



NIGER

Humanitarian Situation Report



SITUATION IN NUMBERS

Over 800,000 children have fled violence in Nigeria. Last year's, BringBackOurGirls movement captured the World's attention; it is now time to highlight the plight of the children who are suffering as a result of the crisis.

Highlights

- Since May 2013, approximately 100,000 displaced people from Nigeria found refuge in Diffa region (South East of Niger). Further to latest attacks targeting Niger in February 2015, 50,000 people from Diffa region have been internally displaced.
- As of 5 April 2015 (week 14), 73,690 children under five benefited from the integrated treatment for Severe Acute Malnutrition (SAM). 11.4% of these cases (8,394) were reported to have severe medical complications and were admitted into intensive care/inpatient facilities while 65,296 children were treated as outpatients.
- As of 25 April and since the beginning of the year, a total of 3,370 suspected measles cases have been registered including six deaths which represent a fatality rate of 0.17%. Among these cases, 171 cases have been confirmed. Zinder region registered 2,079 cases (61% of the total amount of cases registered at national level)
- As of 24 April 2015, a total of 1,456 meningitis cases have been registered in Niger, including 140 deaths (which represents a fatality rate of 10%). Niamey is the most affected region with 874 cases registered.
- On the 22 April, the Ministry of Livestock declared that H1N1 cases have been registered in Maradi region. Suspected animals were killed and destroyed. As of 30 April, no case of human transmission have been registered.
- Since 2012, the crisis in northern Mali has forced some 50,000 Malians to flee to Niger. UNICEF, in collaboration with UNHCR and partners, continues to provide these refugees with humanitarian assistance.
- Since January 2015, the UNICEF Emergency response remains underfunded. It may hamper UNICEF capacity to meet the needs of the expected 366,858 expected severely malnourished children, the 30,000 Malian refugee children in camps and hosting areas and the 85,000 children and women from Nigeria displaced in Diffa region.

April 2015

2,006,000

of children at risk of food insecurity out of

3,400,000

of people at risk of food insecurity (severe or moderate)

366,858

of children affected by SAM

47,929

of displaced children from Nigeria affected out of

99,852

of displaced people from Nigeria (UNHCR, 2015)

30,368

of Malian refugee children affected out of

49,488

of registered refugees and returnees from Mali (UNHCR, 31 March 2015)

UNICEF Appeal 2015

US\$ 42.5 million (HAC 2015)

US\$ 7.8 million (needed for Nigeria crisis response plan)

Situation Overview & Humanitarian Needs

Humanitarian interventions take into account the acute and chronic emergency needs due to the recurrent nature of humanitarian issues. Five types of crises are considered in Niger: food insecurity, nutritional crises, epidemics, population displacement (cross border and internal due conflict, insecurity and/or natural disasters) as well as hazards (recurrent drought, flooding, etc). More broadly, the wider socio-political and security dynamics in the region including the Mali, Nigeria, Libya situation all have implications for the situation in Niger, including humanitarian.

Approximately 3.4 million people are at risk of food insecurity, and another 150,000 people affected by conflict including displaced persons. Humanitarian activities (from all humanitarian partners) will target only 2.5 million people including

people at risk of food insecurity and people affected by displacement. It is expected that the remainder of people at risk will benefit from assistance as laid out in the National Support Plan¹, led by the government.

Estimated Affected Population (based on Niger 2015 SRP)			
	Total	Male	Female
Total Population affected by food insecurity	3,400,000	1,666,000	1,734,000
Children Affected (Under 18)	2,006,000	982,940	1,023,060
Children Under Five	545,632	267,360	278,272
Children 6 to 23 months	375,122	183,809	191,313
Pregnant women	67,147	-	67,147
Children Under Five with Severe Acute Malnutrition (SAM)	366,858	179,760	187,098
Children Under Five with Severe Acute Malnutrition (SAM) in Diffa region (Nigeria + crisis)	20,000	9800	10200
Displaced population from Mali	49,488	22,350	27,138
Displaced population from Mali (0-17 years old)	30,368	15,095	15,273
Displaced population from Nigeria	99,852	32,952	66,900
Displaced children from Nigeria	47,929	23,485	24,444

Humanitarian leadership and coordination

UNICEF ensures the co-leadership of the Education, Nutrition and WASH Clusters and of the Child Protection Sub Cluster, jointly with their governmental counterparts and the participation of all partners, including NGOs, to improve multi-sectoral coordination through regular Cluster meetings. Through improved coordination and systematic information exchange, preparedness and response have been timely and effective.

Within the overall coordination and partnership framework, UNICEF maintains a day-to-day collaboration with WFP and FAO on nutrition and food security, with WHO on health-related issues, with UNHCR and IOM on refugee and displacement issues, with UNDP on early recovery and resilience and with OCHA on coordination and information management.

The successful management of successive nutrition emergencies allowed to better position nutrition on the national agenda, and to strengthen the institutional capacity and leadership of the Directorate of Nutrition (Ministry of Health), as well as of its decentralized entities at regional and district levels.

UNICEF and its partners support the Government in responding to the needs of an approximate 1.4 million vulnerable people including an estimated caseload of 367,000 children affected by SAM, 150,000 people affected by displacement and 880,000 people vulnerable to water-borne diseases.

Humanitarian Strategy

In 2015, the humanitarian strategy remains harmonized with the Government 'National Support Plan'.

As lead of four Clusters in Niger, UNICEF supports the integration of activities through the integration of WASH and psychosocial support packages within nutrition interventions to respectively address the lack of access to WASH services and to improve child development, promote healing and reduce the risk of relapse.

UNICEF supports the Government's efforts to coordinate with line ministries and non-governmental organizations to expand essential services to emergency-affected populations through community-based interventions, including nutrition, health, WASH, education and child protection networks.

UNICEF works in close collaboration with UNHCR to provide assistance to Malian refugees in the camps (particularly for nutrition, education and child protection needs) and to cover Nigerian displaced people needs in Diffa region.

Summary Analysis of Programme response

Nigeria crisis response

Education

To ensure access to quality education for 3,067 children (including 50 adolescents benefitting from vocational training) affected by the conflict, UNICEF in collaboration with COOPI identified 10 schools that are integrating displaced children.

¹ The 2015 Plan National de Soutien (National Support Plan) has been elaborated in complementarity with the Strategic Response Plan to ensure the activities held by humanitarian actors are complementary with the activities implemented by the government.

UNICEF is strengthening their capacities by building additional classrooms (14), training teachers, and providing additional educational supplies for teachers and children.

In addition, UNICEF provided 68 school in box to the Regional Directorate for Primary Education to support the continuity of education for an additional 2,720 children.

UNICEF is planning to support an additional primary school in Sayam Forage (next to the refugee camps set by UNHCR) where 5 additional classrooms will be built to ensure quality education for a 250 children including 126 girls .

Further to attacks targeting Niger in February 2015, 37 host community schools (for an approximate 3,000 host community children and displaced children from Nigeria hosted in host communities) have been closed. They are now reopened. However, we do not have clear data on school attendance in Diffa further to the attacks. UNICEF is supporting the Regional Directorate for Primary Education in Diffa to implement a monitoring system measuring school attendance which will allow to have clear and regular data on number of children having access to formal and non-formal primary education in all the region.

Nutrition

As of 19 April 2015 (Week 16²), 7,789³ children suffering from SAM including 381 children with severe medical complications have been treated in Diffa. In Diffa, 22% of the total number of admissions of medically complicated cases are refugees from Nigeria. Performance indicators are maintained in Diffa region with 94% recovering, 0.1% deaths and 2% defaulting.

Considering current trends (admissions in Diffa region almost tripled compared to the same period in 2014), a conservative planning figure of 20,000 children suffering from SAM has been used as expected 2015 caseload for Diffa. New SAM caseload estimates are expected by end of 2nd – 3rd quarter, based on a new SMART survey that will take into consideration the refugee population but also but also of current trends observed at field level.

To date, there remains a good pipeline of RUTF (Plumpynut), and other supplies for SAM and medical treatment for MAM⁴. Thanks to humanitarian resources secured in 2014, significant prepositioning of supplies was made by end of 2014. During the period Jan - April over 4,500 boxes of RUTF (Plumpy nut) and various essential drugs and supplies were dispatched to Diffa.

Procurement and dispatch of RUTF, medicine and equipment is continuing, based on needs and local warehousing capacities in collaboration with the MoH and Save the Children. Thanks to CERF Funding (650,000 USD), additional nutritional supplies to treat an approximate 8,000 children suffering from SAM in Diffa are being ordered and will be prepositioned at health centre level. The CERF funding was also instrumental to procure necessary equipment used for screening and measuring children.

Health

From 14th to 17th of April 2015, UNICEF in collaboration with the Regional Directorate for Public Health in Diffa, organized a polio vaccination campaign coupled with Vitamin A and deworming.

- 200,518 children 0-59 months have been vaccinated against polio (including 184,075 children from host communities and 16,443 children displaced from Nigeria) out of a total of 199,713 children targeted.
- 174,590 children 6-59 months received Vitamin A supplementation (including 160,867 children from host communities and 15,856 children displaced from Nigeria) on a total of 176,723 children targeted.
- 158,875 children 12-59 months were dewormed (including 147,021 people from host communities and 11,854 displaced children from Nigeria) out of a total of 159,437 children targeted.

During the month of April, essential medicines for treatment of diarrhoea, malaria and respiratory infections have been positioned in 32 health centres in Diffa region to cover the needs of 102,000 children and pregnant women, in collaboration with Save the Children and MSF. The use of these medicines will be closely monitored and data collected will be released in the next SitRep.

From 27th April to 3rd of May, UNICEF is supporting the Regional Health Directorate in organizing a measles vaccination campaign targeting an additional 193,000 children 9 months to 14 years old, in the two health districts (Maine Soroa and N'Guigmi) not covered by the previous measles vaccination campaign (organized in December/January 2014) which covered 125,429 children.

Thanks to upcoming CERF funding (350,000 USD), UNICEF will ensure appropriate access to health services through mobile clinics and at health center level for an approximate 200,000 people during 4 months in Diffa.

² Complete data for national level is available only for week 14. For Diffa region, where monitoring is more rigorous, data from week 16 is also available and reported in this section.

³ 81 % of the initial annual caseload of 9,629 expected cases for Diffa region (based on nutritional survey and population figure of July 2014).

⁴ MAM interventions are covered by WFP (i.e. supplementary feeding)

WASH

IEDA Relief and Save the Children, UNICEF's implementing partners in Diffa, began their programme of cholera prevention and response in October 2014 (563 cholera cases have been registered in Diffa from October 2014 to February 2015). Since mid-February, thanks to joint efforts, no cholera cases have been registered. With the support of IEDA Relief, purification tabs distributions and hygiene sensitization (door to door, in schools, and through local radios in six languages) are still on-going as prevention measures.

In addition, UNICEF is reinforcing access to clean water in 5 localities affected by displacement through the on-going installation of 3 standpipes and 2 boreholes in Chetimari (in Morway and Wandari), 2 standpipes in Gagamari, 1 borehole in Maine Soroa (Issari Bagara), 1 borehole in Gueskerou (Fougouri) and the rehabilitation of 1 borehole in Goudoumaria (in the health center of Foulonkordo). UNICEF is also improving access to sanitation by building 5 latrines blocks: 1 in Goudoumaria (in Koulanfardo health center), 4 in Maine Soroa (2 blocks in Gourssoumgoulina school and 2 blocks in Tcholori school).

Thanks to forthcoming CERF funding (376,000 USD), water, hygiene and sanitation activities will be scaled up in Diffa to reach an approximate 30,000 people.

Child Protection

UNICEF, in collaboration with COOPI, have planned psychosocial support activities in Diffa for 9,750 children through scaled-up outreach strategies, including mobile teams. COOPI installed its psychosocial support mechanism in Gagamari and Chetimari (transit sites) and Sayam Forage (refugee camp). As of end of April, COOPI reached 4,154 children including 2,224 girls. COOPI and UNICEF are planning to establish one additional Child Friendly Space in Kablewa.

Thanks to CERF funding just received (619,000 USD), in collaboration with the Child Protection sub cluster partners, UNICEF will scale up its psychosocial activities, support the development and the implementation of Standard Operational Procedures for Identification, Documentation Tracing and Reunification of unaccompanied and separated children (UASC). To date, gathering reliable figures on numbers of UASCs has been a challenge; and therefore joint evaluation will be conducted by Child Protection partners.

UNICEF is supporting the Ministry of Population and Child Protection and the Ministry of Justice in addressing the rights of children (60) presently in custody in Niamey, in relation with possible association with armed groups.

	Sector Response				UNICEF and IPs		
	Overall needs	2015 Target	Total Results	Changes since last report	2015 Target	Total Results	Changes since last report ▲ ▼
NIGERIA CRISIS RESPONSE							
EDUCATION							
# of school-aged girls and boys with continued access to formal and non-formal education in Diffa	160,000	160,000	N/A ⁵		90,000	3,067	
# of conflict affected children benefitting from school in a box since the beginning of the year in Diffa	100,000	100,000	5,720		60,000	5,720	
NUTRITION							
# of children <5 with SAM admitted into therapeutic feeding programme since January 2015 in Diffa region	20,000	20,000	7,789		20,000	7,789	
# of children <5 with SAM who recovered under treatment since January 2015 in Diffa region		16,000	7,320		16,000	7,320	
HEALTH							
# of children aged 9 month-14 years old vaccinated against measles					300,000	125,429	
# of under five years old who utilized health services (pneumonia, diarrhoea and malaria)					53,913	7,495 ⁶	
WASH							

⁵ Further to attacks targeting Niger in February 2015, host community schools (for host communities children and displaced children from Nigeria hosted in host communities) have been closed. They are now reopened. However, we do not have clear data on school attendance in Diffa further to the attack. UNICEF is supporting the Regional Directorate for Primary Education in Diffa to implement a monitoring system for school attendance which will allow to have clear and regular data on number of children having access to formal and non-formal primary education in all the region.

⁶ This result has been achieved through mobile clinics. During the month of April, essential medicine for treatment of diarrhoea, malaria and respiratory infections have been positioned in 32 health centres in Diffa region. The use of these medicines will be closely monitored and data collected will be released in the next SitRep.

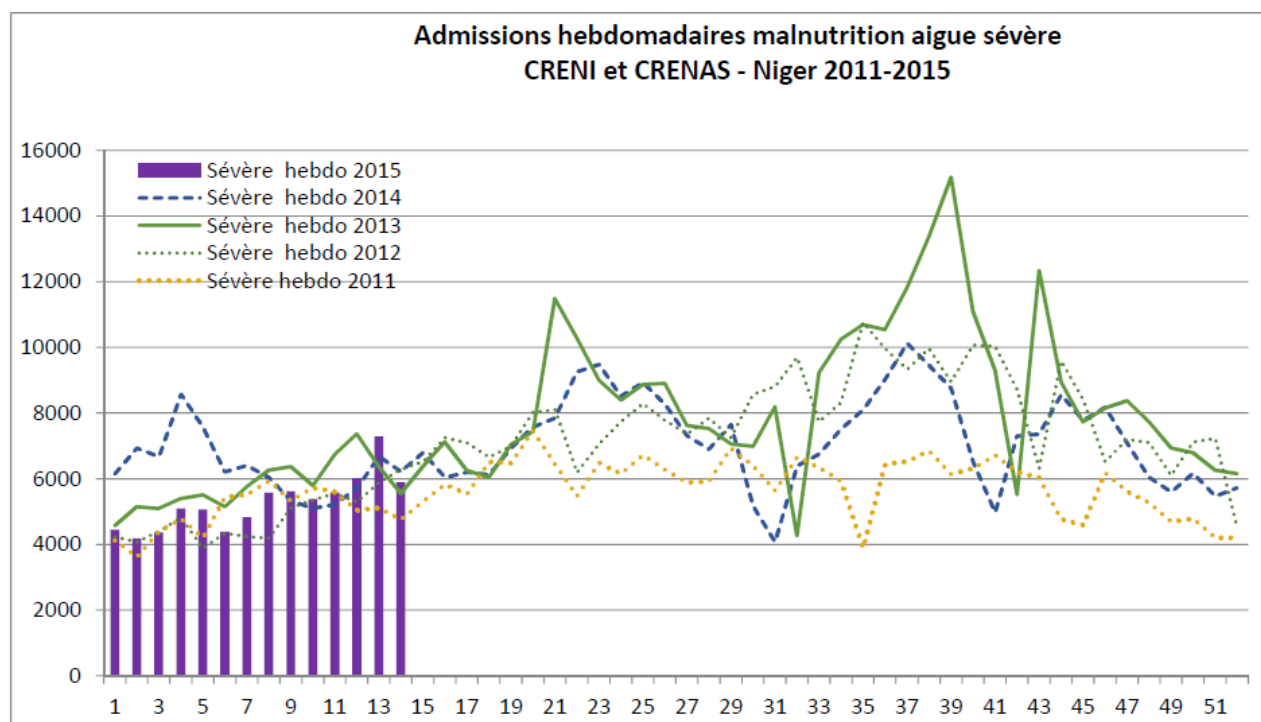
# of men, women, girls, boys who have improved access to drinking water ⁷	400,000	400,000	54,599		25,000	0	
# of people with access to sanitation infrastructure taking into account accessibility for children, and the specific needs of women and men	400,000	400,000	31,750		100,000	1,600	
# of people having access to hygiene kits and sensitization activities	400,000	400,000	92,096		200,000	65,796	
CHILD PROTECTION							
# of children who are benefiting of access to child friendly spaces for socialization, play and learning, and protected from violence, abuse and exploitation	125,000	125,000	4,794		75,000	4,154	
# of separated and/or unaccompanied children identified, documented and reunified according to standard operational procedures elaborated in country	TBD	300	N/A		200	N/A	

Nutrition response (Sahel Nutrition Crisis)

As of 5 April 2015, 73,690 severe acute malnourished children have been admitted in therapeutic feeding centres nationwide since the beginning of the year (out of a total of 366,858 cases expected during the year), including 8,394 children with medical complications and 65,296 children without medical complications.

This total admission figure for SAM children represents a 16% decline in admissions compared to the same period in 2014 (88,042 SAM cases registered in 2014). Regional analysis shows a decrease in admissions in Maradi, Tahoua, Zinder and Tillaberi regions, while admissions in Diffa region have almost tripled compared to the same period in 2014. A significant increase in admission trend is also observed in Dosso (increase of 33%), as compared to 2014. An analysis of factors influencing such trends is being conducted in all regions. However, for Diffa region, the increase in admissions is explained by the deterioration of food security in the area, the lack of access to care and health services as well as the increase of the target population (due to displacements from Nigeria).

Performance indicators for treatment program at national level continue to be better than set SPHERE minimum standards with 87% recovering, 0.22% death and 8.4% defaulting.



The supply pipeline for SAM treatment (plumpynut and essential medicines) is secured up to early September 2015. In addition, 103,367 children under five have been treated for moderate acute malnutrition (out of a total of 672,000 cases expected during the year).

⁷ through rehabilitation or construction of water points

The **WASH, Nutrition and Protection Clusters** are planning a concerted response in nutritional centres and at community level.

UNICEF Wash partners built/rehabilitated WASH facilities in 174 nutrition centres. In collaboration with OXFAM, distributions of WASH minimum package in communities with high malnutrition prevalence rates and at health centre level began in January and reached 987 SAM children (as of end of February).

In March, UNICEF renewed its collaboration with CISP (Comitato Internazionale Per lo Sviluppo dei Popoli), Save the Children and OXFAM to scale up WASH in Nut interventions. Data on progress made are not yet available.

All active members of the **Child Protection Sub Cluster** intend to deliver psychosocial care for 100,000 children affected by malnutrition. Four regions, among the most affected by nutrition and food crises, will progressively be covered (Tillabery, Maradi and Zinder and Diffa). As of end of March, COOPI and Help, UNICEF implementing partners, reached 2,130 children suffering from severe acute malnutrition. An agreement has just been signed with Save the Children to scale up interventions in Maradi, Zinder and Diffa region. Data from Save the Children are not yet available.

	Overall needs	Sector Response			UNICEF and IPs		
		2015 Target	Total Results	Changes since last report ▲ ▼	2015 Target	Total Results	Changes since last report ▲ ▼
NUTRITION RESPONSE							
NUTRITION							
# of children <5 with SAM admitted into therapeutic feeding programme	366,858	366,858	73,690		366,858	73,690	
# of children <5 with SAM discharged recovered	366,858	275,144	N/A ⁸		275,144	N/A ⁹	
WASH							
# of malnourished children admitted for SAM and benefiting from WASH minimum package ¹⁰ in therapeutic centres	366,858	73,690 (366,858)	987 ¹¹		39,240 (120,000)	987 ¹²	
# of malnourished children admitted for SAM/MAM and benefiting WASH minimum package ¹³ in the community	366,856	73,690 (366,856)	987 ¹⁴		39,240 (120,000)	987 ¹⁵	
# of nutritional centres delivering the WASH minimum package ¹⁶	893 ¹⁷	893	174		490	174	
HEALTH							
# of children <5 with malaria admitted into health centres					1,953,309	301,370 ¹⁸	
# of children in humanitarian situation aged 0-11 months vaccinated against measles.					81,195 ¹⁹	59,322 ²⁰	

⁸ Data compilation for this indicator (# of children <5 with SAM discharged recovered in 2014) is not available yet

⁹ Ibid

¹⁰ The WASH in Nut minimum package received by couples 'Mother/Malnourished children' is a kit composed of soaps, Aquatabs, water containers and hygiene kits. Key sensitization messages on behavioral changes are also delivered to mothers.

¹¹ In March, UNICEF renewed its collaboration with CISP, Save the Children and OXFAM to scale up WASH in Nut interventions. Data on progress made are not yet available. Data available are only representing the children reached by OXFAM between January and February 2015 (before the renewal of their contract).

¹² Ibid

¹³ Communities with high malnutrition prevalence rates are targeted to receive WASH in Nut kits at home.

¹⁴ In March, UNICEF renewed its collaboration with CISP, Save the Children and OXFAM to scale up WASH in Nut interventions. Data on progress made are not yet available. Data available are only representing the children reached by OXFAM between January and February 2015 (before the renewal of their contract).

¹⁵ Ibid

¹⁶ The WASH minimum package delivered in nutritional centres ensures access to clean water, the existence of functional latrines, hand-washing facilities, medical waste management facilities, hygiene sensitization activities.

¹⁷ 44 CRENI and 849 CRENAS

¹⁸ Incomplete data as of end of March 2015

¹⁹ Vaccination is organized at global level through regular campaigns (Expanded Immunization Programme). Last campaign was organized in January 2015.

²⁰ Ibid

CHILD PROTECTION							
# of malnourished children who receive psychosocial support in CRENIs and CRENAs	356,324	100,000	2,130 ²¹		23,000	2,130 ²²	

Response to Epidemics (measles and meningitis)

Measles Response

As of 25 April, 3,370 suspected measles cases have been registered including six deaths in Niger. 171 cases have been confirmed on 419 that were investigated. Zinder region registered 2,079 cases (61.36% of the total number of cases registered). In collaboration with the regional directorate of public health, UNICEF ordered and ensured the transportation of 693,000 vaccines in the districts under epidemics to ensure vaccination for an approximate 629,825 children under five (including 298,992 children under five in Zinder). UNICEF supported the operational costs of the vaccination campaigns

Table 1: Number of measles cases suspected, investigated and confirmed in Niger since 1st January 2015 – 25 April 2015

Regions	suspected cases	investigated cases	confirmed cases	% of cases investigated
Agadez	740	34	18	4.59
Diffa	20	6	5	30
Dosso	11	4	1	36.36
Maradi	242	104	29	42.98
Niamey	39	29	3	74.36
Tahoua	156	29	14	18.59
Tillabery	83	44	7	53.01
Zinder	2079	169	94	8.13
Total	3370	419	171	12.43

Meningitis outbreak:

As of 24 April 2015, 1,456 cases of meningitis including 145 deaths have been registered in Niger, mainly in Niamey region. Over 70% of cases registered involve 2-15 years old children. UNICEF ordered 179,446 vaccines (which have been received on 23d of April) and medicines for treatment for a total amount of 535,000 USD. In addition, UNICEF is supporting the implementation of a communication plan to ensure that the population is aware of the meningitis symptoms and to promote early care seeking behaviours.

On 24 April, vaccination campaigns in Gaya, Doutchi (Dosso) and Niamey schools began, targeting 158,839 children between 2 and 15 years of age. As of 30 April, 85,549 children have been vaccinated (55% of the target currently estimated for Gaya, Doutchi and Niamey). Activities are still on-going. Currently, an estimated 962,000 children 2-15 years old are at risk as new districts have been affected. Optimally, to ensure vaccination of the population at risk, 1,174,659 additional vaccines are necessary²³.

²¹ UNICEF just signed an agreement with Save the Children to scale up its psychosocial support for SAM children in Maradi, Zinder and Diffa regions. Results achieved by Save the Children could not be reported at this stage. They will be reflected in the next SitRep.

²² Ibid

²³ The MoH initially targeted a total population of 1,100,000 people aged between 2 and 29 years old. This initial target had to be reviewed in favour of children 2-15 years of age, only in the districts reaching the epidemic threshold. All vaccine procurement for this outbreak is subjected to ICG approval and so constantly being revised to optimally use the few stocks of vaccine available globally.

Table 2: Number of meningitis cases and number of related death per region, in Niger since 1st January 2015 – 24 April 2015

Regions	Number of cases registered	Number of deaths registered	Lethality rate (%)
Agadez	11	1	9.09
Diffa	0	0	0
Dosso	271	26	9.59
Maradi	127	12	9.45
Niamey	874	88	10.07
Tahoua	70	7	10
Tillabery	80	8	10
Zinder	23	3	13.04
Total	1456	145	9.96

Malian refugee response

Education

UNICEF's implementing partners (OXFAM, Plan, DREP Tahoua and IRC) are supporting education for 4,363 Malian refugees. Following repeated reports and observations that in the Malian camps and Malian hosting at lunch time, children were going home and were not coming back to school after the lunch break, UNICEF considering this, has begun distributing snacks in 2015 to improve attendance and retention (especially among girls) to children in 3 camps and one hosting area. More broadly, UNICEF is supporting community and girls awareness on girls' education, and incentives for girls who perform well at school.

As of end of February, the results are as follow: i) improvement of the school attendance (average: 75%) ii) girls attendance and retention has also improved: about 50% at the primary school, 55% at the preschool and 53% for non-formal education (vocational training).

Nutrition

The UNICEF Nutrition section, together with UNHCR, WFP, ACTED and APBE, are supporting the Blanket Feeding operation in the five refugee camps and hosting areas targeting 6-23 months refugee children to prevent malnutrition in the camps ad hosting areas.

Child Protection

As of end April 2015, 7,489 children had access to CFS in the 3 refugee camps of Mangaizé, Ayorou and Abala. In Abala camp, UNICEF and its partner, the NGO Help, are ensuring access to 6 Child Friendly Spaces for 2,116 refugee children.

	Sector Response				UNICEF and IPs		
	Overall needs	2015 Target	Total Results	Changes since last report ▲▼	2015 Target	Total Results	Changes since last report ▲▼
MALIAN REFUGEE RESPONSE							
EDUCATION							
# of school-aged girls and boys with continued access to formal and non-formal education	17,675	17,675	4,602		11,500	4,363	
NUTRITION							
# of refugee children 6-23 months benefiting from Blanket Feeding operation	3,503	3,503	2,339		3,503	2,339	
CHILD PROTECTION							

# of children who are benefiting of access to child friendly spaces for socialization, play and learning, and protected from violence, abuse and exploitation	25,837	15,000	7,489		5,000	2,116	
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Communication for Development (C4D)

Regarding the Nigeria crisis, C4D is involved in the development of Child Protection messages to be spread at community level (Prevention of family separations, Mine Risk Education). The C4D and Education units are also implementing a 17-month project, in partnership with Search for Common Ground to build up the capacity of community leaders (youth, traditional and religious leaders, women, and children) to strengthen social cohesion across host communities and refugees from Nigeria. The initiative aims to reinforce young people's skills and provide them with tools to manage conflicts and avoid youth enrolment in illicit movements. In addition the initiative aims at promoting dialogue and sustaining intercommunity understanding pertaining to peace building, via training and radio programs.

Regarding the nutritional response, C4D efforts are concentrated on the implementation of the National Strategy for stunting prevention through the promotion of the Key Family Practices in 23 vulnerable municipalities known as the "*Communes de convergence*".

Regarding epidemic control, communication plans and/or messages for Cholera, Ebola, Meningitis, measles preparedness and response have been elaborated at local and/or national level. UNICEF provides technical assistance (finalization of prevention plans, production and broadcast of communication materiel), builds capacities of actors at scale with an emphasis in areas at risk or in epidemic (community workers, religious and traditional leaders, media, health workers, community workers, volunteers, teachers, etc.), enhances social mobilization and engagement of stakeholders and NGOs, ensures interpersonal communication at community level.

Supply and Logistics

Programme supplies are henceforth stored in Agadez, Maradi and Niamey warehouses based on key requirements by regions. A stock analysis has been developed and is reviewed twice a month to allow regular movements of items and avoid lengthy storage periods.

Media and External Communication

UNICEF Niger took an active role in the #BringBackOurChildhood initiative launched by the Regional Office (UNICEF WCARO) and the Division of Communication in collaboration with Nigeria, Chad and Cameroon to mark one year anniversary of Chibok abductions in Nigeria, using the original drawings of the children displaced by the conflict. In partnership with our partner Coopi in Diffa, dozens of drawings were collected and posted on social media platforms in Niger, France and Belgium, but also used by SnapChat Influencers to highlight the plight of the children who are missing out on the basics. UNICEF Niger produced a multimedia package (video and photos) widely used by UNICEF and the digital community worldwide, including by BuzzFeed, the social news and Entertainment Company reaching more than 200M (<http://bzfd.it/1ds1Bd6>). The UNICEF response was covered by media (<http://rfi.my/1wwFqec>) and explained to the digital community on its social media platforms. Later this year, UNICEF Niger communicated on the response to the meningitis outbreak that severely hits the country and particularly the children, informing the public on the purchase of vaccines and the treatment of patients using social and traditional media (<http://mun.do/1J6k2oD>).

Security

The security situation has been relatively calm during the first part of the month. However, on 25th April 2015, attacks were perpetrated by suspected elements of Boko-Harm, in an island in Bosso department (bordering Nigeria). Border communities with Nigeria and Mali are at risk of infiltration and attacks by terrorist groups which are maintaining large residual capacities in these areas. Furthermore, armed incidents are becoming recurrent in certain regions such as Tahoua and Agadez. The United Nations Security Management System Security level for all the regions except Diffa is 3. In Diffa the security level is 4 (Substantial) in the departments of Bosso, Diffa, Nguigmi and Mainé Soroa. Missions in Agadez, Tahoua and Diffa must be accompanied by an armed escort. UNICEF operations and programme delivery have until now not been directly affected by the ongoing security situation.

Funding

UNICEF NIGER CO FUNDING REQUIREMENTS as of 27 April 2015					
Sector	Total 2015 Requirements (HAC)	Funding required for Nigeria crisis response (180 day plans) ¹	Funds available (HAC)	Funding Gap vs HAC (2015)	
				USD	%
Nutrition	25 000 000	785 000	1 230 562 ²⁴	24 554 438	95%
Health	3 000 000 ²⁵	1 194 000	648 558	3 545 442	85%
WASH	7 000 000	2 985 400	158 931	9 826 469	98%
Child Protection	2 000 000	1 510 000	619 958	2 890 042	82%
Education	3 000 000	1 343 000	-	4 343 000	100%
HIV/Aids	500 000	-	-	500 000	100%
C4D	1 500 000	-	455 379	1 044 621	70%
Cluster/sector coordination	500 000	-	194 787	305 213	61%
Monitoring and Evaluation	-	24 000	-	24 000	100%
Communication	-	50 000	-	50 000	100%
Total	42 500 000	7 891 400	3 308 175	47 033 225	93%

¹ Of the overall HAC, based on response plans submitted by sector

NOTE: 7,891,400 is the funding needs for UNICEF for the Nigeria Crisis response plan. The needs cover a 6 month period. This funding needs are not separate appeal but are in relation to the HAC as well as IA appeals including SPR and RRRP. Any funding received is counted against the overall HAC appeal.

Amounts above are inclusive of 8% recovery cost

* 'Funds received' does not include pledges. Funds received are counted against the overall HAC appeal.

Next SitRep: 01/07/2015

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²⁴ ECHO funding (3,737,595 USD) just received is not included. It was not received against the HAC

²⁵ This amount did not include the current measles and meningitis outbreaks.