

## UNICEF Niger Situation Report January - December 2013

### HEADLINES

- UNICEF renewed its Letter of Understanding (LoU) with UNHCR for another year to continue to support refugees in the sectors of Education, Protection, Nutrition, WASH and Communication for Development in 2014.
- As of end December 2013, the estimated number of Malian refugees and returnees is 54,894 people located in Tillabéri camps (Abala, Ayorou and Mangaize) and in Tahoua refugee hosting areas (Intikane, Tazalit).
- In addition, an approximate 37,703 people from Nigeria (including returnees and refugees) have sought refuge in Diffa region, southeastern Niger.
- In December 2013, the National Mechanism for the Prevention and Management of Disasters and Food Crises (DNPGCCA) released the final data of the vulnerability analysis carried out in November 2013. A total of 4,648 villages are severely or moderately at risk of food insecurity with an estimated 4.2 million people (418,724 people are at risk of being severely food insecure while another 3,778,890 are at risk of being moderately food insecure) against 2.4 million people in 2012.
- As of 31 December 2013, a total of 398,326 children under-five have been admitted to therapeutic feeding centres for severe acute malnutrition (SAM).
- From January to December 2013, a cumulative total of 592 cholera cases including 15 deaths have been reported against 5,285 cases reported at the same period in 2012.
- In 2013, flooding affected an approximate 233,000 persons in Niger. To respond to the emergency, UNICEF provided 10,097 households with non-food items kits.



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*Agali, 10 months old, is being treated for severe acute malnutrition with complications at the Zinder health centre, Eastern Niger.*

## UPDATE OF THE HUMANITARIAN SITUATION

<b>Estimated Affected Population</b>			
<i>(based on figures from the vulnerability analysis carried out in November 2013 by the National Mechanism for the Prevention and Management of Disasters and Food Crises (DNPGCCA) – released in December 2013)</i>			
	Total	Male	Female
<b>Including:</b>			
<b>Total Population affected by Food insecurity<sup>1</sup>:</b>	4,294,986	2,104,543	2,190,443
Children Affected (Under 18)	2,534,042	1,241,681	1,292,361
Children Under Five	689,006	337,613	351,393
Children 6 to 23 months	473,692	232,109	241,583
Pregnant women	67,170	--	67,170
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>2</sup>	49,000	51,000
<b>Displaced Population from Mali</b>	54,894	25,370	29,524
Number of children displaced from Mali (0-17 years old)	32,154		

- The 2013 expected caseload of under 5 severely malnourished children was 376,724. As of 31 December, 398,326 children have been treated for SAM. For 2014, the expected caseload of under-five severely malnourished children is 356,324 which shows a slight decrease compared with 2013.
- According to UNHCR<sup>3</sup>, since 2012, the crisis in northern Mali has forced an approximate 50,000 Malians into exile in Niger. It has also led to the return of 5,124 nationals of Niger previously living in the Gao area. Most refugees live in the three camps established in Tillabéri region in 2012, namely Abala, Mangaize and Tabareybarey. In 2013, in an attempt to adapt to the specific needs of nomadic refugees, two “refugee hosting areas” were established in Intikane and Tazalit, in the Tahoua region. These are vast areas where nomadic Malian refugees can settle freely with their livestock enabling them to follow their traditional and pastoral way of life with grazing land for their animals.

<sup>1</sup> Data include refugees

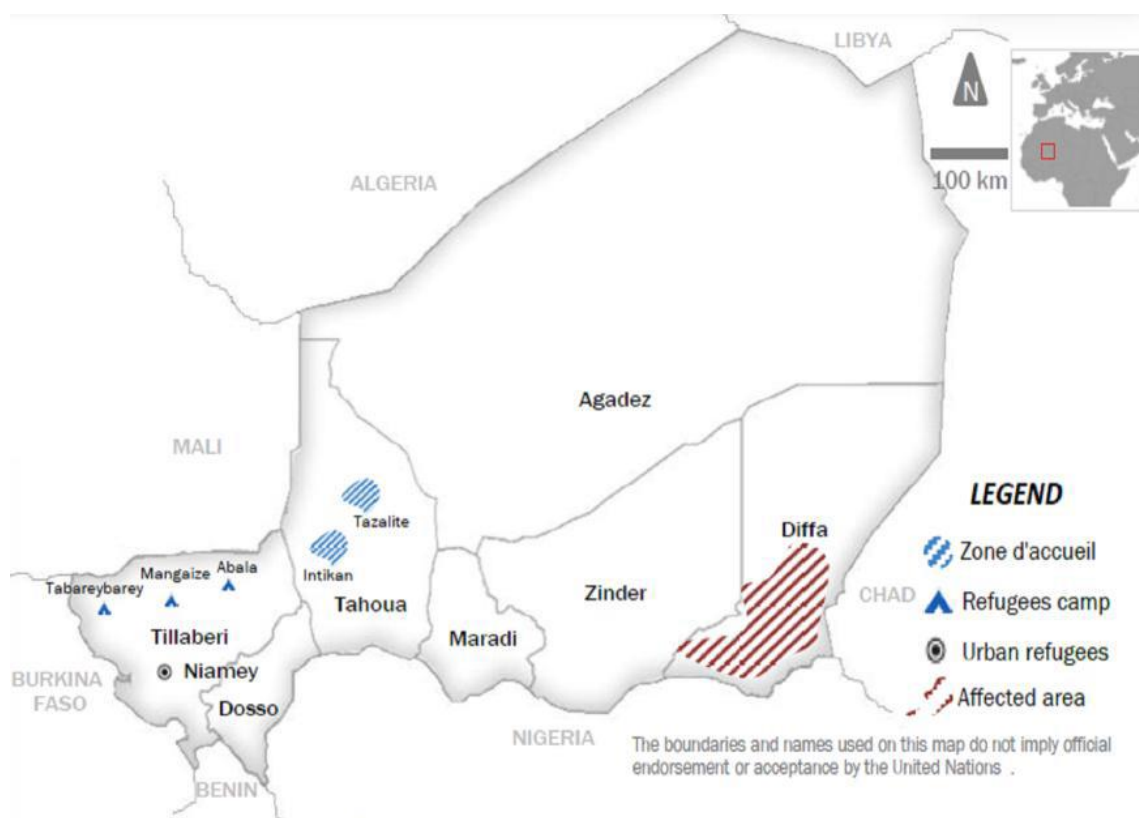
<sup>2</sup> UNICEF contingency stock is designed to cover 100,000 people

<sup>3</sup> UNHCR Operation Niger, Fact Sheet, December 2013

In 2013, after the French and ECOWAS military intervention and the creation of the MINUSMA force, refugees have continued to cross into Niger. Following the presidential elections in July-August 2013, a back-and-forth movement between Niger and the areas of origin in Mali has been observed. Some refugees have also asked UNHCR to assist with their return. According to UNHCR, the situation in Northern Mali does not yet call for an organized voluntary repatriation; however, it will assist the refugees willing to return home with a package equivalent to US\$70.00.

- Since the declaration of a state of emergency in May 2013 in Adamawa, Yobe and Borno states in northern Nigeria, more than 37,000 displaced persons (Niger citizens, Nigerian refugees, and third country nationals) have sought refuge in Diffa region, southeastern Niger. The local communities have been generously receiving and hosting the outflow of persons fleeing violence in Nigeria. UNHCR, in coordination with partners, provides protection and humanitarian assistance through a community-based approach. The out-of-camp programme in Diffa focuses on strengthening the resilience of the affected population and the local communities hosting them.

Refugee Camps/Sites in Niger



## MALI+ CRISIS

Sector	Estimated # / % coverage	UNICEF & Cluster 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	8,414	103%
	# of children <5 treated for SAM	1,600(*)	418	26%
	<i>UNICEF Operational Partners: UNHCR, WFP, Plan, Acted, Islamic Relief, AKARASS</i> (*) maximum caseload among Malian refugees expected for 2013			
WASH	# and % of men, women, girls, boys who have improved access to drinking water	101,650	49,300 <sup>4</sup>	49%
	# 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 <sup>5</sup>	22%
	<i>Coordination and Implementing Partners: UNHCR, OXFAM, Qatari Red Crescent (QRC), MSF-CH, ACF, AKARASS, Plan International, WVI, IRW, CARE</i>			
Child Protection	# of children who receive psychosocial care through CFS in the camps	18,000	4,154	23%
	<i>Operational Partners: UNHCR, 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	6,665	58%
	<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>			

<sup>4</sup> Beneficiaries are mainly located in host communities

<sup>5</sup> Ibidem

Mali + Crisis:

- Further to the successful collaboration between **UNICEF and UNHCR** in 2013 to assist Malian refugees in Niger, UNICEF renewed its Letter of Understanding (LoU) with UNHCR for another year to continue to support refugees in the sectors of Education, Protection, Nutrition, WASH and Communication for Development in 2014. The LoU will be revised in April 2014, based on the evolving context of organised repatriation to Mali.
- In the 3 camps of Tillaberi region and in the hosting area of Intikane, the **UNICEF Nutrition section**, in collaboration with UNHCR and WFP implemented a Wet Feeding programme for children 6-59 months. In 2013, a total of 8,414 children benefitted from the programme (including 2,520 children 6 to 23 months and 5,894 children 24 to 59 months). Among them, 418 were treated for SAM. In 2013, the number of children treated for SAM is much lower than the maximum caseload expected in the camps (1,600). It confirms that the Wet Feeding programme implemented in the camps contribute successfully to prevent malnutrition in 2013. However, in 2014, the Wet Feeding programme may shift to a Dry Feeding one.
- **UNICEF WASH and C4D (Communication for Development) sections** prevented as well the spread of the cholera epidemics in the camps by providing implementing partners with water treatment products and community sensitization materials. In addition, UNICEF supported public broadcasts about cholera prevention along the Niger River, in the region of Tillaberi and Tahoua which benefitted an approximate 36,000 people (including refugee camps of Abala, Mangaize and Intikane) and provided technical and financial support to the Health Districts of Ouallam, Tera and Filingué (including in Mangaize and Abala refugee camps) to promote hygiene and sanitation through a community-based strategy implemented by 121 community workers and 20 rural radios. UNICEF also provided training and technical assistance for 41 health district communicators. In accordance with the LoU signed with UNHCR in 2013, UNICEF planned to support Malian refugees and host communities (a total of 101,650 people were targeted). However, UNHCR secured enough funding to ensure access to drinking water and sanitation for the refugees in the camps. Consequently, UNICEF WASH section supported only host communities (on a total of 101,650 people targeted, only 51,650 were from the host communities).
- In 2013, in collaboration with the Ministry of Population/Promotion of Women/Child Protection (MP/PF/PE) and ICRC, **UNICEF Child Protection section** supported a Child Associated with Armed Forces and/or Armed Group (CAAFAG) from a third country, who received temporary care in Niger and was repatriated to his home country and reunified with his parents. UNICEF also followed up on 2 cases of Niger CAAFAGs previously housed in a rehabilitation centre in Mali. They have returned to Niger and have been reunified with their parents by ICRC. In addition, in Abala camp, UNICEF supported the NGO Help to ensure psychosocial support in Child Friendly Spaces for 4,154 children from 2 to 17 years old. This collaboration will continue in 2014. In the other refugee camps, Child Friendly Spaces have been supported by other partners with their own budget. Consequently, the target that had been defined at the beginning of 2013 (18,000 for 3 camps) could not be reached since UNICEF led the activities only in one camp.
- During the 2012-2013 academic year, **UNICEF Education section**, in coordination and collaboration with UNHCR and the Government of Niger, ensured quality education for 6,665 refugee children (of which 3,434 were girls). During the 2013-2014 academic year, UNICEF will maintain its current programme of Refugee Education and will target primary and pre-school children as well. UNICEF is also building additional classrooms and providing learning material and snacks in the camps and hosting areas to offer quality education to out-of-school children (through the implementation of accelerated learning programmes) and to pre-school children (in kindergarten).

**SAHEL NUTRITION RESPONSE**

Sector	Estimated # / % coverage	UNICEF & operational partners			Sector / Cluster		
		UNICEF <sup>6</sup> Target	Cumulative results(#)	% of Target Achieved	Cluster Target	Cumulative results (#)	% of Target
Nutrition	# of children <5 with SAM admitted into therapeutic feeding programme	376,724	398,326	106%	376,724	398,326	106%
	# of children <5 with SAM discharged recovered	358,500 (a) (282,543)	314,676	79%	358,500 (a) (282,543)	314,676	79%
	<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>7</sup>	314,676 (a) (200,000)	75,808	24%	314,676 (b) (376,724)	80,634	26%
	# of nutritional centres delivering the WASH minimum package <sup>8</sup>	432	124	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	2,616,271	116%	2,250,000	2,616,271	116%
	<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	27,049	90%	50,000	59,856	120%
	<i>Operational Partners: Save the Children, COOPI, 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)

<sup>6</sup> Cluster and UNICEF targets are the same, as UNICEF is responsible for provision of all the necessary supplies and coordination of the programme at national level. Some locations benefit from additional intensified support from implementing partners (listed above).

<sup>7</sup> The WASH in Nut minimum package received by couples 'Mother/Malnourished children' is a kit composed of soaps, Aquatabs and various Water storage and hygiene kits.

<sup>8</sup> The WASH minimum package delivered in nutritional centres ensures access to clean water, the existence of functional latrines, hand-washing facilities, medical waste management facilities, hygiene sensitization activities.



### Nutrition Crisis

- In 2013, UNICEF and partners maintained the unprecedented expansion of SAM treatment services, in Niger. About 1,000 facilities (of which 44 inpatient for severely malnourished with medical complication) remained operational to provide this life-saving treatment routinely.
- The number of children recorded to be treated for SAM, during 2013, is very high, and is not explained by the deterioration of the situation. The 2013 programme data suggest close to 398,326 children were treated out of the annual estimated caseloads (376,724), out of which 62,107 needed inpatient treatment as they presented with severe medical complication. This level of admission represents 105.5% of the estimated caseload for the year. It is recognized that the reported number of treated children may not necessarily represent a true coverage of those who need treatment. There has been no population coverage survey conducted during 2013 and field information suggests problems with adherence to guidelines, misuse of RUTF, and service utilization by neighboring country (Nigeria); that is likely to have contributed to high numbers of admissions. Programme data also suggests disproportionate access to treatment; the proportions of admitted/treated of the estimated burden ranged 261% (Magaria in Zinder) to 21% (Say in Tillabéri). Review of the treatment programme as a whole and RUTF audits are planned to facilitate evidence based decision making in the following year/s.
- The latest available data indicate the prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) in children aged 6 to 59 months is 13.3% and 2.6% respectively<sup>9</sup>. While these rates have declined compared to 2012 (14.8% of GAM and 3% of SAM), they are still higher than the rates registered during the 2012 food and nutrition crisis.
- Throughout the year, the **Nutrition Technical Group** continued to coordinate the management of cases of acute malnutrition countrywide with a focus on quality improvement. In this respect, the Technical Group worked with the WASH Cluster to implement the WASH in Nut strategy and with the Protection Cluster to ensure access to psychosocial care for malnourished children. In addition, 2013 has seen significant improvements in therapeutic supplies and CMAM data management.
- In 2013, significant resources have been mobilized towards preventing all forms of under-nutrition. This, coupled with strengthened management of the treatment programme, based on evidence/review, is expected to reduce the caseload of acute malnutrition and ensure sustainable capacity in subsequent year/s.
- In this regard, **UNICEF Protection section**, in collaboration with Help, Save the Children and COOPI, is implementing a project aiming at enhancing psychosocial care for malnourished children in CRENI and CRENAs and at fostering prevention of malnutrition for the most vulnerable households and populations (youths, persons with disabilities) in the regions of Tillabéri, Zinder and Maradi which are the regions mostly affected by severe acute malnutrition. In 2013, a total of 27,049 malnourished children benefitted from psychosocial support.
- In 2013, through its partners (Save the Children, CISP, Solidarités International, ACF), **UNICEF Wash section** scaled up its Wash in Nut interventions all across the country by ensuring availability of hygiene kits in 126 nutritional centres (CRENI/CRENAS). This activity reached 80,634 couples 'Mother/Malnourished Children'<sup>10</sup> in nutritional centres and at community level. In addition, UNICEF and its partners improved access to hygiene and safe water in 124 CRENI/CRENAS<sup>11</sup>. Moreover, through Tahoua, Maradi and Zinder Regional Directorates for Hydraulics, 20 CRENAs were equipped with 34 blocks of latrines (taking into consideration gender issues), 10 water pumps were rehabilitated and the 50 members of the 10 water committees received capacity building in managing WASH resources.<sup>12</sup>

<sup>9</sup> Reported in the national nutrition survey conducted in May/June 2013.

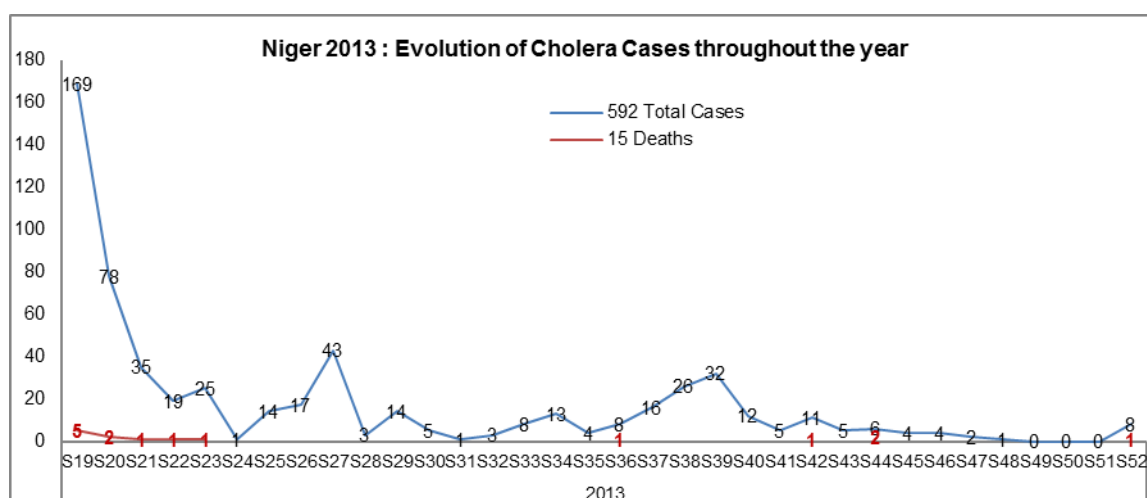
<sup>10</sup> The WASH in Nut minimum package received by couples 'Mother/Malnourished children' is a kit composed of soaps, Aquatabs and various Water storage and hygiene kits.

<sup>11</sup> The WASH minimum package delivered in nutritional centres ensures access to clean water, the existence of functional latrines, hand-washing facilities, medical waste management facilities, hygiene sensitization activities.

<sup>12</sup> These activities contributed to ensure hygiene and sanitation in nutritional centres but cannot be counted as aiming at implementing Wash in Nut minimum package because some of the Wash in Nut minimum package criterion are not filled.

In 2014, UNICEF and the WASH Cluster partners have planned to reach 356,324<sup>13</sup> children severely malnourished that will be admitted into nutrition centres.

- Fortunately, in 2013, the cholera outbreak remained under control. As of 31 December, 592 cases have been registered including 15 deaths which represent a fatality rate of 2.53%. The cases have been mainly reported in villages and refugee camps bordering the Niger River. Under the leadership of the Directorate for Surveillance and Response to Epidemics (DSRE), with the collaboration of the Cluster operational and implementing partners<sup>14</sup>, UNICEF ensured sensitization activities, distributions of WASH cholera kits (soaps, PUR, Aquatabs, water containers), disinfection activities, water analysis at household level, installation of Oral Rehydration points in 40 health centres and rehabilitation of 22 water pumps in all affected areas including schools (supported by the C4D section) that reached more than 348,440 persons. The number of beneficiaries is far above the initial target of the Cluster (250,000).



- Epidemiological reports released by the Ministry of Health for week 52 (24 to 31 December) including cumulative data from 01/01/2013 to 31/12/2013 indicate the following:
  - Meningitis: 357 cases, 49 deaths representing a fatality rate of 14%
  - Measles: 3,703 cases suspected, 24 deaths representing a fatality rate of 0.6%.
- As of 31 December, 3,924,406 cases of malaria (2,616,271 among children under five) have been reported against 3,888,044 in 2012. This will likely impact negatively on the already difficult nutritional status of thousands of children. UNICEF supplied, in collaboration with the Ministry of Health, 1,402,800 Rapid Diagnostic Test (RDT), 3,026,390 pediatric treatment and 357,150 impregnated bed nets (LLIN).
- The final results from the EDSN-MICS<sup>15</sup> released in September 2013 show enormous progress have been achieved to improve child survival. Child mortality rates have been drastically reduced (40%) between 2006 and 2012. During the same period, maternal mortality has been considerably reduced (17%) as well. Such progress likely reflects a significant improvement in availability of basic health services and behavioural change in terms of disease prevention.
- In 2013, floods affected an approximate 233,000 people in Niger. UNICEF, in collaboration with the Humanitarian Coordination Cell (CCH), Civil Protection and NGO partners, distributed Non-Food items to assist more than 10,000 vulnerable households.

<sup>13</sup> Total number of children severely malnourished planned for by Nutrition Cluster.

<sup>14</sup> CISP, COOPI, Croix Rouge Nigérienne/Croix Rouge Espagnole, Solidarités International, Samaritans Purse, WHH, MSF, World Vision, Animas-Sutura, Health and Hydraulics Regional Directorates of Tahoua and Tillabéri

<sup>15</sup> EDSM-MICS released in September 2013.



**UNICEF FUNDING (IN US\$ AS OF 31 DECEMBER)**

Sector	Initial HAC 2013 requirements	Change in requirements – July 2013	Total 2013 requirements	Income through 30 November 2013	Funding gap (USD)	%	
						Unfunded	funded
<b>Nutrition</b>	22,125,849	3,725,884	<b>25,851,733</b>	21,934,366	3,917,367	15%	<b>85%</b>
<b>Health</b>	2,211,018	0	<b>2,211,018</b>	3,906,908	-	0%	<b>177%</b>
<b>Water, Sanitation &amp; Hygiene</b>	7,238,000	0	<b>7,238,000</b>	5,626,818	1,611,183	22%	<b>78%</b>
<b>Child Protection</b>	1,465,900	0	<b>1,465,900</b>	1,058,169	407,731	28%	<b>72%</b>
<b>Education</b>	750,000	2,200,000	<b>2,950,000</b>	1,080,892	1,869,108	63%	<b>37%</b>
<b>Total</b>	<b>33,790,767</b>	<b>5,925,884</b>	<b>39,716,651</b>	<b>33,607,153</b>	<b>7,805,389</b>	<b>15%</b>	<b>85%</b>

UNICEF wishes to express 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 'non-earmarked' funding. 'Non-earmarked' 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. Continued donor support is critical to continue scaling up the response.

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