

UNICEF Niger – Monthly Humanitarian Situation Report

Date: 27 May 2013

Highlights

- As of 24 May, UNHCR confirmed that just over 50,000 refugees are in country. As of 1 May, some 6,920 refugees were relocated from Agando and Chinwaren to Intikane, while discussions are on-going to open a new vast refugee hosting area (similar to Intikane) in Tazalite to relocate the 2,680 refugees who arrived in March in Mentés and Midal.
- Following the declaration of a state of emergency in three federal states in neighbouring Nigeria, an estimated 2,367 Niger citizens and 126 Nigeria citizens have crossed the border into Niger in the region of Diffa. On 28 May, UNHCR Niger will lead an interagency mission in Diffa town and region to assess the situation.
- As of 19 May, 121,142 children under-five have been admitted to therapeutic feeding centres for severe acute malnutrition (SAM), while another 168,818 have been receiving treatment for moderate acute malnutrition (MAM). Nutritional status is still under control but fragile given the increasing food prices observed due to a series of reasons including political insecurity in neighbouring Mali and Nigeria.
- On 10 May 2013, the government of Niger officially declared a cholera epidemic. As of 26 May, a cumulative number of 281 cases including 8 deaths (with a case fatality rate of 2.85 percent) have been reported, including 240 cases in Ayorou and 20 in Mangaize, where the refugee camps of Tabareybarey and Mangaize are located, respectively.
- In education, immediate needs have increased due to new influx of refugees and settlement of new camps and sites located in the Northern part of the country. The lack of emergency funding could jeopardize the 2013-2014 school year for all refugee children in Niger. An estimated US\$2 million is urgently required to ensure uninterrupted emergency education.
- Despite the fact that protection issues are on the rise in camps, funding is not forthcoming. US\$1.5 million needs to be mobilized for this sector (refer to funding section below for further information). Gender-Based Violence, Children Associated with Armed Forces and other armed Groups, Separated and Unaccompanied Children, and psychosocial distress affecting children remain threats to their well-being that need to be addressed through prevention, tracing and/or treatment.
- To ensure that host communities have equitable access to WASH facilities and are not deprived of their rights, UNICEF is advocating to immediately mobilize US\$2.5 million for this sector (refer to funding section below for further information).



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Refugee students from Mangaize camp who attend Ouallam Public College in Niger

Situation Overview & Humanitarian Needs

- Regional consultations with partners led by the *Dispositif National* will be held early June to review preliminary results of vulnerability assessments. Data should be released by mid-June. However, based on the 2013 National Support Plan, nearly 3.1 million people will remain vulnerable to food insecurity in 2013. Most of these communities live in areas close to the Malian border, which were hardest hit by the 2012 food crisis. According to the CAP Mid-Year Review, over 376,724 under-five children will suffer from life-threatening severe acute malnutrition this year, if adequate treatment is not provided. UNICEF, in collaboration with the Government and other partners, is scaling up the capacity of therapeutic feeding centres to manage acute malnutrition. More than 2,000 centres for moderate and severe acute malnutrition are functional across the country as part of the State-run health services. As of 19 May 2013, these centers have treated more than 289,960 cases of acute malnutrition. Of these 168,818 were moderate, and 121,142 severe, a higher number compared with the same period last year (increase of 12 %).
- As of 24 May, just over 50,000 refugees are in country. This planning figure will be used for the CAP Mid-Year Review.
- On 1 May, the relocation of refugees/returnees from Agando and Chinwaren border sites to the refugee hosting area of Intikane was completed. In total, some 6,920 individuals - 5,058 Malian refugees and 1,862 Niger returnees - were relocated. On 24 April, a special convoy of some 800 animals (camels, horses, cattle and sheep) with their herders reached Intikane. UN agencies, the *Commission Nationale d'Eligibilité* (CNE) and local and international NGOs jointly supported the relocation process.
- A new site has been identified in the department of Tassarat for the relocation of the 2,680 refugees who arrived in March 2013 from the border sites of Mentés and Midal. Discussions took place with the hosting community in Tazalite to open another vast refugee hosting area similar to Intikane.
- As of 26 May, a cumulative number of 281 cholera cases including 8 deaths (with a case fatality rate of 3.1 percent) have been reported in Niger including 224 cases in Ayorou department, where the refugee camp of Tabareybarey is located. To avoid the spread of the epidemics, joint and coordinated activities have been implemented and a response plan is being elaborated by UN agencies (UNICEF, WHO, UNHCR, OCHA), international and national NGOs', under the leadership of the Niger government.
- At the end of April, the early onset of the rainy season (approximately 2 month earlier compared to last year) has already been reported in Tahoua and Agadez regions. Approximately 28 nomad households have been affected and supported by UNICEF in Timia and Iferouane through the delivery of kitchen sets, hygiene kits (buckets, soap, Aquatabs, jerricans) and household kits (mats, mosquito nets, blankets). In addition, tarpaulins and tents have been made available to ensure education continuity in 4 schools that suffered damages.
- As of 24 May, UNICEF funding requirements for 2013 have been covered by 51%. At the global level, only 22% of the total amount required in the CAP 2013 has been funded. Funding gaps may hamper activities and increase the risk of exposure for the most vulnerable, particularly children and women.

Estimated Affected Population¹			
<i>(Estimates are based on initial figures from 'Résultats des Rencontres Techniques du DNPGCCA sur l'évaluation de la situation alimentaire, nutritionnelle et pastorale' - Novembre 2012)</i>			
	Total	Male	Female
Total Affected Population (Mali + Food insecurity)	3,115,148	1,526,423	1,588,725
Including:			
Total Population affected by Food insecurity:	3,115,148	1,576,423	1,538,725
Children Affected (Under 18)	1,775,634	870,061	905,573
Children Under Five	508,471	249,151	259,320
Children 6 to 23 months	334,520	163,915	170,605
Pregnant women	47,087	--	47,087
Children Under Five with Severe Acute Malnutrition (SAM)	376,724	203,431	173,293
Children Under Five with SAM and medical complications	66,570	35,695	30,875
Children Under Five with Moderate Acute Malnutrition (MAM)	556,894	298,867	258,027

¹ Regional consultations will be held early June to review preliminary results of vulnerability assessments. Data should be released by mid-June.

Total expected Displaced Population (refugees and returnees from Mali)	100,000 ²	49,000	51,000
Displaced Population	50,000 ¹	24,500	25,500
Number of children displaced (0-17 years old)	30,253 ³		

Inter-Agency Collaboration and Partnerships

UNICEF continues to maintain a day-to-day collaboration with WFP and FAO on nutrition and food security, with WHO on health-related issues, with UNHCR on refugee issues, with UNDP on early recovery and resilience, and with OCHA on coordination and information management. Cooperation agreements with NGOs, an essential part of the delivery of UNICEF's humanitarian assistance in Niger, complement what is directly executed with government partners.

On 17 May, UNICEF, the WASH and Health Clusters, UNHCR, OCHA, CISP, OXFAM, AECID (Spanish cooperation) and ECHO organized a field visit in Ayorou to assess the cholera situation, identify eventual gaps and boost coordination at regional level. Under the leadership of the Directorate for Surveillance and Response to Epidemics (DSRE), all partners are now jointly working to address the gaps identified in 3 main sectors (Health, WASH, Communication for Development) .

On 7 May 2013, a country-level table top exercise (CTTX) brought together members of the Humanitarian Country Team (HCT), Cluster members and government to discuss the implementation of the Inter-Agency Rapid Response Mechanism (IARRM) to support a major Level 3 emergency response in the country. The purpose of the CTTX was to raise awareness about the IARRM, obtain feedback on its implementation and identify training needs should a Level 3 be declared.

Since 3 May 2013, under the coordination of OCHA and in collaboration with the government, Clusters are reviewing their CAP strategies and projects according to the current needs and priorities. The process will end around mid-June.

To better address malnutrition in the camps, UNICEF, WFP and UNHCR are collaborating closely and undertaking joints evaluation missions. Further to these visits, a practical guide will be elaborated for use by implementing partners in the camps (Plan, Islamic Relief, AKARASS and ACTED) to ensure they are adhering to minimum standards for screening, treatment, reference and monitoring of malnutrition.

Programme response

MALI+ CRISIS

UNICEF and partners' programming

Sector	Estimated # / % coverage	UNICEF & operational partners		
		Target	Cumulative results (#)	% of Target Achieved
Nutrition	# of refugee children 6-59 month benefiting from the Wet Feeding operation (receiving at least one meal per day)	6,323	5,769	91%
	# of children <5 treated for SAM	1,600(*)	203	12,7%
	<i>UNICEF Operational Partners: UNHCR, WFP, Plan, Acted, Islamic Relief, AKARASS (*) maximum caseload expected for 2013</i>			
WASH	# and % of men, women, girls, boys who have improved access to drinking water	101,650	49,300	48%

² Source: UNHCR – <http://data.unhcr.org/MaliSituation> - For planning purposes, the figure of 100,000 (50,000 refugees already in country + additional expected influx of 50,000) was used by partners for the emergency response.

³ Source: UNHCR – <http://data.unhcr.org/MaliSituation> - As of 26 May, 30,253 children (0-17 years old) are currently in the camps.

	# and % of people with access to sanitation infrastructure taking into account accessibility for children, and the specific needs of women and men	101,650	22,240	22%
	<i>Operational Partners: HCR, OXFAM, Qatari Red Crescent (QRC), MSF-CH, ACF, AKARASS, Plan, WVI, IRW, CARE</i>			
Child Protection	# of children who receive psychosocial care through CFS in the camps.	15,000	2,928	20%
	<i>Operational Partners: UNHCR, Plan, Help</i>			
Health	# of children <5 receiving measles vaccination in the camps.	8,229	7,615	93%
	<i>Operational Partners: UNHCR, Plan, Help</i>			
Education	# and % of school-aged girls and boys with continued access to formal and informal education	11,500	4,689	41%
	<i>UNICEF Operational partners: Oxfam, Plan International, Catholic Relief Services, Humanitaires sans Frontières, AKARASS, UNESCO, Regional Directorate for Education of Tahoua and Tillabéri regions, Ministry of Education</i>			

Nutrition:

- In April⁴, 5,769 children 6-59 month benefited from Wet Feeding in the refugee camps of Abala, Mangaize, Ayorou and Intikane.
- From 25 March to 2 April, a joint survey was undertaken by UNHCR, WFP and UNICEF in the camps to evaluate the current acute malnutrition rate among children 6 to 59 months. However, due to incompleteness of data during the collection process, the results could not be released. Consequently, in June, UNICEF, WFP and UNHCR will carry out a new evaluation in collaboration with the National Institute for Statistics.
- Meanwhile, from 27 to 30 May, to avoid delaying the response to malnutrition in the camps, the three UN agencies decided to lead a joint mission in the camps of Abala, Mangaize and Ayorou. This mission will analyze the gaps in screening (in the wet feeding canteens and at community level), treatment, reference and monitoring to ensure efficient nutrition response in the camps. If necessary, the agencies will build partners' capacities through trainings and/or elaboration of guidelines. Indeed, as of today, partners involved in the malnutrition response do not use a common 'protocol' for screening/treatment/reference and monitoring of activities.

WASH:

- The target of 101,650 men, women, girls, and boys having improved access to drinking water has been used in the CAP 2013 and corresponds to 100% of the planning figures for refugees and IDPs, plus 15% of population from host communities.
- The 'cumulative results' column has been informed by UNHCR (as lead for WASH in the camps).
- Only one project has been funded in the CAP 2013 framework (CARE International).
- UNICEF lent 20 bladders of 10m³ to UNHCR to provide safe water for refugees located in Intikane, Mentés and Midal.

Health:

(*) Data are the same as last month since the data from the last vaccination campaigns (for new arrivals) have not yet been compiled.

Education :

- UNICEF and Plan Niger, in collaboration with UNHCR are providing a FCFA18,000 (approximately USD36.00) stipend to 90 secondary school students for a period of three months to support them to attend classes regularly in Ayorou and Mangaize until the end of the year. This stipend covers uniforms, school stationary and lunch costs. UNICEF will closely monitor attendance rates and student performance.

⁴ Please note that WFP is reporting on previous month's figures for the current month Sitrep.

- In May 2013, the number of Malian refugee students has increased due to the enrolment of 157 additional students at primary level and 27 at preschool level, in the camp of Mangaize. They have been relocated from Banibangou. Consequently, so far, the total number of students at the primary school in Mangaize camp is 1,139, including 556 girls.

Protection:

- The significant increase in attendance of about 6% compared to last month can be explained by the fact that Help (UNICEF's partner in Abala camp) has increased its capacity by extending two new Child Friendly Spaces (CFS).
- Funding gaps may hinder the implementation of activities and prevent the sector from reaching its target.

SAHEL NUTRITION RESPONSE

Sector	Estimated # / % coverage	UNICEF & operational partners			Sector / Cluster		
		UNICEF Target	Cumulative results (#)	% of Target Achieved	Cluster Target	Cumulative results (#)	% of Target Achieved
Nutrition	# of children <5 with SAM admitted into therapeutic feeding programme	376,724	121,142	32.2%	376,724	121,142	32.2%
	# of children <5 with SAM discharged recovered	121,142 (a)(282,543)	101,759	84%	121,142 (a)(282,543)	101,759	84%
<i>UNICEF Operational Partners: MoH, WHO, WFP, Save the Children, MSF (Belgium, Switzerland, Spain), CONCERN, World Vision, ACH, COOPI, CRF, Alima/Befen, Forsani, Help</i>							
WASH	# of Couples "Mother / Malnourished children" who benefit from WASH minimum package	121,142 (a) (200,000)	54,818	45.3%	121,142 (b) (290,191)	59,644	49.2%
	# of nutritional centres delivering the WASH minimum package	469	96	20%	898(c)	109	12%
<i>Operational Partners: ACF-E, Save the Children, Solidarités International, Croix Rouge Française, CISP</i>							
Health	# of children <5 receiving measles vaccination	7,780,633	7,780,724	100%	7,780,633	7,780,724	100%
	# of children <5 with malaria admitted into health centres	2,250,000	670,043	30%	2,250,000	670,043	30%
<i>UNICEF Operational Partners: MoH, WHO, MSF (Belgium, Spain, Switzerland), Concern, Save the Children, Alima/Befen, Help</i>							
Protection	# of malnourished children who receive psychosocial support through CFS	50,000	7,764	16%	61,000	10,814	18%
<i>Operational Partners: Save the Children, Coopi, UNICEF, MP/PF/PE</i>							

(a) : Annual UNICEF target expected to be reached at the end of 2013

(b) : Annual Cluster target expected to be reached at the end of 2013

(c) : Total number of CRENI/CRENAS in country

UNICEF and partners' programming

Nutrition:

- Further to the CAP Mid-Year Review, nutrition targets increased, which triggered changes regarding the percentage of target achieved (rate of 28 % in April increased only by 4 % in May to reach 32%)
The number of cases treated for SAM is 12 % higher than the expected target for the same period.
- The increase in the number of children treated for severe acute malnutrition over the past weeks has been reported mainly from Tillabéri, Maradi and Zinder regions. During this period and in these areas, various NGOs conducted active screenings at community level. In particular, Help worked in Ouallam and Tera, COOPI in Tillaberi district, BEFEN in the department of Mirriah and Save in Zinder region. Active screenings, Niger's robust monitoring system combined with a surge in malaria cases at the beginning of the year are the main contributing factors to this increase.
- Moreover, middle upper arm circumference (MUAC) is a new criterion used for admissions to complement to weight and size already being used. Consequently, more cases may have been referred.

WASH:

- As of 24 May 2013, ACF-Spain, Solidarités International and UNICEF are the only WASH partners implementing and providing monitoring data for *Wash in Nut* activities.
- In May, *Wash in Nut* data did not change. Due to lack of funding and despite the increasing number of admissions in CRENI/CRENAS, UNICEF activities have been hampered and targets are far from being reached.
- However, the minimum *WASH in Nut* package has been agreed jointly by the Nutrition and WASH Clusters. To ensure the integration of a WASH component in the nutritional response, this package has been included in the National Strategy for Nutrition. The package includes: providing safe water, sanitation facilities and hand washing points to nutritional centres, distribution of purification tablets and soap to malnourished children and their mothers when leaving the centre, and disseminating messages on good hygiene practices both at nutritional center and community levels.
- So far, of the total amount of US\$20,191,000 required by the Cluster, only 4.9% (US\$995,025) have been funded.

Health:

- * Measles vaccination targeting under-five-year-olds is only implemented through mass campaigns
- As of week 18 (29 April to 5 May), 670,043 malaria cases have been recorded out of 2,250,000 expected cases for 2013.
 - 2,585,390 treatments, 526,250 Rapid Diagnostic Tests (RDT) and 240,000 Long Lasting Impregnated Nets (LLIN) have been ordered to cover the malaria peak expected during the rainy season.
- As of week 18, a total of 2,171 suspected cases of measles were recorded. However, disaggregated data are not yet available. Confirmation of a targeted immunization campaign for yellow fever in the district where a suspected case was notified is pending with the MoH.

Protection:

- Save the Children is implementing CFS activities in 11 CRENI/CRENAS and targeted 8,000 children, while COOPI targeted approximately 3,000 children but is still looking for funding to begin activities.
- Funding gaps may hinder the implementation of activities and prevent the sector from reaching its target.
- Training of governmental and UNICEF partners on emotional stimulation is ongoing. A culturally sensitive and contextualized tool kit was developed to support technical staff on the day-to-day implementation of their activities.

CHOLERA

Input and process Monitoring	UNICEF & Operational partners			Sector / Cluster		
	UNICEF Target (*)	Cumulative results (#)	% of Target Achieved	Sector/Cluster Target	Cumulative results (#)	% of Target Achieved
Number of health centres/CTCs/CTUs provided with HTH		2			2	
% of villages in the target areas with at least 2 volunteers trained on cholera and inter-personal communication		200			306	

(*): Targets have not been defined yet since epidemic projections are under analysis.

Epidemiologic Trend

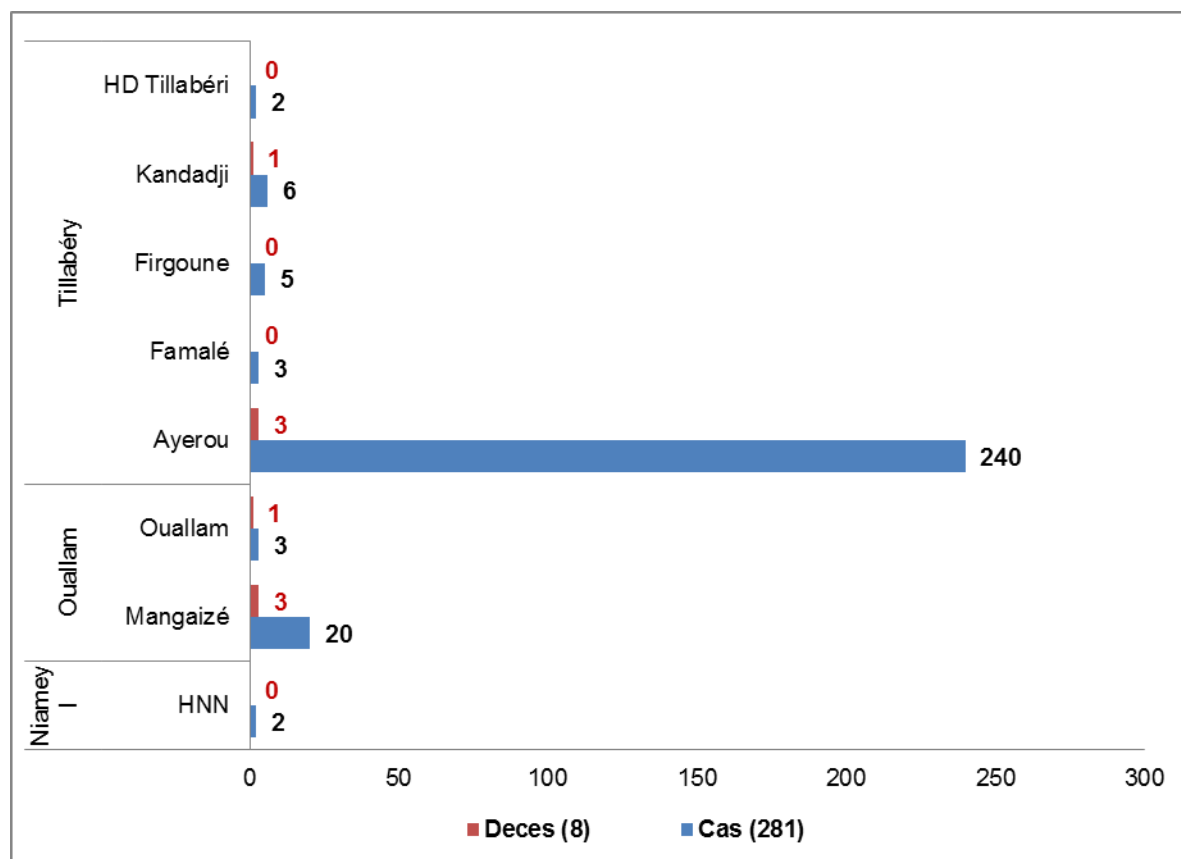


Figure 1: Cholera cases in Niger per health district – 2013 epidemic

Cumulative cases since the beginning of the outbreak (6 May 2013)				
Affected Health Districts	Sites	Number of cases	Related deaths	CFR
Niamey I	HNN	2	0	0%
Ouallam	Mangaizé	20	3	15%
	Ouallam	3	1	33,3%
Tillabéri	Ayorou	240	3	1,25%
	Famalé	3	0	0%
	Firgoune	5	0	0%
	Kandadji	6	1	16,7%
	HD Tillabéri	2	0	0%
Total		281	8	2,85%

Figure 2: Cumulative cholera cases as of 26 May 2013

- As of week 21 (20 to 26 May), 281 cholera cases have been recorded, including 8 deaths representing a case fatality rate of 2.85%.
 - To tackle the outbreak, 5 diarrhoea kits, 3,000 sodium lactate compound injection of 1000 ml, Doxycycline tablets of 100 mg (box of 1,000), 96,000 tablets of Aquatabs and 4,200 bars of soap were provided to the targeted districts through the MoH.
 - In addition, UNICEF provided MSF-CH with 100 tarpaulins to reinforce the CTC in Ayorou.

UNICEF and partners' programming

- Under the coordination of the DSRE (Directorate for Surveillance and Response to Epidemics), the WASH and Health Clusters are working together to respond to the cholera outbreak in Niger. Three thematic

Task Forces have been put in place (sensitization, treatment and logistics, WASH) including partners from government, UN agencies and NGOs and Inter-Cluster meetings (Health and WASH) are being held fortnightly. Coordination mechanisms are operational at national and regional levels (through the regional WASH Cluster and under the coordination of the Regional Committee for Crises and Epidemics), which led to the elaboration of a cholera response plan at regional level.

- To efficiently fight the epidemic, activities have to be led at 2 levels: emergency response for case containment and short/medium term activities to break the endemic cycle of cholera.

Concerning the emergency response:

- 1 CTC (cholera treatment centre) has been opened by MSF-CH in Ayorou (with the support of UNICEF that donated 100 tarpaulins); while another CTU (cholera treatment unit) has been created in Mangaize.
- UNICEF donated 5 cholera kits, more than 3,000 bottles of Ringer Lactate, 150,000 tablets of doxycycline, 96,000 tablets of Aquatabs and 4,200 soaps which have been prepositioned by the Regional Committee for Crises and Epidemics.
- Various partners (UNICEF, Plan, Animas Sutura, CISP, and Solidarités International) are already implementing WASH and sensitization activities in the field, following the regional response plan (distributions of soaps, PUR and Aquatabs, activation of community radios, sensitization sessions, and training of community workers) but gaps remain. CFR rates remain high (2.85% instead of <2% according to standards) due to an important number of community deaths which confirms that sensitization activities have to be reinforced.
- UNICEF is raising donors' attention to fund the immediate WASH and sensitization gaps.
- Cluster partners have the capacities to respond and two PCAs with CISP and Solidarités International are under elaboration.
- UNICEF will ensure the duplication of communication support validated at governmental level to support partners in their sensitization activities.
- UNICEF is organizing the training of 42 health district communicators (including 11 communicators in the targeted areas) and has a network of 200 community workers actively working in Tillaberi region. In addition, Plan International is ensuring sensitization in 50 villages.
- Last year, Solidarités International and Samaritan's Purse trained a network of 90 community workers based in 30 CSIs and 52 community workers respectively. These networks will be reactivated. The Animas Sutura mobile communication team sensitized the 11 districts of Ayorou.
- A joint WHO, UNICEF CERF application is under elaboration.

Concerning short/medium term activities:

- UNICEF is raising donors' attention on providing funding to rehabilitate water points, ensure the provision of safe water and continue to promote good sanitation and hygiene practices.

Funding Update as of 22 May 2013

Sector	UNICEF Emergency Funding Requirements for 2013 (US\$)	Funds Received (US\$)	Unmet Requirements (US\$)	Unfunded
Nutrition	22,125,849	13,007,944	9,117,905	41%
Health	2,211,018	2,500,056	-289,038	0%
Water, Sanitation and Hygiene	7,238,000	328,119	6,909,882	95%
Child protection	1,465,900	546,864	919,036	63%
Education	750,000	992,919	-242,919	0%
Total for UNICEF Revised Emergency Funding 2013	33,790,767	17,375,902	16,414,865	50%

NB: The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed 'unearmarked' funding. 'Unearmarked' funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to 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.

Next SitRep: 24 June

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