

Niger

UNICEF Humanitarian Action for Children 2020

Overview - February 2020





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For more information

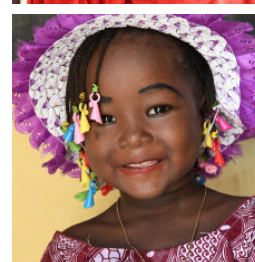
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MULTIPLE CRISES AFFECTING CHILDREN



2.9 million
people require
humanitarian
assistance



1.6 million
of them are
children



59.4 million
needed to deliver
critical assistance

DISPLACEMENT



DISEASE
OUTBREAKS



MALNUTRITION



FOOD
INSECURITY



NATURAL
DISASTERS



INSTABILITY IN
NEIGHBORING
COUNTRIES



Niger is facing a combination of acute and chronic humanitarian crises. About 2.9 million people, including 1.6 million children, are in need of humanitarian assistance, many living in hard-to-reach areas.

Increasing attacks on civilians in the Lake Chad region prevents 263,000 people in Diffa from returning home. **Mounting insecurity along the borders with Burkina Faso and Mali** has exacerbated needs in Tillabéri and Tahoua, where 111 schools are affected, and more than 78,000 people are displaced. A new crisis erupted in July 2019, with more than 35,000 people fleeing atrocities in northern Nigeria and arriving in Maradi.

Conflict and insecurity have exacerbated existing vulnerabilities and suffering caused by natural disasters, health emergencies and structural issues. About 260,000 people have been affected by flooding. 380,000 children are at risk of severe acute malnutrition and 600,000 children are threatened by epidemics. Girls particularly are at risk of abduction, forced marriage and survival sex, and boys are being exploited for work and recruited by armed groups.

Humanitarian needs are expected to increase in 2020, especially in regions bordering Burkina Faso, Mali and Nigeria, and communities' livelihoods and coping mechanisms will be further stretched.

'Sharing the little they have,... this is an example Nigeriens have shown to the face of the world'

Dr. Félicité Tchibindat
UNICEF Representative in Niger



RESPONDING TO BOTH CHRONIC AND ACUTE CRISES

■ **UNICEF works with national actors to strengthen countrywide health and nutrition systems and increase national capacities to mitigate risks and respond to cyclical and chronic emergencies**, including flooding, malnutrition, disease outbreaks and epidemics. This includes Severe Acute Malnutrition prevention and treatment, vaccination campaigns, cholera preparedness and health care.

■ **UNICEF responds to acute emergencies, including new population movements in Diffa, Maradi and along the Burkina Faso border.** UNICEF and partners increase in-country response capacities, including through the Rapid Response Mechanism, for which UNICEF provides technical leadership and centralizes the procurement of non-food items. Complementary operational strategies focus on accessing vulnerable communities in insecure and hard-to-reach areas. UNICEF is facilitating preparedness and contingency planning, while further integrating humanitarian action and development programming and emphasizing quick transitions to durable solutions.

■ **UNICEF response increases access to and quality of education for crisis-affected children, comprehensive child protection services, and access to safe water and sanitation facilities.** UNICEF leads the water, sanitation and hygiene (WASH), education and nutrition clusters/sectors and the child protection subcluster.



KEY ASKS

■ Considering the increased number of people affected by the multiple and complex emergencies in the country, **it is a challenge to the humanitarian community to meet their needs.**

■ In 2019, UNICEF has mobilized \$24 million against \$45.9 million (58% funded) needed, which is largely insufficient to respond to the immediate needs of the affected populations. **Health, protection and education remain the most underfunded sectors to date.**

■ **UNICEF is appealing to the solidarity** to help Niger's Government and UNICEF to meet the urgent needs of these populations and to provide life-saving support in affected areas.

■ **Investment in disaster preparedness, in building national and local capacities, in engaging private and public sectors, and in implementing durable solutions** is key to the prevention and mitigation of recurrent and chronic crises such as flooding, malnutrition, and food insecurity.

PLANNED RESULTS IN 2020

UNICEF and partners will work towards the following results in 2020 :



NUTRITION

381,700 children will be treated for severe acute malnutrition



HEALTH

110,000 children will be immunized against measles

100,000 children will have access to lifesaving health interventions



WASH

95,000 people affected by population movements and natural disasters will have access to safe drinking water and sanitation



415,000 people at risk of waterborne diseases will have access to hygiene kits and sensitization



CHILD PROTECTION

30,500 children will have access to psychosocial support, including though child-friendly spaces



EDUCATION

34,400 crisis-affected out-of-school children will have access to education

113,000 children will receive individual learning materials



NON-FOOD ITEMS AND SHELTER

143,500 people affected by conflict or natural disasters will receive essential household items



EDUCATION UNDER FIRE

Niger continues to experience rising insecurity and instability, including increased attacks in the regions of Tillabéri, Tahoua, and Diffa. Access to schools in these regions is restricted, or necessitates the use of armed escorts, hampering efforts to support children affected by armed violence.

The number of schools affected by rising insecurity in conflict areas has doubled over the past months, increasing from 61 in September 2019 to 128 in January 2020, affecting more than 10,300 children and 345 teachers.

The threat of attacks creates a sense of fear in local communities, forcing schools to close, teachers to flee and schoolchildren to remain at home, unable to learn in classrooms with their peers.

Attacks on schools are part of a wider trend, where non-state armed groups are increasingly threatening and attacking symbols of state authority such as military and police installations, prisons but also village chiefs and government cars.

Children who are out of school for long stretches of time are often more vulnerable to abuse and face increased risks ranging from working in mines to petty crime, drug abuse, and recruitment into armed groups.

Many children are traumatized by violence, displacement, and personal loss at an early age. UNICEF estimates that, in some areas, up to 80% of children may be victims of psychological trauma, potentially preventing them from reaching their full potential as adults.

UNICEF IN ACTION

■ **UNICEF continues to lead the Education Sector Cluster and works closely with regional authorities and implementing partners to develop solutions to the situation.** As a result of these collaborative efforts, UNICEF and partners were able to support 59,000 children to continue their education despite the current situation.

■ **UNICEF is working to help conflict-affected and displaced families reintegrate children into formal education.** UNICEF's support to the sector has helped a total of 301,000 children in 2019, including through the distribution of school kits and supplies. More than 9,700 children have also benefited from alternative education, including in 30 new Alternative Education Centers in Zinder. 1,100 young people in Maradi and Tillabéri completed vocational training programs.

■ Where integration into formal schools is not possible, **UNICEF works with partners to create alternative, safe, and temporary learning environments for children.** However, this is not a substitute for formal education and cannot replace primary education.

“Attacks on schools and threats to education are destroying the hopes and dreams of an entire generation of children. Without education, children face a future without hope. The life of a child excluded from school is a tragedy of unfulfilled potential and lost opportunity”

UNICEF

■ In areas where insecurity persists and schools remain closed, **radio education - while not covering the full curriculum - provides children with the basics.** However, the goal is to bring all children to school, including those who have never had access to education.

■ Temporary measures must respond to the crisis while considering long-term needs and objectives, including the needs of the large number of children who are out of school for reasons unrelated to the conflict. To this end, **UNICEF is supporting the Government in developing a national strategy to reduce the vulnerability of the education system to the risks of conflict and natural disasters.**

■ **UNICEF is strengthening school management structures at the community level** to support them in managing risks and emergencies in schools.

■ To improve children's mental health and to help them to cope with traumatic experiences, **UNICEF is training teachers on psychosocial support** to strengthen the role of schools as a safe and supportive environment for rehabilitation.



KEY ASKS

■ Attacks on schools are a violation of children's rights and international humanitarian law. **Schools should be safe spaces and protected at all times.** UNICEF acknowledges the efforts by the Government of Niger and count on their diligence to undertake all measures.

■ **Niger's education sector requires more attention and investment** to ensure that rural communities in remote areas affected by insecurity are not marginalized and deprived of access to adequate schooling.

■ In a region facing increasingly complex conflicts and instability, **education can never be an option, it is a necessity,** a matter of survival, and a key to social stability.



SEVERE FLOODINGS ERODE RESILIENCE

“Due to climate change and associated events, the scale, frequency, severity and unpredictability of floods and other extreme weather events will continue to rise in the coming years, and at an accelerating pace.”

UNICEF



In 2019, **about 260,000 people, including 150,000 children, have been directly affected by floods in Niger.** Over 21,000 houses were destroyed, and 57 people died (as of mid-November 2019)

Most recently, on October 15, 2019, the Komadougou Yobé river in the Diffa region flooded large parts of Chétimari, Gueskerou, Maine Soroa, and Diffa (city) due to heavy rains, destroying over 6,200 houses and leaving more than 45,000 people in immediate need of shelter, clean water and sanitation, and essential household items.

Children and care-givers whose houses have been destroyed by the floods are at a heightened risk of preventable diseases such as malaria, respiratory tract infections, and cholera.

UNICEF IN ACTION

■ UNICEF assists the Ministry of Humanitarian Affairs and Disaster Relief and the Directorate General of Civil Protection in **electronic data collection** and in **setting up a multisectoral response.**

■ UNICEF has distributed tablet devices, installed a server and trained government officials in assessing flood damage using electronic data collection methods in the capital Niamey and four regions (Dosso, Maradi, Zinder, and Tahoua). This approach enabled the Government and the humanitarian community to overview the severity and scale of the damage and to trigger a response much faster than in previous years, when data collection used to be a major bottleneck slowing down assistance.

■ UNICEF is closely collaborating with the Government’s Civil Protection Ministry and the Ministry of Humanitarian Affairs and Disaster Relief to **distribute essential**



260,000
people affected by floods



150,000
of them are children

shelter and household items to flood-affected families. Thousands of kits benefiting over 20,000 people in the regions of Agadez, Maradi, and Dosso were distributed together with the Government’s Ministry of Humanitarian Affairs and the in-country “Rapid Response Mechanism”. The kits consist of mosquito nets, plastic sheeting, sleeping mats and blankets, water canisters, soap, essential clothing, and female hygiene kits.

■ To prevent cholera and similar water-borne diseases, **UNICEF and partners are rapidly rehabilitating damaged and destroyed water systems, providing household-level water treatment products, cleaning wells, and sensitizing families and communities on basic preventive hygiene practices.**



KEY ASKS

■ **We need to respond to disasters in new ways.** UNICEF is already adapting its humanitarian programme to become more sustainable by shifting towards permanent solutions (e.g. building durable classrooms, water systems, latrines, etc.) which are less likely to be destroyed by flooding.

■ **The events themselves are largely unavoidable, but they only become disastrous when a population is unprepared or unable to cope.** Empowering vulnerable people to deal with what nature presents is critical to improving their lives. Therefore, resilience building constitutes a focus of UNICEF’s work to support the Government in Niger.

■ This work includes: enabling communities to prepare for withstanding floods, contributing to early warning systems, and promoting health, hygiene, and disease prevention.

■ **Larger investment in Disaster Risk Education is crucial in a country like Niger,** is highly cost-effective, and, most importantly, has a profound impact on saving lives and livelihoods when natural hazards strike. The challenge consists in mainstreaming a ‘culture of preparedness’ and accruing the necessary financial investments and institutional support to maintain it.



CHILDREN IN CONFLICT

Over the past 2 years armed groups have intensified attacks in Niger, as in the Sahel region. Insecurity is spreading at a rapid pace. Women and children are bearing the brunt of the violence. In 2019, in Diffa and the three-border regions (Tillabéri, Tahoua & Maradi), main grave violations of child protection rights were related to abductions, recruitment and use of children and attack on a mobile clinic. Children are victims of rape, threats, physical assault, improvised explosive devices (IED) and others unexploded devices.

Children are recruited by non-state armed groups. They are used by non-state armed groups during attacks. In 2019, 157 children among them 71 girls are estimated victims of abduction by the non-state armed groups.

Many children are traumatized by violence, displacement, family break-up and personal loss at an early age. UNICEF estimates that, in some areas, up to 80% of children may be victims of psychological trauma, potentially preventing them from reaching their full potential as adults.

The 'invisibility' of non-registered children increases their vulnerability and the risk that violations of their rights will go unnoticed. Providing children with birth registration during and after conflict is, therefore, a matter of urgent priority.

UNICEF IN ACTION

In 2019, 5,601 children affected by conflict benefited from psychosocial support through child friendly spaces and alternative care in the host families.

In addition, UNICEF provided technical support, monitoring and advocacy for the implementation of the memorandum of understanding between the Government of Niger and the United Nations System for the protection of children allegedly associated with armed groups, ensuring their handover to protection services and an adapted reintegration programme. Therefore, a mechanism for reintegration and alternatives to detention was set up with the department of Child Protection and communities.

In 2019, 171 children (including 164 in Diffa) who have been associated with armed groups were released or escaped. UNICEF provided them with transit care and family reunification. Moreover, 70 (out of the above 170) benefited from socio-professional reintegration by the Regional Department of Child Protection, UNICEF and community structures support. According to the Equity principle and protection strategies, 210 children from the receiving communities benefited also from socio-professional reintegration.

In 2019, emergency response in child protection reached children in Diffa, Tillabéri and Tahoua regions, as well as started to implement activities in villages

hosting refugees in the region of Maradi following displacement of population from the Nigeria border.

Around 25,000 children affected by population movements benefitted from sensitization through activities and via the 70 child protection community-based mechanisms set up and reinforced in Diffa, Tillabéri and Tahoua regions, reaching only 28% of the target population due to funding shortfall in Diffa, and humanitarian access issues in Tillabéri and Tahoua.

UNICEF continues to co-lead the Child Protection Working Group and supporting government in the development of the Child protection information management system (CPIMS+) to improve case management.

To better assist children affected by crisis and prevent abuses and violence against children as well as in inaccessible areas, UNICEF is supporting the regional government to enforce child protection community approach, including community members capacity building in child protection. In 2019, **850 young girls have been protected from child marriage, abuses and exploitation** thanks to 660 trained staffs in 66 child protection communities-based mechanisms established in the Goudoumaria, Foulatari, Nguelbeli, Maine Soroa, Chetimari, Diffa, Gueskerou, Bosso, N'Guigmi communes.

UNICEF supports civil registration services to ensure that every child birth is notified, registered, and a certificate is granted. **More than 361,705 children under 1 year old, the majority of which in rural areas, obtained their birth certificate**, amounting to 47% of expected births in the year, out of a 50% annual target.



KEY ASKS

- The Niger Government has made efforts to ensure the application of the hand over memorandum concerning children associated with armed groups and these efforts should be continued.
- Protecting children against unexploded devices, kidnapping and recruitments in armed group is a crucial priority.
- Reuniting unaccompanied and separated children with family and extended family members in emergency situations is the best way to provide children with safety, security and care, and birth certificates and other documents of identification are essential to reunification efforts.
- It is crucially important to develop solutions for young people to enable them to develop their full potential according to their aspirations and contribute to building a positive development trajectory for the country.



FROM THE FIELD

Providing quality case management response

By Islamane Abdou Soumaila



Issoua Oumarou, an agent trained on Standardized Information Management System for Child Protection
UNICEF Niger/2019/Islamane Abdou

The day has just risen over the capital of Manga and the city's arteries are already bustling with pedestrians, cyclists and vehicles. Contrary to what many might think, despite the state of emergency in place since February 2015, the city of Diffa is now regaining its former glory.

Armed with his notebook, Issoua Oumarou begins his day with a visit to the family of Hamsatou, a 10-year-old girl who lost her parents during an attack by an armed group from her village, Baga, in Nigeria.

Issoua is a social worker. His job is to identify vulnerable children, including children separated from their families, orphans, unaccompanied children or those who are victims of family neglect.

“Once identified, we respond according to specific needs. This can range from psychosocial support to health care and the delivery of non-food and food items.”

At Hamsatou's – a girl he has been following for several months – Issoua has come to follow up on her reintegration and preparations for her return to school. Her host family has enrolled her in school.

“We do not stop at providing immediate assistance to the child. We make sure that the child receives continuous support until she is no longer in a situation of vulnerability,” adds Issoua.

In another part of town, Issoua has an appointment with Mahaman and his family. This child from a refugee family lost his sight due to negligence.

Today, thanks to the efforts of the Regional Directorate of Child Protection, the boy has benefited from surgery and has regained his sight. Issoua is there to see if Mahaman's living conditions have improved and if the

parents are looking after the child. Mahaman can now see and find pleasure in playing again.

“Now I can play and go wherever I want!” says Mahaman to Issoua. This provides Issoua with the opportunity to remind children and Mahaman himself to avoid places associated with the military.

After these visits, the day is not over yet for the social worker. He has to log the information he has collected on a platform called the CPIMS +: Standardized Information Management System for Child Protection.

This tool, managed by the Ministry for the Promotion of Women and Child Protection, was developed at the request of stakeholders involved in child protection. The idea behind this innovation, supported by UNICEF with funding from the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), is to improve the case management system for vulnerable children and harmonize interventions.

Working with concentration on a computer in his office, Issoua updates the file of each child he has just visited. “We used to keep all the information on paper before and if the documents were ever lost, we lost all the data. But now everything is computerized and it changes everything,” he says with a smile.

Everything is done under the supervision of the Chief of the Child Protection Division who, in turn, logs in to the platform and verifies the information added by the social workers.

“Thanks to this tool, we are able to know if a social worker has visited a child, see the information he has collected and monitor all the records of children in need of assistance,” says Djibrillou Boukar.

With many actors involved in child protection, a tool like CPIMS+ is more than necessary to coordinate interventions. “CPIMS+ allows us to improve our capacities in terms of information management, and to offer quality services to crisis-affected children, as well as other vulnerable children identified and supported by different actors,” says Ildephone Birhaheka, Child Protection Officer at the UNICEF Zone Office in Diffa.

Since its launch in 2017, CPIMS+ has enabled the collection, storage, analysis and production of reports on the management of vulnerable children, as well as provide quality case management responses.

In Niger, 86 child protection agents have been trained, of whom 39 are based in the Diffa region. CPIMS+ has become an effective system for the secure management of information – which all child protection actors must adopt in the best interest of the child.




COMPLEX POPULATION MOVEMENTS




263,000
displaced people in Diffa



78,000
in Tillabéri & Tahoua



35,000
in Maradi

Niger border areas are affected by the rise of new population movements and the persistence of uncovered needs, resulting in an increasing vulnerability of people in need of assistance in the country. This situation mainly affects the regions of Diffa, Tahoua, Tillabéri, and Maradi, where non-state armed groups have intensified their activities over the past few months.

In the region of Diffa, this was translated into targeted violence against Nigerien security forces and civilians (targeted killings, kidnappings, looting, cattle rustling). There has been an alarming trend of abduction of women and girls - 48 children, including 33 girls from January to August 2019. **263,000 people are displaced in the region of Diffa.**

In the Tillabéri region, the latest deadly attacks on military bases in December and January 2019 were coupled with targeted murders of community and official leaders. Activities of non-state armed groups from Mali and Burkina Faso have resulted in violence against civilians. **Approximately 78,000 people are displaced in the Tillabéri and Tahoua regions.**

In the Maradi region, armed robbery, cattle rustling, and attacks targeting civilians, mainly by armed groups from Nigeria, have been recorded along the Nigerian border. According to UNHCR, **more than 35,000 Nigerian refugees have arrived since April 2019**, mostly living with host families.

UNICEF IN ACTION

- **UNICEF is the technical lead for Niger's Rapid Response Mechanism (RRM), which is the main mechanism for responding to emergencies in the early days of displacement, through a cooperation framework bringing together NGOs and UN Agencies.** The RRM has conducted more than 130 humanitarian needs assessments among newly displaced populations in 2019 and has served more than 69,000 with non-food items, and more than 92,000 people with safe water and access to sanitation.

- **UNICEF purchases, transports, and pre-positions contingency response stocks to meet the vital needs of the affected population** in terms of essential household items and access to water, hygiene, and sanitation.

- UNICEF works closely with the Government,

Technical Divisions, the Ministry of Humanitarian Action and the General Department of Civil Protection in preparing and responding to population movements and flooding, through capacity building and funding of multi-sector emergency response capacities. In 2019, UNICEF has trained 80 agents of the General Department of Civil Protection and the Ministry of Humanitarian Affairs and Disaster Relief in several regions on electronic registration of people in need.



KEY ASKS

- **Children in conflict and displacement can be exposed to high risks:** loss of home and possessions, separation from parents, recruitment by armed groups, risk of sexual abuse and exploitation, physical harm, forced labor, lack of access to health care, education, and recreation, psychosocial distress, and witnessing homicide, death, injury in themselves or their families.

Psychosocial distress may then set in with the child and prevent him/her from developing his/her full potential. **Children need care and support to overcome their trauma.**

- **For a child, not attending school may lead to several consequences:** increased risk of under-age marriage for girls, forced labor, and recruitment of children into armed groups. Protecting education is therefore crucial. Attending school allows children to rebuild their lives, providing them with a protective environment, the necessary skills, and prospects for their future.

- **The protection of children's rights in displacement is fundamental,** be it the right to food, health, education, or the right to be protected from violence. They need shelter, food, drinking water, medical care, and education. After having lost everything, education represents the chance to have a better life once returning home. All children have the right to these basic needs.



FROM THE FIELD

We sheltered them with open arms

By Araia T. Alvarez



Abdoul Aziz and his family, who has hosted 43 displaced people at home.

UNICEF Niger/2019/Araia T. Alvarez

Samia Hassane, knows too well what it is like to lose everything. She is one of the thousands of displaced mothers who fled violence in her village in northwestern Nigeria.

“Thieves arrived at our village firing guns. They took our belongings. They took our livestock. They killed our husbands. They chased us out of our village. We hid in the bush. We fled until we found refuge here in Dan Kano. Here at least we can sleep peacefully,” she says.

Since May 2019, the border villages in the Maradi region of Niger have provided shelter to more than 35,000 displaced people; the vast majority are women and children;

One of these villages is Dan Kano. Mohamed Souleymane, the village chief explains what happened.

“When they started coming to our village, I went to see the households in my area to ask them to welcome these displaced people with open arms. Armed groups chased them out of their homes. We sheltered them in ours with open arms so that their suffering can be relieved,” he says. “It’s been three months since we gave refuge to them and at the moment their numbers are twice as big as the population from Dan Kano.”

Most of the displaced people were taken in by host families who readily shared their scarce resources with them.

“I welcomed 43 displaced people in my home,” says Abdoul Aziz, the head of the household where Samia and her children stay. “The day they arrived I opened the door of our home and I placed them inside, but there weren’t enough bedrooms so we had to sleep on old clothes. During the winter period, I built a house next door”.

This situation exacerbates the vulnerability of both the refugee and host families.

“We don’t have enough food. We all share what we find for eating. Now we have become one family,” says Marietou, Abdoul’s wife.

Samia, who sits next to her, adds, “We had to flee without our belongings. Abdoul and his family don’t have enough food for everybody. We eat what Abdoul finds. If any of us manages to find something, we bring it home. There isn’t any conflict or distinction among us.”

UNICEF and its partners have activated the Rapid Response Mechanism (RRM) in the area. RRM is a unique partnership and emergency response capacity arrangement, designed to provide critical multi-sectoral assistance to emergency-affected people.

RRM teams are now on the ground to evaluate the vulnerabilities and needs of the displaced and local populations in each host village and launch a swift humanitarian response.

“We are in the field making a multi-sector evaluation before delivering the response in water, hygiene, sanitation, food security, non-food items and shelter, and civilian protection,” says Hassane Adamou Manirou, the RRM team coordinator from UNICEF partner NGO, Action Against Hunger.

“Our evaluation involves collecting qualitative data through direct observations, discussions with community leaders and interviews with key informants, as well as quantitative data through home surveys at community level,” explains Hassane Adamou Manirou.

In 2019, the RRM has conducted more than 130 humanitarian needs assessments among newly displaced populations in 2019 and has served more than 69,000 with non-food items, and more than 92,000 people with safe water and access to sanitation.



An RRM Action Against Hunger team member conducting a multisectoral evaluation.

UNICEF Niger/2019/Araia T. Alvarez



DISEASE OUTBREAKS



“One morning when I woke up, I started feeling bad. I had a fever, diarrhea, and even vomiting. So, I was referred to the closest health center. In the aftermath of the cholera outbreak, we were told that the cause of the disease was the water from the pond that we were drinking”

Zeinabu, a cholera survivor.

■ **From 2010 to 2018, the epidemiological context of Niger was shaped by numerous cholera outbreaks**, mainly in the regions of Tillabéri, Maradi, Dosso, Diffa, Tahoua, and Zinder. During this period, Niger reported more than 15,500 cases, including 426 deaths.

■ **The risk of new cholera outbreaks is exacerbated by the insecurity situation** leading to population movements and the settlement of IDP and refugee sites in the regions of Diffa, Tillabéri, Tahoua and Maradi.

■ Less than half of the total population in Niger has access to health services due to limited service availability and financial access. **Several measles outbreaks** swept into 33 health districts and a **circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak** since 2018 in three regions (Zinder, Maradi, and Diffa) were among the biggest challenges.

■ **Increased number of cases for pertussis** (527 in 2019 versus 380 in 2018) **and diphtheria** (47 in 2019 versus 26 in 2018) indicates weak immunity status in some districts and calls for additional efforts.

UNICEF IN ACTION

■ UNICEF is supporting the Government and humanitarian actors in epidemic preparedness through: training and capacity building, pre-positioning of inputs for contingency response, development and updating of contingency and response plans, and setting up of standby partnerships for emergency response.

■ UNICEF also provides technical, material, and financial support to technical services and NGOs for

the response to epidemics, including preventive activities in schools for the sustainable acquisition of good hydro-sanitary practices.

■ UNICEF’s Water, Sanitation and Hygiene programme places a strong emphasis on sustainable prevention activities in communities regularly affected by epidemics through the provision of safe water and sanitation infrastructure and hygiene promotion with increasing implementation of the Community Led Total Sanitation Approach (CLTS) in emergencies.

■ UNICEF is also supporting the Government in conducting multidisciplinary WASH-epidemiology studies to identify transmission contexts, and in developing cholera prevention and control plans.

■ Moreover, UNICEF is providing significant support to the Government in strengthening community-based cholera surveillance.

■ UNICEF supported a number of preventive and emergency response campaigns against measles, polio, and meningitis through overall planning, logistics, social mobilization and communication. Transmission of circulating vaccine-derived poliovirus type 2 was stopped. The outbreak was declared over in December 2019. More than 4.3 million children were vaccinated against measles and a total of 6.3 million against meningitis.

■ UNICEF supported essential health interventions in 2 conflict-affected regions (Diffa in the Lake Chad area and Tillabéri across the Mali border) and floods-affected areas. In particular, mobile clinics provided care for 18,200 children in 3 Districts, thus proving to be a significant contribution to improve health coverage.



KEY ASKS

■ Cholera is an indicator for lack of access to safe water and sanitation, and the prevalence of inadequate hygiene practices. Cholera can be prevented and controlled if human, material, and financial resources are mobilized in a consistent manner.

■ The priority areas and actions required to control cholera in Niger are well-known and call for vigorous upstream interventions for preventive purposes. Niger has a multi-sector strategic plan for cholera elimination but lacks the financial resources to implement it.

■ Population displacements in cholera hotspots increase the risk of cholera outbreaks.

■ The strengthening and effectiveness of community and local surveillance and early warning systems are critical for the rapid control of the epidemic.



CHILDREN AT RISK

OF SEVERE ACUTE MALNUTRITION

Severe acute and chronic malnutrition is a severe, often life-threatening condition that impairs a child's development and prevents him/her from reaching his/her full potential in adulthood. Apart from the impact on the lives of individuals, chronic malnutrition, which is consistently above 40% among children, is also likely to impact on the development of an entire population.

- **Malnutrition is a major threat to children's health and development in Niger.** More than 4 out of 10 children under 5 are stunted, robbing them of realizing their full potential. Global acute malnutrition is consistently above the 10% 'alert' level – even during times and in places where no nutrition-related emergencies have been declared. Micronutrient deficiencies are rampant, and more than 70% of children under 5 are anemic.
- **Despite recent efforts, severe acute malnutrition (SAM) rates remain extremely high.** On average, 400,000 children under the age of five are admitted to nutritional programmes in Niger annually.
- **There has also been no significant change regarding the indicators related to Infant and Young Child Feeding (IYCF).** The rate of exclusive breastfeeding has stagnated around 20% since 2012; dietary diversity is a major concern - only 6% of children aged 6 to 23 months receive a diet that is sufficiently diversified for their age.
- **The Government of Niger launched its first multisectoral nutrition security strategy,** titled "Politique Nationale Multisectorielle de Sécurité Nutritionnelle" (PNSN), which seeks to address both the immediate and underlying causes of malnutrition through 8 pillars (Governance, Nutrition, Agriculture, WASH, Social Protection, Education, Health, Communication).

UNICEF IN ACTION

- UNICEF and its partners are assisting the Government of Niger to respond to the malnutrition crises and also to develop a multisectoral nutrition response to reduce stunting and other forms of undernutrition.
- **UNICEF provides medical and nutritional supplies for the treatment of severe acute malnutrition** for the country's 1,233 health facilities (including 47 hospitals). UNICEF procures and delivers them up to the health district level. From January 1 to December 30, 2019,

more than 414,000 children (0-59 months) suffering from severe acute malnutrition were admitted for treatment, 90.2% of these recovered, thanks to UNICEF's and partners' support.

- **UNICEF supports the training of health workers and community relays on the promotional and preventive package** (which includes essential family practices, malnutrition screening and counselling). Moreover, UNICEF supports the training of health workers on SAM protocol.
- In line with the National Strategy for Infant and Young Child Feeding (IYCF), **UNICEF supports trainings in IYCF including for dietary diversity** for 284 health workers, 56 community health workers and 3,161 community volunteers as well as supportive supervision using the generic "community IYCF" materials developed by UNICEF. This allowed to scale up the IYCF promotion and counselling in 5 new districts in 2019 (up to a total of 51 districts).
- UNICEF supports the implementation of the adopted National Nutrition Security Policy (PNSN) (2017-2025) and its costed action plan (2017-2019).
- UNICEF supports the coordination of the Nutrition Technical Group at the central and regional levels (with a focus on Tahoua, Tillabéri, and Diffa).
- UNICEF supports the strengthening of the health system, especially through technical and financial support for the national health supply chain restructuring (in collaboration with the National Division of Pharmacy).



KEY ASKS

- Malnutrition constitutes a chronic situation in Niger, which requires the Government as well as donors to maintain a strong focus on interventions addressing the structural causes of malnutrition. Nevertheless, investments in programmes for the treatment of malnutrition must be continued to save children's lives here and now.
- Partnerships with the private sector emerged as key to move forward on critical agendas such as the prevention of stunting. In 2019, UNICEF conducted an initial mapping of the private sector in Niger, which highlighted the need to deepen the analysis and develop a specific private sector engagement strategy focused on the business sectors with the highest potential to contribute to results for children.



FROM THE FIELD

I began to fear for Sani's life

By Juan Haro Simarro



Nurse Djemila visits Fatima after her baby experienced an improvement of his health conditions at the IPF, in Diffa.
UNICEF Niger/2019/Juan Haro

Family members wait in the outside entrance of the health facility. The grandmothers and mothers' faces show fatigue and anxiety while several hands empty the pots with rice and beans on the ground. They pray on the floor asking for hope. The atmosphere feels tension despite the welcoming greetings of the health staff.

Inside the walls of the center, between fifteen and twenty children are torn between life and death because of severe acute malnutrition and its related diseases. We are at the Intensive Nutritional Rehabilitation Center, IPF, in Diffa, Niger.

Several babies weight under two kilos, the skin of their arms and legs is wrinkled and their hair looks yellowish.

Sani arrived to the intensive care room with a weight of 2.3 kg and a size of 40 cm. A child of his age should weight at least 5 kg. His heart is tired, and his body weak. He is connected to the oxygen machine to breathe.

Upon his arrival at the IPF, the doctor diagnosed him with severe acute malnutrition, pneumonia, malaria, and a cardiac pathology.

Sani is a refugee child from Nigeria. Her mother, Fatima, 24, three children, had to escape two years ago from Boko Haram in the town of Damasak, just two kilometers from the border between Nigeria and Niger.

The town in Nigeria where Fatima lived with her children and her husband has been seized by Boko Haram insurgents since the beginning of the conflict in 2015, including the kidnapping of women and children.

Sani was not even born when Fatima and her family fled to the temporary displacement sites in Chetimari, within Diffa's region. Fatima gave birth of Sani in a

health center in Damasak three months ago. The health problems started before the birth of the baby. Her mother was exposed to high levels of emotional stress and lack of food due to the consequences of the armed conflict and the continuous displacement from one town to another.

The baby was also born with a cardiopulmonary disease whose treatment is not available in Diffa. The conditions in which Fatima was pregnant increased the risk of Sani from suffering a congenital problem. The last doctor who treated heart problems moved to the capital Niamey months ago.

'During the months before my pregnancy, I began to waver and feel that I lacked strength. The daily food was not enough, I only ate millet and milk, and the nurse told me that I suffered from anemia'.

'When Sani was born, I could not barely breastfeed him. Something was not right'.

Upon Fatima's arrival at the temporary site for displaced people in Chetimari, she brought her little baby urgently to the nearest health center.

'In Chetimari the nurses told me that my little baby was in danger because, in addition to his malnutrition problem, he had contracted malaria and pneumonia. He didn't tolerate the milk of my chest, he didn't have any appetite and he vomited a few times. I began to fear for Sani's life' says Fatima. Fatima and Sani were transferred urgently to the Intensive Nutritional Rehabilitation Center (IPF) in the city of Diffa where Sani would be hospitalized for more than fifteen days.

'In Diffa, and throughout the country, the children who are severely wasted and have access to deficient health services experience higher rates of malarial infections. This is also a reality in our center' he affirms.

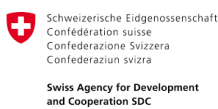
Almost twenty days after his hospitalization, Sani has regained weight. His malaria symptoms are gone. His mother Fatima has followed the advice of the nurses about her own nutrition and her baby's. Sani breathed slowly, but he does it on his own. Sani, has come back to life.



Nutritious supplies at the Intensive Nutritional Rehabilitation Center (IPF) in the city of Diffa
UNICEF Niger/2019/Juan Haro

Thank You!

UNICEF is funded entirely by voluntary contributions. UNICEF would not be able to deliver critical humanitarian assistance to children without the sustained commitment, efforts, and the generous contributions received from committed partners. We thank all our funding partners for their support and look forward to continued collaboration to ensure a better future for all children in Niger.



Our implementing partners



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