

## UNICEF Niger Monthly Situation Report

25 June, 2012

### Highlights

- With the beginning of the rainy season, a new threat has appeared: on 20 June, the government of Niger appealed for international support to fight the early stages of an invasion of desert locusts in northern Niger. If not treated immediately, this plague will put the forthcoming harvest season (September-November) at high risk. The locusts are coming from outbreak areas along both sides of the Algeria/Libya border where infestations were triggered by desert rainfalls, and control operations were hampered by armed conflicts and insecurity.
- **Cholera cases are increasing, with 2,023 cases notified as of 24 June 2012<sup>1</sup>.** Most cases are located along the River Niger, in the departments of Tillabéri, Tera and Kollo. On 20 June 2012, a joint mission (Minister of Public Health, UNICEF, WHO, NGOs) visited the affected areas to investigate the factors likely to maintain and spread the epidemic and to support the implementation of response activities in the region.
- As of 27 June 2012, UNHCR has registered a total of 44,879 refugees<sup>2</sup> housed in camps and sites in the western regions of the country. In Tahoua region, UNHCR and IOM relocated 2,831 refugees to Tabareybarey camp (Ayorou), out of 7,879 living on the spontaneous sites of Gaouadel, Tinfagat, Tidirigalene, Mbeidou, Ntadadab. UNICEF and other partners are continuing to provide assistance to those who are still on these sites.
- On 1 June 2012, in Agadez, 333 families displaced by the food crisis received government and partners' assistance to return to their villages of origin in Maradi and Zinder regions, in view of the planting season. They received cash and food assistance from WFP and NGOs and non-food items from UNICEF.
- For the last 2 months, food prices have been quite stable although higher than in previous years. For instance, sorghum and millet prices are 25 to 33 percent higher than in the same period last year<sup>3</sup>.
- As of 10 June 2012, 130,596 under-5 children affected by Severe Acute Malnutrition (SAM) and 195,999 affected by Moderate Acute Malnutrition (MAM)<sup>4</sup> have been admitted and treated in over 2,000 feeding centres across the country. Despite the fact that, since April, each day an average of 1,000 new cases of SAM are being admitted for treatment, the system is coping with the increased workload, which, overall, remains below the levels recorded during the 2010 crisis. This is likely due to the massive treatment of MAM cases, averaging over 10,000 per week, as well as to the early response measures to contain food insecurity and malnutrition, put in place since November 2011. At present, the 3<sup>rd</sup> phase of the government response plan is in full motion. It includes blanket supplementary feeding for under-2 children, targeted general food distributions, unconditional cash transfer programmes, subsidized sales of cereals, and distribution of seeds.



*Tsahara Saidou holds her son Moctar, 2, who suffers from acute malnutrition, as they receive a weekly dose of ready-to-eat therapeutic food at the health center in the village of Sarkin Yamma Sabou, Niger 2012[UNICEF/2012/Quarmanyne - photo Olivier Asselin*

<sup>1</sup> Report released by the MoH for week 25 (18-24 June)

<sup>2</sup> UNHCR- <http://data.unhcr.org/MaliSituation/> Including 42,359 Malians refugees and 2520 Nigeriens returnees

<sup>3</sup> OCHA- Bulletin humanitaire Niger-19 Juin 2012

<sup>4</sup> 'Scaling up' report, Ministry of Health, 26 June 2012

## Situation & Humanitarian Needs

<b>Estimated Affected Population</b> <i>(Estimates based on the Household Survey on Vulnerability to Food Insecurity, (DNGPC-SAP, November 2011))</i>			
	<b>Total</b>	<b>Male</b>	<b>Female</b>
<b>Total Affected Population</b>	6,421,934	3,146,748	3,275,186
<b>Children Affected (Under 18) as a proportion of Total Affected Population</b>	3,660,502	1,793,646	1,866,856
<b>Children 6 to 59 months</b>	1,083,187	563,933	519,254
<b>Children 6 to 23 months</b>	712,888	349,315	363,573
<b>Pregnant women treated for MAM</b>	97,067		97,067
<b>Estimated annual caseload of SAM (severe acute malnutrition in under-5 children)</b>	393,737	219,208	174,529
<b>Estimated annual caseload of MAM (moderate acute malnutrition in under-5 children)</b>	689,450	344,725	344,725
<b>Total Displaced Population (refugees and returnees from Mali)</b>	44,879 <sup>5</sup>	N/A	N/A

## Inter-agency collaboration

In addition to the Clusters' meetings regularly held at national and regional levels in 8 sectors (WASH, Nutrition, Health, Food security, Protection, Telecommunications, Logistics, and Education), the collaboration with government and among UN agencies and partners remains effective. UNICEF, where cluster lead agency, is responsible for information management of the cluster and sharing overall results achieved by the cluster collectively.

In order to upscale the response to the cholera outbreak, Health and WASH inter-cluster meetings have been organized to work on a common strategy. A joint mission comprising the Ministry of Health, WHO, UNICEF and NGOs visited Tillabéri and Terra. The Global WASH Cluster Rapid Response Team has deployed a mission to Niger to strengthen the WASH cluster and foster inter-sectoral coordination with other key clusters.

The national nutrition survey organized in collaboration with the National Institute of Statistics began on 26 June 2012.

Within the overall coordination framework of the cluster system, UNICEF has established partnerships and cooperation agreements with a number of specialized national and international NGOs. With WFP, a joint action plan for nutrition is being implemented at national scale with interventions in: blanket feeding, management of moderate and severe acute malnutrition, and national nutrition surveys.

In order to advance the resilience agenda and ensure a continuum between emergency and development programmes, integrated multisectoral interventions are being discussed, acknowledging that working in synergy, in the same place and at the same time in partnership with different actors is indispensable to effectively tackle the underlying and root causes of recurrent crises.

## Emergency response

### Nutrition

Indicators	UNICEF & operational partners			Sector / Cluster		
	UNICEF Target	Cumulative results ( # )	% of Target Achieved	Cluster Target	Cumulative results ( # )	% of Target Achieved
Children <5 with SAM admitted to therapeutic feeding centres	393,737	130,596	33,17%	393,737	130,596	33,17%
Children <5 with MAM admitted to supplementary feeding centres	--	--	--	689,658	195,999	28,42%
SAM Performance indicators as of April 2012						
Death rate	<10%	1.6%		<10%	1.6%	
Recovery rate **	>75%	85%		>75%	85%	
Drop-out Rate	<15%	4.8%		<15%	5.2%	
Number of health facilities offering SAM treatment	898					
<b>List of UNICEF Operational Partners:</b> MoH, WHO, WFP, Save the Children, MSF (Belgium, Switzerland, Spain), CONCERN, World Vision, ACH, COOPI, CRF, Alima/Befen, Forsani, Help						

\*\* This indicator is updated on a quarterly basis.

<sup>5</sup>Source: UNHCR – <http://data.unhcr.org/MaliSituation>

## UNICEF and Partners programming

In May, 28, 793 under-five children affected by SAM were admitted and treated in therapeutic feeding centers, which represents 87.7 percent of the monthly expected cases of SAM. So far, the response is on track.

Across all regions of Niger, a network of 898 CRENAS and CRENI (out-patient and in-patient therapeutic feeding centres for SAM), and of 1,145 CRENAM (supplementary feeding centres for MAM) is fully operational. The centres, integrated within the national health system, receive assistance and supplies from UNICEF and WFP respectively. Approximately half of them are also supported by specialized NGOs. In order to cope with the increasing caseload of SAM, UNICEF has provided financial assistance to the Ministry of Health to recruit additional nurses, nutrition assistants and technicians for a total of 187 staff in surge capacity. In collaboration with WFP, UNICEF is providing essential medicines for systematic treatment of MAM cases. Funding for the provision of RUTF (ready to use therapeutic food) for SAM case management is ensured through the end of the year.

The blanket supplementary feeding (BF) programme implemented by WFP in collaboration with UNICEF and NGOs, to cover some 1,000,000 persons (712,888 children aged 6-23 months and 234,416 lactating women) is on-going.

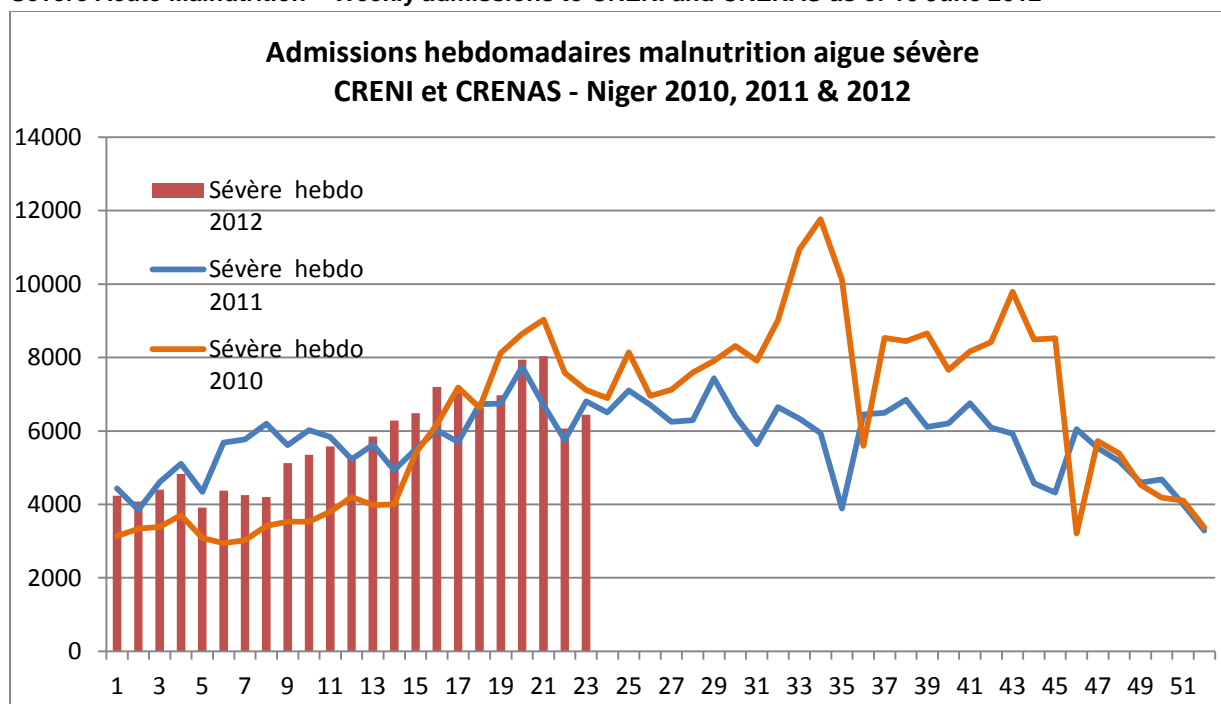
In order to develop a holistic and multisectoral approach to nutrition, on 19 June 2012, the National Directorate of Nutrition, UNICEF and partners held a workshop to plan the participation of Niger in the Scaling Up Nutrition movement (SUN) and produce a concept note and a roadmap. SUN brings together over 100 organizations and governments, committed to work together to fight hunger and under-nutrition, by developing plans and strategies aiming at scaling up high impact interventions focused on the 1000 days between a woman's pregnancy and her child's second birthday.

In collaboration with MSF France, MSF Switzerland, UNICEF and the government will carry out an assessment to evaluate malnutrition rates in the refugee camps (Abala, Ayorou, Mangaizé). This will complement the national nutrition survey started on 26 June 2012, which will give a comprehensive picture of the nutritional situation in all regions of the country.

UNICEF is contributing to prevent child malnutrition by promoting behavioural change combined with cash transfers in vulnerable villages. As of 20 June, 70 village committees have been set up in collaboration with CARE to identify vulnerable households with young children and lactating women. This targeting process aims at identifying 15,000 vulnerable households with under-2 children. The first of four monthly cash distributions is planned in the first week of July. The amount of the monthly transfer is 20,000FCFA per households (approx. US\$ 40).

The following graphics from the "Scaling-up" information system adopted by the Ministry of Health and the Nutrition Cluster illustrate the weekly admissions of SAM cases to CRENAS/CRENI, compared with previous years.

**Severe Acute Malnutrition – Weekly admissions to CRENI and CRENAS as of 10 June 2012<sup>6</sup>**



<sup>6</sup> Source : 'Scaling up' report, Ministry of Health, UNICEF, 26 June 2011

**Expected cases of SAM in children 6-59 months, 2012 (linear monthly average based on the estimated annual caseload for 2012)**

	Monthly Forecast	Monthly achievements	% of achievement	Recovery rate (%)	Mortality rate (%)	Drop-out rate (%)
January	32811	17726	54.0	86	0.7	5.7
February	32811	16984	51.8	97	1.1	5.8
March	32811	26935	82.1	86	1.2	3.9
April	32811	26024	79.3	83	1.1	4.1
May	32811	28793	87.7	**	**	**
June	32811		0.0			
July	32811		0.0			
August	32811		0.0			
September	32811		0.0			
October	32811		0.0			
November	32811		0.0			
December	32811		0.0			

\*\* Data not yet available

## Water, Sanitation and Hygiene (WASH)

Indicators		UNICEF & operational partners			Sector / Cluster		
		UNICEF Target	Cumulative results ( # )	% of Target Achieved	Sector Target	Cumulative results ( # )	% of Target Achieved
% of mothers of children treated for SAM at CRENI provided with hygiene kits	Nutrition	60,000	14, 373	24%	60,000	14,373	24%
% of CRENI with running water source	Nutrition	50	50	100%	50	50	100%
% of CRENAS with hand washing equipment	Nutrition	848	340	40%	848	340	40%

**List of UNICEF Operational Partners:** Ministry responsible for Water and Sanitation, UNHCR, Plan Niger, Save the Children, CRS, Oxfam, Islamic Relief, IEDA Relief, MSF-Switzerland, World Vision, CARE, Samaritans Purse, ACH, ACTED

## UNICEF and Partners programming

In addition to providing WASH facilities to CRENI and CRENAS and delivering hygiene kits to mothers of in-patient children, the WASH Cluster, led by UNICEF, is working to address refugees' needs in the host communities and on sites. However, scarcity of underground water is often slowing down the implementation of a rapid response. Hydrogeological studies have been led and are now allowing new drillings to be made.

Epidemiological surveillance indicates the progression of the cholera outbreak. As of 24 June 2012, 2023 cases of cholera (52 deaths) have been notified, compared with 474 cases (20 deaths) in June 2011. The region of Tillabéri (Tera, Tillabéri, Kollo, Sai districts), which is hosting the refugee camps, is the most affected, with 2005 cases. The regions of Niamey, Dosso and Maradi have reported 18 cases including 4 deaths.

Regions	TILLABERI				NIAMEY	DOSSO	MARADI	Total
Departments	Tera	Tillabéri	Kollo	Sai				
Number of cases reported	361	1238	365	41	6	6	6	2023
Number of deaths	16	23	7	1	1	3	1	52 <sup>7</sup>

<sup>7</sup> Source: report released by the MoH for week 25 (18 to 24 June)- cumulative from 01/01/2012 to 24/06/2012

## Health

\*\* Approximate number of children 0-11 months due to receive measles vaccination from 01/01/12 to 31/05/12 (annual target: 948 465)

- Meningitis: 235 cases, 43 deaths representing a fatality rate of 18.30%
- Measles: 1393 cases suspected, 5 deaths representing a fatality rate of 0.36%.
- Cholera (as of 24 June): 2023 cases (against only 474 in 2011), 52 deaths representing a fatality rate of 2.57%

The Ministry of Health in collaboration with the Health Cluster, led by WHO, has drafted the *Health Response to 2012 Humanitarian Crisis in the Sahel*. While following the principles of humanitarian action (humanity, impartiality and neutrality) and principles of partnership (equality, transparency, results-based approach, responsibility and complementarity), this document compiles the emergency health interventions to be implemented in Niger to meet the complex humanitarian needs: food and nutrition, refugees, epidemic diseases (cholera, malaria, meningitis, polio, measles).

Indicators	UNICEF & operational partners			Sector / Cluster		
	UNICEF Target	Cumulative results ( # )	% of Target Achieved	Cluster Target	Cumulative results ( # )	% of Target Achieved
# of children who have access to child-friendly spaces and are provided with psychosocial support and recreational activities	10,000	2,200	25%	10,000	2,200	25%
# of communities that have received information on the risks of exploitation, violence and abuse of children (GBV, recruitment, WFCL) and have set mechanisms to protect them (prevention and response)	150	100	66,7%	200	100	50%

List of UNICEF Operational Partners: Save the Children, Ministry of Population, Promotion of Women and Protection of Children, Islamic Relief, Plan Niger, World Vision



## UNICEF and Partners programming

In response to the food and nutrition crisis, psychosocial activities are already being implemented in 10 CRENIS to support severe malnourished children and women. Moreover, tools have been developed to assess the impact of the food and nutrition crisis on children. UNICEF is now looking for an institute to carry out an evaluation using these new tools.

Assistance is being provided to internally displaced families who have migrated to Niamey as a result of food insecurity. UNICEF is supporting the registration of families who are willing to return to their villages to assist them with a return package. In collaboration with partners, UNICEF is providing psychosocial support/emotional stimulation and recreational activities to children and women accommodated in all camps and sites.

In collaboration with UNFPA and Oxfam, a training of trainers on gender based violence in emergencies was held for 30 UN, government and NGO actors to reinforce interventions not only in refugee camps but also in relation to the food and nutrition crisis.

## Education

Indicators	UNICEF & operational partners			Sector / Cluster (if applicable)		
	UNICEF Target	Cumulative results ( # )	% of Target Achieved	Cluster Target	Cumulative results ( # )	% of Target Achieved
School-aged children including adolescents with continued access to formal and non-formal basic education (nutrition and refugee crises)	105,000	31,095	30%	126,000	31,352	25%
<b>List of UNICEF Operational Partners:</b> Ministry of Education and the Cabinet of the Prime Minister through the Emergency Committee and Regional Directorates for Education, WFP, Aide et Action, Concern, CRS, Handicap International, Monde des Enfants, Oxfam, Plan Niger, RAIN for the Sahel and the Sahara, Save the Children, VIE KNB, Welthungerhilfe, World Vision						

## UNICEF and Partners programming

The Education Cluster, led by UNICEF, continues to work on a number of different fronts: to build the capacity of Cluster members UNICEF financed a two-day training on psycho-social support in education in emergencies. The 25 participants are using their newly acquired tools to assess the needs of children in the ongoing emergencies. Thanks to the global Education Cluster, the Niger Cluster team has been reinforced with a temporary Information Manager, who is assisting with the data collection to assess gaps in the response and to plan the new school year starting on 1 October. As a component of its preparedness measures, the Education Cluster has developed guidelines on the use of schools as shelter during emergencies. With the start of the rainy season and the accompanying floods, schools are at risk of being used to accommodate displaced families. Cluster partners are currently advocating for the inclusion of these guidelines in regional level contingency plans currently being revised.

With regard to the refugee response, Cluster partners have now received copies of the Malian school manuals and teacher guides to be used for the catch-up classes during the school holidays. Updated and more in-depth education assessments of Ayorou and Mangaizé camps have just been finalised. The data will inform the action plan for catch-up classes.

The education response for the refugees is mostly focusing on primary education. Early childhood development, secondary education and educational opportunities for out-of-school children (that is, for the majority of refugee children) still need to be addressed and would require additional funding. Similarly, if more resources are not forthcoming, the provision of education in the camp of Tillia, and the planned *Back to School* campaign for the next school year will be hampered.

Regarding the early food distribution planned in June for 28,000 families of school-age children from 500 schools, the government decided to postpone this activity and to integrate it into the *Back to School* campaign to encourage families to send their children back to school.

## Communication for Development (C4D)

UNICEF in collaboration with Health Districts continues to implement a communication plan for cholera response in Tillabéri and Dosso. A total of 350 villages at risk are targeted and 350 community volunteers have been trained and mobilized. The operational strategy focuses on:

- Community mobilization,
- Dialogue sessions using practical demonstrations with disinfection and purification products (Aquatabs, calcium hypochlorite, etc.),
- Involvement of a local NGO to reactivate local prevention and warning committees, and volunteers networks.
- Broadcasting messages through 15 community radios and 2 private radios.

## Supply and Logistics

UNICEF has ordered a total of USD 17 million of supplies of which 93% for the Nutrition response. Of these supplies, almost USD 9 million have been received in-country, and USD 4.8 million have been delivered to partners and beneficiaries

## Human Resources

Total Staff mobilized: 51

Total Staff under recruitment: 0

Total Staff not yet funded: 0

## Funding (as of 21 June 2012)

Country	Emergency Response Requirements (\$)			
	Total needs for CAP 2012	Funds received	Funding gap, USD	Funding gap, %
Niger	39,675,281	31,599,615	8,075,666	20%

**UNICEF wishes to express its deep gratitude to all public and private donors** for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank donors and National Committees who have provided *un-earmarked funds*. Un-earmarked funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience building. Continued donor support is critical to continue scaling up the response.

**UNICEF Niger received financial contributions from the governments of:** Australia (AusAID), Belgium, Canada (CIDA), Finland, France, Japan, Korea, Netherlands, Spain, United Kingdom (DFID), USA (USAID, BPRM) and from the UN Central Emergency Response Fund (CERF) and ECHO.

**Date of next Situation Report: 23 July 2012**

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