



A student is drinking water from a school borehole constructed with UNICEF support in Diffa Region. UNICEF continues to promote access to safe drinking water, including in schools.



Humanitarian Situation Report No. 1

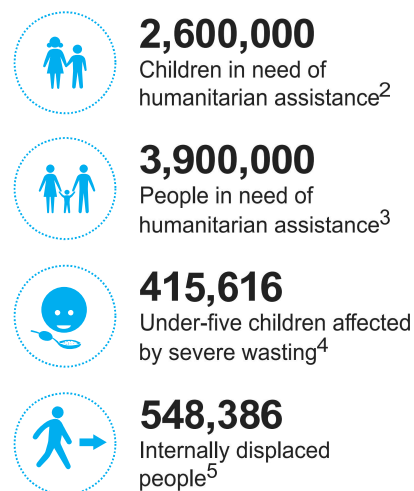
Reporting Period
1 January to 31 March
2026

Niger

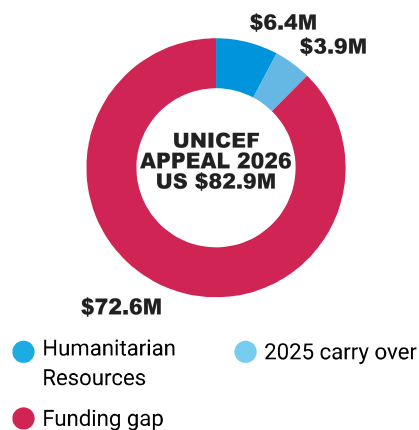
HIGHLIGHTS

- From January to March 2026, 109,019 children with severe wasting were admitted for treatment, which represents 26% of the annual target.
- UNICEF has supported the Ministry of Health in responding to the measles outbreak through the procurement of 100,000 doses of measles vaccine and single-use safety syringes, ensuring safe immunization. As part of the response campaigns conducted in four health districts, 43,112 children aged 9 months to 14 years have been vaccinated against measles.
- Rapid Response Mechanism actors recorded 26 displacement alerts, affecting approximately 14,837 households (112,077 individuals), primarily in the regions of Diffa, Tillabéri, and Dosso.
- A total of 42,339 children and 1,229 adults received psychosocial support services, including 248 children with disabilities who benefited from adapted activities through Child-Friendly Spaces and mental health and psychosocial interventions.
- In 2026, UNICEF is appealing for \$83 million to deliver multisectoral assistance to 2.3 million people, including 2 million children, focusing on the most urgent needs. By 31 March 2026, UNICEF had secured \$10.3 million for its Humanitarian Action for Children appeal, including \$6.4 million in new contributions and \$3.9 million carried over from 2025 resulting in an 88% funding gap.

SITUATION IN NUMBERS¹



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

UNICEF is appealing for \$83 million to deliver multisectoral assistance to vulnerable children. By 31 March 2026, UNICEF had secured \$10.3 million for its Humanitarian Action for Children appeal, including \$6.4 million in new contributions and \$3.9 million carried over from 2025 resulting in an 88% funding gap in the first quarter.

This poses a serious risk to the delivery of life-saving interventions for children and women. Despite these challenges, UNICEF Niger continued to provide essential anticipatory, multisectoral support, particularly for expected flooding of the Niger River, through strengthened partnerships. Close collaboration with and support for government agencies and UN partners enabled coordinated delivery across health, nutrition, education, WASH, and child protection, while ensuring alignment with national systems and coordination mechanisms. At the same time, partnerships with civil society and the private sector helped extend reach and sustain critical services. UNICEF sincerely thanks its donors for their vital contributions, which have helped maintain essential support to vulnerable children and women.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Between January and March 2026, Niger continued to face a complex and protracted humanitarian crisis driven by armed conflict, forced displacement, climate shocks, food insecurity, and disease outbreaks. An estimated 3.9 million people, including 2.6 million children, required humanitarian assistance, while 548,386 internally displaced persons remained reliant on external support. Insecurity in the tri-border area of Tillabéri, the Diffa region near Lake Chad, and parts of Dosso continued to drive new waves of displacement, with 26 alerts recorded affecting more than 112,000 individuals during the quarter.

Children remained disproportionately affected. An estimated 3.5 million children were out of school, while 415,616 children under five were affected by severe wasting, reflecting persistently high malnutrition levels confirmed by the 2025 SMART/SENS survey. Health threats intensified, with 5,154 measles cases recorded across 22 health districts exceeding epidemic thresholds, and 381 diphtheria cases reported nationally. Rising food prices, limited healthcare access, and inadequate water and sanitation further compounded vulnerabilities, while displaced children faced widespread psychosocial distress, trauma, and exposure to violence.

Children's health and nutrition remain major concerns. Rising food prices and limited access to food have contributed to alarming levels of malnutrition, with potentially irreversible effects on physical and cognitive development. Access to healthcare is also constrained, with overstretched facilities, low vaccination coverage, and inadequate water and sanitation increasing exposure to disease. Psychosocial distress is widespread among displaced children, many of whom face trauma, loss, and exposure to violence. Increased cases of anxiety, depression, and post-traumatic stress highlight the urgent need for mental health and psychosocial support, including safe spaces and community-based interventions.

Despite these challenges, the Government of Niger, in collaboration with partners such as UNICEF, has taken steps to mitigate the impact. These include vaccinating over 43,000 children against measles, supporting access to medical and nutrition services, and admitting more than 109,000 children under five for treatment of severe acute malnutrition between January and March 2026. The

establishment of a multisectoral Task Force on Malnutrition further strengthens coordination, analysis, and response planning. While these efforts are critical, the scale of needs remains high, requiring sustained and coordinated action to ensure children's access to education, healthcare, nutrition, and psychosocial support.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

During the first quarter of 2026, UNICEF prioritized support to outbreak preparedness and response efforts amid rising measles and diphtheria cases, while maintaining support to routine immunization, primary healthcare, and maternal and child health services in conflict-affected regions. UNICEF also strengthened its technical leadership within the Health Cluster at national and regional levels and reinforced preparedness for cholera and other epidemic-prone diseases ahead of the upcoming rainy season.

Significant measles outbreaks have been reported since the beginning of the year, with a total of 5,154 cases and 22 health districts out of 72 exceeding epidemic thresholds. UNICEF has supported the Ministry in charge of Health by procuring 100,000 doses of measles vaccines and single-use safety syringes ensuring safe and timely immunization. Reactive vaccination campaigns were conducted in four priority districts, where 43,112 children aged 9 months to 14 years were vaccinated. Coverage rates are still being consolidated for the eligible target population in these districts.

A total of 381 cases of diphtheria has been recorded during the first quarter of the year. UNICEF has supported the Ministry in charge of Health by providing 100,000 swabs for case sampling, enabling laboratory confirmation and ensuring effective case management. UNICEF is also supporting national authorities in finalizing a vaccination response plan targeting children aged 1 to 14 years, in alignment with the national outbreak response strategy. Procurement of diphtheria-containing vaccine and diphtheria antitoxin is underway, with delivery expected in the second quarter of the year to enable the launch of a reactive campaign in the most affected districts.

Beyond outbreak response, UNICEF continued to support the Expanded Programme on Immunization through cold chain maintenance, vaccine supply, and technical assistance to micro-planning in priority regions. Support to primary healthcare delivery in conflict-affected districts of Tillabéri, Diffa, and Dosso was constrained by access challenges and severe funding shortfalls, with the indicator on children and women accessing UNICEF-supported primary healthcare services standing at 0% of the 150,000 annual target at the end of the first quarter. Scaling up will be prioritized in the second quarter, pending resource mobilization and operational partnerships with NGOs operating in hard-to-reach areas.

Furthermore, UNICEF actively participates in coordination mechanisms, particularly within the health cluster, at both the national and regional levels. Despite a 94% funding gap in the health sector (US\$7.8 million unfunded out of a US\$8.3 million requirement), UNICEF leveraged carry-over resources, flexible funding, and partner contributions to maintain critical interventions. The scale and severity of the current outbreaks, combined with persistent humanitarian needs in conflict-affected regions, nonetheless require urgent additional resources to ensure continuity of health services through the remainder of 2026.

Nutrition

From January to March 2026, nutrition needs remained acute, with

persistently high levels of severe acute malnutrition (SAM), compounded by food insecurity, disease burden, population displacement, and localized shocks. During the reporting period, a total of 109,019 children under five years of age were admitted for treatment in nutritional rehabilitation services nationwide, including 9,573 children (11.0%) presenting with medical complications and requiring inpatient care. Admissions increased by 25% compared to the same period in 2025, reflecting the sustained high prevalence of SAM highlighted by the 2025 SMART/SENS survey. The regions of Maradi and Zinder accounted for 56% of all SAM cases treated, confirming their continued classification as priority hotspots for intensified nutrition action.

Programme performance for the treatment of SAM remained above SPHERE standards throughout the quarter. Treatment outcomes showed a recovery rate of over 90%, a mortality rate below 1%, a default rate below 5%, and a non-response rate below 3%, reflecting the continued quality of services, strong supervision, and reliable availability of supplies across outpatient and inpatient facilities.

In parallel with curative services, preventive interventions continued to reach large numbers of vulnerable children and women. A total of 267,874 children received vitamin A supplementation during the quarter, contributing to the prevention of micronutrient deficiencies and infection-related morbidity. In addition, 472,639 pregnant women and mothers of children under two years of age benefited from infant and young child feeding counselling, strengthening optimal feeding practices during the critical first 1,000 days. During first antenatal care visits, 267,874 pregnant women also received iron and folic acid supplementation, supporting the prevention of maternal anaemia and adverse birth outcomes.

Child protection, GBViE and PSEA

During the first quarter of 2026, UNICEF and its partners prioritized integrated child protection services in crisis-affected areas, focusing on mental health and psychosocial support (MHPSS), case management for vulnerable children, GBV prevention and response, UXO risk education, and strengthening community-based protection systems.

A total of 42,339 children and 1,229 adults received psychosocial support services, including 248 children with disabilities who benefited from adapted activities through Child-Friendly Spaces (CFS) and mental health and psychosocial support (MHPSS). Services were delivered through local NGO partners in underserved border areas of Tillabéri, Dosso, and Diffa.

Individualized protection services were provided to 323 vulnerable children (173 girls and 150 boys), including psychosocial, medical, and material support through strengthened case management mechanisms supported by 18 social workers and two supervisors. In addition, 142 unaccompanied and separated children (UASC) received comprehensive case management services tailored to their specific vulnerabilities.

To strengthen GBV prevention and response, UNICEF and partners reached 25,157 people through awareness-raising and risk mitigation activities, while 41 survivors accessed multisectoral support services, particularly in health, nutrition, education, and MHPSS. During the quarter, UNICEF also supported the operationalization of the inter-agency PSEA network led by the Humanitarian Coordinator, contributed to the rollout of PSEA training for staff and implementing partners, and supported the strengthening of community-based complaint and feedback mechanisms in Tillabéri and Diffa. While the indicator on people with safe and accessible channels to report sexual exploitation and abuse currently stands at 0% of the 150,000 annual target, preparatory actions undertaken in first quarter — including partner mapping, channel design, and community consultations — are expected to translate into

measurable coverage from the second quarter onwards. UNICEF also continued to verify partner compliance with PSEA standards through capacity assessments and risk mitigation plans, in line with the IASC Minimum Operating Standards.

Despite these advances, the child protection sector remains severely underfunded, with a 100% funding gap reported against the US\$7 million requirement for 2026. This critically limits the scale, coverage, and quality of services that can be delivered to children affected by conflict, displacement, and other humanitarian shocks. Urgent resource mobilization is required to sustain and expand life-saving protection interventions for the most vulnerable children, particularly in border regions where insecurity continues to drive new displacements.

Education

During the first quarter of 2026, UNICEF and its partners prioritized maintaining continuity of learning in crisis-affected areas through integrated education interventions focused on safe learning environments, access to learning materials, community engagement, and preparedness measures. Efforts concentrated mainly in Diffa and Tillabéri, where insecurity, displacement, and school closures continue to disrupt children's access to education.

A total of 175 crisis-affected children received school kits and adapted learning materials, while 9,231 children accessed rehabilitated or temporary learning spaces, contributing to safer and more functional learning conditions. To address the heightened risk of dropout among girls, 3,205 girls benefited from targeted tutoring support aimed at improving retention and continuity in education. In addition, 4,352 children accessed distance learning opportunities in areas affected by insecurity and displacement, while 14,404 children and teachers benefited from schools with functional preparedness and response plans, strengthening the resilience of the education system to future shocks. Community awareness and advocacy campaigns also reached 2,299 people, promoting education continuity, child protection, and gender equality.

These results were mainly achieved in the regions of Diffa and Tillabéri. Despite these accomplishments, challenges persist, particularly in accessing affected areas and in validating data on non-functional schools and the formal declaration of emergency zones, which remains a sensitive issue at both regional and national levels.

With a 100% funding gap against the US\$5.7 million requirement, urgent resource mobilization, the formalization of emergency zones, and safe access are essential to scale up the response and prevent further loss of learning for Nigerien children.

Water, sanitation and hygiene

During the first quarter of 2026, UNICEF's WASH response prioritized anticipatory action and emergency preparedness to mitigate the impact of riverine flooding in the regions of Tillabéri and Dosso. Implemented through partner EAM Progress, interventions focused on reducing public health risks and strengthening the resilience of vulnerable communities through timely access to safe water, sanitation, and hygiene services.

These efforts aimed to mitigate the impact of anticipated floods on vulnerable communities through timely and targeted WASH support. Significant progress was made in improving access to safe drinking water, with 7,000 households benefiting from the distribution of household water treatment products, thereby reducing the risk of waterborne diseases. In parallel, sanitation activities included the construction of emergency latrines targeting the most at-risk households, enabling 425 people to access safe sanitation services. UNICEF also distributed hygiene kits—comprising soap, buckets,

jerrycans, sanitary pads, and other essential items—including 4,000 menstrual hygiene management kits and conducted hygiene promotion activities reaching 70,652 individuals from the most vulnerable households.

At the same time, UNICEF is actively preparing for future shocks by replenishing its contingency stocks to strengthen emergency readiness. Essential WASH supplies are currently being procured for pre-positioning across key regions, ensuring rapid deployment capacity in the event of new crises. These efforts complement existing preparedness measures, including pre-positioned supplies such as latrine slabs, tarpaulins, chlorine, water treatment products, and personal protective equipment, as well as standby operational partnerships aimed at enabling a swift, coordinated, and effective response while minimizing humanitarian and public health impacts on affected populations.

While UNICEF made progress on anticipatory action and CERF-funded flood preparedness during the reporting period, two WASH indicators remained below target. Only 425 of 367,534 targeted people accessed sanitation services, reflecting the long lead times required for latrine construction, persistent insecurity delaying partner deployment in Tillabéri, Diffa, and Tahoua, and severe underfunding, with available resources prioritized for life-saving water provision. WASH—SAM integration also stood at 0% against a 137,308 target, pending finalization of joint protocols and supply pre-positioning. Both interventions are expected to scale up from the second quarter, contingent on resource mobilization and reinforced cross-sectoral coordination.

Social protection

UNICEF restarted on 13 February 2026, its productive inclusion support activities in Niger. Implementation is led by the Social Safety Nets Unit, in collaboration with decentralized government services and the Ministry of Population, Social Action, and National Solidarity.

This intervention aims to strengthen the economic empowerment of 27,775 women from vulnerable households across 23 communes and 341 villages, covering all eight regions of the country. Although these activities were not implemented in 2025 due to bureaucratic constraints, they are now being rolled out with funding from BMZ/KfW mobilized by UNICEF.

In addition, the Inclusive Social Safety Net for Persons with Disabilities (FSI-PH), launched in October 2022, targets 4,001 beneficiaries across 28 communes. The programme seeks to enhance their socio-economic inclusion through cash transfers and tailored support services, also financed by BMZ/KfW.

Overall, these interventions contribute to strengthening the resilience of vulnerable households and promoting sustainable economic inclusion at the national level.

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

During the first quarter of 2026, social and behaviour change (SBC) interventions implemented in close collaboration with the Government—particularly through the Ministry of Population, Women's Promotion and National Solidarity—contributed to strengthening community engagement and promoting the adoption of essential hygiene and prevention practices.

Risk Communication and Community Engagement (RCCE) activities were carried out in the regions of Tillabéri and Dosso through educational talks, household visits, and community dialogues. These interventions raised awareness among approximately 4,413 people on water treatment, latrine use, and good hygiene practices, particularly in flood-prone contexts, while encouraging the gradual adoption of recommended behaviours. They also engaged 78 local leaders, 30 community relays, and 12 youth volunteers, who actively

supported awareness-raising sessions and practical demonstrations. This combination of interpersonal communication and community engagement contributed to stronger ownership of key messages and increased participation in hygiene promotion initiatives.

Community radio stations played a central role in disseminating SBC messages through the production of 20 spots in three local languages and the organization of 10 interactive public broadcasts. In total, 1,080 broadcasts of spots and programmes were aired, reaching an estimated audience of 1,521,230 people, thereby expanding message coverage and strengthening community trust.

At the national level, UNICEF actively contributed to the establishment of the AAP/Localization Working Group, whose discussions are focused on the development of a national strategy. This initiative aims to identify, structure, and complement existing efforts to strengthen accountability to affected populations and promote the effective localization of interventions.

Rapid Response Mechanism

During the reporting period, 7,000 children and their families benefited from critical household supplies supported by CERF anticipatory action funding in Tillabéri and Dosso regions. UNICEF also maintained its technical leadership of the Rapid Response Mechanism (RRM) at both national and regional levels, strengthening coordination structures, information management, and harmonized response planning among humanitarian partners.

During the first quarter of 2026, the volatile security context continued to drive sudden population displacements. RRM actors recorded 26 displacement alerts, affecting approximately 14,837 households (112,077 individuals), primarily in the regions of Diffa, Tillabéri, and Dosso. In response, 26 multisectoral needs assessments (MSAs) were conducted, enabling timely prioritization and delivery of life-saving assistance.

In February, the RRM Technical Committee convened to review key operational and technical bottlenecks faced by partners and to agree on corrective actions. This process contributed to a significant institutional milestone, with the Minister of Population, Social Action and National Solidarity signing a formal decree recognizing the RRM, its actors, and its coordination architecture at national level thereby reinforcing government ownership and anchoring of the mechanism.

Concurrently, revised RRM tools were rolled out to operational partners, and the information management platform was upgraded to address previously identified gaps, improving data quality, timeliness, and overall operational efficiency of the mechanism.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continued to play a central role in strengthening nutrition governance and supporting the scale-up of interventions through its co-leadership of the Nutrition Technical Working Group (GTN). The GTN remained fully functional during the reporting period, holding regular coordination meetings with an average of 60 participants per month, and serving as a key platform for information sharing, joint analysis, and alignment of partner actions. At the same time, efforts were initiated to establish multisectoral nutrition working groups at regional level, with the objective of strengthening decentralized coordination and improving integration across health, food security, WASH, and social protection sectors in priority regions.

In response to the concerning nutrition situation in Niger, as underscored by the 2025 SMART/SENS survey findings, the Humanitarian Country Team established a multisectoral taskforce on

malnutrition during the quarter. Led by UNICEF in its role within the Nutrition Cluster and by OCHA, with co-leadership from WFP, the taskforce aims to deepen joint analysis and promote a shared understanding of the drivers of malnutrition. Its primary objective is the development of a concise advocacy one-pager to support evidence-based decision-making and strengthen high-level advocacy within the HCT, with a view to accelerating integrated, multisectoral action to reduce malnutrition and prevent avoidable child mortality.

The WASH cluster played a key role in the 2026 humanitarian planning process in Niger, with strong engagement from partners contributing to the development of strategic priorities, needs analysis, and response planning frameworks. This first quarter was also marked by the holding of a workshop on the cluster WASH 2025 review and 2026 planning, including the renewal of coordination structures to strengthen governance, improve efficiency, and ensure better representation of partners. In addition, the cluster developed and initiated a capacity strengthening plan aimed at supporting partners through targeted trainings and technical support to enhance implementation quality and compliance with humanitarian standards.

Building on this, the cluster remained actively engaged in advocacy efforts to mobilize resources and support for partners, while also facilitating access to available funding opportunities, including support for the initiation and scale-up of priority interventions in targeted areas.

Thus, under the leadership of UNICEF, the WASH cluster achieved notable progress during the first quarter of 2026. Access to safe drinking water was improved for 73,794 people, representing 26% of the annual target. Additionally, 78,190 people received WASH kits and 94,114 were reached through hygiene promotion and sanitation awareness activities, accounting for respectively 18% and 11% of the cluster target. Furthermore, 19,189 people benefited from improved access to sanitation services through the construction and rehabilitation of latrines. These achievements reflect the continued commitment and coordinated efforts of WASH partners despite operational challenges.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- [Transformer la vulnérabilité en force : Le pari gagnant de l'action anticipatoire](#)
- [L'oxygène mural, ce souffle qui change tout](#)

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>

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	150,000	-	0%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	270,080	43,112	▲ 16%	-	-	-
Children aged 1 to 14 years vaccinated against diphtheria	Total	-	1.5 million	-	0%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	897,728	101,607	▲ 11%	897,728	101,607	▲ 11%
Children 6-59 months with severe wasting admitted for treatment	Total	-	415,616	109,019	▲ 26%	415,616	109,019	▲ 26%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	932,721	472,639	▲ 51%	932,721	472,639	▲ 51%
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	200,000	43,816	▲ 22%	-	43,816	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	200,000	25,157	▲ 13%	-	25,157	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	2,000	-	0%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	31,567	142	0%	-	1,142	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	192,629	13,583	▲ 7%	-	13,583	-
Children receiving individual learning materials	Total	-	203,000	175	0%	-	2,059	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	144,374	55,927	▲ 39%	288,748	73,794	▲ 26%
People accessing appropriate sanitation services	Total	-	367,534	425	0%	735,066	19,189	▲ 3%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
People reached with critical WASH supplies	Total	-	215,554	58,452	▲ 27%	431,107	78,190	▲ 18%
People reached with hygiene promotion sessions	Total	-	434,439	70,652	▲ 16%	868,879	94,114	▲ 11%
Children with severe acute malnutrition benefiting from a minimum package of WASH services	Total	-	25,011	-	0%	62,247	1,864	▲ 3%
Social protection								
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	24,400	-	0%	-	-	-
Cross-sectoral (AAP, SBC, and PSEA)								
People reached with timely and life-saving information on how and where to access available services	Total	-	11,6 million	1,5 million	▲ 13%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	178,500	-	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	12,500	-	0%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	150,000	-	0%	-	-	-
Rapid Response Mechanism								
Displaced persons and people affected by natural disasters provided with essential household items	Total	-	84,000	35,000	▲ 42%	-	-	-

*Progress in the reporting period 1 January to 31 March 2026

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	8,259,853 ^{6,7}	494,879	3,466	7,761,508	94%
Nutrition	35,570,010 ^{8,9}	3,134,796	3,430,631	29,004,583	82%
Child protection and GBViE	7,000,000 ^{10,11}	26,000	6,049	6,967,951	100%
Education	9,655,260 ¹²	-	-	9,655,260	100%
WASH	8,360,400 ¹³	1,427,667	48,946	6,883,787	82%
Social protection	7,590,568 ¹⁴	-	-	7,590,568	100%
Cross-sectoral	2,202,540 ^{15,16}	118,053	197,266	1,887,221	86%
RRM	3,816,246 ¹⁷	1,211,914	186,065	2,418,267	63%
Cluster coordination	455,330 ¹⁸	-	-	455,330	100%
Total	82,910,207	6,413,309	3,872,423	72,624,475	88%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.

Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. <https://reliefweb.int/report/niger/niger-besoins-humanitaires-et-plan-de-reponse-fevrier-2026>
2. OCHA, Niger Humanitarian Needs and Response Plan 2026
3. OCHA, Niger Humanitarian Needs and Response Plan 2026
4. UNICEF, HNRP 2026
5. Government & UNHCR, March 2026
6. The 40 per cent reduction in the health requirement compared with 2025 reflects a more targeted focus on high-impact interventions and is aligned with strategic prioritization under the humanitarian reset.
7. Of the total funding requirement, \$2.26 million is directed to geographic areas covering UNICEF response contributions to the 2026 HNRP, and \$6 million is for additional life-saving health interventions, including diphtheria immunization in districts not covered by the HNRP.
8. The budget has increased by 1.6 per cent compared with 2025, mainly due to the expansion of the target population for screening for wasting.
9. Of the total funding requirement, \$32.9 million, is directed to geographic areas covering UNICEF response contributions to the 2026 Humanitarian Needs and Response Plan, and \$2.6 million is for additional life-saving nutrition interventions.
10. This budget line item includes \$1,500,000 for the gender-based violence in emergencies response activities and \$5,500,000 for other protection activities.
11. The budget for CP and GBVIE has reduced by 13 per cent compared with the 2025 Humanitarian Action for Children. UNICEF intends to align a significant portion of its response with the capacities of government protection services. In addition, UNICEF will prioritize a consortium approach with non-governmental organizations, enabling coverage of a larger number of people and ensuring presence in remote areas through the engagement of local non-governmental organizations.
12. The reduction of 31 per cent of the education requirement compared with 2025 reflects a more targeted focus on high-impact interventions, in alignment with strategic prioritization under the humanitarian reset.
13. The WASH budget is calculated based on approximately \$34 per beneficiary, as estimated by the WASH Cluster. This reflects provision of emergency WASH services, including implementation costs (staffing, logistics, distribution-related costs, monitoring of the sectoral response and partners, etc.). The 2026 WASH budget corresponds to a 10 per cent reduction compared to the 2025 HAC appeal.
14. The 2026 Niger HNRP costs for approximately \$1.2 million in multi-purpose cash transfers implemented by UNICEF partners to support crisis-affected households in Diffa, Tahoua, and Tillaberi. UNICEF is seeking \$7.6 million to provide cash transfers to 24,400 vulnerable households to support adaptation to shocks and enhance resilience in crisis-affected areas in Maradi and Dosso not covered by the HNRP.
15. This line item includes \$1,702,540 for social and behaviour change activities and \$500,000 for activities for prevention of sexual exploitation and abuse.
16. The reduction in the cross-sectoral requirement compared with 2025 reflects a more targeted focus on communication activities, in line with the country strategy, and aligns with strategic prioritization under the humanitarian reset.
17. This corresponds to a 43 per cent Humanitarian Action for Children appeal, due to a strategic shift by donors towards direct funding of non-governmental organizations. As the provider of last resort, UNICEF will aim to address any remaining gaps in the response via the RRM.
18. The reduction in the coordination requirement compared with 2025 aligns with the strategic prioritization under the humanitarian reset. UNICEF will continue to ensure leadership and effective coordination of the clusters under its responsibility through additional staff capacity to support coordination where required.