NIGER

Three-year-old Souréba is visibly emaciated, her skin covered with cracks. A nutritional assessment in her village in Niger indicated that she had severe acute malnutrition. Her mother, Habsatou, who had already lost two of her seven children to malnutrition, immediately took Souréba to a nearby health clinic in Magaria, a small town in the south of the country.

Souréba was one of the 384,000 children in Niger who urgently needed medical treatment in 2010. When she was first screened, the circumference of her upper arm – a measure taken to help determine malnutrition levels – was less than 9 centimetres, barely the size of a bottle cap.

To Habsatou’s relief, doctors at the health clinic told her that with the right therapeutic feeding and a week of medical attention, Souréba would recover. That treatment was available with help from UNICEF and CERF funding.

Severe acute malnutrition in young children is widespread in many parts of the West African Sahel, but rates were particularly high in 2010 as the region confronted a severe food and nutrition crisis. Some 10 million people in Niger, Chad, Mali and Mauritania faced hunger, hundreds of thousands of children were severely malnourished, and huge numbers of livestock perished, bringing a drastic loss of income and security for already impoverished pastoralist communities.

As in 2005, Niger was widely presented as the epicentre of the crisis. By mid-2010, failed harvests and rocketing food prices meant nearly half of the country’s 15.2 million inhabitants faced hunger. According to UNICEF, the national prevalence of global acute malnutrition in children under age 5 had reached 16.7 per cent — well above emergency thresholds.

As the Government of Niger and its humanitarian partners launched massive humanitarian interventions, CERF allocated over $35 million — almost 8.5 per cent of its total 2010 funding — to launch and replenish a series of emergency interventions in the country, upping its contributions to key sectors in response to shifting needs and priorities.

By February, through CERF’s underfunded window, $1 million had been allocated to UNICEF for emergency nutrition for 16,500 children under age 5. In May, UNICEF received another $4.3 million. It was able to target 60,000 children and provide water, sanitation and hygiene assistance for 42,000 people. WHO received $530,000 for emergency nutrition interventions targeting 20,000 children. CERF allocated $2 million to FAO to support 280,000 vulnerable pastoralists, providing an extra $4.2 million to help an additional 640,000 vulnerable pastoralists in May.

WFP received the most funding. It secured an initial allocation of $3 million to help improve the nutritional status and livelihoods of 125,000 people. However, in May it received an additional $5 million through CERF’s rapid response window to help feed 250,000 people a day and to support logistical operations to maintain the provision of aid. As the situation deteriorated progressively during the year, CERF allocated another $15 million to WFP to help feed 1.7 million people.

This life-saving support demonstrates that even children as sick as Souréba can be saved if interventions are timely and reliable.