

UNICEF Niger – Mid-Year Humanitarian Situation Report

Date: 22 July 2013

Highlights

- As of 8 July and further to WFP assessment, an estimated 13,487 people will need assistance in Diffa region (including 5,181 refugees and 3,520 returnees who have crossed the border into Niger from Nigeria and an additional 4,786 host families who are supporting refugees and returnees) . This follows the declaration of a state of emergency in three federal states in neighbouring Nigeria early May.
- Every week an average of 8,000 new cases of children suffering from severe acute malnutrition are admitted into therapeutic centres in Niger. In 2012, at the same period, the weekly number of admissions was equivalent to the one registered this year.
- As of end June, 186,288 children under five have been admitted into therapeutic centres for severe acute malnutrition (SAM) while another 251,375 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 9 July, a cumulative number of 395 cholera cases including 10 deaths (with a case fatality rate of 2.53 percent) have been reported since the beginning of the epidemics, on 10 May. With the support of its donors (AECID, ECHO and CERF Secretariat), UNICEF and its operational partners (CISP, Solidarités International, MSF, COOPI, Samaritan's Purse and WHO) are responding to the epidemics.
- Despite the fact that protection issues are on the rise in camps, funding is not forthcoming. US\$585,000 needs to be mobilized for this underfunded sector. 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 vulnerable populations have equitable access to WASH facilities and are not deprived of their rights, UNICEF is advocating to immediately mobilizing approximately US\$6,777,000 for this sector. As of 21 July 2013, only 6% of the CAP 2013 WASH funding requirements have been met.
- 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.



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After receiving a 6-day SAM treatment at the CRENI of Maradia, a 17 month-old, weighing 5.8 kg, restored her nutritional status and is about to go back home with her Mom.

Situation Overview & Humanitarian Needs

- From 6 to 8 June, regional consultations with partners have been held by the *Dispositif National* to assess the food and nutritional situation in Niger. Preliminary results of vulnerability assessments have been released. As of May 2013, the number of villages vulnerable to food insecurity increased from 3,512 (in November 2012) to 3,677 in June 2013¹. Food insecurity increased in the regions of Agadez, Dosso, Niamey and Tahoua while the regions of Diffa, Maradi and Tillabéri observed a decrease of their vulnerability. In Zinder region, levels of vulnerability remained quite stable. In addition to these consultations, further investigations have been held in the vulnerable areas that showed that, as of May 2013, 107,321 people in 142 villages were considered living in a difficult food security situation, while another 94,875 people located in 161 villages have seen their food security situation deteriorate.
- As indicated in the CAP Mid-Year Review, over 376,724² 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 the end of June/beginning of July 2013, these centers have treated more than 437,663 cases of acute malnutrition including 251,375 cases of moderate malnutrition and 186,288 cases of severe malnutrition.
- In Diffa region, according to WFP, 13,487 people (including 5,181 refugees, 3,520 returnees and 4,786 host families supporting refugees and returnees) will need support, further to the declaration of a state of emergency in three federal states in neighbouring Nigeria. In order to confirm these data, ACTED in partnership with UNHCR will undertake an exhaustive Level 2 registration of these populations. A joint inter-agency (UNICEF, UNHCR, WFP, OCHA, IOM, Save the Children, ACTED, the International Rescue Committee and the Niger Red Cross) response plan is under elaboration to cover the essential needs of these populations. Activities include interventions in the sectors of health, nutrition, protection, and WASH in the short-term. In particular, UNICEF and WFP have elaborated a joint strategy to address with Blanket Feeding interventions the nutritional status of children under 5 (through screening, treatment and prevention activities) and of pregnant and lactating mothers.
- As of 9 July, a cumulative number of 395 cholera cases including 10 deaths (with a case fatality rate of 2.53 percent) have been reported in Niger including 266 cases in Ayorou department, where the refugee camp of Tabareybary is located. In addition, since 17 June, the epidemics reached the Health District of Tera that reported 58 cases including 0 deaths. To avoid the spread of the epidemics, joint and coordinated activities have been implemented following a response plan elaborated under the leadership of the Niger government.
- Meteorological and hydrological forecasts released by the national meteorological services indicate normal to above normal rainfalls, including flooding, and average to above average water levels for the River Niger (Nigerien side) and above normal levels for the Nigerian side of the River. For preparedness purposes, the WASH Cluster in collaboration with OCHA is mapping contingency stocks available at national and regional levels, reviewing data collection tools used at the decentralized levels (to ensure that relevant data will be collected in case of sudden flooding) and finalizing a strategic response plan for the upcoming flooding.
- As of 20 July, UNICEF CAP funding requirements for 2013 have been covered at 44%³. At the global level, only 38.8 % 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 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)

	Total	Male	Female

¹ Preliminary results are not including the region of Niamey. Final results will be published once officially released. The main causes of the increase of the number of villages vulnerable to food insecurity have been highlighted during the departmental workshops held in June. The conclusions of these workshops confirmed that despite the availability of cereals on the markets, prices have increased in most departments. Consequently, food accessibility remains limited for the most vulnerable. Indeed, a deterioration of the food, nutritional and pastoral situation has been noted in 10 departments which explains the increase in the number of villages vulnerable to food insecurity.

² Further to the CAP Mid-Year Review held in June, SAM caseload has increased. This increase is mainly due to the fact that the cereal surplus obtained in Niger was quickly absorbed by Nigeria that faced a food deficit in 2013. In addition, food prices have increased in the regional markets and particularly in the region of Maradi which compromises access to adequate food for the most vulnerable households; as such it has been observed that more children are being admitted for therapeutic feeding and target caseload has been changed in lieu of admission rate trends over the last several months.

³ Further to the CAP Mid-Year Review held in June, funding requirements have increased. Consequently, funding gaps have accordingly increased.

Including:			
Total Population affected by Food insecurity⁴:	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
Total expected Displaced Population (refugees and returnees from Mali, and affected by flooding) in 2013	100,000 ⁵	49,000	51,000
Displaced Population from Mali	50,000 ¹	24,500	25,500
Number of children displaced (0-17 years old)	30,253 ⁶		

Inter-Agency Collaboration and Partnerships

Thanks to an early warning, the emergency response started on time, mobilized a substantive amount of resources and has been progressing as planned. Coordination among government and humanitarian partners is effective. UN agencies are working together in good harmony. 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, an essential part of the delivery of UNICEF's humanitarian assistance in Niger, complement what is directly executed with government partners.

The Cluster System continues 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.

On 17 July, OCHA confirmed the allocation to Niger of US\$8 million from the Underfunded window of the CERF. Under the leadership of the RC/HC, OCHA will support the prioritization process in collaboration with the Inter-Cluster. The submission will involve all relevant partners, including NGOs and Government counterparts. This allocation will target the highest priority projects in underfunded clusters in the 2013 CAP and should fill critical gaps in life-saving services so as to sustain progress achieved by humanitarian partners responding to the drought in 2012.

Under the leadership of the Directorate for Surveillance and Response to Epidemics (DSRE), UNICEF, the WASH and Health Clusters, UNHCR, OCHA, CISP, Solidarités International, Samaritan's Purse, MSF-CH, OXFAM, COOPI, WHH, AECID (Spanish cooperation) and ECHO are jointly working to respond to the cholera outbreak in 3 main sectors (Health, WASH, Communication for Development). On 12 July, UNICEF and WHO received approval for their joint application to the CERF Rapid Response window to respond to the cholera outbreak. UNICEF was allocated over US\$920,000 out of the total amount of US\$1.5 million.

In addition to the current collaboration between UNICEF and UNHCR to address the needs of Malian refugees in Tillabéri and Tahoua regions, UNICEF is supporting UNHCR and its partners in elaborating the emergency sectoral response plan for Diffa region.

In July 2013, UNICEF ensured the training and the deployment of community volunteers in the refugee camp of Mangaize to support the efforts made by UNHCR and its implementing partners to contain the cholera outbreak.

Programme response

MALI+ CRISIS

UNICEF and partners' programming

	Sector	Estimated # / % coverage	UNICEF & operational partners
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⁴ Data includes refugees

⁵ UNICEF contingency stock is designed to cover 100,000 people

⁶ Source: UNHCR – <http://data.unhcr.org/MaliSituation> - As of 21 June, 30,253 children (0-17 years old) are currently in the camps.

		Target	Cumulative results (#) (Jan. to Jun.)	% of Target Achieved
Nutrition	# of refugee children 6-59 months benefiting from the Wet Feeding operation (receiving at least one meal per day)	7,727	7,009	91 %
	# of children <5 treated for SAM	1,600(*)	315	19.7 %
	<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	2,146	12%
	<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	4,752	41.3%
	<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:

- As of the end of June⁷, 7,009 children 6-59 months benefited from Wet Feeding in the refugee camps of Abala, Mangaize, Ayorou and Intikane. However, during this period, all the children 6-59 months targeted by the Wet Feeding operation could not be reached due to the fact that some beneficiaries previously settled in the spontaneous sites of Agando and Chinwaren, refused to be relocated⁸ to Intikane hosting area, where the Wet Feeding operation is organized.
- In July, the nutrition survey which started in Tabareybarey and Abala camps as part of the nationwide exercise has also been conducted in Mangaize camp and Intikane refugee hosting area. Two teams composed of UNICEF, UNHCR, WFP and the National Institute for Statistics were deployed in the four camps. The final results of the survey will be released at the beginning of August.
- The joint mission planned in May by UNHCR/WFP/UNICEF in the camps of Abala, Mangaize and Ayorou had to be postponed for security reasons. It has been noted that some partners involved in the nutrition response do not use a common 'protocol' for screening/treatment/reference and monitoring of activities. The aim of the mission was, therefore, to analyze capacity gaps in screening (in the wet feeding canteens and at community level), treatment, reference and monitoring to ensure effective nutrition response in the camps. If appropriate, agencies will build partners' capacities through trainings and/or elaboration of guidelines. The mission will leave as soon as the security situation is stable.
- The Wet Feeding operation has been extended until the end of the year in the 4 camps of Abala, Mangaize, Ayorou and Intikane.

⁷ Please note that WFP is reporting on previous month's figures for the current month Sitrep.

⁸ Refugees settled in Agando and Chinwaren are nomads. Even after sensitization activities have been led, several households refused to move explaining they were used to grazing their animals in the area, even before the conflict in Mali.

WASH:

- WASH data for refugees remained the same as last month since no activities related to Malian refugees have been led by UNICEF this month.⁹
- 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 figure 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 is advocating and fundraising to be able to support refugee populations 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 yet available.

Health:

(*) Data remain unchanged this month pending release of the last vaccination campaigns figures (for new arrivals) by UNHCR.

Education :

- In July, Plan Niger progress report shows a slight increase in the number of students in Mangaize and Tabareybarey camps, bringing their total number from 4,686 to 4,752 students.
- In Mangaize camp, educational activities are ongoing until the end of August due to prior delays in the start of the programme. For the same reason, a special exam session will be organized at the beginning of September for the sixth graders. To carry out the remedial courses, the 9 teachers of Mangaize will be assisted by the 10 teachers from Tabareybarey. A total of 1,141 Malian students are benefiting from these remedial courses.
- In the other camps, the academic year was considered normal. Students were regularly assessed and the senior secondary school students took their final exam. In Tabareybarey, 23 Malian students of which 7 girls took their exam of "Certificat de Fin d'Etude du Premier Degré" (CFEPD). 11 students graduated and 5 of them are girls. Regarding learning skills tests, out of a total of 865 Malian students of which 391 girls, 615 (71.09%) were admitted to upper grades. Girls' success rate is 54%. 250 students (28.91%) will repeat their grades. The reason for grade repetition is due to the fact that the majority of the repeaters assumed they were lagging too far behind to succeed. Consequently, they did not take the exam. No student was excluded.
- In Abala, 1,371 students at primary level, of which 649 were girls, were assessed. 906 students (66.08%) moved to upper grades. Girls' success rate is 62.25%. 465 students (33.92%) will repeat their grade. Girls represent 37.75% of the repeaters. No student was excluded.
- In Intikane, 8 teachers will be provided by the Ministry of Education for remedial courses for about 373 children. This activity, planned to begin on 1 July, has been slightly delayed but the DREN of Tahoua has confirmed their availability in the coming days.
- With regard to the building of the 15 semi-permanent classrooms, the sites have been identified and the technical control done. The next steps will be carried out by a contractor mandated by UNICEF to launch the competitive bidding process.
- The same process as above is going on for the building of 15 semi-permanent classrooms and the rehabilitation of 2 classrooms in Diffa; the building of 6 semi-permanent classrooms and an administrative office in Mangaize; and the building of 6 semi-permanent classrooms and the rehabilitation of 2 classrooms in Tabareybarey for the secondary school.

Protection:

- After the CAP mid-term review, the cluster target was revised from 15,000 to 18,000 to cover the needs of children settled in new sites.
- Thanks to the emergency funding recently received, UNICEF will support COOPI to create new CFSs at the new site of Intikane. UNICEF will coordinate with UNHCR the implementation strategy.
- The protection and education sections are looking into harmonizing their activities in the camps to include Early Childhood Development (ECD) and better integrate protection and education activities.
- UNICEF supported its partner in Abala camp, the NGO HELP, through an amendment of its current PCA. The amendment supports the rehabilitation of 4 CFSs, the construction of 2 additional CFSs (with more hazards

⁹ According to the LoU signed with UNHCR, UNICEF is not responsible for the wash in the camps but only for the host communities.

- No specific needs have been pointed out in the host communities.
- Consequently, emergency funding available for WASH have been dedicated to cholera response.

resistant standards) and the distribution of clothes targeting 500 vulnerable women and 7,200 children 0 to 14 years old to help restore their dignity.

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 (#) (Jan. to Jun.)	% of Target Achieved	Cluster Target	Cumulative results (#)	% of Target Achieved
Nutrition	# of children <5 with SAM admitted into therapeutic feeding programme	376,724	186,288	49.4%	376,724	186,288	49.4%
	# of children <5 with SAM discharged recovered	186,288 (a) (282,543)	156,482	84%	186,288 (a) (282,543)	156,482	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 ¹⁰	186,288 (a) (200,000)	54,818	29.4%	186,288 (b) (376,724)	59,644	32%
	# of nutritional centres delivering the WASH minimum package ¹¹	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 <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	908,391	41%	2,250,000	908,391	41%
<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	13,105	44%	50,000	29,077	58%
	<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:

- 186,288 children under five have been admitted into therapeutic centres for severe acute malnutrition.
- Further to the CAP mid-term review, the target of children admitted has been increased to reach 376,724 (more than 49.4 % of 2013 target has been achieved as of week 27).

¹⁰ The WASH minimum package received by couples 'Mother/Malnourished children' is a kit composed of soaps and Aquatabs.

¹¹ 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.

- This increase is mainly due to the fact that the cereal surplus obtained in Niger was quickly absorbed by Nigeria that faced a food deficit in 2013. In addition, food prices have increased in the regional markets and particularly in the region of Maradi which compromises access to adequate food for the most vulnerable households.¹²
- With the beginning of the lean season and the increase of food prices, every week, an average of 8,000 new cases of children with 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 number of admissions. These high rates result from active screenings conducted at community level by various NGOs during this period. Niger's robust monitoring system combined with a surge in malaria cases at the beginning of the year are also meant to be contributing factors to this increase. However, to deepen the analysis, the Regional Health Directors of Maradi, Tahoua and Zinder are holding further investigations.
- Moreover, middle upper arm circumference (MUAC) is a new criterion used for admissions to complement the weight and size already being used. Consequently, more cases may have been referred.

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 Cluster WASH are advocating securing funding for Wash in Nut activities. In particular, a window of opportunity might exist by using the CERF Underfunded window.

Health:

- * Measles vaccination targeting under-five-year-olds is only implemented through mass campaigns.
- As of week 26 (24 to 30 June), 908,391 malaria cases have been recorded out of 2,250,000 expected cases for 2013 compared to 672,464 cases in 2012 which represents a significant increase.
 - 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 600,000 euros. This amount will allow Niger CO to order ACT (Artemisinin-based Combination Therapy) for 240,000 euros and Rapid Diagnostic Tests for 360,000 euros.¹³
- As of week 26, a total of 2,863 suspected cases of measles were recorded (compared to 1,559 in 2012), including 16 deaths which represents a fatality rate of 0.55%.

Protection:

- After the CAP mid-term review, the cluster target was revised from 61,000 to 50,000 among which 30,000 represents UNICEF target. The Cluster decided to lower its target since the Review revealed that the previous target was not realistic considering partners' capacities.
- With the new emergency funding received, UNICEF is working to increase its emotional stimulation activities in the CRENIs. UNICEF just signed a PCA with its new partner COOPI, for a total amount of US\$250,000. Activities will target 3,803 mother and child couples who are admitted into CRENI/CRENAS and 72 healthcare workers.
- Training of governmental and UNICEF partners on emotional stimulation is still ongoing. As of 20 July, a total of 107 people have received the training (27 in Tillaberi, 25 in Tahoua, 30 in Dosso and 25 in Niamey). 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	3(*)	2	66.7%	3	2	66.7%

¹² It has been observed that more children are being admitted for therapeutic feeding and target caseload has been changed in lieu of admission rate trends over the last several months.

¹³ The proposal is not yet finalized and the quantities that will be ordered are not yet determined

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 people targeted by WASH, sensitization and communication activities ¹⁴	250,000 (**)	59,162 ¹⁵	23.7 %	250,000	132,001 ¹⁶	52.8 %

(*): dynamic target corresponding to the number of active outbreak areas in Niger as of 9 July. 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.

Epidemiologic Trend as of 9 July 2013

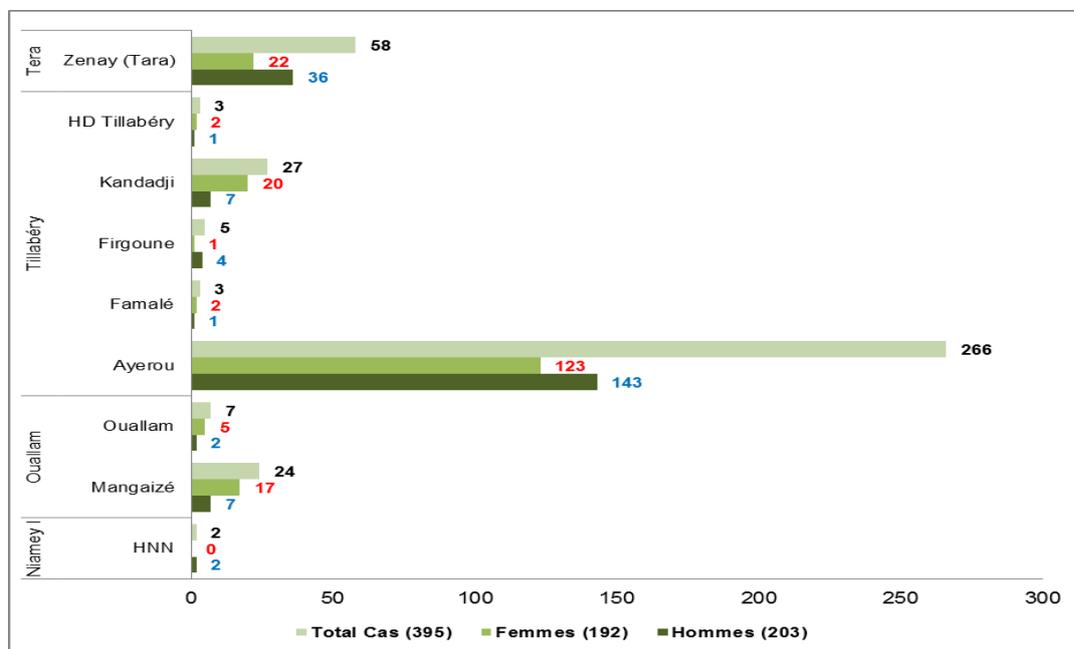


Figure 1: Cholera cases in Niger per health district – 2013 epidemic

Affected Health Districts	Sites	Number of cases	Related deaths	CFR
Tera	Zenay (Tara)	58	0	0.00%
Niamey I	HNN	2	0	0.00%
Ouallam	Mangaize	24	3	12.50%
	Ouallam	7	2	28.57%
Tillabéry	Ayorou	266	3	1.13%
	Famalé	3	0	0.00%
	Firgoune	5	0	0.00%
	Kandadji	27	2	7.41%
	HD Tillabéri	3	0	0.00%
Grand Total		395	10	2.53%

¹⁴ 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.**

¹⁵ Data do not include refugees reached in the camps by UNHCR partners.

¹⁶ Idem.

Figure 2: Cumulative cholera cases as of 9 July 2013

(*) Active outbreak areas

- As of week 28, a total number of 395 cases of cholera have been recorded, including 10 deaths, which represents a fatality rate of 2.53 %. The cases have been mainly reported in villages and refugee camps bordering the Niger River and recently in the area of Tera (where there is an urgent lack of potable water sources).
- Since 9 June, as a result of the ongoing coordinated activities led, cholera cases have slowed down in the Health Districts of Ouallam, Tillabéri and Niamey. Since 17 June, the Health District of Tera registered 58 cholera cases and no death.
- With the oncoming rainy season, there is an urgent need to undertake WASH and Communication for Development (C4D) activities in cholera high risk areas to prevent the spread of the epidemic in the areas that are not yet covered or partially covered.

UNICEF and partners' programming

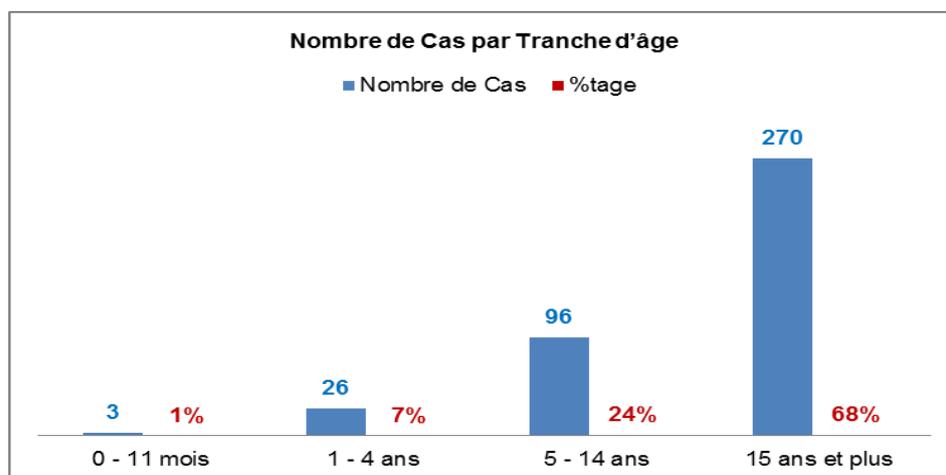
- Under the coordination of the DSRE (Directorate for Surveillance and Response to Epidemics), the WASH and Health Clusters are working together to respond to the cholera outbreak in Niger. Three thematic Task Forces have been put in place (sensitization, treatment and logistics, WASH) including partners from government, UN agencies and NGOs. 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:

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

- The Tillabéri Regional Directorate for Hydraulics covered an additional 6,400 persons, due to the recent expansion of the cholera outbreak to Tera. Thus far, the total number of beneficiaries reached by the Regional Directorate for Hydraulics is 42,160 in four main localities (Ayorou, Dessa, Mangaize and Tera) and surrounding areas. The Directorate is coordinating with NGOs to ensure the distribution of 5,000 cartons of PUR. The NGO CISP received 3,000 cartons from this stock to better cover their area of intervention.
- With UNICEF support and thanks to AECID funding, many NGOs have been able to respond timely to the epidemics:
 - Samaritan's Purse started its cholera response from Ayorou towards the Mali border and targeted 4,500 persons. 80% of targeted beneficiaries have been covered with water flocculants and disinfectant (PUR) distributions and 100% have been covered with sensitizations activities.
 - MSF-CH is ensuring the distribution of 50 cholera kits (for 300 persons).
 - CISP has already completed one month supplies distributions in 40 villages, covering 54,362 people. Sensitizations activities are still ongoing, with a follow up of "residual chlorine" in households' drinking water.
 - Solidarités International (SI) has signed a PCA with UNICEF. SI is already in the field, carrying out assessments to ensure an appropriate disinfection response in Tillabéri and Tera where they are planning to assist 20,000 persons.
 - The Spanish Red Cross is preparing its response in 10 villages. UNICEF provided ORS (Oral Rehydration Salts) and flipcharts to the Red Cross to complement their intervention.
- Oxfam is ensuring improved access to wash facilities and water provision in the affected refugee camps.
- UNICEF, through its Communication for Development (C4D) section, supported 15 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, UNICEF provided technical and financial support to the Health District of Ouallam to ensure the training and the deployment of community volunteers in 39 villages located in areas at high risks, including in the refugee camp of Mangaize.

- Animas-Sutura is implementing continuous sensitization sessions and communication activities on cholera risk and prevention throughout local media in Tillabéri region.
- As of 18 July, more than 132,001 persons¹⁷ have received a cholera minimum package (validated by the Cluster) for one or two months depending on the implementing areas and partners.
- The number of children affected by cholera is still increasing: 125 children from 0 to 14 years old including 96 children from 5 to 14 years old (who are the most affected). The cluster recommended to partners to develop specific sensitization activities towards the children.



- To reach the areas at high risk but not yet covered by partners, some activities are planned under the coordination of the WASH Cluster:
 - UNICEF is finalizing PCAs with COOPI and WHH. COOPI will work in Tillabéri region, in the areas that are not yet covered by other partners and that remain at risk while WHH will work in Tera by ensuring PUR and Aquatabs distributions and communication for development activities.
 - UNICEF is finalizing negotiations with ECHO to secure 300,000 Euros.
 - UNICEF CERF application has been approved by the Secretariat for a total amount of US\$921,000. These funds have been used to order supplies of soaps, Aquatabs and PUR to cover an approximate 250,000 persons at risk.

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 30 June 2013

Sector	Initial HAC 2013 requirements	Change in requirements – July 2013	Total 2013 requirements	Income through 30 June	Funding gap (USD)	% Unfunded
Nutrition	22,125,849	3,725,884	25,851,773	12,837,260	13,014,513	50.3%
Health	2,211,018	0	2,211,018	2,500,056	-289,038	0%
Water, Sanitation & Hygiene	7,238,000	0	7,238,000	460,351	6,777,649	93.6%
Child Protection	1,465,900	0	1,465,900	880,198	585,702	40%
Education	750,000	2,200,000	2,950,000	1,026,253	1,923,747	65.2%
Total	33,790,767	5,925,884	39,716,691	17,704,118	22,012,573	55%

*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.

¹⁷ This figure does not include the refugees who have been reached in the camps by UNHCR partners

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: August

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