



NIGER

AN ALREADY ALARMING NUTRITIONAL SITUATION IS EXACERBATED IN 2020

IPC ACUTE MALNUTRITION ANALYSIS JUNE 2019 - MAY 2020

Issued In March 2020

ACUTE MALNUTRITION OCTOBER 2019 - MAY 2020



918,360

the number of 6-59 months children acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)

396,539

Moderate Acute Malnutrition (MAM)

521,821



376,444

Pregnant or lactating women acutely malnourished

IN NEED OF TREATMENT

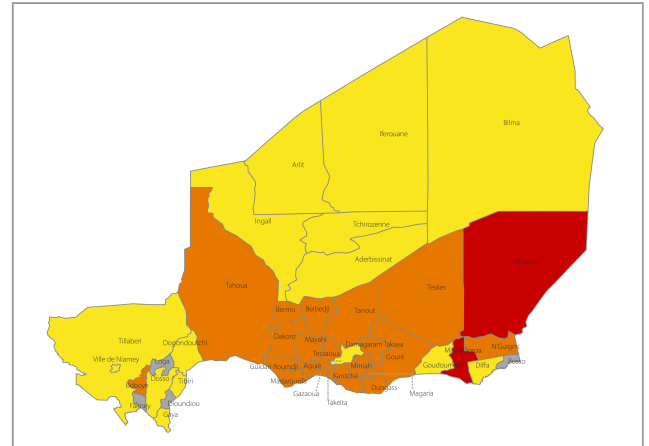
Overview

From June to October 2019, corresponding to the lean season (peak of malnutrition), 1 region and 19 departments were in Serious acute malnutrition (IPC Phase 3) and 2 other departments were in Critical acute malnutrition (IPC Phase 4). A total of 918,360 children aged 6 to 59 months will suffer from acute malnutrition during the year 2020, based on the results of the national SMART nutrition survey conducted between August and September 2019. From November 2019 to February 2020, the nutritional situation has likely improved, with 1 department in a Critical phase, and 3 other departments and 1 region in a Serious phase. From May 2020, if increased measures are not taken, a fairly significant deterioration to the nutritional situation will likely occur. Therefore, 2 departments could move into the Critical phase (IPC Phase 4), and 1 region and 8 departments in the Serious phase (IPC Phase 3).

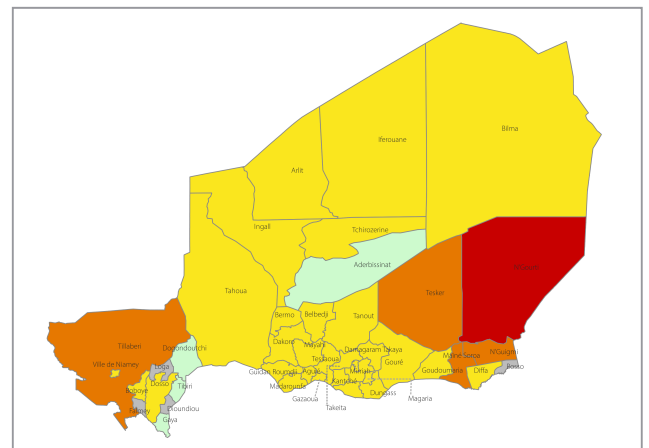
For the current period, 3 regions out of 8 were analysed at the regional level, including one, Tahoua, classified as Serious (IPC Phase 3) and two, Niamey and Tillabéri, in Alert (IPC Phase 2). A total of 34 departments were analysed, with 2, N'Gourti and Maïné-Soroa, classified in a Critical situation (IPC Phase 4), 19 in a Serious situation (N'Guigimi, Boboye, Aguié, Bermo, Dakoro, Gazaoua, Guidan-Roundji, Madarounfa, Mayahi, Tessaoua and Belbedji), DamagaramTakaya, Dourgass, Gouré, Kantché, Magaria, Mirriah, Tanout and Tesker) and 13 in an Alert situation (Aderbissinat, Bilma, Arlit, Iférouane, N'Gall, Tchirozérine Diffa, Goudoumaria, Dogondoutchi, Dosso, Gaya, Tibiri and Takéta). The situation has likely significantly improved between November 2019 and February 2020, but could deteriorate from March 2020 onwards.

The major contributing factors to acute malnutrition vary from one unit of analysis to the other: more specifically, those related to inadequate food intake, high prevalence of childhood morbidities, very high levels of anemia, sub-optimal infant and young child feeding practices, poor access to safe drinking water and poor hygiene and sanitation conditions. The negative effects related to insecurity in the regions of Diffa, Tillabéri, Tahoua and Maradi are not negligible and could negatively affect the nutritional situation. Household acute food insecurity appears here as a minor contributing factor in most of the areas analysed.

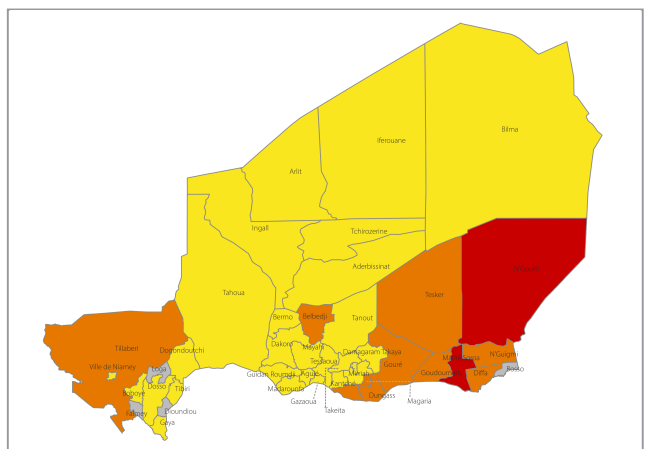
Acute Malnutrition Situation June – October 2019



Projected Situation November 2019 – February 2020



Projected Situation March – May 2020



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

RECOMMENDATIONS FOR ACTION

Response Priorities

In the regions and departments classified as Serious acute malnutrition (IPC Phase 3) and above, joint, urgent and preventive interventions are needed to halt this progressive deterioration of the nutritional situation in Niger.

These include:

- Using the cumulative GAM prevalence (WHZ scores and/or MUAC and/or Oedema index) for a better estimate of the number of malnourished children to be taken care of and ensuring treatment for all within a reasonable timeframe;
- Reinforcing the community-based detection and management system for child illnesses (diarrhoea, malaria and acute respiratory infections);
- Strengthening activities to improve child-feeding practices, including dietary diversity;
- Improving access to drinking water, hygiene and sanitation services for vulnerable populations;
- Strengthening activities to reduce anaemia rates;
- Strengthening advocacy to make humanitarian assistance and social protection actions nutritionally sensitive, and;
- Strengthening coordination mechanisms for nutrition, health and food security activities at all levels to curb acute malnutrition.

In areas classified as an Alert situation (IPC Phase 2), it is necessary to implement promotional, preventive and treatment actions.

Situation monitoring and update

To ensure better decision-making, it is important to consider:

- Organizing a workshop to share the results of the IPC AMN with nutrition, health and food security actors (GTN, SAP/CCA, INS, HCl3N...);
- Setting up a mechanism for monitoring the risk factors identified by the IPC AMN analysis;
- Setting up and making functional an IPC AMN Technical Working Group at the national level;
- Strengthening communication between the nutrition sector and other sectors (food security, WASH, health, gender, social protection, etc.) and;
- Boosting the nutrition early warning system by organising representative information gathering activities at administrative level 2 (department) outside the peak malnutrition period (June-September), under the leadership and coordination of the Directorate of Nutrition.

Risk factors to monitor

- Active disease surveillance (measles, diarrhoea, malaria, acute respiratory infections and anaemia);
- Coverage of preventive and curative care (IYCF, Acute Malnutrition, Measles, Malaria and ARI);
- The security situation in the country;
- Population displacement/migration; and
- Household food insecurity.

It is important to note that the IPC is not a tool for response analysis. Proposed interventions should be further analysed to determine their technical and economic feasibility.

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	5–9.9% of children are acutely malnourished.	10–14.9% of children are acutely malnourished.	15–29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

What is the IPC and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

The IPC Acute Malnutrition Classification provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Contact for further Information

Dr Nassirou, Ousmane

National Director of Nutrition (DN), Ministry of Public Health of Niger
naous001@yahoo.fr

IPC Global Support Unit
www.ipcinfo.org

This analysis has been conducted under the patronage of the Nutrition Directorate (Ministry of Public Health). It has benefited from the technical and financial support of UNICEF and WFP.

Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

IPC Analysis Partners: