

UNICEF Niger – Mid-Year Humanitarian Situation Report

Date: 26 August 2013

Highlights

- UNHCR released the Malian Level 2 registration data that have been collected between December 2012 and June 2013 in the 3 camps of Tillabéri region, the two sites of Tessaoua and Tassalite and the urban area of Niamey. According to UNHCR, as of 16 August 2013, 47,583 Malian refugees have been registered in Niger.
- Every week an average of 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.
- Figures from the national SMART nutrition survey conducted in May/June 2013 at national level reveal a global acute malnutrition (GAM) rate of 13.3 % and a severe acute malnutrition (SAM) rate of 2.6 % in 6-59 months children.
- As of 4 August, 215,180 children under five have been admitted into therapeutic centres for severe acute malnutrition (SAM) while another 290,796 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 15 August, a cumulative number of 432 cholera cases, including 10 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.
- As of 15 August, following the declaration of the state of emergency in Borno, Yobe and Adamawa States in Nigeria, Southeastern Niger (Diffa region) has experienced an influx of an estimated 13,500 displaced persons from Northern Nigeria. The Government and humanitarian actors' strategy is to increase the absorption capacity of the host communities affected by the influx by targeting the needs of the whole community while ensuring minimal distinction between refugees, returnees and local populations.
- According to OCHA, as of 21 August, further to heavy rainfalls all across the country, an approximate 3,015 households (24,234 people) have been affected by the flooding. 2,120 houses have been destroyed and 1672 hectares of land damaged. Joint need assessments (including government, UN agencies and NGOs) are still on-going in order to confirm these data.



@Help/M.Barra/August2013/Abal

Aminata, 10 years old, benefiting from clothes distributed by the ONG Help in collaboration with UNICEF in the refugee camp of Abala, in August 2013.

Situation Overview & Humanitarian Needs

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

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%
Sub Total	21,507	26,076	100.00%
Total	47,583 (11,337 households)		
Total (%)	45.20%	54.80%	

- As indicated in the CAP Mid-Year Review, over 376,724¹ children under-five will suffer from life-threatening severe acute malnutrition (SAM) this year, if adequate treatment is not provided. Indeed, figures from the national SMART nutrition survey conducted in May/June 2013 by the National Statistics Institute (INS) in collaboration with WFP, UNICEF and other implementing partners, reveal 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 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 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 4 August 2013, these centres have treated more than 505,976 cases of acute malnutrition including 290,796 cases of moderate malnutrition and 215,180 cases of severe malnutrition.
- Further to the refugee/returnee influx due to Boko Haram attacks in Northern Nigeria, UNHCR, UNICEF and WFP designed a joint integrated strategy (addressing Nutrition/WASH and Health sectors) to support the refugees, returnees and host communities in Diffa. However, it is really difficult for the Government and the humanitarian partners to have a complete picture of how many people need support because the affected population continue to move back and forth along the border. In order to confirm the data, UNHCR together with the Government and the partners established a new registration system based on an initial reception at village level by the "Comité d'Actions Communautaires "(CAC) , a pre-registration that consists of the establishment of statistics, the counting of broad categories, the distribution of assistance and a final

¹ 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.

registration and documentation. The registration will concern each refugee/returnee households and its host community family.

- As of 15 August, a cumulative number of 432 cholera cases including 10 deaths (with a case fatality rate of 2.31 percent) have been reported in Niger including 286 cases in Ayorou department, where the refugee camp of Tabareybarey is located. In addition, the epidemic continues in the Health District of Tera that reported 63 cases and 0 deaths. To avoid the spread of the epidemics, joint and coordinated activities have been implemented following a response plan elaborated under the lead of the Niger's Government.
- As of 21 August, further to heavy rainfalls all across the country, approximately 3,015 households (24,234 people) have been affected by the flooding according to OCHA. 12 people lost their lives; 2,120 houses have been destroyed and 1672 hectares of land damaged. Maradi and Agadez regions have been mostly affected by the flooding. Preliminary assessments revealed that 659 households (4,703 people) have been affected in Agadez while approximately 1379 households (11,018 persons) have been registered in Maradi region. Joint need assessments (including the Government, UN agencies and NGOs) are still on-going in order to confirm these data. However, a first humanitarian response has been provided by the Government through food distributions.
- As of 26 August, UNICEF CAP funding requirements for 2013 have been covered at 49.7%². At global level, only 47 % 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, Niger Humanitarian Country Team, under the leadership of the RC/HC is negotiating with the CERF Secretariat to obtain an allocation of USD 8 million to cover the most urgent in-country needs (food security, health, protection, logistics, wash, education/multi sector).

Estimated Affected Population			
<i>(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)</i>			
	Total	Male	Female
Including:			
Total Population affected by Food insecurity³:	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 ⁴	49,000	51,000
Displaced Population from Mali	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 among the Government and the 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,

² Further to the CAP Mid-Year Review held in June, funding requirements have increased. Consequently, funding gaps have accordingly increased.

³ Data includes refugees

⁴ UNICEF contingency stock is designed to cover 100,000 people

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.

The Cluster System continues providing a solid platform for sectorial coordination amongst the 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 level.

In order to present a proposal of USD8 million to the CERF Secretariat (Underfunded Window), the Inter-Cluster and the Humanitarian Country Team, under the leadership of the RC/HC and with the 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. Each designated sector organized several Cluster meetings in order to jointly convene on how the funds proposed by the CERF must be allocated. Further to these consultations with partners, Niger submitted a proposal for an allocation of USD8 million to the CERF (USD2.5 million for the Food Security sector; USD1 million for the Health sector/Malaria; USD1.5 million for the WASH sector/WASH in Nut; USD1 million for the logistics/UNHASS; USD1 million for the Protection/ psychosocial support in CRENI/CRENAS and Diffa response; USD500,000 for the Education for refugees, USD500,000 for the shelters and NFIS) . On a total of USD 8 million, UNICEF might receive USD2.5 million (Education, Protection and WASH sectors). 9 NGOs have been identified by the relevant Clusters to receive these funds, once/if allocated by the CERF Secretariat.

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).

In addition to the current collaboration between UNICEF and UNHCR to address the needs of Malian refugees in Tillaberi and Tahoua regions, UNICEF together with WFP and UNHCR elaborated a joint strategy (WASH, Nutrition and Health) for Diffa region. The strategy will be operationalized once the registration data is confirmed.

On 19 August, all the humanitarian community, under the leadership of the Humanitarian Coordinator, celebrated the Humanitarian World Day at the CCOG Centre with presence of the Ministry of the Population. During the Humanitarian World Day, each partner presented its activities through the installation of stands in order to sensitize the civil society, private partners and/or other humanitarian workers about their own mandates and activities.

Programme response

MALI+ CRISIS

UNICEF and partners' programming

Sector	Estimated # / % coverage	UNICEF & operational partners		
		Target	Cumulative results (#)	% of Target Achieved
Nutrition	# of refugee children 6-59 months benefiting from the Wet Feeding operation (receiving at least one meal per day)	8,186	6,711	82 %
	# of children <5 treated for SAM	1,600(*)	331	20.7 %
	<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	2,138	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	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>			

Nutrition:

- As of the end of July⁵, 6,711 children 6-59 months benefited from Wet Feeding in the refugee camps of Abala, Mangaize, Ayorou and Intikane. However, during this period, not all the children targeted by the Wet Feeding operation have been reached due to the low attendance of children in the hosting area of Intikane. According to the refugees, the wet feeding sites are too far from their homes. Consequently, UNHCR will increase the number of wet feeding sites in the hosting area.
- 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.
- In order to improve the nutritional status of under 5 children in refugee camps; UNICEF, UNHCR, WFP and our implementing partners are working together to identify the different gaps in the 'protocol' before identifying solutions to ensure that partners have the relevant capacities/tools to decrease the malnutrition rate in the 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.⁶
- 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 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 yet.

Health:

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

Education:

- Since 5 August 2013, the Ministry of Education made available 6 teachers to perform remedial courses for 250 refugee students in the hosting area of Intikane. Thus, the total number of refugee children who are benefiting from educational services reached 5,002 (43.5% of the target).
- "The Education Cluster has submitted a 500,000 USD funding request through the CERF unfunded window opportunity. This funding will be critical to accelerate the refugee education response and reach 7,167

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

⁶ 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.

children in Abala, Ayorou, Mangaize and Intikane". Additional needs include: trainings for male and female teachers as well as the 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 separated latrines for girls and boys.

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.
- In August, data remained stable.
- UNICEF supported the NGO HELP in Abala camp through an amendment of its current PCA. The amendment supports the rehabilitation of 4 CFSs and the construction of 2 additional CFSs (with more hazards resistant standards).
- From 30 July until 4 August, UNICEF through its implementing partner, Help NGO, organized a distribution of clothes targeting 500 vulnerable women and 7,200 children 0 to 14 years old to help restore their dignity in Abala camp.

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	215,180	57%	376,724	215,180	57%
	# of children <5 with SAM discharged recovered	215,180 (a) (282,543)	178,599	83%	215,180 (a) (282,543)	178,599	83%
	<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 ⁷	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 ⁸	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	1,226,440	54%	2,250,000	1,226,440	54%
	<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	15,866	53%	50,000	31,838 ⁹	64%

⁷ The WASH minimum package received by couples 'Mother/Malnourished children' is a kit composed of soaps and Aquatabs.

⁸ 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.

⁹ Save the Children data for August have not been compiled yet and could not be included into the Cluster results.

Sector	Estimated # / % coverage	UNICEF & operational partners			Sector / Cluster		
		UNICEF Target	Cumulative results (#)	% of Target Achieved	Cluster Target	Cumulative results (#)	% of Target Achieved
<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:

- 215,180 children under five have been admitted into therapeutic centres for severe acute malnutrition.
- 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.
- 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 of 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 the reporting 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.
- Figures from the national SMART nutrition survey conducted in May/June 2013 by the National Statistics Institute (INS) in collaboration with WFP, UNICEF and other implementing partners, reveal 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.
- Since seasonal rates of malnutrition remain fairly consistent over years, seemingly a substantial reservoir of malnutrition is not due to availability and access to food, but could rather be attributed to issues beyond food security related to the functioning of the health care system, poor water quality, inadequate sanitation and hygiene, and inappropriate child-care practices.
- Chronic malnutrition is a major challenge, threatening 42.5% of children under-five years old, almost one out of two. This type of malnutrition, resulting 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.
- The danger goes beyond malnutrition as these children remain extremely vulnerable to killer diseases, especially to outbreaks of cholera, malaria, acute watery diarrhea and respiratory infections.
- It is more pertinent than ever to invest into integrated and multi-sectorial 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 is being proposed as an entry point for cross-sectorial UNICEF Niger's resilience programming to address these huge challenges.

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 securing funding for Wash in Nut activities. Consequently, the WASH cluster might receive USD 1.5 million through the CERF underfunded window to implement WASH in Nut activities. 6 NGOs have already submitted WASH in Nut projects to be funded by UNICEF through the CERF funding. The process to select the NGOs has been finalized and undertaken in a participatory and transparent manner, by applying agreed criteria based on humanitarian needs, partners' capacity and expertise, proposition's quality, gender aspects, and sustainability of the action.
- 4 NGOs have been selected for the funding: ACF, CISP, Save the Children and Solidarités International.

Health:

* Measles vaccination targeting under-five-year-old children is only implemented through mass campaigns.

- As of week 32 (5 to 11 August), 1,226,440 malaria cases have been recorded out of 2,250,000 expected cases for 2013 showing an increase compared to the 1,046,374 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.¹⁰
- As of week 32, a total of 3,078 suspected cases of measles were recorded (compared to 1,559 in 2012), including 20 deaths which represents a case fatality rate of 0.65%.
- As of week 32, a total of 432 cases of cholera were recorded (compared to 3,422 in 2012), including 10 deaths which represents a case fatality rate of 2.31%.

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, 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.
- Through the CERF underfunded window opportunity, the Protection Cluster through UNICEF might get USD 500,000 that will be allocated to lead psychosocial activities in CRENIS/CRENAS. IOM also received 500,000 USD for a project of "Humanitarian Assistance to vulnerable expelled and/ or stranded migrants in the Agadez Region".
- Further to a transparent process, two NGOs (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 will receive the amount of 250,000 USD to implement a project aiming at enhancing psychosocial care for malnourished children in CRENIS and CRENAS and 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, UNICEF through IBCR (International Bureau for Children's Rights) will organize a training for 20 children rights' focal points of the security forces.

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 ¹¹	250,000 (**)	59,162 ¹²	23.7 %	250,000	132,001 ¹³	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.

¹⁰ Negotiations with ECHO are going on in order to finalize the proposal.

¹¹ 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.**

¹² Data do not include refugees reached in the camps by UNHCR partners.

¹³ Idem.

(**): 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 16 August 2013

Affected Health Districts	Sites	Number of cases	Related deaths	CFR
Tera	Zenay (Tara)	63	0	0.00%
	Boulkagou	1	0	0.00%
Niamey I	HNN	2	0	0.00%
Ouallam	Mangaize	24	3	12.50%
	Ouallam	7	2	28.57%
Tillabéry	Ayorou	282	3	1.06%
	Famalé	7	0	0.00%
	Firgoune	8	0	0.00%
	Kandadji	27	2	7.41%
	HD Tillabéri	3	0	0.00%
	Mamasseye	5	0	0.00%
Grand Total		432	10	2.31%

Figure 1: Cumulative cholera cases as of 9 July 2013

(*) Active outbreak areas

- As of week 28, a total number of 432 cases of cholera have been recorded, including 10 deaths, which represents a fatality rate of 2.31 %. 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 on-going coordinated activities, cholera cases have slowed down in the Health Districts of Ouallam, Tillabéri and Niamey. Since 17 June, the Health District of Tera registered 64 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 areas that are not covered yet or only 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.
- 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 accompany the Ministry of Health in order integrate cholera disaster risks reduction elements and the system's capacity building programming, in the medium term.

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.

- 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, ECHO, CERF and UK Committee funding, many NGOs have been able to timely respond to the epidemics:
 - Samaritan's Purse cholera response from Ayorou towards the Mali border targeted 5,250 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 approximately 56 000 people (around 9 333 families with an average of 6 persons/family). Sensitizations activities

- are still ongoing, with a follow up of “residual chlorine” in households’ drinking water. Planned activities will ensure water treatment, bar soap distributions and sensitization activities in 20 additional villages (approximately 70 000 people).
- Solidarités International (SI) has signed a PCA with UNICEF. SI has carried out assessments and training (July, August and Septemebr) to ensure an appropriate awareness and disinfection response to the cholera outbreak in Tillabéri and Tera, where they are planning to assist 20,000 persons. SI trained a total of 136 CSI officers and continues to support health facilities in Tillaberi.
 - 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 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.
 - 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 timely respond 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.
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 - In addition, in August, UNICEF provided technical and financial support to the Health Districts of Tera and Filingue, including in Abala refugee camp, to promote hygiene and sanitation in these localities. The activities were led in 50 villages of Tera and 32 of Filingue. In addition, in Tera, 16 radios workers from 8 community radio stations have been trained on cholera prevention.
 - 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 persons¹⁴ 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. Animas-Sutura is implementing continuous sensitization sessions and communication activities on cholera risk and prevention throughout local media in Tillabéri region.

¹⁴ This figure does not include the refugees who have been reached in the camps by UNHCR partners

- As of 18 July, more than 132,001 persons¹⁵ 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: 132 children from 0 to 14 years old including 102 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.

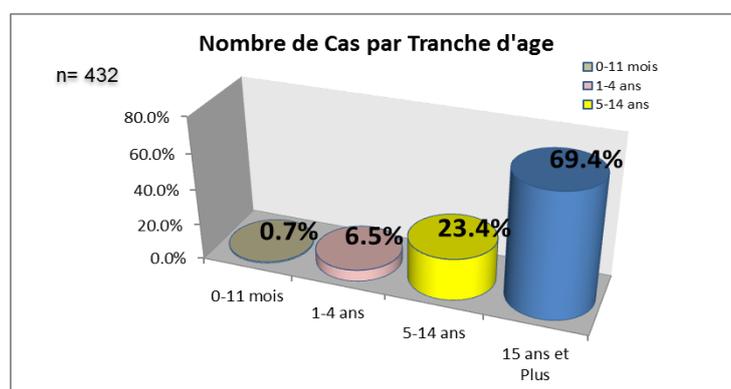


Figure 2: Number of cholera cases per age (as of 16 August)

- 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 just finalized a PCA 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 just begin to work in Tera by ensuring PUR and Aquatabs distributions and communication for development activities.

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 26 August 2013

Sector	Initial HAC 2013 requirements	Change in requirements – July 2013	Total 2013 requirements	Income through 26 Aug	Funding gap (USD)	% Unfunded
Nutrition	22,125,849	3,725,884	25,851,733	12,837,260	13,014,473	50.3%
Health	2,211,018	0	2,211,018	2,500,056	-289,038	-0.13%
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.

** 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

¹⁵ This figure does not include the refugees who have been reached in the camps by UNHCR partners

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: September

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