

**EVALUATION
REPORT**

**REAL TIME EVALUATION OF UNICEF'S
RESPONSE TO THE 2005 FOOD AND
NUTRITION CRISIS IN NIGER**

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The real-time evaluation of the response to the food and nutrition crisis took place in Niger in 2004-2005. It was conducted by a team composed by Mr. Lucien Back Senior Programme Officer and Mr. Joaquin Gonzalez-Aleman, Project Officer from the Evaluation Office of UNICEF Headquarters in New York and by Ms. Danielle Fabre, a consultant specialized in public health and nutrition.

The purpose of the evaluation reports produced by the UNICEF Evaluation Office is to assess the situation, facilitate exchange of knowledge and perspectives among UNICEF and its partners and propose measures to address the concerns raised. The contents of this report do not necessarily reflect the official policies or the views of UNICEF.

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PREFACE

The evaluation of the response to the food and nutrition crisis that took place in Niger in 2004-2005 was conducted *in real time*. Real Time Evaluation (RTE) is a new approach under development by UNICEF and other agencies of the UN system. The purpose of real time evaluations is to assess strengths and weaknesses of UNICEF performance and its partners during and after the crisis and to draw lessons to improving performance during future crises.

In Niger, the exercise took place in November-December 2005, i.e. approximately four months after the start of the large scale emergency intervention in July 2005. The real time evaluation in Niger focused on the intervention carried out by UNICEF and its partners before, during and after the crisis. The subject of the evaluation is the institutional response of UNICEF at all levels, i.e. Country Office, West and Central Africa Regional Office and Headquarters. The action taken by the Country Office with the support of the Regional Office was determinant to the quality of the response. Their responses formed the basis for the formulation of the recommendations.

The evaluation was conducted by a team composed by Mr. Lucien Back Senior Programme Officer and Mr. Joaquin Gonzalez-Aleman, Project Officer from the Evaluation Office of UNICEF Headquarters in New York and by Ms. Danielle Fabre, a consultant specialized in public health and nutrition

The Evaluation Office would like to thank all those who made possible the work of the evaluation team. In the first place, our gratitude goes to the Government of Niger, in particular the Prime Minister's Cabinet, the Ministry of Public Health and Fight against Endemias and to the Governors of the provinces of Maradi and Zinder, who welcomed the evaluators and answered their questions. We would also like to thank the stakeholders who made themselves available and showed interest in the evaluation, especially the NGOs and UN agencies.

The team would like to acknowledge the work of the UNICEF offices in Niamey and Maradi, who did not spare efforts in providing the evaluators with the information needed. Also, the team would like to thank the West and Central Africa Regional Office for its support at the technical as well as the institutional levels.

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LIST OF ACRONYMS

ACF	<i>Action contre la faim</i> (Action Against Hunger)
ARI	Acute respiratory infections
ACSD	Accelerated Child Survival and Development Strategy
CCC	Core Commitments for Children in Emergencies
CDC	Center for Disease Control
CEDAW:	Convention on the Elimination of All Forms of Discrimination against Women
CERF	Central Intervention Fund for Humanitarian Emergencies
CFSVA	Comprehensive Food Security Vulnerability Assessment
CGC	<i>Cellule de gestion de crise</i> (Crisis Management Unit)
CILSS	<i>Comité permanent inter-états de lutte contre la sécheresse au Sahel</i> (Inter-State Standing Committee Against drought in the Sahel)
CPAP	Country Programme Action Plan
CPMP	Country Programme Management Plan
CRC	Convention on the Rights of the Child
CRENAM	<i>Centre de récupération nutritionnelle ambulatoire pour la malnutrition modérée (malnutrition aiguë modérée)</i> – Ambulatory Nutritional Recovery Center for Moderate Malnutrition (acute moderate malnutrition)
CRENAS	<i>Centre de récupération nutritionnelle ambulatoire pour la malnutrition sévère (malnutrition aiguë sévère non compliquée)</i> – Ambulatory Nutritional Recovery Center for Severe Malnutrition (acute severe malnutrition without complications)
CRENI	<i>Centre de récupération nutritionnelle intensif pour la malnutrition sévère (malnutrition aiguë sévère compliquée)</i> – Intensive Nutritional Recovery Center for Severe Malnutrition (acute severe malnutrition with complications)
CSI	<i>Centre de santé intégré</i> (<i>Integrated Health Center</i>)
DRSP	<i>Direction régionale de la santé publique</i> (Regional Public Health Authority)
DTC	<i>Diphtérie-tétanos-coqueluche</i> (Diphtheria-tetanus-pertussis)
EDSN	<i>Enquête démographique et de santé au Niger</i> (Demographic and Health Survey in Niger)
EPI	Expanded Programme on Immunization
EPRP	Emergency Preparedness and Response Plan
EVPC	<i>Equipes villageoises de promotion de la croissance</i> (Community-based Growth monitoring promotion teams)
EWS	Early Warning System
FAO	Food and Agriculture Organization of the United Nations
FEWS	Famine Early Warning System
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
HKI	Helen Keller International
IBS	Integrated Basic Services
IMCI	Integrated Management of Childhood Illness
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MSF	Médecins sans frontières (Doctors without Borders)
MSP/LCE	<i>Ministère de la santé publique et de lutte contre les endémies</i> (Ministry of Public Health and of the Fight Against Endemias)
NGO	Non-governmental organization
OR	Other resources
PNAN	<i>Plan national d'action pour la nutrition</i> (National Nutrition Action Plan)
RR	Regular Resources

RTE	Real Time Evaluation
SBI	<i>Services de base intégrés</i> (Integrated basic Services)
SIMA	<i>Système d'information des marchés agricoles</i> (Agricultural Markets Information System)
SNIS	<i>Système national d'information sanitaire</i> (National Health Information System)
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAM	Vulnerability Assessment Mapping
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

1. OBJECTIVES AND APPROACH

The evaluation of the food and nutrition crisis which occurred in Niger in 2004-2005 was a *real time evaluation* (RTE) hinging on three critical objectives geared at assessing the performance of UNICEF and of its partners in the face of this crisis, namely:

- Assess UNICEF's contribution to the *monitoring of the food and nutritional status* of the country *before the crisis* (Early Warning System and coordination / consultation mechanisms);
- Assess UNICEF's contribution to the *preparedness measures for a possible crisis that must be taken* by the Government, civil society (families, communities, private sector, NGOs) and by external partners (United Nations System, international NGOs, donors);
- Assess UNICEF's contribution to rapid humanitarian action *during and after the crisis*, i.e. after an immediate emergency has been declared (mobilization of human and financial resources, contribution to the coordination and the dispatching of food relief, management of malnourished children, fight against epidemic diseases, strengthening of capacities at all levels).

The RTE examines UNICEF's performance first and foremost at the country level through the Programme of Cooperation entered with the Government of the Republic of Niger (2004-2007), but also with respect to the support provided by the West and Central Africa Regional Office (WCARO) and by New York Headquarters.

As UNICEF's inputs are closely linked to those of the Government and of civil society, it goes without saying that they must be considered in their respective contexts. The same applies to partnerships with the other United Nations Agencies (UNDP, WFP, UNFPA, WHO, etc.) and other external aid agencies.

2. CONCLUSIONS

The food and nutritional crisis in Niger

For a number of years, Niger has had to deal with very high rates of acute and also chronic malnutrition among children under five. These rates were at between 14% and 20% for acute malnutrition and signalled an emergency situation. Acute severe malnutrition was also high (between 2 and over 3%). Chronic malnutrition was already up to 40%, which is a sign of long-term persistent nutritional and/or health stress. These rates would be considered alarming in other regions of the world but seem to be accepted as normal in a Sahel country like Niger. Malnutrition is also an important contributing factor in the high mortality rate of children under five (265‰ in 2000, one of the highest in the world).

Against this backdrop of malnutrition levels accepted as "normal" or "structural", i.e. considered as customary for the country, alarming signs came up in increasing numbers in 2004-2005 and converged in the agricultural areas of Zinder and Maradi, along the Nigerian border. As it were, it is in regions considered as productive, in the granaries of the country, that the nutrition crisis gradually came to full strength, even though markets were well supplied. Millet price had reached record-high levels and, for five months, food grains were unaffordable for a large portion of the population. Meanwhile, the terms of food grains / livestock exchange were deteriorating and collapsing to the point of forcing the poorest to ruin.

Until May / June 2005, the nutritional crisis in the southern part of the country was not well understood. This phenomenon was being ignored by an analytical approach emphasizing the production and availability assessments of basic food grains while neglecting aspects connected to price increase, even though this restricted access to commodities for an important layer of a very vulnerable population devoid of any resources, for whom agriculture was the only income in a chronic indebtedness situation. Socio-economic data were insufficiently taken into account in the general poverty context prevailing in Niger, and indebtedness throws households with unreliable income into a vicious circle which they can no longer leave. The problem of low access to food is exacerbated by conspicuous deficiencies in terms of access to health services and parent education pertaining to good child care practices in hygiene, nutrition and health in general.

The Niger / UNICEF Country Programme of Cooperation 2004 – 2007

The Country Programme of Cooperation 2004-2007 aims at poverty reduction by improving living conditions for children and women. The health / nutrition budget was strongly focused on health. It was also more guided by the availability of funds – notably those that were earmarked for the eradication of poliomyelitis, to which other EPI immunizations and Vitamin A distribution could be pegged for efficiency purposes. Malnutrition has not gotten the attention it deserved on account of its importance as one of the major causes of child morbidity and mortality.

Crisis preparedness and resource mobilization

Although the UNICEF-supported Cooperation Programme has not provided many responses to child malnutrition which was described as serious, the emergency plans of UNICEF Country Office in Niamey mentioned important risks regarding the degradation in food and nutritional status which threatened the country in 2004 and 2005. In Niger, UNICEF was not equipped to properly define the malnutrition problem and to understand fully what the locations and the scope of the problem were. For lack of local expertise, UNICEF was not able, from the outset, to assume a leadership role in the area of malnutrition.

In 2004 the UNICEF Country Office in Niger and the Regional Office for Western and Central Africa realized that expertise in nutrition had to be rebuilt. No later than May 2004, the Regional Advisor voiced his concerns to the Regional Office and the Country Office with respect to the lack of human resources with nutrition skills in Niger and the country's extreme weakness. However, the creation of posts, then the hiring of staff met with obstacles of an administrative nature, which hindered the understanding of the crisis and the timely start-up of a response, including resource mobilization and planning.

UNICEF's Country Office in Niger made a number of efforts to mobilize resources for the therapeutic management of severely malnourished children, first of all by allocating Regular Resources (RR) to this objective, then by mobilizing the resources of UNICEF's National Committees. It also contributed to communicating to the media what proved decisive in mobilizing resources to the level required by the magnitude of the crisis. Overall, the process was too slow, especially with respect to the international community's response to the crisis. It proved necessary to broadcast on TV shocking footage of dying children to mobilize humanitarian action. Greater lucidity with respect to the nature and the location of the malnutrition problem, action of a more energetic and faster nature by all actors could have saved a lot of children's lives.

During the first semester of the year 2005, the various agencies of the United Nations System in Niger did not show consensus on the nature of the crisis and sufficient coordination in the action

to be taken. The sharing of responsibilities between WFP which would deal with moderately malnourished children and UNICEF which would take care of severely malnourished children was not clearly defined. Moderately malnourished children were in the end placed in UNICEF's care, but this action only started off at a late time and at a high cost.

UNICEF's contribution to humanitarian action since August 2005

In August of 2005, humanitarian action in favour of severely and moderately malnourished children was finally triggered on a wide scale. Thanks to support from the Regional Office for Western Africa and Headquarters, the Niamey Country Office has played an effective, decisive role in the process by assuming technical *leadership* and a coordination role in the area of nutrition through its support to the Ministry of Public Health and in cooperation with NGOs in the field.

The initial objective was to offer services best suited to the population that had not been available so far in order to save children's lives. Quality assurance was developed through the adoption of a protocol for the management of malnutrition, the establishment of training programmes for its use, and the design of a monitoring system. Quality assurance has been in a state of constant improvement since September 2005, at which date a strengthening of qualified human resources clearly took place at the central as well as the decentralized levels.

In October 2005, the amount of contributions received by UNICEF was US\$ 19,592,219, which exceeded by more than a third the volume of the aid that was sought at the outset. UNICEF positioned itself at the level of nutritional recovery, whether therapeutic (acute severe malnutrition) or supplementary (moderate malnutrition), by supporting the management of 226,929 malnourished children spread out in 806 centres: 23 CRENI, 256 CRENAs and 527 CRENAMs (situation as at November 24, 2005).

In CRENI (Intensive nutritional rehabilitation care centres for severe acute malnutrition with complications) and CRENAS (nutritional rehabilitation outpatient centres for non complicated severe acute malnutrition), specific curative and preventive dietetic and medical treatments are offered. 64,924 severely malnourished children were admitted: 17,069 in 23 CRENI and 47,855 in 256 CRENAS.

162,005 moderately malnourished children are being treated in 527 CRENAM (nutritional rehabilitation outpatient centres for moderate acute malnutrition). Moderate malnutrition is the greatest provider of severe malnutrition, and the fact that so many children have been managed gives a measure of the number of avoided cases of severe malnutrition.

In actual fact, the total number of children managed is 302, 577, i.e. 226,929, to which we have to add 75, 648 children managed by the coverage operations that were made necessary for efficiency and effectiveness reasons by the all too strong prevalence of malnutrition in some villages, with a view to extend the safety net to children who are at risk of malnutrition.

A first estimate of performance indicators calculated on the basis of a reduced sample shows a recovery rate of more than 92.36%, a mortality rate of 2.93% and a drop-out rate of 4.71%. These results show the good quality of the implemented programme.

UNICEF has undertaken to ensure the availability of drinking water and sanitation services in the Centres. Some CRENI have been supplied with water and sanitation kits for use by the families of severely malnourished children. However, access to drinking water is not guaranteed

for all CRENI/CRENAS, and even less so for CRENAM, as those structures can be mobile, which does not allow for a good initiation to basic hygiene habits.

The nutritional management of malnourished children is currently dissociated from the action taken by the IBS (Integrated Basic Services) programme, particularly with respect to the support to community-based growth monitoring promotion teams (*EVPC*) and to cereal banks. Clearly, these initiatives do not sufficiently benefit from nutrition expertise, close monitoring or good coordination with health centres.

3. RECOMMENDATIONS

Recommendations for the Emergency Preparedness Plan of the year 2006

The risk of an important number of severely malnourished children persisting after the harvests of the 2005-2006 campaign beyond the 2005 lean period must be at the core of the next Emergency Preparedness Plan. It is recommended to formulate a nutrition-specific sectoral plan. Besides, plans will have to be periodically updated according to the latest developments.

Additional resources for the emergency will have to be mobilized to complete the use of Other Resources (OR) for 2005. It is recommended to develop a resource mobilization strategy factoring in the importance of the media (and particularly international television channels) as means of communication and advocacy to the general public of donor countries. As far as possible, this strategy should be coordinated and harmonized with the Government of the Republic of Niger and the other Agencies of the United Nations System.

The retention of nutrition technical expertise in UNICEF's Niamey office and in the sub-offices of Maradi and Agadez should be a priority and a part of resource mobilization. The Integrated Basic Services Programme must enjoy close "nutritional" advice and monitoring independently from the emergency as far as support for EVPCs (community-based growth monitoring promotion teams) and cereal banks is concerned.

The roles and responsibilities of the various United Nations System Agencies were clarified over the course of the year 2005. Starting in March 2006, UNICEF will assume the coordination of technical support to Acute Malnutrition (non food items and food both for severe and moderate acute malnutrition, but ensuring food for severe malnutrition) while WFP will take care of the provision of food for moderate malnutrition and WHO of health. UNICEF will continue supplying food and drugs for the management of severely malnourished children under five, whereas WFP will supply food aid for the moderately malnourished children under five. This agreement in the division of duties is an important improvement with respect to the situation that prevailed in 2005.

As far as the information, monitoring and evaluation system is concerned, support must be given again to the collection, the dissemination and the development of the analysis of monitoring nutritional data by NGOs while involving more and more the services of MSP/LGCE (Ministry of Health) and DRSP (Regional Health Services).

The dissemination of the results of the survey carried out by the Government of Niger, CDC Atlanta and UNICEF at the end of 2005 will guide the priority targeting of the areas to be covered. Qualitative and quantitative rapid surveys will be conducted to refine the targeting process and adapt the strategy to be used (for instance, free distribution to children under three or under five, establishment of CRENI/CRENAS/CRENAMs).

It is recommended to encourage the NGOs involved in emergency operations to remain mobilized and stay in the field. The capacity of some NGO has to be built up by training and immediate support to remedy organizational, management and storage shortcomings. An addendum to the protocol for the management of malnutrition could be formalized to bring to scale on a minimal basis the benefits offered.

It is recommended to take advantage of the presence of mothers, grandmothers or sisters in CRENI to develop and integrate educational elements pertaining to care, basic hygiene, breastfeeding, weaning and oral rehydration in case of diarrhoea and other issues relevant to health. Contact opportunities with health structures are exceptional enough to be used in optimal fashion.

The coordination group of NGOs and United Nations Agencies should be taken over by the Ministry of Public Health. Currently a place dealing mostly with information collection and exchange, it could however evolve towards a more strategic reflection and act in everybody's interest by getting involved in mid- and long-term actions targeting the underlying causes of malnutrition. This group could be an integral part of the Coordination Unit described in the National Nutrition Action Plan. It could incorporate donors and position itself as a proposal force for the Government.

Recommendations for the 2004-2007 Country Programme of Cooperation

On the occasion of the Mid-Term Review of the 2004-2007 Country Programme of Cooperation, it is appropriate to engage in advocacy so nutrition can be defined as the first public health priority, which will encompass the enhancement of the nutrition level in the organizational chart of the Ministry of Public Health. Its budget, its human resources must be up to the challenge. Within the UNICEF Country Office in Niger, it is appropriate to materialize the creation of a full-fledged nutrition section independent from the health section.

The nutrition sector needs a comprehensive preventive and curative strategy. Nutrition had but a minor presence in the poverty reduction strategy. The 2005 crisis proves that poverty is closely linked with nutrition, particularly for children under five: a vulnerable group *par excellence*. Such a strategy would at least encompass the following elements: a) the improvement of financial access to health care, with free access to some good-quality preventive and curative care for the most underprivileged groups; b) the strengthening of the struggle against water-borne diseases, and particularly diarrhoea; c) the promotion of health education, hygiene, food/nutrition, breastfeeding, good child-care and monitoring of child growth; d) the consideration and management of malnutrition, under-nutrition and micro-deficiencies of pregnant and breastfeeding women, given that these aspects are a part of the strategy of reduction of insufficient weight at birth and under-nutrition of infants under six months; e) the support and promotion of existing adapted weaning flour for its use on a large scale.

A strategy to overcome malnutrition involves actions in several other sectors, among which: a) water and sanitation, with improved access to safe drinking water and hygiene in the various health facilities and the schools; b) agriculture and livestock, with for instance access to micro-credit, support to food grain banks, crop diversification, and improvement of agricultural practices. As the support provided by UNICEF will not be able to develop technical expertise in all areas, it is recommended to strengthen and search for cooperation and complementarity with other partners more especially through joint programming with other United Nations Agencies (UNDP and FAO for instance).

Hence the imperative to supply technical assistance to update the National Nutrition Action Plan (PNAN) in the period from 2003 to 2015. This plan recognizes the trans-sectoral character of nutrition, but coordination structures remain under the authority of MPS/LGCE. The Prime Minister's office would be a better strategic choice for the Interdepartmental Committee, and elements of the crisis management and prevention system could then be integrated. This coordination committee should become operational as soon as possible.

Support to the National health information system (SNIS) must be done in cooperation with WHO. Nutrition data are a part of health indicators and must as such be integrated to the SNIS. However, at the moment, the health system can only generate a few unreliable qualitative and quantitative data because of a lack of training and awareness of health workers, and insufficient coverage and use of services.

The necessity to put in place a surveillance and warning system has been clearly proven. Technical assistance in this field will have to integrate more developed nutritional and socio-economic considerations. The community-based growth monitoring approach requires good training, regular and frequent monitoring and skills upgrading to get reliable information, and one issue still has to be solved with regards to the remuneration of women in charge of this activity. The system that has been set up must lead to a management situation, which involves both the establishment of a good reference system for severely malnourished children and "local" means of management of the moderately malnourished in connection with CSIs / health facilities. Malnutrition must both take into consideration the cultural elements pertaining to food habits and practices and those that pertain to food security at household and community levels (for instance cereal banks which are currently disconnected from any nutritional consideration).

Qualitative and quantitative surveys will have to be conducted incorporating the gender aspect so the crisis of 2005 can be better understood. Reflecting on the nutritional status of women would make it easier to narrow down the causes of the high proportion of children of insufficient weight at birth as well as that of children 0 to 6 months old. KAP (knowledge, attitude and practices) surveys will guide the communication strategy for the delivery of messages pertaining to health, nutrition and hygiene.

Recommendations and lessons learned by UNICEF

The Niger experience shows us that the various development partners did not possess adapted analytic tools in sufficient quantities to suitably define the nature and the scope of the nutrition crisis, which could not be understood with the instruments used thus far to describe food security. A nutrition crisis cannot be summarized as a deficit in food grain availability. It is located in the context of generalized poverty and superimposes circumstantial over structural causes. It is necessary for UNICEF to develop its nutrition expertise so it can unveil to government or non-government partners the policies and strategies that should be developed and show them how possible crises could be prevented or managed. In so far as partners wish to entrust UNICEF with a leadership mandate in the area of nutrition, the organization should give itself as soon as possible the means to acquire a strong technical expertise in this field. On account of the limited number of qualified nutritionists in Sahelian countries, this is in the short term a considerable challenge.

Malnutrition is a major cause of child morbidity and mortality in many countries. The existence of malnutrition thresholds considered as alarming in other countries is not so in the Sudan-Sahelian zone. This phenomenon appears to be caused by the force of habit and fatality, which is deep-rooted and lasting. For that matter, the same references or nutrition thresholds as were defined by WHO must be applied to all countries and these countries should be reminded about

it. Advocacy for the adoption of these thresholds must be extended to all development partners. If high rates of acute malnutrition demands urgent action in nutrition management, the fight against chronic malnutrition (size/age ratio) is more relevant to a long-term strategy geared at health and food security in the broad sense. But neither is it of an inevitable “structural” nature, nor for that matter does it pertain to fatality, no more than food crises.

In Niger, the data on the geographical distribution of malnutrition have existed for many years.. However, the 2004-2007 Country Programme did not factor in these data, which were confirmed by the 2000 survey, MICS II. The health / nutrition component seems to have been more inspired by the availability of Other Resources from global funds and international missions (EPI and HIV/AIDS) than the situation in the field. It is not unthinkable that such practices should be so widespread on other Country Programmes. It would be appropriate to revive the practice of conducting situation analyses on the status of children as a starting point to choose priorities and determine their levels, mobilize resources and define the ensuing programming and advocacy.

Development and emergency are not mutually exclusive. There is no break between development and emergency: both situations coexist and create a continuum from an unstable situation which, on the occasion of concurrent events, may turn into a crisis; this can, among other things, unveil the shortcomings of a health system which then become exponential. The situation analysis feeds at once from the existence of data, their reliability, their cross-referencing in a current moving context in which the limits between development and emergency are never clear-cut. The example of Niger informs us on the coexistence of both. Both approaches supplement each other to reach the objective of a reduction in the mortality of children under five. It is appropriate to raise donor awareness about this situation, so the necessary resources can be mobilized on time – not only when shocking footage is broadcast on television screens.

The switch from a development situation to a crisis situation involves modus operandi changes which require other skills (quick decision-making, quick action, organization, and prioritization). Such a shift requires greater flexibility in some procedures, particularly with respect to the redeployment and the hiring of qualified human resources. The Niger example demonstrates what can be done and what can be improved in this area, particularly regarding response time, through good cooperation between the Country Office, the Regional Office and Headquarters.

The Niger experience has also been loaded with lessons on the importance of communication with international media, particularly to mobilize necessary resources for immediate humanitarian action. Within UNICEF, it is important to have good coordination of activities at country, regional and HQ levels. Communication with the media is a complex process which involves numerous actors (Governments, NGOs, independent parties). The expertise required for good media management could possibly be featured in the capacity-building programme undertaken by the Agencies of the UN System.

Another dimension of communication involves the transparency of operations and the existence of good monitoring and evaluation systems. In the haste of emergency actions, this aspect does not always receive the attention it deserves. It is also important to ensure good coordination with the Government of the country concerned and to continue to supply input to development and to the reinforcement of national capacities. The Niger experience shows that good communication with the government can be maintained, even if it seems to go against national policies and strategies, as in the case of cost recovery suspension: free care, hospitalization, food and drugs in the context of acute malnutrition.

RÉSUMÉ ANALYTIQUE

1. OBJECTIFS ET MÉTHODOLOGIE

L'évaluation de la crise alimentaire et nutritionnelle survenue au Niger en 2004-2005 a été une *évaluation en temps réel* (ETR) articulée autour de trois grands objectifs visant à aborder la performance de l'UNICEF et ses partenaires durant cette crise. Les trois objectifs sont les suivants :

- apprécier la contribution de l'UNICEF au *suivi de la situation alimentaire et nutritionnelle* dans le pays *avant la crise* (système d'alerte précoce et mécanismes de coordination et de consultation);
- apprécier la contribution de l'UNICEF à la préparation des *dispositifs* à mettre en oeuvre en cas de crise – par le Gouvernement, la société civile (familles, communautés, secteur privé, organisations non gouvernementales – ONG) et par les partenaires extérieurs (système des Nations Unies, ONG internationales, donateurs);
- apprécier la contribution de l'UNICEF à l'action humanitaire rapide *pendant et après la crise*, c'est-à-dire après la déclaration de l'urgence immédiate (mobilisation des ressources humaines et financières, contribution à la coordination et acheminement de l'aide alimentaire, prise en charge des enfants malnutris, lutte contre les maladies épidémiques, renforcement des capacités à tous les niveaux).

L'évaluation en temps réel examine avant tout la performance de l'UNICEF au niveau du pays par le biais du Programme de coopération conclu avec le Gouvernement du Niger (2004-2007), mais aussi l'appui fourni par le Bureau régional pour l'Afrique de l'Ouest et l'Afrique centrale (WCARO) et par le Siège de l'UNICEF à New York.

Comme les apports de l'UNICEF sont étroitement liés à ceux du Gouvernement et de la société civile, il va de soi qu'il faut les considérer dans leurs contextes respectifs. Il en est de même, en ce qui concerne le partenariat avec les autres organismes des Nations Unies (Programme des Nations Unies pour le développement – PNUD, Programme alimentaire mondial – PAM, Fonds des Nations Unies pour la population – UNFPA, Organisation mondiale de la santé – OMS, etc.) et avec les autres organismes d'aide extérieure.

L'ETR s'est déroulée simultanément à un audit interne. Les deux exercices ont été coordonnés dans un souci de minimiser tous risques de duplication et de surcharge de travail pour le Bureau de pays.

2. CONCLUSIONS

La crise alimentaire et nutritionnelle au Niger

Le Niger connaît depuis des années des taux très élevés de malnutrition aiguë (MA) et chronique chez les enfants de moins de cinq ans. Ces taux se situaient entre 14 % et 20 % pour la malnutrition aiguë et signifiaient déjà un état d'urgence. La malnutrition aiguë sévère était également élevée, avec un taux oscillant entre 2 % et plus de 3 %. La malnutrition chronique s'élevait déjà à 40%, signe de stress nutritionnel ou sanitaire persistant sur un long terme. Ces taux seraient considérés comme alarmants dans d'autres régions du monde, mais semblent être acceptés comme normaux dans un pays sahélien tel que le Niger. La malnutrition est aussi le facteur le plus important contribuant à la forte mortalité des enfants âgés de moins de cinq ans dont le taux était de 265 pour 1 000 en 2000, l'un des plus élevés du monde.

Sur fond de niveaux élevés de malnutrition acceptés comme « normaux » ou « structurels », considérés comme habituels pour le pays, des signes d'alerte se sont faits de plus en plus nombreux en 2004-2005, concordants et convergeant, vers les zones agricoles de Zinder et Maradi, frontalières avec le Nigéria. Or, c'est dans ces zones considérées comme des zones productrices, les greniers du pays, que la crise nutritionnelle a progressivement pris toute son ampleur alors même que les denrées alimentaires étaient disponibles sur les marchés. Le prix du mil y avait atteint des records et durant cinq mois, les céréales ont été inabordables pour une grande partie de la population. Parallèlement, les termes de l'échange céréales/bétail se dégradaient et s'effondraient au point de ruiner les plus pauvres.

Jusqu'au mois de mai-juin 2005, la crise nutritionnelle dans la zone sud du pays était mal interprétée. Le phénomène était occulté par une approche analytique mettant en évidence les bilans de productions et de disponibilités des céréales de base, négligeant les aspects liés à la hausse des prix qui limitait l'accès aux denrées pour une partie importante d'une population très fragile, dépourvue de ressources, n'ayant que l'agriculture comme source de revenus et chroniquement endettée. Les données socioéconomiques n'ont pas assez été prises en compte dans le contexte de pauvreté généralisée qui prévaut au Niger alors que les ménages aux revenus aléatoires sont pris dans le piège de l'endettement duquel ils ne peuvent plus sortir. Le problème d'un faible accès aux aliments est exacerbé par des insuffisances importantes en termes d'accès aux services de santé et à l'éducation des adultes aux bonnes pratiques de prise en charge des enfants s'agissant de l'hygiène, la nutrition et la santé en général.

Programme de coopération Niger-UNICEF 2004-2007

Le programme de coopération 2004-2007 vise la réduction de la pauvreté en améliorant les conditions de vie des enfants et des femmes. Le budget santé-nutrition était fortement orienté vers la santé. Il était aussi davantage guidé par la disponibilité de fonds, notamment ceux visant l'éradication de la poliomyélite auxquels les autres vaccinations du Programme élargi de vaccination (PEV) et la distribution de vitamine A ont pu être rattachées dans un but d'efficience. La malnutrition n'a pas reçu l'attention qu'elle méritait alors même qu'elle est l'une des causes majeures de la morbidité et la mortalité des enfants.

Plan de préparation à la crise et mobilisation des ressources

Le Programme de coopération appuyé par l'UNICEF n'a pas apporté beaucoup de réponses à la malnutrition des enfants déjà décrite comme grave, mais les plans d'urgence du Bureau de l'UNICEF à Niamey faisait état de risques importants concernant la dégradation de la situation alimentaire et nutritionnelle qui menaçait le pays en 2004 et 2005. Au Niger, l'UNICEF n'était pas équipé pour cerner correctement le problème de la malnutrition et pour comprendre globalement quelles étaient les localités et l'envergure du problème. Faute de compétences sur place, l'UNICEF ne pouvait pas, au départ, assumer un rôle de chef de file dans le domaine de la nutrition.

Au cours de l'année 2004, le Bureau de l'UNICEF au Niger ainsi que le Bureau régional pour l'Afrique de l'Ouest et l'Afrique centrale se sont rendus compte qu'il fallait reconstituer les ressources humaines compétentes en nutrition. Dès mai 2004, le Conseiller régional faisait part au Bureau régional et au Bureau de pays de ses inquiétudes quant au manque de ce type de personnel au Niger et à l'extrême fragilité du pays. La création de postes et ensuite le recrutement de titulaires se sont pourtant heurtés à des obstacles d'ordre administratif, ce qui a contribué à la mauvaise interprétation du problème et freiné le démarrage de l'intervention lors de la crise, notamment la mobilisation des ressources financières et la planification des actions.

Le Bureau de l'UNICEF au Niger a fait des efforts afin de mobiliser des ressources pour la prise en charge thérapeutique des enfants sévèrement malnutris, d'abord en affectant des Ressources régulières (RR) à cette fin et ensuite en mobilisant des ressources des comités nationaux de l'UNICEF. Il a aussi contribué à la communication avec les médias, ce qui s'est avéré déterminant dans la mobilisation de ressources supplémentaires permettant de mieux répondre à l'ampleur de la crise. Dans l'ensemble, le processus a été trop lent, notamment en ce qui concerne la réponse de la communauté internationale face à la crise. Il a fallu diffuser des images choquantes d'enfants mourants à la télévision pour mobiliser l'action humanitaire. Une plus grande lucidité concernant la nature et la localisation de la malnutrition, une action plus énergique et rapide de tous les intervenants auraient pu sauver beaucoup de vies d'enfants.

Au cours du premier semestre de l'année 2005, il n'y avait pas de consensus parmi les différents organismes du système des Nations Unies au Niger quant à la nature de la crise; il en va de même s'agissant d'une coordination suffisante dans l'action à entreprendre. La répartition des responsabilités entre le PAM qui s'occuperait des enfants modérément malnutris et l'UNICEF qui prendrait en charge les enfants sévèrement malnutris n'était pas clairement établie. Les enfants modérément malnutris ont enfin été pris en charge par l'UNICEF mais cette action n'a démarré que tardivement et à un coût élevé.

Contribution de l'UNICEF à l'action humanitaire depuis août 2005

En août 2005, l'action humanitaire en faveur des enfants sévèrement et modérément malnutris a finalement été lancée sur une grande échelle. Grâce à un appui du Bureau régional pour l'Afrique de l'Ouest et du Siège, le bureau de l'UNICEF à Niamey a joué un rôle efficace et déterminant dans le processus en assumant le leadership technique et un rôle de coordination dans le domaine de la nutrition, en appui au Ministère de la santé publique et de lutte contre les endémies (MSP/LCE) et en collaboration avec les ONG sur le terrain.

Dans un premier temps, l'objectif était d'assurer sur le terrain des services jusque-là absents, au plus près de la population, afin de sauver des vies d'enfants. L'assurance qualité a été mise au point en adoptant le protocole de prise en charge des malnutritions, en fournissant une formation à son utilisation et un système de suivi. Cette assurance qualité est en amélioration constante depuis septembre 2005, avec la présence d'effectifs qualifiés au niveau central et décentralisé.

En octobre 2005, le montant des contributions reçues par l'UNICEF était de 19 592 219 dollars É.-U., dépassant de plus d'un tiers le volume de l'aide sollicitée au départ. L'UNICEF s'est positionné au niveau de la *récupération nutritionnelle thérapeutique (malnutrition aigue sévère) et supplémentaire (malnutrition aigue modérée)* en appuyant la prise en charge de 226 929 enfants malnutris répartis dans 806 centres dont 23 CRENI, 256 CRENAS et 527 CRENAM (situation au 24 novembre 2005).

Dans les CRENI (centre de récupération nutritionnelle intensif pour la malnutrition aiguë sévère compliquée) et les CRENAS (centre de récupération nutritionnelle ambulatoire pour la malnutrition aiguë sévère non compliquée), un traitement diététique spécifique et médicamenteux curatif et préventif est fourni. On compte 64 924 enfants malnutris sévères admis dont 17 069 dans 23 CRENI et 47 855 dans 256 CRENAS.

En ce qui concerne les malnutris modérés, 162 005 ont été traités dans 527 CRENAM (centre de récupération nutritionnelle ambulatoire pour la malnutrition aiguë modérée). La malnutrition

modérée étant la grande pourvoyeuse de malnutrition sévère, le fait d'avoir pris en charge ce nombre d'enfants donne la mesure du nombre de malnutris sévères évités.

Le nombre total d'enfants pris en charge s'élève en réalité à 302 577, soit les 226 929 auxquels s'ajoutent 75 648 enfants pris en charge par des opérations de couverture rendues nécessaires dans un souci d'efficacité et d'efficacités dûes à la trop forte prévalence de la malnutrition dans certains villages et en vue d'étendre le filet de sécurité aux enfants à risque de malnutrition.

Une première estimation des indicateurs de performance calculée sur base d'un échantillon réduit, montre un taux de guérison de plus de 92,36 %, un taux de mortalité de 2,93 % et un taux d'abandon de 4,71 %. Ces résultats montrent la bonne qualité du programme mis en œuvre.

L'UNICEF a entrepris d'assurer l'accès à l'eau potable et aux services d'assainissement dans les centres. Certains CRENI ont reçu des 'kits' pour l'eau et l'assainissement destinés aux familles des enfants sévèrement malnutris. L'accès à l'eau potable n'est pourtant pas assuré pour tous les CRENI/CRENAS et a fortiori pour les CRENAM, structures pouvant être mobiles, ce qui ne permet pas une bonne initiation à la pratique des gestes basiques d'hygiène.

La prise en charge nutritionnelle et thérapeutique des enfants malnutris est aujourd'hui dissociée de l'action menée par le programme Services de base intégrés (SBI), notamment en ce qui concerne l'appui aux équipes villageoises de promotion de la croissance (EVPC) et aux banques céréaliers. Il est clair que ces initiatives pourraient bénéficier de connaissances en nutrition, d'un suivi étroit et d'une bonne coordination avec les centres de santé.

3. RECOMMANDATIONS

Recommandations pour le plan de préparation à l'urgence de l'année 2006

Le risque d'un nombre important persistant de malnutris sévères et modérés après les récoltes de la campagne 2005-2006, en dehors de la période de soudure, doit prendre une place prépondérante dans le prochain plan de préparation à l'urgence. Il y a lieu de formuler un plan sectoriel spécifique à la nutrition. Les plans devront par ailleurs être remis à jour périodiquement en fonction de la situation.

Des ressources additionnelles pour l'urgence devront être mobilisées pour compléter les Autres ressources (OR) de 2005. Il y a lieu de mettre au point une stratégie de mobilisation des ressources qui prenne en compte l'importance des médias (notamment les télévisions internationales) comme moyen de communication et de plaidoyer auprès du grand public des pays donateurs. Dans toute la mesure du possible, cette stratégie devrait être coordonnée et harmonisée avec le Gouvernement du Niger et avec les autres organismes du système des Nations Unies.

Le maintien des compétences techniques en matière de nutrition dans le Bureau de l'UNICEF à Niamey et dans les bureaux auxiliaires de Maradi et Agadez devrait constituer une priorité et faire partie de la mobilisation des ressources. Le programme SBI doit bénéficier d'un suivi étroit en nutrition même en dehors de l'urgence pour ce qui est de l'appui aux équipes villageoises de promotion de la croissance et aux banques céréaliers.

Les rôles et responsabilités des différents organismes du système des Nations Unies se sont précisés au cours de l'année 2005. À partir de mars 2006, l'UNICEF assumera la coordination de l'appui technique à la nutrition en même temps que le PAM s'occupera de l'alimentation et l'OMS de la santé. L'UNICEF continuera à fournir les aliments et médicaments pour la prise en

charge des enfants sévèrement malnutris. L'organisation s'occupera aussi des aspects techniques relatifs aux enfants modérément malnutris et le PAM fournira l'aide alimentaire pour ce groupe. Cet accord dans la répartition des tâches est une amélioration importante comparée à la situation qui prévalait en 2005.

En ce qui concerne le système d'information, de suivi et d'évaluation, il faut continuer à aider les ONG dans leurs efforts de collecte, de transmission et de développement de l'analyse des données nutritionnelles de suivi, tout en impliquant de plus en plus le MSP/LCE et les services des directions régionales de la santé publique (DRSP).

La diffusion des résultats de l'enquête Gouvernement du Niger/CDC Atlanta/UNICEF de fin 2005 indiquera les zones à cibler à titre prioritaire. Des enquêtes qualitatives et quantitatives rapides seront menées pour affiner ce ciblage et adapter la stratégie à utiliser (par exemple, distribution gratuite aux enfants âgés de moins de trois ans ou moins de cinq ans, implantation de CRENI/CRENAS/CRENAM).

Il y a lieu d'encourager les ONG engagées dans les opérations d'urgence à rester mobilisées et à se maintenir sur place. Les capacités de certaines ONG doivent être renforcées par une formation et un appui étroit afin de remédier aux carences observées en matière d'organisation, de gestion et de stockage. Un addendum au protocole de prise en charge pourrait être formalisé afin de mettre à niveau sur une base minimale, les prestations offertes.

Il est recommandé de profiter de la présence des mères, grand-mères ou soeurs dans les CRENI pour élaborer et intégrer des éléments éducatifs relatifs aux soins, à l'hygiène de base, à l'allaitement maternel, au sevrage, à la réhydratation orale en cas de diarrhée et autres thèmes connexes. Le contact de ces personnes avec les structures de santé n'ayant lieu que dans des situations exceptionnelles, il faudrait le mettre à profit.

Le groupe de coordination des ONG et des organismes des Nations Unies devrait être repris par le Ministère de la santé publique. Ce groupe, aujourd'hui surtout lieu de collecte et d'échanges d'informations, pourrait s'engager dans des actions de moyen et long termes visant les causes sous-jacentes de la malnutrition. Il pourrait être partie intégrante de la Cellule de coordination décrite dans le Plan national d'action pour la nutrition et pourrait aussi inclure des bailleurs de fonds et formuler des propositions au Gouvernement.

Recommandations pour le Programme de coopération 2004-2007

À l'occasion de la revue à mi-parcours du Programme de coopération 2004-2007, il y a lieu de recommander que la nutrition soit définie comme première priorité de santé publique, ce qui se traduira par un positionnement de la nutrition dans l'organigramme du Ministère de la santé publique à un niveau supérieur. Son budget, ses ressources humaines doivent être à la mesure de ce défi majeur qu'il faut surmonter. Au sein du bureau de l'UNICEF au Niger, il y a lieu de concrétiser la création d'une section à part entière pour la nutrition distincte de celle de la santé.

La lutte contre la malnutrition a besoin d'une stratégie globale préventive et curative. La nutrition ne figurait que peu dans la stratégie de réduction de la pauvreté. La crise de 2005 prouve les liens étroits que la pauvreté entretient avec la nutrition, en particulier pour le groupe vulnérable des enfants de moins de cinq ans. Une telle stratégie comprendrait au moins les éléments suivants : a) l'amélioration de l'accès financier à certains soins préventifs et curatifs de qualité, gratuits pour les plus démunis et pour les traitements de longue durée; b) le renforcement de la lutte contre les maladies à transmission hydrique, en particulier la lutte contre la diarrhée, c) la promotion de l'éducation à la santé, à l'hygiène, à la nutrition/alimentation, de l'allaitement

maternel, des soins et du suivi de la croissance de l'enfant; d) la prise en compte et la prise en charge de la malnutrition, de la sous-nutrition et des microdéficiences des femmes enceintes et allaitantes, ces aspects faisant partie de la stratégie de réduction du taux d'enfants accusant une insuffisance pondérale à la naissance et des nourrissons de 0 à 6 mois sous-nutris; e) le soutien aux initiatives existantes de fabrication d'une farine de sevrage adaptée, bon marché et la promotion de son utilisation à grande échelle.

Une stratégie pour pallier à la malnutrition suppose des actions dans plusieurs secteurs, notamment les suivants : a) l'eau et l'assainissement, en particulier un meilleur accès à l'eau potable et à l'hygiène dans les différentes structures de santé et les écoles, b) l'agriculture et l'élevage, avec par exemple l'accès au microcrédit, l'appui aux banques céréalières, la diversification des cultures, l'amélioration des pratiques culturales. Comme l'appui fourni par l'UNICEF ne pourra pas renforcer les compétences techniques dans tous les domaines, il est recommandé de rechercher la coopération et la complémentarité avec d'autres partenaires, plus particulièrement par des programmes conjoints avec d'autres organismes des Nations Unies (par exemple le PNUD et la FAO).

Au vu de ce qui précède, il est impératif de fournir une assistance technique pour actualiser le Plan national d'action pour la nutrition 2003-2015 (PNAN). Ce plan reconnaît le caractère intersectoriel de la nutrition mais les structures de coordination sont contrôlées par le MPS/LGCE. La Primature serait un meilleur choix stratégique pour le comité interministériel étant donné que des éléments du dispositif de gestion et de prévention des crises pourraient alors y être inclus. Ce comité de coordination devrait devenir au plus vite opérationnel.

L'appui au système national d'information sanitaire (SNIS) devra se faire en concertation avec l'OMS. Les données nutritionnelles font partie des indicateurs de santé et à ce titre doivent être intégrées au SNIS. Cependant, le système de santé ne peut générer actuellement que des informations qualitativement et quantitativement peu importantes en raison d'une part, d'un manque de formation et de sensibilisation du personnel et d'autre part, de l'insuffisance de la couverture et d'utilisation des services.

La nécessité de mettre en place un dispositif de surveillance et d'alerte précoce a été clairement démontrée. L'assistance technique dans ce domaine devra intégrer des considérations nutritionnelles et socioéconomiques plus développées. La surveillance nutritionnelle à base communautaire suppose une bonne formation, un suivi régulier et rapproché et des recyclages pour avoir des informations fiables. Reste le problème de l'intéressement des femmes chargées de cette activité, motivation en espèces ou en nature. Le système mis en place doit permettre d'aboutir à une prise en charge des malnutris, à savoir la mise en place d'un bon système de référence pour les malnutris sévères et des moyens 'locaux' de prise en charge des modérés en lien avec les centres de santé intégrés (CSI) et les postes de santé. La malnutrition doit prendre en considération des éléments tant culturels relatifs aux habitudes alimentaires et aux pratiques que de sécurité alimentaire au niveau des ménages et des communautés (par exemple les banques céréalières aujourd'hui sans rapport avec toute considération nutritionnelle).

Des enquêtes qualitatives et quantitatives devront être réalisées en prenant en compte l'aspect *genre* afin de mieux comprendre la crise de 2005. Se pencher sur l'état nutritionnel des femmes permettrait de mieux cerner les causes de la forte proportion de nouveau-nés et de nourrissons de 0 à 6 mois souffrant d'une insuffisance pondérale. Les enquêtes connaissances, attitudes et pratiques (CAP) guideront la stratégie de communication pour la diffusion de messages relatifs à la santé, la nutrition et l'hygiène.

Recommandations et leçons apprises pour l'UNICEF

L'expérience du Niger nous montre que les différents partenaires au développement ne disposaient pas d'outils d'analyse adaptés et suffisants pour bien cerner la nature et l'étendue de la crise nutritionnelle, les instruments utilisés jusqu'alors pour décrire la sécurité alimentaire s'étant avérés insuffisants. Une crise nutritionnelle ne se résume pas à un déficit de disponibilités en céréales. Elle s'inscrit dans un contexte de pauvreté généralisée et superpose des causes conjoncturelles aux causes structurelles. Il est nécessaire que l'UNICEF renforce ses compétences en matière de nutrition pour expliquer aux partenaires gouvernementaux et non gouvernementaux quelles politiques et stratégies devraient être mises au point et comment prévenir et gérer d'éventuelles crises. Dans la mesure où les partenaires désirent confier à l'UNICEF un mandat de chef de file dans le domaine de la nutrition, il faudrait que l'organisation se dote le plus rapidement possible des capacités techniques nécessaires. Étant donné le nombre limité de nutritionnistes qualifiés dans les pays du Sahel, ceci est un problème considérable qu'il faut résoudre à court terme.

La malnutrition est une cause majeure de morbidité et de mortalité infantile dans beaucoup de pays. Des seuils de malnutrition qui seraient considérés comme alarmants dans d'autres pays ne le sont pas dans la zone soudanosahélienne. Il s'agit apparemment d'un phénomène d'accoutumance associé au fatalisme tous deux fortement ancrés et qui perdurent. Pour autant, il faut rappeler que les mêmes références et les mêmes seuils nutritionnels définis par l'OMS doivent être appliqués à tous les pays. Il faut convaincre tous les partenaires au développement d'adopter ces seuils. Si la malnutrition aiguë appelle une action urgente en matière de prise en charge nutritionnelle, la lutte contre la malnutrition chronique (rapport taille/âge) s'inscrit davantage dans une stratégie sur le long terme visant la santé et la sécurité alimentaire au sens large. Mais elle n'a pas un caractère structurel inéluctable et n'est pas une fatalité, pas plus que ne le sont les crises alimentaires.

Au Niger, les données sur la répartition géographique de la malnutrition et l'étendue du problème étaient connues depuis de nombreuses années. Néanmoins, le Programme de coopération 2004-2007 ne prenait pas en compte ces données, confirmées par l'enquête de 2000, MICS 2. La composante santé/nutrition semble avoir été inspirée plus par la disponibilité des Autres ressources (OR) provenant de fonds mondiaux et de mandats internationaux (PEV et VIH/SIDA) que par la réalité du terrain. Il n'est pas exclu que de telles pratiques soient aussi courantes dans d'autres programmes de coopération. Il y a lieu de raviver la pratique de prendre les analyses de situation concernant les enfants comme point de départ pour le choix et le niveau des priorités, la mobilisation des ressources, la programmation et le plaidoyer qui en découlent.

Développement et urgence ne sont pas antagonistes. Il n'y a pas de rupture entre développement et urgence, les deux cohabitent et constituent un continuum. À la faveur d'événements intercurrents, une situation fragile peut se transformer en crise, en mettant au jour les déficiences notamment d'un système de santé. L'analyse de la situation est alimentée à la fois par l'existence de données, leur fiabilité, leurs interrelations dans un contexte aujourd'hui flou et mouvant dans lequel les frontières entre développement et urgence ne sont jamais tranchées. L'exemple du Niger nous renseigne sur la coexistence des deux. Les deux approches sont complémentaires si l'on cherche à atteindre l'objectif de réduction de la mortalité infantile. Il y a lieu de sensibiliser les bailleurs de fonds concernant cette réalité en vue de pouvoir mobiliser les ressources nécessaires à temps et non seulement quand des images choquantes sont diffusées sur les écrans de télévision.

Le passage d'une situation de développement à une situation de crise implique des changements de modes opératoires qui requièrent d'autres compétences (rapidité de décision, d'action, organisation, détermination des priorités). Un tel passage exige une grande flexibilité dans certaines procédures en particulier dans le redéploiement et le recrutement de ressources humaines qualifiées. L'exemple du Niger démontre ce qu'il est possible de faire et d'améliorer dans ce domaine, en particulier le délai de réponse, par une bonne collaboration entre le Bureau du pays, le Bureau régional et le Siège.

L'expérience du Niger a aussi été riche d'enseignements en ce qui concerne l'importance de la communication avec les médias internationaux, en particulier pour la mobilisation des ressources nécessaires à l'action humanitaire immédiate. Au sein de l'UNICEF, il est important de bien coordonner les activités au niveau des différents maillons de la chaîne: pays, région et Siège. La communication avec les médias est un processus complexe qui implique de nombreux intervenants (gouvernement, ONG, indépendants). L'expérience requise pour bien gérer les médias pourrait éventuellement faire partie des programmes de développement/amélioration de capacités entrepris par les organismes du système des Nations Unies.

Une autre dimension de la communication implique la transparence des opérations et l'existence de bons systèmes de suivi et d'évaluation. À cause de la rapidité nécessaire dans les actions d'urgence, cet aspect ne reçoit pas toujours l'attention qu'il mérite. Il est aussi important d'assurer une bonne coordination avec le gouvernement du pays concerné et de continuer à fournir un apport au développement et au renforcement des capacités nationales. L'expérience au Niger démontre qu'une bonne communication avec le gouvernement peut être maintenue même si des politiques et stratégies nationales sont prises à contre-pied comme pour la gratuité de la prise en charge, de l'hospitalisation, des aliments et des médicaments dans le cadre des malnutritions aiguës.

RESUMEN EJECUTIVO

1. OBJETIVOS Y METODOLOGÍA

La evaluación de la crisis alimentaria y nutricional que se produjo en Níger en 2004 y 2005 ha sido una *evaluación en tiempo real* (ETR) articulada en torno a tres grandes objetivos orientados a analizar el desempeño de UNICEF y sus socios durante esta crisis. Los tres objetivos son los siguientes:

- evaluar la contribución de UNICEF al *seguimiento de la situación alimentaria y nutricional* en el país *antes de la crisis* (sistema de alerta temprana y mecanismos de coordinación y consulta);
- evaluar la contribución de UNICEF a la preparación de los *dispositivos* que se deben aplicar en casos de crisis, por parte del Gobierno, la sociedad civil (familias, comunidades, sector privado, organizaciones no gubernamentales – ONG) y por los asociados externos (sistema de las Naciones Unidas, ONG internacionales, donantes);
- evaluar la contribución de UNICEF a la acción humanitaria rápida *durante la crisis y después de la misma*, es decir, después de la declaración de emergencia inmediata (movilización de los recursos humanos y financieros, contribución a la coordinación y prestación de la asistencia alimentaria, la gestión de los niños desnutridos, lucha contra las enfermedades epidémicas, reforzamiento de las capacidades a todos los niveles).

La evaluación en tiempo real examina sobre todo el desempeño de UNICEF a nivel de país en el marco del Programa de Cooperación concluido con el Gobierno de Níger (2004-2007), pero también el apoyo prestado por la Oficina Regional para África Occidental y Central (WCARO) y por la Sede de UNICEF en Nueva York.

Como las aportaciones de UNICEF están estrechamente vinculadas a las del Gobierno y de la sociedad civil, es preciso considerarlas en sus contextos específicos. Lo mismo se aplicará a la alianza con otros organismos de las Naciones Unidas (Programa de las Naciones Unidas para el Desarrollo – PNUD, Programa Mundial de Alimentos – PAM, Fondo de las Naciones Unidas para la Población – UNFPA, Organización Mundial de la Salud – OMS, etc.) y con los otros organismos de asistencia exterior.

La ETR se ha llevado a cabo al mismo tiempo que una auditoría interna. Los dos ejercicios han estado coordinados a fin de minimizar cualquier riesgo de duplicación y un exceso de trabajo para la Oficina de País.

2. CONCLUSIONES

La crisis alimentaria y nutricional del Níger

Desde hace varios años se registran en el Níger unas tasas muy elevadas de desnutrición aguda y crónica entre los niños menores de cinco años. Estas tasas se sitúan entre el 14% y el 20% en el caso de la desnutrición aguda y significan ya una situación de emergencia. La desnutrición aguda grave es igualmente elevada, con una tasa que oscila entre el 2% y más del 3%. La desnutrición crónica se eleva ya a un 40%, una señal que indica la existencia de tensiones alimentarias o sanitarias que persisten a largo plazo. Estas tasas serían consideradas alarmantes en otras regiones del mundo, pero parecen haber sido aceptadas como normales en un país del Sahel como el Níger. La desnutrición es también el factor más

importante que contribuye a la elevada mortalidad de los niños menores de cinco años, cuya tasa fue de 265 por cada 1.000 en 2000, una de las más altas del mundo.

En este contexto de niveles elevados de desnutrición aceptados como “normales” o “estructurales” y considerados como habituales para el país, las señales de alerta en 2004-2005 fueron cada vez más numerosas y concordantes, y convergieron hacia las zonas agrícolas de Zinder y Maradi, fronterizas con Nigeria. Fue en estas zonas, consideradas como las zonas más productivas, es decir, los graneros del país, donde la crisis nutricional alcanzó progresivamente toda su amplitud incluso a pesar de que los productos alimentarios estaban disponibles en los mercados. El precio del mijo había alcanzado cifras sin precedentes y, durante cinco meses, una gran parte de la población no tuvo acceso a los cereales. Simultáneamente, los términos de intercambio entre los cereales y el ganado se deterioraron y se desmoronaron hasta el punto de arruinar a los más pobres.

Hasta los meses de mayo y junio de 2005, la crisis alimentaria que afectó la zona sur del país fue mal interpretada. El fenómeno quedó eclipsado por un enfoque analítico que hacía hincapié en los balances de producción y disponibilidad de cereales básicos, sin prestar atención a los aspectos vinculados a la subida de los precios que limitaban el acceso a los productos de una parte importante de una población muy frágil, desprovista de recursos, que no disponía más que de la agricultura como fuente de ingresos y se encontraba crónicamente endeudada. No se tomaron en cuenta lo suficiente los datos socioeconómicos dentro del contexto de pobreza generalizada que se registraba en el Níger, mientras que los hogares con ingresos aleatorios estaban atrapados en la trampa de la deuda, de la cual no podían salir. El problema de un acceso deficiente a los alimentos se hallaba agravado por las importantes deficiencias en el acceso, por una parte, a los servicios de salud, y por otra a la educación de los adultos sobre buenas prácticas para la crianza de los niños, desde el punto de vista de la higiene, la nutrición y la salud en general.

Programa de cooperación Níger-UNICEF 2004-2007

El programa de cooperación 2004-2007 tiene como objetivo la reducción de la pobreza mediante la mejora de las condiciones de vida de los niños y las mujeres. El presupuesto para salud y nutrición está firmemente orientado hacia la salud. Además, se rige por la disponibilidad de fondos, especialmente los que están destinados a la erradicación de la poliomielitis, a los cuales ha sido posible añadir las otras vacunaciones del Programa Ampliado de Inmunizaciones (PAI) y la distribución de vitamina A, con miras a una mayor eficacia. La desnutrición no ha recibido la atención que merece, incluso a pesar de que es una de las principales causas de morbilidad y mortalidad de los niños.

Plan de preparación ante la crisis y movilización de recursos

El Programa de Cooperación apoyado por UNICEF no ha aportado demasiadas respuestas a la desnutrición de los niños, que ya se había descrito como grave, pero los planes de emergencia de la Oficina de UNICEF en Niamey señalaban riesgos importantes con respecto a la degradación de la situación alimentaria y nutricional que amenazaba al país en 2004 y 2005. En el Níger, UNICEF no estaba equipado para delimitar correctamente el problema de la desnutrición y para comprender globalmente cuáles eran las localidades afectadas por el problema y la amplitud del mismo. Debido a la falta de competencias sobre el terreno, UNICEF no pudo, al comienzo, asumir un papel de organismo principal en el ámbito de la nutrición.

A lo largo del año 2004, la Oficina de UNICEF en el Níger, así como la Oficina Regional para África Occidental y Central, se dieron cuenta de que era preciso restablecer los recursos humanos competentes dedicados a la nutrición. Desde mayo de 2004, el Asesor Regional

comunicó a la Oficina Regional y a la Oficina de País sus inquietudes con respecto a la falta de este tipo de personal en el Níger y a la extrema fragilidad de la situación del país. La creación de puestos, y posteriormente el reclutamiento de titulares de los mismos, encontraron obstáculos de orden administrativo, lo que contribuyó a una interpretación errónea del problema y supuso un freno para el arranque de la intervención cuando se produjo la crisis, especialmente en lo que respecta a la movilización de recursos financieros y la planificación de las acciones.

La Oficina de UNICEF en Níger hizo esfuerzos encaminados a movilizar recursos para la asistencia terapéutica a los niños gravemente desnutridos, primeramente asignando Recursos Ordinarios para este fin y después movilizándolo de los Recursos de los Comités Nacionales de UNICEF. También contribuyó a la comunicación con los medios de difusión, una acción que demostró su enorme importancia para la movilización de recursos suplementarios que permitieran responder mejor a la amplitud de la crisis. En su conjunto, el proceso fue bastante lento, especialmente en lo que atañe a la respuesta de la comunidad internacional ante la crisis. Fue preciso difundir imágenes impactantes de niños moribundos en la televisión para movilizar la acción humanitaria. Una mayor lucidez con respecto a la naturaleza y la ubicación de la desnutrición, junto a una acción más enérgica y rápida de todos los participantes, habría podido salvar muchas más vidas infantiles.

Durante el primer semestre de 2005, no había consenso entre los diferentes organismos del sistema de las Naciones Unidas en el Níger con respecto a la naturaleza de la crisis; lo mismo ocurrió con respecto a la coordinación sobre las medidas a tomar. Tampoco estaba claramente establecido el reparto de responsabilidades entre el PAM, que se ocuparía de los niños moderadamente desnutridos, y UNICEF, que se ocuparía de los niños gravemente desnutridos. Finalmente, UNICEF se hizo cargo de los niños moderadamente desnutridos, pero esta medida se produjo tardíamente y a un costo elevado.

Contribución de UNICEF a la acción humanitaria desde agosto de 2005

En agosto de 2005 se inició finalmente a gran escala la acción humanitaria en favor de los niños grave y moderadamente desnutridos. Gracias al apoyo de la Oficina Regional para África Occidental y de la Sede, la oficina de UNICEF en Niamey desempeñó un papel eficaz y determinante en el proceso, al asumir la dirección técnica y una función de coordinación en el ámbito de la nutrición, en apoyo al Ministerio de Salud Pública y de Lucha contra las Endemias (MSP/LCE) y en colaboración con las ONG sobre el terreno.

En un primer momento, el objetivo era garantizar que se desplegaran sobre el terreno servicios hasta entonces inexistentes, a fin de salvar las vidas de los niños. Se puso en práctica un control de calidad adaptando el protocolo sobre la gestión de la desnutrición, brindando capacitación para su utilización y estableciendo un sistema de seguimiento. Este control de calidad está en un proceso de mejora constante desde septiembre de 2005, con la presencia de efectivos cualificados a nivel central y descentralizado.

En octubre de 2005, la suma de las contribuciones recibidas por UNICEF era de 19.592.219 dólares de los EEUU, una cifra que superaba en más de una tercera parte el volumen de la asistencia solicitada al comienzo. UNICEF se posicionó en el ámbito de la recuperación nutricional terapéutica (desnutrición aguda grave) y suplementaria (desnutrición aguda moderada), apoyando la asistencia a 226.929 niños desnutridos repartidos en 806 centros, de los cuales 23 eran CRENI, 256 eran CRENAS y 527 eran CRENAM (situación el 24 de noviembre de 2005).

En los CRENI (centro de recuperación nutricional intensiva para la desnutrición aguda grave complicada) y los CRENAS (centro de recuperación nutricional ambulatoria para la desnutrición aguda grave no complicada), se proporcionó un régimen alimentario específico y medicamentoso curativo y preventivo. De los 64.924 niños desnutridos graves admitidos, 17.069 fueron atendidos en 23 CRENI y 47.855 en 256 CRENAS.

Por lo que atañe a los desnutridos moderados, 162.005 recibieron tratamiento en 527 CRENAM (centro de recuperación nutricional ambulatoria para la desnutrición aguda moderada). Ya que la desnutrición moderada es una etapa que precede a la desnutrición grave, el hecho de haber asistido a este número de niños revela la medida del número de casos de desnutrición grave que se evitaron.

El número total de niños que recibieron tratamiento se elevó en realidad a 302.577, ya que a los 226.929 es preciso añadir 75.648 niños que recibieron asistencia en operaciones de cobertura, con el fin de favorecer la eficiencia y la eficacia, debidas a la fuerte prevalencia de la desnutrición en ciertos poblados y con miras a ampliar la estructura de seguridad para que abarcara a los niños en peligro de desnutrición.

Una primera estimación de los indicadores del desempeño, calculada sobre la base de una muestra reducida, muestra una tasa de curación de más del 92,36%, una tasa de mortalidad del 2,93% y una tasa de abandono del 4,71%. Estos resultados revelan la buena calidad del programa aplicado.

UNICEF asumió la labor de asegurar el acceso al agua potable y los servicios de saneamiento en los centros. Algunos CRENI recibieron 'kits' para el agua y el saneamiento destinados a las familias de los niños gravemente desnutridos. Sin embargo, no fue posible asegurar el abastecimiento de agua potable en todos los CRENI/CRENAS, y con más motivo en los CRENAM, al tratarse de estructuras que podían ser móviles, lo que no permitía una buena iniciación a la práctica de medidas básicas de higiene.

La gestión nutricional y terapéutica de los niños desnutridos está hoy en día desvinculada de las actividades que lleva a cabo el programa de Servicios Básicos Integrados (SBI), especialmente en lo que atañe al apoyo a los equipos de poblados para la promoción del crecimiento (EVPC) y los bancos de cereales. Está claro que estas iniciativas podrían beneficiarse de conocimientos sobre nutrición, de un seguimiento minucioso y de una buena coordinación con los centros de salud.

3. RECOMENDACIONES

Recomendaciones para el plan de preparación de emergencia de 2006

El riesgo de que persista un número importante de desnutridos graves y moderados después de la cosecha de la campaña 2005-2006, fuera del período de carestía, debe ocupar un lugar preponderante en el próximo plan de preparación para emergencias. Es necesario formular un plan sectorial específico sobre la nutrición. Por otra parte, hay que actualizar periódicamente los planes en función de la situación.

Será preciso movilizar recursos adicionales para la emergencia a fin de completar los Otros Recursos de 2005. Es preciso poner a punto una estrategia de movilización de recursos que tenga en cuenta la importancia de los medios de difusión (especialmente las televisiones internacionales) como medio de comunicación y de promoción dirigido al gran público de los países donantes. En la medida de lo posible, la organización de esta estrategia debería estar

coordinada con el Gobierno del Níger y con otros organismos del sistema de las Naciones Unidas.

Mantener las competencias técnicas sobre nutrición en la Oficina de UNICEF en Niamey y en las suboficinas de Maradi y Agadez debería ser una prioridad y formar parte de la movilización de recursos. El programa SBI podría beneficiarse de un seguimiento estrecho de la nutrición, incluso más allá de la situación de emergencia, para el apoyo a los equipos de los poblados para la promoción del crecimiento y a los bancos de cereales.

Las funciones y responsabilidades de los diferentes organismos del sistema de las Naciones Unidas se delimitaron a lo largo del año 2005. A partir de marzo de 2006, UNICEF asumirá la coordinación del apoyo técnico la nutrición al mismo tiempo que el PAM se ocupará de la alimentación y la OMS de la salud. UNICEF seguirá proporcionando los alimentos y los medicamentos para la asistencia a los niños gravemente desnutridos. La organización se ocupará también de los aspectos técnicos relativos a los niños moderadamente desnutridos y el PAM proporcionará la asistencia alimentaria para este grupo. Este acuerdo en el reparto de las tareas es una importante mejora en comparación con la situación que prevalecía en 2005.

En lo que atañe al sistema de información, seguimiento y evaluación, es preciso seguir prestando ayuda a las ONG en sus actividades de recopilación, transmisión y desarrollo del análisis de los datos nutricionales de seguimiento, contando cada vez más con la incorporación del MSP/LCE y los servicios de las direcciones regionales de la salud pública (DRSP).

La difusión de los resultados de la encuesta del Gobierno del Níger / Centros para el Control y la Prevención de Enfermedades - CDC Atlanta / UNICEF de finales de 2005 revelará las zonas que es preciso seleccionar de manera prioritaria. Se llevarán a cabo encuestas rápidas cualitativas y cuantitativas para refinar este enfoque y adaptar la estrategia a utilizar (por ejemplo, distribución gratuita a los niños de menos de tres años o menos de cinco años, implantación de CRENI/CRENAS/CRENAM).

Es preciso alentar a las ONG que han participado en las operaciones de emergencia para que sigan movilizadas y se mantengan sobre el terreno. Es preciso reforzar las capacidades de algunas ONG por medio de la capacitación y la asistencia a fin de remediar las carencias observadas en materia de organización, gestión y almacenamiento. Se podría oficializar un anexo al protocolo de gestión para establecer un nivel mínimo a las prestaciones ofrecidas.

Se recomienda aprovechar la presencia de las madres, abuelas y hermanas en los CRENI para elaborar e integrar elementos educativos relacionados con los cuidados, la higiene básica, la lactancia materna, el destete, la rehidratación oral en caso de diarrea y otros temas relacionados. Debido a que el contacto de estas personas con las estructuras de salud no ha tenido lugar más que de forma excepcional, sería necesario aprovechar esta situación.

El Ministerio de Salud Pública debería volver a intervenir en el grupo de coordinación de las ONG y de los organismos de las Naciones Unidas. Este grupo, vinculado sobre todo hoy en día a la recopilación e intercambio de información, podría comprometerse con las medidas de mediano y largo plazo tendientes a abordar las causas subyacentes de la desnutrición. Podría formar parte de la célula de coordinación descrita en el Plan Nacional de Acción para la Nutrición y podría también incluir a los donantes de fondos y formular propuestas al Gobierno.

Recomendaciones para el Programa de Cooperación 2004-2007

Con motivo de la revisión de medio periodo del Programa de Cooperación 2004-2007, es preciso recomendar que la nutrición se defina como la primera prioridad de salud pública, lo que se traducirá en un posicionamiento de la nutrición en el organigrama del Ministerio de la Salud Pública a un nivel superior. Su presupuesto, así como sus recursos humanos, deben adaptarse a este importante desafío que es preciso superar. Es aconsejable llevar a cabo la creación, en la oficina de UNICEF en el Níger, de una sección en toda regla para la nutrición distinta de la de la salud.

La lucha contra la desnutrición requiere una estrategia global preventiva y curativa. La nutrición ocupa un espacio reducido en la estrategia para la reducción de la pobreza. La crisis de 2005 demuestra los vínculos estrechos entre la pobreza y la nutrición, en especial para el grupo vulnerable de niños menores de cinco años. Una estrategia de este tipo debería incluir por lo menos los siguientes elementos: a) la mejora del acceso financiero a determinados servicios de atención preventiva y curativa de calidad, gratuitos para los más pobres y para los tratamientos a largo plazo; b) el refuerzo de la lucha contra las enfermedades transmitidas por el agua, en especial la lucha contra la diarrea, c) la promoción de la educación de la salud, la higiene y la nutrición / alimentación, de la lactancia materna, de la atención y de seguimiento del crecimiento del niño; d) la toma en consideración de la desnutrición y su gestión, de la subnutrición y de las microdeficiencias entre las mujeres embarazadas y lactantes, ya que estos aspectos forman parte de la estrategia de reducción de las tasas infantiles de insuficiencia ponderal durante el nacimiento y de los lactantes desnutridos de 0 a 6 meses; e) el apoyo a las iniciativas existentes para la fabricación de harina para el destete adaptada y económica, y la promoción de su utilización a gran escala.

Una estrategia para paliar el problema de la desnutrición supone medidas en varios sectores, especialmente los siguientes: a) agua y saneamiento, en especial un mejor acceso al agua potable y a la higiene en las diferentes estructuras de la salud y las escuelas, b) la agricultura y la ganadería, por ejemplo mediante el acceso al microcrédito, el apoyo a los bancos de cereales, la diversificación de los cultivos, y la mejora de las prácticas de cultivo. Como el apoyo prestado por UNICEF no puede reforzar las competencias técnicas en todos los ámbitos, se recomienda procurar la cooperación y la complementariedad con otros organismos, especialmente los programas conjuntos de otros organismos de las Naciones Unidas (por ejemplo el PNUD y la FAO).

Teniendo en cuenta todo lo anterior, resulta fundamental prestar una asistencia técnica para actualizar el Plan Nacional de Acción para la Nutrición 2003-2015 (PNAN). Este plan reconoce el carácter intersectorial de la nutrición, pero las estructuras de coordinación están bajo el control del MPS/LGCE. El Gabinete del Primer Ministro sería una mejor elección estratégica para un comité interministerial, siempre que se incluyan los elementos del dispositivo de gestión y prevención de crisis. Este comité de coordinación debería comenzar sus operaciones lo más pronto posible.

El apoyo al Sistema nacional de información sanitaria (SNIS) se deberá hacer en colaboración con la OMS. Los datos sobre la nutrición forman parte de los indicadores de salud y como tales deberían integrarse en el SNIS. Sin embargo, el sistema de salud no puede generar actualmente más que informaciones cualitativamente y cuantitativamente poco importantes debido, por una parte, a la falta de capacitación y de sensibilización del personal, y por otra, a la insuficiencia de la cobertura y la utilización de los servicios.

La necesidad de poner en práctica un dispositivo de seguimiento y de alerta temprana ha quedado claramente demostrada. La asistencia técnica en este ámbito deberá integrar las consideraciones nutricionales y socioeconómicas más avanzadas. El seguimiento de nutricional basado en la comunidad exige una buena capacitación, un seguimiento habitual y continuado, y cursos de repaso para disponer de informaciones fiables. Queda por delimitar el problema de cómo incorporar a las mujeres encargadas de esta actividad, si mediante la motivación en efectivo o en especie. El sistema que se ponga en práctica debe lograr la asistencia a los desnutridos, es decir, la puesta en práctica de un buen sistema de referencia de pacientes a un servicio de nivel superior para los desnutridos graves, así como proporcionar medios locales de gestión para los moderados, en coordinación con los centros de salud integrados (CSI) y los puestos de salud. La desnutrición debe tomar en consideración elementos culturales, es decir, relativos a los hábitos y las prácticas alimentarios, y de seguridad alimentaria en los hogares y las comunidades (por ejemplo, los bancos de cereales, que hoy en día no tienen en cuenta ninguna consideración relacionada con la nutrición).

Es preciso realizar encuestas cualitativas y cuantitativas que tengan en cuenta el aspecto del *género* a fin de comprender mejor la crisis de 2005. Abordar la situación alimentaria de las mujeres permitirá establecer mejor las causas que hay detrás de la gran proporción de recién nacidos y lactantes de 0 a 6 meses que sufren insuficiencia ponderal. Las encuestas sobre conocimientos, actitudes y prácticas (CAP) servirán para orientar la estrategia de comunicación para la difusión de mensajes relativos a la salud, la nutrición y la higiene.

Recomendaciones y lecciones aprendidas por UNICEF

La experiencia del Níger nos muestra que los diferentes agentes de desarrollo no disponían de instrumentos de análisis adaptados y suficientes para establecer la naturaleza y amplitud de la crisis nutricional, ya que los instrumentos utilizados hasta la fecha para describir la seguridad alimentaria se revelaron insuficientes. Una crisis alimentaria no se limita solamente a una carencia en la disponibilidad de cereales. Se inscribe en un contexto de pobreza generalizada y superpone las causas coyunturales a las causas estructurales. Es necesario que el UNICEF refuerce sus competencias en materia de nutrición para explicar a los socios gubernamentales y no gubernamentales cuáles son las políticas y estrategias que deberían ponerse en práctica y cómo prevenir y resolver posibles crisis. En la medida en que los aliados tengan la intención de conferir a UNICEF un mandato de coordinación en el ámbito de la nutrición, será preciso que la organización se dote lo más rápidamente posible de las capacidades técnicas necesarias. Dado el número limitado de expertos en nutrición cualificados que hay en los países del Sahel, se trata de un problema considerable que es preciso resolver a corto plazo.

La desnutrición es una de las principales causas de morbilidad y mortalidad infantil en muchos países. Los umbrales de desnutrición que en otros países serían considerados como alarmantes, no lo son en el Sahel. Se trata aparentemente de un fenómeno de acostumbamiento que está asociado con el fatalismo, dos elementos fuertemente enraizados que siguen perdurando. Sin embargo, hay que recordar que es preciso aplicar a todos los países las mismas referencias y los mismos umbrales alimentarios definidos por la OMS. Es preciso convencer a todos los socios en el desarrollo a que adopten estos umbrales. Si la desnutrición aguda exige medidas urgentes en materia de gestión nutricional, la lucha contra la desnutrición crónica (relación entre la talla y la edad) se inscribe en una estrategia a largo plazo cuyo objetivo es la salud y la seguridad alimentaria en un sentido amplio. Pero no tiene un carácter estructural inevitable ni es una fatalidad, como tampoco lo son las crisis alimentarias.

En el Níger, los datos sobre la repartición geográfica de la desnutrición y la amplitud del problema se conocían desde hacía muchos años. Sin embargo, el Programa de Cooperación

2004-2007 no tuvo en cuenta estos datos, confirmados por la encuesta de 2000, MICS 2. El componente de salud y nutrición parece haber estado inspirado más por la disponibilidad de Otros Recursos procedentes de los fondos mundiales y los mandatos internacionales (PEV y VIH/SIDA) que por la realidad del terreno. No se debe excluir que estas prácticas sean también frecuentes en otros programas de cooperación. Es preciso reiniciar la práctica de tomar los análisis de situación sobre los niños como punto de partida para decidir las prioridades y su nivel, la movilización de los recursos, la programación y la promoción que se derivan.

El desarrollo y la emergencia no son antagonistas. No existe ninguna ruptura entre el desarrollo y la emergencia, ya que las dos coexisten y constituyen una fase continua. Si se dan acontecimientos relacionados entre sí, una situación frágil puede transformarse en una crisis, al sacar a la luz las deficiencias del sistema de salud. El análisis de la situación se alimenta a la vez de la existencia de datos, su fiabilidad, sus interrelaciones dentro de un contexto fluido y en movimiento en el cual las fronteras entre el desarrollo y la emergencia no están nunca claramente delimitadas. El ejemplo del Níger nos vuelve a mostrar la coexistencia de ambos. Los dos enfoques son complementarios si se trata de alcanzar el objetivo de reducir la mortalidad infantil. Es preciso sensibilizar a los donantes sobre esta realidad a fin de poder movilizar a tiempo los recursos necesarios y no solamente cuando se difunden en las pantallas de televisión imágenes estremecedoras.

El paso de una situación de desarrollo a una situación de crisis implica cambios en los modos de operar que exigen otras competencias (rapidez de decisión, acción, organización, selección de prioridades). Un paso de este tipo exige una gran flexibilidad en ciertos procedimientos, especialmente en el despliegue y contratación de recursos humanos cualificados. El ejemplo de Níger demuestra lo que es posible hacer y mejorar en esta esfera, especialmente en lo que atañe al retraso en la respuesta, mediante una buena colaboración entre la Oficina de País, la Oficina Regional y la Sede.

La experiencia del Níger ha aportado también numerosas enseñanzas en lo que atañe a la importancia de la comunicación con los medios de comunicación internacionales, especialmente para la movilización de recursos necesarios en la acción humanitaria inmediata. En el seno de UNICEF, es importante coordinar bien las actividades a nivel de los diferentes eslabones de la cadena: país, región y sede. La comunicación con los medios de difusión es un proceso complejo que implica a un gran número de participantes (gobierno, ONG, independientes). La experiencia necesaria para relacionarse bien con los medios de comunicación podría en algún momento formar parte de los programas de desarrollo / mejora de las capacidades que llevan a cabo los organismos del sistema de las Naciones Unidas.

Otra dimensión de la comunicación implica la transparencia de las operaciones y la existencia de buenos sistemas de seguimiento y evaluación. A causa de la rapidez necesaria en las situaciones de emergencia, este aspecto no recibe siempre la atención que merece. Es también importante asegurar una buena coordinación con el gobierno del país implicado y continuar prestando un aporte al desarrollo y al refuerzo de las capacidades nacionales. La experiencia del Níger demuestra que una buena comunicación con el gobierno se puede mantener incluso cuando las políticas y estrategias nacionales se toman a contrapié, como es el caso de la gratuidad de la gestión, la hospitalización, los alimentos y los medicamentos en el marco de la desnutrición aguda.

1. INTRODUCTION

1.1. Purpose and objectives of the real time evaluation

The evaluation of the food and nutrition crisis which occurred in Niger in 2004-2005 was conducted by a team composed of two officials from the Evaluation Office at UNICEF Headquarters in New York, and a consultant specialized in public health and nutrition. This exercise took place in November-December 2005, approximately four months after the start of the emergency large-scale action in July 2005.

It is therefore a *real time evaluation* (RTE) – a new approach developed by UNICEF and other Agencies of the United Nations system, the main purpose of which is to assess the strengths and weaknesses of the organization and of its partners before, during and after a crisis, and to learn the appropriate lessons for the improvement of the organization's performance, both with respect to the crisis at hand and to other crises.

The RTE hinges on three critical objectives geared at assessing the performance of UNICEF and of its partners in the face of the food and nutrition crisis that occurred in Niger in 2004-2005, namely:

- Assess UNICEF's contribution to the *monitoring of the food and nutritional status* of the country *before the crisis* (Early Warning System and coordination / consultation mechanisms);
- Assess UNICEF's contribution to the *preparedness measures in the event of a crisis* that must be taken by the Government, civil society (families, communities, private sector, NGOs) and outside partners (United Nations system, international NGOs, donors);
- Assess UNICEF's contribution to rapid humanitarian action *during and after the crisis*, i.e. after an immediate emergency has been declared (mobilization of human and financial resources, contribution to the coordination and the channeling of food relief, management of malnourished children, fight against epidemic diseases, capacity-building at all levels).

The RTE examines UNICEF's performance first and foremost at country level through the Programmed of Cooperation entered with the Government of the Republic of Niger (2004-2007), but also with respect to the support provided by the West and Central Africa Regional Office (WCARO) and by New York Headquarters. As UNICEF's inputs are closely linked with those of the Government and of civil society, it is quite obvious that they must be considered in their respective contexts. The same applies to partnerships with other United Nations institutions (UNDP, WFP, UNFPA, WHO, etc) and other outside aid agencies.

The RTE was conducted in conjunction with an internal audit. Both exercises were coordinated in such a way as to minimize any risk of overlapping and extra workload for the Country Office.

1.2. Justification

In 2004-2005, Niger underwent a very serious food and nutrition crisis. This crisis, at the beginning, was interpreted as the result of a shortfall in agricultural production, itself caused by a low level and a bad distribution of rainfalls and an invasion of desert locusts in 2004. The crisis manifested itself through the unavailability of cereals, which was partial on local markets

but substantial in family stocks, and more especially through the impossibility for households to have access to financing so they could buy basic cereals and other commodities. More than 3.6 million people were affected, 800,000 of whom were children. On account of the rainfall deficit in 2004, in the under-five category, about 32,000 children were considered to be at risk of severe malnutrition and 160,000 at risk of moderate malnutrition (this estimate is based on the prevalence figures revealed by MICS 2 2000).

Within the framework of the various United Nations appeals to the international community, UNICEF was able to mobilize 19.4 million dollars in 2005 to address the crisis, which accounts for twice its annual programming budget. Priority actions were geared at the management of almost 200,000 severely or moderately malnourished children in about 500 centers, cooperation with the WFP in the coordination and the channeling of food assistance, the development of memoranda with WHO, the training of health staff, the distribution of 130,000 impregnated mosquito nets, actions to contain a cholera outbreak, the building of national capacities to assess and improve access to safe water and sanitation, the establishment of a routine data collection system on the nutritional status of children and the implementation of a national nutritional survey.

1.3. Methods and progress of the evaluation

As per its very nature, the RTE aims at being fast and pragmatic while abiding by the requirements of the United Nations evaluation rules and standards (<http://www.uneval.org/docs/ACFC03B.pdf> and <http://www.uneval.org/docs/ACFD839.pdf>). During this exercise, the following methodology was used:

- An in-depth review of documents originating from UNICEF, United Nations Agencies, the Government, NGOs and other bilateral and multilateral partners;
- Interviews at the levels of UNICEF Headquarters and the Dakar Regional Office (New York meeting: from October 26 to 30 and November 7, 2005; Dakar meeting: from November 14 to 16, 2005);
- Interviews in Niger with members of the Government, representatives of donors and local organizations, the staff involved, actors or stakeholders (November 17 to December 2, 2005);
- On-site visits with individual interviews and group discussions with communities, families and target recipient groups (mothers of children and young people) (November 24 to 29, 2005);
- Several feedback sessions and exchange workshops on the preliminary findings and recommendations of the evaluation (November 30 to December 2 in Niger, December 12 by telephone with the Dakar Regional Office, and December 16 in New York).

At the time of the evaluation, the following materials were available: routine statistical data from the various stakeholders involved in nutritional rehabilitation, one-time nutrition or health surveys conducted in 2005 by the World Food Programme (WFP) / HKI, by Médecins sans frontières (MSF), Épicentre, Action contre la faim (ACF), as well as the preliminary results of the survey on nutritional status conducted in households by UNICEF and the CDC (Center for Disease Control) of Atlanta.

The RTE followed a participatory, interactive approach with all stakeholders. Transparency and a critical eye (input and feedback of staff and other actors) were fostered at the level of each and every stakeholder to ensure national ownership of the results.

1.4. Limitations and constraints

The team of evaluators had to face some constraints, chiefly the lack of reliable, up-to-date data on nutrition in Niger, the reason being that for a long time, apart from vitamin A deficiency, nutrition had not received the attention it deserved as a main cause of infant mortality and morbidity.

What made up for this lack of attention in the past was the great interest for malnutrition-related issues expressed by the Government, by Government services and outside aid organizations, by United Nations agencies and, within UNICEF, by the Offices of Niamey, Dakar, Geneva and New York.

In this context, the RTE team was called upon to make several feedback sessions with the Government of Niger, to the After Action Review of WFP, to the NGOs, to the United Nations system and to UNICEF. The time spent on those numerous meetings was at the detriment of research.

At the beginning, this evaluation had been perceived as a relatively quick and light internal exercise whose report would not lend itself to being released on a large scale. Given the great interest that the topic triggered inside as well as outside UNICEF, the decision was made to come up with a report which would be circulated. It was therefore necessary to adjust the completion schedule of this evaluation to this new requirement.

2. THE FOOD AND NUTRITION CRISIS IN NIGER

2.1. Overall situation and poverty

As of 2005, Niger is the country that rates last with respect to the human development indicators of UNDP (Global Human Development Report). Poverty is widespread and growing. About 63% of the population is considered as poor, 34% of whom extremely poor (1994). Poverty used to have a predominantly female component which is no longer found in the UNDP survey conducted in 2004¹, at which date 70% of all households were said to be affected. According to the same survey, 75% of households in rural areas are poor, with a variable incidence of 87% in nomadic circles and 74% in sedentary, rural milieus. Poverty is strongest in the regions of Zinder, Tahoua, Maradi and Tillabéri.

In this country of nearly 11 million people, the demographic growth rate is one of the highest on the planet (3.3%), while with the decline of the uranium market, economic growth has all but failed for many years. Some 50% of the population is under 15. The proportion of children under 5 is 23%, mainly in rural areas. A mere 46% of all births are registered, and 84% of the population live in rural areas. The average household size is seven people.

Life expectancy is only 46. Women have a great many household and field activities which leave them little time to devote to children. Women do not usually control household income. The net schooling rate at primary level is only 30%, with fewer girls than boys. Illiteracy affects 83.5% of children over 15 (GHDR 2003).

2.2. The agricultural situation

The country is divided into three agroclimatic zones: the pastoral zone, the agropastoral zone and the agricultural zone. Agricultural deficit has been rampant, affecting more than half of the last ten years. Populations are strongly compelled to put food security strategies in place, with differences in nature and in proportions according to whether households are made up of pastoralists, farmers or agropastoralists. Agropastoralists as well as farmers are moving towards decapitalization. Temporary or permanent migrations to seek work are among regular survival strategies.

Eighty per cent of the population of Niger derives their income from agriculture. The basic cereal and main crop cultivated is Millet, followed by sorghum. Commercial crops (onions, capsicums, peanuts) are rare and localized. Crop yields are poor as a result of basic cultivation practices and unseasonal crops are virtually non-existent. The annual lean season is lengthy and constraining and begins from April- May through to September.

The landscape of the agricultural zone is of the Sudanese type, in the part of the country that borders Nigeria and in the southern part of the Maradi and Zinder regions. It only represents 0.9% of the land mass, but it has the highest demographic density. Although this zone is considered as the *breadbasket* of Niger, its agricultural situation is difficult, with low yields caused by climatic and phytosanitary hazards which have trouble keeping up with demographic growth, even in good harvest years. The very vulnerable populations rely for their income sources on their agricultural productions, in a proportion of over 70%.

¹ Poverty profile 2004, Poverty Secretariat / UNDP, Sept. 2005 (provisional version)

A portion of the crop is stored in family granaries for use in the following months, and the remainder is sold at a low price during harvesting, which enables people to purchase household essentials. Most times, depending on the households and their locations, the crops are good enough to feed people for 3 to 6 months, rarely 9. The households concerned find themselves in a situation of food insecurity and great vulnerability. This population group is already up to 3.8 million people.

Even before the lean season, households are compelled to purchase grains at a much higher price than what they sold them for during the harvesting period. To be able to purchase them, they rely on borrowing at loan shark rates, and they then mortgage their future crops. In some cases, they have to put up their land and other properties as collateral. Extreme indebtedness creates a vicious circle: as years go by, populations get impoverished, as the good years cannot cover the deficits generated by the bad ones.

Over the last few years, commodity markets have been totally liberalized. In the past, cooperatives used to guarantee minimum purchase prices for producers, but this system was dismantled. In order to cover the agricultural deficit, Niger relies on imports from the countries of the sub-region, mostly Nigeria and, to a lesser extent, Côte d'Ivoire and the other neighboring countries: Mali and Burkina Faso. But this system has proved insufficient to stabilize cereal prices on the market during lean periods.

Quite obviously, tradespeople are given total freedom to engage in speculative cereal transactions, within the country as well as with neighboring nations, especially Liberia. The increase of the price of basic commodities worsens the poverty level of a population that is more and more dependent on the fluctuations of the market.

2.3. The food and nutrition situation

The low level of control that households have on their crops and their low level of access to commodities partly explain why, even in the agricultural zone, high malnutrition rates are observed at the anthropometric level. But the causes of these malnutrition cases are numerous and cannot be reduced to a mere lack of availability. They go from food insecurity and poverty to health and environmental as well as social and cultural factors, especially the status and role of women.

In 2004 and early 2005, the known data on the prevalence of malnutrition among children under 5 originated from MICS2 (2000)². What is mentioned is a rate of 14.1% of acute malnutrition (AM, weight/height<2SD) with 3.2 % of severe acute malnutrition (weight/height<3SD) in the context of important growth delays: 39.8 % with a height/age ratio <2SD (chronic moderate + severe malnutrition). The prevalence of newborns with insufficient weight at birth was 11.7%.

Vitamin A deficiency translates into worrisome night blindness rates of 2.1% among children under 5 and 17.1% among pregnant women. There are also, notably, iron and folate

² Pursuant to the 2004-2005 food and nutrition crisis, a survey was conducted by the CDC of Atlanta with the support of UNICEF in October 2005, and its results were released in December 2005. This survey applied to 6- to- 59 months old children shows global acute malnutrition rates of 15.8% and severe acute malnutrition of 1.8%. All regions except Niamey are above the 10% threshold for global acute malnutrition, four regions are above 15% (Maradi, Tahoua, Zinder, Diffa). The number of deaths of children under 5 for 10,000/day is higher than the threshold of 2 for Zinder and Tahoua. Please note that figures on global acute malnutrition are not quite comparable to data on acute malnutrition in previous surveys.

deficiencies in which malaria and helminthiasis play a dominant role, in conjunction with an intake deficiency; disorders caused by iodine deficiency persist and are fought through the iodination of salt and the promotion of its consumption.

Older figures also show an extremely serious situation. The Demographic and Health Survey (*Enquête démographique et de santé au Niger* - EDSN) conducted in Niger in 1998 already showed more than 20% acute malnutrition among children under 5, with 3.7% severe malnutrition. In 1994, figures were already 15.8% acute malnutrition with 2.8% severe cases, and chronic malnutrition amounting to 32%.

Available data mention a malnutrition peak among children before they are 30 months old and an important proportion of malnourished children in the 6- to 17-month age bracket, and even before 6 months, which reveals breast-feeding and early weaning practices which are not adapted to the needs of the children.

Aside from MICS 2 figures in 2000, there have been no recent official data on the prevalence of malnutrition. But in early 2005, nutritional data appear, from one-time surveys conducted by various stakeholders. The latest ones are the following:

- surveys conducted in the Maradi and Zinder regions in January 2006, while the lean season was not even close (May-October) show global malnutrition rates of 13.7%, with a rate of severe malnutrition of 2.2 and 2.7%; as for chronic malnutrition, it affects 60 % of all children (Helen Keller International, WFP);
- Surveys conducted in Maradi and Tahoua in April-May 2005 show an exponential rise of admissions versus the previous year, with figures of respectively 19.3% and 19.5% of global malnutrition and 2.4 % and 2.9 % of severe malnutrition (MSF). Please note that the trend in the number of admissions in Maradi had been on the rise since 2002, and this situation can be attributed to various factors (service available, free of charge, trustworthy, of high quality...) aside from any increase in the prevalence of malnutrition. But these factors alone cannot account for the major increase of admissions (250 per week from the beginning of 2005 versus 120 for the same period in 2004);
- A survey conducted in the Zinder area in August 2005 (Épicentre) finds global acute malnutrition figures of 18.6 %, severe malnutrition of 3% for children between six months and 5 years old. The 6-to-30-month age group is the most affected (32.6% and 5.6%). A retrospective mortality survey is also conducted. The mortality rates of children under five years old are very high and vary between 2.9 and 5.3 for 10,000/day, with a deterioration between January and April 2005; they are well above the emergency threshold of 2 for 10,000/day.

The weight of a child at birth depends on the nutritional status of the mother, on her age, her physical activity, and on the child's order of birth and the spacing of the births of his/her siblings. The spacing of births is short because of the high fertility caused by lack of family planning – all the more so because early marriages are common, teenage pregnancies being an additional risk factor. Exclusive maternal breast-feeding during the first six months of a child's life is only applied by 2% of mothers, and it is ended abruptly in case of a new pregnancy. The child is then directly transferred to the family fare. Considering the very low percentage of exclusive breast-feeding by mothers, newborns are soon exposed to diarrheal diseases (unsuitable food, lack of hygiene in the preparation of the porridge, unsafe water).

It is difficult for a mother to prepare a meal or a porridge several times a day for her newborn because of field activities which keep her away from the home for a large portion of the day. The food is monotonous, millet-based, poor in lipids and proteins except in pastoral families. This “light” porridge does not cover caloric needs either. The sharing of a common meal within the family does not favor the child.

Religious dietary restrictions only partly explain the nutrition problem. They only add to an unfavorable health situation in a health system that is unfair in many respects (physical and financial access). The lack of perception of malnutrition by mothers is an additional handicap which explains why it is only discovered late, when other symptoms of intercurrent diseases come up.

2.4. The health situation

It is well known that nutritional status is closely connected with the health situation, as shown by the most common diseases: diarrheas, epidemic diseases of the measles type, malaria, etc. The health situation and environmental and hygiene conditions reflect on nutritional status, and vice versa.

The health system is predicated on the division of the country into 42 districts. It is based on primary health care. Access to health care is 48%, which accounts for a geographic coverage of little elaboration. The situation is made worse by a low utilization rate of curative and preventive services. The quality of the services offered and the recovery of costs in the context of extreme poverty reflect on the accessibility of health care. The fulfillment of health-related needs is strongly jeopardized for the poor: only one in every five very poor households can afford drugs and medical consultations³.

The mortality rate of children under 5 is very high: 265 per 1,000, while infant mortality is 123 per 1,000 (MICS2, 2000). The health and demographic surveys of 1992 and 1998 showed respectively 323 and 274 per thousand.

As for the Expanded Programme on Immunization (EPI), its coverage was 51% in 2003, versus 23% in 2002 for diphtheria-tetanus-whooping cough (DTC3), 60% for the measles (51% in 2002). EPI's renewed emphasis in 62% of health training programmes in conjunction with advanced mobile strategies was conducive to much higher results in some target areas, with up to 90% of target children reached by anti-polio vaccination.

Coverage for pre-natal consultations is 42% (MICS2). Maternal mortality is among the highest in the world: 590 per 100,000 (GHDR 2003). This is concurrent with the fact that only 15% of all child deliveries are assisted by trained staff.

The country is hit by epidemics on a regular basis: meningitis, measles, malaria, cholera, typhoid fever. Malaria, which mostly hits during the rainy season in the months of the lean period, is responsible for most mortality and morbidity rates (60%), followed by diarrheas (40%) and acute respiratory infections (40%), the latter being predominant in the cold season. These three pathologies represent the main morbidity causes, without factoring in malnutrition.

³ Poverty profile 2004, Sept. 2005, provisional version.

Water-transmitted diseases have kept a high prevalence rate and even increased since 1992. The prevalence rate of diarrhea is 57% among children 6 to 12 months old, 53% for 12 to 23 months old, 46% for 24 to 34 months old. It is 40% for the under-5 age group (MICS2), which is considerable. The lack of access to water and to clean water (48% in urban areas, 17% in rural areas) and the lack of basic hygiene and healthiness (5% in rural areas) are responsible for water-transmitted diseases, which have a high prevalence. The utilization rate of oral rehydration therapy (ORT) is only 14%.

Under-nutrition has not been recognized as a major problem, not only recently but for many years. The following phenomena have been observed:

- Until July 2005, no public health structure was managing severely malnourished children, with two exceptions: the Niamey hospital where most beds in the pediatric ward are occupied by malnourished children, with an increase in lean periods; and, since 2001, MSF France in Maradi. Facilities for the treatment of severe undernutrition (*Centre de récupération nutritionnelle intensif pour la malnutrition sévère* - CRENI) should be a part of any district hospital, but for lack of financial means and political will none of them ever operated. Besides, as the health system charges a fee, in a survival period it is only ever consulted as a last resort.
- As for moderate malnutrition, this phenomenon is so widespread that it is perceived as the norm. Any integrated health center (*Centre de santé intégré* - CSI) should be staffed by personnel that are trained for its detection and its management, and outfitted with the anthropometric equipment and the necessary monitoring and health education tools. The nutrition problem is neither factored in at the quantitative, nor at the qualitative level, except in the context of the fight against micronutrient deficiencies (vitamin A, iodine, iron/folates).

The institutional weakness of the Ministry of Public Health and of the Fight against Endemias (“MSP/LCE”) is evidenced by an insufficient budget for the needs that arise; public expenditure in the health sector accounts for 2% of the GDP. Within MSP/LCE, nutrition is relegated to the “office” rank – the lowest level on the organization chart, in a sub-section of the “reproductive health” division. Only one person was budgeted, with no available funds for 2005. Nutrition was not and has never been a public health priority, and its share of responsibility in mortality and morbidity rates that affect more than 50% of children has never been taken into consideration.

2.5. Availability of basic data on crisis prevention (“SNIS”, or *National System of Health Information, EWS, VAM*)

Most of the basic data mentioned above on the 2004-2005 situation have been taken from periodical studies and surveys, among which the MICS2 household survey of 2000, demographic and health surveys, the poverty profile established by UNDP in 2004 (provisional version) and one-time surveys conducted in 2004-2005.

Reporting to MSP/LCE, the national system of health information (“SNIS”) has a monitoring and warning role, starting from epidemiological data for the mandatory reporting of disease with an epidemic potential (cholera, typhoid fever, measles, diphtheria, poliomyelitis) and to malaria epidemics. It is normally in charge of the collection of basic data in health facilities, among which those that are nutrition-related. It has numerous shortcomings and its funding has been

insufficient since 1997. There are no statistical directories but quarterly bulletins, and the health card is not up to date.

The monitoring of children's growth until the age of five is far from being common practice. The same applies to systematic anthropometric measurements for sick children in health facilities. Existing data are not reliable or thorough, all the more so because access to the health system and its utilization rate are low. The nutritional status of women has not been documented.

The health information system is not and has never been able to generate data on nutritional status. SNIS cannot fulfill its role and only does it incompletely, even though it is an essential element of any health system.

A Sahel country with a food deficit, Niger has a National System for the Management and the Prevention of Food Crises ("DNP-GCA") of which the Early Warning System (EWS), a tool of this structure, is a part. Created in 1989, the EWS should supply quite a bit of information on the agricultural, food, socioeconomic, health and nutrition situations, which are essential to determine the areas and populations that are said to be vulnerable and prone to a worsening of their condition, and where permanent monitoring will be conducted. The funding of the EWS is provided by the European Union. A joint action committee of Government agencies and donors organizations (with an important role reserved for the WFP) is a part of this System and takes care of coordination. The Crisis Management Unit ("CGC"), which is attached to the Prime Minister's Office, is the Executive Secretariat of DNP-GCA.

Data come from many sources. The EWS, to a great extent, is dependent on agricultural data, but also on the data originating from the Information System of Agricultural Markets ("SIMA"), meteorological data, the health sector and its Health Information System (SNIS). In a monthly newsletter that comes out from March to October, the EWS gathers data on the agropastoral situation, the availability and the cost of food commodities on the markets, diseases with an epidemic character subjected to mandatory reporting, unusual food behaviors, the social behaviors of populations, and migrations. Data on nutritional status are non-existent. Joint evaluations conducted by the Government, WFP, FAO, CILSS and FEWS complete and validate twice a year the agricultural data supplied by the EWS and its regional and sub-regional branches.

On the basis of the EWS, agroclimatic zones are rated from different criteria on a scale of 1 to 6. The analysis compares these data with the previous monthly situation and categorizes zones in six levels of increasing severity: regular, alert, difficult, very difficult, critical and extremely critical. If an area is deemed extremely vulnerable, monitoring is agreed upon with particular attention given to the definition of vulnerable populations.

Locating and monitoring vulnerable areas depend on the presence of sufficient human resources (this task is performed by agricultural extension officers). For lack of personnel, some of the zones are not covered. Then, data collection is not thorough. The dissemination of basic information is done slowly, first towards the regional, then the central level.

For the very reason that there are no nutritional data supplied by SNIS and no mode of targeting vulnerable areas on the basis of production and availability criteria in terms of foreseeable harvests, a large portion of the population found themselves excluded from the survey and monitoring field.

The EWS is focused on productions and availabilities; it is therefore incomplete and not very fast for a system that claims to be an early warning mechanism, although it did supply relevant information with the data that were available for areas that are usually considered as vulnerable and in a state of food insecurity within agropastoral and pastoral regions. It has not studied areas of “nutritional crisis”, as agricultural areas actually incurred little damage from locusts. The various components of the definition of food security are only partially taken into consideration. What is missing in particular is a better weighting of financial accessibility to commodities with respect to the socioeconomic criteria of the population.

Such a limitation also applies to the notion of vulnerability in the Vulnerability Assessment Mapping (VAM) of the WFP, which is based on surveys conducted on food security. A provisional version was available in July from data collected in April-May 2005 (CSFVA: analysis of food security and vulnerability). This survey conducted at the household level mentions that at the beginning of the lean season, 40% of households already have serious food security problems. Fourteen per cent of households are in a situation of food insecurity and 23% are very vulnerable, which amounts to 2.9 million people living in a state of chronic food insecurity, and 0.9 million very vulnerable people who, at the slightest turn of events, can fall into a state of insecurity. The WFP maps out food insecurity and characterizes households from their living conditions, food consumption models, access to food and the response strategies that are put in place.

In conclusion, one cannot but acknowledge the inadequacy of basic data in terms of accurately identifying the nutritional status of children and its evolution. In 2004-2005, the only comprehensive, reliable figures came from the MICS2 surveys of 2002. Health facilities are unable to systematically and reliably provide nutrition data for SNIS, while EWS and VAM are essentially geared at food security. Notably, the nutritional survey conducted by the CDC of Atlanta with the support of UNICEF in October-November 2005, i.e. after the response to the food and nutrition crisis of 2005, fills an important gap as it includes updated, detailed data on the under-nutrition and the mortality of children under five in Niger and its various regions.

2.6. Visibility and comprehension of the nutrition crisis

The 2004-2005 agricultural campaign was characterized by an early end to rainfalls and locust attacks which created a production deficit of only 12%. The agricultural zone was only marginally damaged by locusts. Two consecutive years of “good harvests” could not foreshadow the occurrence of a major nutrition crisis. In people’s minds, the possibility of a food crisis was confused with that of a nutrition crisis; food insecurity and a crisis could only occur in the well-known, customary zones of insecurity – agropastoral and pastoral regions – the focus of all attention since time immemorial.

As early as October 2004, i.e. at the beginning of the harvest, the price of cereals, and of millet in particular, registered an increase of 28% on the Maradi market versus the same month of the last campaign. This increase would extend to the other markets and register another 5 or 6% until February; it then abruptly peaked to 12%, before going down to 8% in March-April. In May, the increase was 53% versus the last campaign, and 33% versus the average increase in the last five years. In June 2005, prices went sky-rocketing again with an increase of 12%. The increase would stop in September and prices would start to go down again, still remain at a high level.

Overall, prices went up by almost 100%, which is unparalleled, even during the last deficit campaign of 2000-2001. On a regular year, cereals are exported to Nigeria which buys them at lower prices than those of the domestic markets; they go back to Niger in the lean period, at which time they are sold at a much higher price than their initial sale price. But because of changes in the Nigerian national market, usual crisis management mechanisms have not kicked in, and in particular cereal purchase, since borders have been closed off. The same has happened with the other neighboring countries: Burkina Faso and Mali, which are both millet producers; imports could not occur on time and fell by almost 80% compared to the average of the last five campaigns.

These price increases are a result of a combination of multiple factors. Nowadays, the cereals market is dependent on exchanges with neighboring countries and the role of traders who are in a position to speculate; this can only be explained by taking the global context of the sub-region into account. In a rather ill-defined way, while price increases continued or intensified, the situation was perceived as deteriorating, but it did not trigger a will to take stock of the phenomenon and of its scope. Until March-April for some people, and even May-June for others, the general feeling was that the situation was confined to the areas that had been attacked by locusts.

The analytical approach which highlighted the food situation of populations by assessing food availability has shown its limitations. The nutrition crisis, to a great extent, hit agricultural zones which are considered as being little exposed to food insecurity and incidentally have a high population density. It was not so much that food was not readily available on markets, but rather that the price of cereals reached exceptional levels for several months. The population was unable to provide for its own subsistence needs, at the very time that it had run out of survival strategies: heavy, early migrations, the sale of property and land, the downsizing of meals and the consumption of shortage foods.

The notion that the country was exceeding critical thresholds has been blacked out for a long time, both for moderate acute malnutrition and for severe malnutrition. For a decade, data on nutrition had been foreshadowing the seriousness of a potential crisis, since they were already deemed alarming. If the nutritional status of children was thought to be precarious well before the food crisis that was due for 2004-2005 and did not only relate to the lean period, it became worse through the continuous impoverishment of households, the breaking point being signaled by the inaccessibility of basic cereals for a long period of time.

2.7. Conclusions

1. For years, Niger has had very high levels of acute and chronic malnutrition among children under 5. Those rates reached between 14% and 20% for acute malnutrition and were already flagging an emergency situation. Severe acute malnutrition reached 40%, which is a sign of nutritional and/or health stress persisting in the long term. These rates would be considered alarming in other regions of the world, but seem to be accepted as the norm in a Sahel country such as Niger. Malnutrition is also the main contributing factor to the high mortality rate of children under 5: 265 per 1,000 in 2000, which was one of the highest in the world.

2. Against a backdrop of malnutrition levels that were accepted as “normal” or “structural”, i.e. considered as customary for the country, in 2004-2005, warning signs became more and more numerous, all pointing in the same direction and converging in the agricultural zones of Zinder and Maradi, along the Nigerian border. As it were, it is in the zones that are considered as the producing zones, the breadbaskets of the country, that the nutrition crisis progressively reached its full scale, even though cereals were available on the markets. The price of millet had reached a record high, and for five months cereals were unavailable for a large portion of the population. Meanwhile, the terms of the cereals/cattle exchange were deteriorating and collapsing to the point of ruining the poorest people.
3. Until May-June 2005, the nutrition crisis in the southern part of the country was misinterpreted. The phenomenon was blacked out by an analytical approach highlighting assessments of the production and availability of basic cereals and neglecting the aspects connected with price increases which limited access to commodities for an important slice of a population which was very fragile, deprived of resources, with agriculture as its only source of income, and chronically in debt. Socioeconomic data were neglected in the context of widespread poverty which prevails in Niger. Meanwhile, indebtedness forced households with an uncertain income into a poverty trap. The issue of the lack of food accessibility was exacerbated by important shortcomings in terms of access to health services and parents’ education in the hygiene and nutrition practices conducive to good health.

3. NIGER-UNICEF 2004-2007 COUNTRY PROGRAMME OF COOPERATION

3.1. Programme objectives, strategies and resources

The Country Programme Action Plan between the Government of Niger and UNICEF for the 2004-2007 period was signed in January 2004.

The purpose of the Programme is to contribute to poverty reduction by improving children's and women's living conditions. Within the framework of joint programming with other Agencies of the United Nations system, it will help reach the broad objectives of the United Nations Development Assistance Framework (UNDAF): to fight poverty, one of the Millennium Development Goals, by promoting food security, universal access to basic social services, good governance and a better growth distribution.

Chart 1 presents the objectives of the Country Programme of Cooperation as defined in the Country Programme Action Plan (CPAP) in terms of expected results for the year 2007. Chart 2 deals with programming strategies.

Chart 1: Expected results for the 2004-2007 UNICEF-Niger Country Programme of Cooperation

- Reduction of the mortality rate to 180 for every 1,000 live births; reduction of infant mortality to 82 for every 1,000 live births, and reduction of maternal mortality to 450 for every 100,000 live births. These outcomes will contribute to reaching the following UNDAF impacts: "Populations' health status improved, socioeconomic incidences of AIDS on populations reduced to a maximum, food security ensured on a sustainable basis".
- Access to early learning activities facilitated for 10% of all young children; gross enrollment rate brought to 62%, i.e. 55% for girls on the national level and 60% in the intervention zones of the IBS programme (Integrated Basic Services – See below). These outcomes will help reach the UNDAF impact entitled: "Improvement of quality basic education for children, and especially girls".
- Harmonization of national legislation with the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); birth registration rate brought to 60% on the national level and 90% in IBS zones; development of disaggregated data on child protection, including orphans and children made vulnerable because of HIV/AIDS. These outcomes will contribute to reaching the UNDAF impact entitled: "Improvement of the living conditions of vulnerable groups and of the poor on a sustainable basis".

Source: CPAP 2004-2007 Niger / UNICEF

Chart 2: 2004-2007 strategies of the UNICEF-Niger Country Programme of Cooperation

- *Building of national capacities:* In its national policy, the Government puts special emphasis on the building of capacities as a process aimed at mobilizing and utilizing existing local human and institutional resources more efficiently in development activities at all levels. This strategy will contribute to better programme planning, management, implementation, monitoring and evaluation at the national and community levels.
- *Advocacy and social mobilization to strengthen partnerships:* Advocacy will be used to get decision-makers to create an environment fostering the protection of children's and women's rights through the adoption of regulatory, legislative and budgetary measures in keeping with the spirit of the CRC, CEDAW and constitutional provisions. Social mobilization will hinge on community structures in health, education and protection, and on associations and means of communication. This strategy will be geared at getting women, families and communities to adopt health practices that are conducive to the survival and the development of the child.
- *Community accountability and empowerment of women:* accountability will make it possible to transfer the necessary skills to communities so they can perpetuate the assets and investments left at their disposal. It will be done through local structures by a building of individual and collective capacities geared at influencing changes on the family, community and national levels. Women's empowerment will be done through advocacy for the improvement of their legal status, the incorporation of gender issues, skills reinforcement through literacy, revenue increase and the strengthening of organizational capacities and female supervision.
- *The geographic concentration of activities* will be maintained to capitalize on the progress of the previous programme. The IBS programme is an illustration of this concentration, which will ensure the convergence of sectoral programmes towards target zones while creating synergy with other stakeholders.
- *Reinforcement of social information systems:* **A key initiative will be** the establishment of a DevInfo database on social indicators.
- *Broadening and reinforcement of partnerships:* to optimize the chances of success of the programme in achieving expected results, partnerships will be broadened and strengthened with international cooperation agencies as well as the media, NGOs and associations, unions and other socio-professional associations, as well as the private sector.
- *Emergency plans:* To respond quickly to epidemics, natural disasters and the detrimental consequences of regional political instability, the emergency plan will be one of the components of programming.

Source : CPAP 2004-2007 Niger / UNICEF

The components of the programme were defined as follows: a) a *child protection and rights promotion* component; b) The *Health/Nutrition* programme (see hereunder); c) A *Basic Education* programme; d) the *Integrated Basic Services (IBS)* programme which will support the improvement of approaches and methods at the district and community levels, and e) the Planning, Evaluation and Communication (“PEC”) component.

Chart 3 presents the planned distribution of resources for these various components of the UNICEF/NIGER Country Programme of Cooperation and in the Country Programme Management Plan (CPMP). Quite obviously, these are budget forecasts of the Country Programme of Cooperation that were defined from the start.

Chart 3: Budget of the Country Programme of Cooperation in Niger (2004-2007)
(In United States dollars)

Programme	Regular resources (RR)	Other resources (OR)	Total
Health and Nutrition	5,005	19,580	24,585
Basic Education	3,753	800	4,553
Child Protection and Rights Promotion	3,003	520	3,523
Integrated Basic Services (IBS)	7,508	4,934	12,442
Planning, Evaluation and Communication	3,753	660	4,413
Cross-cutting costs	2,002	-	2,002
Total	25,025	26,494	51,518

Source: CPAP 2004-2007 Niger / UNICEF

A quick analysis of this budget shows the programme’s high dependency on *Other Resources*, i.e. donors’ resources earmarked for specific programmes. This is particularly true for the *Health and Nutrition* and *Integrated Basic Services (IBS)* components. Three quarters of all resources for health and nutrition come in fact from the global Programme on poliomyelitis and the measles and from contributions to the Expanded Programme on Immunization (Netherlands) and the Child Survival Programme (Canada). The IBS Programme is largely funded by the Belgian Survival Fund, which is the main donor of the Maradi Integrated Project.

3.2. The Health and Nutrition Programme and its links with other components of the Cooperation Programme

The *Health and Nutrition Programme* is first and foremost geared at the reduction of infant and maternal mortality, especially through a) an improvement in the supply of services; b) community participation; c) an improvement in the quality of the services supplied. The Programme is split into three projects:

- *Child survival*, with: a) the Accelerated Child Survival and Development Strategy (“ASCD”); b) the scaling up of the Integrated Management of Childhood Illness (IMCI) especially geared at the eradication of guinea worm disease and poliomyelitis; c) the increase of *EPI Plus* coverage to 80%; d) the fight against the measles and tetanus; e) the fight against

malaria with the distribution of impregnated mosquito nets to pregnant women and children under five.

- *Nutrition*, with: a) micronutrient supplementation for children 6 to 59 months old and women who have just given birth (vitamin A, iron and folates), b) the promotion of exclusive maternal breastfeeding for the first six months; c) the promotion of appropriate supplementary feeding, with the establishment of a community nutrition watch by “EPVCs” (growth promotion village teams). Positive results are expected thanks to the geographic targeting of activities on the IBS zone (training, supervision, monitoring).
- *Reproductive health* (safe motherhood with reference system, increase of pre-natal consultations and assisted deliveries) and fight against HIV/AIDS through better care and quality service.

The Country Programme of Cooperation has the basic concern that its various components should be integrated. For instance, the *Basic Education* programme anticipates the improvement of the gross enrollment rate at primary level, particularly of girls, and early childhood awareness-raising.

The *IBS* programme is particularly important in the areas of health and nutrition. It covers community-based nutrition monitoring, the distribution of iron to pregnant women, and checkpoints for salt iodination. What it includes are information, education and communication programmes targeted at childhood integrated development and the care that should be given to children 0 to 3 years old in the context of parental authority (communication for development project). The improvement of food security is ensured by cereal banks, the donation of goats and access to micro-credit. Water, hygiene and sanitation are represented by the construction of wells in villages and the creation of water-management committees.

3.3. A few remarks on the Country Programme of Cooperation

The in-depth, thorough analysis of the Country Programme of Cooperation goes beyond the framework of this evaluation. To have a better understanding of the response of decision-makers regarding the 2005 food and nutrition crisis, it is important to point out a few crucial aspects of the Programme which bring some elements of analysis to the object of this evaluation.

One first acknowledgement is the little attention given to malnutrition-related issues in Niger. Malnutrition among children is briefly mentioned in the CPAP as a by-product of uncertain weather conditions, the deterioration of the environment and the lack of knowledge of nutritional needs. Exclusive breast-feeding is also mentioned as being practiced by only 3% of all mothers. Nutrition concerns are limited to micronutrient deficiencies: vitamin A and iron, and good nutritional practices to exclusive breast-feeding and the consumption of iodized salt. There is no direct reference to under-nutrition except through the community monitoring of growth in IBS zones. The communication programme for early childhood development includes good practices in hygiene, health and nutrition. Malnutrition as a factor which, in itself, has a responsibility for morbidity and mortality is not raised.

The little attention given to malnutrition is all the more surprising because alarming data on global acute malnutrition were already available, from the MICS2 survey conducted in 2002 and even before. In 2002, the assignment report of the Head of Nutrition at UNICEF headquarters in

New York notes that the infant mortality rate is the highest in the world. At least one child in three dies of hunger and malnutrition, the major cause of it being household poverty and the food insecurity that comes with it. Three strategies are proposed. Advocacy is described as critical at the level of the country as well as that of the international community to counteract the fatalistic, passive perception of malnutrition considered as “normal”. Emergency actions are recommended, such as the establishment of a national network of nutrition rehabilitation centers for severely malnourished children. Nutrition should be listed as the first priority and receive a matching resource allocation. Measures in the mid-term and in the long term pertain to food security, with a scaling up of IBS activities and a reinforcement of cooperation between partners. If the *food security* facet has been pursued on a relatively small scale, the *nutritional* facet, on the other hand, was never followed up.

Besides, the problem analysis of the Country Programme of Cooperation highlights poverty as a priority, together with the three diseases that share most of the responsibility for a high mortality rate (malaria, diarrhea, acute respiratory infections or ARIs), the inadequacy of vaccinal coverage by the EPI, as well as HIV/AIDS, education and protection. Programming is partly focused on an analysis of the reasons why children’s and women’s rights are not respected. But resource allocation also seems to be inspired to a large extent by the availability of Other Resources (OR) which, as far as the Health programme is concerned, come from the funds allocated to immunization against polio and measles or to fight HIV/AIDS. This inconsistency is particularly striking in the case of HIV/AIDS, since this facet, although it only affects less than 1% of the population in Niger, is relatively well endowed.

With respect to the IBS component, the Country Programme of Cooperation seems to involve itself in a wide range of intervention areas affecting not only traditional UNICEF sectors such as health, nutrition, education and child protection, but also the areas of water and sanitation, crops and livestock, with support to cereal banks, the establishment of small herds and microcredit for women. These interventions are justified in so far as they reinforce food security. But even if they are relevant and performed in close cooperation with other government and non-government partners, the issue is to know whether UNICEF has been able to adequately mobilize skills in these areas, so quality support and capacity building could be ensured. This issue is beyond the scope of this evaluation as far as crops, livestock, water and sanitation are concerned. But with respect to nutrition, we cannot but acknowledge that from the onset the Country Programme of Cooperation has been unable to mobilize resources that were necessary and justified on account of the situation in Niger.

3.4. Conclusions

4. The 2004-2007 Country Programme of Cooperation aims at poverty reduction by improving the living conditions of children and women. The health/nutrition budget was strongly health-focused. It was also more guided by the availability of funds, especially those that targeted the eradication of poliomyelitis, to which the other EPI vaccinations and vitamin A distribution could be pegged for the sake of efficiency. Malnutrition did not get the attention it deserved, even though it is a – if not the – major cause of child mortality and morbidity.

4. CRISIS PREPAREDNESS AND RESOURCE MOBILIZATION

4.1. UNICEF's emergency preparedness plans in 2004 and 2005

UNICEF's programming directives require the periodical drafting and updating of Emergency Preparedness and Response Plans (EPRPs). These plans must cover the steps that have to be taken for the management of emergencies, namely: a) anticipate potential threats and needs; b) decide on a series of actions; c) define how the staff in the field will respond individually and collectively in case of crisis. The emphasis is placed on the planning process rather than the plan itself.

UNICEF's Country Office in Niamey followed up on these requirements by updating its emergency plan several times between May 2004 and October 2005. The contents of these documents are rather revealing as far as the way the upcoming crisis was being understood and interpreted:

- In *May 2004*, malnutrition was mentioned as *a situation that is likely to require extraordinary action from UNICEF* at the health level (a probability of 4 in 5). We are dealing with a *daily concern in Niger, which reaches a peak during the epidemics and the droughts that hit southern agriculturally-oriented regions*. In a context of *acute economic distress* (a probability of 4 in 5), as shown in the Poverty Reduction Strategy Reduction Paper (PRSP), the hunger and famine of children in rural environments can reach great magnitude, and so can price inflation and the food crisis. Potential humanitarian repercussions are real as far as food security is concerned, especially on the numerous occasions when natural disasters such as droughts (a probability of 3 in 5), are combined with a locust invasion. Measles, meningitis, cholera and typhoid fever epidemics (a probability of 4 in 5) are also cyclical in southern Niger and acute malnutrition could affect *several thousand children*.
- In *December 2004*, the emergency plan is updated. On account of the drought and the locust invasion, the food deficit reaches the top of the scale (a probability of 5 in 5), and so does the risk of epidemics. The magnitude of a potential crisis is considerably more detailed thanks to the data of the EWS. The sectoral health and nutrition plan of December 2004 brings up a staffing need: an expert specialized in therapeutic nutrition. Again, it shows the necessity to develop a concerted emergency plan in the field of health and nutrition, in cooperation with the various partners. The assumption whereby the programme coordinator or the emergency officer are in charge of planning anticipates *an acknowledgement of the emergency situation by the Government*.
- In *May 2005*, commitments in the areas of health and nutrition are already a lot more precise. The specific objective of the emergency sectoral programme prescribes *the management of malnutrition cases affecting children 0 to 59 months old*. According to the plan, 20% of children suffer from malnutrition, which is a total of about 560,000. Among the activities that have to be undertaken on the sectoral level is ordering therapeutic foods and essential drugs. A chart is enclosed, which proceeds with an estimate of inputs (whether food or non-food) for a total of 10,000 children and women, a basic planning assumption for Niger in 2005.
- In the updated plan of *October 2005*, the food deficit is still *a situation that is likely to require extraordinary action from UNICEF*, with a probability of 5 in 5, which means that it

was existing or certain. Potential scope was assessed at 100,000 moderately malnourished children and 32,000 who were severely malnourished.

Despite the little attention nutrition had received in the Country Programme of Cooperation (see section 3), UNICEF's Country Office in Niger saw the danger of a food and nutrition crisis at a rather early stage (May 2004). However, the nature of the crisis was badly interpreted, which in fact went on until early 2005, as UNICEF's interpretation was based on its partners': that this food crisis was connected with the drought and a locust invasion (see Section 2).

This was caused by the fact that the UNICEF Country Office in Niamey could not rely on staff with adequate skills in the area of nutrition, and also by a lack of data; in April 2005, a nutrition expert was hired. As early as May 2004, the Regional Advisor had shared his concerns with the Regional Office and the Country Office about the lack of human resources with a high expertise in nutrition in Niger, and about the extreme fragility of the country. In 2004 and until early 2005, UNICEF was not endowed with the means to focus on a different interpretation of the malnutrition issue. This would have been conducive to a better understanding of the problem, both with respect to the different groups of high-risk children and for the purpose of tracking malnutrition. The latter got abruptly worse in the agricultural zone, which was little affected by the locust invasion and in which the main issue had less to do with the drought than with the increase of the price of cereals caused by speculation (see Section 2).

4.2. Mobilization of human and financial resources by UNICEF in 2004 and early 2005

Over the 2004 year, the UNICEF Country Office expressed the need to hire an international nutrition expert. We should note that in 2002, the international nutritionist posting had been cancelled and replaced by a local posting. As there were no Other Resources (OR) for nutrition, the new international posting should have been funded by Regular Resources (RR).

This request of the Niamey Office went against a UNICEF regulation capping the number of postings funded by Regular Resources (RR) in accordance with the volume of Other Resources (OR). Meanwhile, it was not possible to use Other Resources (OR) in the nutrition sector since they were earmarked for very special objectives (EPI or HIV/AIDS). The paradoxical situation which therefore came up was the presence in the UNICEF Niamey Office of an international expert for HIV/AIDS, a problem which only affects 1% of the population in Niger, when a nutrition expert could only be hired in April 2005 for a problem affecting between 20 and 40% of all children under five.

The problem of this lack of expertise in nutrition was made worse by the fact that several posts remained vacant over long periods. In the UNICEF Office in Niger, nutrition is a division of the health Section. The national nutrition post remained vacant for 18 months in 2003-2004. The post of Health Officer also was vacant for a year. The Programme Coordinator filled in, then, for a few months, the HIV/AIDS officer.

Neither was the UNICEF Office in Niamey, for a long time, able to rely on significant support from the Dakar Regional Office or from Headquarters in New York and Geneva. The nutrition department at New York Headquarters had highlighted the seriousness of the nutrition situation and, as early as 2002, offered a number of actions to be implemented. In 2003-2004, the Regional Office was not able to provide support matching the scope of the situation, all the more so because the post of Regional Advisor in nutrition also was left vacant for one year (2003).

In November 2004, the Regional Office informed countries of the Sahel of a possible crisis because of the locust situation and asked for emergency preparedness and response plans to be updated. In spite of the general awareness that the situation was critical at all levels, it was difficult to find adequate human resources to ensure a sizeable intervention during the crisis.

As malnutrition was perceived as a very serious issue at the beginning of 2005, the Country Office took steps to assume responsibility for what was directly under its authority, i.e. the therapeutic nutrition of severely malnourished children. In January and February 2005, the Country Office representative appealed to the national UNICEF committees of Italy, France and Belgium on a visit he made to Europe. Meanwhile, the Niamey Country Office mobilized US \$700,000 on Regular Resources (RR) from January 2005 to ensure the supply of therapeutic products for malnutrition (F100, F75, RESOMAL, Plumpy'nut), which were made available as early as March 2005. UNICEF's Belgian National Committee supported UNICEF's emergency programmes in Niger, and the Belgian military air-shipped 10 tons of milk and therapeutic foods at no cost.

In April 2005, UNICEF Niger launched an *emergency assistance project proposal against child malnutrition* for an amount of US\$1.353.000 for a six-month period, which included 953,000 dollars to fight severe malnutrition and 400,000 dollars for cereal banks. This proposal was taken up again later, in the first United Nations flash appeal of May 2005 (see hereunder). As early as April 2005, UNICEF received the following funds: 64,850 from the UNICEF National Committee of Finland, 50,000 euros from the National Committee of Belgium and 181,397 dollars from the National Committee of France..

4.3. Other emergency alerts in 2004 and early 2005

In November 2004, the Government of Niger launched a first appeal for food assistance actions directed at the needy populations of the 2004 agropastoral campaign. The Prime Minister made an appeal for the supply of 78,000 metric tons of food (35% of the estimated needs of the country) to rebuild the national safety stock managed by the Government. Before that, in October 2004, the FAO had appealed to the international community for a contribution of 100 million dollars to stop the locust invasion, the worst in Africa in the last 15 years.

In February 2005, the WFP launched an emergency operation to aid the populations affected by the drought and the locust invasion of 2004, and planned for 6,562 metric tons of food to be channeled to 400,00 beneficiaries over a six-month period (in the form of food supplies in exchange for work or training and for *cereals banks*). In March 2005, the food crisis unit of the Office of the Prime Minister and the United Nations Team in Niger set up a donors' meeting to obtain seven million dollars. This happened in the wake of two events: the surveys conducted by the Hellen Keller Institute/WFP and the mobilization of the French chapter of Médecins sans Frontières.

In January 2005, a survey conducted by the WFP and the ONG *Helen Keller International* in Maradi and Zinder gave acute global malnutrition rates of 13.4% for both regions and severe acute malnutrition rates of respectively 2.2% and 2.7%. The latter are above the alarm threshold, which is 2%. Another survey on households was conducted by the WFP in April 2005, with the warning that at the beginning of the lean season, 40% of households already had serious food security problems; 17% of households were in a position of food insecurity, and 23% were very vulnerable to food insecurity.

Since January 2005, the NGO *Médecins sans frontières* has been facing a nutrition emergency in the South of the country and calling for the mobilization of all other humanitarian aid actors. The number of malnourished children had reached an abnormally high level for this time of year. This situation, which was already alarming in January, was going to deteriorate fast.

4.4. First United Nations Flash Appeal (May 2005)

The United Nations system launched a first flash appeal in May 2005. It refers to the food crisis resulting from the conjunction of the drought and locust invasions. The crisis was to affect 3.6 million people affected by hunger, of whom 800,000 are children under 5, with 150,000 suffering from severe malnutrition.

This document positions the issue in a development framework and features important funding propositions by UNDP and the FAO for regular programmes which do not seem to have been funded in the past. In particular, it requests support in the areas of crops and livestock. Requests by the WFP and UNICEF are relatively modest. The WFP only asks for 1,446,000 dollars and UNICEF 1,353,000 dollars, for a total of 16,191,00 dollars.

With respect to UNICEF's allotment, the document actually picks up on UNICEF's emergency project proposal against child malnutrition in Niger of April 2005 for the amount of 1,353,000 dollars, of which 953,000 are for the nutritional rehabilitation of 30,000 severely malnourished children and 400,000 for cereal banks.

If the need for therapeutic foods (severe malnutrition) and supplementary feeding (moderate malnutrition) is mentioned for children under 5 years old as well as for pregnant and breastfeeding women, it is well identified only for UNICEF's management of the severely malnourished. The moderately malnourished are not clearly placed under the WFP which is in charge of the *feeding* part, with subsidized distributions covering women and children.

The first *Flash appeal* of the United Nations system did not trigger a significant response from donors, and probably not because of the hasty manner in which it had to be organized (in less than 40 hours, on the request of United Nations Headquarters). The more profound reason is that this document was not in fact an emergency appeal, but to a great extent a funding request for development, especially for the agricultural sector. Naturally, the measures that were proposed were effective palliatives to food insecurity, but their effects could not save the population which was under an imminent death threat.

Even UNICEF's proposal had a strong component aiming for the restocking of cereal banks – a tool that was used to fight the structural problem and improve food security in a development context. The use of development terms in a situation that is claimed to be an emergency can only lead to skepticism on the donor side. Neither the form nor the substance of this flash appeal enabled donors to size up the emergency of the situation, which led to negligible funding.

4.5. The crisis in the limelight between May and June 2005

What appeals through official channels could not achieve was eventually done through communications, i.e. international media. In July-August 2005, international aid to respond to the crises was finally mobilized on a large scale.

The *Al Jazeera* TV channel was apparently one of the first to broadcast pictures of malnourished children and the releases issued by the Government of Niger, which triggered a fast response from Arab countries.

The first Western media that took up the issue were the French media, after Médecins sans frontières France issued press releases about an alarming increase in malnutrition in April 2005. The NGO reported that in 2004, they had already taken charge of almost 10 000 cases, and that the situation did not stop deteriorating from the beginning of the year in the villages that MSF had recently visited. One child in five was at risk of acute malnutrition. In early June, MSF launched an emergency appeal for free food distributions to the populations that were most affected by malnutrition: “*Only emergency access to food assistance can prevent thousands of children already suffering from malnutrition from endangering their lives*”.

Towards the end of June 2005, the founder of MSF-France, Bernard Kouchner, launched a vibrant appeal to the world leaders of the food industry and wholesale distribution gathered in Budapest so they could bring emergency food assistance to Niger, where “30,000 children are dying of hunger or incurable diseases every day”. Although this statement was no doubt an exaggeration, it had a great effect on public opinion.

Anglophone media (and especially the *BBC* and *CNN*) were more mobilized by the press releases and other forms of communication coming from the United Nations. Already, in April 2005, UNICEF had produced a film with the *Office de Radio et Télévision du Niger (ORTN)* on children suffering from malnutrition. Releases with the same contents came out on UNICEF’s websites in April, May and June 2005, and other United Nations agencies took similar initiatives. In late May of 2005, Jan Egeland, Assistant Coordinator of emergency relief at the United Nations, described the food disaster developing in Niger as “*the first forgotten and neglected emergency in the world*”.

An important hurdle in world mobilization was cleared when the BBC took up the case of malnutrition in Niger in the beginning of July 2005, i.e. barely a week after the G8 summit of world leaders in Gleneagles which issued important statements on the fight against poverty in Africa without ever referring to the ongoing crisis in Niger. The BBC was at first able to use pictures shot by *UN Television* during the visit to Niger of Jean Ziegler, Special United Nations Rapporteur on food questions.

In July 2005, Jan Egeland declared at the BBC: “*We received more pledges in the last week than we had in six months. But for some of these children it is already too late*”. Jan Egeland sent a letter to donors on the humanitarian situation in Niger and on the use of the Central Emergency Revolving Fund (CERF) for this emergency. In a teleconference on Niger with USAID, Japan, the United Kingdom and the European Commission Humanitarian Aid Office (ECHO), he asked donors to fund the contributions of the United Nations agencies to the CERF. The French Minister of Foreign Affairs, Mr. Philippe Douste-Blazy, arrived in Niamey with a cargo of 1.7 tons of essential drugs for the treatment of severe malnutrition, 35.4 tons of therapeutic milk (F75 and F100), Plumpy’nut and oral rehydration salts. All these supplies were donated to UNICEF, and so were 2.6 tons of therapeutic foods purchased on the local market.

4.6. Second United Nations Flash Appeal (August 2005)

The second flash appeal was launched in August 2005 to a much more receptive donor community. The document brought some important changes to the first appeal. The overall amount was 80,942,986 dollars. The distribution of the funds claimed was as follows: food with 59,468,842 for the WFP and UNICEF (cereal banks), agriculture with 4,510,000 dollars, health and nutrition with 13,412,644 dollars, water with 2,051,500 dollars.

The appeal accounted for 2.5 million vulnerable persons, among whom 261,360 were pregnant and breastfeeding women, as well as 160,000 moderately malnourished and 32,000 severely malnourished children who would be managed thoroughly, i.e. with respect to food, treatment and drugs. What was at stake is to save lives, to reduce the vulnerability of populations in the short term and to strengthen mechanisms ensuring food security in the mid-term.

Although there was no need to proceed with a review of projections for severely malnourished children whose responsibility solely befalls UNICEF, it was indeed necessary to define a strategy to manage moderately malnourished children who should normally be covered by WFP's aid. This group of children had not received particular attention in the first flash appeal. Considering the important size of this group and its bearing on the number of severely malnourished children, it was agreed between the WFP and UNICEF that, on a one-time basis, UNICEF would take care of the number of moderately malnourished children both technically and logistically.

For UNICEF, this agreement has had huge practical consequences, since the total number of children to manage has gone from 32,000 to 192,000 (160,000 moderately and 32,000 severely malnourished). Another salient fact: it proved necessary to ensure air transport for a vast amount of food at a substantially higher cost which could have been avoided if moderately malnourished children had been factored in the first flash appeal. In late July, UNICEF was punctually planning Unimix orders. Because of procurement lead time and of the nutritional deterioration described by the media, the decision was made to air-ship the products. This additional cost also generated field logistics expenses, and UNICEF also assumed these costs. The WFP supplied an aircraft to connect Niamey and the regions.

4.7. Conclusions

5. The UNICEF-supported Country Programme of Cooperation did not provide many responses to a child malnutrition situation which was described as serious, but the emergency plans of the UNICEF Country Office in Niamey mentioned major risks in view of the deterioration of the food and nutrition situation which threatened the country in 2005 and 2006. In Niger, UNICEF was not equipped to have a proper grasp of the malnutrition issue and a good geographic perception of the communities that were affected, and neither could it size up the scope of the problem. In the absence of local expertise, UNICEF could not, at the beginning, take a leading role in the field of nutrition.
6. During the year 2004, UNICEF's Country Office in Niger and the West and Central Africa Regional Office came to the realization that they had to recreate nutritional expertise. As early as May 2004, the regional Advisor shared his concerns with the Regional Office and the Country Office on the lack of human resources with in-depth nutrition skills in Niger on account of the extreme fragility of the country. However, the establishment of postings, then

their staffing, ran into obstacles of an administrative nature, which slowed down the start-up and the understanding of the intervention during the crisis, including the mobilization of financial resources and planning.

7. UNICEF's Country Office in Niger applied itself to mobilizing resources for the therapeutic management of severely malnourished children, first by allocating Regular Resources (RR) to that effect, then by mobilizing the resources of the National Committees of UNICEF. It also took part in communications with the media, which proved decisive in the mobilization of the resources that the scope of the crisis required. Overall, the process has been too slow, especially with respect to the response of the international community in the face of this crisis. Shocking pictures of dying children had to be broadcast on TV to mobilize humanitarian action. Greater lucidity regarding the nature of malnutrition and its location, more energetic, faster action by stakeholders could have saved many children's lives.
8. During the first semester of 2005, there was no consensus between the various United Nations Agencies in Niger on the nature of the crisis, nor was there sufficient coordination in the action to be taken. The distribution of responsibilities between the WFP which would deal with moderately malnourished children and UNICEF which would take care of the severely malnourished was not clearly established. Moderately malnourished children were eventually entrusted to UNICEF, but this action only started up late and at a high cost.

5. UNICEF'S CONTRIBUTION TO HUMANITARIAN ACTION SINCE AUGUST 2005

5.1. Recovery of malnourished children

In the second flash appeal of August 2005, UNICEF had requested assistance amounting to 14,616,000 dollars. In October 2005, the amount of the contributions received by UNICEF was 19,592,219 dollars, which exceeded by over a third the size of the assistance requested in the first place.

UNICEF had positioned itself at the level of *therapeutic nutritional recovery (severe acute malnutrition)* and *supplementary nutritional recovery (moderate acute malnutrition)* by supporting the management of 226,929 malnourished children distributed in 806 centers: 23 CRENIs, 256 CRENASs and 484 CRENAMs (situation as of November 24, 2005). The target objectives of NGOs for the period from July 1 to December 31, 2005, were a total of 744 centers: 24 CRENIs, 236 CRENASs and 484 CRENAMs to take care of 292,496 malnourished children: 75,397 severely and 217,099 moderately. The main results are the following:

- In CRENIs (intensive nutritional recovery centers for acute severe malnutrition with complications) and CRENASs (ambulatory nutritional recovery centers for acute severe malnutrition without complications), a specific dietary treatment is supplied (F75, F100, Plumpy'nut and curative and preventive drugs). 64,924 severely malnourished children were admitted: 17,069 in 23 CRENIs and 47,855 in 256 CRENASs. CRENIs are heavy structures for which special expertise is required. Children are hospitalized with their mothers or grandmothers for about three weeks. Systematic management includes a malaria check-up, measles immunization as well as a supply of folic acid, vitamin A and mebendazole. If no ambulatory alternative to hospitalization had been offered, the proportion of children left in the lurch would have been considerable. At the end of the therapeutic programme for severe malnutrition, the protocol is identical to the management of moderately malnourished children: a protective ration is given in the form of 15 kg Unimix, 1.5 kg sugar and 1.2 l. oil (sharing with siblings is factored in), and the supply by the WFP of a single family ration based on a 7-member household, i.e. 100 kg cereals, 15 kg legumes and 5 l. oil in order to secure minimum feeding at the family level.
- The 527 CRENAMs (ambulatory nutritional recovery centers for moderate malnutrition) treat 162,005 moderately malnourished persons. Moderate malnutrition is the main generator of severe malnutrition, and the fact that such a large number of children has been supported in this fashion gives a full measure of how many children have avoided unnecessarily severe malnutrition. The treatment is based on supplementary feeding in the form of Unimix porridge (with sugar as required) or oil-enriched CSB (*Corn Soy Blended*). The duration of its inclusion in the programme must be less than 8 weeks.

The total number of children supported in this fashion is actually 302,577, i.e. the 226,929 children in the 806 centers, with the addition of 75,648 children managed by *blanket feeding*, as these operations have proved necessary for the sake of efficiency and effectiveness because of the strong prevalence of malnutrition in some villages and with a view to extend the safety net to children who are at risk of malnutrition. The Zinder MSF/PAM/UNICEF operation reached 30,259 children under five: after they were screened on 28 sites on the basis of their brachial perimeter, all families of children under 5 who had been identified as malnourished received a monthly food ration in the form of 25 kg Unimix or CSB and 4 l. oil to be refilled at their next visit.

A first assessment of performance indicators was made on the basis of 22,716 children who were taken in, then left their centers between July 1 and September 30, 2005 (these figures were given by 12 NGOs of the 20 that were then supported by UNICEF. The recovery rate is more than 92.36%, the mortality rate 2.93% and the drop-out rate 4.71%. These results show the good quality of the programme implemented. Further analysis is required, particularly regarding differences between CRENASs and CRENIs. However, overall results show a need for good cost-effectiveness of ambulatory management.

UNICEF has undertaken to ensure that clean water is available in the centers. Some CRENIs were offered water and sanitation kits for use by the families of severely malnourished children: 2 ten-liter containers, a 14-liter bucket, six bars of soap and 50 water-purifying tablets. However, access to clean water is not guaranteed to all CRENIs/CRENASs, and even less so to CRENAMs, as these structures can be mobile and not conducive to a good initiation to the routines of basic hygiene.

These days, the nutritional and therapeutic management of malnourished children is dissociated from the action conducted by the IBS programme, especially as far as support granted to growth promotion village teams ("EPVCs") and cereal banks. Clearly, these initiatives are not supported by enough nutritional knowledge, close monitoring and good coordination with health centers.

5.2. National protocol for the management of malnutrition

As early as late May, UNICEF revived the project of a *National protocol for the management of malnutrition* with the Ministry of Health. This document was only validated by the Ministry and all partners in August 2005. It describes in detail the overall management of children under five, but also of pregnant or breastfeeding women, of people living with HIV/AIDS and of tuberculosis patients. It is at the core of an innovative procedure for the management of the acute severe malnutrition without complications of children who receive ambulatory care (CRENASs). A monitoring and evaluation system is included. A very thorough handbook, it also includes the mode of preparation of therapeutic products.

Officializing this care had the merit of standardizing the tools and practices implemented in the field by NGOs for the management of children's severe and moderate malnutrition, even if some of them have slightly different protocols. It made it possible, in the most severely affected zones, to establish services that had been non-existent in public structures.

The logical follow-up was trainer training; it was directed at 25 people, five of whom came from the Ministry of Public Health and of the Fight against Endemias. Twenty-one training sessions were then set up for 547 people out of the 618 that had initially been planned. These sessions were funded by UNICEF (13), WHO (4) and the ONG *Helen Keller International* (4).

The protocol does not cover all organizational and logistical aspects of the management of these centers. Although most NGOs that specialize in emergency situations have the expertise required to admit and manage patients properly as well as to store food in the right fashion, these areas reveal some shortcomings in other institutions, particularly CRENAMs.

5.3. Creation of a task force

Since the launching of the intervention during the nutrition and food crisis in Niger, UNICEF, in cooperation with the other Agencies of the United Nations system (especially the WFP, WHO and UNFPA) and in partnership with national and international NGOs, supports the Government in assisting children and women. As early as the beginning of June 2005, UNICEF initiated the creation of a multi-sectoral task force, with daily, then weekly stakeholder meetings in the area of nutritional recovery. On the formal level, meetings are chaired jointly by the Ministry of Health and by UNICEF.

The creation of the task force contributed to the reinforcement of internal coordination and contained a wealth of proposals. The presence of staff with technical nutrition knowledge enabled UNICEF to gradually become a leader in the field of nutrition, a fact which confirmed itself as weeks went by, with, in succession, the preparation and the adoption of the protocol for nutrition management, then coordination meetings and briefings. In the field, there are similar coordination structures in which regional health directors play their part.

5.4. Immunization coverage and strengthening of health services

Besides, UNICEF's contribution enabled immunization coverage to reach close to 80% of the children of affected zones and to ensure the distribution of 100,000 impregnated mosquito nets to severely malnourished children admitted in CRENIs and 18,000 pregnant women. UNICEF also endowed nutritional recovery centers and regional hospitals with essential drugs to manage the most frequent diseases (malaria, ARIs, diarrheas, etc...); it contributed to the treatment of 500 cholera patients in the Tahoua region and set up a deterrent fee system in Niamey hospitals to enable the provision of health care to malnourished. The amount is being discussed for rural areas. Cost recovery was cancelled for the treatment of the malnourished. Health care is therefore free of charge for them.

5.5. Monitoring and evaluation

A location map of CRENIs/CRENASs/CRENAMs is updated every week. A monitoring and evaluation system has been set up for process indicators (needs, orders, deliveries, resource mobilization), and indicators of the outcomes and impacts of the nutritional management developed in the emergency context.

Until November 2005, data compilation was delayed by slow transmission from some NGOs. Weekly data are sent to the Niamey offices of the NGOs, then transmitted to UNICEF. Close monitoring at the decentralized level is one of the assignments of UNICEF's focal doctor. The compilation of nutritional data collected by NGOs as well as their analysis are done by UNICEF. A weekly recapitulative chart is distributed to the participants of the coordination meeting with a listing of cumulative admissions per NGO and per type of structure.

UNICEF has also played a leading role in resource mobilization, in the design, the implementation and the tabulation of the data of the nutrition survey conducted by CDC Atlanta/the Government of Niger.

5.6. Assessment of success factors and difficulties

Overall, UNICEF's humanitarian action in Niger since August 2005 has been relevant and effective in relation to the principles and practices set out in UNICEF's *Core Commitments for Children in Emergencies* for the six-to-eight-week period following a crisis and after that period⁴. The management of moderately malnourished children even went beyond the organization's mandate. Among recommended and properly conducted actions, we can especially mention situation analyses and participation to surveys, the progressive improvement of coordination with other United Nations Agencies and other stakeholders, UNICEF's leading role in the area of nutrition, the establishment of the necessary logistics and of a monitoring and evaluation system.

Over the course of its mission in Niger and interviews conducted with donors, the evaluation team noted that UNICEF's contribution during the Niger food and nutrition crisis since the month of August 2005 was a source of strong appreciation by all partners. Such satisfaction was also expressed by Niger authorities, both in Niamey and in the regions visited (Maradi and Zinder).

Throughout the crisis period, UNICEF was able to keep a good relationship with the Government, and especially with the food crisis unit of the Prime Minister's cabinet and the Ministry of Public Health and of the Fight against Endemias (MSP/LCE). National partners concur that UNICEF should get credit for the transparency of the operations and good support to the building of national capacities. At the decentralized level, UNICEF also enjoyed the trust of regional and local authorities.

During the crisis, the Government accepted the recommendation made by UNICEF and other Agencies of the United Nations system to ensure that not only specific therapeutic foods and drugs are free of charge in the centers, but also discharge rations for families. This is a sensitive issue since the Government committed itself to the Bamako Initiative which requires a financial participation from the population to cover the costs of services and ensure the viability of the health system. Advocacy for free services is based on the perception that cost recovery would create an insurmountable barrier to access to treatments in the current Niger context.

Thanks to the skills that UNICEF has been able to put at the country's disposal since April 2005, the organization has been able to play a leadership role in the nutrition sector, with rightful appreciation from the MSP/LCE as well as donors and non-governmental partners in the field. From July 2005 onward, the Dakar-based regional nutrition advisor has spent a total of almost three months in Niger and supplied the technical expertise required to the nutrition expert who, at the time, was operating alone from the Niamey Country Office.

Besides, both the Regional Office and UNICEF Headquarters gave the Niamey Office their assistance, without which humanitarian action this size could not have been possible. Among the staff deployed locally, an expert from the Division of Human Resources of New York Headquarters was able to mobilize 31 people for the emergency in a mere three weeks: 14 redeployed members of staff as well as seven international employees and 10 newly recruited local staff.

⁴ The logic of the Core Commitments, which emphasizes the first weeks after a crisis, does not fit well with the reality that prevails in Niger, where the food and nutrition crisis has been in existence for several years. The present assessment only refers to the period that followed the start-up of large-scale humanitarian action in August 2005.

The UNICEF Country Office in Niamey progressively enlisted the help of three nutrition experts, two of whom are international civil servants. As far as the organization of the office, the nutrition section is not separated from the health section. The sub-offices of Maradi and Agadez have been restructured to face the emergency. In September 2005, staff qualified in health and nutrition (two international civil servants) and logistics (one international expert) were appointed to see to it that quality services are offered and to ensure their monitoring.

5.7. Conclusions

9. In August 2005, humanitarian action in favor of severely and moderately malnourished children was finally triggered on a large scale. Thanks to support from the Regional Office for West Africa and Headquarters, UNICEF's Niamey Office played an effective, decisive part in the process by assuming technical guidance and a coordination role in the nutrition sector, in support of the MSP/LCE and in cooperation with NGOs in the field.
10. The objective was in the first place to offer services that had so far been non-existent and that were as close a fit as possible to the needs of the population, so that children's lives could be saved. Quality assurance was developed through the adoption of the malnutrition management protocol, the organization of training sessions to teach people how to use it and a follow-up system. This quality assurance has been constantly improving since September 2005, at which date reinforcement in human resources clearly took place, at the central as well as the decentralized levels.

6. FUTURE PROSPECTS

6.1. Approach

In view of the food and nutrition crisis in Niger, which is both immediate and urgent for the year 2006 but also chronic, it is indeed appropriate to formulate some recommendations, for the updating of the emergency plan as well as for the Mid-Term Review of the UNICEF-supported 2004-2007 Country Programme of Cooperation. Apart from recommendations for programming in Niger, a few recommendations and lessons learned will be formulated for UNICEF as a whole.

6.2. Recommendations to update the emergency plan of the year 2006

At this time, in December 2005, the price of millet is high even though we are in an immediate post-harvest period. The 2005 agricultural campaign was rather good, but populations went into debt and are repaying their loans at top prices. In some places, plantations were reduced because of the migration of labor seeking wage-earning jobs or because of land sales. The granaries of the poorest people may be empty, some deficit pockets are remaining. Many families were ruined by the terms of the exchange that were in effect in the first half of 2005.

Farmers' stocks will not be sufficient to reach the next lean season for a large portion of the population. As for purchasing food, the financial situation is still critical. If some CRENs see admissions stagnate and even decrease, let us not forget that some zones have not been covered. Other NGOs are overwhelmed and request that other partner's managing capabilities be reinforced. The crisis is not over.

1. The risk remains of an important number of severely and moderately malnourished people after the harvests of the 2005-2006 campaign outside the lean period, and this is what the next update of the emergency plan should focus on. The formulation of a nutrition-specific sectoral plan is required. Besides, all plans will have to be periodically updated in accordance with new developments.
2. Additional resources for emergency situations will have to be mobilized to complete the use of the Other Resources (OR) of 2005. It is quite appropriate to develop a resource mobilization strategy factoring in the importance of the media (and especially international television stations) as a means of communication and advocacy targeting the general public of donor countries. As far as possible, this strategy must be coordinated and harmonized with the Government of Niger and other Agencies of the United Nations system.
3. Keeping technical nutritional expertise in the Niamey Office and the sub-offices of Maradi and Agadez should be a priority and a part of resource mobilization. The IBS programme must enjoy close nutrition monitoring, even outside the emergency context as far as support to EVPCs and cereal banks are concerned.
4. The roles and responsibilities of the various agencies of the United Nations system were clarified throughout 2005. Starting in March 2006, UNICEF will assume the coordination of technical support to nutrition, while the WFP will deal with food and WHO with health. UNICEF will continue to provide food and drugs for the management of severely malnourished children. The organization will also deal with the technical aspects pertaining to moderately malnourished children, while the WFP will supply food for this group. This

agreement in work distribution is an important improvement from the situation prevailing in 2005.

5. As far as the information, monitoring and evaluation system is concerned, UNICEF must continue to support the collection, the dissemination and the development in NGOs of follow-up nutritional data, while involving more and more the MSP/LCE and Regional Public Health administrations.
6. The dissemination of the results of the Government of Niger/CDC Atlanta/UNICEF survey of late 2005 will help determine the choice of the priority zones to be covered. Quick qualitative and quantitative surveys will be conducted to refine this choice and adapt the strategy that will be used (for instance, free distribution to children under three or five years old and the establishment of CRENI/CRENAS/CRENAMs).
7. It is necessary to encourage the NGOs engaged in emergency operations to remain mobilized and to stay in the field. The capacities of some NGOs must be strengthened by training and close support to remedy organizational, management and storage shortcomings. An addendum to the management protocol could be formalized to harmonize the services offered on a minimal basis.
8. It is recommended to use the presence of mothers, grandmothers or sisters in CRENI to develop and integrate educational elements pertaining to health care, basic hygiene, breastfeeding, weaning, oral rehydration use in case of diarrheas and other health-related themes. Opportunities to make contact with health facilities are too few and far apart not to be thoroughly exploited.
9. The NGO/UN Agencies coordination group should be back under the authority of the Ministry of Public Health. Today, it is mostly a place where data are collected and exchanged, but it could evolve towards a more strategic reflection by engaging into mid- and long-term actions targeting the underlying causes of malnutrition. This group could be an integral part of the Coordination Unit described in the National Nutrition Action Plan. It could integrate donors and position itself as a proposal force towards the Government.

6.3. Recommendations for the 2004-2007 Country Programme of Cooperation

In the light of the events that Niger went through in 2005 and of an analysis of the past, it is necessary to review the priorities of the 2004-2007 Country Programme of Cooperation. Nutrition in its broadest sense must be the first priority, together with the fight against moderate or severe malnutrition, in the short term, the mid-term or the long term. The Programme should go beyond purely curative actions and also engage in appropriate preventive actions.

10. On the occasion of the Mid-Term Review of the 2004-2007 Country Programme of Cooperation, we should advocate that nutrition be defined as a first public health priority, which will entail an enhancement of the nutrition level in the organizational chart of the Ministry of Public Health. Its budget, its human resources must be at the level of the stakes, i.e. very high. Within UNICEF's Niger Office, it would be appropriate to implement the creation of a full-fledged nutrition section as a different entity from health.
11. The nutrition sector needs a global preventive and curative strategy. Nutrition had but little presence in the poverty reduction strategy. The 2005 crisis proves that there are close

links between poverty and nutrition, particularly for children under five: a vulnerable group *par excellence*. Such a strategy would include at least the following elements: a) improvement of financial access to some preventive and curative care free of charge for the most destitute and for long-term treatments, together with the provision of quality services; b) the strengthening of the fight against water-transmitted diseases, particularly diarrhea; c) the promotion of health, hygiene, nutrition and food education, of breastfeeding, of the care and monitoring of child growth; d) the consideration and management of malnutrition, under-nutrition and microdeficiencies among pregnant and breastfeeding women, since these aspects are part of the strategy to reduce the rate of underweight newborns and undernourished infants 0 to 6 months old; e) support to existing initiatives aiming at manufacturing a suitable, inexpensive weaning flour and promotion of its use on a large scale.

12. A strategy to get around malnutrition implies actions in several other sectors, namely: a) water and sanitation, including better access to clean water and hygiene in the various health facilities and schools; b) crops and livestock, with access to microcredit among other things, and support to cereal banks, crop diversification, improvement of crop-growing practices. As UNICEF does not have technical expertise or monitoring capacities in all areas, it is recommended to strengthen and research cooperation through complementarity with other partners, more especially via joint programmes with other United Nations Agencies (for instance UNDP, the WFP).
13. Hence the imperative to provide technical assistance to update the 2003-2015 National Nutrition Action Plan ("PNAN"). This Plan recognizes the intersectoral character of nutrition but its coordination structures remain under the authority of the MPS/CLE. The cabinet of the Prime Minister would be a better strategic choice for the interdepartmental committee, and some elements of the management and crisis prevention system could then be factored in. This coordination committee should become operational as quickly as possible.
14. Support to the National System of Health Information ("SNIS") will have to take place in cooperation with WHO. Nutritional data are a part of health indicators, and, as such, they must be integrated to the SNIS. However, information currently produced by the health system has little relevance qualitatively and quantitatively, because of a lack of training and awareness on the one hand, and also because of inadequate coverage and use of services.
15. The necessity to put in place a monitoring and warning system has been clearly proven. Technical assistance in this area will have to integrate more elaborate nutritional and socioeconomic considerations. The approach of a community-based nutritional watch requires good training, regular, close monitoring, and professional upgrading to get reliable information. However, there is one issue that remains to be resolved: in-kind or cash motivation of the women in charge of this activity, as volunteering has its limits. The system that is put in place must be conducive to case management, which implies both the establishment of a good reference system for the severely malnourished and "local" means to manage the moderately malnourished in cooperation with Integrated Health Centers and health stations. The issue of malnutrition must both take into consideration cultural elements pertaining to eating habits and practices, and elements pertaining to food security at the household and the community levels (for instance cereal banks currently disconnected from any nutritional consideration).

16. Qualitative and quantitative surveys will have to be conducted in full consideration of the gender aspect to lead to a better understanding of the 2005 crisis. Focusing on the nutritional status of women would enable us to better grasp the causes of the high proportion of low-weight newborns and infants 0 to 6 months old. Surveys based on knowledge, attitudes and practices will guide the communication strategy for the dissemination of health, nutrition and hygiene-related messages.

6.4. Recommendations for UNICEF and lessons learned

As was mentioned in the introduction to this report, the main purpose of a real-time evaluation is to assess the strengths and weaknesses of the performance of the organization and of its partners before, during and after a crisis, and to learn the appropriate lessons to improve its performance, both with respect to the crisis at hand and to future crises. The analysis of this intervention lends itself to a broadening of the principles and practices set out in UNICEF's document entitled *Core Commitments for Children in Emergencies*. What follows next is applicable to all countries, particularly of the Sahel region, who are facing a similar set of issues.

17. The Niger experience shows us that the various development partners did not have in their possession appropriate, adequate tools of analysis to have a good grasp of the nature and the scope of the nutrition crisis; this crisis could not be understood with the tools that had been used until then to describe food security. A nutrition crisis cannot be reduced to a deficit in the availability of foodgrains. It falls within the framework of general poverty and adds punctual to structural causes. UNICEF must reinforce its expertise in nutrition to get government and non-government partners to understand which policies and strategies should be developed and how to prevent and manage possible crises. In so far as partners wish to entrust UNICEF with a leadership mandate in the field of nutrition, the organization should endow itself, as quickly as possible, with solid technical expertise in this area. Considering the limited number of nutrition experts in Sahel countries, this is quite a sizeable problem.
18. Malnutrition is a major cause of infant morbidity and mortality in many countries. The existence of malnutrition thresholds which would be considered alarming in other countries are not in those of the Sudanese-Sahel zone. Apparently, this has to do with a deep-rooted, lasting feeling of routine and fatalism. Whatever the case may be, the same references and the same nutrition thresholds defined by WHO must be applied to all countries, and it is only fit to restate it. These thresholds must be adopted by all development partners. If acute malnutrition requires urgent action in the area of nutritional management, the fight against chronic malnutrition is more a part of a long-term strategy geared at food security in the broad sense of the word and health. But malnutrition does not have an unavoidable structural nature; it is not inevitable, and neither are food crises.
19. In Niger, the data on the geographic distribution of malnutrition and the scope of the problem had been known for many years. However, the 2004-2007 Country Programme of Cooperation did not take these data into consideration, even though they had been confirmed by the multiple indicator cluster survey of 2000: MICS 2000. The health/nutrition component seems to have been inspired more by the availability of Other Resources (OR) from global Funds and international mandates (EPIs and HIV/AIDS) than by realities in the field. It is not unthinkable that such practices are also frequent in other cooperation programmes. UNICEF should revive the practice of situation analyses on the status of

children as a starting point for the choice and selection of priorities, resource mobilization and the advocacy that ensues.

20. Development and emergency are not mutually exclusive: there is no break between the two; both situations coexist and make up a continuum from a shaky situation which, under the pressure of intercurrent events, can turn into a crisis enhancing among other things the deficiencies of a health system which then become exponential. What feeds into the situation analysis are the existence of data, their reliability, their interrelations in a currently moving context in which the borderline between development and emergency is never defined. The Niger example informs us of their coexistence. The two approaches supplement each other in the pursuit of the objective aiming for the reduction of the mortality of children under five. Donors should be made aware of this reality so they can mobilize the required resources in due course, and not only after shocking images have been broadcast on television screens.
21. The transition between a development situation and a crisis situation implies changes in operating mode which require other skills (fast decision-making, fast response, organization, definition of priorities). Such a changeover requires greater flexibility in some procedures, particularly with respect to the redeployment and the recruiting of qualified human resources. The Niger example shows what can be done and improved in this area, particularly in relation to response time, when there is good cooperation between the Country Office, the Regional Office and Headquarters.
22. The Niger experience has also brought a wealth of lessons on the importance of communications with international media, particularly for the mobilization of the resources required for immediate humanitarian action. Within UNICEF, it is important that activities be well coordinated at the levels of the country, the region and Headquarters. Communications with the media are a complex process which involves numerous stakeholders (Governments, NGOs, independent entities). The expertise required to manage the media well could possibly have its place in the capacity building programmes undertaken by the Agencies of the United Nations system.
23. Another dimension of communications implies that operations are transparent and good monitoring and evaluation systems are at hand. In the quick pace of emergency actions, this aspect does not always receive the attention it deserves. It is also important to ensure good coordination with the Government of the country and to continue providing an input to development and to national capacity building. The Niger experience shows that good communication with the Government can be maintained even if national policies and strategies are caught off guard, for instance when patient management, hospitalization, food and drugs are offered free of charge in the context of the treatment of acute malnutrition.

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ANNEX 1

Terms of Reference of the Real Time Evaluation of UNICEF's response to the food and nutrition crisis in Niger

ToR November 12, 2005

1. Background

In 2005, Niger went through a serious food and nutrition crisis pursuant to a deficit in its agricultural production and an invasion of desert locusts in 2004. The crisis resulted in an unavailability of cereals on local markets and in family stocks, and in a household's inability to have financial access to cereals and other commodities. More than 3.6 per cent of the population were affected, 800,000 of whom were children. On account of the rainfall deficit in 2005, about 32,000 children and 160,000 children under five are presumably at risk of respectively severe and moderate malnutrition (this estimate is based on prevalence rates from MICS II 2000).

Approximately 63 % of the population of Niger lives below the national poverty line, and 34% in extreme poverty. In UNDP's 2005 annual report, Niger rates last country in the world according to the published Human Development Index. The gross enrollment rate at primary school level reached 50% in 2004, and the illiteracy rate remains very high (90% for women). Cultural aspects are characterized by a low level of promotion of women's and children's rights. The country's fertility rate is also distinctly high (an average of seven children for each woman) and its infant/child mortality very high (265 per 1,000). The malnutrition rate for children under 5 was 40% in 2000 (MICS II).

One of the priority programming directions of UNDAF 2004-2007 (which mainly gathers UN Agencies such as UNDP, the WFP, UNFPA and UNICEF) is the fight against food insecurity through the improvement of the population's nutritional status. Niger has an early warning system and a management mechanism for food crises, whose coordination and decision-making process are conceived as largely participative and consensual, with the involvement of all development partners.

In the context of various appeals made by the United nations to the international community, UNICEF was able to mobilize 19.4 million dollars in 2005 to deal with the crisis, which amounted to doubling its annual programming budget. Priority actions were targeting the management of almost 200,000 severely or moderately malnourished children in about 500 centers, cooperation with the WFP in the coordination and the channeling of food assistance, the development of protocols with WHO, the training of health staff, the distribution of 130,000 mosquito nets to contain a flare-up of malaria, actions to prevent a cholera outbreak, the strengthening of the national capacity to assess and improve access to clean water and sanitation, the establishment of a routine data collection system on the nutritional status of children and the conduct of a national nutrition survey.

2. Purposes and objectives of Real Time Evaluation

The Evaluation Office at UNICEF Headquarters, in close cooperation with UNICEF's Office of Emergency Programmes (EMOPS) and UNICEF's Regional Offices, is currently developing an approach and a methodology for Real Time Evaluations. These evaluations, in principle, will be conducted shortly after an acute emergency (two to three months) and implemented by joint teams composed of internal and external evaluators (UNICEF staff and consultants). Close cooperation with internal audit is sought. The main purpose of this type of evaluation is to assess the strengths and weaknesses of the organization and of its partners before, during and after the crisis, and to learn the appropriate lessons to improve the organization's performance, both with respect to the crisis at hand and to future crises.

Since the RTE has to be completed in a relatively short period, it is important to target its objectives very well and to resort to fast-paced research methods. The idea is to hinge the RTE around three main objectives which appear particularly relevant as far as the performance of UNICEF and of its partners in relation to the 2005 food and nutrition crisis in Niger:

- a) To assess UNICEF's contribution to *the monitoring of the food and nutritional status* of the country *before the crisis* (early warning system and coordination and consultation mechanisms);
- b) To assess UNICEF's contribution to *preparedness measures in the event of a crisis* to be taken by the Government, civil society (families, communities, private sector, NGOs) and by outside partners (United Nations system, international NGOs, donors);
- c) To assess UNICEF's contribution to rapid humanitarian action *before and after the crisis*, i.e. after an immediate emergency has been declared (human and financial resource mobilization, contribution to the coordination and the channeling of food assistance, management of malnourished children, fight against epidemic diseases, capacity building at all levels).

The RTE reviews UNICEF's participation first and foremost through the Country Programme of Cooperation entered into with the Government of the Republic of Niger (2004-2007), but also with respect to the support provided by the West and Central African Regional Office (WCARO) and by UNICEF Headquarters in New York. As UNICEF's inputs are closely linked to those of the Government and of civil society, it is quite obvious that they have to be considered in their respective contexts. The same applies to partnerships with other United Nations Agencies (UNDP, WFP, UNFPA, WHO, etc.) and other external aid agencies.

3. Key questions

- a) **Monitoring of food and nutritional status before the crisis**
 - To what extent did the data and information collection and analysis conducted by UNICEF to update the status of children cover all essential factors for a good assessment of the populations' food and nutritional status, and especially of the most vulnerable groups?

- To what extent was there an interface between the collection and analysis of data in the framework of the Early Warning System of the Government of Niger and of other Agencies of the United Nations System and other possible partners? What was UNICEF's contribution to the Early Warning System?
- In so far as adequate data were available, what analyses and what use were made of them by the Government and by other partners (for instance the private sector and the population) as well as by outside partners (United Nations, NGOs, etc.)?
- To what extent was the food and nutrition crisis of 2005 predictable? What lessons can be learned from this experience for the collection and analysis of data in general and for the contribution of UNICEF and of the United Nations system in this area?

b) Preparedness measures in the event of a crisis

- To what extent did the key documents of the UNICEF-supported Country Programme of Cooperation (CPAP, CPMP, annual plans, contingency plans, etc.) contain provisions to respond to possible emergencies?
- As the joint programme conducted within the framework of the 2004-2007 UNDAF concerns first and foremost the fight against food insecurity with the improvement of the nutritional status of the population, what were the specific programmes implemented by UNICEF that dealt with the nutritional status of the population in order to make it less vulnerable in the event of an emergency?
- What were the mechanisms put in place by UNICEF and its national and external partners to respond adequately and rapidly to the emergency situation? What were the roles and capacities of the Country Office, of the Regional Office and of Headquarters in this area? To what extent was there coordination and cooperation with the Government and between United Nations Agencies?
- What lessons can be learned from this experience for contingency plans in general (in Niger and elsewhere) and for UNICEF's contribution in this area?

c) UNICEF's contribution to rapid humanitarian action before and after the crisis

- To what extent were the instructions of the Core Commitments for Children in Emergencies (CCC) followed? How can one measure the outcomes and impacts of the actions conducted in this framework?
- To what extent was the mobilization of financial and material resources adequate or effective? To what extent were the mechanisms of the Government and of the United Nations for resource mobilization effective and to what extent did donors respond to them rapidly? How was coordination between United Nations Agencies functioning in this area? What roles were the regional Office and UNICEF Headquarters playing?
- What was the quality of the management of mobilized resources (expertise, supplies, finance)? What were the coordination and consultation mechanisms with the Government and other actors at the central and decentralized levels? How was coordination between

United Nations Agencies functioning in this area? What roles were the Regional Office and UNICEF Headquarters playing (for instance the Copenhagen Procurement Center)?

- What was the quality of the communications facet of the programme (with beneficiaries, with decentralized structures, with the Government, with the media, inside and outside the country, with other partners such as donors, NGOs, etc.)?
- To what extent was there a satisfactory system for the monitoring and evaluation of the actions taken? What was the quality of the reports describing these actions?
- What are the effects of humanitarian action on the ongoing Country Programme of Cooperation (2004-2007)?
- What lessons can be learned from this experience for instructions pertaining to UNICEF's rapid response to emergency situations?

Methodology

The evaluation mainly addresses UNICEF's response to the 2005 food and nutrition crisis in Niger. One has to point out, however, that such an assessment must take into account the context in which this response has developed, especially with respect to the Government's position vis-à-vis the crisis, the mechanisms in place for the collection of data and communication, the interventions of other partners, particularly those of the United Nations system.

On account of the short duration of this exercise, the evaluation's approach will have to be pragmatic while abiding by the requirements of the United Nations Evaluation Rules and Standards (<http://www.uneval.org/docs/ACFC03B.pdf> and <http://www.uneval.org/docs/ACFD839.pdf>). The following methods will be applied:

- An in-depth review of documents originating from UNICEF, United Nations Agencies, the Government, NGOs and other bilateral and multilateral partners;
- Interviews at Headquarters level (New York and possibly Copenhagen by phone) and with the Dakar Regional Office;
- Interviews in Niger with Government decision-makers, some local donors and agencies, the staff involved, the actors or stakeholders;
- A visit of achievements in the field with interviews and focus group discussions with communities, families and / or target beneficiary groups (mothers of children, young people);
- A feedback and consultation workshop on the findings and preliminary recommendations of the evaluation with the Steering Committee;
- A discussion with partners on a draft report.

The following items will be available at the moment of the evaluation: routine statistical data from the various stakeholders as well as the exploitation of preliminary results of a household

survey on the nutrition or health situation conducted by UNICEF/CDC (Center for Disease Control), the WFP (World Food Programme), HKI (Helen Keller International), MSF (Médecins Sans Frontières), other stakeholders.

The RTE will follow a participatory, interactive approach with all stakeholders. Transparency and a critical, responsible eye (viewpoint of and feedback from staff and other actors) will be promoted among all stakeholders in order to guarantee national ownership of the results.

Organization and management of the evaluation

The Evaluation Office at headquarters will drive the evaluation, with the active participation of the Regional Office and of the Niger Country Office, and in close cooperation with the team of UNICEF's Internal Audit Office at headquarters. UNICEF's staff in Niger and at the Regional Office who were involved in humanitarian action in Niger will act as focal points.

The evaluation team will include:

- Two officers of the Evaluation Office at Headquarters;
- An international Consultant with experience in humanitarian response evaluation, especially in the area of nutrition. This Consultant will be experienced in the economic and social situation of Sahel countries. This Consultant will be in charge of the first draft of the evaluation report.

All the members of the evaluation team will have to be able to express themselves fluently in French, which will facilitate communication with national partners. They will all have excellent knowledge of the United Nations Evaluation Rules and Standards and command of current evaluation approaches and methods. If several applicants have the same qualifications, priority will be given to women and citizens of programme countries. No team member should have been involved lately in a Cooperation Programme in Niger and/or hope to be employed in the context of such a Programme in the near future.

The evaluation will be conducted in Niger in the period from November 14 to December 3, 2005. The desk research and the New York and Dakar interviews will theoretically take place before the mission in Niger. The draft report will be available around December 15, 2005.

The RTE will be conducted partly in conjunction with an internal audit exercise. The two exercises will be coordinated as much as possible, and any overlapping will be avoided. The audit will apply the usual controls applicable to the different functions of the operation of the Niger Country Office, and will pay particular attention to the consequences of the additional influx of programme resources to confront the food and nutrition crisis in 2005.

ANNEX 2

List of persons interviewed

Name	Title/role	Organization
Government		
Alakaso Aboubacar	Emergency Food Assistance Officer	Coordination Food Crisis Unit at the Prime Minister's Cabinet
Ide Kalilou	Assistant Chief of Staff	Prime Minister's Cabinet
Heamani Anouma	Coordinator of the Early Warning System	Prime Minister's Cabinet
Dr Bouwaye Aissa	Director of Health and Reproduction	Ministry of Public Health and of the Fight against Endemias
Dr Fatimata Moussa	Secretary General	Ministry of Public Health and of the Fight against Endemias
Ary Ibrahim	Minister	Ministry of Public Health and of the Fight against Endemias
Abba Malam Bakar	Governor	Zinder Region
Mouhamed Mazaouage	Préfet	Maradi Region. District of Mayahi
Lawali Harounna	Coordinator	District Directorate of Land Use Planning and Community Development. District of Mayahi
Sadikou Moutari		District Directorate of Land Use Planning and Community Development. District of Mayahi
Ibrahim Belko	Governor	Maradi Region
Sadou Abou	Mayor	Maradi Region. Municipality of Kanambakashi
Moussa Gaye Laouali	Coordinator. Zinder Region	Regional Directorate of Public health (Zinder)
Non Governmental Organizations (NGOs)		
Malik Allaouna	Programme Director	Save The Children (Niamey)
Georges-Henri Huard	Representative	OXFAM Québec (Niamey)
Richard Desautels	Operations Officer	OXFAM Québec (Niamey)
Johanne Sekkenes	Head of Mission	Médecins sans frontières - France (Niamey)
Charles Ibsen	Project Coordinator	Samaritan's Purse (Niamey)
Joshua Jespersen	Logistics	Samaritan's Purse (Niamey)
Abdou Illia	Administrator	AMURT international (Niamey)
Laetitia de Crombrueghe	Assistant Head of Mission	MSF- Suisse

Karine Dyskiewidz	Logistics	Croix Rouge Française (Niamey)
Laurent Devillers	Head of Mission	French Red Cross (Niamey)
Pierre Adou	Representative	Helen Keller International (Niamey)
Aissa Madoul	Medical Coordinator	Helen Keller International (Niamey)
Nines Lima	Medical Coordinator	MSF - Spain (Niamey)
Christy Collins	Representative	Mercy Corps (Niamey)
Nathaniel Ouedraogo	Coordinator	VALPRO (Niamey)
Adamou Guiwa	Executive Assistant	AMA (Niamey)
Nigel Tricks	Programme Director	CONCERN (Niamey)
Abou Moussa	Logistician CRENI Mayahi	Accion Contra el Hambre (ACF) Mayahi
Danjira Harouna	Supervisor CRENI Mayahi	Accion Contra el Hambre (ACF) Mayahi
Hossein Madad	Therapeutic Programme Officer	Accion Contra el Hambre (ACF) Mayahi
Camille Martin	Logistician CRENI Mayahi	Accion Contra el Hambre (ACF) Mayahi
Soeur Julie Louise Singha	Programme Officer	BALD Saint Joseph Clinic (Zinder)
Diallo Lamine	Programme Officer	HAINT (Zinder)
Dr. Naroua Ousmane	Medical coordinator	World Vision (Zinder)
Moise Kabongo	Programme Officer	Save the Children (Zinder)
Gwenola Grouhel	Programme Officer	Save the Children (Zinder)
Dr. Saley Hassane Teherima	Programme Officer	Helen Keller International (Zinder)
Dr. Helmy Mekaoui	Programme Officer	MSF-Switzerland (Zinder)
Renzo Fricke	Programme Officer	MSF-Belgium (Zinder)
Iris Knuppel	Programme Officer	French Red Cross (Zinder)
Ousmane Sani	Programme Officer	GOAL (Zinder)
Sandra Beattie	Programme Officer	GOAL (Zinder)
Mustafa Es Satte	Programme Officer	Red Crescent of Qatar (Zinder)
Dr. Faissal Trad	Medical coordinator	Red Crescent of Qatar (Zinder)
Marc Schakal	Maradi Programme Coordinator	Médecins sans frontières - France (Maradi)
Donors		
John W. Davison	Assistant Head of Mission	United States Embassy
Dr Franck Humbert	Regional Cooperation Counsellor	French Embassy
Olivier Lefay	Programme Officer	Delegation of the European Commission
Gilles Collard	Regional Technical Assistant	ECHO – Regional Office for Western Africa

United Nations System		
Michele Falavigna	Coordinator of the United Nations System, Humanitarian Coordinator and UNDP Representative	United Nations Development Programme (UNDP)
Gian Carlo Cirri	Representative	World Food Programme (WFP)
Sarah Gordon-Gibson	Deputy Director	WFP
Diadie Boureima	Assistant Representative	United Nations Population Fund (UNFPA)
Sian Evans	Junior Professional Officer	United nations Population Fund (UNFPA)
Safari Djumapili	Administrator – Humanitarian Affairs	OCHA
Lucien Simba	Administrator – Humanitarian Affairs	OCHA
Salamatou Bâ	National Liaison Officer	OCHA
Idrissa Yarou Sama	Coordinator of the Mayahi Branch	Framework Programme against Poverty. Support to Local Development Project. UNDP - UNCDF - FBS
Emma Fitzpatrick	Communications Officer	Crisis Unit. World Health Organization (WHO)
Dr. Aichatou Diawara	Nutritionist	Crisis Unit. World Health Organization (WHO)
Dr. Innocent Nzeyimana	Epidemiologist	Crisis Unit. World Health Organization (WHO)
Patrice Fillon	Data Coordinator	OCHA – Humanitarian Information Center (CIH)
Multilateral Agencies		
Vincent Turbat	Resident Representative	World Bank
Djibrilla Karamoko	Senior Health Specialist	World Bank
UNICEF		
Rainer Gross	Head – Nutrition Section	UNICEF NYHQ
Sherine Guirguis	Nutrition Officer	UNICEF NYHQ
Flora Sibanda-Mulder	Senior Advisor for Nutrition in Emergencies	UNICEF NYHQ
Peter Salama	Head – Immunization Section	UNICEF NYHQ
Sybille Gumucio	Immunization Administrator	UNICEF NYHQ
Jeff McFarland	Nutrition Officer for Emergencies	UNICEF NYHQ
Gordon Weiss	Communications Officer for Emergencies	UNICEF NYHQ
Sam Kariuki	Chief Auditor	UNICEF NYHQ
Patricia Kidwingira	Auditor	UNICEF NYHQ
Betty Mukibii	Auditor	UNICEF NYHQ
Afshan Khan	Assistant Director EMOPS	UNICEF NYHQ

Enrico Leonardi	Programme Officer EMOPS Humanitarian Response Unit	UNICEF NYHQ
Kate Alley	Programme Officer EMOPS Humanitarian Response Unit	UNICEF NYHQ based in N'Djamena
Eric Laroche	Assistant Director EMOPS	UNICEF GVA
Gianni Murzi	Regional Director	WCARO
Adriana Zarrelli	Regional Advisor Emergencies	WCARO
Francois Ducharme	Programme Officer Emergencies	WCARO
Victor Aguayo	Regional Advisor Nutrition	WCARO
Jean Dricot	Regional Advisor Planning	WCARO
Abdoulaye Sadio	Regional M&E Advisor	WCARO
Karimou Adjibade	Representative	UNICEF Niamey
Isselmou Boukhary	Programme Coordinator	UNICEF Niamey
Robert Ndamobissi	M&E Officer	UNICEF Niamey
Natalie Fol	Communications Officer	UNICEF Niamey
Khaled Bensaid	Health Programme Administrator	UNICEF Niamey
Karine Coudert	Assistant Officer – Nutrition	UNICEF Niamey
Hamadou Boureima	Nutrition	UNICEF Niamey
Noel Zagre	Nutrition Officer – Nutrition	UNICEF Niamey
Tharcienne Ndiokubwayo	Project Officer – HIV	UNICEF Niamey
Alain Domsam	Operations Officer	UNICEF Niamey
Hassan Pierre Sanon	Officer– Integrated Basic Services	UNICEF Niamey
Arsene Azadossessi	Head of Sub-Office	UNICEF Maradi
Theophile Bansimba	Nutrition Officer	UNICEF Maradi
Rene Joly Abdelkader	Assistant Programme Officer	UNICEF Maradi
Peter Vanquaille	Logistics Consultant	UNICEF Maradi

ANNEX 3

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ANNEX 4

NUTRITION DATA AVAILABLE before November 2005

	Acute malnutrition (AM) or global acute malnutrition (GAM) <2 SD	Severe acute malnutrition <3 SD or/and edemas	Chronic malnutrition Size/age <2 SD	Infant mortality rate for 1,000	Mortality rate of children under 5 for 1,000	Mortality rate of children under 5 for 1,000/day	Gross mortality rate for 10,000/day
1994 0-59 months	15.8 (AM)	2.8	32		323		
DHSN 1998 0-59 months	20 (AM)	3.7	40		274		
MICS 2 2000 0-59 months	14 (AM)	3.2	40	123	265		
January 2005 HKI/WFP Maradi- Zinder	13.7	2.2 2.7	61				
April-May 2005, MSF Maradi, Tahoua	19.3 19.5 (GAM)	2.4 2.9					
August 2005 Épicentre Zinder	18.6 (GAM) 32.6 among 6- 29 months-old 7.2 among 30- 59 months-old	3 5.6 0.8				2.9 (January 05) 5.3 (April 05)	1.1 to 1.7
Oct. 2005 ACF Tahoua, Maradi Z score 6-59 months	GAM 19.2 (agricultural zone) 24.7 (agropastoral zone) 16.4 (pastoral zone)	4.1 5.4 2.8				1.97 1.63 1.73	0.54 0.45 0.54

ANNEX 5

INDICATORS, DEFINITIONS AND BENCHMARKS

“Malnutrition” is a generic term encompassing all food- and nutrition-connected pathological conditions. Obesity is in this category, in the same capacity as under-nutrition and micronutrient deficiencies. Unfortunately, terminology for one type of malnutrition is abundant, which can generate confusion.

Anthropometric indicators put together measurements such as weight and size; they are used to define “malnutrition” types; they can be interpreted on an individual scale, but also on a population scale. For this purpose, they are compared with a “reference” population.

Each indicator has a meaning, and indicators are not interchangeable because they measure different elements.

The most widely used indicators to measure nutritional status are the following:

WEIGHT / SIZE RATIO

Used mostly with children, independently from their age.

Measures the present.

Terms used: thinness, emaciation, wasting, which indicate a low weight for their size as compared to the reference weight.

Global acute malnutrition (GAM) includes children with edemas.

For one individual, the thresholds adopted are the following:

<2 standard deviation (SD) or Z-score of the NCHS/WHO norm where they measure moderate acute malnutrition;

<3 standard deviation or Z-score where they define severe acute malnutrition. Children with edemas (kwashiorkor) are included.

The critical thresholds adopted by WHO for a population are:

For moderate malnutrition:

It is deemed acceptable if the rate of malnourished children is inferior to 5%, mediocre if it is between 5 and 9.9%, serious between 10 and 14.9%; above 15%, malnutrition is considered critical.

10% of children → state of alert; 15% → emergency.

For severe malnutrition, the threshold is 2% of children. Above this figure, it is an emergency.

Causes for an abrupt collapse of the weight/size ratio: acute food deficit or serious illness.

WEIGHT / AGE RATIO

Measures the past and the present. It also depends on size. It is sensitive to seasonal variations.

Term used: underweight.

The thresholds adopted are the same to define:

Moderate malnutrition: $<2SD$ and $>3SD$ of the NCHS/WHO norm

Severe malnutrition: $<3SD$

In a population, prevalence is considered as:

average if the percentage of children under 5 years old $<2 Z$ is included between 10 and 19%;

high between 20 and 29% ;

very high if it is above 30%.

SIZE / AGE RATIO

Delayed growth in developing countries, chronic malnutrition (stunting).

Measures the past and the cumulative effect of constraints during growth, whether they were illnesses or shortages in food intake.

The critical thresholds adopted are: <2 standard deviation (moderate malnutrition) or Z-score and <3 standard deviation or Z-score (severe malnutrition) of the NCHS/WHO norm.

In a population, prevalence is considered as:

average if the percentage of children under 5 $<2 Z$ is between 20 and 29 ;

high between 30 and 39 ;

very high if it is above 40.

BRACHIAL PERIMETER (BP) or MUAC (middle upper-arm circumference)

Used for adults (pregnant / breastfeeding women) and children

It is a mortality risk indicator

For children:

Slight malnutrition is defined by a figure between 13 and 12.5 cm;

Malnutrition is moderate if $12.5 < BP < 11.5$ cm;

Malnutrition is severe if $BP < 11.5$ cm.

BODY MASS INDEX (BMI)

It is the ratio between weight and size square (W/S^2)

Used for adults, non pregnant women

Moderate malnutrition = $18 < W/S^2 < 16.5$

Severe malnutrition = < 16.5

Overweight: $25 < W/S^2 < 30$

Obesity: > 30

Two more indicators have to be known to qualify a situation and adapt strategies:

MORTALITY OF CHILDREN UNDER 5

If it is lower than 1 in 10,000 per day, the situation is normal;
If it is included between 1 and 2, the situation is under control;

Above 2 children in 10,000 per day, the situation is very serious and is moving towards catastrophic as this proportion gets higher.

GROSS MORTALITY in the general population

0.5 persons/10,000 per day: normal situation
<1: under control
<1: very serious
<2: out of control
>5: catastrophic

ANNEX 6

Chronology of crisis-related events

Date	Event
August 2004	<p>August is normally the height of the rainy season, but there is hardly any rain [BBC]</p> <p>In anticipation of the potential impact of the locust invasion on food security, OCHA invites the country teams of Niger, Mali and Mauritania to attend the West Africa CAP Workshop held in Dakar and facilitates an inter-agency contingency planning exercise [IASC]</p>
October 2004	<p>Brief on UNICEF Niger response to locust invasion sent to New York [UNICEF]</p> <p>The joint FAO/CILSS/WFP/FEWS NET crop and food supply assessment (including a WFP-conducted assessment of household food security) estimates that approximately 3 million of the 3.6 million people living in agropastoral / pastoral areas are affected by the early end of the rainy season and / or locust damage [IASC]</p> <p>Crops are normally harvested in October, but even in one of the world's poorest countries - which largely lies in the Sahara desert - this is one of the smallest harvests for many years [BBC]</p> <p>Agricultural production in 2004 has been severely affected by locust infestations and drought in the northern regions of Niger causing a total loss of cereal production estimated at an average of 26 percent in the affected regions, and 7 percent at the national level, taking account of the weight of these regions for total cereal production. Production losses have been caused for two-thirds by drought and one-third by desert locusts.</p> <p>It should be noted that some zones which were not affected by locusts enjoyed fairly good rainfall and these areas recorded good harvests in 2004. Amongst others, these areas were the departments of Dosso, Zinder (south), Maradi (south) and Kollo in the Tillabéri region [FAO]</p> <p>The UN Food and Agriculture Organization (FAO) has appealed to the international community for \$100 million to help contain this locust invasion, the worst which West Africa has seen for 15 years. But everywhere, too little is being done too late. The FAO has so far received only a third of the money needed. And had donors responded fully to its first appeal for help last February, the bill would only have been \$9 million [IRIN]</p>
November 2004	<p>The UNICEF Regional Nutritionist and Emergency Officer warn the Country Office of the likelihood of severe food distress [IASC]</p> <p>Government of Niger's request for food assistance actions aimed at populations with a food deficit after the 2004 agropastoral campaign: the Prime Minister of Niger appeals for 78,000 metric tons of food (35% of estimated needs for the country) to replenish the national food reserves managed by the Government. Government starts 'ventes de céréales à prix modérés' [GoN]</p>
December 2004	<p>The staff of the Niger Country Office of UNICEF undergoes a 5-day training session on emergency preparedness and response; this workshop is jointly conducted by the Regional Advisor's assistant in charge of emergencies and experts within the office; UNICEF Niger's Emergency Preparedness and Response Plan (EPRP) is reviewed after six months. The risk of drought / locust invasion and the food deficit sky-rocket to the highest level of the scale (with a probability of 5/5), and so does the risk of epidemics. The scope of a potential crisis is considerably better detailed. The Health and Nutrition sectoral plan emphasizes the need to hire a nutritionist with a specialization in therapeutic nutrition [UNICEF]</p>
January 2005	<p>A WFP and Helen Keller International survey in the regions of Maradi and Zinder reports global acute malnutrition (GAM) rates of 13.4% for both regions and very high severe acute malnutrition (SAM) rates of 2.2% and 2.7% respectively. These SAMs are above the cut-off</p>

	<p>point of 2% indicating an alarming situation [IASC]</p> <p>Many people are running out of food, especially in the southern provinces of Tahoua, Maradi and Zinder. At first the government seeks to play down the scale of the problems. It distributes bags of the staple food, millet, at a subsidized price, but subsistence farmers say they still cannot afford it.</p> <p>Local journalists who report on the growing problem are accused of being unpatriotic and face sanctions.</p> <p>The government's emergency food reserves, built up after similar food crises in the 1970s and 1980s, have been allowed to dwindle [BBC]</p> <p>UNICEF Niger Representative goes on a fund-raising mission to UNICEF NatComs Italy and France [UNICEF]</p> <p>Between January and June 2005, the Niger Country Office of UNICEF mobilizes 7,000,000 dollars of RRs in order to ensure the supply of the therapeutic product which have been available since March 2005 to treat severe malnutrition [UNICEF]</p>
<p>February 2005</p>	<p>A joint DNP/GCA/FAO/CILSS/WFP/FEWS NET food security assessment estimates that approximately 2.5 million people living in agro-pastoral areas are highly vulnerable to food insecurity as a result of the crisis. It pointed to particularly high malnutrition indicators, deteriorating terms of trade, and poor livestock conditions.</p> <p>WFP launches EMOP 10398.0 Assistance to Populations Affected by the Drought and the Locust infestations in 2004 to deliver 6,562 mt of food to 400,000 beneficiaries for a period of six months through Food-for-Work (FFW), Food-for-Training (FFT) and cereal bank activities [WFP]</p> <p>UNICEF Niger Representative goes on a fund-raising mission to Belgium [UNICEF]</p>
<p>March 2005</p>	<p>UNICEF NatCom Belgique supports UNICEF's emergency programmes in Niger. The Belgian military takes care of the air transportation of 10 tons of milk and therapeutic foods free of charge [UNICEF]</p> <p>UNICEF Niger produces a film together with Niger National TV (ORTN) on children affected by malnutrition to raise public attention [UNICEF]</p> <p><u>17 March</u> The UN Country Team and the Food Crisis Cell (Prime Minister's Cabinet) organize a donors' meeting to appeal for US\$7 million [WFP]</p> <p><u>30 March</u> OCHA's Regional Support Office for West Africa launches an addendum to the 2005 Consolidated Appeal for West Africa in Dakar, which includes a section on Niger [OCHA]</p>
<p>April 2005</p>	<p>A WFP nationwide Comprehensive Food Security Vulnerability Analysis survey conducted at household level, including a profiling analysis of a sub-sample of 700 households living in the most severely affected areas (out of a total of 1,800), concludes that at the onset of the lean season 40% of the households are already facing serious food security problems: 17% of the households are food insecure and 23% are very vulnerable to food insecurity [WFP]</p> <p>An MSF/Épicentre survey among 1,500 families representative of a population of 373,000 people in 60 villages in the departments of Dakoro, Mayahi, Tessaoua (Maradi Region) and Keita (Tahoua Region) reports GAM rates of close to 20% and SAM rates of 2.9% and 2.4% respectively [MSF-FR]</p> <p><u>4 April.</u> Alarming rise in malnutrition according to MSF-FR. The number of children suffering from severe malnutrition admitted in the Maradi nutrition programme is rising continuously. Already, in 2004, we had taken over the management of almost 10,000 cases and the situation in this</p>

	<p>new year is only getting worse; in the villages recently visited by MSF teams, one child in five is at risk of malnutrition [MSF FR]</p> <p><u>8 April</u> A Human Interest Story is posted on the UNICEF global website: “Crop failure, locust contribute to critical food shortages”: Children and families in Niger face critical food shortages in 2005 following poor harvests, swarms of desert locusts and insufficient rainfall which damaged harvests and threatened livestock [UNICEF]</p> <p><u>22 April</u> UNICEF publishes a press release in NY and Geneva to raise public awareness and request funds: “Niger food shortages threatening children, calls for urgent funding”: UNICEF today called for urgent funding to feed 800,000 children under five years of age caught in the throes of a food crisis due to an ongoing plague of locusts and insufficient rainfall.</p> <p>UNICEF Niger issues Project Proposal Emergency Assistance Needed to Fight Acute Malnutrition in Niger (SAN/NUT/05/03) to raise 1,353,000 USD for six months [of which US\$ 953,000 for malnutrition and 400,000 for cereal banks]. Funds received: US\$ 64,850 received from the Finnish NatCom; 50,000 EURO from Belgian NatCom ; and US\$ 181,397 from the French NatCom. Later this proposal would be replaced by a flash appeal [UNICEF]</p> <p><u>26 April</u> Médecins sans frontières faces a nutrition emergency and calls for the mobilization of the other actors of humanitarian aid. The number of malnourished children has reached an abnormally high level for this time of year. This situation, which was already alarming in January, is deteriorating fast. Médecins sans frontières calls for the mobilization of the other actors of humanitarian aid [MSF-FR]</p>
<p>May 2005</p>	<p>Review of EPRP UNICEF Niger. The profile of the emergency as it is perceived in May 2005 is identical to that of December 2004. However, commitments in health and nutrition are already a lot more precise. The specific objective of the sectoral emergency plan provides for “the management of malnutrition cases among children 0 to 59 months old”. According to the EPRP, ‘20% of children will be suffering from malnutrition, which is about 560,000 children’. Among the activities to be undertaken in the sectoral plan is ‘ordering therapeutic foods and generic essential drugs’. It is obvious that the arrival of a nutritionist reflects on the EPRP. An enclosed chart provides estimates for input needs (food and non-food products) for a total of 10,000 children and women, which is the basic planning assumption for Niger in 2005 [UNICEF]</p> <p><u>19 May</u> The United Nations launch a flash appeal in May 2005 for an amount of 16,191,000 dollars. The assessment of the needs is done on the basis of surveys conducted by the WFP, Helen Keller International (January 2005) and Médecins sans frontières/France (April 2005) and food security data supplied by the Early Warning System (EWS)/Ministry of agricultural development during the Conference of the Permanent Inter-State Committee on Drought Control in the Sahel (CILSS) which took place in Bamako in November 2004. According to the Appeal, the conjunction of the locust invasion and the drought has ‘a negative impact on pastures and cereal production, which brings an already impoverished population to critical levels of food security and high malnutrition levels among children under five years old’.</p> <p>The appeal expresses the worst fears for the food and agricultural aspects of the crisis. UNICEF is the leading partner in nutrition with the WFP, WHO and a long list of international NGOs. Its response plan, which is identical to the project proposal ‘Emergency Assistance Needed to Fight Acute Malnutrition in Niger’ of April (SAN/NUT/05/03), is aiming for the nutritional recovery of 30,000 severely malnourished children in centers (953,000 dollars) and the support of community cereal banks to increase the food self-sufficiency of 164,000 beneficiaries, including 30,500 children under five (400,000 dollars) [OCHA]</p>

	<p><u>27 May</u> NIGER: Famine looms, but no help coming. While Niger's food situation deteriorates by the day at the onset of the lean season, emergency funds requested to alleviate the plight of villagers forced to eat wild fruit and scavenge in ant-hills have failed to come, United Nations agency officials said this week.</p> <p>Jan Egeland, the UN's Under-Secretary-General and Emergency Relief Coordinator described the food disaster unfolding in Niger this week as "the number one forgotten and neglected emergency in the world" [IRIN]</p> <p><u>30 May</u></p> <p>Government launches "anguished appeal" for food assistance. Niger made an "anguished appeal" this weekend for food assistance to help millions of hungry people, in a bid to stifle its critics who have called for a day of street protests against the government's handling of the crisis.</p> <p>"Almost three million people in Niger are today at risk of hunger." Prime Minister Hama Amadou told Parliament on Saturday. "I want to...solemnly launch an anguished appeal to the international community for emergency food assistance." [IRIN]</p>
<p>June 2005</p>	<p>An Early Warning System report by the Dispositif National de Prévention et de Gestion des Crises Alimentaires (DNP-GCA) and the Cellule de Crise Alimentaire (CCA) of the Prime Minister's cabinet declared that around 2.5 million people were living in situations considered "showing warning signs" to "highly vulnerable". These people had faced significant crop and livestock losses and had adapted severe risk management strategies such as unusual migration, exodus, wild food consumption, large-scale sales of animals and assets, and consumption limited to one meal per day. The most affected areas were located in Northern Tillabéry and Tahoua, followed by Northern Maradi, Diffa and Zinder [IASC]</p> <p>A WFP/National Early Warning System/FEWS-NET mission takes place, confirming the magnitude of the crisis and revealing pockets of acute needs warranting immediate emergency response in terms of food assistance, seeds and animal fodder provision [WFP]</p> <p><u>29 May to 2nd June 2005 :</u> The second annual meeting of the Dispositif National de Prévention et de Gestion des Crises Alimentaires (DNP-GCA) is held in Tahoua with a large participation of all countries of the Sahel (CILS) and all Technical and Financial Partners of Niger (UNICEF was represented by the Monitoring and Evaluation Officer); The Ministry of Agriculture and the Governor of Tahoua confirmed the magnitude of food and malnutrition crisis in Niger and launched an appeal for aid; during this meeting, UNICEF had make a strong advocacy for inclusion of nutrition indicators into the Early Warning System.</p> <p><u>2nd June</u> UNICEF News note is released: 'Food shortages hit children in Niger'. Hundreds of thousands of children in Niger are facing serious malnutrition because of food shortages. Swarms of locusts consumed the bulk of last year's crops and livestock died from hunger and thirst because drought dried up pastureland. Some 40 per cent of Niger's children were already suffering from moderate or severe stunting (one of the key indicators of poor nutrition) even before the current crisis [UNICEF]</p> <p><u>6 June</u> Prime Minister Hama Amadou personally chairs the Government – donor meeting on the food and nutrition crisis in Niger in the presence of all ambassadors and heads of diplomatic missions (including Unites nations system). During this meeting, he confirms the magnitude of the crisis which affects 3,000,000 people, among whom 800,000 children, by referring to the vulnerability map developed by the Crisis Cell/Early Warning System; the Prime Minister has taken stock of the extent of cereal shortage and the need to get help for the health and nutrition management of children in the centers (he has specifically requested UNICEF's help on both these points); he has launched a pressing appeal to all financial and technical partners; the Prime Minister has instructed the Minister of Health to temporarily suspend cost recovery for malnourished children admitted to hospitals (see minutes).</p>

	<p><u>9 June</u> Emergency Appeal MSF-FR. MSF calls for free distributions of food to populations that are the hardest hit by malnutrition: in the face of such a serious nutritional situation in Niger, Médecins sans frontières has more than tripled its capacity to manage severe malnutrition. Only immediate access to food assistance can avoid jeopardizing the lives of thousands of children already suffering from malnutrition. [MSF-FR]</p> <p><u>13 June</u> UNICEF News note is released: "UNICEF respond to the food crisis". UNICEF announced today that it is providing US\$222,000 (116 million francs CFA) worth of therapeutic food and growth monitoring equipment to the Government of Niger to strengthen efforts by the Government and other partners involved in managing the food and nutrition crisis affecting the most vulnerable groups in Niger -- particularly children [UNICEF]</p> <p><u>16 June</u> A human interest story is posted on the UNICEF global website: "Food crisis in Niger: Nana's battles to stay alive". In an isolated village in Niger's south-central district of Dakoro, Ramatou and her husband were worried about their seventeen-month-old daughter, Nana. The once-active toddler had grown increasingly lethargic as her weight continued to drop. When Nana no longer had the strength to sit up on her own, her parents realized she needed medical care [UNICEF]</p> <p><u>22 June</u> The founder of Médecins sans frontières, Bernard Kouchner, launched a vibrant appeal to the world leaders of the food industry and wholesale distribution gathered in Budapest so they could bring emergency food assistance to Niger, where "30,000 children are dying of hunger or incurable diseases every day". [PANAPRESS]</p> <p><u>28 June</u> Press Release MSF-FR: To pays or to die – Food crisis in Niger: thousands of lives at risk, where is the relief? Tens of thousands of young children suffer from malnutrition in Niger. Thousands are in a serious condition and danger of death if they do not get urgent medical care. For over two months, the mortality rate of children under five has been above the emergency threshold, which is 2/10 000/day, in villages of the northern sections of Maradi and Tahoua, reveals a MSF/Épicentre nutrition survey. It is not a natural disaster: this very serious food crisis was predictable and had been predicted for a long time [MSF-FR]</p> <p><u>30 June 2005</u> More than 3.5 million people at risk of famine in Niger, according to international agency Oxfam. One in four people of the Niger is affected. Without increased international assistance, affected communities will face rising malnutrition and loss of livelihoods [OXFAM]</p> <p>WFP Executive Director addresses the Security Council and complains that only 11 percent of the requested funding of the flash appeal for Niger has been received [WFP]</p>
<p>July 2005</p>	<p>As from mid-July until mid-October, the WCARO Regional Nutrition Adviser is on mission in Niger [UNICEF]</p> <p><u>7 July 2005</u> Hundreds of people are reported to be fleeing hunger in Niger and crossing the border into Nigeria.</p> <p>The government still plays down the scale of the crisis, saying it should not be "politicized".</p> <p>The official in charge of food assistance, Seydou Bakary, tells the AFP news agency: "We should be cautious not to exaggerate the situation - there is chronic malnutrition throughout the country, even during the most productive harvests." [BBC]</p> <p><u>8 July 2005</u> Niger is one of the countries whose debts are cancelled by the G8 club of the world's most powerful nations. But its food crisis is not mentioned at the G8 summit in Gleneagles. Debt</p>

relief means very little to a starving child who needs food now, says WFP Executive Director James Morris [WFP]

8 to 12 July

Prof. Jean Ziegler, Special Rapporteur on the Right to Food, brings **UNTV crew** to Niger; these pictures are used by BBC to raise the global alarm [UNOG]

12 July 2005

The **WFP triples the number of people it is helping**, to 1.2million [BBC]

WFP expands its operation with new requirements amounting to US\$16 million (23,000 MT, targeting 1.2 million beneficiaries through free food distributions). The United Nations World Food Programme today announced plans to almost triple the number of people being fed through its Niger emergency operation to over a million, as the annual 'hunger season' takes a firm and distressing grip on one of the world's poorest countries.

Most immediately at risk are young children. Feeding centres run by Médecins sans Frontières (MSF) are reporting admission rates nearly three times those during the same period last year. Recent nutritional surveys point to severe acute malnutrition rates of between 2.4 and 2.9 percent amongst children under five years old, with global rates of around 20 percent. In the worst hit areas rates for severe acute malnutrition are as high as six percent [WFP]

UNICEF News note is released: "Niger food crisis increases child deaths". Acute malnutrition rates have risen to 13.4 per cent in southern Niger Maradi and Zinder regions, with 2.5 per cent of this group identified as severely malnourished children under age five, says UNICEF quoting recent nutrition surveys by the UN and several NGOs.

The food shortage impacts some 3.3 million people—including 800,000 children under age five—in some 3,815 villages. Officials estimate cereal deficits at 223,448 tons and livestock feed deficits at 4,642,219 tons.

At UNICEF-supported therapeutic feeding centres, admissions are rising exponentially. They are at least twice as high as those registered last year for the same period [UNICEF]

13 July 2005

A human interest story is posted on the UNICEF global website: "Children and women bearing the brunt of Niger's food security crisis". Children and women in Niger are bearing the brunt of this year's food security crisis, brought on by a combination of drought and locust infestation during the 2004 growing season. In many villages of the Maradi region in Southern Niger, the lack of food has sent children begging on the streets [UNICEF]

14 July 2005

Free food needed now as millions teeter on the brink of famine, **Jean Ziegler**, the **UN Special Rapporteur on the Right to Food**, at the end of a five-day visit to Niger.

Free food must be handed out immediately to children, pregnant women and the elderly in Niger or the serious food crisis in the West African country will tip into full-scale famine, a top UN official said on Thursday.

"Now that the situation has become more acute and there are people who cannot even afford 250 CFA (46 US cents) to buy a cup of millet, we need to step up a gear and have free food distributions," Jean Ziegler, the UN Special Rapporteur on the Right to Food, told IRIN at the end of a five-day visit to Niger.

Last year, the vast semi-arid nation suffered the worst drought in recent memory as well as a crop-destroying invasion of locusts. Now granaries lie empty, market prices are sky-rocketing and every day malnourished children are dying.

"Some 3.6 million people, including 800,000 children, are facing acute malnutrition, which at any moment could turn into a famine," said Ziegler, a Swiss sociologist [IRIN]

16 July

A UNICEF Nutrition Officer arrives in Niamey on mission (from 16 July to 20 August) from Ivory Coast to support CO [UNICEF]

20 July 2005

As news of more children starting to starve emerges, the top United Nations aid official says the crisis could have been averted if action had been taken earlier.

The UN renews and increases its appeal to \$30m - \$10m is received.

"The world wakes up when we see images on the TV and when we see children dying," the UN's **Jan Egeland** tells the BBC's World Today programme.

"We have **received more pledges in the past week than we had in six months**. But it is too late for some of these children." [BBC]

Message from the Emergency Relief Coordinator (ERC) Jan Egeland to the UNCT in Niger requesting them to undertake a quick operational review of the situation and update their plan of action until the end of the year. On the same day a message is sent to NGO consortia to ensure their engagement in the process [IASC]

21 July 2005

USG Egeland sends a **letter to donors** regarding the humanitarian situation in Niger and the use of the CERF for this emergency [IASC]

Niger's President Mamadou Tanja has visited the country's south, where severe food shortages are affecting at least 2.5 million people. His government has been defending its handling of the crisis, saying its appeals for international assistance in November went unanswered [BBC]

22 July 2005

CNN Report: 3.6m face Niger starvation. About 3.6 million people face starvation in the West African nation of Niger unless the international community responds urgently to the food crisis there, the aid agency Oxfam said Thursday.

Niger, one of the poorest countries in the world, was devastated by an invasion of locusts that ate everything green last year and was then hit by drought that lasted until earlier this month.

The United Nations first appealed for assistance for Niger in November and got almost no response. Another appeal for \$16 million in March got about \$1 million. The latest appeal on May 25 for \$30 million has received about \$10 million [CNN]

26 July

OCHA launches a **web-based humanitarian information portal** for Niger [IASC]

<http://www.humanitarianinfo.org/niger>

The **Humanitarian Information Center** is a common service for the whole humanitarian community working in Niger. The task of this Center, which is Managed by the Office for the Coordination of Human Affairs (OCHA) of the United Nations, is to be a common platform for information-sharing in order to improve the strategic and operational decision-making in Niger . [CIH]

Teleconference between USG Egeland, USAID, Japan, UK and ECHO on Niger. Donors are **encouraged to refund agencies' loans from the CERF** [IASC]

27 July

"In Niger, the aid is now flooding in, but **the fact that the world can be moved only by graphic images of suffering is nothing to celebrate**. Many of the children who featured in the news reports are already beyond help," says WFP's Executive Director, **James Morris** in an editorial in the Guardian newspaper [WFP]

28 July

Emergency appeal MSF-FR. Since January 2005, MSF has admitted into his management programmes for severe malnutrition more than 12,000 children in the provinces of Maradi and Tahoua: three times last year's number at the same period.

In the month of **June 2005, more than 1,000 children were admitted every week** in the programmes of Maradi, Dakoro, Keita and Tahoua.

Niger: to pay or to die? Thousands of lives are at risk in Niger: where is the relief? (Figures updated on July 28, 2005). MSF calls upon the Government, donors and other aid organizations to provide immediate assistance to the populations of the villages hardest hit by setting up **free food distributions** and providing children under five with **free access to health care**.

The food crisis is officially acknowledged but denied in practice, since no emergency steps are taken to distribute free food. The Government and donors let NGOs take care of the "appropriate, targeted free distribution approach" while they focus on protecting the market [MSF-FR]

The **OCHA flash appeal is revised.** [OCHA] (See 5 August for content)

UNICEF has issued an **additional emergency appeal for US\$14.6 million** to care for 32,000 children suffering from severe under-nutrition **and 160,000 children suffering from moderate under-nutrition** in Niger and to help stop a deadly cycle of starvation.

3.6 million people in Niger have been made vulnerable by the current crisis - including 800,000 children under five years of age. Of these children, 160,000 are moderately under-nourished and 32,000 are severely under-nourished. Admissions at UNICEF-supported therapeutic feeding centers in Niger are rising, with more than twice as many children requiring care than during the same time period last year.

"**The situation of children in Niger is critical** and we are in a race against time to save their lives," said Aboudou Karimou Adjibade, UNICEF Niger Representative [UNICEF]

29 July

UNICEF News Note is released: "UNICEF seeks \$14.6 million to save children in Niger". Hunger and malnutrition are threatening the lives of 3.6 million people in Niger – among them 800,000 children under five. UNICEF and its partners have made an emergency appeal for \$14.6 million as famine threatens to spread through the region. UNICEF is asking for donations of \$14.6 million between now and the end of December to tackle the crisis. The money will be used to care for the 280,000 malnourished children in Niger, and to continue working with partners to build up coping capacity in the country and monitor developments [UNICEF]

CNN: U.N. will begin food airlifts to Niger. Program to deliver 23,000 tons in five weeks. The United Nations on Thursday will begin airlifting 44 tons of emergency food rations to famine-stricken Niger in West Africa, where 80,000 people are starving and more than a million others are at risk, officials said. The emergency rations will be flown from Italy into the capital of Niamey, where a convoy of trucks will carry the supplies more than 400 miles (660 kilometers) south to Maradi, one of the hardest-hit areas [CNN]

CNN: Niger donations rise but still fall short. After months of weak response, donations to assist famine-stricken Niger have increased to \$13 million in the past two weeks -- still far short of what is needed, U.N. officials said.

"We are happy that we're receiving money, but this is happening quite late. **The appeal was launched in May, and the matter only started getting attention in July,**" said Christen Knutson, a spokeswoman for the United Nations Office for the Coordination of Humanitarian Affairs.

A U.N. official said the jump in donations coincided with increased media coverage [CNN]

	<p><u>30 July</u> UNICEF News Note is released: French government donates life-saving supplies to UNICEF Niger. The French Minister of Foreign Affairs, Philippe Douste-Blazy, arrived in Niamey, Niger this morning, accompanying an air-transport of 1.7 tons of essential drugs, including antibiotics, anti-malarials and de-worming tablets, as well as special oral re-hydration salts for the treatment of diarrhea in severely malnourished children. Later in the evening, the French government also airlifted another 35.4 tons of therapeutic milk (f75 and f100), therapeutic food (Plumpy'nut) and oral re-hydration salts to Niamey. All of these life-saving supplies were donated to UNICEF Niger, along with 2.6 tons of locally-purchased therapeutic food [UNICEF]</p>
<p>August 2005</p>	<p><u>1 August</u> A human interest story is posted on the UNICEF website: "Niger food crisis: a story from the front line". Her face distraught, her gaunt body sweating in the midday heat, Indo arrives at a UNICEF-supported therapeutic feeding centre in this community in southern Niger. Indo is carrying her 21-month old baby girl, Salima, in her arms [UNICEF]</p> <p>A WFP study called Niger : Profil de marchés céréaliers concludes that the monthly prices of millet, the main staple food for most of the population, but also of sorghum and maize, have been notably higher during the 2004–2005 agricultural harvest seasons than the average of the last five years and even exceed the record prices shown during the last bad harvest of 2000–2001. According to data from June 2005, the price of millet in national markets was 236 FCFA, which is 74 FCFA higher than the average over five years (45 per cent) [WFP]</p> <p><u>2 August</u> UNICEF releases a news note: "UNICEF trains 85 health workers to treat undernutrition in Niger". National Capacity-Building Represents an Important Strategy to Saving Children's Lives. UNICEF Niger and the Ministry of Public Health of Niger are now conducting a second round of capacity-building training of national health workers in Niger in the management of severe and moderate under-nutrition of children.</p> <p>This week, 30 health workers of the Niger are being trained by a medical doctor from the Ministry of Public Health and a nutritionist from UNICEF Niger in Maradi. The week-long training includes both in-class theory and two days of hands-on practical training in operating therapeutic feeding centres in and around Maradi. Maradi is the region most-affected by the current crisis in Niger [UNICEF]</p> <p>WHO's request for CERF funds (US\$ 500,000) is approved by OCHA and submitted to the Controller's Office [IASC]</p> <p><u>3 August</u> UNICEF releases a news note: "Niger food crisis: providing aid and strengthening communities". The food crisis in Niger means that the number of children requiring medical treatment for malnutrition has more than doubled in a year. Admissions at therapeutic feeding centres continue to rise. In response, UNICEF is supporting deliveries of emergency food and medical supplies and is training health workers in management of severe and moderate malnutrition among children.</p> <p>Building up the capacity of communities in Niger to cope with food shortages is an equally important, long-term component of the response. UNICEF is supporting community education about nutrition and how to deal with shortages, and is supporting the creation of cereal banks [UNICEF]</p> <p>The ERC Jan Egeland appoints the UNRC Michele Falavigna as Humanitarian Coordinator [IASC]</p> <p>Niger's President Tanja met with the UNCT to express his concerns about the image of Niger being portrayed by the media as a country with widespread nationwide famine. The President asked for UN support in presenting a fair and honest picture of the situation which he characterized as critical but limited to certain areas and specific vulnerable groups [OCHA]</p>

3-6 August

Ms. Rima Salah, UNICEF Deputy Executive Director, visits Niger. UNICEF Deputy Executive Director Rima Salah is visiting Niger to see firsthand the situation of hundreds of thousands of children, hit hard by the country's food crisis. The first item on her agenda was a meeting with President Tandja Mamadou.

"After speaking with the President of Niger, I feel that he is committed to work with UNICEF and the UN systems to really respond to the needs of women and children and the population of Niger," said Ms. Salah [UNICEF]

5 August

Launch of the revised UN flash appeal in Maradi, Niger by the HC and in NY by the DERC. The revised flash appeal aims to address the needs of an estimated 32,000 severely malnourished children, 160,000 moderately malnourished children, and 2.5 million of the most vulnerable people who will be provided with food assistance, including 261,360 pregnant and lactating women in the most critical areas. Increased requirements are due to the incorporation of activities to reinforce efforts in water and sanitation, primary health care, protection of livestock and the provision of seeds as well as higher delivery costs that have been multiplied seven-fold, in some cases, to airlift and immediately deliver relief supplies. The overall revised requirements in the revised flash appeal amount to **US\$ 80,942,986**. Against this, **US\$ 25,418,825** has already been contributed or committed, leaving a new shortfall of **US\$ 55,524,161**.

UNICEF is responsible for the bulk of the Health and Nutrition component of the response (US\$ 11,233,000), namely through: 1) procurement and distribution of therapeutic food and essential drugs for 15 therapeutic feeding centres, channeled through 10 implementing partners; 2) training of 80 health workers and partners on the treatment of severe malnutrition nationwide; 3) procurement and distribution of 190 MTs of Unimix to feed 31,666 moderately malnourished children for one month; 4) provision of essential drugs valued at US\$ 25,000 for severely malnourished children. It is also to **assure technical coordination in nutrition and harmonization of nutrition protocols** in the field. With regards to the **Food component** (US\$ 1,841,500), UNICEF is to procure 614 MTs of cereals to restock 61 cereal banks in affected areas. Finally, the **Water and Sanitation component** of the appeal foresees UNICEF provision of emergency water and sanitation kits to affected households [OCHA]

Two UNICEF Emergency Response Team members on mission in Niger from 5 August to 16 September 2005 to support the Country Office in Niger with the recruitment process of provisional staff in relation to emergency operations and to coordinate the planning, implementation and monitoring of the CO response to the crisis in compliance with UNICEF Core Commitments for Children in Emergencies.

Main results: **14 staff members were deployed** up from an estimated need of 6 staff.; **7 IPs were recruited** up from an estimated need of 4 IPs; **10 local staff members were recruited** down from an estimated need of 13; UNICEF's **emergency response** to the nutrition crisis was developed in accordance with the CCCs and included **Nutrition, Health, WES and Protection** components; UNICEF **leading agency in nutrition** coordinated weekly meetings in Niamey attended by all actors and contributed to the development and validation of a **national protocol** for the treatment of severe and moderate malnutrition; **training of over 300** trainers and health workers (in collaboration with WHO and MOH) to staff the nutrition centers across the country [UNICEF]

7 August

The ERC Jan Egeland writes an Op/Ed in USA Today: **Niger is dying, and the world is merely watching**. Let us learn from the tragedy in Niger. Early funding and early action save lives and help prevent a deadly spiral of disease, hunger and displacement from spinning out of control [USA Today]

8 August

UNICEF releases a news note: **Niger crisis: Food assistance is reaching children**. More than a week after pictures of starving children in Niger shocked the world into action, relief supplies are reaching their destination, but more needs to be done to get children out of danger.

"We thank all the donors that food is arriving, but there are still 32,000 children facing the threat of malnourishment. We have to save these children," said UNICEF Deputy Executive Director Rima Salah after returning from Niger on the weekend.

While its initial appeals for money to avert the disaster fell on deaf ears, UNICEF programmes in Niger are now almost fully funded. The organization has received nearly \$15 million to help care for nearly 200,000 children (32,000 are severely undernourished, and approximately 160,000 are moderately undernourished) [UNICEF]

9 August

BBC: Niger leader denies hunger claims. Niger President Mamadou Tandja has dismissed reports that his country is experiencing a famine.

"The people of Niger look well-fed, as you can see," he told the BBC.

He accepted there were food shortages in some areas after poor rains and locust invasions but said this was not unusual for his country. **Mr Tandja said the idea of a famine was being exploited for political and economic gain by opposition parties and United Nations aid agencies.**

The World Food Programme denied that the scale of the problems had been exaggerated [BBC]

10 August

UNICEF releases a news note: "**Niger: therapeutic milk is saving children's life**". "My son's name is Lawali," says 30-year old Hadjara. "He's five months old. He's still very weak, but I think he's getting better. His eyes follow me around now." Hadjara is spoon-feeding her son with nutritious therapeutic milk, supplied by UNICEF. Lawali swallows each spoonful of milk with a small gulp, and as with all babies, some of it trickles down his chin. Therapeutic milk is rich in nutrients and is easy to digest for children like Lawali [UNICEF]

BBC: How many dying babies make a famine? Famine is a troublesome word with a very specific meaning to the professional aid community.

It is usually taken to define a situation in which a high proportion of the general population are vulnerable to death by hunger-related disease.

This describes a much more intense situation than the loose way that famine is generally understood - and the pictures of starving babies in Niger certainly look like "famine" to the outside world.

In technical terms Niger's President Mamadou Tandja may be right to say that this is not a famine.

His government has a political problem in trying to stimulate the right kind of aid, without appearing to humiliate their country, and there have been different nuances from different ministers as the crisis has unfolded.

While the president now speaks of "foreign propaganda", and "deception" by aid agencies to try to raise funds, other ministers have criticized the international community for not responding quickly enough [BBC]

11 August

UNICEF releases a news note: "Goats for Niger villages help families cope with crisis". UNICEF is providing about 150 villages across Maradi region – the epicenter of Niger's food crisis – with goats, to help families avoid the worst effects of the crisis. Mothers will have the means to feed their children better, as the goats provide them with milk, cheese, meat and even extra income [UNICEF]

12 August

BBC: Niger leader 'ignorant' of hunger. Niger's opposition has condemned the president as "ignorant" after he said the people of Niger were "well-fed" in the midst of a food crisis.

Mamadou Karijo of the CFD party told the BBC the **government had failed to take early action and had harassed journalists who reported the hunger** [UNICEF]

15 August

CERF advance of US\$ 808,000.00 for FAO's operations in Niger is transferred into FAO's account [IASC]

CNN: 'Hungry season' preys on Niger's youngest. Hunger is nothing new in Niger. Every year there's a several-month gap. They call it the "hungry season", the time between when the crops have been planted and they're harvested. With the drought last year, the crops simply didn't come up, so that hungry season this year is longer and more intense than it's been.

That's why Niger is in crisis. Aid agencies say the severe food shortage has put some 3.6 million People of the Niger at risk of starvation, most of them children [CNN]

16 August

MSF-FR: Niger: cruel development (by Jean-Hervé Jézéquel). Published in the opinion column of *Libération*

Should we be surprised at the food crisis which affects Niger today? This seems to be a minor question in the face of the emergency. Besides, why should we be surprised when the Sahel has been a prey to famine for centuries? Didn't they kill locusts on the millet fields of Niger last year? Isn't today's famine, as was yesterday's, the result of an inevitability which periodically and inescapably hits the societies of the Sahel?

There is no doubt that the food crisis which affects Niger is part of a long history. However, the events of today are not a carbon copy of crises of the past. [MSF-FR]

17 August

UNICEF releases two news notes: "**Providing safe water for southern Niger**" and "**Food and vaccines saving children's lives**" [UNICEF]

18 August

The Economist: Starving for the cameras. People dying from hunger like those in Niger should not have to wait for the TV crews to arrive.

The Famine Early Warning Systems Network, known as FEWS Net, monitors the threat of mass hunger in some of the poorest parts of the world. It is hardly surprising, then, that FEWS Net has published an inquiry into the world's failure to respond to food shortages in Niger and the rest of the Sahel. The report is subtitled simply: "What went wrong?" That is the right question to ask. But what is surprising, and disconcerting, is that the report was written in 1997, not 2005.

This illustrates two things: **Niger's present nightmare is a recurring one**; and whatever went wrong in 1997 was not put right by 2005. In both cases, **signs of distress were recognized early, but the response was dilatory**. In both cases, **relief agencies and donors failed to settle on an assessment of need**. The decisive difference is that, in 1997, the international media were largely absent. In 2005, by contrast, the drought of attention eventually turned into a deluge. The Niger appeal received more money in the ten days after the media arrived on the scene than it had in the previous ten months. As a result, the worst may now be over there [The Economist]

The Economist: Destitution not dearth. Niger's harvest last year was not so terrible. Why is the country now so hungry? "Much about poverty is obvious enough," wrote Amartya Sen, one of the world's best-known and most respected economists, in his 1982 classic, "Poverty and Famines". "One does not need elaborate criteria, cunning measurement, or probing analysis to recognize raw poverty and to understand its antecedents." But the thesis Mr Sen propounded in that book was not obvious at all: some of the worst famines, he argued, have taken place without any significant fall in the supply of food.

Much about Niger's current crisis appears obvious enough: the rains last year ended early; the locusts were rampant. Who can be surprised that the country is short of food? But Niger's

harvest last November was merely mediocre, not disastrous. Although the rains ended early, the country's cereal production was only about 11% below its five-year average, according to the UN's Food and Agriculture Organization (FAO). It was 22% greater than the harvest of 2000-01, a year that passed without alarm. The locusts did more damage to the region's fodder than to its food, prompting pastoralists and their herds to begin an early migration to greener pastures in Niger's coastal neighbours.

Niger's distress shows up most clearly in prices, not quantities. A pastoralist's terms of trade depend on two prices in particular: the price of what he can sell (his livestock) and the price of what he must buy (food). In Niger this year, the latter has soared; the former has plummeted. According to one report, the price of millet and sorghum rose to 75-80% above its average for the last five years. By June, the sale of one goat bought half as much millet as it had six months earlier. It is precisely this kind of cruel twist in the terms of trade, Mr Sen argued, that can bring a community to its knees. These unfortunates will suffer a lack of power to purchase food, even if there is no lack of food to purchase. Why did prices move against Niger's pastoralists so far and so fast? [The Economist]

19 August

UNICEF releases a news note: "**Niger's neighbours also threatened by food crisis**". As the disturbing images of starving children in Niger fade from the international media, a similar crisis could be just around the corner for other countries in the Sahel – the vast parched region of West Africa bordering the Sahara desert.

Not only Niger, but the entire Sahel region is prone to recurring food shortages. UNICEF's Deputy Executive Director Rima Salah has just returned from an assessment visit to Niger and Burkina Faso. "The crisis that is hitting West Africa, in particular Sahelian countries, is not only hitting Niger, but all the countries surrounding Niger, including Mali, Burkina Faso and Nigeria," she said [UNICEF]

22 August

MSF-FR: Food distributions by the United Nations are not reaching those who need them the most. Médecins sans frontières launches an appeal to the Secretary General of the United Nations.

Although food distributions have started in Niger, Médecins sans frontières has observed that they do not primarily come to the rescue of those who imperatively need them to survive: children under five who live in the areas hardest hit.

MSF urges the Secretary General of the United Nations to take steps for the humanitarian agencies of the United Nations (World Food Programme – WFP - UNICEF) to channel this aid in accordance with the real needs of the populations.

Indeed, to this day **food distributions organized by the WFP have not matched in quantity or in quality the seriousness of the epidemic of acute malnutrition** managed by the teams of Médecins sans frontières, and particularly the needs of the children suffering from acute malnutrition. [MSF-FR]

23 August

NIGER: Kofi Annan visits the hungry as MSF blasts UN. United Nations Secretary General Kofi Annan arrived in hunger-stricken Niger on Tuesday for a first-hand look at the country's food crisis as international charity Médecins Sans Frontières (MSF) lambasted the UN's response to the emergency.

Accompanying President Mamadou Tandja of Niger to Zinder, some 900 kilometers east of the capital, Niamey, and one of the regions hardest hit by the crisis, Annan stressed the need for cooperation to solve the problem.

"To find a solution together, it is necessary to work together to resolve the situation not only in the short term but in the long term also," Annan said.

MSF workers chose Anna's visit to voice concerns that the food being distributed in Niger is not suitable for children fighting malnutrition. MSF coordinator Isabelle Deform told IRIN by phone

from Maradi, southern Niger, that they had spoken with Annan on the matter [IRIN]

UNICEF releases a news note: "**UN Secretary-General visits UNICEF-supported hospital in Niger**". On the first day of his visit to Niger, United Nations Secretary-General Kofi Annan got a first-hand look at the food crisis affecting the country. "I came here to see things for myself and I'm very happy that I came," said Mr. Annan to a group of international and national media. "I was able to visit the UNICEF-supported hospital in Zinder and I also saw MSF's (Médecins Sans Frontières) operations. I think that both are very effective and both are helping the children," said Mr. Annan.

Children at the UNICEF-supported hospital in Zinder are being treated for a variety of ailments including under-nutrition, malaria, acute respiratory infections, anemia, pneumonia and other leading childhood diseases. UNICEF Niger supports the Children's Hospital by providing therapeutic milk, therapeutic food, essential drugs, mosquito bed-nets, weighing scales and growth monitoring boards. UNICEF also supports the training of national health workers throughout Niger [UNICEF]

UNICEF releases a news note: "**New analysis : Niger crisis has deep roots**". Even a brief stay in Niger drives home the urgent need for the humanitarian relief that is now arriving after a sluggish international response to the long-predicted food crisis there. At UNICEF-supplied centres where bone-thin children receive therapeutic milk through feeding tubes and those less severely affected get other high-protein supplements, there are finally signs that most of the 800,000 young people of the Niger at risk of acute malnutrition will be reached.

For some, however, it is already too late. And for children in Niger and throughout the drought-prone West African region known as the Sahel, this crisis exposes deeply rooted issues of poverty and human rights that extend well beyond the current emergency.

Conversations with UNICEF Niger staff, local partners and people on the ground reflected a **far more complex situation than the quasi-Biblical famine portrayed by some media reports** [UNICEF]

24 August

NIGER: Annan says more food assistance needed if lives to be saved. Fresh from visiting skeletal babies and worried mothers at the heart of Niger's food crisis, UN Secretary Kofi Annan on Wednesday called for more funds to save thousands of lives in the weeks leading up to the next harvest.

UN agencies have appealed for US \$81 million to help fill empty stomachs and treat the sick in hunger-stricken Niger, the world's second poorest country.

But **despite a torrent of media attention, only half of that sum -- US \$41 million -- has been donated to date** and Niger's people have an anxious month to go before the next crops can be harvested.

"A food crisis of such a scale is unacceptable in the 21st century," Annan told a press conference in the capital, Niamey, at the end of his two-day visit. "We are trying to push the international community to act quickly, we are telling them to hurry up." [IRIN]

27 August

BBC: Can aid do more harm than good? When Niger's president accused aid agencies of exaggerating his country's food crisis for their own gain, Western media reacted with shock.

How dare he bite the hand that feeds his people, commentators asked. Many suggested the president was making excuses for the failings of his own government. But according to some leading aid experts, Mamadou Tandja had a point.

His remarks may have been self-serving, they concede, but they also raised serious issues about the way aid emergencies are handled. "I think NGOs and rich country media do have an incentive to paint too simplistic and bleak a picture, as was the case in Niger's food crisis," Professor William Easterly of New York University told the BBC News website.

	<p>There were localized food shortages this year - but they were not particularly acute, and are now easing.</p> <p>What Niger is experiencing is not a sudden catastrophe, but chronic malnutrition that makes people vulnerable to rises in food prices.</p> <p>Glib talk of famine backed by pictures of starving children may help NGOs raise funds, but it does nothing to address these basic problems, says Mr. Easterly [BBC]</p> <p><u>29 August</u> Le Monde – Famine in Niger: we are all responsible, by Kofi Annan. Tuesday, August 23, in Zinder, one of Niger’s main agricultural areas, I met a 23-year-old woman named Sueba. To get food relief, she had to walk more than 75 kilometers with her two-year-old daughter Zulayden in her arms. Sueba had already lost two children who had died of starvation, and the remaining one only had 60% of the regular weight of a child her age.</p> <p>She feared that at worst Zulayden would not survive, at best that she would experience for all her life the hunger and deprivations that she only knew too well. With in her eyes a look that I will never forget, she was imploring the world to hear her call for help, not only for that day but also for the months and years to come.</p> <p>The people and the Government of Niger are going through a multitude of daunting ordeals: hunger, persistent drought, locust invasions and collapsing regional markets. [Le Monde]</p> <p>A UNICEF Nutrition Officer arrives in Niamey on mission (from 29 August to 29 September) from Ivory Coast to support CO [UNICEF]</p> <p><u>30 August</u> Famine Early Warning System Network (FEWS NET): Monthly report on food security in the Sahel and in Western Africa.</p> <p>The food insecurity experienced in the Sahel and in the North of West African coastal countries during 2005 is the result of a combination of several cyclical and structural factors. A declining production because of the drought, exceptionally high cereal prices in Western Africa, inappropriate measures which hinder trade exchanges as well as poverty increase have contributed to the exacerbation of the crisis. Over the year 2005, the price of cereals went skyrocketing. Until August 2005, their price in the Sahel and in Northern Nigeria was much higher than the average of the last five years had been, which limited food access to poor households that have to rely on markets for their food supplies. The most affected populations are small farmers, pastoralists and agropastoralists, who live on subsistence farming and mostly rely on the markets to cover their cereal needs. [FEWS NET]</p> <p><u>31st August</u> IASC Task Force meeting on Niger [IASC]</p>
<p>September 2005</p>	<p><u>2nd September</u> Donor meeting on Niger in GVA [IASC]</p> <p><u>14 September</u> Story posted on the UNICEF website: “A garden oasis amid the crisis”. Niger is struggling to cope with a nutrition crisis. But in the village of Alikinkin, community gardens are an oasis of beauty and a source of food, helping children avoid the worst effects of the crisis.</p> <p>In Alikinkin’s gardens, donkeys, goats and birds flourish among the grasses, bushes, palm and date trees. Neatly-planted rows of crops are irrigated with fresh water pumped from wells – a stark contrast to the situation in other parts of the country.</p> <p>UNICEF’s office in Agadez, a town near Alikinkin, is supporting 50 community garden projects by helping construct water wells, providing gardening seeds, fertilizer, insecticide, fencing and tools.</p> <p>The goal is to ensure that village children have access to nutritious foods. The gardens produce tomatoes, onions, carrots, peas, beans, cabbage, potatoes and wheat [UNICEF]</p>

15 September 2005

Story posted on the UNICEF website: “**For pregnant women in Niger, prenatal check-ups come with grain**”.

Nineteen-year-old Sara was one of a thousand pregnant women who gathered recently at the health centre at Tchadoua in Niger’s Maradi region, for free prenatal check-ups and also to collect a set of benefits: food and an insecticide-treated bednet, to help prevent malaria.

Like Sara, most of the women gathered in Tchadoua had never had a prenatal check-up before, but the main draw was the supply of food. The villages around Tchadoua have been hit hard by Niger’s ongoing food crisis.

“After morning prayers at 4.30 I had breakfast and started walking here,” Sara said. “I didn’t have time to do the housework today, because I had to come for my check-up.”

UNICEF, working with the government of Niger and other organizations, organized this effort for pregnant women in 56 villages in this area [UNICEF]

16 September 2005

FEWS NET: The food crisis: Governing principles for the regional food security surveillance system in the Sahel

The annual harvest assessment for each growing season is the primary information source for decision makers in drawing up food security strategies for West Africa and the Sahel in particular. The surveillance system set up by the CILSS and its technical partners at the country and regional levels operates year-round through regular consultations to prevent food crises in the Sahel.

The document describes the Structure of the regional surveillance system, its Operating mechanism, Steps taken between November of 2004 and June of 2005 to prevent the food crisis in the Sahel as well as a description of the food situation in the Sahel.

The document concludes by saying that the current food crisis in Niger and in localized areas in certain parts of Mauritania, Mali, Chad and Burkina Faso (in brief, in the Sahelian zone) is **not a simple transitory emergency**, but a **foreseeable and inevitable product of the chronic poverty** running rampant in one of the poorest and most remote regions of the world. Year after year, in good as well as bad years, there is a raging food crisis somewhere in the Sahel, in some pastoral, agropastoral or farming area, caused by too much or too little rainfall, damage from crop predators, overproduction or underproduction or by a simple breakdown in local coping strategies (seasonal migration, mass rural-urban migration, small-scale trading activities, seasonal employment, craft-making, etc.) Growing poverty is overwhelming local efforts, economies and coping capacities.

The good will shown by most other parts of the world in helping to combat these conditions, which certain newspapers and NGOs are referring to as a « famine » in Niger, is both fitting and welcome, but without a similar commitment and sustained effort to tackle the chronic problems at the heart of these current localized crises, before long, we will find ourselves up against a repeat of these same problems [FEWS NET]

BBC: Support for new UN emergency fund. Six countries have pledged almost US\$150m (£80m) to a proposed new United Nations emergency fund.

The fund would allow the UN to respond to natural disasters and other emergencies within a matter of days rather than weeks it can take now.

The pledges came during the World Summit in New York, and the proposed fund will be debated by the United Nations later in the year.

The proposed new fund, known as the **Central Emergency Response Fund**, would replace a current arrangement under which the UN can give loans for emergency operations with one which disburses grants.

The total envisaged is US\$500m (£280m) per year, 10 times the sum available now.

Jan Egeland, the UN's Under Secretary General for Humanitarian Affairs, welcomed the move. "Our responses are very uneven," he said, "and **it often takes time for us to get money to teams in Niger**, to anti-locust teams, to Darfur before mortality goes up. Now we will be able to say 'let's go' in three to four days rather than three to four weeks."

Mr Egeland also said it would enable the UN to deal with crises which are currently beyond its capabilities [BBC]

19 September

UNICEF Donor Update. Niger's acute **nutrition crisis is caused by a variety of structural factors**, such as rapid population growth, unsustainable farming practices, massive poverty, lack of access to essential health services, and intra-household inequities that disfavour women and children, including poor child feeding and childcare practices. These are further compounded by negative regional trends in cereal prices, as well as conflicts that hinder labor migration during the lean season. Due to these structural causes many children continue to suffer from acute and chronic malnutrition.

In order to respond to the structural causes of the current crisis UNICEF, together with the government of Niger and other partners, is developing a **national nutrition strategy** that will address the food and non-food determinants of children's nutritional status.

UNICEF regular and emergency nutrition programs have been scaled up to provide support for the government and to coordinate a network of 20 national and international NGOs in their efforts to reach a minimum of 192,000 children suffering from acute malnutrition. In line with its Core Commitments for Children in emergencies, UNICEF's overall emergency response focuses on nutrition, health, water and sanitation and protection activities.

As **lead agency for the nutrition sector response**, UNICEF chairs weekly meetings with Government and national and international NGO representatives in Niamey to review progress and constraints. Similar region-based coordination meetings are held in affected regions (Zinder, Maradi, Tahoua, Tillaberi). UNICEF has also coordinated with the Ministry of Health, UN agencies, and NGO partners for the development and adoption of a national protocol for the management of acute malnutrition and the development of a national capacity building strategy to train front-line workers in the management of acute malnutrition [UNICEF]

20 September

MSF-FR: The crisis is far from being resolved. In Niger, while the number of children suffering from severe malnutrition in our therapeutic nutrition centers remains at its highest, Thierry Allafort-Duverger, in charge of emergencies at MSF, dwells on a nutrition crisis which is far from being resolved.

Until July, we would keep questioning again and again the choice of the Government of Niger and of the actors of the aid mechanism to respond to an emergency by selling food instead of distributing it free of charge.

Starting in mid-July, the late but effective press coverage of this crisis triggered an international aid movement. But across-the-board free distributions of food organized by the World Food Programme (WFP) and targeted according to the crop situation without taking into account the nutritional status of the populations, have not reached those who needed it the most.

Today, the Government of Niger, supported by the WFP, is requesting that general distributions of free food be stopped from early October, two weeks after the beginning of the harvest, to prevent a destabilization of the market. An injection of outside food assistance can indeed hinder good crop sales and have a negative impact on the resources of Nigerian farmers. But, as the Secretary General of the United Nations recognized it himself after his visit to Niger on August 23: "*When it is too late, when a crisis has already been declared, there is no way that the granting of potentially life-saving emergency aid can be subordinated any more to whatever future objective of self-reliance*". *It is about human beings, not principles that we must think first and foremost.*"

We are still in an emergency situation. Therefore, any effort to distribute free aid to families in trouble and prevent their children from lapsing into malnutrition still appears welcome to us. But we insist that these distributions be imperatively redirected to focal areas of acute

	<p>malnutrition. [MSF-FR]</p> <p><u>22 September</u> FEWS NET: Farmer debt and falling cereal prices could make 2006 as bad as 2005 for some Food security conditions are generally improving in Niger. Staple cereal prices have started to come down, and livestock conditions are vastly improved, increasing pastoralists' ability to buy grain and consume milk. Across the Sahel, and even in the coastal West African countries, a very good rainy season is expected to provide a good to record harvest.</p> <p>But for many households, particularly the most vulnerable, the large amount of grain that is beginning to hit the market signals a new struggle to regain food security. Because they are highly indebted, and need to pay back debts, they will be selling a large part of their grain harvest in the market. As grain prices decline rapidly, they will receive less and less money for their valuable food, and will have to sell more and more of it to repay their debt. As a result, many of them may experience early and severe food shortages in 2006, and could face a food crisis as severe as the one that has just passed. How far prices fall, and what impact low prices may have on the poorest, are therefore critical to monitor in the Sahel [FEWS NET]</p> <p><u>23 September 2005</u> BBC: Niger's children continue dying. The southern belt of Niger is lush and green with abundant crops almost ripe for the forthcoming harvest.</p> <p>If you were just passing through as a traveller you could drive for hundreds of miles along the narrow strip that hugs the bottom of this giant country - the only arable land in Niger - in the happy belief that there wasn't a problem.</p> <p>The only thing that might tweak your concern would be the regular sight of malnourished children standing naked outside their huts.</p> <p>But were you to take a left or a right off the main road - the only tarred road in the region - and travel into the villages, you'd find one of the ugliest and saddest human plights on this continent.</p> <p>Few can afford the little food there is, and although the next harvest looks promising people are still starving to death [BBC]</p> <p><u>27 September</u> MSF-FR: In September, thousand of children still victims of malnutrition. In spite of heavy press coverage last summer and of the mobilization of international assistance which has been announced, the crisis continues in Niger. Report from the Zinder region, where the massive arrivals of children suffering from severe malnutrition will not let up and where the amounts of free food distributed are very insufficient for the most deprived families. MSF-FR]</p> <p><u>29 September 2005</u> UNICEF releases a news note: "UNICEF, MSF, WFP join forces to save children's lives". Médecins Sans Frontières (MSF), UNICEF and the World Food Program (WFP) launch a joint Targeted Supplementary Feeding Initiative in Zinder, southern Niger.</p> <p>Even if the lean season is almost over in most areas of Niger, children continue to pay the highest tribute to the nutrition crisis. This initiative will extend care and protection to a large and isolated population of children under five years of age in Zinder, one of the regions with the highest malnutrition rates in Niger. Trained front-line health workers will screen over 250,000 under fives using mid-upper arm circumference so as to identify an estimated 45,000 children with severe or moderate malnutrition. Children with severe malnutrition will be referred to the ongoing therapeutic feeding programs; families of children with moderate malnutrition will receive a month's ration of a high-nutrient supplementary food for children (UNIMIX/CSB) [UNICEF]</p>
<p>October 2005</p>	<p>UNICEF Niger Emergency Preparedness and Response Plan (EPRP) is reviewed. The conjunction of the drought and the locust invasion on top of the food deficit is always a</p>

“situation likely to trigger extraordinary action from UNICEF” the likelihood being 5 in 5, which means that it is “existing or certain”. The potential scope is estimated at **100,000 moderately malnourished children and 32,000 severely malnourished**. Therapeutic foods are ordered and distributed in CRENIs and CRENAs. According to the EPRP, the need for nutrition specialists has been fulfilled since April. [UNICEF]

4 October

ODI: ‘Beyond the blame game’. Report on a meeting on Niger held in London on 4 October 2005.

The Niger crisis and the response to it have generated considerable controversy within the humanitarian sector. How effective were early warning and assessment mechanisms in producing timely, credible and accurate information and analysis? When it finally came, was the response appropriate? Why did the donor response appear to be slow, and did lack of funds act as a significant brake on the response? Was it appropriate to blame donors for the slow response? Did this succeed in galvanizing action?

The event was hosted by the Humanitarian Policy Group and ALNAP at the Overseas Development Institute (ODI), and was sponsored by the UK Department for International Development. In addition to ODI staff, it was attended by 36 representatives from donors and aid agencies, the media and academics [ODI]

6 October 2005

FEWS NET: Falling cereal prices near average levels; will they drop more?

During September, FEWS NET collected market price data in more isolated areas around major markets, in order to supplement other price collection data. These data indicate that millet prices in these areas have fallen substantially over the last few months.

However, the Government of Niger’s SIMA average major market price compared to the 5-year average for these same markets indicates the steep decreases have brought millet prices close to their average levels.

Though these prices remain above the low levels experienced in 2003 and 2004, there is some concern that if prices fall too far farmers will be unable to get a reasonable return on their crops and will have difficulties repaying the debt they have acquired to survive this year’s crisis.

13 October 2005

UNDP: Kemal Dervis says more resources are needed in Niger.

Following a tour through rural Niger UNDP Administrator Kemal Dervis said still more resources are needed to resolve the immediate problem of feeding the hungry in the famine-hit Sahelian region, and stressed the importance of working towards longer-term solutions to Niger’s food crisis.

“There needs to be an increase of resources allocated to the Sahelian region.” Dervis said after his meeting with Prime Minister Hama Amadou here in Niger’s capital.

He added: “A longer-term commitment is needed for the region, not just in response to crisis.” [IRIN]

15 October

Main results of the response given by UNICEF and partners to Niger’s nutrition crisis. Period from July 1 to October 15, 2005..

From July 1 to October 15, 2005, more than 152,000 malnourished children have been admitted to the nutrition recovery centers of UNICEF’s various partners, which is a coverage rate of 80% versus the objective of 192,000 targeted by December 2005. If this trend continues, we can legitimately hope that the expected results will be achieved in the required time frame.

Out of 22,716 children who left the centers from July 1, to September 30, 2005, statistics supplied by 12 NGOs out of the 20 that UNICEF supports show a recovery rate of over 92.36 %, a death rate of 2.93 % and a drop-out rate of 4.71 %. The average figures that came

in show rather satisfactory results, in keeping with the performance standards that were set in the malnutrition management protocol.

Notably, these results stem from the efforts of the actors in the field, the Government, all partners and mostly the high mobilization level of emergency financial resources, which are already in excess of 19 million dollars as of October 15 [UNICEF]

16 October 2005

UNHCHR: Statement by Jean Ziegler Special Rapporteur on the Right to Food on the Occasion of World Food Day

The Special Rapporteur carried out an **urgent mission to Niger from 8 to 12 July 2005**, when almost a third of the population, around 3.6 million people, including 800,000 children, were facing acute malnutrition, and in some regions vulnerable people, in particular infant children, are dying from starvation. According to the Government's surveillance of the hunger situation in July 2005, only 19 out of 106 zones were in a satisfactory food situation, the situation in all other zones being critical or extremely critical. During visits to Ouallam and Tondikiwindi, the Special Rapporteur saw evidence that thousands of farmers were reduced to subsisting on seeds gathered from termite mounds and roots and poisonous fruits called *Anza*.

The response of the international community to this catastrophe has been tragically slow. Despite numerous appeals by the Government and the United Nations agencies since November 2004, there was little response to the crisis until August 2005. At a press briefing on 24 May 2005, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Jan Egeland described Niger as "the number one forgotten and neglected emergency in the world". An appeal for US\$16.2 million launched by the United Nations in May 2005 to cover basic essential needs, but only \$3.8 million had been received by July 2005. However, an extra-ordinary visit of the UN Secretary-General, Kofi Annan, on 23 August 2005 to Niger, following the visit of the Special Rapporteur, focused attention of the world on the crisis. The Arab States, including Algeria, Morocco, the Libyan Arab Jamahiriya, Saudi Arabia and Dubai sent emergency food assistance and promised funds. The European Union, France, Sweden, Norway, Switzerland, Belgium, Denmark, Germany and the United States of America also sent emergency aid and announced that they would contribute US\$10 million. Venezuela alone announced that it would contribute \$3 million.

Today, food assistance is beginning to arrive, but now it may be too late and may even cause a new catastrophe. After recent rains, farmers are looking forward to producing a good crop of millet for this year, but if the newly harvested millet will reaches the market at the same time as imported food assistance, driving down prices and driving down the incomes of Niger's farmers possibly precipitating a new crisis of hunger and poverty.

The food crisis has also not been helped by the role of the World Bank and the IMF, which have not created an environment conducive to resolving extreme hunger and poverty in Niger. **The introduction of VAT in the January budget**, on the advice of the IMF and the World Bank, established VAT of 19% on consumer items, including food and water. This came at a time when Niger was already grappling with serious food shortages. After protests from civil society, the Government agreed in April 2005 to exempt flour and milk from the tax and establish a higher ceiling on water bills before VAT can be applied [UNHCHR]

24 October 2005

OXFAM: Predictable funding for humanitarian emergencies: a challenge to donors.

Every year the lives of millions of people are devastated by natural disasters, conflict and other humanitarian emergencies. 2005 has seen particularly extreme humanitarian emergencies including the tsunami, the Sahel food crisis, and hurricanes Katrina and Stan. Tackling these crises requires a range of actions including immediate humanitarian assistance and long-term development. This short paper focuses on one concrete way in which the global humanitarian response could be improved to help prevent avoidable suffering and death — the **upgrading of the existing UN Central Emergency Revolving Fund (CERF) to a new Central Emergency Response Fund.**

This year's **food crisis in Niger was predicted months before it hit the headlines, and deaths could have been prevented if funding had been made immediately available at that time.** It took television pictures of starving children in July 2005 to prompt donors to

	<p>commit funds, by which time the shortage had turned into a crisis. Now another food crisis is unfolding in Southern Africa where over 10 million people are at risk of hunger, and natural disasters have struck in Central America and South Asia. While humanitarian assistance cannot prevent every disaster, it can greatly help mitigate their impact. Yet tragically, the aid is often too little and too late to do this [OXFAM]</p> <p><u>26 October 2005</u> UNICEF releases a News Note: Food programme in Zinder region saves lives, but crisis is not over.</p> <p>Mothers and children waited patiently under the shade of trees, avoiding the burning sun. They had gathered here in hopes of getting a ration of food, from a new feeding programme for villages in the Zinder region – one of the areas hardest hit by Niger’s food crisis.</p> <p>Once the waiting was over, mothers and children were admitted in small groups to a screening site. Children’s arms were measured to help determine whether they were undernourished. (A measurement called the ‘mid-upper arm circumference’ is a quick and effective way to check nutritional status.)</p> <p>Those children who were severely undernourished and those with malaria were quickly moved to a makeshift hospital for treatment. Their mothers looked worried and fatigued.</p> <p>A large majority of the children were at least moderately undernourished. Their mothers received a bag (25 kg) of CBS/UNIMIX (a high-nutrient supplement), 4 liters of oil and a bag of sugar. They lined up to pick up the rations and to have their children’s hands dipped in ink – confirming that they had received their portions.</p> <p>Afterwards some of them tried to clean their children’s hands with sand, hoping to go through the line for a second portion – and who could blame them? [UNICEF]</p> <p><u>28 October 2005</u> UN expert decries 'assassination' by hunger of millions of children Every child who dies of hunger in today's world is the victim of an assassination, a United Nations expert on the right to food, Jean Ziegler, said today in New York.</p> <p>The world's agricultural production should be able to feed 12 billion people, but globally, 852 million are consistently undernourished, 100,000 people die of hunger every day, and a child under 10 years of age dies every 5 seconds, Mr. Ziegler told a press conference. He called this a daily massacre of human beings through malnutrition.</p> <p>The tragedy is most intense in Africa, where bad harvests have destroyed the lives of millions of people in the Sahel, especially in Niger, where only 430 tons of millet have been harvested this year instead of the usual 1.6 million [UNICEF]</p> <p>UNICEF Proposal “Emergency assistance needed to fight acute malnutrition in Niger” (SAN/NUT/05/21) sent to the Spanish Government [UNICEF]</p>
November 2005	<p><u>5 November</u> Infos newsletter UNICEF Niger, November 2005. UNICEF’s response to the nutrition crisis. Management of 200,000 children.</p> <p>From the triggering of the food and nutrition crisis in Niger, UNICEF, in cooperation with the other Agencies of the United Nations system (especially the WFP, WHO and UNFPA) and in partnership with national and international NGOs, has supported the government in assisting children and women.</p> <p>The first stage consisted in developing and validating a national protocol with the Government and partners to put in place three categories of centers: ambulatory nutritional recovery centers (CRENAMs), nutritional recovery centers (CRENASs) for severely malnourished children, and lastly intensive nutritional recovery centers (CRENIs) for severely malnourished children who need medical management for malnutrition-related diseases.</p> <p>The second stage dealt with the training of the officers to this protocol (more than 491 officers</p>

and service providers and 26 trainers were trained this way), the establishment of a partnership with the 24 national and international NGOs working in the field, and the provision to partners of dietary and pharmaceutical inputs as well as the required materials to take care of 32,000 severely malnourished children and 160,000 children suffering from moderate malnutrition. Furthermore, in the health sector, UNICEF's contribution made it possible to extend vaccinal coverage to close to 80% in the affected zones and to ensure the distribution of 100,000 impregnated mosquito nets to the severely malnourished children admitted to CRENIs and to 180,000 pregnant women. UNICEF also endowed nutritional recovery centers and regional hospitals with essential drugs for the management of the most frequent diseases (malaria, acute respiratory infections, diarrheas, etc.), contributed to the treatment of 500 cholera patients in the Tahoua region, and set up a deterrent charge system in Niamey hospitals to enable management of the malnourished [UNICEF]

16 November

FEWS NET: Executive overview of food security threats in Sub-Saharan Africa. Households most affected by the 2005 crisis are highly indebted and have lost much if not all of their productive assets. These households continue to need assistance in reestablishing their livelihoods [FEWS NET]

UNICEF launches a Real Time Evaluation (RTE) of UNICEF's response to the 2005 Niger food and nutrition crisis (16 November to 2nd December)

The objectives are to assess: a) UNICEF's contribution to the *monitoring of the food and nutritional status* of the country *before the crisis* (Early Warning System and coordination and consultation mechanisms); b) UNICEF's contribution to the *preparedness measures for a possible crisis*; and c) UNICEF's contribution to rapid humanitarian action *during and after the crisis*.

RTE examines UNICEF's performance first and foremost at the country level through the Programme of Cooperation entered with the Government of the Republic of Niger (2004-2007), but also with respect to the support provided by the West and Central Africa Regional Office (WCARO) and by New York Headquarters. This is to be done in the context of UNICEF's work with Government and of civil society, as well as in its partnerships with the other United Nations agencies and other external aid agencies [UNICEF]

20 November 2005

UNICEF produces monitoring report # 2 on the main results of the response of UNICEF and partners to Niger's nutritional crisis, for the period from October 16 to November 15, 2005.

As of November 10, 2005, **204,232 children had been admitted to nutritional recovery centers.** With respect to UNICEF's initial objectives in June's emergency, i.e. the management of 192,000 malnourished children by December 2005 (estimate based on 800,000 children under 5 living in the areas affected by the food crisis, as assessed by CC/EWS), the coverage rate of 106% has been reached. Estimates have been revised upwards as malnutrition has turned out to be an important factor outside the zones that were defined as being vulnerable by CC/EWS. At this point, the interventions of UNICEF, the WFP, NGOs and partners are based on a target of 278,569 children by December 2005. To this effect, the coverage rate of children as of November 10 has reached 73%.

Of the 31,124 children who came out of nutritional recovery centers, a recovery rate of 79,38 % has been recorded in CRENIs/CRENASs and 92.21 % in CRENAMs. In comparison with reference values (Chart 7), monitoring indicators have shown satisfactory results. From the data available, the average stay in CRENIs is estimated to be 22 days, and the average weight gain 18g/kg/j. The average stay in CRENAMs is 30 days.

22 November

UNICEF Proposal "**Emergency assistance needed to fight acute malnutrition in Niger**" (SAN/NUT/05/21) gets 500.000 EURO from the Spanish Government [UNICEF]

WFP Emergency Report nr 48 of 2005

Figures indicate that **3.2 million people from the Niger**—nearly a third of the rural population—are severely and moderately food insecure, and **will need food- and non-food assistance in the short term:**

1) EFSA figures indicate that 3.2 million people from the Niger—nearly a third of the rural population— are severely and moderately food insecure, and will need food- and non-food assistance in the short term. 2) The operation needs 11,000 MT of food in order to meet planned requirements through March. 3) WFP’s Niger EMOP has a shortfall of over 35% of its resourcing requirements. 20.3 million US dollars are still needed to cover all activities of the operation [WFP]

23 November

REUTERS: Millions in Niger may face hunger again in 2006 – UN.

Millions of people in Niger could face severe food shortages again next year if donor countries fail to maintain aid funding as the crisis slips from the international agenda, the United Nations said on Wednesday

Starvation threatened the lives of tens of thousands of children and left millions of adults hungry earlier this year after drought and locusts destroyed crops in the West African country, one of the world’s poorest.

"It will take only the slightest adversity to push families over the edge again," Gian Carlo Cirri, head of the U.N. World Food Programme (WFP) in Niger, said in a statement [REUTERS]

UNICEF releases a news note: **Niger: Food crisis may yet worsen.** Startling new figures from Niger show that, since the worst of the food crisis in July, more than 12 per cent of the country’s children under 5 have been treated for some form of malnutrition. Humanitarian workers are warning that the crisis is not over; **a new critical period is expected in January-March of next year.**

In the main hospital of Niamey, the country’s capital city, the emaciated figures of bird-like babies are proof enough of the ongoing crisis.

“Up to 20 per cent of children here are chronically malnourished – that’s one in five children in a city like Niamey, where the conditions are meant to be much better,” said UNICEF’s Isselmou Boukhary. “So you can see that the situation in the rural areas is much more serious. It’s really shocking.” [UNICEF]

24 November

Save the Children Alliance: Niger food crisis – update.

The Niger food crisis of 2005 was triggered by a lethal combination of poor rainfall in and a locust infestation, but the underlying cause was poverty.

"So many people in Niger are so desperately poor that a small shock creates a humanitarian disaster" says Toby Porter, Save the Children’s Director of Emergencies. "There is no war in Niger, no rebel groups, no despots, no problems getting the aid in. It is just poverty." [Save the Children]

OCHA: Niger: Nearly two million face food insecurity despite good cereal harvest.

Close to two million people in arid Niger could go hungry in 2006 despite a bumper cereal harvest this year, warned the government who blamed the problem on perennial food insecurity

Earlier this year, images of malnourished babies from Niger were beamed across television screens around the world after locusts and drought in 2004 resulted in massive food deficits.

But even though latest government figures indicate cereal surpluses to the tune of 21,000 tones of millet, sorghum and maize as well as a surplus of animal feed, nearly 2 million people in over 1000 villages could still go hungry next year.

“Despite that surplus, 1,810,356 people in 1,017 villages are at risk of food crises either because of late planting, the early end of the rains or because of the deterioration of soil quality,” said the minister of Niger for animal resources, Abdoulaye M Jina on Wednesday.

Of the villages that could face difficulties, one third are in agro-pastoral regions, where semi-nomadic communities always struggle to produce enough to feed themselves, Jina said [IRIN]

29 November

REUTERS: Niger says no food crisis, threatens to expel NGOs.

Niger has accused aid agencies of exaggerating the threat of severe food shortages next year to boost their funds and threatened to expel any organization operating without government blessing.

Health Minister Ary Ibrahim said reports of a looming crisis were aimed at harming Niger, after a World Food Programme dossier warned last week that millions of people could face severe food shortages if donor countries let aid funding slip.

"After a good rainy season, the food crisis is finished," Ibrahim told a news conference late on Monday. "I categorically deny these tendentious reports aimed at discrediting our country. We will not allow an NGO or any other organization to manage funds behind our backs and make publicity, propaganda even, to raise money."

Despite accusing aid groups of exaggeration, the government has recognized that nearly 2 million people could face difficulties in 2006 due to late crop sowing, an early halt to rains and soil erosion.

"Any NGO or other international organization which does not go via us to support our hospitals or health centres will simply be expelled," Ibrahim said. "All necessary steps will be taken to end such scheming."

The **government has launched an investigation** to discover why NGOs have spent only 4 billion CFA francs (\$7.2 million) from 50 million raised to tackle the crisis, Ibrahim said.

While last year's cereal harvest fell 223,000 tons short of the population's estimated requirements, Niger has said that thanks to better rains this year it expects to have a surplus of 21,000 tons.

The central region of Maradi and Zinder in the west, which were hard hit by last year's crisis, are also expected to have considerable surpluses this year [REUTERS]

AFP: World Food Programme head arrives in Niger amid famine row.

The head of the United Nations World Food Programme (WFP) began a two-day visit to Niger Tuesday amid a **dispute with the government over whether the west African country faces a famine next year or not.**

This weekend the government of Niger denied a statement made by the WFP on November 23 that the country was facing a new food crisis in 2006, raising memories of a disagreement over famine earlier this year which brought UN Secretary General Kofi Annan to Niger to answer criticism of UN activities.

WFP executive director James Morris sought to calm the row by saying his organization aimed to save lives not raise money, and had come to Niger to learn the lessons of this summer and see what had worked and what had not.

The attention of the world's press focused on a major food crisis in Niger this summer, the result of drought and invasions by locust swarms, though the **president and his prime minister disagreed over whether the country was in the grip of a famine or faced local food shortages.**

Although harvests are reported to have been good this year the **WFP last week warned that "a second food crisis" was in the making and launched an appeal for 20.3 million dollars.**

The warning was received frostily in Niamey where the government wants to burnish the nation's image as the Vth Francophone Games are about to open in the capital.

Health Minister Ari Ibrahim said Monday that "after a good rainy season the food crisis is over and all regions are recording surpluses."

	<p>Government spokesman Mohamed Ben Omar condemned Monday "the behaviour of certain partners who are trying to pour oil on the flames."</p> <p>Morris met Tuesday Prime Minister Hama Amadou and insisted on the need to cooperate with the government of Niger, saying that the two sides would work to fight hunger and poverty and that the government was an essential partner in the WFP's work [AFP]</p> <p>WFP After Action Review starts in Niamey. The review will take place in Niamey on November 30 and December 1st 2005 under the patronage of the Prime Minister and WFP Executive Director; it will be co-chaired by WFP Regional Director for West Africa and the Prime Minister. The purpose of the review is to review the food security analysis and response mechanisms in Niger and to draw lessons for an improved response in a similar situation in Niger and other countries [WFP]</p>
<p>December 2005</p>	<p><u>1st December</u> IRIN: Niger: Government demands closer consultation from aid agencies. Talks this week among Niger and aid organizations on the response to the country's food crisis are taking place amid demands by the government that the humanitarian community respect its sovereignty.</p> <p>Niger's government has slammed members of the aid community for what it says is a failure to consult it on food assistance policies and funding in the massive effort to relieve this year's widespread food shortages, which the UN estimated affected one in four of Niger's 12 million people.</p> <p>"What is most unacceptable is this unfortunate tendency to flout the government's role by certain donors - fortunately not all - who think they can place more trust in international aid groups and NGOs than in the government to save the lives of people of Niger," Prime Minister Amadou Hama said on Wednesday at the talks in the capital, Niamey.</p> <p>"In our eyes this is a denial of the credibility of our democracy and even of our country's sovereignty," he said.</p> <p>Niger has also taken issue with statistics used by the UN's World Food Programme, WFP. Last week WFP appealed to donors, saying it still needs US\$20 million to continue assisting people needing food assistance in Niger. The UN agency said more than three million people in Niger were likely to face food shortages in coming months. "A break in food supplies looms as early as December if donations are not forthcoming," a WFP statement said.</p> <p>WFP said with the knock-on effects of catastrophic food shortages in early 2005 - triggered largely by drought and locust invasions the year before - about 1.2 million people have enough food stocks for just three months. Another two million people, it estimated, have enough reserves for at most five months.</p> <p>Niger's government says the figure is lower, estimating that about 1.8 million people could face food shortages over the coming months. "We cannot accept talk about a hunger crisis of the degree we saw here last year," Amadou Dadio, the Prime Minister's press officer told IRIN. "There was a very good harvest this year, and even a surplus in cereal production. "We think WFP must show us why they think 3 million people will need food assistance," he said.</p> <p>Government spokesperson Mohamed Ben Omar said, "Aid organizations must recognize that they are working within a sovereign nation with a democratically-elected government."</p> <p>WFP West Africa spokesperson Marcus Prior told IRIN, "In everything WFP does in Niger, we seek to do so in partnership with the government. That is how we have worked in the country and we will continue to work together." [IRIN]</p> <p><u>2nd December</u> WFP Emergency Report nr 49 of 2005 To date, the WFP Niger Emergency Operation (EMOP) has reached nearly 3 million beneficiaries, having distributed 53,948 tons of food commodities.</p>

In order to meet immediate needs in the country and to bridge supply through to the coming Protracted Relief and Recovery Operation (PRRO), **WFP extended its EMOP in time through March**. Planned activities through this period will reach a total of over 1.3 million and will include supplementary feeding, a protection ration, and a family ration along with rural development activities including support to cereal banks and Food-for-Work (FFW).

Based on the growing body of data which forecasts continuing vulnerability in Niger for the coming year, **WFP is positioning itself to launch its PRRO, which will begin in April 2006 and last two years**. The project will contain primarily Nutrition, Food for Work, and Cereal Bank activities. Together with partners and the GoN, the results of current assessments will be discussed to determine the most appropriate course of action. Implementation of the project will also be closely coordinated with the programs of the Dispositif and other partners [WFP]

5 December

MSF-FR: The nutrition situation remains a source of concern.

About 60,000 children suffering from severe malnutrition were admitted to the nutrition centers of Médecins sans frontières in Niger between January and November 2005. This severe malnutrition epidemic is slowly decreasing, but today's situation and prospects for 2006 remain a source of concern. Johanne Sekkenes, head of the Niger mission, takes stock.

The **number of admissions to our intensive nutrition centers has been steadily decreasing since the end of November**. But it remains high: in the week of November 14 to 21, we admitted 644 additional children to our centers in the Maradi district. **A few weeks after the harvest, malnutrition remains important. The crisis is not over.** [MSF-FR]

9 December

WFP Emergency Report nr 49 of 2005

Ten priority recommendations have come out of the After Action review, to be in put in place within the next six months. The recommendations included the development of a national emergency plan, including nutrition in vulnerability assessments, regular monitoring of the food security situation by the National Food Security Mechanism (DNPGCA) and the revision and harmonization of the targeting criteria for beneficiaries, including assuring the inclusion of local communities in the data collection [WFP]

