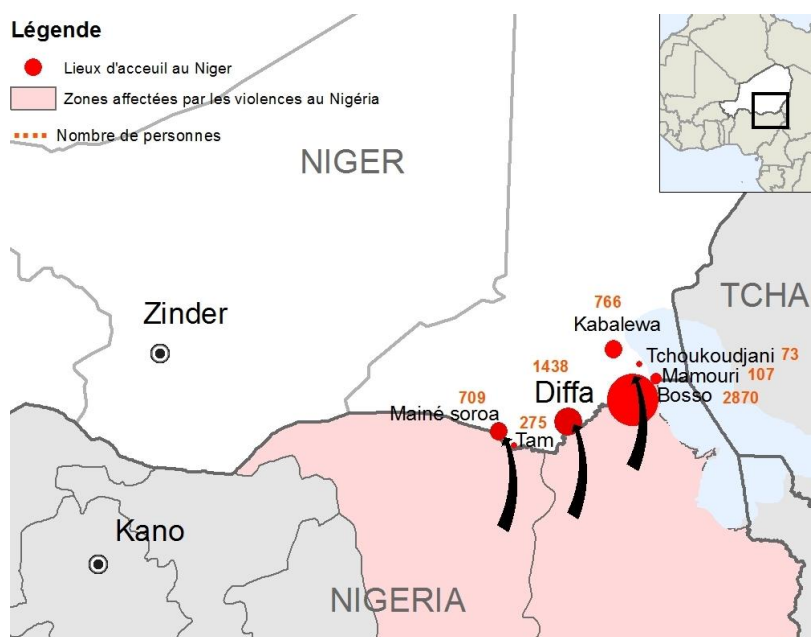


## UNICEF Niger – Monthly Humanitarian Situation Report

Date: 26 June 2013

### Highlights

- As of 20 June, an estimated 6,240 people have crossed the border into Niger in the region of Diffa from Nigeria. This follows the declaration of a state of emergency in three federal states in neighbouring Nigeria early June.
- As of 9 June, 150,524 children under-five have been admitted to therapeutic feeding centres for severe acute malnutrition (SAM), while another 200,052 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.
- On 10 May 2013, the government of Niger officially declared a cholera epidemic. As of 16 June, a cumulative number of 323 cases including 10 deaths (with a case fatality rate of 3.1 percent) have been reported. With the support of donors in country (AECID and probably ECHO), UNICEF and its operational partners (CISP, MSF, and Samaritan Purse) are responding to the epidemics.
- Despite the fact that protection issues are on the rise in camps, funding is not forthcoming. US\$585,000 need to be mobilized for this 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 mobilize approximately US\$6,777,000 for this sector. As of 22 June 2013, only 6% of the 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.



Map of regions of origin and destination for the refugees and returnees coming from Nigeria, UNHCR, June 2013

## **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 June 2013, the number of villages vulnerable to food insecurity increased from 3,512 (in November 2012) to 3,677 for a population of 2,641,199 (in November 2012) to 2,889,863 vulnerable people in June 2013<sup>1</sup>. Food insecurity increased in the regions of Agadez, Dosso, Tahoua and Niamey while the regions of Diffa, Maradi and Tillaberi observed a decrease of their vulnerability. In Zinder region, levels of vulnerability remained quite stable. Moreover, according to the CAP Mid-Year Review, over 376,724 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 9 June 2013, these centers have treated more than 350,576 cases of acute malnutrition including 200,052 cases of moderate malnutrition and 150,524 cases of severe malnutrition.
- Further to an interagency mission led by UNHCR Niger to assess the situation of the 6,240 refugees and returnees coming from Nigeria (3,544 Niger citizens, 2,602 Nigeria citizens and 94 foreigners), a joint inter-agency response plan will be elaborated to cover the needs of 10,000 people, with UNICEF, UNHCR, WFP, OCHA, IOM, Save the Children, ACTED and the International Rescue Committee. Host communities will be the primary target to allow them to absorb and accommodate refugees and returnees into their communities. The Nigerian government is supporting the response as well by providing the local authorities with kitchen sets, hygiene and household kits, food and dietary supplement to cover 1,183 households.
- From 3 to 4 June, UNICEF Niger attended the Mali+3 workshop held in Dakar to define common scenarios, strategies and priorities with neighbouring country offices (Burkina Faso, Mauritania, Chad) regarding the response to the Mali crisis. Respective contingency plans will be revised accordingly. For Niger, the planning figure remains 50,000 refugees.
- In a *Note Verbale* issued by the Ministry of Foreign Affairs, Niger has assured the Malian authorities that it will take all measures to ensure the participation of refugees on its territory in the Malian elections.
- As of 16 June, a cumulative number of 323 cholera cases including 10 deaths (with a case fatality rate of 3.1 percent) have been reported in Niger including 254 cases in Ayorou department, where the refugee camp of Tabareybarey is located. 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 drafting a strategic response plan for the upcoming flooding.
- As of 24 June, UNICEF CAP funding requirements for 2013 have been covered at 52%. At the global level, only 37% 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.

<b>Estimated Affected Population</b>			
<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>			
	<b>Total</b>	<b>Male</b>	<b>Female</b>
<b>Including:</b>			
<b>Total Population affected by Food insecurity<sup>2</sup>:</b>	2,889,863	1,416,033	1,473,830
Children Affected (Under 18)	1,705,019	835,459	869,650
Children Under Five	462,378	226,565	235,813
Children 6 to 23 months	317,885	155,764	162,121
Pregnant women	45,082	--	45,082

<sup>1</sup> 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 in 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 explain s the increase of the number of villages vulnerable to food insecurity.

<sup>2</sup> These data are including refugees

Children Under Five with Severe Acute Malnutrition (SAM)	376,724	203,431	173,293
Children Under Five with SAM and medical complications	66,570	35,695	30,875
Children Under Five with Moderate Acute Malnutrition (MAM)	556,894	298,867	258,027
<b>Total expected Displaced Population (refugees and returnees from Mali, and affected by flooding) in 2013</b>	100,000 <sup>3</sup>	49,000	51,000
<b>Displaced Population from Mali</b>	50,000 <sup>1</sup>	24,500	25,500
Number of children displaced (0-17 years old)	30,253 <sup>4</sup>		

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

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 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.

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).

Nevertheless, the response has already begun: UNICEF signed a PCA with CISP to ensure the promotion of good hygiene practices and the distribution of purification tabs and soaps in Tillabéri region. MSF-CH and Samaritan's Purse also received purification tabs and soaps to cover other affected areas. PCAs with Solidarités International, COOPI and WHH are being finalized to cover the other aspects of the response.

UNICEF is supporting UNHCR and its partners in elaborating the emergency response plan for Diffa region. As a rapid response measure, and to ensure refugees and returnees have access to safe water, UNICEF provided UNHCR with a 10m<sup>3</sup> collapsible water tank.

In line with the LoU signed between UNHCR and UNICEF in October 2012, UNICEF continued to extend its educational activities in the refugee camps and sites to better cover the needs of refugee children. In this context, UNICEF signed a new PCA with Humanitaires Sans Frontières (HSF) to provide access to quality education to 3,484 Malian nomadic refugee children accommodated at the hosting area of Intikane (Tahoua region). Furthermore, 4 public radio programmes related to hygiene and prevention of Malaria were supported by UNICEF in Intikane reaching about 2,000 people.

### **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 month benefiting from the Wet Feeding operation (receiving at least one meal per day)	6,323	6,322	99%
		# of children <5 treated for SAM	1,600(*)	263	16,4%
	<i>UNICEF Operational Partners: UNHCR, WFP, Plan, Acted, Islamic Relief, AKARASS</i> <i>(*) maximum caseload expected for 2013</i>				
	WASH	# and % of men, women, girls, boys who have improved access to drinking water	101,650	49,300	48%

<sup>3</sup> UNICEF contingency stock is designed to cover 100,000 people

<sup>4</sup> Source: UNHCR – <http://data.unhcr.org/MaliSituation> - As of 21 June, 30,253 children (0-17 years old) are currently in the camps.

	# 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>			
<b>Child Protection</b>	# of children who receive psychosocial care through CFS in the camps	18,000	2,254	13%
	<i>Operational Partners: UNHCR, Plan, Help</i>			
<b>Health</b>	# of children <5 receiving measles vaccination in the camps	8,229	7,615	93%
	<i>Operational Partners: UNHCR, Plan, Help</i>			
<b>Education</b>	# and % of school-aged girls and boys with continued access to formal and informal education	11,500	4,689	41%
	<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:

- In May<sup>5</sup>, 6,322 children 6-59 months benefited from Wet Feeding in the refugee camps of Abala, Mangaize, Ayorou and Intikane.
- On 27 May, a nutrition survey started in Tabareybarey and Abala camps as part of the nationwide exercise. Two teams composed of UNICEF, UNHCR, WFP and National Institute for Statistics were deployed in the two camps. The survey will later be conducted in Mangaize camp and Intikane refugee hosting area.
- The joint mission planned from 27 to 30 May by the three UN agencies 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 malnutrition 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 end of June in the 4 camps of Abala, Mangaize, Ayorou and Intikane. Partners are now considering extending it again at least until the end of the year to maintain and improve children's nutritional status in the camps.

#### 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.
- 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).

#### Health:

(\*) Data remain unchanged this month given that data from the last vaccination campaigns (for new arrivals) have not yet been compiled.

#### Education :

- For the CAP mid-term review, UNICEF has maintained the targeted number of children at 11, 500.
- In June 2013, the number of Malian refugee students remains the same as in May.

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

- In Mangaize camp, educational activities will continue until the end of August due to prior delays in the programme progression. For the same reason, a special exam session will be organized at the beginning of September for sixth grade students.
- In May 2013, UNICEF signed a new PCA with Humanitaires Sans Frontières (HSF) to provide access to quality education to 3,484 Malian nomadic refugee children in the hosting area of Intikane (Tahoua region). Out of the 3,484 children, 1,582 are 9 to 12 years old; 373 are 6 to 8 years old and 766 children are 3 to 5 years old. The activities include the construction of 15 equipped semi-permanent classrooms, the provision of teaching and educational materials, the provision of a preschool educational kit, and the payment of teachers monthly incentives.
- UNICEF has also amended its PCA with Oxfam to provide education to an additional 200 preschool children in Abala camp.
- In Diffa, 15 semi-permanent classrooms are being built and 2 classrooms rehabilitated at the sites affected by the 2012 flooding. These classrooms will be equipped and textbooks and other teaching materials will be provided.
- With the additional emergency funding received, the capacity of two secondary schools (CEG) that are hosting refugee students in Mangaize and Ayorou is being strengthened. In Mangaize, 6 classrooms and an equipped administrative building will be constructed. In Ayorou, 6 classrooms will be built and equipped and 2 classrooms rehabilitated and equipped. These classrooms will be ready to welcome 240 additional students in Mangaize and 240 additional students in Ayorou for the new 2013/2014 school year, in October.

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 its partners to create new CFSs at the new site of Intikane.
- 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.

**SAHEL NUTRITION RESPONSE**

SAHEL NUTRITION RESPONSE	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	150,724	39,9%	376,724	150,524	39,9%
		# of children <5 with SAM discharged recovered	150,524 (a)(282,543)	126,440	84%	150,524 (a)(282,543)	126,440	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 <sup>6</sup>	150,524 (a) (200,000)	54,818	36,4%	150,724 (b) (290,191)	59,644	39,6%
		# of nutritional centres delivering the WASH minimum package <sup>7</sup>	432	113	26%	432(c)	126	29%
<i>Operational Partners: ACF-E, Save the Children, Solidarités International, Croix Rouge Française, CISP</i>								

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

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

Sector	Estimated # / % coverage	UNICEF & operational partners			Sector / Cluster		
		UNICEF Target	Cumulative results (#)	% of Target Achieved	Cluster Target	Cumulative results (#)	% of Target Achieved
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	855,936	38%	2,250,000	855,936	38%
	<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	8,169	27%	50,000	19,205	38%
	<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 9 June, 150,524 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 (39.9 % of 2013 target achieved as of week 23).
- The increase in the number of children treated for severe acute malnutrition over the past weeks has been reported mainly from Maradi and Tahoua regions. During this period and in these areas, various NGOs conducted active screenings at community level. Active screenings, Niger's robust monitoring system combined with a surge in malaria cases at the beginning of the year are meant to be the main contributing factors to this increase. However, in order to deepen the analysis, the Regional Health Directors of Maradi and Tahoua will hold further investigations.
- Moreover, middle upper arm circumference (MUAC) is a new criterion used for admissions to complement to 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.
- However, in Illela and Tahoua departments, UNICEF ensured the construction of 34 blocks of latrines for 3,400 persons in 17 health centres and the renovation of 10 boreholes, including safe water point management training, for 5,000 people in 10 host communities.

#### Health:

- \* Measles vaccination targeting under-five-year-olds is only implemented through mass campaigns
- As of week 24 (10 to 16 June), 855,936 malaria cases have been recorded out of 2,250,000 expected cases for 2013 compared to 563,260 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.
- As of week 24, a total of 2,819 suspected cases of measles were recorded (compared to 1,423 in 2012), including 16 deaths which represents a fatality rate of 0.6%.

#### 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 CAP Mid-Term 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 CRENIIs with its partner COOPI.
- Training of governmental and UNICEF partners on emotional stimulation is still ongoing. As of 20 June, a total of 35 persons have been trained in Zinder 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	67%	3	2	67%
Number of people targeted by WASH, sensitization and communication activities <sup>8</sup>	150,000	59,162 <sup>9</sup>	39%	250,000	94,922 <sup>10</sup>	38%

### Epidemiologic Trend as of 12 June 2013

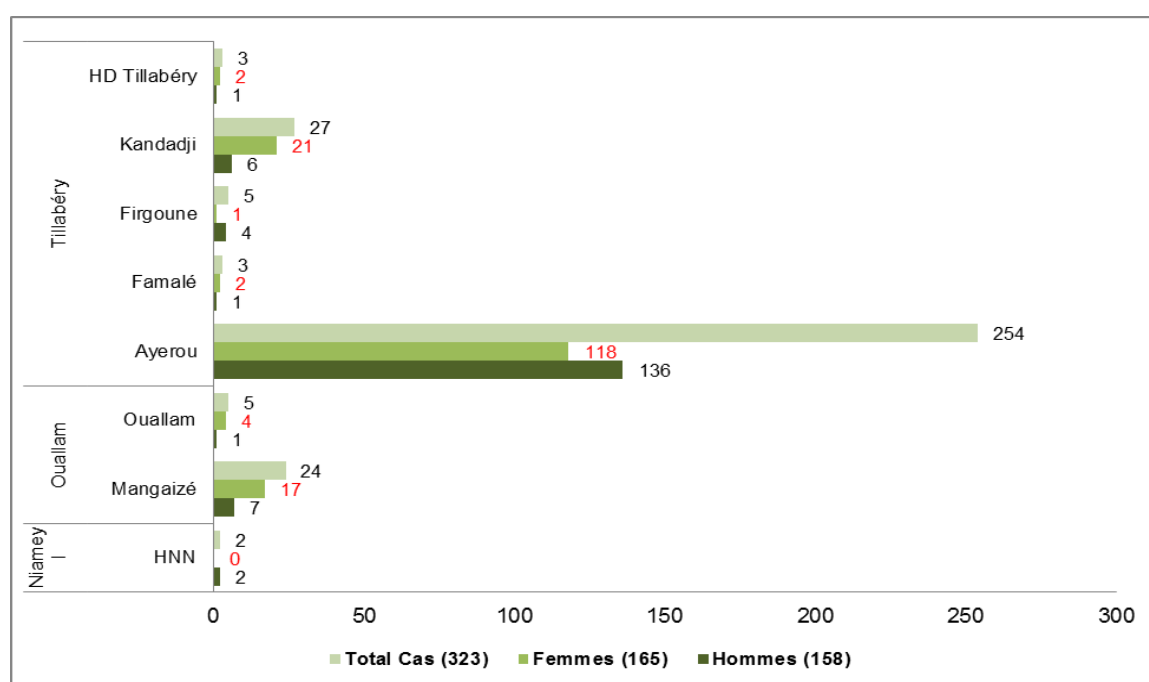


Figure 1: Cholera cases in Niger per health district – 2013 epidemic

<sup>8</sup> These sensitization activities are led by UNICEF operational partners in the affected areas and include the distribution of soaps, Aquatabs and/or PUR, and visual support for its use.

**Broadcast sensitization activities have not been integrated in these results. However, in May, UNICEF reached more than 30,000 people through public broadcasts (see below)**

<sup>9</sup> These data do not include refugees reached in the camps by UNHCR partners.

<sup>10</sup> Idem.

Affected Health Districts	Sites	Number of cases	Related deaths	CFR
Niamey I	HNN	2	0	0.00%
Ouallam	Mangaize	24	3	12.50%
	Ouallam	5	2	40.00%
Tillabéri	Ayorou	254	3	1.18%
	Famalé	3	0	0.00%
	Firgoune	5	0	0.00%
	Kandadji	27	2	7.41%
	HD Tillabéri	3	0	0.00%
<b>Grand Total</b>		<b>323</b>	<b>10</b>	<b>3.10%</b>

**Figure 2: Cumulative cholera cases as of 16 June 2013**

- As of week 24, a total of 323 cases of cholera have been recorded (compared to 1,633 in 2012), including 10 deaths, which represents a fatality rate of 3.10%. The cases have been mainly reported in villages and refugee camps bordering the Niger River, the possible source of contamination.
- Since 9 June, as a result of the ongoing concerted activities led, cholera cases have slowed down.
- However, several areas at risk are not yet covered or partially covered. Wash, Sensitization and Communication for Development interventions need to be reinforced and expanded. **With the upcoming rainy season, there is an urgent need to undertake prevention activities in cholera high risk areas to prevent the spread of the epidemics.**

### ***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, communication for development 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 35,760 persons in three main localities (Ayorou, Dessa, and Mangaize) and surrounding areas. They are currently coordinating with NGOs to ensure the distribution of 5,000 cartons of PUR.
- 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.
  - MSF is ensuring the distribution of 50 cholera kits (for 300 persons).
  - CISP has already covered 44,482 persons in 23 villages. Activities are on-going in 17 additional villages and will target 9,880 people.
- Oxfam is ensuring improved access to wash facilities and water provision in the affected refugee camps.
- UNICEF 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.



*Teenagers participating in debates organized after Public Broadcasts in Tillabéri region, June 2013, UNICEF*

- Animas-Sutura is implementing continuous sensitization sessions and communication activities on cholera risk and prevention throughout local media in Tillabéri region.
- As of 24 June, more than 94,922 persons<sup>11</sup> have received a cholera minimum package (validated by the Cluster) for one or two months depending on the implementing areas and partners.
- 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, Solidarités International and WHH;
- The Spanish Red Cross, with the support of the Spanish Cooperation, is preparing its cholera response action plan as well;

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.

**Funding Update as of 22 June 2013**

Sector	UNICEF Emergency Funding Requirements for 2013 (US\$)	Funds Received (US\$)	Unmet Requirements (US\$)	% Unfunded
Nutrition	22,125,849	12,837,260	9,288,589	42%
Health	2,211,018	2,500,056	-289,038	0%
Water, Sanitation and Hygiene	7,238,000	460,351	6,777,650	94%
Child protection	1,465,900	880,198	585,702	40%
Education	750,000	1,026,253	-276,253	0%
<b>Total for UNICEF Revised Emergency Funding 2013</b>	<b>33,790,767</b>	<b>17,704,117</b>	<b>16,086,650</b>	<b>48%</b>

<sup>11</sup> 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: July**

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