



How WFP Contributed to Serving More Than 1 Million Nutrition Beneficiaries Annually in Niger

A case study on Scaling-up Nutrition Programming

SUMMARY

In 2014, the WFP Policy, Programme, and Innovation Division initiated a project to support Regional Bureaux and Country Offices in knowledge sharing through the documentation of a series of technical case studies in nutrition programming. The project was in response to numerous requests from programme and nutrition officers for examples of how WFP has implemented nutrition-specific and nutrition-sensitive interventions. The first phase of the project highlighted flour fortification in Egypt, local production of specialized nutritious food in Pakistan, nutrition-sensitive interventions in Ecuador and the Dominican Republic, and scaling-up nutrition interventions in Niger and Malawi. WFP headquarters sent officers to each of the countries to interview stakeholders, review programming documents, and visit implementation sites. The nutrition programmes were then summarized into these case studies, which focus on key success factors and lessons learned to date from each of the experiences. The project also developed a template and guidance for writing technical case studies in order to facilitate further documentation of other experiences. The goal in sharing these case studies is to commend the hard work and successes of WFP Country Offices, and to leverage the experiences to support nutrition programming globally.

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WFP/ Rein Skullerud

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How WFP Contributed to Serving More Than 1 Million Nutrition Beneficiaries Annually in Niger

Overview:

Since 2005, WFP has invested heavily in advancing nutrition programming in Niger. The WFP nutrition programming experience in Niger is an example of a Country Office progressing from having almost no nutrition programmes of scale to treating the largest number of children with acute malnutrition globally in less than one decade. WFP and partners are also making significant progress in implementing malnutrition prevention programming. WFP helped to achieve this success via national policy and programming changes. WFP was one of the main actors in initiating these changes by prioritizing nutrition programming for the WFP offices in Niger, providing nutrition leadership in the country, establishing a durable alliance with UNICEF, and investing in research and data generation. The main challenge will be to continue providing required treatment programmes in Niger while scaling up prevention programmes to reduce the burden of malnutrition in the country. Lessons learned from the Niger experience can serve as guidance to other WFP scale-up nutrition activities.

Key WFP Success Factors

- Increasing nutrition technical capacity
- Prioritizing nutrition in the Country Office and on the national agenda
- Forming a durable alliance between WFP and UNICEF
- Using data to inform nutrition programming

Little Nana, 20 months, is the youngest of a family of ten children. She lives in extreme poverty with her parents who struggle to meet their daily food requirements. Nana was so malnourished that she was extremely underweight and was not thriving; therefore, her parents transported her to the nearest WFP nutrition center where she was given rations of Supplementary Plumpy™, a nutritious food enriched with vitamins and minerals given to children from 6 to 59 months who suffer from moderate acute malnutrition. After 3 months, Nana is not the same skinny girl first enrolled in the WFP feeding programme. She is now growing and thriving.



WFP/Fati Moussa Saley

Quick Facts:

- The infant mortality rate in Niger is one of the highest in the sub-region.
- Global acute malnutrition (GAM) is close to 15% in children under 5, and is over 20% in children 6-23 months.
- Stunting prevalence in children under 5 has been over 40% throughout the last two decades.
- Anaemia prevalence for children under 5 is 73% and for women of reproductive age (15-49 years) is 46%.

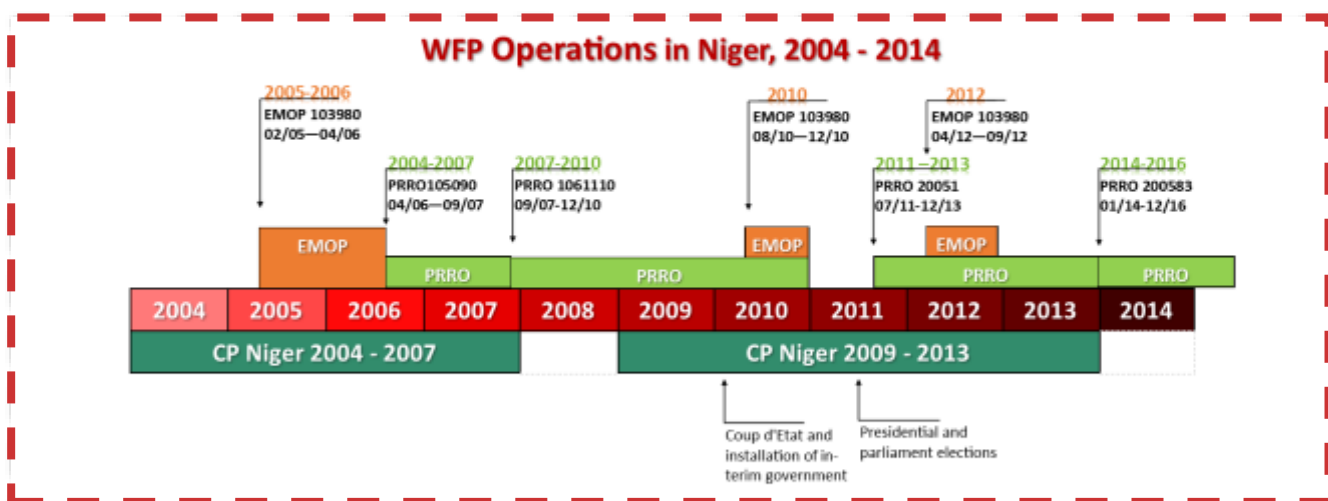
Context

Niger is a landlocked country in the Sahel in West Africa with a population of just over 17 million. The country ranks last of 186 countries in the human development index. Niger has the highest fertility rate in the world, 7.6 births per woman during her reproductive years, and the highest yearly population growth rate, 3.9%. The prevalence of global acute malnutrition (GAM) in Niger is frequently above the WHO emergency threshold of 15%. However, prior to 2005, the international community in Niger and the Sahel region considered GAM a structural not humanitarian problem. During the crisis of 2005, humanitarian actors, with WFP and UNICEF at the forefront, implemented the first humanitarian interventions at scale in the fight against malnutrition. WFP was treating large numbers of children with moderate acute malnutrition (MAM), providing households with free food rations, and assisting in the treatment of severe acute malnutrition (SAM) through the provision of family rations. Since 2005, Government has integrated the treatment of acute malnutrition into the public health system through implementation of community management of acute malnutrition (CMAM). Government has also scaled up treatment capacity with the assistance of the humanitarian community. In 2014, a year without a major crisis, there were approximately 1,000,000 children treated for acute malnutrition, 350,000 and 650,000 for SAM and MAM respectively, and 270,000 pregnant and lactating women.

There is also a high prevalence of chronic malnutrition and micronutrient deficiency in Niger. While simultaneously responding to demands for treatment of acute malnutrition, the international community in Niger has supported Government in developing strategies and policies to shift the country's priorities towards prevention programming. While this process has taken almost 10 years, a change in Government in 2010 facilitated an increased emphasis on nutrition. All stakeholders profited from a new openness towards nutrition programming creating a strong foundation for the current prevention-based strategic approach to address malnutrition.

WFP programme overview (2005-2014)

Between 2005 and 2014, in addition to country programmes, the WFP Country Office in Niger implemented a series of emergency operations (EMOP) and protracted relief and recovery operations (PRRO), which shaped WFP nutrition programming in the country. During that time, Niger went from having no scaled nutrition programming to large-scale treatment of acute malnutrition to prevention of acute and chronic malnutrition and integration of nutrition with other recovery and resilience activities. WFP scaled up its own nutrition interventions; worked with the government of Niger to integrate and scale up treatment of acute malnutrition across Government, agencies, and organizations; and, implemented prevention-oriented nutrition programmes.



- EMPO, Emergency Operation
- PRRO, Protracted Relief and Recovery Operation
- CP, Country Programme

The first time WFP implemented nutrition-specific interventions at scale in Niger was during the large EMOP created by the drought and locust crisis of 2004-2005. During that crisis response, WFP distributed food rations to approximately 2.4 million beneficiaries, and treated over 480,000 children and pregnant and lactating women with MAM. The number of beneficiaries for both nutrition programming and other interventions steadily

increased with each PRRO programming cycle. The greatest number of beneficiaries of any operation was nearly 8 million reached during the 2010 EMOP. In the 2014-2016 PRRO (PRRO 200583), WFP is reaching over 3 million beneficiaries annually.

In addition to reaching a greater number of beneficiaries, WFP learned from each programming cycle and improved programme performance and implementation mechanisms. For example, until the 2005 crisis and response (EMOP 103980), WFP always responded to food security and nutrition emergencies after they were manifest and with an emphasis on treatment. A major shift in WFP programming in Niger occurred after the 2005 crisis when WFP, for the first time, implemented preventive Blanket Supplemental Feeding (BSF) in anticipation of the lean-season. Following the success of the initial preventive BSF operation in 2006, WFP implemented preventive BSF in each subsequent lean season. Another example was using results from a WFP internal programme evaluation to convert the continuous take-home family protection ration for SAM children to a discharge ration provided upon successful discharge from a SAM treatment programme. During relief operations in areas where markets were functioning, WFP also implemented cash transfers for targeted food assistance that reached nearly 400,000 beneficiaries. WFP also reached over 500,000 beneficiaries in two early recovery interventions: Food for Work and Cash for Work. The 2014-2016 PRRO (see box) demonstrates WFP efforts to better define, align, and integrate country activities. WFP has also focused on the prevention of malnutrition and addressing the underlying factors of undernutrition. The shift from treatment to prevention required enhanced integration with Government and other stakeholders, and WFP has played an important role in catalysing this integration. Recently Government, WFP, and partners designed a new programme called "communities of convergence", now being incorporated into the government's 3N initiative. (see box p. 7)

2014-2016 PRRO activities

Activities during lean season (June to September)

- Targeted assistance in the form of food, cash or vouchers to protect assets and livelihoods and prevent acute malnutrition.
- Blanket supplementary feeding to prevent acute malnutrition targeting children aged 6-23 months and pregnant and lactating women (PLW) with infants.

Activities during post-harvest season (November to May)

- Food for Assets (FFA) activities focused on land rehabilitation, water harvesting and irrigation through partnerships in pastoral zones.
- Local purchases from smallholder farmers procuring surpluses of cereals, pulses and salt for school feeding. Aligned with the WFP initiative to empower rural women.

Supporting integrated safety nets year-round

- Targeted supplementary feeding for children aged 6-59 months and PLW. WFP provides cooked meals for caregivers with child patients to reduce drop-outs.
- Promotion of good nutrition through sensitization with regard to water, sanitation and hygiene, and home-based treatment for children at risk of acute malnutrition.
- School feeding providing daily cooked meals, complemented by de-worming tablets provided by the Government and take-home rations for the families of girls in the final years of primary school. School feeding will be linked with FFA and local purchasing and complemented by partners' interventions on health and nutrition education, teacher training and school gardens, and aligned with Nourishing Bodies, Nourishing Minds and the home-grown school feeding initiative.

Getting to Success: How WFP supported shifting nutrition programming priorities in Niger (2005 - 2014)

Key success factors in WFPs support to transition nutrition from treatment to prevention programming

- Increasing nutrition technical capacity
- Prioritizing nutrition in the Country Office and on the national agenda
- Forming a durable alliance between WFP and UNICEF
- Using data to inform nutrition programming

WFP increased nutrition technical capacity

Since 2005, nutrition has been part of the WFP programme portfolio in Niger. However, at that time WFP had no nutrition technical staff in the Niger Country Office, and the Regional Bureau or consultants provided all required technical assistance. In 2006, the Country Director created the first international and national nutrition technical posts in the Niger Country Office to address nutritional needs of beneficiaries. With these staff, WFP was well positioned to further engage in nutrition; however, there were still gaps in technical resources to cover all aspects of the required work. In order to deliver high quality technical work at programme sites, WFP leadership established a second international nutrition post for the Country Office and nutrition technical posts for each of the sub-offices. WFP's decision to devote significant staffing resources to nutrition underscored its commitment to nutrition programming. Furthermore, all programmes in 2014 aim to improve nutrition outcomes and align activities to build and maximize synergies between programmes. For example, cash-transfer programmes now use the same geographic and beneficiary targeting mechanisms utilized in nutrition programming. A clear indication of this integrated programming is the "community of convergence" initiative (see box).

Key lessons learned from how WFP leadership contributed to initiating nutrition programming:

- WFP's role in nutrition can initiate change and provide momentum for nutrition programme and policy
- WFP high level engagement sustains action

Communities of convergence

A *commune* (community) in Niger is an administrative structure combining several villages and having a population of approximately 10,000 in rural areas. The "communities of convergence" are communities where Government, United Nations agencies including WFP, FAO, and UNICEF, and NGOs work together to increase the impact of their actions on the economic and social well-being of the population. This innovative approach goes beyond simple coordination. It is a holistic and community-based approach responding to urgent health and development needs identified by the communities themselves. The concerned communities plan all nutrition-specific and nutrition-sensitive activities in a "bottom-up" approach assisted by involved stakeholders like WFP.

WFP prioritized nutrition programming

Since the nutrition crisis in 2005, WFP has contributed to nutrition programming changes in Niger. WFP and *Médecins Sans Frontières* (MSF, 'Doctors Without Borders' in English) were the main advocates for increased nutrition programming in humanitarian response. Previous to the advocacy efforts of WFP and MSF, the majority of humanitarian actors in Niger considered food insecurity and the nutrition crises as developmental and structural issues for which a humanitarian response would not be appropriate. Although WFP-led assessments and the number of children admitted to MSF feeding centres for SAM suggested the need for nutrition-specific interventions, the dire nutrition situation was not openly debated by the government of Niger. Nonetheless, WFP's large scale EMOP of 2005 included nutrition-specific objectives. Given the politically sensitive situation, the Executive Director of WFP provided high-level support throughout the EMOP implementation. Though WFP's attention to the nutrition and food security crisis in Niger led to political tensions between WFP and Government, the actions of WFP and partners brought media attention to the situation of poor nutrition in Niger resulting in increased support for other large-scale emergency responses by a variety of actors including other UN agencies and major international NGOs. For the first time in Niger, this large-scale emergency response included nutrition-specific interventions.

Key lessons learned from how WFP made nutrition a priority:

- WFP nutrition programming requires significant technical nutrition staff in Country Office
- WFP nutrition staff needs to be in the suboffices where programmes originate
- Aligning nutrition-specific programming with other programmes supports synergies that benefit all programmes

Formation of a durable alliance between WFP and UNICEF

The on-the-ground work accomplished during the 2005 crisis would not have been possible without the collaboration and nutrition technical expertise of all the implementing UN agencies and international NGOs. WFP fostered collaboration with UNICEF to ensure that the two main UN agencies working in nutrition were aligned and cooperating. For example, UNICEF with strong support from WFP, developed a nutrition partners' working group. This group organized the work of Government and the partners, coordinated activities, and conducted advocacy. The WFP/UNICEF alliance was sustained and expanded throughout the following years. A change in Government in 2010 facilitated increased nutrition action because the new government was more receptive to addressing the food and nutrition security situation in the country. WFP and UNICEF worked together to advance the nutrition agenda and advocated for Government ownership of nutrition programming. Together WFP and UNICEF supported Government revision and validation of the National Nutrition Policy, and final approval of the Chronic Malnutrition Guidelines.

With increased recognition of the nutrition crisis in the country and with support from WFP and UNICEF, nutrition became a major political priority by 2011. The President created the 3N initiative (see box), which originally proposed merely recognizing nutrition as a component of food security. However, WFP and UNICEF's joint advocacy ensured that nutrition became a separate strategic axis of the initiative.

WFP and UNICEF also successfully persuaded Government to place the UN REACH (Renewed Efforts Against Child Hunger and undernutrition) facilitator within the 3N office to ensure the highest level of cooperation and to sustain momentum for advancing the nutrition agenda. As a clear sign of

The 3N Initiative

The 3N initiative - Les Nigériens Nourrissent les Nigériens (Nigeriens nourish Nigeriens) - is a high level initiative reporting directly to the President of Niger. The 3N initiative is a visible sign of Niger's President Mahamadou Issoufou's commitment to ensure that drought is never synonymous with famine in Niger again. The initiative is an innovative project of the Government of Niger to strengthen community resilience and fight malnutrition. It is based on collaboration among the UN agencies, Government, NGOs and local communities to reduce vulnerability, and enable them to conduct their own development processes.

Government buy-in and the strength of the WFP/UNICEF alliance, Government agreed to integrate the "communities of convergence" approach into the 3N initiative. The 2014 EU Africa Summit, held in Brussels and sponsored by the donor and development community, invited WFP and UNICEF to host a joint side-event. Additionally, the president of the 3N initiative also accompanied the WFP and UNICEF representatives. This event publicly recognized the importance that WFP, UNICEF, Government and donors bestow the WFP/UNICEF collaboration in Niger. Such a partnership would not have been possible without continuous commitment and investment of the respective WFP and UNICEF representatives in Niger.

Key lessons learned from how WFP and UNICEF formed a partnership:

- Creating and maintaining a long term partnership requires investment of time and human resources
- Outcomes of such partnership surpass the investment and can lead to lasting change

Data used to inform programming and policy change

Information collected from WFP vulnerability analysis and mapping (VAM) assessments informed the emergency crisis responses in Niger. The Government Agency for Food Crisis Prevention and Management (*Dispositif National de Prévention et de Gestion des Crises Alimentaires*) manages a surveillance system to identify and manage food security crises; however, that agency's surveillance did not include nutrition indicators before 2005.

The head of the WFP VAM unit provided technical support to the steering committee of the Agency for Food Crisis Prevention and Management. Government recognized and respected the expertise of the VAM unit and the WFP office, and the agency used VAM data, including maps and assessment results. Before 2005, the agency focused entirely on food security; however, after the crisis of 2005, the agency, upon consultation with WFP, included nutrition indicators in assessments. A WFP evaluation of the 2005 crisis response in Niger concluded that that impact of the response was suboptimal because the response was initiated too late. Through continuous dialogue and cooperation, the VAM unit and Government collaborated closely to expand the Agency for Food Crisis Prevention and Management surveillance system. The surveillance system is no longer focused solely on food security indicators but includes a separate yearly nutrition survey (SMART) carried out before the lean season. Additionally, more recently, the yearly post-harvest food security survey has incorporated an anthropometric indicator (mid upper arm circumference measurement) to estimate the prevalence of acute malnutrition in the population. The government-owned and coordinated Agency for Food Crisis Prevention and Management provides a database for all prevention and response activities carried out by development and humanitarian partners in Niger.

In addition to capitalizing on the data collected in VAM assessments, WFP also invested in operational research to inform further programming. In particular, a study in collaboration with MSF Epicentre informed the decision to integrate cash and nutrition programming in Niger. Furthermore, results contributed substantially to the global evidence on crisis response using cash and nutrition-specific programming. WFP Niger used the results of this study to align all of its existing cash and nutrition programmes. Because of the usefulness of data collected through operational research, WFP Niger continues to conduct such research including a prevention pilot project with adolescent girls.

Summary

In less than 10 years, Niger shifted from having no nutrition programming to collaborating with Government to make nutrition a national priority. While much has been accomplished, three main challenges remain:

Lessons learned from how data is used to inform programming and policy change:

- Data from VAM assessments and operational research are important tools for informing programming
- Importance of adding nutrition indicators into VAM survey tools
- Investments in terms of time and funding are needed but can be regained by programming adaptation

1. Funding - The sustainability of funding for WFP's large scale MAM treatment programmes is an ongoing challenge. Though there is a strong focus on scaling up integrated prevention programming through nutrition-specific and nutrition-sensitive interventions, MAM treatment programmes are still essential. Given the number of vulnerable children and women affected by these nutritional problems, funding needs for both prevention and treatment are substantial. Financial support for treatment must be maintained while simultaneously funding for prevention is established.
2. Timing - The "communities of convergence" approach to integrated malnutrition prevention programming requires time to scale-up. In 2014 only 11 out of 270 communities were included in this programming strategy. Though this integrated approach to addressing malnutrition promises to have impact, it will take a number of years to reach a large enough scale to have a significant national impact on the prevalence of malnutrition.
3. Flexibility - As in many countries, in Niger the underlying factors of malnutrition and acceptance of programmes differ across the country. Adapting nutrition programmes to respond to these regional and local differences is challenging. For example, there might be need for a more flexible approach in using:
 - Different commodities (e.g. ready-to-use foods versus fortified blended foods);
 - Diverse community approaches (e.g. Home learning and nutritional rehabilitation approach,) in different geographic areas; and,
 - Distinct approaches for working with different types of populations, for example nomadic and transhumant groups.

Niger has moved from virtually no nutrition programming in 2005 to treating the largest number of children with acute malnutrition globally per year in 2014. In recent years Niger has also focused on malnutrition prevention programming. The innovative "communities of convergence" approach to addressing malnutrition is bringing together all actors in a community-based, government-led strategy to address the underlying causes of malnutrition. WFP catalyzed these changes through prioritizing nutrition programming, building a durable alliance with UNICEF, and using data to inform and improve programming. WFP stepped into the role of being a leader in nutrition

by ensuring adequate technical nutrition staff and making nutrition a top priority. With the limited funding available, the main challenge in Niger will be to continue treatment programmes while simultaneously scaling up prevention programmes to reduce the burden of malnutrition in the country.

Key success factors, lessons learned and recommendations

Tables 1 and 2 summarize the key success factors, main lessons learned, ongoing challenges and recommendations that were identified in the Niger case study that can be applied to other WFP nutrition activities.

Table 1:

Key success factors used in the WFP Country Office in Niger and recommendations for applying them in other programmatic settings

ACTIVITIES <i>Used by WFP Niger in nutrition programming</i>	KEY SUCCESS FACTOR <i>Or</i> LESSON LEARNED	RECOMMENDATIONS <i>For applying success factors or lessons learned</i>
Making nutrition a priority		
<ul style="list-style-type: none"> WFP Niger continuously increased the number of nutrition technical staff in the Country Office and suboffices to ensure high quality programming. The Country Office ensured alignment of geographic targeting and beneficiary selection criteria among different programmes (e.g. nutrition and cash programming). 	<ul style="list-style-type: none"> Nutrition technical programming requires sufficient technical staff. Technical staff should be located where programmes are operating (i.e. sub offices), as well as, in the Country Office. Aligning other programming activities with nutrition supports synergies that engage all programmes. 	<ul style="list-style-type: none"> Carefully consider the number and technical qualifications of staff working on nutrition programmes at all levels and locations. To ensure high quality programming nutrition technical expertise is required at field level. Integrated programming should align all different Country Office programmes under one framework and include the creation of synergies through geographic and beneficiary targeting.
WFP Leadership in a country context		
<ul style="list-style-type: none"> WFP responded to the 2005 crisis with nutrition specific objectives while recognizing that doing so was politically sensitive. 	<ul style="list-style-type: none"> WFP's role in nutrition can initiate change and support gaining momentum for nutrition programming. High level engagement within WFP can sustain action. 	<ul style="list-style-type: none"> WFP can play an important role in country nutrition programming and leadership from WFP is important to provide WFP the space to act as an accepted key nutrition partner with in-country stakeholders. Depending on the country context, support from higher level management may be required to sustain momentum.

Forming an alliance

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| <ul style="list-style-type: none"> • Strong collaboration between WFP and UNICEF was important to advance the nutrition agenda. • Working with REACH allowed for a clear, broad alliance for nutrition with a clear framework for operations, coordination, and advocacy. | <ul style="list-style-type: none"> • Creating and maintaining a long-term partnership requires investment of time and human resources. • Outcomes of such partnerships surpass the investment and can lead to lasting programmatic change. • Importance of strong formalised partnerships to affect significant change. | <ul style="list-style-type: none"> • Commitment and support from WFP upper management is necessary for success in adapting the WFP role in country. Technical level collaboration will then follow more easily. • Outcomes of joint UN efforts are well recognised and such joint efforts should be considered as viable strategies to reach programmatic success. • Capitalize on REACH or the SUN movement if these formalised partnerships for nutrition are in place in country to ensure solid coordination and joint advocacy measures. |
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Investing in research

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| <ul style="list-style-type: none"> • Results from VAM assessments informed WFP programming and Government policy changes. • WFP Niger invested in operational research to inform future programming. • It was valuable to conduct SMART surveys with nutrition indicators. | <ul style="list-style-type: none"> • VAM assessments and operational research, including SMART surveys with nutrition indicators, are important tools to inform programming. • Improved programming adaptation and efficiency helps WFP regain costs associated with data collection, monitoring and evaluation, and operational research. | <ul style="list-style-type: none"> • Nutrition indicators can be incorporated into VAM assessments to inform nutrition policy and programming. • Operational research should be considered, when feasible, because outcomes can generate evidence for WFP Country Office programming decisions and add to the global evidence base. • It's important to have regular nutrition data collection and analysis to ensure up-to-date information for programming and advocacy efforts. |
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Table 2:

Challenges that surfaced during nutrition programme implementation in Niger and possible solutions that other programmes could consider.

<i>Challenges</i>	<i>Possible Solution (s)</i>
Development versus humanitarian funding	
<ul style="list-style-type: none">• Sustaining of funding for malnutrition treatment programming while simultaneously funding prevention programming scale up	<ul style="list-style-type: none">• Sustain advocacy for the continued need for treatment programming while scaling up prevention. Data on prevention and treatment numbers and trends over time can be used in advocacy. Data from cost-benefit analyses can also support advocacy statements.
Flexibility of CMAM implementation	
<ul style="list-style-type: none">• Implementing one model of CMAM throughout the country while uptake, use and perception of programmes, linked to cultural aspects, varies.	<ul style="list-style-type: none">• Consider different implementation mechanisms or tools for treatment programmes:<ul style="list-style-type: none">* Consider ready-to-use specialized nutritious foods versus fortified blended foods;* Increase of behavioural change communications in culturally complex areas, as well as, working with different populations such as nomadic transhumant and pastoralist groups.



