@Unicef, Islamane, 2024.

Primary caregivers in Bagaroua, Tahoua Region, receive young child feeding counseling during culinary demonstrations. UNICEF supports communities in preventing and treating child malnutrition.

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Humanitarian Situation Report No. 2

Reporting Period
1 January to 30 June 2024

Niger

HIGHLIGHTS

- From January to May 2024, 165,822 children with severe wasting were admitted for treatment, representing 38% of the annual target. Stock-outs of nutrition supplies in health centers were noted in the first semester due to slow and challenging supply importation to Niger. However, by June 30th, only 16% of health centers were still experiencing stock-outs.
- Since the start of the year, 4,292 cases of measles have been recorded, resulting in 20 deaths and a case-fatality rate of 0.47%. The country also reported 3,239 cases of meningitis with 237 deaths, leading to a case-fatality rate of 7.3%, and 2,113 cases with 93 deaths in the first half of the year, resulting in a case-fatality rate of 4.4%. UNICEF supported the vaccination of 283,956 children aged 6 to 14 against measles, 308,348 children aged 6 to 14 against diphtheria, and 856,268 individuals aged 1 to 19 against meningitis.
- Insecurity continues to have a significant impact on the population, with forced displacement being a prominent factor of vulnerability in the regions of Diffa, Maradi, Tahoua, Tillabéri, and most recently, Dosso. According to the Rapid Response Mechanism (RRM) actors, 39 alerts related to population displacements were recorded during the reporting period, affecting over 8,000 households, approximately 54,000 people.
- The Ministry of the Interior, supported by funding from the European Union and technical and financial assistance from UNICEF, organized mobile court hearings in Diffa, Maradi, and Tillabéri. These hearings resulted in the issuance of 10,007 birth certificates and the distribution of 14,000 birth declaration books and 6,050 registers, ensuring access to registration documents in humanitarian areas.

SITUATION IN NUMBERS

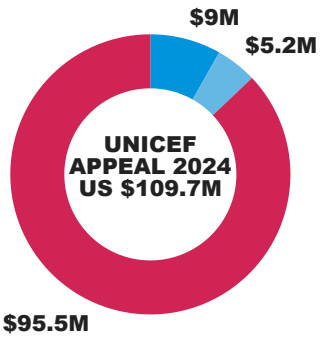
2,400,000
Children in need of humanitarian assistance[1]

4,300,000
People in need of humanitarian assistance[2]

436,348
Under-five children affected by severe wasting[3]

407,430
Internally displaced people[4]

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

For its emergency response in Niger, UNICEF appealed for US$109.7 million to provide life-saving, multi-sectoral assistance to vulnerable children and women affected by humanitarian crises. UNICEF's humanitarian assistance is provided in coordination with other humanitarian actors, in partnership with the Government and non-governmental organizations (NGOs).

An amount of US$ 5.2 million has been carried forward from the 2023 appeal. At the end of the reporting period, UNICEF has received about 9 million from donors against the HAC 2024; representing 8% of the total ask.

UNICEF expresses its sincere gratitude to all donors for the contributions received which have enabled us to continue providing essential goods and services to vulnerable children and women. The mobilization of additional funding is critical to ensure that all needs are met in 2024.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Niger faces a range of shocks, including climate-related disasters (such as floods), health epidemics, security challenges, and a migration crisis. Additionally, the country's capacity to bounce back from these adversities is hindered by a high poverty rate of 44%. The aftermath of a military coup in July 2023, which led to the imposition of political and economic sanctions, has further exacerbated the situation. It is estimated that 4.3 million people, including 2.4 million children, will be in need of humanitarian assistance in Niger in 2024. The pervasive insecurity complicates the delivery of aid to those affected. The regions of Diffa, Maradi, Tillaberi, and Tahoua, continue to suffer from the repercussions of armed conflict. Insecurity caused by non-state armed group actions has resulted in the displacement of over 800,000[5] persons (UNHCR).

The nutrition sector initially estimated that 1.9 million children aged 6-59 months will face acute malnutrition in 2024, including 436,000 with severe acute malnutrition (SAM). Significant stock-outs of food security and nutrition supplies led to service interruptions at both community and health center levels. Consequently, compared to the same period in 2023, only 66% of moderately wasted children and 92% of severely wasted children received treatment at health centers. This lack of services has led to a 53% increase in children hospitalized with severe acute malnutrition, placing significant pressure on these institutions.

Funds mobilization required for Ready-to-Use Therapeutic Food (RUTF) procurement in 2024 may reach full requirements pending final validation by donors. However, importation delays may cause further stock-outs in the last semester due to gaps between RUTF arrivals in-country. Additionally, fund mobilization to ensure timely procurement of nutrition supplies for the first quarter of 2025 remains incomplete, with 80% of that quarter's needs still to be met.

Regarding the continuity of education, 937 primary and secondary schools are closed in Diffa, Maradi, Tahoua and Tillaberi regions, (compared to 987 schools in 2023 during the same period), affecting 73,876 students (35,460 girls). In the Tillaberi region alone, 879 primary and secondary schools have remained closed (93.4% of the national total), depriving 70,566 students (48% girls) of their right to education. Despite the political will and mobilization of education partners through the Education Cluster, the process of reopening closed schools remains long and complex. 32 schools have been effectively reopened, while 75 have been relocated. These efforts have benefited 13,394 students (6,563 girls).

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

During the first half of the year, Niger faced several epidemics, notably measles, meningitis, and diphtheria. Since the start of the year, 4,292 cases of measles have been recorded, resulting in 20 deaths and a case-fatality rate of 0.47%. 24 out of 72 health districts have exceeded the epidemic threshold. A total of 283,956 children aged between 6 months and 14 years were vaccinated, out of a target of 370,592 in the health districts of Filingué, Ayorou, Tillabéri, Niamey 4, and Téra, achieving a vaccination coverage rate of 76.6% with UNICEF support.

The country recorded 3,239 cases of meningitis and 237 deaths, with a case-fatality rate of 7.3%. UNICEF supported the Ministry of Health with 13,740 vials of Ceftriaxone, which were distributed to the eight regions. A vaccination response in the city of Niamey resulted in 856,268 people aged between 1 and 19 being vaccinated out of a target population of 825,605, achieving a vaccination coverage rate of 103.71%.

The diphtheria epidemic has continued this year, with 2,113 cases and 93 deaths recorded in the first half of the year, resulting in a case-fatality rate of 4.4%. UNICEF has continued to support the country with treatment drugs such as azithromycin, diclofenac, and anti-diphtheria toxin. The second round of vaccinations in response to the epidemic in the Matameye health district reached 308,348 children aged 0-14 years, achieving 106% vaccination coverage.

UNICEF's support for mobile clinics began late in the first half of the year due to a lack of funding, but these mobile clinics are now ongoing.

Nutrition

Nutrition services continue to be affected by the delay of therapeutic supplies in the country. UNICEF provided technical support to the government to prioritize areas with high trends of malnutrition[6] and rationalized supplies based on in-country availability.

In partnership with international and national NGOs, UNICEF ensured appropriate identification of SAM cases and referral to SAM facilities for treatment. To date, 236,586 children under five have been screened for acute malnutrition. Between January and May, 165,822 children were admitted with severe wasting in 1,316 SAM treatment units throughout the country, achieving a recovery rate of 94%. This represents 38% of the annual target, equivalent to the proportion of children reached during the same period in 2023.

In partnership with the Ministry of Health (MOH), UNICEF reinforced inpatient services to address the high number of SAM children with complications observed during the second quarter. A total of 27,038 children aged 6–59 months with medical complications were treated. The health system was also strengthened through the training of 646 health workers on the management of SAM.

To reach the most severely malnourished children in remote communities, UNICEF worked with NGO partners to implement integrated mobile clinics for managing severe acute malnutrition. This included organizing active screening initiatives in communities and conducting awareness activities to promote optimal nutritional practices. A total of 3,126 mother and child pairs have been reached, and 446 acutely malnourished children were referred for treatment. Furthermore, 1,065 mother support groups were revitalized, contributing to reaching 54,765 caregivers of children aged 0–23

months with infant and young child feeding (IYCF) counseling.

The Ready-to-Use Therapeutic Food (RUTF) pipeline remains a challenge as supplies arrive in the country in small consignments, causing stock-outs at health centers. Despite advocacy at all levels to improve the flow of nutritional commodities into the country, the gap of RUTF to cover the third quarter is 83%, pending donor approval. In collaboration with the Ministry of Health and its partners, UNICEF developed a mitigation measure technical note to maintain minimum services in areas with a high prevalence of malnutrition. A rationalization of available supplies has been carried out by prioritizing health districts with high admissions, based on averages of routine data over the last three years.

UNICEF continues to monitor trends in admissions to health centers and hospitals, and a response plan is being implemented in selected hospitals to address the rising admissions to inpatient facilities (CRENI) with tents, beds and mattresses, blankets, therapeutic milk, and essential medicines.

Education

During the first half of the year, in partnership with three NGOs—two international and one national—UNICEF supported access to education for 3,226 children (1,387 girls) in the Maradi and Diffa regions. During the same period, 16,315 children in the four emergency regions (Tahoua, Tillabéry, Maradi, and Diffa) were provided with individual school kits, primarily due to the campaign to reopen 122 schools in Tillabéry.

In the Tahoua region, 1,000 students, including 460 girls from emergency areas, received learning materials. Among these are 59 students living with disabilities (24 girls) and 155 displaced students (77 girls). The intervention involved 20 teachers, of whom 14 are women.

In Maradi, 10 schools were supported for the implementation of Preparedness and Response Plans. Meanwhile, in Diffa, 183 schools received support for the operationalization of these Preparedness Plans through the Regional Directorate (DREN, 100 schools) and the national NGO DIDL. Additionally, thanks to

UNICEF's support in this region, 2,480 adolescents in the communes of Mainé Soroa and Diffa (949 girls) benefited from vocational training in areas such as home economics and sewing, agro-silvo-pastoralism[7] , auto mechanics, building electricity, plumbing, and handicrafts.

Water, sanitation and hygiene

A total of 76,519 people had access to safe drinking water, 147,920 people to critical WASH supplies (including hygiene items and sensitization) and services, and 19,531 people had improved access to latrines, thanks to UNICEF and WASH Cluster partners.

MALI BORDER CRISIS (Tahoua and Tillaberi regions): In both regions, a total of 40,561 people had access to safe drinking water, 82,061 affected people were reached with critical WASH supplies (including hygiene items) and services, and 13,527 people gained access to latrines.

LAKE CHAD CRISIS (Diffa region): In the Diffa region, 6,826 people had access to safe drinking water, 2,145 people had access to latrines, and 29,687 others were reached with critical WASH supplies, including hygiene items and sensitization.

OTHER REGIONS (Agadez, Maradi, and Zinder): In other crisis-affected regions, a total of 28,270 people had access to safe drinking water, 38,503 people were reached with critical WASH supplies (including hygiene items) and services, and 3,859 people had access to latrines.

Child protection, GBViE and PSEA

Despite ongoing challenges related to insecurity, ongoing attacks by non-state armed groups, and restricted humanitarian access, UNICEF has continued to deliver protection assistance to children and communities across all regions affected by the humanitarian crisis.

Between January and June 2024, UNICEF reached 56,691 children and caregivers with mental health and psychosocial support programming, including through the deployment of mobile teams and safe spaces. This included 292 people living with disabilities (160 girls and women and 132 boys and men). In response to increased displacement across several regions, UNICEF provided protection kits to 1,543 newly displaced children.

Regarding gender-based violence (GBV) risk mitigation, prevention, and response, UNICEF reached 109,944 women, girls, and boys through ongoing outreach and engagement. The persistent humanitarian crisis has continued to raise GBV risks among communities. An estimated 114,924 people (29,599 women, 29,837 girls, 29,599 men, 25,889 boys), including 468 people with disabilities, were reached with messages on GBV prevention and risk mitigation, including the prevention of sexual exploitation and abuse. Additionally, 95,257 individuals (25,909 girls, 25,396 women, 22,292 boys, and 21,660 men) were informed about existing reporting channels for sexual exploitation and abuse and had access to report cases, bringing the total number for 2024 to 96,257.

Between May and June, through case management, 1,660 children were assisted, including 839 unaccompanied and separated children (UASC) (407 girls) who benefited from appropriate care arrangements, bringing the annual total to 2,836, 17% of the target. 2,747 of them were reunified with their families, while the others continue to be cared for in temporary families. Additionally, 561 GBV survivors (250 girls) were supported to access case management in humanitarian settings. UNICEF supported the establishment of the case management interagency working group and the rollout of CPIMS+ among service providers. A total of 214 social workers and supervisors from government structures and NGOs were trained.

Given the widespread explosive ordnance (EO) contamination and the prevalence of Improvised Explosive Devices (IEDs), UNICEF and its implementing partners strengthened EO risk education (EORE) activities, reaching more than 65,315 people from April to June, bringing the total number of people reached since January to 83,411 (22,638 girls, 22,858 women, 20,959 boys, and 16,956 men).

During the reporting period, 277 out of 500 planned Community-Based Protection Entities (CVPEs) were formed in three regions (Maradi, Diffa and Tillabéri), with 3,324 members trained in child protection in humanitarian action (CPHA) protection incidents and the prevention and referral of cases. This community reinforcement ensures wide coverage for the presence of actors in a context of denied humanitarian access. To ensure the quality of data collection and reporting, 400 focal points will receive training on the RapidPro platform.

As part of UNICEF’s work to accelerate birth registration from its current rate of 64% for children under one year old and to address the risks of statelessness, particularly for children on the move, UNICEF took several measures to strengthen birth registration in regions affected by the humanitarian crisis. With funding from the European Union and technical and financial support from UNICEF, the Ministry of the Interior organized mobile court hearings in Diffa, Maradi, and Tillabéri. The Diffa region received 2,500 birth declaration books and 1,250 registers. The Maradi region received 6,500 birth declaration books and 2,500 registers of acts. The Tillabéri region received 5,000 birth declaration books and 2,300 registers of birth certificates. By making registration documents

available, mobile courts were organized in humanitarian areas such as Diffa, Mainé Soroua, Bosso, Guidan Roumdji, Madarounfa, Tera, Ayérou, and Tillabéri. From January to June, 10,007 birth certificates were issued to children in the regions of Diffa (2,701 birth certificates), Maradi (2,385 birth certificates), and Tillabéri (4,921 birth certificates).

Cross-sectoral (HCT, C4D, RCCE and AAP)

The first six months of the year were marked by the strengthening of programs around the seven pillars of accountability to affected populations. Since March 2023, the office has had an internal Accountability to Affected Populations (AAP) strategy and has continued to support capacity-building activities for community actors, technical agents, and traditional leaders in crisis preparation and response, media and community communication for disaster prevention, and response implementation for floods and epidemics such as diphtheria, meningitis, polio, and measles.

To enhance community participation and bring communication services closer to the population, UNICEF utilized various supported community platforms, including the network of community radios, bodies of the Participatory Integrated Community-based Approach, conflict management committees, complaint and feedback management committees, community relays, and associations of women leaders, young leaders, and traditional leaders.

In partnership with the media, several educational content pieces (debates, interactive programs, spots) on vaccination, health services utilization, child protection, education, hygiene, and nutrition were produced and broadcasted on 172 community radios, five private radios, and the eight regional stations. These communication approaches reached a total of 13,017,280 people, 130% of the annual target.

Following advocacy meetings for promoting community engagement in emergency management and the Lake Chad crisis, 7,145 traditional and community leaders and 122 technical staff were mobilized to support intervention implementation. This mobilization significantly influenced the quality of results achieved, with these actors contributing effectively to planning, coordination, implementation, and monitoring and evaluation, facilitating data collection on socio-behavioral indicators.

Regarding the Lake Chad crisis, UNICEF supported the Ministry of Humanitarian Action and public health structures with interventions focusing on guiding displaced populations to available social services, establishing community complaint and feedback platforms through Vulnerability Monitoring Observatories (OSV), community communication through relays, and media communication on disaster alerts and conflict-related risks. Over 1,237,000 people were informed about prevention measures, protection, and peaceful coexistence at relocation sites.

Additionally, audio messages on malaria prevention, child protection, vaccination, education, and nutrition were broadcast through a dedicated platform, 3.2.5, reaching an estimated 2,400,000 people, primarily youth.

As part of its cash transfer program in response to drought, UNICEF implemented a structured complaint management system both online and offline, utilizing the WFP hotline, and creating and operationalizing five regional steering committees, 17 communal committees, and 344 village complaint management committees in five regions. UNICEF adopted an accountability strategy to affected populations and supported a national mapping of operational feedback mechanisms.

UNICEF also provided significant support to the interagency group promoting collective accountability and will assist the Ministry of Humanitarian Action and Disaster Management in developing and implementing a national strategy on accountability to affected populations, aiming to strengthen national leadership and ensure program sustainability.

Essential Household Items

During the first half of the year, Niger faced a range of crises, particularly armed conflicts. Insecurity continues to have a significant impact on the population, with forced displacement being a prominent factor of vulnerability in the regions of Diffa, Maradi, Tahoua, Tillabéri, and most recently, Dosso. According to the Rapid Response Mechanism (RRM) actors, 39 alerts related to population displacements were recorded during the reporting period, affecting over 8,000 households, approximately 54,000 people. To address the needs of the displaced populations, RRM conducted 56 needs assessments, and the reports were widely disseminated to the humanitarian community through OCHA and clusters to enable emergency interventions for these vulnerable populations. Of these assessments, 61% were completed in the Tillabéri region, 29% in the Diffa region, and 10% in the Maradi and Tahoua regions.

Despite increasing challenges faced by RRM actors due to movement restrictions of humanitarian workers in military operation areas and the requirement of armed escorts for humanitarian missions, RRM actors responded to the needs of 4,223 displaced families in Diffa, Maradi, Tahoua, and Tillabéri. A total of 30,305 people, including 13,714 children, received essential household items assistance. Additionally, 3,446 households benefited from hygiene kits to improve their hygiene practices. Furthermore, 6,092 families gained access to safe and dignified shelter solutions through the distribution of shelter kits. UNICEF distributed 134 baby kits to pregnant women in their last trimester and those who had recently given birth (within the last 42 days). These kits, specially designed by UNICEF, provide solutions tailored to the needs of newborns, contributing to their well-being and health from the first days of their lives.

In March 2024, the RRM strategic group meeting convened, bringing together representatives of RRM partners and the Ministry of Humanitarian Action to review the recommendations from the 2023 RRM review and establish a path forward. Subsequently, in May 2024, the Ministry organized a meeting with key and potential RRM donors to address funding challenges faced by RRM partners and advocate for increased financial support.

Social protection

To avoid disruption of assistance amid the pollical crisis, UNICEF Niger continued to deliver cash assistance through its own channels with a shadow alignment - instead of an alternative delivery mechanism - to the National drought response plan, covering 344 villages and 17 municipalities in 5 regions (Tahoua, Maradi, Zinder, Dosso and Agadez).

The second cycle of the cash assistance in response to the drought was successfully delivered to 26,953 households between 14 May and 25 June 2024, with UNICEF handling registry management, payments and monitoring, post- distribution monitoring and grievance redressal. Efforts have been made to adjust the delivery modality to changing circumstances by adopting a resilient approach, based on alternatives to complement the government's cash transfer system as the donor has requested the joint program to move to direct delivery (Track 2) for all cash transfers that are scheduled to be delivered through government (Track 1), with special attention given to the implementation of risk mitigation measures. Risks were reassessed for all options, including the reputational risk of payment delays, vis-à-vis vulnerable populations and vis-à-vis donors. These measures allow UNICEF to both deliver cash assistance under Track 2 while strengthening the Track 1

approach (government systems) to secure the nexus programming approach.

Discussions continue to further develop the National Mechanism for the Prevention and Management of Food Crises (Dispositif National de Prévention et de Gestion des Crises Alimentaires – DNPGCA) information system and ensure that quality data is collected by the Food Security Cell such that the Early Warning System and the “Cellule des Filets Sociaux” (CFS) at regional and central levels represent a single integrated information system. This support aims at ensuring enhanced coordination between the different programmes implemented by the DNPGCA. The Early Warning System’s work on a methodological and operational manual for the identification of extremely vulnerable areas targeted by social assistance and resilience programmes is ongoing, together with efforts to develop a data quality assurance validation mechanism.

UNICEF Niger continued to work closely with the Registre Social Unifié (RSU) to advance discussions on common identification and targeting mechanisms for the RSU and its data collection tools. Reflections were more focused on how best to support interoperability of the Social Registry with other social information systems, including HOPE[8] with an agreement to transfer the 28,000 beneficiaries of an ongoing productive cash from a database managed by the Government into HOPE. This stands as a critical step towards the productive cash transfer for 28,000 households the UNICEF Country Office is preparing to roll out in the coming weeks.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continued to support the national Nutrition Technical Group (GTN – Groupe Technique Nutrition), the sectoral coordination body composed of the Government, UN agencies, NGOs, and donors. Monthly meetings, led by the government and co-facilitated by UNICEF and the NGO COOPI kept the GTN active. The actions from the four Technical Working Groups contributed to the GTN agenda. The GTN platform was utilized by the Ministry of Health to shape the nutrition response, including the validation of the government directive for mitigation measures in case of supply shortages and the ongoing revision of the national Integrated Management of Acute Malnutrition (IMAM) protocol in light of new WHO directives.

Additionally, UNICEF and its NGO partners strengthened joint decentralized coordination mechanisms for the Nutrition and Health sectors under local health authorities' leadership. This enabled at least one meeting to be held in four regions (Maradi, Diffa, Zinder, and Tahoua) and 13 health districts. As a result, regional directors are more engaged in prioritizing nutrition in their agendas, with various NGO partners contributing to district support and community success.

Regarding the coordination of the WASH cluster, the coordination meetings for April, May, and June were held regularly, with action points monitored and addressed. The Strategic Orientation Committee (COS, in french) of the cluster held an evaluation workshop for UNICEF's standby partnership (2024–2027) on May 27 and 28, 2024. Four NGOs were recommended to cover the four lots of the WASH humanitarian response. The NGO Ensemble pour un Avenir Meilleur (EAM)-Progrès was recommended for Lot 1 (Dosso, Tillabéri, and Niamey), the NGO Développement pour un Mieux-Être (DEMI-E) for Lot 2 (Diffa), the NGO Développement Equité Durabilité et Innovation (DEDI) for Lot 3 (Maradi and Zinder), and the NGO Vision Plus for Lot 4 (Agadez and Tahoua).

During the first half of the year, UNICEF strengthened its leadership in coordinating the Education Cluster through several key actions: (1) regular meetings were held, with seven monthly meetings attended by around sixty participants, 20% of whom were women; (2) a needs assessment was conducted in the host schools of Tillabéri and Tahoua in collaboration with REACH; (3) an Education Cluster retreat was held with over 80 participants, 18% of whom were women, enabling a participatory analysis of the Cluster's performance in 2023 to draw lessons for improving coordination and interventions in Education in Emergencies in Niger; (4) the Cluster's tools, including those for the Strategic Advisory Group (SAG), Sub-national Cluster, National Cluster, and Thematic Groups, were revised; (5) the Cluster's Rapid Response Mechanism (RRM) tools for Education were validated; (6) technical support was provided to sub-national clusters (GTE) in the regions of Maradi, Tahoua, and Tillabéri, combined with training for about a hundred members (30% women) on coordinating Education in Emergencies, tools, and intersectoral collaboration between education and child protection; (7) the process to renew Education Cannot Wait's Multi-Year Resilience Programme (MYRP) was launched, with the document currently being drafted; (8) the commitment of Cluster member organizations enabled assistance to be provided to 17% of the people in need targeted by the humanitarian response plan.

For child protection coordination, monthly meetings were regularly held, with action points monitored and addressed, particularly concerning responses to alerts. As part of its annual training plan, the Child Protection Area of Responsibility (CP AoR) trained 70 national actors on Child Protection Minimum Standards (CPMS), focusing on main child protection risks. By involving local community actors more in implementing interventions amid restricted movements and challenging humanitarian access, CP AoR actors assisted 173,789 children and adults affected by emergencies (including 105,156 children). This support included providing psychosocial support to 48,261 children (including 24,695 girls), assisting 2,724 separated and unaccompanied children, and training 8,032 key child protection actors, including community actors on child protection issues.

Finally, in collaboration with the UNICEF, the CP AoR contributed to identifying priority interventions under the Protection Cluster's lead as part of the CERF Underfunded and Regional Humanitarian Fund for West and Central Africa (FHRAOC) allocations. Following OCHA guidelines, these allocations target multi-sector convergence zones, prioritizing pilot communes where the Flagship initiative is being implemented (Diffa region: municipalities of N'Guigmi and Cherimari; Tillaberi region: municipalities of Tera and Ayerou).

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Garantir un bon départ à travers des Soins maternels et néonatals de qualité
  https://www.unicef.org/niger/fr/recits/garantir-un-bon-départ-à-travers-des-soins-maternels-et-néonatals-de-qualité

- Cluster Education : les acteurs du secteur éducation adoptent le plan de travail 2024
  https://www.unicef.org/niger/fr/recits/cluster-education-les-acteurs-du-secteur-éducation-adoptent-le-plan-de-travail-2024

HAC APPEALS AND SITREPS

- Niger Appeals
  https://www.unicef.org/appeals/niger
- Niger Situation Reports
  https://www.unicef.org/appeals/niger/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: OCTOBER 2024

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*	2024 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	250,000[9]	-	0%	-	-	-
Children aged 6 to 59 months vaccinated against measles	Total	-	100,100	283,956	▲ 284%	-	-	-
Children aged 1 to 14 years vaccinated against diphtheria	Total	-	1 million	308,348	▲ 31%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	700,000	213,575	▲ 31%	700,000	213,575	▲ 31%
Children 6-59 months with severe wasting admitted for treatment	Total	-	436,348	24,179	▲ 6%	-	64,654	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	800,000[10]	114,829	▲ 14%	-	114,829	-
Children 6-59 months receiving micronutrient powder or Small-Quantity Lipid Nutrition Supplement	Total	-	230,000	-	0%	-	-	-
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	122,500	36,249	▲ 30%	234,932	77,883	▲ 33%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	390,000	220,642	▲ 57%	612,866	174,297	▲ 28%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	180,000	95,786	▲ 53%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	16,700	705	▲ 4%	57,456	9,770	▲ 17%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	395,100[11]	3,226	▲ 1%	648,625	60,686	▲ 9%
Children receiving individual learning materials	Total	-	375,100[12]	18,315	▲ 5%	633,902	45,079	▲ 7%
Children and adolescents accessing skills development programmes	Total	-	10,000	2,480	▲ 25%	63,391	1,830	▲ 3%

Schools implementing safe school protocols (infection prevention and control)	Total	-	2,500	183	▲ 7%	-	-	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	239,200	2,199	▲ 1%	357,328	76,519	▲ 21%
People accessing hygiene kits and hygiene promotion including training/awareness on cholera disease	Total	-	447,200	9,936	▲ 2%	823,337	157,856	▲ 19%
People accessing appropriate sanitation services	Total	-	130,000	-	0%	335,921	19,531	▲ 6%
Malnourished children admitted for moderate or severe acute malnutrition and benefiting from a WASH minimum package	Total	-	55,088	-	0%	-	-	-
Social protection								
Households benefitting from new or additional social assistance (cash/in-kind) measures from government-funded programmes with UNICEF technical assistance support	Total	-	27,000[13]	26,953	▲ 100%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	5,000	-	0%	-	-	-
Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services	Total	-	12 million[14]	13 million	▲ 108%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	60,000	-	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	100,000	3,242	▲ 3%	-	-	-
Rapid response mechanism								
Displaced persons and people affected by natural disasters provided with essential household items	Total	-	171,500	30,305	▲ 18%	-	-	-

**Progress in the reporting period 1 January to 30 June 2024*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2024	Other resources used in 2024	Resources available from 2023 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	12,553,374[15]	262,307	-	26,780	12,264,287	98%
Nutrition	34,500,000	6,642,991	-	942,558	26,914,451	78%
Child protection, GBViE and PSEA	11,500,000[16]	606,812	-	292,128	10,601,060	92%
Education	24,000,000	-	-	87,551	23,912,449	100%
Water, sanitation and hygiene	8,944,000	-	-	2,106,247	6,837,753	76%
Social protection	4,000,000[17]	-	-	-	4,000,000	100%
Cross-sectoral (HCT, SBC, RCCE and AAP)	4,740,000[18]	-	-	603,466	4,136,534	87%
Rapid response mechanism	7,821,500	-	-	754,365	7,067,135	90%
Cluster coordination	1,601,900[19]	1,463,180	-	386,662	-	0%
Total	**109,660,774**	**8,975,290**	**0**	**5,199,757**	**95,485,727**	**87%**

**repurposed other resources with agreement from donors*

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ENDNOTES

1. OCHA, Niger Humanitarian Response Plan 2023.
2. OCHA, Niger Humanitarian Response Plan 2023.
3. UNICEF, 2024.
4. Government & UNHCR, May 2024.
5. 407,430 IDPs and 411,268 refugees & Asylum-Seekers. Government & UNHCR, May 2024.
6. https://pnin-niger.org/web/wp-content/uploads/2023/01/RAPPORT-SMART-Niger-2022.pdf
7. Agro-silvo-pastoralism is an integrated land-use system that combines agriculture, forestry, and livestock rearing. It is a form of mixed farming that involves the integration of crop production, tree cultivation, and animal husbandry on the same land.
8. https://hope.unicef.org/
9. Due to the current crisis (political instability and insecurity) as well as the resurgence of outbreaks, the estimate of affected children has increased.
10. The increase in the number of people targeted compared with 2023 is due to the expanded coverage linked to the addition of new departments.
11. The increase of the target compared to the previous year is due to the inclusion of out-school children in the target population.
12. Idem.
13. In 2024, UNICEF will accelerate its cash transfer programme.
14. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
15. The budget has increased due to the current diphtheria outbreak.
16. This line item includes $10,005,000 for child protection interventions; $1,150,000 for gender-based violence in emergencies interventions; and $345,000 for protection from sexual exploitation and abuse interventions.
17. The assistance will be delivered through the social protection system.
18. This line item includes $4 million for social and behaviour change activities and $740,000 for humanitarian cash transfers.
19. UNICEF will allocate $400,475 each to support the coordination of the Education, Child Protection, and WASH Clusters, along with the nutrition technical group.