

UNICEF Niger Situation Report

Date: 28 October 2013

Highlights

- As of 23 October, UNICEF, in collaboration with partners supported 7,572 households affected by floods in the areas of Dosso, Ouallam, Niamey, Kollo, Zinder, Tillaberi and Agadez with the provision of NFI kits valued at US\$682,115.
As of today, according to the Humanitarian Coordination Cell (CCH), humanitarian needs have been covered.
- As of 29 September, 303,829 children under five have been admitted into therapeutic centres for severe acute malnutrition (SAM) while another 403,285 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 20 October, a cumulative number of 562 cholera cases, including 11 deaths (with a case fatality rate of 1.96 percent) have been reported since the beginning of the epidemics on 10 May.



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In the hosting area of Intikane, Malian refugee twins, Hera and Nawa, receive their wet feeding ration. Thanks to the collaboration between UNHCR, WFP and UNICEF., the wet feeding center is open twice a day, for all children between 6 and 59 months old.

Situation Overview & Humanitarian Needs

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

Age	Men	Women	(%)
0-4 years	4,530	4,380	18.73%
5-11 years	7,098	7,360	30.38%
12-17 years	2,713	3,014	12.04%
18-59 years	6,385	10,371	35.21%
60>=	781	951	3.64%
Subtotal	21,507	26,076	100.00%
Total	47,583 (11,337 households)		
Total (%)	45.20%	54.80%	

- Figures from the national SMART nutrition survey conducted in May/June 2013 by the National Statistics Institute (INS) in collaboration with WFP, UNICEF and implementing partners, revealed that prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) in children aged 6-59 months has reached 13.3% and 2.6 % respectively, below the rates registered during the 2012 food and nutrition crisis. The age group 6-23 months is the most affected, with a GAM prevalence of 20.6% and a SAM prevalence of 4.9%, again lower than in 2012.
- Chronic malnutrition is a major challenge, threatening 42.5% of children under five, almost one out of two. This type of malnutrition, which results from recurrent nutritional deficiencies occurring during the first 1,000 days of a child's life, represents a major obstacle to national development and a critical barrier to breaking the cycle of crisis.
- Since seasonal rates of malnutrition remain fairly consistent over years, seemingly the substantial reservoir of malnutrition is not due to availability and access to food but could rather be attributed to issues beyond food security such as the functioning of the health care system, the poor quality of water, inadequate sanitation and hygiene and inappropriate child-care practices.
- UNICEF, in collaboration with the Government and other partners, is scaling up the capacity of therapeutic feeding centres to manage acute malnutrition. More than 2,000¹ centres for moderate and severe acute malnutrition are functional across the country as part of the State-run health services. Every week, an average 9,000 new cases of children suffering from severe acute malnutrition (SAM) are admitted into therapeutic centres in Niger. As of 29 September 2013, these centres have treated more than 707,114 cases of acute malnutrition including 403,285 cases of moderate malnutrition and 303,829 cases of severe malnutrition.
- As of 20 October, a cumulative number of 562 cholera cases including 11 deaths (with a case fatality rate of 1.96 percent) have been reported in Niger. The epidemic continues in the Health Districts of Tillaberi and Tera that reported respectively 405 and 123 cases. To avoid the spread of the epidemics, joint and coordinated activities have been implemented following a response plan elaborated under the Government's lead.
- As of 23 October, UNICEF CAP funding requirements for 2013 have been covered at 74.7%. Overall, 67.5% of the total amount required in the CAP 2013 has been funded. To cover the remaining funding gaps that might hamper activities and increase the risk of exposure for the most vulnerable, particularly children and women, the CERF Secretariat allocated US\$8 million to cover the most underfunded urgent needs in Niger.

¹ About 901 centres for severe acute malnutrition and 1062 centres for moderate acute malnutrition.

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
Including:			
Total Population affected by Food insecurity²:	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 ³	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 amongst Government and humanitarian partners is operational; UN agencies are effectively working together. Relief activities are in full motion on the different fronts mentioned above. Although the main thrust is on food security and nutrition, an integrated approach has been developed to encompass health, WASH, education and child protection interventions.

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

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

Following the allocation to Niger of US\$8 million from the CERF/UFE (Underfunded Window), the Inter-Cluster and the Humanitarian Country Team, under the leadership of the RC/HC and support of OCHA, have identified 7 sectors (Food security, Health, Protection, Logistics, Wash, Shelter and Education/Multi Sector) that are mainly underfunded in the CAP 2013. UNICEF received US\$2.5 million for Education, Protection and WASH to be channelled through nine NGOs identified by the relevant Clusters for implementation.

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

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

² Data include refugees

³ UNICEF contingency stock is designed to cover 100,000 people

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

As of today, the Education, WASH, Nutrition and Protection Clusters are drafting their *respective 'Humanitarian Needs Overviews'* for 2014-2016 which should be finalized by the end of November.

In addition, under the leadership of the government, UNICEF is supporting the elaboration of the Preliminary National Response Plan for Food Security and Nutrition that will cover the period from October until December 2013. This Preliminary plan will be the basis to elaborate the National Response Plan for 2014.

Although, the plan addresses Nutrition issues, multi-sectoral activities linked with Nutrition and/or Food Security have been integrated into the Plan (Wash in Nut, Psychosocial support in CRENI/CRENAS, population movements/migrations, floods)

Programme response

MALI+ CRISIS

UNICEF and partners' programming

Nutrition:

Sector	Estimated # / % coverage	UNICEF & operational partners		
		Target	Cumulative results (#)	% of Target Achieved
Nutrition	# of refugee children 6-59 months benefiting from the Wet Feeding operation (receiving at least one meal per day)	8,186	7,827	96 %
	# of children <5 treated for SAM	1,600(*)	398	24,9 %
	<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	853	5%
	<i>Operational Partners: UNHCR, Plan, Help</i>			
Health	# of children <15 receiving measles vaccination in the camps	17,803	13,971	75%
	<i>Operational Partners: UNHCR, Plan, Help</i>			
Education	# and % of school-aged girls and boys with continued access to formal and informal education	11,500	5,002	43.5%
	<i>UNICEF Operational partners: Oxfam, Plan International, Catholic Relief Services, Humanitaires sans Frontières, AKARASS, UNESCO, Regional Directorate for Education of Tahoua and Tillabéri regions, Ministry of Education</i>			

- As of the end of September⁴, 8,186 children 6-59 months benefited from Wet Feeding in the refugee camps of Abala, Mangaize, Ayorou and Intikane. In the hosting area of Intikane, the number of children reached has increased over the past month. However, the attendance remains below planning figures due to the distance between the centers and the refugees' current locations in the hosting area.
- In Abala, 380 new children 6-59 months have been registered into the Wet Feeding programme.
- In September, 6,408 children were screened, which represents 82% of children who benefited from the Wet Feeding activities.
- It has been noted that some partners involved in the nutrition response do not follow a common 'protocol' concerning the screening/treatment/reference and monitoring of activities.
- To improve the nutritional status of under-5 children in refugee camps, UNICEF, UNHCR, WFP and implementing partners are working together to identify the different gaps in the 'protocol' before providing solutions to ensure that partners have the relevant capacities/tools to decrease the malnutrition rate in camps.
- The Wet Feeding operation has been extended until the end of the year in the 4 camps of Abala, Mangaize, Ayorou and Intikane.

WASH:

- Data remained unchanged since last month because no activities targeting Malian refugees have been led by UNICEF this month.
- The target of 101,650 men, women, girls, and boys having improved access to drinking water has been used in the CAP 2013 and corresponds to 100% of the planning figures for refugees and IDPs, plus 15% of population from host communities.
- The 'cumulative results' column has been informed by UNHCR (as lead for WASH in the camps).
- Only one project has been funded in the framework of the CAP 2013 (CARE International).
- UNICEF is advocating and fundraising to support refugee population and host communities; especially in high vulnerability areas, such as informal sites or host villages, where social services are under sustained pressure. An allocation of US\$1,497,358 has been received from CERF/UFE for activities related to interventions within the malnutrition response.
- Since end of September 2013, OXFAM handing over the ACTED all WASH activities in refugee camps.
- In Diffa, the WASH Cluster and UNHCR are leading discussions to identify NGOs able to cover the most urgent needs for 10,000 people (planning figure while waiting for the final registration data) which are the construction of family or communal latrines and the distribution of water purification tablets, storage items and soaps at community level.

Protection:

- The significant drop in the number of children reached this month: from 2,619 (15% of the targeted number) to 853 (5% of the targeted number) is due to the fact that the collaboration with the NGO HELP to run 6 CFSs in the Abala camp has ended last month. UNICEF is looking for additional funding to continue the collaboration.
- To ensure the integration of Early Childhood Development (ECD) activities into Child Friendly Spaces (CFS), UNICEF Child Protection and Education sections are jointly training teachers in psychosocial support activities and protection monitoring. An allocation of US\$511,305 from CERF/UFE will support these activities.
- In collaboration with ICRC, 2 Niger CAAFAGs (Children Associated with Armed Forces and/or Armed Groups) previously in rehabilitation centre in Mali have returned to Niger and have been reunified with their parents. Another CAAFAG from a third country is currently receiving temporary care and will be repatriated at the beginning of next month.

Health:

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

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

Education:

Even though schools reopened in October in Niger, not all refugee children in camps are effectively back to school. To date, the situation in the different camps is as follows:

- In Abala camp:
 - ✓ 34 teachers are needed to teach classes (19 needed to be deployed from Filingué including 2 directors and 17 contract teachers).
 - ✓ Enrollment for the first year of primary school and pre-school levels continues normally. As of end October, 240 pre-school children have been registered and 192 new students are expected at the CI level (pre-primary school level).
 - ✓ On 25 October, an OXFAM field mission will visit Abala camp to assess the level of enrollment.
- In Intikane hosting area:
 - ✓ The 'Back to school' campaign will not be effective until the second week of November, due to the fact that the 6 teachers on loan from the Ministry of Education who facilitated 'make-up' classes have all returned to their original duty station (situation reported by the field agents of the NGO 'Humanitaires sans Frontières' who are UNICEF implementing partners in Intikane).
However, the Regional Directorate for Education in Tahoua notified HSF of the availability of 20 teachers.
 - ✓ Pending the completion of the 15 semi-permanent classrooms financed by UNICEF, classes will start in the 5 classrooms constructed by UNESCO and the 7 shelters by UNHCR.
- In Mangaize and Tabareybarey camps:
 - ✓ Respectively on 4 October and 23 October, Plan Niger carried out field visits in Mangaize and Tabareybarey, to monitor activities.
 - ✓ Schools opened on 1 October in Tabareybarey and on 7 October in Mangaize.
 - ✓ In Tabareybarey, the school counts 945 students in primary and 230 children at the pre-school level, framed overall by 20 teachers, of whom 2 are Malian.
 - ✓ In Mangaize, given that school enrolment at the primary and pre-primary levels is not effective as yet, figures are not verifiable.
 - ✓ In Mangaize, on 10 October, at the end of the special session organized for the Primary School Leaving Certificate examination, 10 students (3 girls), were admitted.
 - ✓ The Mangaize school currently has 9 teachers (including 2 provided by the Niger government).
The other 7 have also been absorbed into the public system and an annex to the school has been created and is headed by a Director.

Once school enrollment becomes effective and attendance is stabilized, the number of students in each camp will be updated.

- The allocation of US\$500,000 from the CERF/UFE will accelerate the refugee education response and reach 7,167 children in Abala, Ayrou, Mangaize and Intikane. Additional needs include: training for male and female teachers as well as members of the School Management Committees; non-formal education for out-of-school children aged 9-15; the provision of textbooks, school equipment, ECD kits and equipment.
- In addition, UNHCR has identified additional resources to ensure the construction of semi-permanent classrooms and separate latrines for girls and boys in the camps. These resources will complement the CERF/UFE allocation and will be channeled to partners through UNICEF.

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	303,829	80.6%	376,724	303,829	80.6%

Sector	Estimated # / % coverage	UNICEF & operational partners			Sector / Cluster		
		UNICEF Target	Cumulative results (#)	% of Target Achieved	Cluster Target	Cumulative results (#)	% of Target Achieved
	# of children <5 with SAM discharged recovered	303,829 (a) (282,543)	243,063	80%	303,829 (a) (282,543)	243,063	80%
<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 ⁵	303,829 (a) (200,000)	54,818	18%	303,829 (b) (376,724)	59,644	19.6%
	# of nutritional centres delivering the WASH minimum package ⁶	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	1,924,991	85%	2,250,000	1,924,991	85%
<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	57,165	114%
	<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:

- As of 29 September 2013 (week 39), a total number of 303,829 children (under the age of five) benefited from the integrated treatment for Severe Acute Malnutrition (SAM). 17% of the cases (44,238) were reported to have severe medical complications and were admitted into intensive care/inpatient facilities while the rest (259,591) were treated as outpatients.
- This month, each week, an average of 9,000 children under the age of 5 years have been admitted for treatment of SAM throughout the country, with highest admissions recorded in Tillabéri, Tahoua and Zinder. This level of admission is considered high, as compared to previous months. For example, the numbers of children admitted as inpatients (SAM with severe medical complication) more than doubled in Tahoua. Data is being analysed to explain the trend and distribution of new admissions. Increasing admissions may be explained by deterioration in food security (beginning of the lean season) and on-going high food prices. In addition, intensive screening of SAM, implemented by some NGOs as well as high prevalence (peak season) of malaria are also considered important factors contributing to the high numbers of admissions during the month.
- All performance indicators of the Integrated Management of Acute Malnutrition (IMAM) for the month remain excellent, surpassing the minimum global standards (SPHERE). Indeed, as of week 39, death rate is 0.4 % (against <10% according to SPHERE Standards) and discharged recovered rate is 80% (against >70% according to SPHERE standards).

⁵ The WASH minimum package received by couples 'Mother/Malnourished children' is a kit composed of soaps and Aquatabs.

⁶ 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 month has seen extensive media coverage of the situation of SAM in Niger. This can be attributed to misinterpretation of data on acute malnutrition. UNICEF contributed to the clarification and interpretation of the data.
- Following reports of significant misuse of RUTF (Ready to use therapeutic food) combined with its availability on the market; UNICEF initiated RUTF Audit for the whole country.
- Considering that children with SAM have a very high risk of death (over 9 times more risk of dying compared to children without acute malnutrition) and the high prevalence in Niger, IMAM programme remains critical for preventing mortality and morbidity. However, the country is also embarking on an ambitious multi-sectoral prevention strategy, against all forms of under-nutrition, within broader resilience building efforts. To this effect, UNICEF and partners have started implementing the under-nutrition prevention strategy known as IAOMD (Initiative pour l'accélération des objectifs du Millénaire au Niger), building on existing initiatives for improving key family practices and a wide coverage of IMAM programme. Significant consultation and elaboration of the IAOMD strategy have taken place both in Niamey and Maradi regions.
- Planning for mass supplementation of Vitamin A and deworming is finalized and will be included in National Immunization Days, planned to take place in November 2013.
- On 29 and 30 October 2013, Niger is hosting the African Food and Nutrition Security Day event, in partnership with the AU, NEPAD and UN organizations. The forum will be used as an opportunity for sharing experience and lessons learned from various countries and discuss the country's agenda on ensuring Food and Nutrition Security. Niger will present its experience in scaling up SAM treatment, its links with prevention strategies and other interventions in various sectors including the 3N Initiative (Nigériens Nourish Nigériens).

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.
- Nevertheless, partners keep monitoring the WASH in Nut situation in CRENI/CRENAS and at community level.
- UNICEF and the WASH Cluster have been advocating to secure funding for Wash in Nut activities. The Cluster received US\$1.5 million through the CERF/UFE to implement these activities. ACF, CISP, Save the Children and Solidarités International have been selected to receive this funding in a participatory and transparent manner, by applying agreed criteria based on humanitarian needs, partners' capacity and expertise, quality of proposals, gender aspects, and sustainability of the intervention. Protocol agreements with these partners are being drawn to speed up implementation.

Health:

- * Measles vaccination targeting under-five-year-old children is only implemented through mass campaigns.
- As of week 41 (7 to 13 October), 1,924,991 malaria cases have been recorded out of 2,250,000 expected for 2013 showing an increase compared to the 1,825,816 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.
 - UNICEF is implementing an ECHO project, for a total amount of 1,000,000 Euros. This amount will allow Niger CO to buy ACT (Artemisinin-based Combination Therapy) Rapid Diagnostic Tests and ensure the reinforcement of Health workers' capacity on malaria care and treatment.
- As of week 40, a total of 3,143 suspected cases of measles were recorded (compared to 1,702 in 2012), including 20 deaths which represents a case fatality rate of 0.63%.

Protection:

- Through the CERF underfunded window, the Protection Cluster was allocated US\$1 million of which US\$500,000 to UNICEF to implement psychosocial activities in CRENIs/CRENAS, and US\$500,000 to IOM for its project for "Humanitarian Assistance to vulnerable expelled and/or stranded migrants in the Agadez Region".
- 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 implements a project aiming at enhancing psychosocial care for malnourished children in CRENIs and CRENAS and at fostering prevention of malnutrition for the most vulnerable households and populations (youths, persons with disabilities). Ownership of the beneficiaries will be a core component of the project, with psychosocial care focusing on the mother-child relationship and populations, including men, involved in prevention activities. Sustainability will be ensured by capacity building activities benefitting state and non-state health and social services.
- In October, COOPI received UNICEF funding to reach 200 children and their caregivers in the CRENIs of Tilaberi region.

- On 22 October, with the support of IOM and UNICEF, 12 Cluster members including government representatives (MP/PF/PE) received training on illegal human trafficking, particularly the types involving children. Niger being both a transit and destination country, it is important to provide partners with a better understanding of illegal human trafficking issues and concepts concerning cases' identification and referral.

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 ⁷	250,000 (**)	158,666 ⁸	63.46%	250,000	223,679 ⁹	89.47%

(*): dynamic target corresponding to the number of active outbreak areas in Niger as of 20 October. 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 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.

(**): 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 supplies in-country. As provider of last resort and considering that CERF funding has been granted, UNICEF has ordered cholera supplies to cover all the population at risk in Niger.*

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

Epidemiologic Trend as of 20 October (Week 42)

Affected Health Districts	Sites	Number of cases	Related deaths	CFR
Niamey I	HNN	2	0	0.00%
Ouallam	Mangaize	24	3	12.50%
	Ouallam	7	2	28.57%
Tillabéri	Ayorou	284	3	1.06%
	Famalé	9	0	0.00%
	Firgoune	8	0	0.00%
	Kandadji	27	2	7.41%
	HD Tillabéry	8	0	0.00%
	Wami	2	0	0.00%
	Kourani	3	0	0.00%
	Diomona	4	0	0.00%
	Namari Goungou	7	1	14.29%
	Daikaina	6		
	Sakoira	35		
	Sansane Haoussa	12	0	0.00%
Tera	Mamasseye	22	0	0.00%
	Dargol	9	0	0.00%
	Mehane	1	0	0.00%
	Tara	64	0	0.00%

⁷ 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.**

⁸ Data do not include refugees reached in the camps by UNHCR partners.

⁹ Idem.

	Yelwani	27		
Madaoua	Madaoua	1	0	0.00%
Total		562	11	1.96%

(*) Active outbreak areas

Figure 1: Cumulative cholera cases as of 20 October 2013

- As of week 42, a total number of 562 cases of cholera have been recorded, including 11 deaths, which represent a fatality rate of 1.96%. The cases have been mainly reported in villages and refugee camps bordering the Niger River.
- As a result of the on-going coordinated activities, cholera cases have significantly slowed down and did not reach expected number of cases during the raining season.

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

Resource mobilization for Cholera

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

Concerning the emergency response:

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

- With UNICEF support and thanks to AECID, ECHO, CERF/RR and UK Committee funding, many NGOs including Samaritan's Purse, MSF-CH, CISP, Solidarités International, the Spanish Red Cross, WHH and COOPI have responded timely to the epidemics. Overall, a total number of 223,679 persons located in risky areas benefited from the minimum cholera package (validated by the Cluster) including flocculants, disinfectant and soaps distributions, water treatment activities, sensitization and access to oral rehydration points.
- UNICEF, through its Communication for Development (C4D) section, supported public broadcasts about cholera prevention along the Niger River, in the region of Tillabéri. These activities reached approximately 30,000 people. The most common radio formats to encourage participation of communities are public broadcasts. Teams of journalists, health experts, opinion leaders and artists are working together in the villages where the programmes are organized. These include debates, Questions and Answers, quiz with prizes for laureates, as well as simultaneously recorded interviews. Thereafter, the programme is broadcasted via radio in the entire region.
- In addition, in September, UNICEF provided technical and financial support to the Health Districts of Ouallam, including in Mangaize refugee camp, to promote hygiene and sanitation in these localities through a community-based strategy implemented by 39 community workers.
- The number of children affected by cholera is still increasing: 186 children from 0 to 14 years old, including 135 children from 5 to 14 years old. The latter is mostly affected. The Cluster recommended that partners develop specific sensitization activities towards children. The development of a specific cholera sensitization module targeting school children in affected areas is on-going.
- The UNICEF Communication for Development Section (together with 'the Cinema numérique ambulante') is planning a campaign for the prevention of cholera in 40 schools in Tillabery region.
- The sensitization method chosen is the projection of cartoons, combined with discussions. The campaign will last approximately 2 months. The identification of schools is underway. At the end of the campaign, 100% of students in affected regions will have adequate knowledge about preventive measures against cholera in general and diarrhoeal diseases in particular.
- Partners keep monitoring the water quality in terms of "residual chlorine" in drinking water and storage conditions at the household level in the affected areas. This activity requires additional "Pool Testers" that UNICEF will be providing to partners.
- WASH Cluster partners will be preparing a long-term strategy related to Cholera WASH response.

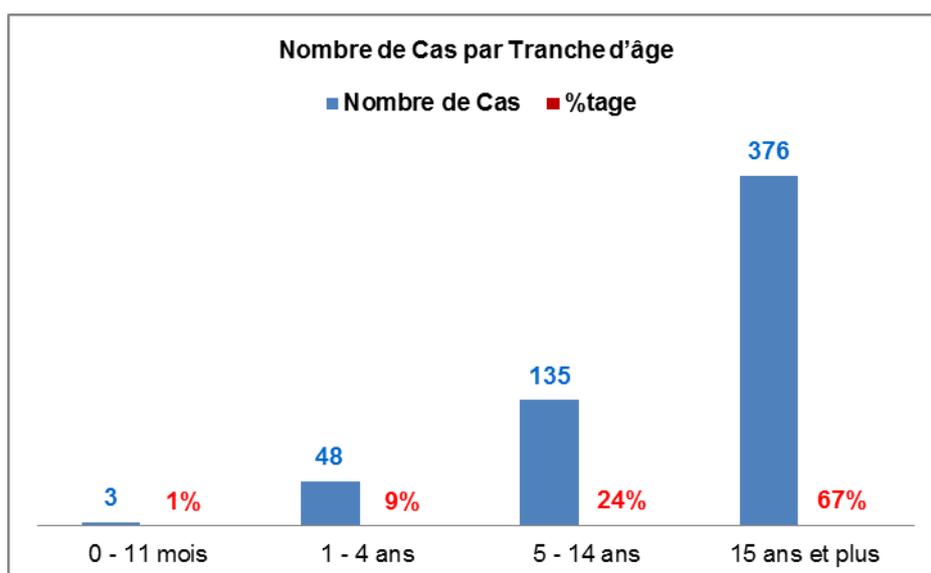


Figure 2: Number of cholera cases per age (as of 20 October)

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 21 October 2013

Sector	Initial HAC 2013 requirements	Change in requirements – July 2013	Total 2013 requirements	Income through 21 October 2013	Funding gap (USD)	% Unfunded
Nutrition	22,125,849	3,725,884	25,851,733	15,737,260	10,114,473	39%
Health	2,211,018	0	2,211,018	3,874,556	-	0%
Water, Sanitation & Hygiene	7,238,000	0	7,238,000	4,895,237	2,342,763	32%
Child Protection	1,465,900	0	1,465,900	1,046,864	419,036	29%
Education	750,000	2,200,000	2,950,000	1,080,892	1,869,108	63%
Total	33,790,767	5,925,884	39,716,651	26,634,809	14,326,344	36%

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

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed 'unearmarked' funding. 'Unearmarked' funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience building. Continued donor support is critical to continue scaling up the response.

Next SitRep: October

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