

## UNICEF Niger Situation Report

Date: 23 September 2013

### Highlights

- According to OCHA, as of 12 September 2013, at national level, the number of flood victims has increased significantly to reach 13,659 households affected, representing approximately 92,000 people. All regions have been affected including Niamey which registered 2,036 families housed in 11 schools pending their relocation to a new site, which is being laid out. As of 23 September, UNICEF, in collaboration with partners supported 6,684 households in the areas of Dosso, Ouallam, Niamey, Kollo, Zinder and Tillaberi with the provision of NFI kits valued at US\$570,000.
- As of 1 September, 251,086 children under five have been admitted into therapeutic centres for severe acute malnutrition (SAM) while another 342,699 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, amongst others, political insecurity in neighbouring Mali and Nigeria and the beginning of the lean season.
- As of 19 September, a cumulative number of 476 cholera cases, including 11 deaths (with a case fatality rate of 2.31 percent) have been reported since the beginning of the epidemics on 10 May. With the support of its donors (AECID, ECHO, UK Committee and CERF Secretariat), UNICEF and its operational partners (CISP, Solidarités International, MSF, COOPI, WHH, Samaritan's Purse and WHO) are effectively responding to the epidemics.



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*stimulation offered in the CRENI of Maradi to support malnourished children and their mothers.*

### Situation Overview & Humanitarian Needs

- As of 16 August, results of the Level 2 registration process for Malian refugees in Niger released by the UNHCR is as follows:

Age	Men	Women	(%)
0-4 years	4,530	4,380	18.73%
5-11 years	7,098	7,360	30.38%

12-17 years	2,713	3,014	12.04%
18-59 years	6,385	10,371	35.21%
60>=	781	951	3.64%
Subtotal	21,507	26,076	100.00%
<b>Total</b>	<b>47,583 (11,337 households)</b>		
<b>Total (%)</b>	<b>45.20%</b>	<b>54.80%</b>	

- Figures from the national SMART nutrition survey conducted in May/June 2013 by the National Statistics Institute (INS) in collaboration with WFP, UNICEF and implementing partners, revealed that prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) in children aged 6-59 months has reached 13.3% and 2.6 % respectively, below the rates registered in 2012 during the last food and nutrition crisis. The age group 6-23 months is the most affected, with a GAM prevalence of 20.6% and a SAM prevalence of 4.9%, again lower than in 2012.
- Chronic malnutrition is a major challenge, threatening 42.5% of children under five, almost one out of two. This type of malnutrition, which results from recurrent nutritional deficiencies occurring during the first 1,000 days of a child's life, represents a major obstacle to national development and a critical barrier to breaking the cycle of crisis.
- Since seasonal rates of malnutrition remain fairly consistent over years, seemingly the substantial reservoir of malnutrition is not due to availability and access to food but could rather be attributed to issues beyond food security such as the functioning of the health care system, the poor quality of water, inadequate sanitation and hygiene and inappropriate child-care practices.
- 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<sup>1</sup> centres for moderate and severe acute malnutrition are functional across the country as part of the State-run health services. Every week, an average 8,000 new cases of children suffering from severe acute malnutrition (SAM) are admitted into therapeutic centres in Niger. This is comparable to average weekly admissions in 2012, during the same period. As of 1 September 2013, these centres have treated more than 593,785 cases of acute malnutrition including 342,699 cases of moderate malnutrition and 251,086 cases of severe malnutrition.
- As of 19 September, a cumulative number of 476 cholera cases including 11 deaths (with a case fatality rate of 2.31 percent) have been reported in Niger. The epidemic continues in the Health District of Tera and Madaoua that reported respectively 88 cases and 1 case. To avoid the spread of the epidemics, joint and coordinated activities have been implemented following a response plan elaborated under the Government's lead.
- According to OCHA, as of 12 September 2013, at national level, the number of flood victims has increased significantly to reach 13,659 households affected representing approximately 92,000 people. All regions have been affected including Niamey which registered 2,036 families housed in 11 schools pending their relocation on a new site which is being laid out. As of 23 September, UNICEF, in collaboration with Civil Protection, OXFAM, Plan and CRS supported 6,684 households in the areas of Dosso, Ouallam, Niamey, Kollo, Zinder and Tillabéri with the provision of NFI kits valued at US\$570,000.
- As of 23 September, UNICEF CAP funding requirements for 2013 have been covered at 66.7%<sup>2</sup>. Overall, only 51% 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. However, the Humanitarian Country Team, under the leadership of the RC/HC is expecting final approval from the CERF Secretariat of the allocation of US\$8 million to cover the most underfunded urgent needs.

#### Estimated Affected Population

(Estimates are based on initial figures from 'Résultats des Rencontres Techniques du DNPGCCA sur l'évaluation de la situation alimentaire, nutritionnelle et pastorale' – June 2013)

<sup>1</sup> About 901 centres for severe acute malnutrition and 1062 centres for moderate acute malnutrition.

<sup>2</sup> Further to the CAP Mid-Year Review held in June, funding requirements and, consequently, gaps have increased.

	Total	Male	Female
<b>Including:</b>			
<b>Total Population affected by Food insecurity<sup>3</sup>:</b>	2,889,863	1,416,033	1,473,830
Children Affected (Under 18)	1,705,019	835,459	869,650
Children Under Five	462,378	226,565	235,813
Children 6 to 23 months	317,885	155,764	162,121
Pregnant women	45,082	--	45,082
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
<b>Total expected Displaced Population (refugees and returnees from Mali, and affected by flooding) in 2013</b>	100,000 <sup>4</sup>	49,000	51,000
<b>Displaced Population from Mali</b>	47,583	21,507	26,076
Number of children displaced from Mali (0-17 years old)	29,095		

### **Inter-Agency Collaboration and Partnerships**

Thanks to an effective early warning system/mechanism, the emergency response started on time and mobilized a substantive amount of resources. The emergency response has been progressing as planned. The coordination amongst Government and humanitarian partners is operational; UN agencies are effectively working together. Relief activities are in full motion on the different fronts mentioned above. Although the main thrust is on food security and nutrition, an integrated approach has been developed to encompass health, WASH, education and child protection interventions.

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 humanitarian coordination and information management. Cooperation agreements with NGOs, which represent an essential part of the delivery of UNICEF's humanitarian assistance in Niger, complement what is directly executed with the Government's partners.

Clusters continue to provide a solid platform for sectoral coordination amongst Government, UN Agencies, NGOs and donors, through regular meetings and working groups, including at sub-national level. Inter-cluster meetings are being held monthly. Governmental counterparts (as Cluster leads or co-leads) are widely represented at Cluster and Inter-cluster meetings.

Following the allocation to Niger of US\$8 million from the CERF/UFE (Underfunded Window), the Inter-Cluster and the Humanitarian Country Team, under the leadership of the RC/HC and support of OCHA, have identified 7 sectors (Food security, Health, Protection, Logistics, Wash, Shelter and Education/Multi Sector) that are mainly underfunded in the CAP 2013. Following Cluster meetings and consultations with partners the proposed allocation was submitted: US\$2.5 million for the Food Security sector; US\$1 million for the Health sector/Malaria; US\$1.5 million for the WASH sector/WASH in Nut; US\$1 million for the logistics/UNHAS; US\$1 million for Protection/psychosocial support in CRENI/CRENAS and Diffa response; US\$500,000 for the Education for refugees, US\$500,000 for Shelter/NFI. UNICEF might receive US\$2.5 million for Education, Protection and WASH to be channelled through nine NGOs identified by the relevant Clusters for implementation.

Under the leadership of the Directorate for Surveillance and Response to Epidemics (DSRE), UNICEF, WASH and Health Clusters, UNHCR, OCHA, CISP, Solidarités International, Samaritan's Purse, MSF-CH, OXFAM, COOPI, WHH, CR-Q, AECID (Spanish cooperation), the UK Committee, the CERF Secretariat and ECHO are working together to respond to the cholera outbreak in 3 main sectors (Health, WASH and Communication for Development).

Further to the refugee/returnee influx due to Boko Haram attacks in Northern Nigeria, UNHCR, UNICEF and WFP designed a joint integrated strategy to address Nutrition/WASH and Health needs of the refugees, returnees and host communities in Diffa. However, it is really difficult for Government and humanitarian partners to have a complete picture of how many people need support because the affected population continues to move back and forth along the border. To confirm the data, UNHCR together with Government and partners have established a new registration system based on an initial reception at village level by the "Comité d'Actions Communautaires" (CAC), a pre-registration to collect statistics, the counting of broad categories, the distribution of assistance and a final registration and documentation. The registration will concern each refugee/returnee households and its host family.

<sup>3</sup> Data include refugees

<sup>4</sup> UNICEF contingency stock is designed to cover 100,000 people

Under OCHA's coordination and in collaboration with all humanitarian partners, UNICEF and the Education, WASH, Nutrition and Protection Clusters are entering into the 2014 CAP process. The agreed strategy for next year will de-link the Sahel Appeals from the global calendar and will be launched in early February 2014. This will allow the Sahel greater visibility. In addition, the next cycle will be based on a 3-year planning horizon which will be especially relevant to the resilience aspects of the regional humanitarian strategic plans. A number of countries will put together their own country Appeals, including Niger, whilst others will be presented under a regional funding envelope.

## Programme response

### MALI+ CRISIS

#### **UNICEF and partners' programming**

##### Nutrition:

Sector	Estimated # / % coverage	UNICEF & operational partners		
		Target	Cumulative results (#)	% of Target Achieved
Nutrition	# of refugee children 6-59 months benefiting from the Wet Feeding operation (receiving at least one meal per day)	8,186	7,062	86 %
	# of children <5 treated for SAM	1,600(*)	372	23,2 %
	<i>UNICEF Operational Partners: UNHCR, WFP, Plan, Acted, Islamic Relief, AKARASS (*) maximum caseload among Malian refugees expected for 2013</i>			
WASH	# and % of men, women, girls, boys who have improved access to drinking water	101,650	49,300	48%
	# 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	18,000	2,619	15%
	<i>Operational Partners: UNHCR, Plan, Help</i>			
Health	# of children <15 receiving measles vaccination in the camps	17,803	13,971	75%
	<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	5,002	43.5%
	<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>			

- As of the end of August<sup>5</sup>, 7,062 children 6-59 months benefited from Wet Feeding in the refugee camps of Abala, Mangaize, Ayorou and Intikane. In the hosting area of Intikane, the number of children reached has increased over the past month. However, the attendance remains below planning figures due to the distance between the centers and the refugees' current locations in the hosting area.
- In August, 6,743 children were screened, which represents 95% of children who benefited from the Wet Feeding activities.
- It has been noted that some partners involved in the nutrition response do not follow a common 'protocol' concerning the screening/treatment/reference and monitoring of activities.

<sup>5</sup> Please note that WFP is reporting on previous month's figures for the current month Sitrep.

- To improve the nutritional status of under-5 children in refugee camps, UNICEF, UNHCR, WFP and implementing partners are working together to identify the different gaps in the 'protocol' before providing solutions to ensure that partners have the relevant capacities/tools to decrease the malnutrition rate in camps.
- The Wet Feeding operation has been extended until the end of the year in the 4 camps of Abala, Mangaize, Ayorou and Intikane.

#### WASH:

- Data remained unchanged since last month because no activities targeting Malian refugees have been led by UNICEF this month.
- 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 framework of the CAP 2013 (CARE International).
- UNICEF is advocating and fundraising to support refugee population and host communities; especially in high vulnerability areas, such as informal sites or host villages, where social services are under sustained pressure. BPRM funding has been confirmed but is not available as yet.
- The WASH Cluster is supporting UNHCR in Diffa to assess the water and sanitation situation of the refugees/returnees and host communities in the area. UNHCR will support financially the Cluster's actors in Diffa to provide an accurate response based on need assessments.

#### Protection:

- To ensure the integration of Early Childhood Development (ECD) activities into Child Friendly Spaces (CFS), UNICEF Child Protection and Education sections are jointly training teachers in psychosocial support activities and protection monitoring.
- As of 20 September, 2,619 children are receiving psychosocial support in the three camps. This increase is due to the fact that UNICEF and its NGO partner HELP have scaled up activities with the construction of two additional CFS facilities in Abala refugee camp. Indeed, in September, 1,724 children have benefited from psychosocial activities in Abala (compared to 1,414 in August).

#### Health:

- In Mangaize, Ayorou, Abala, Tazalit and Intikane, 13,971 refugee children under 15 years old have been vaccinated against measles.
- Due to the settlement of two new refugee hosting areas in Tazalit and Intikane, the number of children targeted by measles vaccination has increased.
- New vaccination campaigns have been held in these two hosting areas. However, it remains quite difficult to reach all the children targeted since this population is nomad.

#### Education:

- Throughout September, implementing partners (Oxfam, Plan Niger and HSF) have been preparing the 2013-2014 Back to School activities as follows:
  - **Abala camp** (where the Malian curriculum was previously taught to children by Malian teachers who just returned to Mali): recruitment of 34 Nigerien teachers including 4 Early Childhood Development (ECD) teachers; ongoing competitive bidding for the construction of 4 classrooms for the preschool (that will also serve as child friendly spaces); planning of remedial courses for Malian students to familiarize them with the Nigerien curriculum.
  - **Mangaize and Tabareybarey camps:** rehabilitation of 13 temporary classrooms (5 in Tabareybarey and 8 in Mangaize), equipment of classrooms and offices for the school directors, provision of textbooks and other students kits, provision of didactical materials to teachers, recruitment of 15 preschool animators, provision of 11 teachers for ECD classes (5 in Tabareybarey and 6 in Mangaize) by the Ministry of Education, assignment of a school director to Mangaize camp.
  - **Hosting area of Intikane:** apart from the remedial courses that benefitted 250 refugee students during the holidays, the Back to School activities will begin in October. The courses will be organized in the 5 semi-permanent classrooms funded by UNESCO. 15 additional semi classrooms will be built by UNICEF in collaboration with Humanitaires Sans Frontières (HSF).
- If received, the proposed allocation of US\$500,000 from the CERF/UFE will be critical to accelerate the refugee education response and reach 7,167 children in Abala, Ayorou, Mangaize and Intikane. Additional needs include: training for male and female teachers as well as members of the School Management Committees; non-formal education for out-of-school children aged 9-15; the provision of textbooks, school

equipment, ECD kits and equipment; the construction of semi-permanent classrooms and separate latrines for girls and boys.

## SAHEL NUTRITION RESPONSE

*\*Note that where relevant, UNICEF, as Cluster Lead agency, is responsible for information management of the Cluster and sharing overall results achieved by the Cluster collectively.*

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	251,086	66.6%	376,724	251,086	66.6%
	# of children <5 with SAM discharged recovered	251,086 (a) (282,543)	205,891	82%	251,086 (a) (282,543)	205,891	82%
	<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 <sup>6</sup>	251,086 (a) (200,000)	54,818	21,8%	251,086 (b) (376,724)	59,644	23,8%
	# of nutritional centres delivering the WASH minimum package <sup>7</sup>	432	113	26%	432(c)	126	29%
	<i>Operational Partners: ACF-E, Save the Children, Solidarités International, Croix Rouge Française, CISP</i>						
Health	# of children <15 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	1,636,759	72%	2,250,000	1,636,759	72%
	<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	30,000	20,742	69%	50,000	44,351	89%
	<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) Number of CRENI/CRENAS targeted in country further to the CAP mid-term review (June 2013)

### UNICEF and partners' programming

#### Nutrition:

- 251,086 children under five have been admitted both into inpatient therapeutic programmes (34,944) and outpatient therapeutic programmes (216,142) for severe acute malnutrition.
- With the beginning of the lean season and the increase of food prices, every week, an average of 8,000 new cases of children suffering from severe acute malnutrition are admitted into therapeutic centres in Niger.
- In addition, over the past weeks, the regions of Maradi, Tahoua and Zinder have reported the highest numbers of admissions. These high rates result from active screenings conducted at community level by

<sup>6</sup> The WASH minimum package received by couples 'Mother/Malnourished children' is a kit composed of soaps and Aquatabs.

<sup>7</sup> The WASH minimum package delivered in nutritional centres ensures the access to clean water, the existence of functional latrines, hand-washing facilities, medical waste management facilities, hygiene sensitization activities.

various NGOs during the reporting period. Niger's robust monitoring system combined with a surge in malaria cases since the beginning of 2013 (compared to 2012) are also contributing factors to this increase.

- Malnourished children remain extremely vulnerable to life threatening diseases, especially outbreaks of cholera, malaria, acute watery diarrhea and respiratory infections.
- It is more pertinent than ever to invest into integrated and multi-sectoral approaches to tackle the structural causes of food and nutrition insecurity through improved essential family practices for child survival and development. Better access to health, education and sanitation services are equally important. Reducing chronic malnutrition will be an entry point for UNICEF cross-sectoral resilience programming to address these huge challenges.
- UNICEF will implement integrated high impact activities to prevent chronic malnutrition. On 10 and 11 September 2013, a two-day orientation workshop on nutrition-related integrated activities involving nine NGOs was organised.
- From 16 to 18 September, UNICEF participated in the ECHO mission in Maradi. The aim was to visit Maradi hospital and to exchange with nutrition stakeholders on how to ensure a better linkage between nutrition and food security, as well as challenges and issues related to a better integration of the nutrition programme by the Government of Niger.

#### WASH:

- Due to lack of funding, and despite the increasing number of admissions in CRENI/CRENAS, UNICEF activities have been hampered and the distribution of hygiene kits in CRENI/CRENAS has been interrupted.
- UNICEF and the WASH Cluster have been advocating to secure funding for Wash in Nut activities. To this end, the Cluster might receive US\$1.5 million through the CERF/UFE to implement these activities. 6 NGOs have already submitted WASH in Nut projects to UNICEF for this funding. The selection of NGOs has been finalized and undertaken in a participatory and transparent manner, by applying agreed criteria based on humanitarian needs, partners' capacity and expertise, quality of proposals, gender aspects, and sustainability of the intervention.
- ACF, CISP, Save the Children and Solidarités International have been selected for funding. UNICEF is already preparing protocol agreements with these partners to speed up implementation once funding is available.

#### Health:

- \* Measles vaccination targeting under-five-year-old children is only implemented through mass campaigns.
- As of week 35 (26 to 31 August), 1,636,759 malaria cases have been recorded out of 2,250,000 expected for 2013 showing an increase compared to the 1,464,571 cases registered in 2012.
  - 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.
  - UNICEF is submitting a proposal to ECHO, for a total amount of 1,000,000 Euros. This amount will allow Niger CO to order ACT (Artemisinin-based Combination Therapy) and Rapid Diagnostic Tests.<sup>8</sup>
- As of week 35, a total of 3,123 suspected cases of measles were recorded (compared to 1,584 in 2012), including 20 deaths which represents a case fatality rate of 0.64%.

#### Protection:

- With the new emergency funding received, UNICEF is working to increase its emotional stimulation activities in CRENIs. UNICEF just signed a PCA with its new partner COOPI. Activities will target 3,803 mother and child couples who are admitted into CRENI/CRENAS and 72 healthcare workers.
- Through the CERF underfunded window opportunity, the Protection Cluster through UNICEF might be allocated US\$500,000 to lead psychosocial activities in CRENIs/CRENAS. IOM might also receive US\$500,000 for a project for "Humanitarian Assistance to vulnerable expelled and/or stranded migrants in the Agadez Region".
- Further to a transparent process, Save the Children and Help have been selected to work respectively in the regions of Zinder and Maradi and of Ouallam and Téra (Tillabery). Each NGO implement a project aiming at enhancing psychosocial care for malnourished children in CRENIs and CRENAS and at fostering prevention of malnutrition for the most vulnerable households and populations (youths, persons with disabilities). Ownership of the beneficiaries will be a core component of the project, with psychosocial care focusing on the mother-child relationship and populations, including men, involved in prevention activities. Sustainability will be ensured by capacity building activities towards state and non-state health and social services.
- From 26 August until 6 September 2013, UNICEF through IBCR (International Bureau for Children's Rights) conducted a training for 20 children rights' focal points from the security forces. A follow-up session is planned for the coming month.

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<sup>8</sup> Negotiations with ECHO are on-going to finalize the proposal.

## 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	3(*)	2	66.7%	3	2	66.7%
Number of people targeted by WASH, sensitization and communication activities <sup>9</sup>	250,000 (**)	59,162 <sup>10</sup>	23.7 %	250,000	206,423 <sup>11</sup>	82,6 %

(\*): dynamic target corresponding to the number of active outbreak areas in Niger as of 19 September. These areas are underlined in yellow hereunder, in Table 2.

*It is important to note that this indicator does not fully capture UNICEF and partners efforts' to ensure an appropriate disinfection response. In Niger, cholera cases are treated into local Integrated Health Centers (CSI). UNICEF and its implementing partner, Solidarités International, just signed a PCA to ensure the systematic disinfection of all CSIs that have treated cholera patients and of CSIs located in risky areas, the training of disinfection agents and the provision of chlorine and other disinfection equipment for CSIs located in high risk areas. However, activities have not yet begun.*

(\*\*): The UNICEF target has been increased from 150,000 to 250,000 people (equivalent to the Cluster target). This can be explained by the fact that, from now, UNICEF is the only partner able to provide cholera supply in-country. As provider of last resort and considering that CERF funding has been granted, UNICEF has ordered cholera supplies to cover all the population at risk in Niger.

The main CTC in Ayorou which was run by MSF-CH has been closed due to the significant slowdown of cholera cases in that area.

### Epidemiologic Trend as of 19 September (Week 38)

Affected Health Districts	Sites	Number of cases	Related deaths	CFR
Niamey I	HNN	2	0	0.00%
Ouallam	Mangaize	24	3	12.50%
	Ouallam	7	2	28.57%
Tillabéri	Ayorou	284	3	1.06%
	Famalé	9	0	0.00%
	Firgoune	8	0	0.00%
	Kandadji	27	2	7.41%
	HD Tillabéry	3	0	0.00%
	Wami	1	0	0.00%
	Kourani	1	0	0.00%
	Diomona	4	0	0.00%
	Namari Goungou	6	1	16.67%
	Sansane Haoussa	11	0	0.00%
	Tera	Mamasseye	22	0
Dargol		1	0	0.00%
Mehane		1	0	0.00%
Tara		64	0	0.00%
Madaoua	Madaoua	1	0	0.00%
<b>Total</b>		<b>476</b>	<b>11</b>	<b>2.31%</b>

(\*) Active outbreak areas

Figure 1: Cumulative cholera cases as of 19 September 2013

- As of week 38, a total number of 476 cases of cholera have been recorded, including 11 deaths, which represents a fatality rate of 2.31 %. The cases have been mainly reported in villages and refugee camps bordering the Niger River.
- As a result of the on-going coordinated activities, cholera cases have significantly slowed down and did not reach expected cases during the raining season.

<sup>9</sup> These sensitization activities are led by UNICEF operational partners in the affected areas and include the distribution of soaps, Aquatabs and/or PUR, and visual support for its use. **Broadcast sensitization activities have not been integrated in these results.**

<sup>10</sup> Data do not include refugees reached in the camps by UNHCR partners.

<sup>11</sup> Idem.



### 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.
- 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.  
UNICEF, with the support of ECHO, will support the Ministry of Health with the integration of cholera disaster risk reduction elements into the system's capacity building programming, in the medium term.

### Resourcemobilization for Cholera

Total Needs in US\$ (for the minimum Package)	Total Received in US\$ (Cash + cholera minimum package)	Pledges in US\$	Funding gaps in US\$
2,300,933.00	2,035,607.21	0.00	265,325.79
100.00%	88.47%	0.00%	11.53%

#### Concerning the emergency response:

Activities of sensitization, C4D and distributions of water purification kits are being organized by UNICEF and its implementing partners in Tillabéri and Tera regions.

- With UNICEF support and thanks to AECID, ECHO, CERF/RR and UK Committee funding, many NGOs including Samaritan's Purse, MSF-CH, CISP, Solidarités International, the Spanish Red Cross, WHH and COOPI have responded timely to the epidemics. Overall, UNICEF in collaboration with its partners and donors has reached a total number of 206,423 persons located in risky areas who could benefit from the minimum cholera package (validated by the Cluster) including flocculants, disinfectant and soaps distributions, water treatment activities, sensitization and access to oral rehydration points.
- UNICEF, through its Communication for Development (C4D) section, supported public broadcasts about cholera prevention along the Niger River, in the region of Tillabéri. These activities reached approximately 30,000 people. The most common radio formats to encourage participation of communities are public broadcasts. Teams of journalists, health experts, opinion leaders and artists are working together in the villages where the programmes are organized. These include debates, Questions and Answers, quiz with prizes for laureates, as well as simultaneously recorded interviews. Thereafter, the programme is broadcasted via radio in the entire region.
- In addition, in September, UNICEF provided technical and financial support to the Health Districts of Ouallam, including in Mangaize refugee camp, to promote hygiene and sanitation in these localities through a community-based strategy implemented by 39 community workers.
- The number of children affected by cholera is still increasing: 150 children from 0 to 14 years old including 112 children from 5 to 14 years old. The latter is mostly affected. The Cluster recommended that partners develop specific sensitization activities towards children. In October, a specific cholera sensitization module targeting school children in affected areas will be developed.
- The Regional Directorate for Hydraulics in Tillabéri region (through a UNICEF donation) provided cholera WASH actors with pool tester kits to keep testing the quality of water being used by households. This will allow them to adapt the response accordingly in terms of sensitization and cholera WASH items distribution.

#### Age breakdown Table

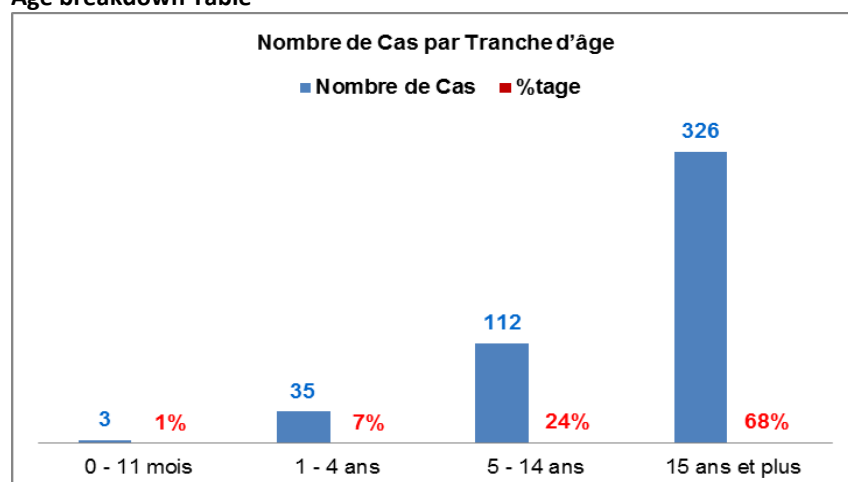


Figure 2: Number of cholera cases per age (as of 19 September)

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.
- UNICEF has proposed an intervention that integrates an emergency response and also a risk reduction component, with the objective of building capacity and preparedness amongst key partners to increase efficiency for the fight against cholera.

***Funding Update as of 23 September 2013***

Sector	Initial HAC 2013 requirements	Change in requirements – July 2013	Total 2013 requirements	Income through 23 September 2013	Funding gap (US\$)	% Unfunded
<b>Nutrition</b>	22,125,849	3,725,884	<b>25,851,733</b>	15,737,260	10,114,473	39%
<b>Health</b>	2,211,018	0	<b>2,211,018</b>	3,874,556	0	0%
<b>Water, Sanitation &amp; Hygiene</b>	7,238,000	0	<b>7,238,000</b>	4,079,436	3,158,564	44%
<b>Child Protection</b>	1,465,900	0	<b>1,465,900</b>	1,546,864	0	0%
<b>Education</b>	750,000	2,200,000	<b>2,950,000</b>	1,192,919	1,757,081	60%
<b>Total</b>	<b>33,790,767</b>	<b>5,925,884</b>	<b>39,716,651</b>	<b>26,431,035</b>	<b>15,030,118</b>	<b>38%</b>

\*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.

\*\* This table does not take into account the funds that are still in negotiations with BPRM, WCARO, the CERF Secretariat, ECHO.

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: October**

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