برنامج الأغذية العالمي | Programme Alimentaire Mondial | World Food Programme | Programa Mundial de Alimentos

**Executive Board**
**Third Regular Session**

**Rome, 19 - 22 October 1999**

# REPORTS OF THE EXECUTIVE DIRECTOR ON OPERATIONAL MATTERS

## Agenda item 8

***For information***

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# BASIC ACTIVITY WITHIN A COUNTRY PROGRAMME, APPROVED BY THE EXECUTIVE DIRECTOR (1 JANUARY–30 JUNE 1999)— NIGER 6105.00

## Support for MCH Activities and Nutritional Rehabilitation and Education

| | |
|---|---|
| **Number of beneficiaries** | **25,000** |
| Duration of project | Four years |
| **Cost (United States dollars)** | |
| Total cost to WFP | 5,306,319 |
| Total food cost | 2,660,035 |

# NOTE TO THE EXECUTIVE BOARD

**This document is submitted for information to the Executive Board.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.


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|---|---|---|
| Regional Director: | M. Zejjari | tel.: 066513-2201 |
| Chief, OSA/3: | O. Sarroca | tel.: 066513-2505 |


Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Documentation and Meetings Clerk (tel.: 066513-2641).

1. The Country Programme for Niger, approved by the Executive Board in October 1998, included a “Health Care Programme”, to run for four years. A Country Programme Agreement was signed between the Government of the Republic of Niger and WFP in February 1999.

2. In accordance with decision 1999/EB.A/2 of the Executive Board, WFP focuses its development activities on five objectives. This activity addresses objective 1 (enable young children and expectant and nursing mothers to meet their special nutritional and nutrition-related health needs).

3. Niger has a population of approximately 10 million people, 63 percent of whom live below the poverty threshold. Of these, 34 percent live below the extreme poverty threshold. Moreover, 86 percent of the poor people live in rural areas. More than 60 percent of the population have no access to medical services, nor access to education or any other social amenities. Only 34 percent of the population have access to medical services; this goes down to 18 percent in rural areas. Niger has very high maternal (700 per 100,000) and infant mortality (123 per 1,000) rates. The country is food-insecure. Its chronic food deficit affects a substantial proportion of the population, also affecting the growth of children and leaving them underweight. Women and children are particularly vulnerable groups in Niger: one child out of four dies before the age of 5.

4. The high rates of maternal, infant, infant-juvenile mortality and chronic malnutrition remain major concerns. The main reasons are the lack of personnel and drugs, and inadequate sensitization of the local people to health care issues. The Government's Health Care Development Plan has the following objectives: increase health care coverage from 34 to 45 percent of the population; reduce malnutrition among children under 5 from 16.7 to 11 percent; reduce the number of children who are underweight at birth (under 2.5 kilograms) from 20 percent to 10 percent; reduce by one third the number of women suffering from anaemia; and foster and regularly monitor the growth of 80 percent of children aged under 3 who live within a range of 5 kilometres from the stationary health care centres. Against this background, WFP 's specific objectives are to increase regular attendance at pre- and post-natal consultations, and to improve and extend monitoring of the nutritional status of children under 5 in order to prevent malnutrition.

5. WFP assistance to mother and child health (MCH) care centres will cover 118 centres in four regions. The districts to be assisted have been chosen on the basis of their food deficits, poverty levels, malnutrition rates, population density and the presence of other partners—in order to improve the management and monitoring of activities. At-risk or malnourished children over 1 year who no longer attend the consultations for breast-fed babies on a regular basis will be assisted during the less frequent consultations or at the community level. Follow-up will be the responsibility of midwives and female volunteers, who will take charge of them with the participation of mothers. WFP assistance to MCH care will be closely coordinated with the work of other partners, particularly with regard to the vaccination programme and the distribution of micronutrients.

6. It is estimated that 15,000 nursing or expectant mothers will benefit from health care activities, together with an estimated 10,000 pre-school children. A total of 5,475 tons of cereals, 730 of weaning food, 1,424 of pulses and 329 of vegetable oil will be distributed through this activity.