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**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

Niger – Malnutrition and Food Insecurity

Fact Sheet #2, Fiscal Year (FY) 2010

June 10, 2010

Note: The last fact sheet was dated March 16, 2010.

KEY DEVELOPMENTS

- On May 20, the Government of Niger (GoN), U.N. agencies, and the USAID-funded Famine Early Warning Systems Network (FEWS NET) released the findings of a household food security survey carried out in April. The survey found that more than 3.3 million people—or more than 22 percent of Niger’s population of approximately 15.5 million people—are currently experiencing severe food insecurity. In addition, the survey found that more than 3.8 million people, or more than 25 percent of the population, are currently experiencing moderate food insecurity. In total, more than 7.1 million people—or nearly 48 percent of Niger’s population—are presently classified as either severely or moderately food-insecure.
- From April 27 to May 11, 2010, staff from USAID/OFDA and USAID’s Office of Food for Peace (USAID/FFP) traveled to field locations in Niger, met with relief agencies and GoN officials, and visited project sites to assess rising acute malnutrition rates and household food insecurity. The team concluded that the crisis is becoming increasingly critical as the hunger season enters its most severe phase. According to FEWS NET, the current hunger season, which in many affected areas started in January rather than the typical April or May, will likely last until July for pastoralists and until September for households that rely on agriculture.
- In late April, the GoN and U.N. World Food Program (WFP) began a general food distribution program, targeting nearly 1.2 million people over a four-month period. In addition, as a malnutrition prevention measure, WFP commenced a blanket feeding program in mid-May, providing a ration of corn-soy blend (CSB), oil, and sugar to 500,000 children between the ages of 6 and 23 months. The blanket feeding program prioritizes areas with the highest rates of acute malnutrition according to the June 2009 SMART survey, the most recent nationwide nutrition survey, funded by USAID/OFDA and carried out by the GoN and the U.N. Children’s Fund (UNICEF). Preliminary findings from the 2010 SMART survey are scheduled to be available in late June.
- In March, the Nutrition Cluster estimated a worst-case scenario of 378,000 severe acute malnutrition (SAM) cases and 1.2 million moderate acute malnutrition (MAM) cases from March 2010 to March 2011.

NUMBERS AT A GLANCE	SOURCE	
Severely Food-Insecure Population	3.3 million	GoN, U.N. agencies, and FEWS NET – May 2010
Moderately Food-Insecure Population	3.8 million	GoN, U.N. agencies, and FEWS NET – May 2010

FY 2010 HUMANITARIAN FUNDING PROVIDED TO DATE FOR MALNUTRITION AND FOOD INSECURITY

USAID/OFDA Assistance to Niger¹	\$7,274,908
USAID/FFP Assistance to Niger	\$59,093,300
Total USAID Humanitarian Assistance to Niger	\$66,368,208

CURRENT SITUATION

- According to the recent household food security survey conducted by the GoN, U.N. agencies, and FEWS NET, nearly 26 percent of Niger’s urban population and more than 21 percent of the rural population are currently severely food-insecure. In Ouallam Department, Tillabéri Region, more than 64 percent of the population is severely food-insecure; Tessaoua Department, Maradi Region, has the second-highest percentage, with nearly 57 percent of the population currently experiencing severe food insecurity.
- The USAID team that visited Niger in April and May reported that households throughout Niger lack sufficient resources to adequately support a child who is enrolled in, or has completed, an acute malnutrition treatment program, thereby prolonging treatment and increasing the likelihood of readmission. The team also determined that limited coverage of treatment for MAM cases currently represents one of the largest gaps in the humanitarian

¹ This figure includes \$500,000 for cash-for-work activities and other interventions in response to the effects of severe flooding in Agadez city in September 2009. According to USAID/OFDA implementing partner Mercy Corps, program beneficiaries are using 96 percent of cash earned to purchase food so as to bolster household food security.

response, necessitating concerted efforts to increase availability of treatment commodities and essential medicines, staff resources, and geographic coverage.

- The team noted particular concern regarding MAM treatment coverage in Maradi Region, which has the highest number of acute malnutrition cases and where coverage by non-governmental organizations (NGOs) supporting SAM and MAM treatment through the GoN health system remains low. UNICEF also reports low malnutrition treatment coverage in Tillabéri Region.

Acute Malnutrition

- As of May 30, GoN health facilities had treated more than 93,000 SAM cases to date in 2010, according to UNICEF. Of the total, nearly 42,000 cases occurred in Maradi Region, while nearly 33,000 cases occurred in Zinder Region. During the week of May 24 to May 30, health facilities treated more than 8,000 new cases nationwide. By contrast, health facilities treated approximately 3,000 new cases per week in January and February; approximately 5,000 new cases per week in mid-April; and nearly 6,500 new cases per week in early May. In late April, the GoN Director of Nutrition reported to the USAID team that the combined number of registered SAM and MAM cases in 2010 was approximately twice the number at the same date in 2009.
- The USAID team reported that the infrastructure for supporting SAM treatment in GoN health structures, including SAM cases with complications at hospitals, remains relatively strong. The USAID team also reported a strong pipeline for SAM treatment commodities, including ready-to-use therapeutic foods (RUTF). However, the team noted insufficient quantities of essential medicines, inadequate health center staffing levels, and comparatively low geographic coverage in some areas, particularly in Maradi and Tillabéri regions. In addition, even where medicines for systematic treatment of malnutrition are available, health center staff are frequently obliged to use the medicines for treatment of the general population due to shortages.
- The USAID team noted significant concern regarding insufficient nationwide coverage for MAM treatment. As presently constituted, the pipeline for CSB, oil, sugar, and ready-to-use supplemental foods (RUSF) does not provide sufficient commodities to all GoN health structures treating MAM or NGOs supporting such facilities. Many health center staff are therefore only able to provide advice and counseling to mothers of children suffering from MAM, rather than treatment of the children. However, given the high levels of household food insecurity, mothers are often unable to implement the advice. In addition, geographic coverage of MAM treatment is presently low in many regions, although exceptions exist, including Diffa Region, where USAID/OFDA has supported community management of acute malnutrition (CMAM) since 2006.
- In addition, the USAID team reported that poor household food security is not only leading to increased acute malnutrition rates, but also jeopardizing the success of CMAM programs. Children receiving RUTF or RUSF often live in households with extremely limited food resources; such families sometimes share the therapeutic or supplemental food. Household food insecurity thus serves not only as a cause of acute malnutrition, but also as an inhibitor to successful treatment.
- To date in FY 2010, USAID/OFDA has provided nearly \$4 million to implementing partners Helen Keller International (HKI) and UNICEF for programs to treat, mitigate, and prevent acute malnutrition among children under five years of age. Activities include active screening, data collection and analysis, procurement of RUTF and essential medicines, and nutrition and feeding education programs.

Agriculture and Food Security

- In May, USAID staff met with villagers in Maradi and Diffa regions. Villagers reported that food security continues to decline due to limited purchasing power. Millet and sorghum, the staple and secondary foodstuffs in the Nigerien diet, respectively, continue to be available on the market nationwide. However, the price for a 2.5 kg measure of millet, which lasts a family of eight people one day, has risen from 300 West African francs (CFA) just after the October 2009 harvest to 600 CFA as of early May 2010. By comparison, the same measure of millet cost 450 CFA at the same date in 2009.
- In addition, remote villages reported limited quantities of millet and sorghum available at the weekly market, necessitating travel to larger markets 5 km away or farther. The USAID team observed that households are coping with food insecurity by eating fewer meals, diluting millet and sorghum with more water than usual, and consuming traditional famine foods, such as the *anza dilo* pea or *jiga* leaf, both of which require days or weeks of soaking to remove toxicity and bitterness.
- USAID/OFDA has provided nearly \$1 million to date in FY 2010 for agriculture and food security activities in Niger. Activities by implementing partner Catholic Relief Services (CRS) include seed fairs and seed distributions to provide farmers in four affected regions with sufficient agricultural inputs to increase the chances of an adequate harvest in September 2010; CRS commenced USAID/OFDA-funded seed programs in April. In addition, USAID/OFDA has provided more than \$600,000 to implementing partner Mercy Corps for local procurement and distribution of emergency food assistance in Tillabéri Region.

- To date in FY 2010, USAID/FFP has provided more than 38,300 metric tons (MT) of emergency food assistance, valued at approximately \$59 million, to benefit affected populations throughout Niger through implementing partners Counterpart International (CPI), WFP, CRS, CARE, and HKI.

Livelihoods

- According to the USAID team, significant migration of men in search of work, as well as migration of entire farmer and pastoralist households, began as early as October 2009 due to the extensive crop and pasture failure. While some villagers reported receiving remittances from family members working in cities in Niger, Nigeria, or Libya, others reported receiving no remittances since family members left several months ago.
- USAID/OFDA-supported cash transfer activities, implemented by Save the Children/U.K. (SC/UK) and valued at \$1.2 million, are currently providing villagers in Tessaoua Department, Maradi Region, with cash to meet two thirds of monthly household expenditures, thereby bolstering food security and helping to limit potential malnutrition. The recent household food security survey classified 57 percent of people in Tessaoua Department as severely food-insecure, the second-highest percentage in the nation.

USAID HUMANITARIAN ASSISTANCE

- On January 14, 2010, U.S. Ambassador Bernadette M. Allen declared a disaster due to the effects of food insecurity in Niger. In response, USAID/OFDA has provided nearly \$7.3 million to support response activities, including interventions in nutrition, agriculture and food security, economic recovery and market systems, and local food procurement and distribution.
- To date in FY 2010, USAID/FFP has provided more than 38,300 MT of emergency food assistance, valued at approximately \$59 million, to benefit affected populations in Niger.
- Since the failed harvests, USAID/OFDA and USAID/FFP staff have conducted frequent trips to assess acute malnutrition and food insecurity conditions and meet with implementing partners, other NGOs and U.N. agencies, and GoN officials. USAID/OFDA and USAID/FFP staff continue to monitor the situation in conjunction with the U.S. Embassy in Niamey and other partners to determine humanitarian needs.
- USAID/OFDA funding in FY 2010 in response to acute malnutrition and food insecurity in Niger complements other USAID/OFDA funding in recent years. In FY 2009, USAID/OFDA provided more than \$9.1 million in response to the global food price crisis in Niger, supporting implementing partners Mercy Corps, SC/UK, the Cooperative League of the USA, UNICEF, and WFP for nutrition, agriculture and food security, and economic recovery and market systems interventions benefiting more than 1.1 million people.

USAID HUMANITARIAN ASSISTANCE TO NIGER FOR MALNUTRITION AND FOOD INSECURITY

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE¹			
CRS	Agriculture and Food Security	Dosso, Maradi, Tillabéri, and Zinder Regions	\$998,367
HKI	Nutrition	Diffa, Zinder, and Dosso Regions	\$1,350,000
Mercy Corps	Economic Recovery and Market Systems; Water, Sanitation, and Hygiene	Agadez Region	\$500,000
Mercy Corps	Local Food Procurement and Distribution	Tillabéri Region	\$626,541
SC/UK	Economic Recovery and Market Systems	Maradi Region	\$1,200,000
UNICEF	Nutrition	Affected Areas	\$2,600,000
TOTAL USAID/OFDA			\$7,274,908
USAID/FFP ASSISTANCE²			
CPI	2,310 MT of P.L. 480 Title II Emergency Food Assistance	Affected Areas	\$11,200,000
CRS, CARE, HKI	10,660 MT of P.L. 480 Title II Emergency Food Assistance	Affected Areas	\$15,000,000

WFP	25,340 MT of P.L. 480 Title II Emergency Food Assistance	Affected Areas	\$32,893,300
TOTAL USAID/FFP			\$59,093,300
TOTAL USAID HUMANITARIAN ASSISTANCE TO NIGER FOR MALNTRUTION AND FOOD INSECURITY IN FY 2010			\$66,368,208

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of June 10, 2010. The total funding figure includes \$500,000 for cash-for-work activities and other interventions in response to the effects of severe flooding in Agadez city in September 2009. According to USAID/OFDA implementing partner Mercy Corps, program beneficiaries are using 96 percent of cash earned to purchase food so as to bolster household food security.

² Estimated value of food assistance.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. Information on organizations responding to the humanitarian situation in Niger may be available at www.reliefweb.int.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID: www.usaid.gov – Keyword: Donations
 - The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int