FACTS AND FIGURES

Niger is the lowest ranking country in the 2009 Human Development Index:

- Total population: 15.2 million
- Children under five years old: 3.121 million
- Population living with less than 1$US per day (2005 – QUIBB Survey): 62.1%
- GDP per capita: about 340 $US
- Poverty rate estimation: 59.5%
- Agriculture contributes to about 40% of the GDP and employs 85% of the working population.
- Demographic growth: 3.3% per year
- Number of children per woman: 7.1
- Young girls married before 15 years old: 37%
- Women delivering without the presence of qualified medical staff: 70%
- Maternal mortality (for 100,000 births): 648
- Infant and juvenile mortality (for 1000 living births): 198
- Infant mortality (per 1000 births): 81
- Routine children immunization (against the 6 main infant diseases): 29%
- Population having access to clean water: 46%

Sources: Niger Institut national de la Statistique, UNICEF (Situation of world children, 2009)

In Niger, 1 child in 5 dies before their fifth birthday.

Niger nutritional and health indicators:

- Children under five years old: 3.121 million
- 48.1% of children suffer from chronic malnutrition
- Nearly one third (27%) of children are underweight at birth (under 2.5 kg)
- Nine children out of 10 and 60% of pregnant women suffer from anaemia (iron deficiency)
- 40% of the children have vitamin A deficiency
- 40% of the population suffer from iodized deficiency
- 9.9% of the children between 0 - 6 months are exclusively breastfed
- In 2009 - 12.3% of the children under five years old were suffering from acute malnutrition among whom 2.1% were severely malnourished. In 2010, 16.7% suffer from acute malnutrition among which 3.2% are severely malnourished.

Sources: Niger Institut national de la Statistique, UNICEF (Situation of world children, 2009)
TACKLING THE CRISIS

Since mid-April, the number of admissions into nutritional programmes has increased to over 1,400 severely malnourished children per day. Within the first six months of 2010, more than 150,000 had been treated in outpatient or inpatient nutrition facilities.

The Nutrition Cluster contributes to the government response plan to the nutrition crisis, based on a consensus. As the lead partner, together with the Niger Ministry of Health, UNICEF is currently implementing an emergency plan based on three priorities:

- **treating up to 384,000 severely malnourished** children who need life-saving care in intensive feeding and nutrition outpatient facilities. Since January 2010, more than 127,000 children have been treated in the nutrition centres (CRENAS) and over 15,000 needed special care in intensive facilities.
- **preventing severe malnutrition** by providing supplementary food to 900,000 children from 6-23 months when the food shortages are the most acute - between May and December - thanks to blanket feeding operations,
- **supporting the management of moderate acute malnutrition** led by the WFP (World Food program) for 1,215,000 children. To complete blanket feeding operations, UNICEF is leading cash transfer operations (three donations of 20,000 to 25,000 francs CFA to 30,000 families with children from 6 to 23 months in 359 villages. The villages are of the most affected ones in the 4 most affected districts (Tessaoua, Aguié, Illéla and Koni).
- **Support health facilities** by providing essential medicine and medical equipment in order to mitigate further deterioration of the health for children immune-depressed by malnutrition. UNICEF’s budget to support health is of $14.4 Million.

In respect with the last findings, UNICEF decided to reinforce its relief operations and budget to $57 million to meet the needs. The financial gap for UNICEF stood at $30 million at the end of July.
We can fight back malnutrition

Given its importance on the health and development of children, under-nutrition is a main indicator to evaluate the progress realized to reach the first UN Millennium Development Goal to ‘reduce by half the proportion of people suffering from hunger in the world between 1990 and 2015’.
Knowledge and tools have improved in the last two decades, and nowadays we know how to prevent and how to cure malnutrition. Low cost strategies have proved efficient and need to be scaled up in situations such as the nutritional crisis which is underway.

Strategies based on new findings
We used to connect malnutrition with food insecurity. Nowadays, we know that malnutrition has other underlying residual causes, such as access to health care, to clean water and to adequate food.
Besides, in the 1960s, we thought that protein deficiency was the main cause of acute malnutrition. Since then it was discovered that some micronutrients such as zinc or vitamin A play a major role.

The ready-to-use therapeutic food and the fortified flours
Created in the 1990s, RUTF, is a highly nutritious and carefully balanced mixture in individual bags, composed of flour and enriched with micro-nutrients, mineral and vitamins especially developed for the fragile systems of children affected by severe malnutrition.
It can be consumed by the child without adding water, thus eliminating the risk of polluting the food. The fact that it is ready for consumption makes it more effective than the usual complementary rations which have to be mixed with water and cooked.
RUTF introduced a new strategy against malnutrition, and reduces the need to automatically hospitalise the severely malnourished. It thus allowed large scale operations to fight severe malnutrition.
UNICEF provides RUTF on a large-scale to over 800 nutritional centres in Niger in 2010.

Fortified food also contributes to improving global nutrition in countries where malnutrition rates are high partly because of inadequate feeding practices.
Flour fortification expanded worldwide in the last decade. From 18% in 2004 to 27% in 2007, the number of people with access to fortified wheat flour increased by about 540 million during that period. By 2009, 30% of the world’s flour produced in large roller mills was being fortified with iron, folic acid and, in some cases, other nutrients.

Outpatient strategies
Scaling-up has been possible thanks to these outreach facilities. The ‘channel of care’ depends on whether the child has medical complications associated with his or her malnutrition. Children who have an appetite and can eat on their own, and who do not
suffer from a disease linked to malnutrition, can be treated in outreach programmes with RUTF.

**Blanket feeding operations**

Since 2005, blanket feeding operations have proved efficient in preventing acute malnutrition among children during the lean period. Blanket feedings are distributions of supplementary and complementary food to every child from 6 – 23 months whatever their nutritional status. In areas where food shortages are sharp and malnutrition is very high, it is more efficient and cheaper to include all children. The parents of the children are provided with a monthly ration made up of 7.5 kg of flour (CSB) with 750 grams of oil and 450 grams of sugar.

In Niger this year, UNICEF supports the implementation of a blanket feeding operation, in partnership with the WFP (World Food Program).

**Simple actions save lives**

In Niger, UNICEF supports simple actions that save lives. Experimental projects have proven that simple actions and modest means are efficient measures against malnutrition:

- Exclusive breastfeeding, without adding any other liquid to babies younger than six months, can reduce infant mortality up to 13 by enhancing the immune system, and diarrhoeal diseases can be prevented.
- As malnutrition often starts when the child is six months old, complementary food must be adequate to cover their needs in proteins and micronutrients. NICEF works with community volunteers to help the parents find ways to improve the quality of food.
- We can also reduce child mortality by five points with hand washing soap.
- Oral rehydration can cure diarrhoea, than often affects young children in precarious conditions,
- Mosquito nets at night protect children from malaria.
- Screening of malnutrition at community level and early treatment can prevent a further deterioration of a child’s health.

**A three stage network against malnutrition**

**CRENAM:** supplementary food to treat acute moderate malnutrition

**CRENAS:** outpatient treatment against severe malnutrition with ready-to-use therapeutic food

**CRENI:** life-saving treatment for severely malnourished children with medical complication
Funding needs and gaps

The global funding needs for all UN agencies are of $147 million which are to be spent as followed:

- $39.2 million for severe malnutrition
- $30.3 million for moderate malnutrition
- $73.5 million for the blanket feeding operations
- $140 million for the complementary food for pregnant and breastfeeding women.

UNICEF needs $30 million to implement its programmes this year.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Re-evaluated needs *</th>
<th>Funds received *</th>
<th>Financial gap *</th>
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<tr>
<td>Health</td>
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<td>0</td>
<td>14 418 336</td>
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<tr>
<td>Nutrition</td>
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<td>Water and sanitation</td>
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<td>Cash transfert</td>
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<td>3 998 000</td>
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<td><strong>Total</strong></td>
<td><strong>57 982 628</strong></td>
<td><strong>27 253 034</strong></td>
<td><strong>30 729 594</strong></td>
</tr>
</tbody>
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The donors to UNICEF on the crisis are CERF, DFID, ECHO, European Food Facility, Japan, Danish cooperation, Spain and Netherlands.