ANNUAL REPORT OF THE HUMANITARIAN / RESIDENT COORDINATOR ON THE USE OF CERF GRANTS

Country	**Niger**
Humanitarian / Resident Coordinator	**Khardiata Lo Ndiaye**
Reporting Period	**January-December 2007**

I. Executive Summary

Since the 2005 food crisis, there has been progress in addressing both food security and malnutrition in Niger. Yet, the population of Niger remains one of the poorest and most food insecure in the world. Niger is classified as both a least developed and a low-income food-deficit country, and was ranked 174 out of 177 countries in the 2007 United Nations Development Programme (UNDP) Human Development Index. Niger faces challenges in a number of sectors: life expectancy at birth is only 56 years and the child mortality rate is 20 percent, suggesting that one in five children will never reach the age of five. The average fertility rate is seven births per woman and the population growth of 3.3 percent per year is one of the highest in the world, with the country's population and its food needs doubling every twenty years.

With an estimated population of 13.5 million, largely concentrated in a narrow band of arable land along its southern border, rural subsistence agriculture and livestock rearing dominate Niger's economy. Food security in Niger is a complex issue with different levels of food availability, access and utilization across the country. The country suffers from chronic food insecurity during the lean season before the harvest, a situation which is exacerbated by the frequent onset of natural disasters such as drought, floods and locust invasions.

Malnutrition rates in Niger are at a critical level, with eleven percent of children under five and 14.8 percent of children under three suffering from acute malnutrition. Additionally, 37 percent of children - almost one million – are chronically malnourished.

The Central Emergency Response Fund (CERF) grant was requested for therapeutic and supplementary feeding for malnourished children under five years of age. As per World Food Programme (WFP) and United Nations Children's Fund (UNICEF) global Memorandum of Understanding, UNICEF is responsible for the provision of therapeutic food for severely malnourished children while WFP provides commodities for the treatment of moderately malnourished children.

After some $2 million was allocated from CERF's underfunded window, WFP procured nearly 1000 metric tonnes (MT) of supplies including some 800 MT of corn-soya blend. UNICEF used the CERF funds to provide NGOs and health facilities involved in nutritional recuperation with the therapeutic provisions necessary to treat severely and moderately malnourished children in the country. A total of 12,000 children were treated for malnutrition with these supplies.

Total amount of humanitarian funding required and received (per reporting year)	**Required:** $ NA **Received:** $ NA			
Total amount of CERF funding received by funding window	**Rapid Response:** $0 **Underfunded:** $2,000,022 **Grand Total:** $2,000,022			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	**Total UN agencies/IOM:** $_____ **Total implementing partners:** $_____			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	**Total**	**under 5 years of age**	**Female (If available)**	**Male (If available)**
	12,000	12,000		
Geographic areas of implementation	All regions of Niger			

II. Coordination and Partnership-building

(a) Decision-making process:

The decision to allocate this CERF grant to nutritional programmes for children was taken by the United Nations Country Team (UNCT) based upon the CERF life-saving criteria as well as the funding situation of the different agencies as per financial tracking of the 2007 CAP. The nutritional situation in the country is well documented thanks to a twice yearly joint nutritional assessments completed by the Government, UNICEF and WFP. Neither WFP nor UNICEF had internal agency reserves that could be allocated for these activities.

(b) Coordination and Partnerships amongst the humanitarian country team:

Coordination in the nutrition sector is provided by the Ministry of Public Health's Nutrition Division, with strong support from UNICEF and WFP. Coordination meetings are held on a monthly basis to discuss nutrition activities. The main actor in the field of food security is the National Food Security Mechanism (Dispositif National de Prévention et de Gestion des Crises Alimentaires) which has the mandate to prevent and manage food crises.

UNICEF, as sector leader for nutrition, plays an important role, together with WFP, in capacity-building of the Government, coordination and data collection.

For all nutritional activities, WFP partners with international and local NGOs with an expertise in nutrition.

(c) Prioritization process:

The UNCT took the decision to allocate the CERF grant to the nutrition sector based on the CERF life-saving criteria and in view of the critical levels of malnutrition in the country.

In addition the content of the proposal was discussed with non-UN entities mainly through two humanitarian forums in Niger, under the sectors groups and the Inter-Agency Standing Committee meetings at the country level. At this stage, regular nutrition sector meetings were held under the leadership of UNICEF and were attended by the Ministry of Health, WFP, World Health Organization (WHO), the Office for the Coordination of Humanitarian Affairs (OCHA) and 21 NGOs (international and national) very active in nutrition activities. Most of these NGOs are UNICEF and WFP implementing partners.

The second forum where the contents of the proposal were discussed was at the level of the National Consultative Committee on Emergencies "Comité Restreint de Concertation" chaired by the Prime Minister's Office. This forum brings together UN representatives, donors and all concerned Ministries with food security and nutrition issues. During this forum, food security and nutritional trends including the results from different surveys and data on admissions in therapeutic feeding centres were routinely discussed.

III. Implementation and Results

Underfunded projects

After the CERF grant was confirmed in October 2007, WFP proceeded with the procurement of 809 MT of corn-soya blend, 96 MT of vegetable oil and 46 MT of sugar.

The commodities were shipped to the port of Cotonou and then overland to Niger and arrived in country in February 2008. The commodities have been dispatched to the regions and, at time of writing, were ready for distribution. Beneficiary numbers and outcomes will be reported in the next annual report.

UNICEF provided NGOs and health facilities involved in nutritional recuperation with the therapeutic provisions necessary to treat severely and moderately malnourished children in the country. These supplies include F-100 and F-75 therapeutic milk and Plumpy'nut©. Extensive quantities of provisions were mobilized and made available to partners throughout the country with CERF funding. A total of 12,000 children were treated for malnutrition with these supplies.

(a) Monitoring and evaluation:

A schedule to ensure regular monitoring of activities (during and post-distribution) by WFP food aid monitors is in place each month in Niamey and the sub-offices. Data is collected through WFP and NGO partner monitoring activities and reports. UNICEF provided regular monitoring of programme statistics (admission, default and recovery rates) at nutritional centres on the impact of treatment.

Weekly admission data collection and monthly coordination meetings under UNICEF coordination helped to achieve an effective monitoring of the activities in the field and on the impact of treatment.

(b) Initiatives that complemented CERF-funded projects

As a complement to supplementary feeding for moderately malnourished children, WFP also provides supplementary feeding for malnourished pregnant and lactating women following the national protocol for the treatment of malnutrition. With most interventions focusing on children, the poor nutritional status of women tends to be overlooked. The EDSN-MICS survey indicated that 20 percent of women in Niger are undernourished, with the highest rate (34 percent) in the age group of 15-19 years. The poor nutritional status of mothers is also evident in Niger's 13 percent incidence of low birth weight. Improving the nutritional status of women, especially during pregnancy and lactation, gives their babies a better start in life and improves the mothers' own well-being.

UNICEF developed an integrated strategy for malnutrition prevention at community level through the promotion of community based growth monitoring by village teams. The village teams do a monthly follow up of children under three weights, active screening through the Middle Upper Arm Circumference test. Moreover the teams promote behaviour change among others in the areas of breastfeeding in the first hours following birth, the importance of colostrums, exclusive breastfeeding, and complementary food. In 2007, 233 teams were made operational and 148 new teams were implemented.

A total of 3,486,743 (which represents a coverage of 100 percent) children aged between 6 and 59 months received two doses of Vitamin A during national supplementation days, and 142,661 women (or 76 percent of new mothers) also received supplementation in Vitamin A.

IV. Results

Sector/ Cluster	CERF projects per sector)	Amount disbursed (US$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Food	**07-WFP-046** WFP PRRO 10611.0- "Improving the nutritional status and reinforcing livelihoods of vulnerable populations in Niger"	1,000,022	PLANNED: 60,000 moderately malnourished children under five years (30,000 girls/ 30,000 boys)	Action contre la Faim, AMURT, Caritas, Concern, French Red Cross, Goal, HKI, HAI, IRD, Islamic Relief, MSF Belgium, Mercy Corps, Plan, Samaritan's Purse, Save the Children, World Vision	▪ 60,000 moderately malnourished children reached with supplementary feeding activities. ▪ Distribution of 809 MT corn-soya blend, 96 MT vegetable oil and 46 MT sugar through supplementary feeding. ▪ Stabilised/reduced rate of global acute malnutrition at a national level. (target < ten percent) ▪ Recovery rate of children treated for malnutrition (> 70 percent).	To be completed post-distributions. Beneficiary numbers and outcomes will be reported in the next annual report.
Nutrition and Child Survival	**07-CEF-058** Emergency Nutrition for Child Survival in Niger	1,000,000	13,000 children under five years of age	-Action Contre la Faim -Africare -AMURT -CADEV -Concern -Croix Rouge Française -GOAL -Helen Keller International -Humedica -Islamic Relief -Mercy Corps -Médecins sans frontières (MSF) Belgique -MSF Espagne -MSF- France -MSF- Suisse	To provide care and support to 13,000 children suffering from severe malnutrition in the existing network of nutritional rehabilitation centres	Providing implementing partners with 9,260 boxes of Plumpy Nut, 300 boxes of F100 therapeutic milk and 300 boxes of F75 therapeutic milk, allowed the treatment of 12,000 children suffering from severe malnutrition (10,000 out-patients and 2,000 in-patients).

				-Plan international-Niger -Samaritan Purse -Save the children UK -URC -World Vision		

V. CERF IN ACTION: Success stories

Equipping mothers to treat their children's malnutrition

By Marlene Barger

After taking a bite of Plumpy'nut, Mourtala Yacouba, (nine months), likes to wash it down with milk. His mother, Asamaou, 35, patiently breastfeeds him as she readies Mourtala's next bite of this vitamin and nutrients-rich peanut paste, which is specially formulated to treat severely malnourished children. They have developed this routine during Mourtala's outpatient treatment for severe acute malnutrition at the UNICEF-supported care and feeding centre in Mayahi, Niger.

Little Mourtala had lost weight after a lengthy bout with diarrhoea. His village of Dadin in southern Niger has no medical services. Consequently, his mother lacked information and tools about the best methods for treating her baby's illness and ensure adequate nutrition.

Limited access to health care in rural areas

"I gave him beans to eat to stop the diarrhoea," says Asamaou, "but that didn't work. When he hadn't improved after two weeks, I took Mourtala to the health centre in Mayahi." Lacking funds for public transportation, Asamaou walked more than an hour to cover the seven-kilometre distance from her village. Like Asamaou, 56 per cent of Niger's population has limited access to health care because they live more than five kilometres from a health facility.

"At the health centre," Asamaou says, "they gave me packets of oral rehydration salts to treat the diarrhoea." "The diarrhoea stopped after Mourtala drank the oral rehydration salts, but he had lost so much weight and he still didn't want to eat" Asamaou continues. "The health centre referred us to the nearest feeding centre".

UNICEF response to Niger's ongoing nutrition emergency

In 2007, 275,030 children under five years of age were treated for malnutrition in Niger. The country is in the throes of an ongoing nutrition emergency. UNICEF and its partners are responding by providing adequate treatment to address moderate and severe malnutrition in one of the 813 UNICEF supported-cares and feeding centres. A special effort is simultaneously made to reach out to the communities and provide them, especially mothers and caregivers, with vital information to equip them to prevent, identify and treat child malnutrition.

"For the past two months," Asamaou says, "I have brought Mourtala for checkups every week." When he was admitted for treatment, he weighed only 4.6 kilograms. The feeding centre personnel weigh Mourtala during each visit. They provide Asamaou and other caregivers with life-saving information on topics such as exclusive breastfeeding, age-appropriate feeding practices, use of treated mosquito nets and hygiene. At the end of each visit, Asamaou receives a week's supply of Plumpy'nut for Mourtala.

Successful treatment strategies at home

Thanks to ready-to-use therapeutic food like Plumpy'nut, Asamaou and other caregivers can treat severely malnourished children at home. Hospitalization is required only when these children have medical complications. Asamaou provides Mourtala's daily outpatient treatment while she takes care of her other children at home.

Mourtala has gradually gained weight during treatment. If his progress continues, he will soon graduate to the three-month treatment phase for moderate malnutrition. Then his checkups will be every two weeks. Weight monitoring for Mourtala and health instruction for Asamaou will continue. Mourtala's diet, however, will change. His mother will receive nutrients and vitamins-enriched flour to make porridge to supplement Mourtala's meals.

Meanwhile, Asamaou appreciates the ease of using Plumpy'nut, which comes ready to eat in a foil pouch. "When I leave the feeding centre," she says, "I often stop during the walk home to feed Mourtala more Plumpy'nut."

In 2007, with CERF funding, UNICEF was able to purchase therapeutic food for 12,000 malnourished children.

List of Acronyms

CERF- Central Emergency Response Fund

MT- Million Ton

NGO- Non-governmental organization

OCHA- Office for the Coordination of Humanitarian Affairs

UNCT- United Nations Country Team

UNDP- United Nations Development Programme

UNICEF- United Nations Children's Fund

UN- United Nations

WFP- World Food Programme

WHO- World Health Organization