

# Coronavirus (COVID-19) Situation Report n° 1



UNICEF Niger's Immunization Manager, Moriba Kone, inspects the tent installations to treat COVID-19 patients next to Niamey's National Reference Hospital.

UNICEF Niger / J. Hain

Reporting period: 6 to 12 April 2020

### Highlights

- The first case in Niger was reported on March 19, 2020 in the capital city Niamey. By April 12, six regions are affected; however, the hotspot remains Niamey with about 98 percent of cases.
- UNICEF is providing major technical support to country risk communication and community engagement activities, including by co-leading the Risk Communication and Community Engagement crisis-subcommittee, led by the Ministry of Health.
- As co-lead of the national IPC subcommittee, UNICEF supports the government in the development and implementation of the IPC strategy and interventions, providing both technical assistance and WASH supply.
- Niger witnessed several violent demonstrations against the enforcement of containment measures enacted by the Government in the context of the COVID-19 epidemic. The presence of Non-State Armed Groups continued to remain a major cause of insecurity and instability in Tillaberi and Diffa regions, increasingly affecting Tahoua, Dosso and Maradi regions.

### Situation Overview & Humanitarian Needs

Following the confirmation of the first positive case of COVID-19 in Niger, UNICEF has been working closely with the Government and its partners to step up the response and prevent further proliferation of the COVID-19 virus in the country. UNICEF elaborated a response plan focused on the immediate measures that must be undertaken as priority to ensure preparedness and response actions to address the COVID-2019 outbreak. The plan is based on the Response Plan developed by the Government of Niger, with the technical assistance of its partners, including UNICEF.

UNICEF is providing support to the Government, and particularly the Ministry of Health, in the field of risk communication/community engagement, infection prevention and control, supply and logistics, epidemiological surveillance and healthcare provision. Moreover, the Country Office (CO) is closely working with the Ministry of Education to identify and implement measures to ensure continuity of education to children during the school closure period and with the regional authorities in charge of Child Protection to ensure that the needs of the expelled and migrant children are met. UNICEF is also co-leading 3 of the 8 sub-committees established by the MoH (communication/community engagement, Infection Prevention and Control and logistics) and is an active member of the others. Finally, UNICEF is also participating to the UN pandemic coordination system.

### Government action

The Government of Niger has developed a national COVID-19 Emergency Preparedness and Response Plan for a total budget of 102,839,078,927 FCFA, comprised of the following 5 strategic axes: reinforcement of coordination; strengthening of epidemiological surveillance, strengthening of health services capacities; reinforcement of risk communication and community engagement; creation of isolation sites. Eight committees have been created to implement the plan:

1. Coordination, planning and monitoring (including official measures for restrictions on movements and activities)

### Current situation – key figures

(Ministry of Public Health, 12 April 2020)



529 confirmed cases



74 health workers affected



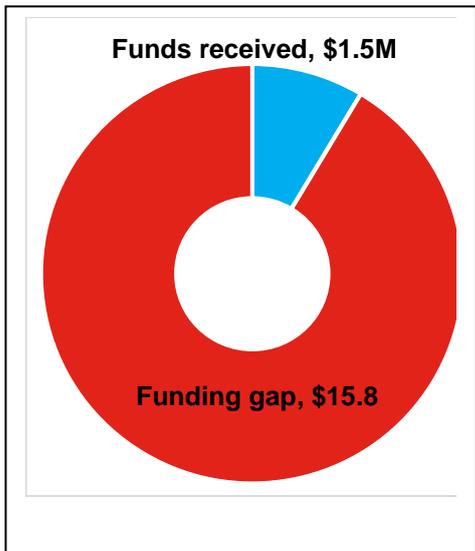
75 people recovered



14 deaths

2.65% Cases Fatality Rate (CRF)

### Funding Requested US\$ 17.2 millions



2. Risk Communication and Community Engagement (limit non-essential movements and activities, practice social distancing, and enhance hygiene practices)
3. Epidemiological surveillance (line-listing, contact-tracing, investigation, daily reporting and trend analysis)
4. Laboratory and research (swab testing and case confirmation)
5. Infection Prevention and Control, Hygiene and Sanitation (SOPs, designated triage and treatment sites, Personal Protective Equipment)
6. Case management (including artificial respiration support for most severe cases)
7. Response et monitoring (including psycho-social care)
8. Logistics (procurement, local production, storage, distribution of supplies and equipment as per itemized and quantified list)

Lately important decisions have been taken by the government, including measures to contain the introduction and the spread of the diseases such as closure of Niamey and Zinder International Airports, cancelation of all domestic flights and closure of all land borders; quarantine for people coming from affected countries; consultation between the government and religious leaders to adopt measures to limit the access to worship places; closure of all pre-school, primary, secondary and higher education institutions; compulsory hygiene measures in markets, shops, restaurants, public and private services; free diagnosis and management of any confirmed cases; lockdown of the city of Niamey, affecting 1.2 M inhabitants.

## Summary Analysis of Programme Response

### Risk communication & community engagement (RCCE) and social sciences research

Since the beginning of the COVID-19 response, UNICEF has the co-leading role for the Communication commission set up by the Ministry of Public Health.

In terms of **Organization**, UNICEF is playing a great role for orienting the response as well as funding major interventions, jointly with other UN agencies. This role is also played by Field Offices of Maradi, Diffa, Tahoua and Agadez within communication sub-commissions and the designation of COVID-19 Focal Points per health districts to support the work of frontline workers.

With the rapid development of the situation, focus had been put on public awareness to be raised. Strong **Messaging** on the COVID prevention was developed and implemented through different channels available. 3 thematic spots (TV and radio) on barriers measures have been developed and aired on community radios and on the national channel in 5 regions. In health facilities of Maradi and Zinder regions, COVID-19 prevention messages were integrated in the weekly education sessions to patients. Engagement of mayors with religious leaders helped understanding of containment measures and prevention messages. To reinforce the prevention messages for a large number of people, traditional public “crieurs” and loudspeakers have been deployed on major streets of Niamey, Maradi and Diffa. To target young people as agents of change, a user-friendly web portal has been developed by young innovators, which will mediate the reporting of alerts and will give information for all interested young people (<http://www.muryarmatassa.org/public/>).

To build capacities of all actors working at community level, the Association of Traditional Leaders of Niger organized training sessions for traditional chiefs of 95 urban sectors of Niamey on COVID-19 prevention and barrier measures. They also were debriefed on their role as community surveillance leaders, raising awareness, but also collecting information on potential cases. UNICEF supported also the reinforcement of the Green Line (701), enhancing its capacities to respond to populations calls. Young people associations were mobilized in the country to undertake door to door campaigns and promote barrier measures.

UNICEF supported the establishment of **Partnerships** across different line ministries, but also with a large number of civil society organizations, such as the Association of Traditional Leaders of Niger, the Hironnelle Foundation, the Islamic Niger Council of Niger, the Scouts Association.

### Communication supports

Item	Produced	Audience	Location	Language
Poster	55,000	General public	All over Niger	French
Kakemono	300	Intellectuals	All over Niger	French
Flyers	35,000	General public, Youth	Niamey, Regions	French
Video spot	06	Youth, Women	All over Niger	French + 8 local
Radio spot	03	Community radios	All over Niger	French + 8 local
Billboards	100	General public	All over Niger	French
Youth website	01	Youth	All over Niger	French

UNICEF supported the Ministry of Health in the production and dissemination of multimedia materials (printed, billboards, digital & audio-visual) – to support the on-going public awareness campaign conducted nationwide by the Government to prevent the spread of COVID-19.

UNICEF also supported the Presidency Communication Unit to spread messages on COVID-19 by engaging national celebrities and influencers and conducting intensive media and digital campaigns that reached millions of people over the past two weeks.

UNICEF is currently working with the National Agency of Information (Government Innovation Department) to develop a series of digital solutions aiming to provide accurate information and advice on COVID-19 (green line 701 and the

government COVID-19 dedicated website: <https://coronavirus.ne/>), and facilitate interaction with the populations through digital and social media technological solutions.

### **Infection Prevention and Control (IPC) and WASH**

As co-lead of the national IPC commission, UNICEF provided technical support to the national infection prevention and control (IPC) commission, in the development and implementation of the national IPC response plan, development of operational strategy, organization of working groups and management of meetings. Regarding the implementation of the plan, UNICEF supported capacity building of national actors, monitoring and control of the respect of IPC measures in health care facilities, isolation centers and other public places, and systematic disinfection of houses of confirmed cases and at-risk places (health care facilities, isolation centers, public administration, offices with confirmed positive cases) and safe and dignified burials.

To reinforce the national IPC capacities, UNICEF supported the provision of personal protection equipment and handwashing devices with soap or sanitizers, and disinfection material for health care facilities and public administrations in Niamey and at sub-national level in close collaboration with the regional directorates of water and sanitation and public health.

### **Health**

UNICEF provided intensive technical support to the national commissions namely coordination, surveillance and response, case management, laboratory and testing; similar technical support is provided in the regions where UNICEF has field offices. UNICEF also provides technical support to the development of the National country contingency plan for COVID-19 as well as to the UN contingency plan, development of country-tailored SOPs for case management, surveillance, case investigation, alert system, including for case management, protection materials for frontline workers, prevention and control.

### **Supply and Logistics**

UNICEF is supporting the Government in developing and implementing of a supply plan including drugs, consumables and equipment.

### **Prevent and address the secondary impact of the outbreak: continued access to basic social services**

- **Nutrition**

As of end of March, 79,949 mothers or caregivers of children aged 0-23 months received individual counselling on Infant and Young Child Feeding (IYCF) and improved family care practices at health facility level. UNICEF is providing technical support to the Directorate of Nutrition and nutrition stakeholders on the development of new guidelines to ensure continuity in the implementation of nutrition interventions in the Covid-19 context. The operational guidelines focus on maintaining services for the management of acute malnutrition, while reinforcing hygiene and Infection Prevention and Control (IPC) interventions both at health facility and community level to reduce the incidence of nosocomial infections and limit the spread of COVID-19. The guidelines also include recommendations on the promotion, protection and support of adequate IYCF practices in emergency situations. Key messages on IYCF in the context of COVID-19 are being developed in collaboration with the Directorate of Nutrition.

- **Child protection and psycho-social support**

Child Protection is working at national level and regional levels with the Regional Directorates for child protection in adapting programmes to respond to the pandemic and advocate for the involvement of child protection actors in the response for vulnerable children, such as Talibes and children living in the streets, children on the move, children deprived of liberty, internally displaced children. UNICEF humanitarian partners are also adapting activities to the development of the situation. For example in Diffa, from 16 to 31 March, six social workers for the Child Protection Regional Directorate sensitized the population in Diffa City by meeting 269 household and 70 vulnerable children individually to discuss on hygiene measures and child risks, such as a possible increase of abuse, physical violence, exploitation towards children due to confinement. In Maradi and Zinder, from 27 to 31 March 2020, over 1300 Talibe children and their Koranic teachers were expelled from Katsina State in Nigeria: after a health check at the border, children were transported to their municipalities/village. A rapid response is being planned by humanitarian actors and the Regional Directorate for Child Protection. Even in absence of clear data, it is expected that many Nigerien children will move back to Niger in the month of April, although child protection services are not able to follow up in each return localities. In Agadez, in end of March, up to 200 migrants expelled from Algeria walked to Assamaka were put in isolation and then after 14 days were transferred to Agadez via IOM. The Government of Niger took responsibility in 24 hours and transferred the Nigerien migrants, including 38 minors, back to their place of origin.

- **Education**

UNICEF is supporting the Government of Niger to draw up an education response plan to ensure continuity of educational services during the school closure. UNICEF and the Education Cluster coordinator held two meetings with the general secretary of the ministries in charge of education on March 19 and 23 to agree on the process of developing a COVID-19 response plan. The ministries have set up a technical team to draw up the plan with the support of a national consultant supported by UNICEF, and the Global Partnership for Education and UNICEF has also received funding from Education Cannot Wait (ECW) to support the Education cluster actors to carry out actions on distance education and awareness-raising actions for prevention.

- **Social protection and response to socio-economic impacts**

UNICEF technically supported the preparation of a concept note on adaptive social protection with the World Bank, WFP and UNHCR, aimed at providing rapid response to the socio-economic impact of the COVID epidemic on the most vulnerable populations. This note, containing a proposal to scale up the national system of adaptive social protection for households and other vulnerable groups as part of the response to Covid-19, is under discussion with Government counterparts.

### **Coordination and partnership**

- As part of its participation in the activities of the Multisectoral Working Group on Cash (CWG), UNICEF actively contributed to the drafting of guidance notes for humanitarian and government actors on Cash Transfers in the context of COVID-19;
- The Nutrition and WASH sectors are coordinating their response and are planning to develop a specific guideline on the implementation of the WASH-in-Nut strategy. The nutrition cluster is also strengthening collaboration with the Food Security cluster, through information sharing and active participation in their meetings. This is critical to ensure synergies and alignment between the two sectors. Discussions are ongoing between the nutrition cluster and the health cluster to explore the possibility to include nutrition information into the COVID-19 database;
- A coordinating mechanism has been established, composed by the GLPE (Local Group of Education Partners), financial and technical partners and the Education Cluster, to coordinate all sectoral responses within the framework of this emergency response to the emergencies;
- The education sector through the ministries in charge of education and the coordination of the Education Cluster are working closely together to provide guidance as part of the COVID-19 response in Niger. The main lines of interventions focusing on prevention activities, the continuity of distance education and the reopening of schools have been produced by the ministries, under the chairmanship of the president of the GLPE. A COVID-19 response plan and the response adaptation guide are under development;
- UNICEF C4D is co-leading at central level the Communication Commission and is providing a major support to all Risk Communication and Community Engagement activities. UNICEF C4D is also playing an essential role within the UN System subgroup response;
- At the child protection sub cluster level, technical committees are set up at national and Diffa levels (6 members) in order to coordinate the response to the COVID-19. Inputs into the Protection cluster SOP are implemented; messages on Child protection, mental health and psychosocial support as well as gender-based violence are being prepared. NGOs are now reflecting on the reprogramming of activities, targets and funding due to the pandemic. A COVID-19 response plan is under development.
- As RRM Technical Group coordinator, UNICEF, together with the other members, is working in adapting RRM SOP and tools to the COVID-19 consequences in order to be able to continue to deliver humanitarian assistance to populations affected by shock respecting “do not harm” principle and contributing to the pandemic response.
- WASH Cluster developed and disseminated SOPs on the adaptation and continuation of WASH activities in the COVID-19 context to keep on supporting other life-saving intervention while avoiding infection during implementation, and to include new IPC activities in emergency WASH interventions. WASH Cluster also held a WASH/COVID-19 dedicated online meeting with WASH partners to discuss on ongoing WASH response and on the development of harmonized WASH COVID-19 kit composition to be validated.

### **Funding Overview**

The Education Cluster has made a submission for a FER (First Emergency Response) project proposal as part of the emergency application COVID-19 launched by ECW. A budget of USD 2 million was approved. Five (5) organizations were selected to receive these funds, including WFP, UNICEF, SCI, Plan International Niger and World Vision. The Global Partnership for Education announced a US\$15M envelope for an emergency and post-COVID-19 response.

## External Media

UNICEF has mobilized its community of champions and influencers to raise awareness about the covid-19 and produced a series of multimedia assets which have been widely disseminated through traditional, digital and social media.

- Production and dissemination of a video featuring our National GWA Alfaga Abdoul Razak on preventive measures against COVID-19 : <https://www.facebook.com/unicefniger/videos/153488229220618/>
- Production and dissemination of a video featuring the Niger's best-known poet and writer on preventive measures against COVID-19: <https://www.facebook.com/unicefniger/videos/1058507897857676/>
- Production and dissemination of a music video featuring the best-known rapper MDM crew on preventive measures against COVID-19: <https://www.facebook.com/unicefniger/videos/968033083614603/>
- UNICEF partners with a team of comedians to help communities cope with social anxiety and adopt preventive measures against COVID-19. In a few days, this initiative has reached almost 100,000 views on social media.
- In Niger, comedians use humour to cope with social anxiety: <https://www.unicef.org/niger/stories/using-humour-cope-social-anxiety>
- UNICEF has developed and promoted a dedicated webpage on its website to help communities get the right information on Covid-19 in the country: [www.unicef.org/niger/coronavirus](http://www.unicef.org/niger/coronavirus)
- A total of 540,000 people has been reached so far with Covid-19-related messages through UNICEF social media channels ([Facebook](#), [Twitter](#) & [Instagram](#)).

## Human Resources

- All staff in Niamey Office and Zone offices are working from home except a few essential staff and pool of assistants who are present at the office on a rotational basis.
- Recruitment of a national C4D consultant is ongoing to be deployed at the Ministry of Health to support the Risk communication & community engagement activities.
- WASH, C4D, Communication and Health staff have been deployed to support the COVID Commission at the government level.
- PSVs have provided wellbeing support to staff through remote webinar on mental health during COVID19.
- HR has initiated a weekly checking-in on staff through a system to trace staff's location and identify those who may need specific support (medical, psychologic, etc).
- UNDP has recruited a local psychologist which services can be used by all staff from the UN System in Niger.
- Regular updates on HR matters (working arrangements, medical services, etc.) are continuously shared with staff by the management and HR.

**Next SitRep** : April 22, 2020

UNICEF Novel Coronavirus (COVID-19) Global Appeal : <https://www.unicef.org/appeals/covid-2019.html>

UNICEF Niger Facebook: <https://www.facebook.com/unicefniger/>

UNICEF Niger Twitter: [www.twitter.com/Unicefniger](http://www.twitter.com/Unicefniger)

UNICEF Niger Blog: <http://unicefniger.tumblr.com/>

UNICEF Niger Instagram: <https://www.instagram.com/unicefniger/>

UNICEF Niger Humanitarian Action for Children appeal: <http://www.unicef.org/appeals/index.html>

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## Annex A: Results of the Covid-19 response

Sector	Overall needs	COVID-19 target 2020	Total results	Change since last report ▲▼
<b>C4D<sup>1</sup></b>				
# people engaged on COVID-19 through RCCE actions	20,000,000	3,000	631	n.a
<b>WASH<sup>2</sup></b>				
# people reached with critical WASH supplies (including hygiene items) and services	3,000,000	300,000	10,500	n.a
<b>Health</b>				
# healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases including among children, pregnant and breastfeeding women	Eight Regions (mainly urban areas)	200	0	n.a
<b>Nutrition</b>				
# of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	396,539	396,539	70,563	n.a
<b>Education</b>				
# children supported with distance/home-based learning	3,700,000	1,000,000	-	n.a
<b>Child Protection</b>				
# children without parental or family care provided with appropriate alternative care arrangements	nd	850	-	n.a
<b>Social Protection / Multipurpose Cash-based Assistance</b>				
# households (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs	n.a	n.a	n.a	n.a

<sup>1</sup> 631 through C4D program, 0 through RRM mechanism

<sup>2</sup> 10,500 through WASH program, 0 through RRM mechanism

## Annex B: Funding Status

Activities	Requirements	Funds available	Funding gap	
		Received	\$	%
Strengthening risk communication and community engagement including digital engagement and rumors monitoring, including communication support: training, IEC material, guides ( <b>C4D- Communication</b> )	2,500,000	1,034,000	1,466,000	59%
Data collection and analysis on secondary impacts on women and children ( <b>Social Research</b> )	200,000	-	200,000	100%
Providing critical hygiene, medical and prevention supplies of WASH and medical supplies along with improved WASH services Infection Prevention and Control ( <b>WASH</b> )	4,000,000	-	4,000,000	100%
Supporting provision of adequate health care for women, children and vulnerable communities including case management ( <b>Health</b> )	3,000,000	-	3,000,000	100%
Nutritional Support (preparedness and response) ( <b>Nutrition</b> )	400,000	-	400,000	100%
Providing access to continuous education and child protection services ( <b>Education – Child Protection</b> )	6,418,000	450,000	5,968,000	93%
Coordination (including Communication coordination)	100,000	-	100,000	100%
Surge Capacity Consultancy and program support	300,000	-	300,000	100%
Support to establishment of emergency social protection programme ( <b>Social Protection</b> )	200,000	-	200,000	100%
Operational Costs	150,000	-	150,000	100%
<b>Total</b>	<b>17,268,000</b>	<b>1,484,000</b>	<b>15,784,000</b>	<b>91.4%</b>