



# Consolidated Emergency Report 2016

UNICEF Niger

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## Abbreviations and Acronyms

CRENAs	Centres de récupération nutritionnelle ambulatoire pour sévère [outpatient services for treatment of severe acute malnutrition]
CRENIs	Centres de récupération nutritionnelle intensif [inpatient services for treatment of severe acute malnutrition with medical complications]
GAM	Global acute malnutrition
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
MAM	Moderate acute malnutrition
NFI	Non-food item
NGO	Non-governmental organization
RRM	Rapid Response Mechanism
SAM	Severe acute malnutrition
WASH	Water, hygiene and sanitation

## I. Executive Summary

In 2016, Niger's already fragile context was worsened by several humanitarian crises, including conflict and displacement in Diffa region (Lake Chad basin crisis), with 300,000 displaced persons in early 2016 and further population movements occurring during the year, food insecurity and malnutrition affecting the whole country (Sahel crisis), floods in the eight regions of Niger, and epidemic outbreaks including measles, Rift Valley fever, meningitis and cholera.

UNICEF supported the Government to implement Niger's Humanitarian Response Plan, working closely with partners to respond to nutrition, health, water, hygiene and sanitation, child protection and education needs, with a US\$24.8m budget (63% of its US\$39.5m Humanitarian Appeal for Children). UNICEF also played an important coordination role as lead agency for the nutrition, WASH and education clusters and the child protection sub-cluster.

In nutrition, UNICEF supported the national treatment programme for severe acute malnutrition, which admitted 16,845 children in Diffa, while 14,338 had originally been expected, and 365,498 nationally, compared with an expected caseload of 400,794. The treatment programme performed well, with recovery, death and default rates in line with international SPHERE standards. Malnutrition screening was integrated within seasonal malaria chemoprevention campaigns, targeting over 2.6m children in more than half of Niger's health districts, and proved effective in preventing cases of severe acute malnutrition with medical complications. UNICEF also focused on prevention, including training of 5,000 health workers and community volunteers on promotion and counselling of optimal infant and young child feeding practices.

Efforts in health focused on the response to epidemics and on access to health in Diffa region. UNICEF supported measles vaccination for 112,725 children aged 9 months to 14 years in Diffa

region, including refugees and returnees (target of 100,000 children). In response to the emergence of Rift Valley Fever in Niger, UNICEF supported the treatment centre in Tahoua region and raised awareness on the disease. UNICEF also helped the Government respond to meningitis and cholera outbreaks, with support to vaccination, provision of medicines and training of health staff. In addition, UNICEF provided essential medicines to health centres in Diffa, making it possible to treat 153,843 cases of malaria, pneumonia and diarrhoea in children (target of 70,000), and supported mobile clinics that reached 25,325 children (63% of the target) with preventive and curative services.

UNICEF also worked to meet the urgent water, hygiene and sanitation needs of displaced population in Diffa region. UNICEF supported the drilling of new boreholes, water trucking and rehabilitation of existing non-functional water points, reaching 85,846 people (target of 20,000 people). UNICEF also financed the construction of emergency and semi-durable latrines for 55,286 people (77% of the target), and reached 454,138 people with hygiene kits and messages (target of 305,931 people). In addition to population movement, the water, hygiene and sanitation interventions helped to prepare for and respond to cholera outbreaks, natural disasters and the nutritional crisis in different parts of the country.

To ensure the protection of children, UNICEF responded to the violent attacks and significant population displacement in Diffa region by supporting the provision of psychosocial support to 57,581 children (target of 40,000) through 62 child-friendly spaces and referral to adequate structures for further care, the identification of 322 separated and unaccompanied children (target of 600) and the provision of alternative care pending family reunification, and sensitization on protection needs of children within the affected population, through radio messages and training of various actors. UNICEF also supported 75 children detained on suspicion of association with armed groups. While the Government has agreed to transfer the detained children to Transit and Orientation Centres, set up with UNICEF support, the children remained in juvenile quarters by the end of 2016. UNICEF continues to advocate relentlessly for their transfer to civilian social services, in line with the Paris Principles.

To ensure continued access to education in Diffa, UNICEF supported the set up and equipment of temporary learning spaces, the distribution of text books, school kits and teaching materials, and teacher training. These efforts benefited 27,454 children aged 7 to 14 years old (target of 20,000). While 77 schools remained closed in 2016, the combined efforts of all partners resulted in 238 emergency schools operating in Diffa for host, returnee, refugee and displaced children. These efforts also allowed children previously not enrolled, particularly girls, to attend school: the primary school enrolment rate has improved in Diffa region from 46% in 2012 to 62% in 2016, with girls' schooling increasing faster than boys'. In addition, UNICEF responded to a livestock fodder deficit that caused children to abandon school in Agadez and Maradi regions and ensured access to education to 1,578 pastoral children (47% girls).

UNICEF would like to thank all its donors and partners who made these results possible. Flexible funding was particularly important to respond to evolving needs, and UNICEF would like to express its gratitude towards resource partners who provided such funding.

## **II. Humanitarian Context**

Niger is a landlocked Sahelian country of 19.9 million people, most of whom live in rural areas (84%). The population is young, with 52% of Nigeriens being under 15, and nearly half of the population is poor, despite reductions in the poverty rate over the past decade. The country, which ranked last on the 2015 Human Development Index, sees its development constrained by several factors: climate conditions that hinder rural development, vulnerability due to the absence of economic diversification, high population growth, gender equality issues, low levels of literacy and education, and the size and landlocked nature of the country, which obstruct the provision of essential goods and services to the population.



This fragile context is worsened by several simultaneous humanitarian crises that had a major impact on children and families in 2016. These included conflict and displacement, food insecurity and malnutrition, floods, and epidemic outbreaks.

Conflict and displacement mainly affected Diffa region, in southeastern Niger. The Lake Chad Basin crisis, due to the conflict with Boko Haram, has led to population displacement (refugees and returnees from Nigeria as well as internally displaced people in Diffa) and is a priority for UNICEF in West and Central Africa, in terms of emergency response.

Diffa region started 2016 with about 300,000 displaced people, and the situation worsened in June 2016 with major attacks on Bosso, Yebi and Toumour. In a few days, nearly 70,000 people fled and settled in a few spontaneous displacement sites that were already overcrowded and had insufficient basic services. Some of the displaced sites are around existing villages, and some are not. While the host population has been remarkably welcoming since the beginning of the crisis in 2014, the pressure of new arrivals, including herders with thousands of cattle, created tensions especially around access to water, making WASH interventions a priority in the humanitarian response.

Children have been particularly affected by the crisis in Diffa, with reduced access to schools (151 schools closed since the beginning of the crisis and only 74 reopened by the end of 2016), reduced access to health services (3 health centres out of 52 closed down, no outreach activities due to a motorcycle ban), trauma from the violence of the conflict, and in some cases separation from their families.



Assaga refugee camp in Diffa region. Credit: UNICEF Niger 2016 / V. Trémeau

While attacks and population displacement continued to occur in the region, return-movements were also recorded, particularly to Bosso. However, while several thousands of displaced people have been settled in sites for over one year. At the end of 2016, the Diffa region was still hosting 241,560 IDPs, refugees and returnees—including an estimated 160,735 children—scattered across 93 spontaneous sites, with two thirds of the displaced people having moved more than once.

The humanitarian community is confronted with a context in which longer-term interventions, infrastructures and strategies are increasingly needed to accompany humanitarian interventions across all sectors. UNICEF continues to work for the provision of emergency assistance to Diffa within the context of broader longer-term sectoral strategies, in partnership with government, humanitarian and development actors, alongside continued advocacy with partners, government and donors for an increased focus on longer-term strategies and investments.

Another major crisis affecting Niger in 2016 was the ongoing nutrition crisis (Sahel crisis). Wasting/acute malnutrition (being dangerously thin for one's height) affects more than one in ten children, corresponding to over one million children annually. The September 2016 national nutrition survey showed that 10.3% of children in Niger suffered from acute malnutrition, which is above the

internationally-agreed alert level, and 1.9% of them from severe acute malnutrition (SAM), a life-threatening condition. In 2016, 400,794 cases of children suffering from SAM were expected.

In 2016, Niger also experienced several epidemic outbreaks, including 1,969 cases of Meningitis C (146 deaths), 2,534 cases of measles, an outbreak of Rift Valley Fever with 397 haemorrhagic cases in humans (331 suspected cases and 66 confirmed/probably cases; 34 deaths). Additionally, after more than 12 months with no cases, cholera cases were again reported in October 2016 in Niger, in two districts of Dosso region, with 38 cases reported (8 deaths). The risk of polio was also present, as cases were recorded in Northern Nigeria during the year.

In addition, floods occurred during the rainy season, affecting 123,239 people in all regions of the country, causing 50 deaths, and destroying 13,875 houses.

To respond to these diverse crises, the Nigerien government along with humanitarian partners developed a Humanitarian Response Plan (HRP) for 2016, which provided the framework for UNICEF's emergency interventions. UNICEF's humanitarian appeal, the Humanitarian Action for Children (HAC), was developed after the HRP and used harmonized indicators. This helped ensure that UNICEF's efforts would complement that of other partners.

UNICEF was well-placed to support the Government in responding to these various emergencies. It covers the whole country with its four offices in Niamey, Diffa, Maradi and Agadez, and is active in several sectors, including nutrition, health, WASH, education and child protection. Its emergency interventions are complemented by longer term, development action in these different sectors, which is particularly important given the chronic nature of many of the crises affecting Niger. UNICEF also plays an important coordination, advocacy and policy development role.

### III. Humanitarian Results

#### 1. Overall reporting on results

Indicators	Cluster/sector 2016 target	Cluster/sector total results	UNICEF 2016 target	UNICEF total results
<b>NUTRITION</b>				
# of children under-five with severe acute malnutrition admitted into therapeutic feeding programme in Diffa (Lake Chad Basin crisis–Diffa)	14,338	16,845	14,338	16,845
# of health centres with an integrated nutrition programme (Lake Chad Basin crisis –Diffa)	51	50	51	50
# of children under-five with severe acute malnutrition admitted into therapeutic feeding programme (Sahel crisis – National)	400,794	365,498	400,794	365,498
% of children under 5 year suffering of SAM discharged as recovered (Sahel crisis – National)	At least 75%	89.8%	At least 75%	89.8%
# of health centres with an integrated nutrition programme (Sahel crisis – National)	922	922	922	922
<b>HEALTH</b>				
# of children aged 9 months-14 years old vaccinated against measles			100,000	112,725

(Lake Chad Basin crisis –Diffa)				
# of under five years old who utilized health services (pneumonia, diarrhoea and malaria) (Lake Chad Basin crisis –Diffa)			70,000	154,843
# of children who have access to life-saving interventions through outreach community-based activities (mobile clinics) (Lake Chad Basin crisis –Diffa)			40,000	25,325
# of children in humanitarian situation aged 0-11 months vaccinated against measles (Sahel crisis – National)			1,013,382	823,019
<b>WATER, SANITATION AND HYGIENE</b>				
# of men, women, girls, boys affected by the crisis in Diffa who have improved access to drinking water (Lake Chad Basin crisis –Diffa)	194,970	170,194	20,000	85,846
# of people affected by the crisis in Diffa with access to sanitation infrastructure taking into account accessibility for children, and the specific needs of women and men (Lake Chad Basin crisis –Diffa)	268,605	86,211	71,495	55,286
# of people affected by the crisis in Diffa having access to hygiene kits and sensitization activities (Lake Chad Basin crisis –Diffa)	537,211	545,830	305,931	454,138
# of nutritional centres delivering the WASH minimum package (Sahel crisis – National)	334	78	144	75
# of malnourished children admitted for SAM/MAM and benefiting WASH minimum package in the community (Sahel crisis – National)	122,286	8,714	22,603	3,382
<b>CHILD PROTECTION</b>				
# of children who are benefiting from psychosocial support through community-based recreational and socio-educational activities (Lake Chad Basin crisis –Diffa)	62,905	102,372	40,000	57,581
# of separated and/or unaccompanied children identified, documented and benefitting and placed in alternative care arrangements and/or who benefitted from individual follow-up (Lake Chad Basin crisis –Diffa)	1,318	1,072	600	322
# of couples malnourished children/caregivers who received psychosocial support in CRENIs and CRENAs (Sahel crisis – National)	16,519	39,856	NA	NA

EDUCATION				
# of school-aged girls and boys (7-14 years) with continued access to formal and non-formal education in Diffa (Lake Chad Basin crisis –Diffa)	26,000	57,237	20,000	27,454
UNICEF, as lead agency for the nutrition, WASH and education clusters and the child protection sub-cluster, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

## Nutrition

The national SAM treatment programme admitted 16,845 children suffering from SAM in Diffa (5% of the national caseload), while 14,338 had originally been expected, and 365,498 nationally, compared with an expected caseload of 400,794. The discrepancies between planned and achieved results may have resulted from limitations in the existing methodology, a slight improvement in nutritional situation at the national level, as well as a possible deterioration and/or admission of refugees that was not fully factored in incidence calculation for Diffa region.

In support of the national SAM treatment programme, UNICEF procured and supplied a large volume of supplies (ready-to-use therapeutic food, therapeutic milks, medicines, tools and equipment), finalized and disseminated the revised national SAM treatment guidelines, trained 1,065 health workers on the revised guidelines, supported ongoing monitoring/supervision, supported large scale, rigorous SAM screening integrated with seasonal malaria chemoprevention (targeting over 2.6m children in 27 of the country's 44 health districts, including Diffa) and effectively partnered with the Ministry of Health and NGO partners for day to day/frontline case management.

In addition, to prevent both acute and chronic malnutrition, UNICEF supported the training of 5,000 health workers and community volunteers (including 640 in Diffa) on promotion and counselling of optimal infant and young child feeding (IYCF) practices. By the end of 2016, 50% of targeted personnel in 20 out of Niger's 44 districts had acquired knowledge and skills on IYCF promotion and counselling. UNICEF also supported two mass campaigns for vitamin A supplementation and deworming that reached over 90% of children (6 to 59 month age group for vitamin A and 12 to 59 month age group for deworming), supported home-based fortification of complementary foods that reached 72,789 children aged 6-23 months, supported the supplementation of over 220,000 pregnant mothers with iron/folate to prevent anemia, and supported universal salt iodization. As a critical tool for situation monitoring and advocacy, UNICEF provided financial and technical support for a national nutrition survey (using SMART methodology) as well as a specific survey to assess the nutritional status of the displaced population in Diffa, (using rapid SMART methodology). UNICEF also contributed to integrated health and nutrition surveys coordinated by UNHCR in Diffa (Nigerian refugees) and Tillabery (Malian refugees) and specifically designed for camp population in order to assess the situation of refugees.

These surveys confirmed that acute malnutrition continues to be a vast public health problem, with a rate of global acute malnutrition (GAM) at 10.3%, exceeding the global alert threshold (>10%), and a rate of severe acute malnutrition (SAM) at 1.9%, close to the critical situation threshold (2%). Prevalence among displaced population in Diffa (13.6% GAM and 2.4% SAM) and refugees in Kablewa camp in Diffa (12.3% GAM and 1.6% SAM) is particularly worrisome, given the vulnerability of this population. Acute malnutrition was significantly higher among boys (12.8%) than girls (7.8%), while among the Diffa displaced population, the rate was higher among girls (14.9%) than boys (12.4%).



While the national acute malnutrition rates appear to be significantly lower in 2016 than 2015 (from 15% GAM and 4.5% SAM), they must be interpreted with caution as there were important methodology and quality control differences between the 2015 and 2016 surveys. Based on lessons learnt in earlier years, UNICEF worked closely with the National Statistical Institute to ensure quality of the 2016 survey. For the first time, the survey was conducted with mobile phone technology, which improved efficiency (reduced data entry time and errors) and facilitated real-time monitoring and timely action on data quality and completeness. It also made it possible to quickly share results after data collection.



A mother and her malnourished child in the Maine Soroa district hospital. The child, who just ate ready-to-use therapeutic food, is on her way to recovery. Credit: UNICEF Niger 2016 / N. Confalone

As in previous years, performance indicators of the SAM treatment programme surpassed global / national minimum standards both in Diffa and nationally. A significant decline in the number of medically complicated SAM cases was observed, resulting from the large-scale screening/early case finding efforts that was undertaken in 2016 in conjunction with seasonal malaria chemoprevention. Girls represented 52% of children treated on an outpatient basis and 47% in inpatient services, while boys represented 53% of inpatient admission. Similarly to previous years, children under 24 months represented the majority of admissions (71.4%). Infants less than 6 months old (who could be totally prevented from SAM through exclusive breastfeeding) made up 7% of inpatient admissions nationally, and 20% of inpatient admissions in Diffa region, suggesting that the ongoing humanitarian crisis has an important impact on mothers' ability to provide optimal breastfeeding to their infants. An evaluation of IYCF practices in displaced sites in Diffa region, held in September 2016, however suggested encouraging results: the exclusive breastfeeding rate was 53%, compared with a national average of 23% (2012), and 25% of mothers reported having benefited from one-to-one counselling by trained people.

UNICEF ensured cluster coordination through assignment of a full time cluster coordinator at national level and technical staff for Diffa region who ensured nutrition coordination as a sub-group of the wider health cluster. Cluster coordination was instrumental to facilitate timely information sharing on progress and challenges, identify solutions and share lessons. For instance, weekly data on admissions to SAM treatment was discussed and provided the basis for planning and coordination. The cluster was also an important technical forum that facilitated inputs of partners in various guidelines, policies, plans as well as surveys and evaluations. The cluster doubles as the coordination forum for the sector, and is co-chaired by UNICEF and the Ministry of Health's Nutrition Directorate. This facilitated transition measures between humanitarian and development action, and proved an important tool for capacity development.

Operating in an unpredictable environment with a wide range of interventions requires flexible resources to respond to needs ranging from cost of human resources, supplies procurement and transport, training, supervision and coordination activities. Flexible thematic funds were instrumental



and effectively complemented the resources that UNICEF was able to mobilize against set project proposals (ECHO, USAID).

The reduction and unpredictability of humanitarian resources and withdrawal of humanitarian agencies continues to be a challenge in a context of high SAM prevalence with no significant government capacity nor budget at the national level. To maintain SAM treatment services following the withdrawal of NGOs from some hospitals, UNICEF provided technical assistance and conducted evidence-based advocacy, which resulted in local authorities contributing to the cost of human resources. UNICEF also contributed to the cost of local health workers, which is more sustainable than relying on international doctors and nurses. Ongoing effort to integrate management of SAM within broader maternal and child health services is also yielding promising results towards sustainably. Integrating rigorous SAM screening in the four rounds of the national malaria chemoprevention campaign (a development programme) allowed for repeated contact with an unprecedented high number of children (over 2.6 million) and was effective in preventing complicated SAM.

By supporting the Government of Niger in developing a national nutrition security policy (2015) accompanied by a multi sectoral plan of action, an investment case and a common result framework (which are being finalized in the first half of 2017), UNICEF is confident that the Government and development partners will progressively put more capacities and budget in maintaining the treatment capacity after the departure of humanitarian partners.

## Health

The occurrence of epidemics remains an ongoing risk in Niger, as evidenced by outbreaks of measles, meningitis, cholera, and for the first time Rift Valley Fever, during 2016.

2,534 cases of measles were reported nationwide, with 11 deaths. A response was organized for each of the four outbreaks. In Diffa region, measles immunization activities reached 112,725 children aged 9 months to 14 years, including refugees and returnees, compared with a target of 100,000 children. More children than expected were vaccinated as vaccination activities were held in early 2016 in Diffa as part of a national campaign and again later in the year in response to an outbreak. These actions were made possible by UNICEF funding for vaccines and supplies, operational cost for the campaigns and technical support to the Government, combined with additional support from other partners. The recurrent outbreaks however highlight the weakness of the routine immunization system. UNICEF continues to work closely with the Ministry of Health to analyse coverage statistics, identify bottlenecks and devise solutions for each specific area.



The Rift Valley Fever treatment centre in Tahoua region. Credit: Befen 2016

2016 saw the emergence of Rift Valley Fever in Niger, starting in August. 397 symptomatic cases (with more men affected than women) were reported with complications and 34 deaths in Tahoua region. Following the first cases, UNICEF immediately provided Vitamin K1 to the treatment centre, run by a local NGO with UNICEF support, which helped support effective case management. Further,

close to 100,000 pastoralists living in remote areas benefited from an awareness raising campaign and interpersonal communication around the recognition of signs of the disease (both in humans and animals) and the importance of early referral to health facilities. Community radios in eight municipalities broadcasted sensitization messages in different languages, and 66 communication specialists (at least one for each region and health district in the country) were trained on the Rift Valley Fever's transmission methods, clinical signs and preventive measures. The last case was recorded in January 2017 and Niger is now clear of the epidemic.

1,969 cases of Meningitis C and W135 were recorded in 2016 with 146 deaths, mostly in Niamey, Dosso, Tahoua and Tillabery. Despite the shortage of vaccine, a vaccination response was organized with UNICEF support, and 206,755 persons at risk, aged 2 to 29 years old were vaccinated. In addition, UNICEF responded to a cholera outbreak that occurred in October in two health districts of Dosso region. Within the scope of the regional cholera eradication programme, the epidemic response consisted of provision of medicines to the Government and training of 267 health workers in districts throughout the country that were at most risk. The epidemic ended in late November, with 38 cases and 8 deaths (with more men affected than women).

Much attention was also given to polio campaigns, in response to cases of wild polio virus in Nigeria. Several campaigns were held in Diffa, Maradi and Zinder, with substantial UNICEF support – provision of vaccines, technical assistance for planning, implementation and monitoring, and support to operational costs, including for communication / social mobilization activities. These campaigns touched close to 2.8m under-five children, meeting the planned target. In Diffa, immunization activities also took place in refugee camps and displacement sites, and during the December campaign 38 440 children from the refugee, displaced or returned population were vaccinated.

UNICEF also supported 37 of Diffa region's 52 health facilities and 7 mobile clinics in three of Diffa's health districts. The provision of essential medicines for the treatment of common children diseases made it possible to treat 153,843 children against malaria, pneumonia and diarrhoea, against a target of 70,000. More malaria treatment medicines were sent than had been originally expected, due to a doubling of malaria cases among children in Diffa. UNICEF also provided malaria prevention medicines for pregnant women. In addition, 25,325 children benefitted from mobile health services (both preventive, in particular vaccination, and curative), corresponding to 63% of the target. These mobile clinics were largely made possible by the availability of thematic funding, and made it possible to reach children living far away from the health centres.

## **Water, sanitation and hygiene**

In 2016, violent Boko Haram attacks in Diffa region led to massive displacements of population and to greater WASH needs as well as to increased pressure on the existing WASH assets in a region known countrywide for its low access rates to water and sanitation.

As WASH cluster lead, UNICEF played a central role in the mobilization and coordination of the humanitarian actors to prepare and provide an adapted response with regard to the acuity of the humanitarian situation through situation analysis, identification of needs and gaps, dialogue with national and local authorities, definition of key emergency actions to undertake, mobilization of resources, technical and financial support to implementing partners and government agencies.

UNICEF strengthened the collaboration of key humanitarian actors within the national WASH cluster and the WASH technical group in Diffa through the facilitation of regular cluster meetings, the periodic update of the situation analysis, of data and gaps, the follow up of the response provided, the development and dissemination of monitoring tools and through technical support to improve planning and quality of the response.

In addition to population movement, the water, hygiene and sanitation interventions helped to prepare for and respond to cholera outbreaks, natural disasters and the nutritional crisis.

In total, during 2016, 170,194 people in Diffa benefited from improved access to safe water through the drilling of new boreholes, water trucking and rehabilitation of existing non-functional water points (87% of cluster target). UNICEF directly assisted 85,846 people, more than half of whom were assisted between May and July when massive displacements occurred due to Boko Haram attacks. While the UNICEF target had been 20,000 people, further funds were raised and made it possible to respond to the urgent need for water of the newly displaced population. The availability of thematic funding helped UNICEF respond quickly, as it made it possible to sign a flexible partnership cooperation agreement with an NGO to act on needs as they arose.



A UNICEF truck delivers water to a bladder that then feeds different outlets in a displaced people camp in Garin Wazam, Diffa region. Credit: UNICEF Niger 2016 / S. Phelps

In addition, 86,211 people in Diffa benefited from improved sanitation infrastructure through emergency and semi-durable latrines. This corresponds to 32% of the cluster's target, mostly due to a lack of resources, particularly with regards to the large needs in Niger where there is an extremely high rate of open defecation (73% at country level and 97% in Diffa region). UNICEF, on the other hand, was able to finance the

construction of emergency and semi-durable latrines that reached 55,286 people, for a target of 71,495 people (77%), largely thanks to the availability of thematic funding. The latrines were built in safe locations, included locks, and separate blocks were installed for women / girls and men / boys, so as to ensure safety, privacy and comfort. Hygiene committees UNICEF and its partners also paid attention to the needs of people living with disabilities, and installed latrines accessible to people with reduced mobility on displacement sites.

Water and sanitation infrastructure works were coupled with the creation of water management committees, to enable the local community to manage and maintain water points, and of hygiene committees, to manage and maintain latrines. Committees included at least 50% of women members.

During 2016, 545,830 people in Diffa received hygiene kits (water treatment product and soap) and were reached by sensitization activities (102% of cluster target). UNICEF provided its implementing partners with large amounts of water treatment products and soap, which made it possible to reach 454,138 people, compared to the set target of 305,931 people (148%). Hygiene promotion was more successful in attracting funding than water and sanitation infrastructure works, which are more costly per beneficiary.

In addition, UNICEF supported 3,382 children suffering from SAM, as well as their families (an estimated 23,674 people), with access to water, sanitation and hygiene promotion messages in health centres, and the provision of water treatment products and soap for use at home. Hygiene promotion activities were also held at the community level. 75 health centres in areas strongly affected by SAM were supported with infrastructure works (water points, latrines) as well as water treatment products



and soap. These activities however suffered from lack of financing and UNICEF could only reach 15% of its target (22,603 children).

UNICEF carried out cholera prevention and response activities that reached 281,822 people, with a focus on Diffa region (250,726 people) where the risk of cholera was high due to the large cholera outbreak in northern Nigeria and to trans-border population movements. The first cholera cases since February 2015 were reported in October 2016 in Dosso region (38 cases recorded in 2 districts with 8 deaths). UNICEF supported a rapid response to contain the epidemic and limit its expansion through prevention and infection-control activities, such as home-based disinfection and disinfection of water points, promotion of home-based water treatment and hand-washing with soap, community sensitization and community-led total sanitation. In the priority areas of Diffa, Tillabery, Tahaoua and Maradi regions, 267 staff (29% women and 71% men) from the health centres, health districts, Departmental Directorates of Water and Sanitation and NGOs were trained on cholera early detection, infection control and emergency response (in accordance with the regional WASH “shield and sword” strategy). As the risk was particularly prominent in Diffa and Tillabery regions, supplementary prevention activities were held with NGOs (community-based sensitization on cholera and basic hygiene), and in Diffa region, cholera kits (disinfection items, water purification tablets and soap for 10 cholera cases) were prepositioned in various locations.

Regarding the response to floods, UNICEF helped 21,500 people in Agadez and Dosso regions, against a target of 31,500 (68% of the target), gain access to safe drinking water through the rehabilitation of 15 cemented wells and the provision of water treatment products, accompanied by hygiene promotion activities.

In 2016, UNICEF humanitarian intervention in water supply combined water trucking, manual drilling and mechanical drilling to be able to provide a front line response while preparing sustainable solutions. Looking forward, given the progressive stabilization of the security situation, UNICEF will put emphasis on more structured water supply infrastructure (small water supply networks, autonomous water stations...) to adapt its support with the resilience and development needs of the population.

## **Child protection**

In 2016, UNICEF responded to the violent attacks and significant population displacement in Diffa region by supporting the provision of psychosocial support to children and families through child-friendly spaces and referral to adequate structures for further care, the identification of separated and unaccompanied children, the provision of alternative care pending family reunification, sensitization on protection needs of children within the affected population, and support for children detained on suspicion of association with armed groups.

As child protection sub cluster lead, UNICEF strengthened the collaboration between child protection actors at the national level and in Diffa and supported situation analysis and the identification of needs, gaps and key actions to be undertaken. The involvement of an information management officer recruited by UNICEF helped improve the quality of data and mapping, which in turn facilitated decision-making within the sub-cluster. In Diffa, sub-cluster actors benefited from greater ownership on the part of the Child Protection Regional Directorate, and UNICEF continued to provide close support to government counterparts.

In total, 102,372 children benefitted from psychosocial support through community-based recreational and socio educational activities in Diffa region. Socio-recreational activities helped children of various age groups, including refugee, returnee, internally displaced, or host community children, find a sense of normalcy and release their stress in a peaceful and protective environment. Following a mapping exercise, the quality of interventions was strengthened, with extra animators and psychologists to match new arrivals in different sites. Psychologists facilitated group counselling sessions for women,

men, teenage girls and boys where various topics were discussed such as gender-based violence and early marriage.

UNICEF, through partners COOPI, Care International and IRC, reached a total of 57,581 children (including 29,366 girls) through 62 child-friendly spaces, exceeding the 40,000 target. A specific effort was made to reach teenagers, with 14 dedicated CFS and 31 committees of youth peer educators who sensitized other teenagers on protection matters. UNICEF support included building and rehabilitating CFS, providing early childhood development and recreational kits, training of community volunteers who ran recreational activities, and support to the various HR and operational costs of CFS. One of the strategies was also to train social workers to strengthen referral mechanisms, to promote holistic care (health, education, protection) of the targeted population.



Children play in a child-friendly space in Kitchendi, Diffa region. Credit: UNICEF Niger 2016 / N. Confalone

The sub cluster actors reached 1,072 unaccompanied and separated children (55% girls) in Diffa region (82% of the number expected in 2016), providing identification, documentation, alternative care arrangements and individual follow-up. UNICEF's implementing partners (the Child Protection Regional Directorate and NGOs COOPI, CARE International, IRC) identified 322 unaccompanied and separated children (while 600 had been expected in 2016), including 222 separated children (95 girls) and 100 unaccompanied children (24 girls). The children were placed in host families, which received food and household utensils as well as hygiene products and clothes for girls and boys (provided directly or through a voucher). However, only 12 of these children were reunified with their biological families during the year, due to security constraints, mobility restrictions (motorcycle ban), and continued population movements. In 2017, UNICEF and its partners will put more emphasis on reunification.

The sub cluster set up or strengthened 441 community-based child protection mechanisms throughout displaced people's sites and raised awareness on child protection issues specifically on detection, reporting and referral of children in need of care to competent services. Relying heavily on thematic funding, UNICEF worked with the Ministry of Communication to broadcast key prevention and response messages, as well as mine risk education messages, through 11 local radios in Diffa region. UNICEF also provided training to over 40 child protection actors (social services, justice, security and defence forces and implementing partner personnel) on age verification, monitoring and reporting on grave violations against children in armed conflict and child protection in emergencies. These efforts to build national and particularly community-based capacity are key to moving beyond

emergency interventions, and both the sub-cluster and UNICEF will continue to enhance local expertise in 2017.

During the year, the sub cluster identified 34 children survivors of sexual and gender-based violence (6 aged 0-11 years; 28 aged 12-17 years) and referred them for further support. UNICEF partner CARE International targeted 15 existing women's groups and trained them on gender-based violence. The 75 trained women in turn sensitized their communities and provided information on available services.

Finally, about 90 children (1 girl) have been detained on suspicion of association with armed groups since early 2015. UNICEF successfully advocated for their separation from adults and their transfer to juvenile quarters, and provided detained children with food, medical care, bedding, clothing and hygiene kits, psychosocial support and socio-educational activities through the Child protection Regional Directorate. Thematic funding was particularly important to support this intervention, which has no set time-frame as children could be released at any time. UNICEF also successfully advocated for the inclusion of a provision in the revised criminal procedure code such that the juvenile justice law should be applied to these children and as a result, two juvenile judges were appointed to the anti-terrorist court. These children have not been judged yet, and UNICEF continues to call on the Government for a transfer to civilian social services, in line with the Paris Principles.

Following a meeting of the President of Niger with the Special Representative of the Secretary-General for Children Affected by Armed Conflict on 23 September 2016, the Government agreed to transfer the detained children to Transit and Orientation Centres and to reunify them with their families. Four transit centres with 20 social workers and 8 educational advisors (equal numbers of women and men) have been set up with UNICEF support. At the end of 2016, a few children had been released and reunified with their family, but the majority of children remained detained in the juvenile quarters. In early 2017, a few more children (one girl) were transferred to the transit centres and then reunified with their family in Nigeria and Niger, but 61 minors remain detained in juvenile quarters. In addition, another group of 22 children/youth are detained in another prison. Age determination is underway, with UNICEF support. UNICEF continues its advocacy work for all detained minors to receive adequate care and be reunified in their families. An encouraging step in this regard was the signature in February 2017 of an agreement between the UN and the Government for the release children to civilian social services.

## **Education**

2016 started with 77 schools still closed down in Diffa region, and the major population movements that occurred at the end of the first semester in the department of Bosso further disrupted the education system. UNICEF, as education cluster lead, supported the Ministry of Education to coordinate interventions for emergency-affected children. Coordination was supported at central as well as at decentralized levels, particularly in Diffa, and consisted of capacity strengthening to enhance cluster functionality and compiling information, notably through the 3W (What? Who? Where?) monitoring tool. The increased number of implementing actors (eight international non-governmental organizations and the Ministry of Education) required further development and sharing of monitoring tools.

The response was based on rapid assessments and participatory planning conducted with the Ministry of Education, UN Agencies (Office for the Coordination of Humanitarian Affairs, UN High Commissioner for Refugees, and World Food Programme), and international NGOs. A standard intervention package was agreed upon: setting up and equipping temporary learning spaces; distribution of text books, school kits and teaching materials; and training of teachers on the basic primary school curriculum content (French, mathematics, and sciences), teaching techniques and psychosocial support.



This coordinated response made it possible to ensure continued access to formal and non-formal education to 57,237 children aged 7-14 who were affected by the crisis in Diffa, including 27,454 children assisted by UNICEF and its partners. Both the cluster and UNICEF exceeded the set targets (26,000 and 20,000 respectively), as they responded to the population displacement that occurred in mid-year. In 2016, 238 emergency schools operated in Diffa and provided access to education to children from the host, returnee, refugee and displaced communities.

These efforts also allowed children previously not enrolled to attend school. As a positive outcome of the humanitarian response, the primary school enrolment rate has improved in Diffa region from 46% in 2012 to 62% in 2016, with girls' schooling increasing faster than boys'. At the national level, there is an 8 percentage point difference in primary school enrolment in favour of boys, whereas in Diffa region, the difference is now of 2 percentage point in favour of girls (63% girls, 61% boys).



Children are proudly showing their maths exercises at N'Guel Madou-Maï school in Diffa. Credit: UNICEF Niger 2016 / V. Trémeau

Aside from the Lake Chad basin crisis affecting children in Diffa region, a livestock fodder deficit hit the regions of Agadez and Maradi in 2016, causing children to abandon school as the pastoral population in these regions had to move to search of fodder. After a rapid assessment, UNICEF provided non-food items to host families willing to welcome schoolchildren and supported teachers in order to ensure access to education for 1,578 pastoral children (47% girls) affected by this situation, particularly in the departments of Intikane, Tanzalit and Bermo.

#### IV. Monitoring and Evaluation

UNICEF has several tools in place to monitor partner performance and assess the impact of actions on affected populations.

UNICEF relied on its Niamey office as well as three field offices in Agadez, Maradi and Diffa to assess the humanitarian situation affecting children and women, support government coordination efforts,

liaise closely with partners and conduct regular field visits. Some of these visits were held with Government and non-governmental partners, in order to monitor progress, assess constraints and agree on corrective actions when needed. Implementing partners also provided UNICEF with progress reports on a trimester basis. In addition to programmatic field trips, UNICEF also conducted financial spot checks throughout the year in accordance with the Harmonized Approach to Cash Transfer (HACT, a set of common principles and processes among UN agencies for managing cash transfers to Government and NGO partners).

However, some geographic areas in Diffa region remain difficult to access and UNICEF is exploring alternative means, such as the use of a mobile phone-based system (RapidPro) in the education sector, to strengthen supervision in these areas. A text message-based system already exists in Maradi region to monitor SAM admissions and stocks of ready-to-use therapeutic food in health centres.

As sector / sub-sector lead for nutrition, WASH, education, and child protection, UNICEF reported every three months on progress made in each sector towards the planned HRP results. The HRP included indicators to monitor crises that have a regional scope (Lake Chad Basin Crisis in Diffa and the Sahel crisis linked to food security and malnutrition). These indicators allowed for a common, regional analysis and monitoring of the two crises through an online reporting system managed by the UN Office for the Coordination of Humanitarian Affairs. Additionally, as Niger was a regional priority country (L2 emergency level) along with the other countries affected by the Lake Chad Basin crisis, an internal reporting system was put in place for UNICEF at regional and HQ level to monitor progress for the key HRP sectoral indicators in all UNICEF sectors.

In 2016, UNICEF commissioned an independent assessment to assess the effectiveness, relevance, coverage, efficiency, timeliness, coordination, and gender and equity dimensions of UNICEF's humanitarian response and to identify lessons learned in the four crisis-affected countries between April 2015 and July 2016. According to the preliminary findings, the added-value of the UNICEF contribution to the humanitarian response in the Lake Chad basin is widely acknowledged by partners and well-aligned with national and local priorities. The assessment found that effectiveness and coverage increased in all sectors in 2016, but pointed to the need to develop a medium- and long-term response strategy in all the affected areas. It also highlighted data quality issues on the estimated number of displaced persons. The various recommendations will be used to strengthen internal capacity, preparedness, response and monitoring.

## V. Financial Analysis

In 2016, UNICEF mobilized US\$24.8m, corresponding to 63% of its US\$39.5m Humanitarian Appeal for Children, including US\$5m of carry-over from 2015.

**Table 1: 2016 Funding Status against the Appeal by Sector (in USD)**

Sector	Requirements	Funds Received Against Appeal as of 31 December 2016*	% Funded
Nutrition	27,500,000	10,961,685	40%
Health	980,000	1,375,973	140%
HIV/AIDS	150,000	-	0%
Water, Sanitation & Hygiene	5,217,600	4,418,861	85%
Child Protection	1,668,671	3,364,070	202%
Education	3,000,000	845,961	28%

Cluster Coordination	1,000,000	3,180,751	318%
Programme Support	-	653,906	-
<b>Total</b>	<b>39,516,271</b>	<b>24,801,206</b>	<b>63%</b>

\* Funds received include cost recovery. Funds available includes funds received against current appeal and carry-forward from previous year.

There were important difference among sectors. Only 40% of the US\$27.5m required for nutrition were mobilized. To provide life-saving services to children suffering from SAM and reach 91% of the target, UNICEF used supplies carried-forward from the previous year for the first quarter of 2016, and then relied substantially on internal resources (regular resources) as well as development funding.

Health interventions were well-funded (US\$1.4m received against US\$1m required). This made it possible to vaccinate a greater number of children against measles in Diffa, and to react to unexpected epidemics, such as Rift Valley Fever.

UNICEF mobilized 85% of the required funding to respond to WASH needs, which made it possible to assist 92% of the 562,881 people it had planned to reach in 2016. Thematic funding was particularly important as it helped UNICEF respond quickly to bring access to water to newly displaced population in mid-2016, and also made it possible to finance much-needed sanitation activities when most donors focused on providing water.

Successful mobilization of funds for the child protection sector (US\$3.2m for a requirement of US\$1.7m) enabled UNICEF to implement a wider range of interventions and to strengthen the quality of activities, with more emphasis on training and tools. More areas could be covered than had been initially anticipated, and the programme could innovate with new activities targeting adolescents specifically.

While only 28% of the US\$3m required for education were mobilized, UNICEF managed to respond to new population movements and exceed the targets set for Diffa region by using other sources of financing. Thematic funding as well as regular resources were key to achieving results.

In addition, UNICEF implemented a number of significant preparedness initiatives thanks to specific funding for preparedness, coordination and rapid response (DFID, ECHO). Some of these funds are captured under 'Cluster coordination' in the table above, which helps explain the high mobilization percentage (US\$3.1m funded versus US\$1m required).

**Table 2: Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)**

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2016</b>		
<b>a) Thematic humanitarian funds :</b>		
See details in Table 3	SM149910	514,435
<b>b) Non-thematic humanitarian funds :</b>		
Japan	SM160087	2,250,000
Germany	SM160552	2,173,913
USAID/Food for Peace	SM160356	1,796,040



Ireland	SM160549	1,521,739
USAID/Food for Peace	SM160509	1,500,000
SIDA - Sweden	SM160113	1,248,263
Niger - African Development Bank	SM160583	1,000,000
ECHO	SM160142	6,186,416
EU/ECHO	SM150216	103,630
EU/ECHO	SM160421	780,520
Total Non-Thematic Humanitarian Funds		18,456,891
c) Pooled funding		
CERF	SM160397	1,095,619
	SM160404	
	SM160396	
d) Other types of humanitarian funds:		
NA	NA	NA
Total humanitarian funds received in 2016 (a+b+c+d)		20,066,945
II. Carry-over of humanitarian funds available in 2016		
e) Carry over thematic humanitarian funds:		
Thematic Humanitarian Funds	SM149910	1,383,380
f) Carry-over of non-thematic humanitarian funds:		
The United Kingdom	SM130487	169,857
USAID/Food for Peace	KM150017	324,000
Australia	SM120267	40,998
SIDA - Sweden	SM140230	181,267
French Committee for UNICEF	SM150088	13,319
SIDA - Sweden	SM150200	123,904
European Commission/ECHO	SM150216	13,750
The United Kingdom	SM150317	213,759
USAID/Food for Peace	SM150333	342,504
Spain	SM150369	86,633
UNOCHA	SM150612	816,484
UNOCHA	SM150596	934,500
Spain	SM150370	19,097
USAID/OFDA	SM150468	381,102
Switzerland	SM150554	9,937
European Commission/ECHO	SM150181	26,996
Total carry-over non-thematic humanitarian funds		3,698,107
Total carry-over humanitarian funds (e+f)		5,081,487
III. Other sources		
Regular resources diverted to emergency	Non-Grant GC	839,498

Regular resources set-aside or RR for unfunded OR used for emergency	GA160002 GX160015	946,806 8,608
EPF not reimbursed by 31 Dec 2016**	GE160021	580,862
<b>Total other resources</b>		<b>2,375,774</b>

\* Programmable amounts of donor contributions, excluding recovery cost.

\*\* 2016 loans have not been waived; COs are liable to reimburse in 2017 as donor funds become available.

**Table 3: Thematic Humanitarian Contributions Received in 2016 (in USD)**

<b>Thematic Humanitarian Contributions Received in 2016 (in USD): Donor</b>	<b>Grant Number</b>	<b>Programmable Amount (in USD)</b>	<b>Total Contribution Amount (in USD)</b>
French Committee for UNICEF	SM1499101259	254,220	267,600
French Committee for UNICEF	SM1499101132	212,563	223,750
French Committee for UNICEF	SM1499101041	47,652	50,160
<b>Total</b>		<b>514,435</b>	<b>541,510</b>

## **VI. Future Work Plan**

In line with Niger's inter-agency 2017 Humanitarian Response Plan, UNICEF would need US\$37m for 2017 to meet the humanitarian needs of estimated 880,000 people affected by crises in Niger, including 729,700 children.

UNICEF aims at continuing the implementation of a coordinated and efficient response to the Niger's continuing nutrition crisis including infant and young child feeding, targeting 247,500 children country-wide, and provide rapid and efficient assistance to an estimated 340,000 displaced people and affected host communities in Diffa.

Sector	2017 requirements (US\$)
Nutrition	20,000,000
Health	1,714,565
Water, sanitation and hygiene (including RRM)	7,500,000
Child protection	2,307,060
Education	1,083,417
Non-food items (floods and RRM)	3,387,000
Cluster/sector coordination	1,000,000
<b>Total</b>	<b>36,992,042</b>

Critical basic services and supplies will be prepositioned in order to assist people affected by epidemics such as cholera, measles and meningitis, and to provide rapid assistance to people affected by displacement and natural disasters.

In Diffa region, opportunities for strengthening the links between humanitarian response and regular programmes will be prioritized in all sectors, with increased focus on the improvement of intersectoral linkages. In WASH, water trucking capacity will be maintained, but accompanied with longer-term solutions such as deep boreholes connected with multi-village distribution systems and solar systems for pump functioning. More emphasis will be put on the linkages with nutrition and education. Access to emergency education will be combined with strategies to improve quality of education in temporary and hosting schools in spontaneous sites. Innovating strategies will be piloted, particularly in the education and WASH sectors, in order to improve monitoring and strengthen quality, through Rapid Pro technologies and Information Management partnerships to support the education and WASH clusters and working groups in Diffa.

Minimum preparedness actions already in place will be maintained in 2017 for all crises, including through regular risk analysis, availability of resources and stocks, contingency and preparedness plans in place. In Diffa, the Rapid Response Mechanism (RRM), which incorporates non-food items (NFI) and WASH interventions, will be supported through technical expertise, monitoring and funding when necessary. Prevention efforts will continue in all sectors, and greater emphasis will be put on communication for behaviour change.

UNICEF will also continue to support the coordination of the WASH, education, nutrition and child protection sectors, in Niamey and at regional level.

## 2017 programme targets

### Nutrition

- 247,500 children under 5 years suffering from SAM admitted into therapeutic feeding programmes

### Health

- 100,000 children aged 6 months to 14 years vaccinated against measles in Diffa
- 105,000 children with access to life-saving interventions through fixed and mobile strategies

### WASH

- 345,000 people accessing drinking water and appropriate sanitation facilities and practicing appropriate hygiene behaviours

### Child protection

- 30,883 children benefited from psychosocial support through community-based recreational and socio-educational activities

### Education

- 11,990 girls and boys (aged 7 to 14 years) accessed formal and non-formal education

### NFI kit

- 35,000 people (5,000 households) affected by natural disasters provided with an NFI kit
- 77,000 people (11,000 households) affected by conflict provided with an NFI kit



To all the donors and partners who contributed to our 2016 results, thank you! Your support made it possible to save the life of thousands of Nigerien girls and boys and to progress towards the realization of their rights.

Flexible contributions were particularly appreciated as they enabled UNICEF to respond to evolving needs. We extend particular thanks to the donors who provided thematic funding. Thank you for your trust!



Credit: UNICEF Niger 2016 / S. Cherkaoui