

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

Country	NIGER
Resident/Humanitarian Coordinator	Ms Khardiata Lô Ndiaye
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:	\$11,702,455		
	Total amount received for the humanitarian response:	\$11,702,455		
	Breakdown of total country funding received by source:	CERF	\$11,702,455	
		CHF/HRF COUNTRY LEVEL FUNDS		
		OTHER (Bilateral/Multilateral)		
	Total amount of CERF funding received from the Rapid Response window:	\$7,726,113		
	Total amount of CERF funding received from the Underfunded window:	\$3,976,342		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$11,702,455	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	\$481,853	
		c. Funds for Government implementation:		
d. TOTAL:		\$11,702,455		
Beneficiaries	Total number of individuals affected by the crisis:	1,173,000 individuals		
	Total number of individuals reached with CERF funding:	1,173,000 total individuals		
		200,000 children under 5		
		10,931 pregnant and nursing women		
Geographical areas of implementation:	Niger all regions			

II. Analysis

Analysis:

Like other countries in the Sahel, Niger is often confronted with episodes of food insecurity, increasing vulnerability among the population. The impact of food insecurity is evident in the nutritional indicators the results of the national nutrition survey (October-November 2008), indicated that prevalence of acute malnutrition in Zinder and Diffa are above emergency levels. In Zinder, prevalence of Global Acute Malnutrition (GAM) remains at 15.4% while in Diffa prevalence of acute malnutrition among 6 to 59 months old children increased to reach 17.4% against 13.8% in 2008. In both regions, prevalence of Severe Acute Malnutrition (SAM) is around 3.5%, and is of great concern as risk of mortality for these children is several folds higher than for well nourished children.

Changes in GAM and stunting prevalence since 2005 provide evidence of a clear improvement in nutritional status of children under 5. In October 2007, none of the 8 regions were above the emergency cut off (15%) and 3 regions were under the intervention level of 10%. Localized surveys carried out in April 2008 by ACF, MSF Belgium and HKI in 4 different districts showed prevalence of GAM around 10%.

The evaluation of the pastoral campaign (2008/2009) revealed a fodder deficit mattering in all the regions of Niger. This fodder deficit amounts to 5.3 million tons of dry material for a global need of more than 17.5 million tons. The fodder deficit of the campaign 2008/2009 is equivalent to the food of 31 % of the livestock, of which an important proportion essentially in pastoral zone.

Late in 2008 and early of 2009, several security incidents in the northern and eastern areas of Niger, including the detonation of road mines, armed ambushes and hijacking of international NGO vehicles resulted in a restriction by UN DSS on long-distance road travel for UN and Non-Governmental Organization (NGO) staff in some areas of the country. The restriction seriously affected humanitarian access to populations in need. This had significant impact on the humanitarian activities. UNHAS flight has been a good way to convey humanitarian actors on field.

The unforeseen onset of these crises threatened to overwhelm existing humanitarian budgets and planning for the year. CERF funding allowed UN agencies to mitigate the impact of these events, thereby filling critical service gaps and tempering the effect on local people. This analysis summarizes the impact of CERF funding in 2009, as well as provides an overview of the issues that prompted the original applications

Added value of CERF funding

Every CERF allocation to Niger resulted in additional funding for emergencies that threatened to quickly exhaust existing resources. In most cases, CERF-funded projects had been included in the 2009 West Africa CAP as Niger remains a non CAP country. Consequently, CERF funding was able to scale up existing projects capable of mitigating the effects of crisis, thereby catalysing a more concentrated response to these issues.

Given the rapid onset of these emergencies, most of CERF grants to Niger in 2009 were through the rapid response window, and the CERF's greatest added value was its speed of funding. This was especially true for crises that, like the Agadez floods, threatened to spiral out of control without quick funding for multiple sectors. This rapidity was essential to containing the consequences of all these emergencies

Flexibility was another key asset, particularly for agencies applying CERF funds to Work Plan projects already underway. With CERF funding, projects could adapt their priorities to reflect rapidly evolving conditions on the ground. In addition, by directing CERF money towards priority needs, agencies could "kick start" the sort of visible crisis response that could potentially coax additional bilateral funding.

Cumulative measures of the CERF impact are problematic due to risks of double counting, especially given that many people may have benefited from projects in multiple sectors. This is particularly true in cases where CERF funding was leveraged simultaneously with support from other donors. A rough estimate of total beneficiaries reached by the CERF in 2009 is approximately **1,173,000**. By sector, this breaks down to the following:

- Nutrition and Food Security: 300,000
- Health: 750,000
- Agriculture: 120,000
- Logistics: 3,000

Context and results

Three major emergencies prompted CERF funding requests through inter-agency processes in 2009. This section briefly describes the context of each request, as well as major results grouped by sector for each emergency.

Under Founded emergencies window (\$3,976,342; approved 30 March 2009)

Since 2005, the combined effects of drought, climate change, conflict and political instability has lead to high malnutrition and infant mortality rates in Niger. Almost 40 percent of the children between 6 and 59 months were at risk of chronic malnutrition and more than 240,833 infants of the same age group develop severe and moderate acute malnutrition every year.

Over 40 international NGOs (INGOs) and UN agencies are struggling to save lives and reduce vulnerabilities, but the political environment with regard to humanitarian activities is very restricted. Many NGO and UN activities were stopped for political reasons. Some INGOs have been evicted from the country or have been forced to suspend their activities. The country's chronic food security situation has been increasingly overlooked. Agencies report that donors' levels of funding have decreased, while the humanitarian needs have increased.

▪ A. Health and Nutrition (**\$2,370,321**)

▪ Management of severe acute malnutrition

During the year 2009, CERF funding was used by UNICEF and WFP to provide therapeutic supplies necessary to treat severely malnourished children in Niger. These therapeutic commodities, used exclusively in nutrition rehabilitation centers, were either provided directly to the

government health facilities or were channeled through NGOs. Supplies included therapeutic milks (169 boxes of F-100 and 58 boxes of F-75), 17,235 boxes of Plumpy'nut© (25,853,250 individual doses), essential drugs, and 470 boxes of soap.

These supplies allowed the treatment of 25,658 severely malnourished children, (7,208 were treated as in-patient because they had associated medical complications, and 18,450 were treated in out-patient settings because they did not have associated medical complications). All children treated for severe malnutrition received appropriate medical treatment (routine treatment and/or case management of 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 centers

▪ B. Coordination and Support services UNHAS (**\$1,096,740**)

Due to increase of the insecurity in Niger and problem of humanitarian access to vulnerable, the SMT decide to allow a portion of the UFE allocation for Niger to UNHAS services. 2 477 passengers were transported. UNHAS timely addressed all requests for medical evacuation: 4 evacuations were performed in 2009. The regular flights were conducted based on weekly schedule, as planned

▪ C. Food security (**\$509,281**)

In front of bad results from the pastoral campaign in 2008 the assessment highlights an important fodder deficit, the ministry of the Breeding and the Animal Industries sought partners in the development of Niger assistance in food cattle for landing to the fatal effects of this deficit on the livestock of the small breeders. Indeed, the evaluation of the pastoral campaign where necks of October 2008 had concluded in a deficit of more than 5 million tons of dry fodder sandbank and identified at the same time the most affected zones by the deficit. The CERF funds has allowed FAO to Implement and sale at low cost, 1050 tons of food for the cattle in the vulnerable households of small breeders.

Rapid response window:

Reinforcement telecoms services in Niger (\$189,142; approved 06 February 2009)

For decades, Niger has faced significant challenges with regard to the development of infrastructure over a vast geographical area. In addition, a rebellion in the north of the country has also had adverse consequences on the security situation. These two factors, amongst several others, have led to a situation where many locations in Niger are without reliable telecommunications services. The lack of appropriate communications poses a serious threat to humanitarian response. CERF has provided funds to the **World Food Programme (WFP)**, service provider of last resort for security telecommunications, to strengthen and expand common security telecommunications services.

▪ A. Health (\$1,237,088 approved on 30 March 2009)

Meningitis outbreak in Niger. Niger is located in the centre of the African meningitis belt.

The hot, dry climate is favorable for the development of meningitis epidemics between October and June.

The last major meningitis outbreak dates back to 2000 and since then Niger has not experienced any large scale meningitis epidemics. As a result, several localities have not benefited from mass immunization against meningitis. As the at-risk population in Niger has increased and given the current trend of meningitis, Niger is at high risk for a large scale epidemic in 2009.

Nearly 1.5 million doses were needed to cover the gap between available stock of vaccinations and the population at-risk. CERF funding was used by the **World Health Organization (WHO)** to purchase the necessary inputs to immunize 725,000 people and treat 8,500 new cases in order to save lives

▪ B. Health , Nutrition and WASH projects (\$2,607,756 approved on 03 September 2009)

▪ Health and Nutrition (\$2,297,830)

Although response efforts were already underway, humanitarian partners sought CERF funding to compensate for the rapid deterioration in food security conditions, designing an integrated package focused on two critical sectors

▪ Blanket feeding operation to prevent increase of malnutrition rates in Diffa and Zinder : \$ 1,845,247

A blanket feeding operation was organized in three departments of Zinder (Mirriah, Gouré and Tanout) and in the three departments of Diffa, providing two rations of supplementary food—corn-soya-blend, oil and sugar—to a total of 256,841 children aged 6-36 months. WFP provided food and logistics, UNICEF provided non food support (including training of 385 health workers), and the Nutrition Directorate of the MOH provided coordination and supervision.

▪ Prevention of malnutrition at community level in Zinder and Maradi \$ 452,583

UNICEF initiated the scaling-up of communication for development interventions through the development of partnerships with 4 international NGOs located in Maradi and Zinder (to cover 66,570 children under five) in order to improve the nutrition status of the target population and limit the number of children becoming malnourished. For this purpose, 7 key family practices identified as having the greatest potential for improving child survival (exclusive breastfeeding, use of impregnated bed nets for pregnant women and children under 5 years, use of SRO, hand washing, recognition of early signs of danger of illnesses, use of health services, appropriate

complementary feeding) were promoted by 1,000 community-based volunteers across 10 communes

CERF support enabled WFP and UNICEF to take over food distributions and ultimately reaching around 200,000 Children affected by global acute malnutrition among which 3,491 Children were

affected by severe acute malnutrition. Some 5,981 lactating and nursing women were also supported

▪ Water and Sanitation (\$309,926)

As a result of rapid CERF funding, UNICEF was able to bridge the most important gaps, facilitating access to safe water for over 9,500 persons and constructing or rehabilitating latrines that serve over 100,000 persons..

Water supply

Water access improved for 9,500 persons (1,180 household) including 2,023 under 5 years and 4,950 women through the renovation, extension of existing water supply networks and installation of water tanks in settlements

These actions also benefit 1,200 schoolchildren in 6 schools

Sanitation:

Improvement of sanitation facilities for 2,250 pupils in 15 primary schools . Sanitation facilities were constructed in 15 schools

Hygiene:

Purchase and distribution of sanitation kits (shovel, rakes, brooms and wheel barrows, plastic buckets, watering cans, gloves, boxes of soap...) for 180 households

Cholera:

10,000 packets of 50 chlorine tablets for cleaning 10,000,000 litres of water were distributed to health centres

Agadez Floods (\$3,692,127; approved 08 October 2009)

In September Agadez has been struck by floods. A rapid inter-agency assessment went an field to evaluated the damage and made recommendations to the Humanitarian Country team which decided to raise a request for CERF rapid response

▪ **Agriculture and Livelihoods (\$700,000)**

FAO through the CERF, touched 2.500 leaders of farm victims of these floods in the municipalities of Agadez, Dabaga, Tchirozérine and Tabelot to take back truck farming during the next season to protect their means of support, improve their food safety and reduce their dependence with regard to the food aid

Taking a longer view, CERF support for FAO also worked to help rebuild disrupted livelihoods for over 2,500 vulnerable families in an effort to prevent emergency conditions from shifting into permanent dependence. CERF Funds allowed to distribute in 2500 identified households 75 tons of seeds of potato, 18 tons of seeds of wheat, 275 kg of truck-farming seeds (onion, tomato and/or carrot), 125 tons of fertilizer and 250.000 litres of fuel for the beneficiaries holders of motor-pumps

▪ **Health (\$166,761)**

The World Health Organization (WHO) received stand-alone grant to improve critical public health interventions for flood-affected populations.

▪ **Shelters and Non-food Items (\$600,270)**

Along with water supply, health and nutrition basic interventions, UNICEF immediately provided 1,580 family kits (each containing 2 mats, 2 bed nets, 2 blankets, 40 sm of tarpaulins, 2 buckets, 2 10L jerricans, 1 basin and 10 bars of soap) in order to ensure the protection of displaced persons.

Some 849 cooking kits (each containing 2cooking pots, 3 cups, 4 drinking cups, 1 jug), an additional 11,390 blankets and 11,390 LLINs were also provided. It is estimated that this covered around 30% of estimated Shelter and NFI needs.

- Nutrition (\$2,225,096);



Food distribution to the peoples affected by the floods in Agadez (Northern Niger) December, 2009

During the nutrition screening which took place after the flooding, 20,533 children aged below five were weighed and their height measured. A total of 3,292 children were found to be suffering from acute malnutrition, of which 2,961 under its moderate form, and 331 under its severe form (with or without medical complications). These numbers should not be translated into prevalence of malnutrition in Agadez as it is the result of an active screening and not the outcome of a representative survey.

In addition, therapeutic supplies (Ready to Use Therapeutic Foods, F-75, F-100), as well as mats, bednets and blankets were prepositioned at health facilities where children with acute malnutrition are being referred to, for management of the caseload. The therapeutic supplies funded with the CERF funds Two UNICEF tents were set up at the regional hospital to double intake of severely malnourished children with complications.

CERF and humanitarian coordination

CERF applications were mostly bundled into inter-agency requests addressing crises that required action in multiple sectors. As such, CERF funding served as a vehicle for strengthening coordination within sectors and across the UN system, in addition to a bulwark against further deterioration in humanitarian conditions.

Each CERF project submission has been approved by the HC after consultation with the Humanitarian Country Team.

III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
NUTRITION	WA-09/F/24464/R Improving the nutritional status and reinforcing livelihoods of vulnerable populations in Niger	\$1,845,247	\$59.9 million	91,780 (6 – 35 months) 5,981 lactating and nursing women	Reduced prevalence of malnutrition amongst the targeted beneficiaries during the lean season as would be demonstrated by the planned study	<p>The activities for which the CERF fund was requested was fully implemented.</p> <p>For BF : the extension of malnutrition was prevented for 51,870 children aged 6 to 35 months, their nutritional status was maintained at an acceptable level until their parents were able to access food following the harvest period.</p> <p>For supplementary feeding: the provision of fortified supplementary food commodities contributed to the successful treatment of moderate acute malnutrition of children and women in the nutrition rehabilitation centres. Also, the availability of food in the centres improved anti- and post- natal attendance. In Diffa, where SFP are run by HKI with the WFP food assistance, at least 53 % of women attended at least two anti- and post- natal consultations compared to 42% for the national average.</p> <p>The defaulter rate in WFP's supported centres decreased from 11% in 2008 down to 6% in 2009; the recovery rate increased from 79% in 2008 up to 88%.</p>	The CERF contribution allowed a timely response to the underfunded emergency needs in Diffa and Zinder	The BF operation was monitored through the usual WFP monitoring system. At the sub-office level, WFP Programme assistant and food aid monitors (FAM) were deployed to monitor the activities from its planning stage to the food distribution to the targeted beneficiaries. Besides, a checklist was developed for monitoring BF and was tested in the field by the FAM. The nutrition officers in the Country Office also participated in a joint UNICEF/Direction of Nutrition /WFP monitoring mission in Diffa and Zinder. The monitoring mission in Zinder included a member from ECHO. An independent firm was contracted by WFP to evaluate the BF operation in Zinder region. The recommendations from this evaluation were applied in Diffa. The operation in Diffa and Zinder was implemented in close collaboration with the regional food crisis committee and the regional health department.	The Blanket feeding operation reached all children 6 – 35 months in the targeted areas without any discrimination. Nevertheless, the majority of caretakers of the target age group were predominately (98%) women and they benefited of awareness sessions on health and nutrition topics such as exclusive breastfeeding and demonstration of premix preparation.

	<p>WA-09/F/24464/R Improving the nutritional status and reinforcing livelihoods of vulnerable populations in Niger</p>	<p>\$1,193,774</p>	<p>\$59.9 million</p>	<p>56,000 (6 – 35 months)</p>	<p>Reduced prevalence of malnutrition amongst the targeted beneficiaries during the lean season as would be demonstrated by the planned study.</p>	<p>The activities for which the CERF fund was requested was implemented as planned. As reported in the proposal, the PRRO project document planned to reach only 210 000 children 6 – 35 months with blanket supplementary food distribution for two rounds of distribution. With the CERF fund the operation reached a total of 257,000 beneficiaries with a total of 4,390 mt of assorted supplementary food commodities. The additional resources from CERF funding was injected mainly for BF in Diffa and Zinder regions following the June nutrition survey that revealed a prevalence of malnutrition above the emergency threshold of 15.0 percent Z-scores (OMS standard) in these two regions. The complementary food distributed to the target group had a positive impact on the beneficiaries as was reflected by the reduction of number of new admissions in the supplementary centres as well as that of the severely malnourished children with and without complications in the CRENI and CRENAS respectively.</p>	<p>Blanket feeding was initially planned for only two districts of Zinder namely, Mirriah and Goure districts. The CERF fund allowed the purchase of additional supplementary food commodities to cover an additional 56 000 children 6 – 35 months with supplementary food. Following the June survey that revealed a high prevalence of emergency threshold in the region, the nutritional status of the vulnerable children in Diffa and Zinder would have deteriorated and failure to intervene would have had a negative impact of WFP Niger.</p>	<p>The BF operation was monitored through the usual WFP monitoring system. At the sub-office level, WFP Programme assistant and food aid monitors (FAM) were deployed to monitor the activities from its planning stage to the food distribution to the targeted beneficiaries. Besides, besides, a checklist was developed for monitoring BF and was tested in the field by the FAM. The nutrition officers in the Country Office also participated in a joint UNICEF/Direction of Nutrition /WFP monitoring mission in Diffa and Zinder. The monitoring mission in Zinder included a member from ECHO. An independent firm (cabinet d'étude) was contracted by WFP to evaluate the BF operation in Zinder region. The recommendations from this evaluation were applied in Diffa. The operation in Diffa and Zinder was implemented in close collaboration with the regional food crisis committee and the regional health department</p>	<p>The Blanket feeding operation reached all children 6 – 35 months in the targeted areas without any discrimination. Nevertheless, the majority of caretakers of the target age group were predominately (98%) women and they benefited of awareness sessions on health and nutrition topics such as exclusive breastfeeding and demonstration of premix preparation</p>
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	<p>WA-09/H21902/122: Improving health facilities case management of medical complications of severe under-nutrition</p>	<p>\$166,761</p>	<p>\$632,810</p>	<p>30,000 acutely malnourished under five children in four high affected regions</p>	<p>Reduced mortality related to undernourished children treated in health facilities;</p> <p>Strengthened capacity of district health management teams to analyse the nutritional status of the population and plan for response.</p> <p>Strengthened capacity of health workers to early detect and refer cases of malnutrition among under-five children</p>	<p>Health facilities capacities for better management of medical complications of severe under-nutrition improved by:</p> <ol style="list-style-type: none"> 1. Providing paediatric kits to health facilities for medical care of acute under-nutrition; 2. Recruitment of public health/ nutritionist to support on-site supervision on case management of severe under-nutrition and early detection and referral of severe cases of malnutrition 3. Refreshment course for health workers on case management of severe undernourished children 	<p>CERF fund allowed a free of charge case management of undernourished children which improved accessibility to nutrition services</p>	<p>Weekly Epidemiological and nutrition surveillance bulletins were issued regularly to monitor the admission of undernourished children;</p> <p>WHO country Office carried out monitoring missions of the project as it went on.</p>	<p>Under five children girls and boys as well in targeted regions benefited from the project</p>
	<p>09/CEF-010 Emergency Nutrition for Child Survival in Niger</p>	<p>\$1,000,000</p>	<p>\$12,039,148</p>	<p>20,500 children under five years of age</p>	<p>Provide treatment to 20,500 children under-5 with severe malnutrition</p>	<p>The provision of 15,000 boxes of Plumpy'Nut through national distribution system or directly to implementing partners, allowed for the treatment of 22,500 children under-5 suffering from severe malnutrition (20,250 out-patient and 2,250 in-patient)</p>	<p>Rapid allocation of funds allowed for therapeutic supplies to be available for treatment of severe malnutrition following the adoption by most implementing partners of WHO references for admissions of children (that multiplies by 3-4 the number of children to be admitted for severe malnutrition as compared to previous references).</p>	<p>Weekly admission figures in therapeutic centers were collected from all implementing partners</p> <p>Monthly reports were collected from all therapeutic centers</p>	<p>Malnourished children were treated for malnutrition, independently of their gender</p>

	<p>09/CEF-010 Emergency Nutrition for Child Survival in Niger Emergency Nutrition Response</p>	<p>\$452,583</p>	<p>\$12,039,148</p>	<p>97,851 Children affected by global acute malnutrition</p> <p>3,491 Children affected by severe acute malnutrition</p>	<p>The expected outcome of the project is reduced mortality due to acute malnutrition among under 5 years old children in Zinder and Diffa regions by reduction by 20% of caseload, with a special focus on the 3,491 Children at risk of mortality</p>	<p>The provision of 2,235 boxes of Plumpy'Nut through national distribution system or directly to implementing partners, allowed for the treatment of 3,352 children under-5 suffering from severe malnutrition (3,017 out- patient and 335 in-patient)</p> <p>Essential drugs covered the treatment of all children with severe malnutrition that were admitted in- out-patient centers</p> <p>58 boxes of F75 therapeutic milk allowed for treatment of 1,160 children suffering from severe malnutrition with medical complications (treated in in-patient centers, phase 1)</p> <p>169 boxes of F100 therapeutic milk allowed for treatment of 1,268 children suffering from severe malnutrition with medical complications (treated in in- patient centers, phase 2)</p> <p>Support was provided to 6 local NGOs in Agadez region to screen 20,517 children for malnutrition and conduct mass sensitization on essential nutrition actions</p> <p>Regional Public Health Directorate of Diffa conducted training for 84 health workers for the intensive care of severely malnourished children</p> <p>CERF funds contributed to the support of NGOs and regional emergency committees to implement blanket feeding interventions for 257.000 children 6-36 months in Diffa and Zinder.</p> <p>Funds also contributed to the support of community-based promotion of 7 key family practices in Maradi and Zinder through the support of 3 international NGOs covering a population of 42,000 children under-5.</p>	<p>Rapid allocation of funds allowed for therapeutic supplies to be available for treatment of severe malnutrition following the results of the national nutrition survey revealing 2.1% of severe malnutrition nationwide;</p> <p>Funds also allowed for mass screening of malnutrition to ensure most children received adequate treatment, and contributed to the prevention of further cases of malnutrition through the provision of food ration to most vulnerable children (blanket feeding) and prevention of malnutrition through promotion of key family practices.</p>	<p>Weekly admission figures in therapeutic centers were collected from all implementing partners</p> <p>Monthly reports were collected from all therapeutic centers</p> <p>Distribution reports</p> <p>Narrative reports by NGO partners</p>	<p>Special attention was provided to provide services to both male and female children</p>
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	<p>WA-09/H/27751/R Emergency Food Assistance to flood-affected populations in Agadez region</p>	\$2,225,096	\$2,734,701	<p>19,857 under five 33,099 women</p>	<p>1,996 mt of rice timely purchased out of the CERF grant</p> <p>Provision of a food basket with all the planned commodities (rice, pulses, vegetable oil) to the targeted beneficiaries</p> <p>2,729.6 mt of food commodities, (2,374 tons of rice, 237 tons of beans, and 119 tons of vegetable oil), distributed to the beneficiaries from December 2009 to January 2010. Number of people reached :83,472</p> <p>Proportion of women receiving household food rations at distribution point:70%</p> <p>Proportion of women in leadership positions in food management committees : 25%</p>	<p>WFP's complete food basket ensured adequate food access and consumption of floods victims in Agadez region. It saved lives of people who had been left highly vulnerable to food insecurity after the shock and protected livelihoods of those who had been able to save a few assets. Overall, the targeted beneficiaries were spared from a deterioration of their nutritional status pending the start up of the recovery phase in February 2010.</p>	<p>The CERF contribution allowed a rapid response to the flood emergency needs in Agadez region. Also, the rapid availability of funds allowed the procurement on local markets at best prices, thus boosting the local economy. It should be highlighted that the response mainly operated through the CERF grant. Additional funding of the project was achieved through an advance from WFP.</p>	<p>Beneficiaries were registered by locally set up emergency committees, and the enrolment list was validated by the local authorities. WFP food distributions were handled by the National Red Cross supported by the French Red Cross. They deployed the necessary staffing, reinforced by helpers from the local administration to carry out simultaneous food distributions on various sites to avoid displacement of populations and minimize fraud. The United Nations Development Programme strengthened WFP's management team in Agadez with four staff. UNICEF' screening of children under five was crucial and allowed the referral of moderately malnourished children to WFP's supported supplementary feeding centres under a separate project. At national and regional level, WFP worked closely with the Dispositif National pour la Prévention et la Gestion des Crises Alimentaires which coordinated the response to the food crisis.</p>	<p>Beneficiaries mainly included women and children: with the opening of the harvesting season, many men had migrated, looking for petty jobs in farming areas. With its reinforced supervision capacity, WFP ensured the implementation of its enhanced commitments to women. Consequently, female food recipients outnumbered mal food recipients at distribution sites. In addition, women, beneficiaries expressed their satisfaction about the organisation at the distribution sites: pregnant and lactating women were helped in priority, followed by older women and ones with special needs.</p>
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				<p>Proportion of household entitlements (on ration cards or distribution list) issued in women's name : 70%</p> <p>More people were reached (83,472 against 79 130 planned) as between September and mid November, the affected caseload was reassessed twice, increasing the caseload. Distributions occurred in December 2009 and January 2010. Quantities provided covered 21 days per month instead of the initial 30 days planned.</p>				<p>The percentage of women represented in food management committees was achieved as planned (25%), though below the corporate policy of 50 percent given the consideration of the local social and cultural context. The increased proportion of women in leadership positions resulted from WFP's massive involvement in the composition of committees and insistence on the application of the enhanced commitments to women</p>
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<p style="text-align: center;">Health Water and Sanitation interventions</p>	<p style="text-align: center;">09-CEF-048B Emergency Response to Flooding and Cholera Outbreak in Niger: Health - Water and Sanitation Interventions</p>	<p style="text-align: center;">\$309,926</p>	<p style="text-align: center;">\$289,656.84</p>	<p style="text-align: center;">9,500 persons (1,180 household) including 2,023 under 5 years and 4,950 women</p> <p style="text-align: center;">2,250 schoolchildren of 12 schools</p>	<p><u>Water supply:</u> 1,250 families provided with safe drinking water in the regions targeted;</p> <p>The water and sanitation supply system in the affected regions is rehabilitated</p> <p><u>Sanitation:</u> 1,250 families provided with healthy and hygienic living conditions;</p> <p><u>Hygiene:</u> 1,250 families provided with sanitation tools to handle household refuse locally ;</p> <p><u>Cholera:</u> The spread of the Cholera is halted 2,000 cases are treated for Cholera, lethality rate under 0.5%.</p> <p>Reduce mortality due to cholera among under 5 years old children in the targeted regions with a special focus on the 3,700 Children at risk of mortality in 3,000 households affected by floods and cholera outbreaks</p>	<p>Water supply</p> <p>Water access improved for 9,500 persons(1,180 household) including 2,023 under 5 years and 4,950 women through the renovation, extension of existing water supply networks and installation of water tanks in settlements</p> <p>These actions also benefit 1,200 schoolchildren in 6 schools</p> <p><u>Sanitation:</u> Improvement of sanitation facilities for 2,250 pupils in 15 primary schools . Sanitation facilities were constructed in 15 schools</p> <p><u>Hygiene:</u> Purchase and distribution of sanitation kits (shovel, rakes, brooms and wheel barrows, plastic buckets, watering cans, gloves, boxes of soap...) for 180 households</p> <p><u>Cholera:</u> 10,000 packets of 50 chlorine tablets for cleaning 10,000,000 litres of water were distributed to health centres</p> <p>No cases of cholera were reported</p>	<p>The fund released early on September was determinant for the rapid response on purchasing and beginning the process of construction/re novation of water and sanitation infrastructures in the affected regions</p>	<p>UNICEF and other UN partners and International NGOs launched an initial rapid assessment and conducted actions within the steering committee launched by the Government. Meetings , sharing documents and data are the key points of the partnership. Under the leadership of OCHA, activities were monitored weekly until the end of the emergency situation. UNICEF WASH Cluster Lead contributed to the evaluation and the Strategic Document for the recovery of Agadez area.</p>	<p>Schools and health centres were prioritized for the construction of water points and sanitation facilities with separate latrines for boys and girls (respectively for women and men in Health Centres).</p> <p>During all the process, women are fully involved in the distribution of items related to sanitation and hygiene</p>
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Logistics and Transport	CERF 001-C -00269-01 Provision of Humanitarian Air Services	\$1,096,740	\$4,318,378	1,000 passengers 50 NGOs 12 diplomatic representation and donors agency	Planned passengers in 2009 – 3600. 100% response to medical and security evacuations. Regular flights to be conducted based on weekly schedule	UNHAS targeted to transport 3 600 passengers in 2009, which was not possible after the service interruption due to lack of fundings between march and july. As per available statistics 2 477 passengers were transported. UNHAS timely addressed all requests for medical evacuation: 4 evacuations were performed in 2009. The regular flights were conducted based on weekly schedule, as planned.	Thanks to the CERF, WFP/UNHAS was able to restart the operations without interruptions since august 2009	Regular User group committee meetings - for identification of the users travel requirements and receiving feedback on quality of the services. Flight Management system for passenger and cargo booking and reporting.	Humanitarian Community in Niger. WFP/UNHAS services. Gender analysis are not applicable.
Protection / Education/ WASH	09-CEF-053 “Emergency Assistance to flood affected populations in Agadez”	\$600,270	\$850,757	5,500 flood affected families	5,500 homeless families are protected with temporary shelter, dispose of essential non food items and basic water and hygiene equipment, and have access to clean water and adequate sanitation facilities. Around 200 pupils are able to re-school in 40 reestablished school classes Around 8,000 children displaced in relocations camps and young people are psychologically monitored and protected	2,400 students could go back to school on time for school start in October Approximately 1,750 (of which 925 girls) attended “safe spaces) for recreational activities and 2,100 people benefited from psychological support 14 sessions Shelter was provided to some 400 people 5,500 families dispose of essential non food items (blankets and bednets)	Rapid allocation of CERF funds allowed the project begin immediate after the needs were identified.	UNICEF and other UN partners and International NGOs launched an initial rapid assessment and conducted actions within the steering committee launched by the Government. Meetings , sharing documents and data are the key points of the partnership. Under the leadership of OCHA, activities were monitored weekly until the end of the emergency situation	Priority was given to women head of households in distribution of kits

Agriculture	<p>OSRO/NER/904 /CHA Assistance d'urgence aux exploitants agricoles victimes des inondations dans les communes d'Agadez, Dabaga, Tabetot et Tchirozérine de la région d'Agadez</p>	\$700,000		2,500 households among which 4 % of women	<p>Improvement of income</p> <p>Improvement of availability, the cover and the food variety</p>	<p>The sale of animals and the animal products in particular the milk are main factors of food safety and struggle against poverty of ministers' households By making available zootechnic input in the zones of production, the project allowed to secure the capital of production of beneficiaries breeders' households from which a wide proportion would certainly have disappeared affected by fodder deficit</p>	<p>Rapid allocation of CERF funds allowed the project begin immediate after the needs were identified.</p>	<p>The follow-up was made by the technical services , NGOs and partner projects. At the national level, the FAO has an expert agronomist who is in charge of following the implementation of the activities of the project and of centralizing the information for their treatment and analyze</p>	<p>Priority was given to women and the children under5 years</p>
	<p>WA-09/A/21547/123 Emergency assistance to the rehabilitation of sustainable livelihoods of vulnerable pastoralist households</p>	\$509,281		14,311 household	<p>Implementation and sale 1050 tons of food cattle in the vulnerable households of small breeders of the profitable zones</p>	<p>The truck farming is an important source of income for the households' victims of the floods.</p> <p>Seen the delay accused in the implementation of inputs, the results of impact were not available at the time of the draft of the report. However the available data allowed us to make a projection of the expected productions as well as the valuation of the expected productions.</p> <p>It has been expected a global production of 2.858 tons of fresh vegetables and cereal allowing to generate an income of a total amount of USD 1.036.667-. The average production obtained by household is 1143 kg for a USD 229</p>	<p>Rapid allocation of CERF funds allowed the project begin immediate after the needs were identified.</p>	<p>The follow-up was made by the technical services NGOs and partner projects. At the national level, the FAO has an expert agronomist who is in charge of following the implementation of the activities of the project and of centralizing the information for their treatment and analyze</p>	<p>Priority was given to women and the children under5 years</p>

HEALTH	<p>09-WHO-008. Project for emergency health intervention to control the meningitis outbreak in Niger</p>	\$1,237,088	\$1,963,707	<p>725,000 people in health district at high risk of meningitis outbreak (363,225 females and 361,775 males)</p>	<p>A total of 725 000 people in districts facing a high risk of meningitis epidemic vaccinated</p> <p>At least 8,500 people treated for meningitis.</p> <p>Case Fatality Rate maintained below 5%</p> <p>Vaccine coverage by high risk district reach at least 80%</p>	<p>A total of 646,705 persons vaccinated in the 3 Niamey districts thanks to CERF funds</p> <p>Treatment for 6,000 persons provided to health facilities</p>	<p>Rapid availability of CERF funds allowed rapid response to outbreak in the capital city Niamey for outbreak control</p>	<p>Investigation missions and supervision missions carried out by WHO CO in collaboration of MoH team.</p> <p>Weekly Epidemiological and nutrition surveillance bulletins were issued regularly to monitor the control of outbreak</p>	<p>All sick persons, women as well as men where treated free of charge and all population aged between 2 and 30 years old benefited from vaccination campaign free of charge.</p>
	<p>WA-09/H/21894/122 Critical public health interventions to avoid deaths related to epidemic prone diseases in flood-affected population in Agadez region, Niger</p>	\$176,793	\$623,810	<p>Population affected by floods in Agadez region (79,130 Affected people with 15,400 children under five and 39,750 women)</p>	<p>Case fatality rate during disease outbreaks at less than 1% for AWD/Cholera,</p> <p>All flood-affected population have access to basic health care,</p> <p>Lab capacities in health facilities and early warning system improved for early outbreak detection and timely response to epidemics,</p> <p>Quantity of essential drugs and medical supplies procured and provided in health facilities of affected areas.</p>	<p>Access to basic health care for flood affected population and better monitoring of outbreak improved:</p> <p>Basic essential drugs and medical supplies provided to functioning health facilities</p> <p>30 health workers and surveillance officers trained for appropriate management of water borne diseases and potential outbreaks,</p> <p>Improved alert system for detection of epidemics by providing surveillance tools, guidelines in all health facilities and strengthening essential laboratory capacity,</p> <p>Suspected and/or rumoured cases investigated for an adequate rapid response to any outbreaks</p>	<p>With CERF funds basic health services were restored in Agadez flouted areas and outbreaks monitored for rapid response</p>	<p>Supervision missions carried out by WHO CO in collaboration of MoH team</p>	<p>All flood affected population, women as well as men where treated free of charge</p>

Emergency telecoms	Provision of common emergency telecommunica tion services to the humanitarian community in Niger	\$189,142		24/7 radio room fully equipped in Niamey, Agadez and Zinder	To strengthen and expand common security telecommunicati on services.	WFP has played their role as telecom cluster lead. Radio . Weekly radio check and vehicle tracking resumed .	Thanks to the CERF, WFP was able to restart the operations without interruptions since august 2009	Regional missions have been carried out to evaluate the impact of the implementation.	Non Applicable.
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Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
AECP	Nutrition	PRRO 10611.0	30,347.92	10/06/2009
KAMNA	Nutrition	PRRO 10611.0	24,814.53	26/06/2009
JIGAL	Nutrition	PRRO 10611.0	18,711.17	13/06/2009
GADED	Nutrition	PRRO 10611.0	75,436.49	10/06/2009
TADRESS	Nutrition	PRRO 10611.0	37,768.47	07/06/2009
HKI	Nutrition	PRRO 10611.0	123,528.79	November 09
DRSP/CR-PGCA	Nutrition	PRRO 10611.0	21,103.75	January 10
Tunfa	Nutrition		6,288	23/09/09
Arc-en-Ciel	Nutrition		6,764	23/09/09
ANSP	Nutrition		6,288	23/09/09
SOS Santé-Nutrition	Nutrition		6,288	23/09/09
AND/Kamna	Nutrition		5,654	24/09/09
Tadress	Nutrition		10,848	29/09/09
ADP/Jigal	Nutrition		4,904	06/10/09
Tadress	Nutrition		19,721	13/10/09
Aquadev	Nutrition		27,042	09/11/09
Croix Rouge Française	Nutrition		48,986	09/11/09
ACH	Nutrition		7,360	09/12/09
National Red Cross	Food Security	EMOP 200071	163,800	February 2010
<i>DRADA Agadez</i>	Agriculture		9,237	
<i>ONG AIP Takkayt</i>	Agriculture		18,397	
<i>UCMA</i>	Agriculture		8,271	
<i>UCMT</i>	Agriculture		8,155	

Annex 2: Acronyms and Abbreviations

AGSP	Seed and plant genetic resources service
AIP	Appui aux initiatives privées
CERF	Central Emergency Relief
CSRPGCA	Comités Sous Régionaux de Prévention et Gestion des Crises Alimentaires
DRDA	Directions Régionales du Développement Agricole
ECU	Unité de coordination des urgences et de réhabilitation agricole
FAO	Organisation des Nations Unies pour l'Alimentation et l'Agriculture
FAO/R	Représentation de la FAO au Niger
ICRISAT	International Crops Research Institute for Semi Arid Tropics
INRAN	Institut national de recherche agronomique du Niger
Kg	Kilogramme
MDA	Ministère du Développement Agricole
ONG	Organisation non gouvernementale
OCHA	Bureau des Nations Unies pour les Affaires Humanitaires
PAM	Programme Alimentaire Mondial
UCMA	Union des Coopérative Maraichère de l'Air
UCMT	Union des Coopératives Maraichères de Tabelot