supporting the National Commission for the Collection and Control of Illegal Weapons in order to develop and set up a plan for mine-risk education (MRE) for children, based on locally adapted education tools. The main activities planned for 2009 are as follows:

- Develop and distribute radio messages through the network of local radio stations, reaching one-third of the total population;
- Train 13 media professionals in reporting on mine-risk prevention;
- Engage in interpersonal and group communication based on printed communication tools;
- Provide technical support to the national working group on mine-risk prevention.