

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

Country	Niger
Humanitarian / Resident Coordinator	Khardiata Lo N'diaye
Reporting Period	1 January to 31 December 2008

I. Executive Summary

Since the 2005 food crisis, there have been some improvements in the food security and malnutrition situation. However, the population of Niger remains one of the poorest and most food insecure in the world. The root causes of food insecurity—the risk of lean seasons compounded by disruptions to regional markets—have not changed and food security crises could repeat in the future. According to preliminary results of the joint survey conducted in October/November 2007 over 1.5 million people faced severe food insecurity. The percentage of the population experiencing severe food insecurity has increased by 9 percent compared to the previous year while moderately food insecure population increased by 21 percent. The most severely food insecure populations were farmers who experienced crop deficits and single-headed households among others. Their food stock would exhaust within two months from the moment the survey was being carried out (December 2007). The likely scenario for the coming weeks for those populations was a drastic and sudden deterioration of their food security situation if they were not provided with emergency food assistance. This situation of household food insecurity is exacerbated by debt, rural poverty, high prices for basic products and by external shocks such as natural disasters.

The 2008-2009 farming campaign's results did not meet the expectations of farmers and about 2.9 million people were affected by the deficit in crops due to irregular rainfalls in some areas and flooding in others. During the rainy season of 2007, torrential rains and flooding registered during August caused substantial damage to crops, houses and infrastructure. The National Early Warning System reported that 50,469 people were affected in 13 departments of the country. More than 500 agricultural fields and gardens were affected and 200 heads of livestock, invaluable for livelihoods and food security, were lost.

In November 2007, at the national level, global acute malnutrition (GAM) has slightly reduced from 11.2 percent in June 2007 to 11 percent. The region of Zinder was confronted with a GAM rate of 15.7 percent. The situation in this region was critical and an emergency response was urgently needed. To contain the situation from deteriorating, a scaling up of nutrition activities in the region was recommended by the nutrition cluster and the UN Country Team (UNCT).

In 2008, several security incidents in the northern and eastern areas of Niger in late 2007, including the detonation of road mines, armed ambushes and hijacking of international NGO vehicles resulted in a ban by UN DSS on long-distance road travel for UN and non-governmental organization (NGO) staff in some areas of the country. The ban seriously affected the capacity of humanitarian actors to assist the populations in need. An important withdrawal of staff from Agadez has significantly reduced the humanitarian actors' ability to support and monitor operations. In addition, it was crucial to ensure medical or security evacuations of staff from areas not reachable by road due to insecurity or distance.

Total amount of humanitarian funding required and received during the reporting year	REQUIRED: RECEIVED:	\$ 77,128,715 \$ 18,646,080		
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$ 10,254,642		
Total amount of CERF funding received by funding window	RAPID RESPONSE: UNDERFUNDED:	\$ 3,754,643 \$ 6,499,999		
	GRAND TOTAL:	\$ 10,254,642		
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)
	1,051,324	125,564		
Geographic areas of implementation targeted with CERF funding	All regions of the country: <ul style="list-style-type: none"> - UNHAS: Tahoua, Maradi, Zinder, Agadez, Niamey - Nutrition: Tahoua, Maradi, Agadez, Diffa, Zinder, Tillabery, Dosso, Niamey - Agriculture/Food: Tahoua, Maradi, Agadez, Diffa, Zinder, Tillabery, Dosso, Niamey - Health: Agadez, Tahoua and Zinder 			

II. Background

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 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 20 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 raising of livestock 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 11 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.

A CERF grant was requested for therapeutic and supplementary feeding for malnourished children less than five years of age and farmers affected by crops deficit and flooded farming areas.

To that end, following a consensus among the UNCT, the following activities were implemented by WHO, WFP, UNICEF and FAO in conjunction with NGO partners:

1. Implementation of additional blanket feeding in the region of Zinder where the GAM, particularly amongst children 6 – 59 months, was above the critical level and the highest U5 mortality rate in the region;
2. Continued case management of acute malnutrition, integrated in the health centres and at the community level in all regions;
3. Implementation of accelerated preventive packages at community level including promotion of exclusive breastfeeding for children below six months of age, production and use of complementary food for young children, systematic de-worming for children and pregnant

women, prenatal iron/folic acid supplementation of pregnant women and growth monitoring of children.

4. Maintained nutritional surveillance through the sentinel sites, and extended nutrition survey to child survival surveys for monitoring, planning and impact evaluation.
5. Provision of a safe and reliable air service deemed necessary by the UN Humanitarian Coordinator and Country Team to facilitate the movement of UN humanitarian agencies, international and national NGOs, Government counterparts and donor representatives in Niger.
6. Contributed in rehabilitating flooded areas and reinforced sustainable livelihoods affected by food insecurity.

Decision-making process and prioritization

The decision to allocate this CERF grant to health, nutritional, humanitarian air services, food and agriculture programmes was taken by the UNCT based on the CERF life-saving criteria as and the rapid response as well as the funding situation of the different agencies as per financial tracking of the 2008 Consolidated Appeal Process (CAP).

In addition, the content of the proposal was discussed with non-UN entities mainly through two humanitarian forums in Niger, within the sectoral 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, FAO and WHO and were attended by the Ministries of Agriculture, Health, the National Early Warning System, the Food Crisis Cell, WFP, OCHA and 21 NGOs (international and national) very active in nutrition, food and agriculture activities. Most of these NGOs are UNICEF, WFP and FAO 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

1. Coordination and implementation arrangements

Coordination and Partnerships amongst the humanitarian country team, NGOs and Government

Coordination among the above-mentioned sectors was jointly provided by the Government and sector leads. Coordination meetings were held on a monthly basis to discuss nutrition, health, and food/agriculture 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 while FAO supports the government and NGOs.

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

2. Project activities and results

The approval of CERF grants both for under the rapid response and the underfunded window in 2008 allowed the humanitarian community and the government in Niger to scale up immediate response activities and to cover gaps in the following humanitarian sectors:

Food Security

- **FAO:** CERF funding contributed significantly to improve the agricultural output of the vulnerable households from 33 percent to 60 percent depending on the varieties. For instance, the HKP mil increased from 422 to 563kg/ha, local variety of Niebé from 121kg/ha to 194kg/ha; sorghum from 246kg/ha to 387 kg/ha. In addition, there is a significant improvement of the inputs compared to the last agricultural campaign. It is important to highlight the synergy in the distribution process of the input between the OSRO/RAF/705/SWE “Emergency Seeds Distribution Project to vulnerable Households” and FAO. Also the sustainability of the project was taken in account through the selection and distribution of seeds with high quality output. In this regard, 600.00 metric tonnes were distributed to a total of 43,500.00 vulnerable households who were direct beneficiaries of the CERF funding.

Nutrition

- **UNICEF:** During 2008, CERF funding was used by UNICEF to provide therapeutic supplies necessary to treat severely and moderately malnourished children in Niger. These therapeutic commodities were used exclusively in nutrition rehabilitation centres, and were either provided directly to government health facilities or were channelled through NGOs. Supplies included therapeutic milks (3,000 kg of F-100 and 5,000kg of F-75), 1,650.00 pots of Plumpy’nut, essential drugs, and 80,000 insecticide treated mosquito nets. These supplies allowed the treatment of 16,544 severely malnourished children, (5,515 were treated as in-patient because they had associated medical complications). Children with moderate malnutrition also benefited from the routine medical treatment (Vitamin A supplementation and de-worming) to complement WFP provision of supplementary foods in out-patient supplementary feeding centres. UNICEF furthermore supported NGOs to implement an integrated strategy for prevention of malnutrition at the community level through community-based growth monitoring and promotion by village teams.
- **WFP:** In order to respond to the deteriorating nutritional situation in the region of Zinder, WFP scaled up the on-going supplementary feeding activities in the region of Zinder, working with cooperating partners (Save the Children UK, Goal, Croix Rouge France, HKI, Human Appeal) and regional health authorities. The intensive outreach activities to identify and refer malnourished children to the feeding centres coupled with community mobilisation and awareness rising around the issues of malnutrition prevented the deterioration of the nutritional situation in the Zinder region in particular, and in the country at large. Therefore, there has been a positive trend in nutrition results as shown by the feeding centres’ performance indicators. Moderately malnourished children and pregnant and lactating women are screened through their anthropometric indices. Those identified as malnourished are enrolled in the feeding programme and are provided the premix (porridge composed of CSB, oil and sugar) until they recover. Each beneficiary receives about 4 kg of premix every two weeks and their health/nutritional status is also monitored during the days of distribution. Awareness sessions on the preparation of the premix, importance of timely complementary feeding, exclusive breast feeding and other health topics, such as hand washing, are also provided to the mothers/caretakers during the distribution days. During the visitation day, beneficiaries are also checked for illnesses and those found sick benefit from the appropriate treatment. Beneficiaries are also vaccinated against childhood preventable diseases. The additional blanket feeding in Zinder could not be undertaken as planned because the implementing partners and the government counterpart thought it was late since the most critical period of the lean season had passed and it was nearly harvest time. As soon as CERF funding was confirmed at the end of

September 2008, WFP started the procurement of 517.5 mt of CSB, 23.0 mt of sugar and 57.4 mt of fortified vegetable oil. Meanwhile, the supplementary food commodities available in-country and belonging to other project's activities were used to scale up the supplementary feeding activities and meet the increased needs in the Zinder region. The CERF funds were also used to support the NGOs in undertaking local transportation (from WFP warehouse to the distribution centres or from the NGOs' central stores to the sites), storage and distribution costs of the food commodities.

- **WHO:** CERF funding benefited to 30,000 children severely under nourished and as well, contributed to improve significantly the undernutrition rate in the region of Agadez, from 44 percent to 63 percent during the reporting period.

Logistics

- **UNHAS/WFP:** the CERF Grant enabled UNHAS to transport 704 humanitarian staff during these initial three months between Niamey and four regional locations (namely Tahoua, Agadez, Maradi and Zinder) to facilitate a wide variety of humanitarian activities and response actions in those affected regions of Niger. The Niger UNCT and international and national NGOs working in Niger highly appreciate the humanitarian air service provided through the UNHAS-Niger operation.

Health

- **UNFPA:** the CERF intervention covered the funding gap and ensured reproductive health services in the region of Agadez where many interventions were suspended and reproductive health partners left due to the deterioration of the security situation. In this regard, 21,250 women in age of reproduction benefited from the funding. More than 20,000.00 reproductive's kits were distributed to the vulnerable population and about 60 field staff trained in that effect. As a result, 2381 deliveries have been done and 446 of delicate health cases have been carried out. In addition, the CERF funding contributed to strengthening humanitarian coordination responses among partners involved in the emergency health reproductive.

3. Partnerships

Nutrition

Emergency Nutrition for Child Survival in Niger (08-CEF-071) RR and Emergency nutrition for child survival in Niger (08-CEF-015) UFE

The successful implementation of this project and nutrition interventions in general in Niger rely heavily on a number of key partnerships especially with international NGOs working in the area of acute malnutrition. These partnerships are under the overall leadership of the Nutrition Dept. of the Ministry of Public Health. With other sources of funding, UNICEF has through its partnership with this Government department, sought to progressively build its capacity and take on more functions and activities which some years ago were managed almost solely by NGOs. Partnership with NGOs generally follows a project cooperation agreement signed between the NGO and UNICEF. All NGO partners meet with UNICEF, WFP and the Ministry of Health during periodic nutrition cluster meetings which discuss ongoing programmes, constraints, challenges, new data, issues of prioritisation, revised supply needs and funding considerations. The partnerships with NGOs are subjected to an annual evaluation led by UNICEF following Sphere Standards. In general these partnerships have shown to be each year to be highly effective in responding to severe acute malnutrition, especially during the lean season. Weaknesses have been more notable in the partnership arrangements with Government, which as been constrained by weak human resources capacity limiting their ability to take on more nutrition activities within government services and structures especially at the sub-national level.

Improving the nutritional status and reinforcing livelihoods of vulnerable populations in Niger (08-WFP-021) UFE

Besides the Government's MOH, WFP worked closely with the many NGO implementing partners. Amongst the international implementing NGOs partners were: Action Contre la Faim, AMURT International, Concern worldwide, Caritas Development, French Red Cross, GOAL, Helen Keller International, Human Appeal International, Islamic Relief, Mercy Corps, Plan International, Samaritan's Purse, Save the Children UK, and World Vision. The national NGOs were: Agir Ensemble Contre la Pauvreté, Tafala, Tadress, Eco Développent Participatif, Gaded, and Kaydia. All Implementing Partners performed the same roles in the implementation of the activities, management of malnutrition through the various centres following the national protocol of management of malnutrition revised in 2006. The NGOs also benefited from Land Transport Storage and Handling (LTSH) costs.

Scaling up nutrition activities in Zinder Region (08-WFP-096) RR

Key cooperating partners were Save the Children UK, Goal, Croix Rouge France, Helen Keller International, Human Appeal and regional health authorities.

Timely provision and distribution of food to the targeted beneficiaries, and attainment of expected results were achieved with their expertise and additional inputs. In some areas, due to UN security restrictions, WFP could not attend but had to rely on the cooperating partners, including the regional health authorities.

Food security

Assistance for the rehabilitation of flooded areas and sustainable livelihood recovery for food insecure populations in Niger (08-FAO-007) RR

The table below indicates the different partners that are involved in implementation and their respective roles.

Table 1. Summary of responsibilities of the different actors.

Actors	Role
FAO	
ECU (Unité de coordination des urgences et de réhabilitation agricole)	Coordination, identification of areas of intervention and beneficiary villages; identification of agricultural inputs; assistance in technical expertise and logistics; project follow-up evaluation.
FAO (regional)	Administrative and financial support.
AGSP (Seed and plant genetic resources service)	Technical approval of specific details of seeds and fertilizers as well as documents and project reports.
AFSP	International purchase of fertilizers and Irish potatoes.
TCE	Administrative assistance and finance, liaising with technical services.
Partenaires	
Ministère des finances	Exoneration of taxes for agricultural inputs and small agricultural materials.
Ministère du Développement Agricole	Technical support
CCA (cellule de crise alimentaire), SAP (système d'alerte précoce)	Elaboration of a plan of support for vulnerable households. Identification of vulnerable areas; Identification of vulnerable households.
UN Organisations: PAM, UNICEF	Joint evaluations of the level of vulnerability and of malnutrition.
ONG internationales et locales NGOs (SOS sahel international, Save the Children-UK, ONG ARIDEL); projets de développement	Distribution of agricultural inputs; providing guidance to beneficiaries; analysing the economy of households; monitoring and evaluation of achievements.
Fédération des coopératives maraîchères du Niger (FCMN NIYA)	Distribution of agricultural inputs, providing guidance to beneficiaries; monitoring and evaluation of achievements.

This partnership has facilitated the harmonization of interventions in the field and ensuring the presence of a unit for independent follow-up/assessments. Besides, the logistical capacity of partners has been strengthened in order to ensure the distribution of agricultural inputs, the providing of guidance to beneficiaries and follow-up assessments.

Assistance to vulnerable households affected by the rising prices of food and agricultural inputs (08-FAO-051) UFE

The project financed by CERF was complementary to the OSRO/RAF/705/SWE (emergency supply of high quality agricultural seeds to vulnerable populations) financed by the Kingdom of Sweden. Additionally, thanks to these two projects, FAO has distributed 960 tonnes of high quality agricultural seeds and 600 tonnes of fertilizers to some 78,520 vulnerable households and was also able to meet 48 percent of the needs for assistance identified in the contingency planning of the National Unit for the Prevention and Management of Food Crisis of Niger (Dispositif National de Prévention et de Gestion des Crises Alimentaires DNP-GCA du Niger). The DNP-GCA has completed the disbursement of funds to cover 100 percent of the needs.

Partnerships have been established between FAO and the different structures of the MDA (Ministère du développement agricole) in order to:

- Inform and sensitize the local populations;
- Identify villages in deficit for up to more than 50 percent within areas having the highest degree of vulnerability in each department of intervention;
- Participate in the identification of the most vulnerable households within villages facing deficit in order to provide them with technical guidance in the coordination and elaboration of field operations;
- Participate in follow-up field activities; and,
- Evaluate the impact of the operations.

The following partners were involved in the project: CCA, SAP, WFP, UNICEF, the national NGO ARIDEL, farmers associations and village organisations.

Health

Reinforcement of capacities, nutritional surveillance system and response to nutrition emergencies in Niger (08-WHO-012) UFE

The project has been implemented in partnership with the nutritional centre for recovery (CRENI) in collaboration with NGOs. The CRENI centres received the necessary resources and support (training/supervision) from WHO and NGOs. The WHO sub-office in Agadez ensured regular coordination of the interventions of NGOs in order to achieve concerted actions.

Project for emergency health intervention to control the meningitis outbreak in Niger (08-WHO-033) RR

The project was implemented by the Minister of health as main implementing partner.

Crisis prevention and management through the improvement of reproductive health of women of child-bearing age in Niger (08-FPA-007) UFE

The different partners of CERF in the region of Agadez in areas of crisis are: national health personnel and others, United Nations institutions like UNICEF, OCHA, the PAIX Aïr-Azawak, WFP, international organizations like the International Federation of the Red Cross and Red Crescent Societies and international NGOs.

The different correspondences facilitated information sharing on the security situation and humanitarian activities to be executed for new and old displaced caseloads and to propose joint actions through the different community actors in the respective areas of intervention or where health services are inadequate or unavailable. Meanwhile, the official delivery of medical kits to regional authorities has been done in the presence of representatives and the different partners.

Logistics

Provision of safe, efficient and sufficient air transport services to the humanitarian community in Niger and within the region (08-WFP-038) and UNHAS Provision of safe, efficient and sufficient air transport services to the humanitarian community in Niger and within the region (08-WFP-095) RR

In terms of partnerships, a user group responsible for defining operation requirements, establishing priorities, and monitoring the quality of services provided assistance in the management of the operation. The group was chaired by the Humanitarian Coordinator and comprised of representatives of UN agencies (UNICEF, OCHA, UNDP, UNFPA, WFP), NGO clients (represented by MSF-Switzerland) and donors (represented by the French Embassy). At more technical level, Oil Libya provided Jet A1 fuel as per the contract binding it with WFP and ASECNA airport and handling services.

4. Gender-mainstreaming

Nutrition

Emergency Nutrition for Child Survival in Niger (08-CEF-071) RR and Emergency nutrition for child survival in Niger (08-CEF-015) UFE

The CERF funding has been mainly used to meet the needs of children suffering from acute malnutrition, regardless of gender. Previous studies have shown no significant disparity among boys and girls in terms of acute malnutrition rates. Nutrition education activities, which complement CERF funded activities (but which were funded from other sources of funding mobilised by UNICEF), have specifically targeted mothers and specific maternal nutrition activities have also been supported. In several nutrition insecure areas, UNICEF has supported income generation activities for mothers with acutely malnourished children. Gender balance is considered when nutritional surveillance teams are constituted by NGO and Government partners but problems of gender balance in general in the Nigerian work force remain. Gender disaggregated data in nutrition recuperation centres is produced at times but needs to be more systematic.

Food security

Assistance for the rehabilitation of flooded areas and sustainable livelihood recovery for food insecure populations in Niger (08-FAO-007) RR

Women and children constituted the largest number of beneficiaries of this assistance of which 67.5 percent of the beneficiaries are women. This has contributed to improvement in their contribution to the household economy in terms of food security.

Assistance to vulnerable households affected by the rising prices of food and agricultural inputs (08-FAO-051) UF

The project had targeted 40 percent women and 20 percent children among its beneficiaries, in order to enable them restart food-crop farming in the next rainy season so as to improve their food security and reduce their dependency on food aid in the regions of Dosso, Maradi, Tahoua, Tilabéri and Zinder.

Health

Reinforcement of capacities, nutritional surveillance system and response to nutrition emergencies in Niger (08-WHO-012) UFE

The implementation of CERF-funded projects took into account gender balance. In effect, with regard the government's decision for the delivery of free medical treatment to children under five years, assistance to cases of malnutrition is done free of charge. This ensures economic empowerment for access to treatment thereby improving the use of services by children of both sexes.

Project for emergency health intervention to control the meningitis outbreak in Niger (08-WHO-033) RR

Responses from CERF were provided regardless of the gender. The medical treatment and immunization were free for the target population.

Crisis prevention and management through the improvement of reproductive health of women of child-bearing age in Niger (08-FPA-007) UFE

The different training programs by actors (health actors, ASC, peer educators) took into consideration gender equality in the activities that were implemented. Additionally, the various kits that were provided to the local communities for training on health, as well as information for local communities equally targeted men and women, which resulted in a greater access to health services for women, thereby enabling one of their fundamental rights—access to health facilities at the same level as men.

5. Monitoring and evaluation

Nutrition

Emergency Nutrition for Child Survival in Niger (08-CEF-071) RR and Emergency nutrition for child survival in Niger (08-CEF-015) UFE

UNICEF provided regular monitoring of program statistics (admission, default and recovery rates) at nutritional centres on the impact of treatment. Through the support of the government and the NGO partners, close monitoring was undertaken throughout the duration of the projects and data communicated to UNICEF on monthly base.

Improving the nutritional status and reinforcing livelihoods of vulnerable populations in Niger (08-WFP-021) UFE

The nutritional activities took place in all regions of the country in partnership with international and local NGOs. Partnerships were established through field level agreements (FLA) signed in tripartite (DN/WFP/NGO). Targeting of areas of intervention continue to be based on areas with high rates of food insecurity and malnutrition as indicated by regular joint food security and nutritional surveys, undertaken once or twice per year.

Implementation of these activities required close monitoring, which was carried out by the implementing partners, WFP, and the government counterpart as outlined in the FLAs. WFP monitoring was ensured by WFP's three sub-offices, which in turn are overseen by a monitoring and evaluation team based in the Country Office in Niamey.

Scaling up nutrition activities in Zinder Region (08-WFP-096) RR

A schedule to ensure regular monitoring of activities (during and post-distribution) by WFP food aid monitors and programme managers was in place for WFP staff based in Niamey and the three sub-offices in Maradi, Tahoua and Zinder regions. Programme implementation progress was monitored through monthly meetings organized in Niamey by UNICEF and WFP in coordination with the Nutrition Directorate of the MSP. Data of beneficiary numbers and quantity of food distributed was collected on a monthly basis through WFP and NGO partner monitoring activities, feeding centre statistics and food distribution reports. Through the statistics reports, information gathered included: number of new admissions, total beneficiary numbers, and info on those children who have defaulted, recovered, died or been transferred to intensive therapeutic care centres by sex. The distribution reports provide information on total quantity of food received, distributed, lost and balances in stock.

Food security

Assistance for the rehabilitation of flooded areas and sustainable livelihood recovery for food insecure populations in Niger (08-FAO-007) RR

FAO has formed its partnership structures for follow-up on farming related developments and for assessment on production and its impacts on beneficiaries. The tools for monitoring and assessment have been and made available to partners.

Monitoring was undertaken by the technical services and by NGOs and project partners. At the national level, FAO has an expert for follow-up evaluation who was responsible for data compilation and centralization for the purpose of review and analysis. A partnership with Save the Children UK has facilitated the conduct of an independent evaluation on the basis of the analyses on household economies.

Assistance to vulnerable households affected by the rising prices of food and agricultural inputs (08-FAO-051) UF

Thanks to the much sought-out complimentary needs between the different projects managed by FAO, a follow-up system and assessment of operations for distribution has been put in place and assisted households have been monitored up to the time of harvest.

FAO has expanded a questionnaire in order to better measure the results and impact of the project on beneficiaries while taking into account specific indicators in the different project documents. A sample of households and sites have been identified through a draw conducted by the agricultural technical services for follow-up and evaluation activities for seeds distribution.

Health

Reinforcement of capacities, nutritional surveillance system and response to nutrition emergencies in Niger (08-WHO-012) UFE

The Office for HC/RC was to provide an overall view while participating organizations were supposed to provide an analysis of their mechanism for assessment and follow-up.

Within the coordination framework a lot of activities have been achieved:

- Strengthening of the WHO sub-office of Agadez with equipment and operational allowances with a view to supporting the Public Health sector of the Regional Directorate in the area of nutritional monitoring and coordination of health and nutritional interventions in the region. A weekly report on the evolving health and nutritional situation is produced by the sub-office of Agadez;
- A follow-up assessment mission by the WHO sub-office of the Agadez region was undertaken to assess health and nutritional needs;
- A follow-up assessment mission by the WHO Office was undertaken to the region of Maradi assess needs in the CRENI within the framework of integrating assistance for malnutrition in training programs on health.

Project for emergency health intervention to control the meningitis outbreak in Niger (08-WHO-033) RR

During the vaccination campaigns, supervision missions were undertaken in the districts affected by the epidemic. From 18 to 30 September 2008, an assessment mission to follow up on efforts to eradicate the meningitis epidemic was carried out in the ten districts affected by the disease. The strong points on which to build upon in the fight against the meningitis epidemic in Niger have been identified, but the weak points were also highlighted and proactive measures need to be taken ahead of the next epidemiological season.

Strong points:

- Effective training of field agents on integrated monitoring of the disease and response (SIMR);
- Correct treatment of cases of meningitis according to the therapeutic protocol;
- Existence of a therapeutic protocol in the integrated centres visited;
- Strong involvement of administrative and customary authorities and the local populations in the management of epidemics, which has facilitated the mobilization of additional resources for assistance to the medical teams in the field during vaccination campaigns;
- The timely referral of patients to health centres due to the local populations' high level of awareness on the meningitis epidemic as a result of the successful sensitization programs.

Weak points:

- Medical assistance to patients: The exhaustion of stocks of drugs (chloramphenicol) at the start of the epidemic in certain health zones;
- Laboratory: Inadequate equipment for the taking of samples. Very little examinations of the LCR have been undertaken at the district level as a result of the non availability of personnel for rapid diagnosis or for training of staff; Difficulties in the delivery of LCR collected from the National Referral Laboratory; With regards analysis carried at the national level on the retro-information from the LCR are not regular and usually do not arrive at the district level not the least at the CSI;
- Vaccination campaigns: Unavailability of VAM and SAB in certain health structures at the start of the epidemiological season; Slowness in the delivery of the VAM either at national or operation level; The discontinuation of vaccination campaigns and sometimes very late implementation; Difficult conditions of work for the vaccination teams in certain areas of the district (no assistance to the actors in the field).

Crisis prevention and management through the improvement of reproductive health of women of child-bearing age in Niger (08-FPA-007) UFE

The Office for HC/RC was to provide an overall view while participating organizations were supposed to provide analyses of their mechanism for assessment and follow-up.

The implementation of CERF-funded projects in the Agadez region has been monitored by the Regional Directorate of Public Health of Agadez with the continued support of the Coordinator of CERF, UNFPA in Niamey and the Humanitarian Coordinator based in Dakar.

In the area of monitoring, follow-up files of stocks of kits have been made available to health service staff at different levels (DRSP, CHR, Districts, Maternities, CSI) for monitoring of the distribution of kits. As for follow-up on the results for use of the kits, routine data on the SR of the different trainings on health have been collected. It should be noted that the NGO responsible for social mobilization actions undertook its own monitoring with the help of the CERF Coordinator. This monitoring comprises the collection of data on the actions undertaken by the community actors and the strengthening of their capacities during supervision.

Logistics

Provision of safe, efficient and sufficient air transport services to the humanitarian community in Niger and within the region (08-WFP-038) and UNHAS Provision of safe, efficient and sufficient air transport services to the humanitarian community in Niger and within the region (08-WFP-095) RR

After four months of operation, the cost of providing this free air service to the humanitarian community in Niger was averaging about \$300,000 per month. The initial funds provided by CERF in April were supplemented by an advance from WFP (\$750,000); nevertheless by early September the available funds were running low and there was a risk that due to lack of funding the new UNHAS-Niger operation might be suspended by the end of September. Therefore, this second request to CERF was presented by the UN HC for Niger. The approval of this \$300,000 grant enabled the UNHAS-Niger to operate during October while WFP, the United Nations Humanitarian Coordinator and the OCHA team were attempting to mobilize the necessary financial resources to see that the UNHAS operation was continued beyond October. These efforts led to the receipt of an important contribution from Spain in December.

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Food Security	07-WFP-046 <i>Improving the nutritional status and reinforcing livelihoods of vulnerable populations in Niger</i>	1,000,022	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		<ul style="list-style-type: none"> ▪ 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 < 10 percent) ▪ Recovery rate of children treated for malnutrition (> 70 percent). 	<ul style="list-style-type: none"> ▪ The planned activities were implemented by the local and international NGOs across the country. A total of 951 Mt of supplementary food commodities were delivered to about 60,000 targeted beneficiaries across the feeding centres by the NGOs. Hence children who were moderately malnourished were rehabilitated and are able to catch up with their normal growth
Food Security	08-FAO-007 <i>Emergency rehabilitation of areas of flooding and reinforcing livelihoods of populations affected by food insecurity in Niger</i>	1,500,000	43,500 households, (304,500 persons)	<ul style="list-style-type: none"> ▪ MDA (DDDA, CDA) ▪ CSRPGCA ONG ARIDEL 	<ul style="list-style-type: none"> ▪ Number of effected people ▪ Quantity of tonnes of seeds distributed ▪ Quantity of tonnes of fertilizers distributed ▪ Surface cultivated harvest done 	<ul style="list-style-type: none"> ▪ 30,000 beneficiaries ▪ Distribution of 425 tonnes of seeds Distribution of 600 tonnes of fertilizer 	<ul style="list-style-type: none"> ▪ 43,500 households benefited from this assistance in 400 villages located in 17 departments in the regions of Dosso, Maradi, Tahoua, Tillabéri and Zinder. ▪ 600 tonnes of fertilizer and 620 tonnes of seeds in place ▪ With the seeds 52 750 ha were cultivated for a production of 25,846 tonnes. Value of \$7,888,425. ▪ With this assistance each household cultivated 1.21 ha and produced 594 kg

							covering the needs for 4 months.
Food Security	08-FAO-051 <i>Assistance to vulnerable households affected by the rising prices of food and agricultural inputs</i>	760,000	182,000 persons including 67,25 percent female and 7 percent of children under 5 years old	<ul style="list-style-type: none"> ▪ Directions départementales du développement agricole ▪ Save the Children-UK ▪ ARIDEL 	<ul style="list-style-type: none"> ▪ Level of coverage of the food needs ▪ Additional income generated by the activity. 	<ul style="list-style-type: none"> ▪ To improve the income generated ▪ To improve the availability and diversity of food 	<ul style="list-style-type: none"> ▪ Impact on income generated. ▪ Gardening is the main source of income for the vulnerable households. It represents, respectively, for poor and very poor families 36 percent to 44 percent in the first quarter of 2009 to 42 percent and 37 percent of the total income for medium and rich families. The average income expected through the gardening per families is \$256. ▪ Impact on the availability, the coverage and the diversity of food. ▪ Nutrition value of the health of infants.
Nutrition	08-CEF-015 <i>Emergency Nutrition for Child Survival in Niger</i>	1,700,000	16,544 children under five years of age	<ul style="list-style-type: none"> ▪ Action Contre la Faim ▪ AMURT ▪ CADEV ▪ Concern ▪ Croix Rouge Française ▪ GOAL ▪ Helen Keller International ▪ Islamic Relief ▪ Mercy Corps ▪ MSF- Belgique ▪ MSF- Espagne ▪ MSF- France ▪ MSF- Suisse ▪ Samaritan's Purse ▪ Save the children 		<ul style="list-style-type: none"> ▪ To provide care and support to children suffering from severe malnutrition in the existing network of nutritional rehabilitation centres ▪ Provide Plumpy'Nut for 18,500 children ▪ Provide essential drugs for 18,500 children ▪ Provide therapeutic milk for 5,000 children ▪ To provide operational 	<ul style="list-style-type: none"> ▪ Provided implementing partners with: ▪ 11,000 boxes of Plumpy'Nut, that allowed the treatment of 16,544 children suffering from severe malnutrition (11,029 out-patient and 5,515 in-patient, phase 2) ▪ Essential drugs, anthropometric equipments, and insecticide-treated mosquito nets, that covered the treatment

				<ul style="list-style-type: none"> ▪ UK ▪ URC ▪ World Vision 		<p>costs to support NGOs in active screening and treatment at community level.</p>	<p>of all children with severe and moderate malnutrition that were admitted in both in-patient and out-patient centres</p> <ul style="list-style-type: none"> ▪ 3,000 kg of F75 therapeutic milk that allowed for treatment of 7,317 children suffering from severe malnutrition with medical complications (treated in in-patient centres, phase 1) ▪ 5,000 kg of F100 therapeutic milk that allowed for treatment of 2,525 children suffering from severe malnutrition with medical complications (treated in in-patient centres, phase 2) ▪ Provided support to: ▪ NGOs for equipment and supplies for the support of community-based growth promotion and referral activities ▪ Regional Public Health Directorate of Maradi that allowed for revitalization of the intensive care for severely malnourished children ▪ HKI that allowed for training and coaching of community-based health workers in Diffa, Zinder and Dosso Regions
--	--	--	--	---	--	--	---

							<ul style="list-style-type: none"> Amurt that allowed for training and coaching of community-based health workers in Tahoua region
Nutrition	08-CEF-071 <i>Emergency Nutrition for Child Survival in Niger</i>	98,816	38,280 children under five years of age	<ul style="list-style-type: none"> CADEV Croix Rouge Française GOAL Helen Keller International MSF- Suisse Save the children UK URC World Vision 		<ul style="list-style-type: none"> To provide essential drugs to 22,000 children suffering from malnutrition in the existing network of nutritional rehabilitation centres. To provide operational costs to support NGOs in active screening and blanket treatment at community level. 	<ul style="list-style-type: none"> Provided implementing partners with essential drugs that allowed the treatment of children with severe and moderate malnutrition in both in-patient and out-patient centres Provided support to Save the Children-UK for sensitization and census of children aged 6-35 months in preparation for blanket feeding distributions
Nutrition	08-WFP-096 <i>Improving the nutritional situation and reinforcing livelihoods of vulnerable populations in Niger (WFP PRRO 10611). Scaling up Nutrition activities in Zinder region.</i>	839,956	27,237 children 06 – 35 months (13,618 male and 13,619 female)	<ul style="list-style-type: none"> GOAL, HAI, SC_UK, AECF, CRF, CADEV, HKI, WVI 	<ul style="list-style-type: none"> GAM = 15.7 percent w/h <-2 z scores (NCHS 1977) 	<ul style="list-style-type: none"> Increased recovery rate of beneficiaries (85 percent) Reduced mortality rate (< 0.5) Reduced default rate (<10) (No survey conducted and hence health centre performance indicators are used) 	<ul style="list-style-type: none"> 27,237 children 06 – 59 months reached (13,618 male and 13,619 female) with supplementary food. Total of 597.9 mt of supplementary food distributed (517.5 Mt CSB, 23 Mt of sugar and 57.4 Mt of fortified vegetables).
Nutrition	08-WFP-021 <i>Improving the nutritional status and reinforcing livelihoods of vulnerable populations in Niger (WFP PRRO 10611)</i>	2,500,000	105,000 children 06 – 59 months (52,000 male and 53,000 female) in the SFP. 72,000 males and 72,000 females of the family members of 36,000 children 6 – 59 malnourished children discharged from the programme.	<ul style="list-style-type: none"> GOAL, HAI, SC_UK, AECF, CRF, CADEV, HKI, WVI, AMURT, SC_UK, CONCERN, EDP, GADED, ACF, IRD, Mercy Corps, Kaydia, Tafalla, Tadress, CRF, CRN, Plan Niger, Samaritan 	<ul style="list-style-type: none"> GAM at the national level = 11.0 percent w/h <-2 z scores (NCHS 1977) Oct/Nov 2007 	<ul style="list-style-type: none"> Increased recovery rate of beneficiaries (85 percent) Reduced mortality rate (< 0.3) Reduced default rate (<10) GAM = 10.7 percent w/h < -2 z- scores (NCHS 	<ul style="list-style-type: none"> 105,000 children 06 – 59 months reached (52,000 male and 53,000 female) with supplementary food. Total of 2,457 Mt of basic food commodities comprising of mainly rice were distributed through discharge

				Purse		1977)June/July 2008	
Nutrition	08-WHO-012 <i>Réponse aux urgences nutritionnelles au Niger</i>	299,999	30,000 enfants malnutris sévères	<ul style="list-style-type: none"> ▪ Services de récupération nutritionnelle ▪ ONG comme Croix rouge Française ▪ (médicaments pédiatriques, matériel médical fourni) 		<ul style="list-style-type: none"> ▪ Achat de médicaments et matériel pédiatriques pour la prise en charge de la malnutrition sévère ont été acheté et mis à la disposition des services de pédiatrie de 6 centres hospitaliers régionaux (CHR) et des Centres de Récupération Nutritionnelle Intensive (CRENI) de 5 Districts sanitaires (Arlit, Bilma, Mayahi, Guidan Roundji, Tillabéri,) ▪ Formation de 60 agents de santé dans 4 Districts sanitaires de la région d'Agadez sur le protocole de prise en charge des cas de malnutrition modérés et sévères. ▪ Émissions radiophoniques ont été diffusées en 4 langues locales (Haoussa, Tamasheq, Kanuri, Peulh) dans 15 radios communautaires de la région d'Agadez sur la promotion de la surveillance de la croissance à assise communautaire ainsi que la sécurité sanitaire des aliments 	<ul style="list-style-type: none"> ▪ Les résultats ont été analysés au niveau de la région d'Agadez où le projet s'est concentré en fonction des ressources disponibles. ▪ Le projet CERF a contribué à l'amélioration de certains indicateurs notamment le taux de récupération nutritionnelle, qui est passé de 44 percent en 2007 à 63 percent en 2008. ▪ Cependant le taux de décès suite à la malnutrition reste encore élevé au niveau du CHR d'Agadez (13,24 percent). Cela est dû essentiellement au fait que les malades sont tardivement admis au CHR et du fait également de la faible accessibilité et du faible taux d'utilisation des services de santé du premier niveau par les populations déplacées (zone d'insécurité).
Logistics	08-WFP-038 <i>Provision of safe, efficient and sufficient air</i>	700,850	704 Humanitarian staff			<ul style="list-style-type: none"> ▪ Provide safe, reliable and cost efficient air service to 600 	<ul style="list-style-type: none"> ▪ 704 humanitarian staff transported within Niger during the 3

	<i>transport services to the humanitarian community in Niger and within the region.</i>					humanitarian staff.	months operation with CERF funding.
Logistic	08-WFP-095 <i>Provision of safe, efficient and sufficient air transport services to the humanitarian community in Niger and within the region.</i>	300,000	224 Humanitarian staff			<ul style="list-style-type: none"> ■ Provide safe, reliable and cost efficient air service to 200 humanitarian staff 	<ul style="list-style-type: none"> ■ 224 humanitarian staff transported within Niger during the one month operation funded by CERF.
Health	08-WHO-033 <i>Intervention d'urgence pour le contrôle de l'épidémie de méningite au Niger</i>	1,055,020	800,000 personnes	<ul style="list-style-type: none"> ■ Formations sanitaires des 10 districts touchées par la méningite ■ MSF Espagne dans les districts de Bouza et Konni ■ (Les vaccins et les médicaments ont été mis à la disposition des partenaires) 		<ul style="list-style-type: none"> ■ 800,000 personnes vaccinées dans les 10 districts affectés ■ 2,000 personnes traités pour la méningite 	<ul style="list-style-type: none"> ■ L'achat de médicaments de base pour le traitement de la méningite et de 800 000 doses de vaccin contre la méningite ■ 2,262 personnes traités pour la méningite ■ 783,760 personnes vaccinées contre la méningite dans les districts touchés grâce à l'apport des fonds CERF ■ Le taux de létalité observé de 6.5 percent maintenu à moins de 10 percent (norme acceptable).
Health	08-FPA-007 <i>Crisis prevention and management through the improvement of reproductive health of women of child-bearing age in Niger</i>	500,000	21,250 at the age of pregnancy	<p>DSME /MSP (Direction de la santé de la Mère et de l'Enfant/Ministère de la Santé Publique)</p> <p>NGO AFAA (Association des Formateurs et Animateurs)</p>		To save lives of 21,250 at the age of pregnancy	<ul style="list-style-type: none"> ■ To distribute 20,000 kits for clean delivery; 100 kits delivery kits for 4,500 complicated delivery; 50 kits for care to maternal health 3,000 cases; 5 kits for caesarean sections. (375 caesarean sections)

				(\$10,000)			<p>and 10 kits for blood transfusion for 1 million inhabitants.</p> <ul style="list-style-type: none"> ▪ At the end of project, (i) 2,381 hygienic deliveries, (ii) 60 caesarean sections (iii) 60 blood transfusions (iv) 446 delivery complications treated. ▪ 2,947 lives were saved a month after the beginning of the project.
--	--	--	--	------------	--	--	---

V. CERF IN ACTION

Food security

FAO distributed improved seeds which enabled beneficiaries to have better food security situation.

In support of the project, farmers stated, “the improved seeds of mill HKP distributed by FAO in the course of the raining season in 2008 grew fast and completed the cycle earlier (cycle of 70 days). In many other places using the former seeds, the cycle was not completed because it takes 120 to 150 days to do so.”

The use of fertilizer (engrais au poquet) with improved seeds was the reasons behind the high productivity and the improvement of the food security situation for the beneficiaries.

Concern	Local Mil	Improved mil + fertilizer
Length of the cycle	120 days	70 days
Production kg/ha	410	612
Food security coverage per month on 1 ha	3,1	4,6



*Rape millet cob type HKP. Mayahi, Maradi, Niger, August 2008.
© Boureïma Kanfidéni /FAO*

The results of the vulnerability survey for the households with regard to the food security (INS, SAP, FAO, PAM, UNICEF, décembre 2008) showed that the needs will be covered for 5.4 months while the coverage in 2006 and 2007 was only 3,4 mois and 3,7months.

Nutrition

Outreach activities preventing deterioration of nutritional situation in Mirriah

As reported in the June/July 2008 nutrition survey report, the nutritional situation in the Zinder region in general and that of the Mirriah district in particular was reported as critical. To contain the situation from deteriorating, Human Appeal International intensified its outreach activities in most of its operational areas. Community health agents were trained on the use of MUAC for screening and immediately were deployed in search of malnourished children in the communities. Those children screened as malnourished were referred to the nearby feeding centres to be enrolled in the emergency programme. As such, in December 2008, HAI requested an amendment of the agreement signed because the supplementary food commodities estimated in the agreement signed in October 2007 for 24 months was used up in 15 months only. These intensified activities of HAI and those of the other NGOs intervening in the region prevented the deterioration of the situation in the region.

Sani of Mirriah district recovers

Beneficiary's details:

Name: Sani Wornene

Mother's Name: Arahamat Amout

Place of residence: Ngangara village, Mirriah District, Zinder Region

Age: 4 years

Sani, a four year old child of the Haousa ethnic group, lives with his parents in Ngangara village about 5 kilometres away from the CSI of Baban Baki of Mirriah district in the Zinder Region. Sani's parents are agriculturalists and hence are entirely dependant on the produce from their small farm. Sani's daily food consists mainly of porridge made up of the cereal millet. Sani's mother told one of the WFP food aid monitors that she had given birth to 12 children and six had died mainly due to diarrhoea and vomiting during the teething period. "The six children who died were never taken to a feeding centre", said the Sani's mother. Sani had similar symptoms to those of his deceased siblings when he was referred to the feeding centre by the health agents. Sani was admitted in the programme with a weight for height < 80 percent. Arahamat was happy to see improvement in the health status of Sani since his admission in the programme. "Sani started playing three days after taking the porridge from Baban Baki and I knew my child will not die" cried Arahamat. The feeding centre record showed progressive improvement in Sani's nutritional status and that day his w/h index was 85 percent, meaning he was ready to be discharged from the programme.

Treatment and Discharge rations can make a difference

Hasira, a young mother from Maradi region, followed her neighbours' advice and brought her son in to be treated for malnutrition when he began to lose weight. After measuring his height and weight, staff of GADED, a WFP NGO partner, told her that he was moderately malnourished and placed an identification bracelet on his arm. Hasira was advised not to remove the bracelet until the treatment was finished. Hasira was also told she would need to bring her son to the centre every two weeks so that his weight and progress could be monitored and she could collect his supplementary food ration of premix consisting of corn soya blend, sugar and oil.

Before going home with her child and his ration, Hasira and other mothers were shown how to prepare the premix for the children. The importance of good hygiene and sanitation, especially

when preparing food for their children, was also stressed. This advice is repeated each time the mothers come to the centre during the treatment period.

After two months, Hasira's son gained enough weight to be discharged from the programme. She was happy to know that her son was healthy and more confident in her ability to make sure that he would not become malnourished again. Hasira, could hardly believe that she was about to receive 50 kg of rice, 7.5 kg of pulses, 2.5 kg of vegetable oil, 0.75 kg of iodized salt for the family and 7.5 kg of premix for her son.

Preventing Malnutrition in Niger as Food Prices Rise during the Lean Season

Niamey, Niger, May 2008

At a UNICEF-supported therapeutic feeding centre in Maradi, in the South of Niger, Hadiza Aboubacar has come to seek help for her 10 month-old daughter Nalika.

Nalika became malnourished from recurring bouts of diarrhoea over several weeks.

Hadiza says health workers have shown her the best foods to keep her daughter healthy and also the importance of clean water and sanitation to prevent diarrhoea.

However, Hadiza believes her main worry now is the rising cost of food.

'It is a real concern for us with prices going up at the market. For instance, rice, corn and millet cost more. So we're wondering how we are going to be able to pay for that,' she says.

Landlocked in the heart of the Sahel in West Africa, Niger is one of the poorest nations on earth.

In mid-2005, child survival in Niger became the focus of global attention during the country's food and nutrition crisis.

As Niger enters the height of the lean season, international and national organisations and the Government are keeping a close eye on children's health and nutritional status.

Arid terrain and erratic rainfall means harvests are unpredictable and the global prices of staple grains and food have increased.

One of the hardest hit regions during the 2005 food and nutrition crisis was Maradi.

Monitoring and preventing malnutrition

UNICEF and its NGO partners are assisting Nigerian authorities in monitoring, preventing and treating child malnutrition.

Recent nutrition survey results indicate the strategy is working. Global acute malnutrition has decreased in the past three years from 15 percent to 11 percent.

However, despite progress, many children are still at risk of malnutrition.

'We are giving communities the information, tools and support to prevent malnutrition,' says Akhil Iyer, UNICEF Representative in Niger.

'During the 2005 crisis we were able to form a very dynamic partnership with over 20 NGOs working in the field. Since then, we have been developing that partnership to prevent malnutrition before it occurs.'

UNICEF is helping community teams to monitor children's weight and development for early signs of malnutrition.

Vaccinations, vitamin supplements and reinforcing the need for complementary food and exclusive breast feeding during the first six months after child birth is helping young children.

Treating the most vulnerable

Nationwide 800 feeding centres run by NGOs and national health facilities are assisting 350,000 acutely malnourished children a year with the support of UNICEF and the World Food Programme (WFP).

Around 40 per cent of children under five in Niger are underweight and despite recent progress child mortality remains high. One child in five will not reach his or her fifth birthday.

During this year's lean season, UNICEF, WFP and NGOs will provide supplementary food to blanket feed 292,000 children under three years of age living in the most vulnerable regions that are 10 kilometres or further away from rehabilitation centre.

UNICEF is also seeking to boost treatment and promote the adoption of life-saving practices such as exclusive breastfeeding, use of insecticide impregnated mosquito nets, adequate complementary food and hand washing with soap.

Since 2005, nearly a million children have benefited from treatment for moderate and severe acute malnutrition supported by NGOs, health facilities, UNICEF and WFP in Niger



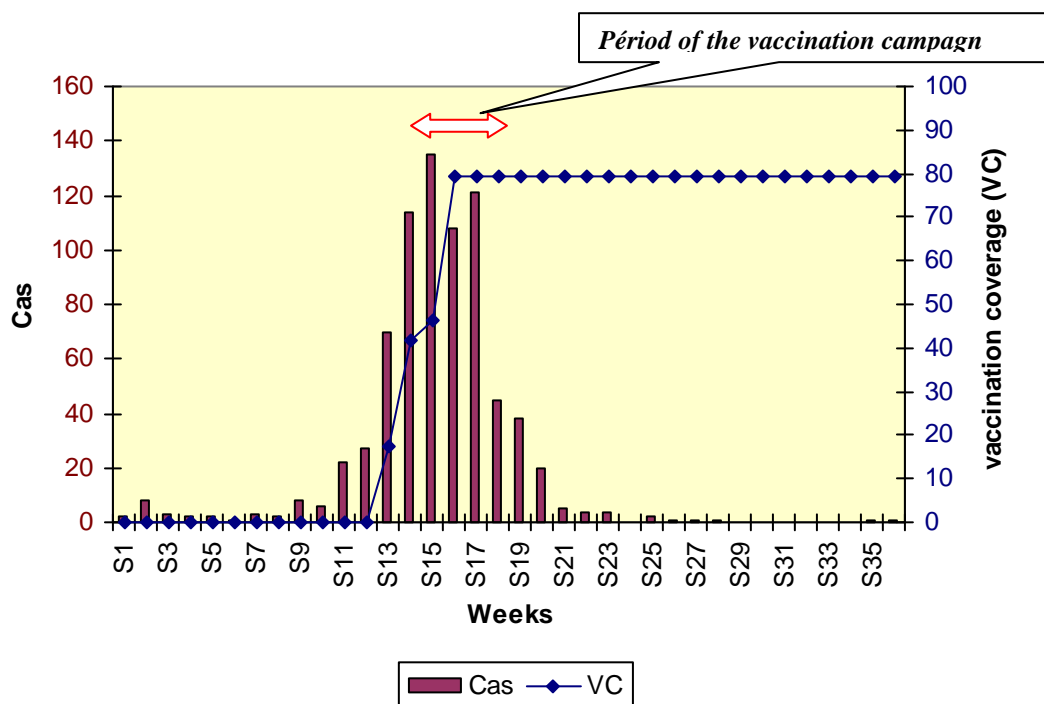
A 10 month old in the centre

Health

Immunisation campaign against meningitis with CERF funds

The example of the district of Birni Konni showed the importance of the immunization campaign. It lasted 3 weeks (from week 14 to 17) and immunization coverage reached 80 percent. After the coverage of 80 percent, the number of new cases of meningitis dropped down significantly in Birni Konni District.

Graphic 1: The weekly evolution of meningitis cases and the immunization coverage in the health district of Barmy Nikons from week 1 to 36 in 2008.



Support to the reproductive health structures in Agadez in Niger

During the donation ceremony of the reproductive health kits, the Agadez Governor Mr Abba Mallan Boukar, on behalf of Niger's government and the population of Agadez, congratulated UNFPA and donor partners. He underlined the importance of this assistance and encouraged UNFPA to continue its support for the vulnerable population of Agadez.



Reproductive health kits donation to the Governor of Agadez by UNFPA



Distribution of delivery kits in Tabelot (Agadez region)

Annex: Acronyms and Abbreviations

AACP:	Agir Ensemble Contre la Pauvreté (NGO)
AFAA:	Assemblée de Formation et Animateurs des Associations
ASC:	Agent de Santé Communautaire
CADEV:	Caritas Development (NGO)
CCA:	Cellule Crise Alimentaire
CDA:	Chefs de District Agricole
CERF:	Central Emergency Response Fund
CHR:	Centre Hospitalier Régional
CRC:	Comité Restreint de Concertation
CRMS:	Centres Régionaux de Multiplication de Semences
CSB:	Corn Soya Blend (fortified with vitamins and minerals)
CSI:	Centre de Santé Intégré (Integrated health center)
DCV:	Direction des Cultures Vivrières
DDDA:	Directions Départementales du Développement Agricole
DNPGCA:	Dispositif National de Prévention et de Gestion des Crises Alimentaires
DRDA:	Directions Régionales du Développement Agricole
DRSP:	Direction Régionale de la Santé Publique
DS:	District Sanitaire
DS/MDA:	Direction de la Statistique du Ministère du Développement Agricole
ECHO:	Service d'aide humanitaire de la Commission Européenne
ECU:	Unité de coordination des urgences et de réhabilitation agricole
FAO:	Organisation des Nations Unies pour l'Alimentation et l'Agriculture
FLA:	Field Level Agreement
FS:	Formation Sanitaire
GAM:	global acute malnutrition
ha:	Hectare
HAI:	Human Appeal International (NGO)
HD:	Hôpital de District
HKI:	Helen Keller International (NGO)
ICRISA:	International Crops Research Institute for Semi-Arid Tropics
INRAN:	Institut national de recherche agronomique du Niger
INS:	Institut National des Statistiques
kg:	Kilogramme
LLIN:	Long Lasting Impregnated Net
MDA:	Ministère du Développement Agricole
MSP/DN:	Ministère de la Santé Publique/Direction de la Nutrition
MT:	Metric Tonne
MUAC:	Mid Upper Arm Circumference
NCHS:	National Centre for Health Statistics
NGO:	non-governmental organisation
OCHA:	Organisation des Nations Unies pour la Coordination Humanitaires
PNUD:	Programme des Nations Unies pour le Développement
RGPH:	Recensement Général de la Population et de l'Habitat
SAP:	Système d'Alerte Précoce
SICCLA:	Service des Intrants, du Contrôle, du Conditionnement et de la Législation Agricole
SR:	Santé de la Reproduction
T:	Tonne
TCE:	Division des opérations d'urgence et de la réhabilitation de la FAO
UN:	United Nations
UNCT:	United Nations Country Team

UN DSS: United Nations Department of Safety and Security
UNICEF: United Nations Children's Fund
UN HC: United Nations Humanitarian Coordinator
UNFPA: Fonds des Nations Unies pour la Population
WFP: World Food Programme
WVI: World Vision International (NGO)