

Consolidated Emergency Report 2018

UNICEF Niger

March 2019

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Abbreviations and Acronyms

CLTS	Community-led total sanitation
GAM	Global Acute Malnutrition
HAC	Humanitarian Action for Children
NFI	Non-Food Item
NGO	Non-Governmental Organization
NTG	Nutrition Technical Group
RRM	Rapid Response Mechanism
SAM	Severe Acute Malnutrition
SMC	Seasonal malaria chemoprevention
TLS	Temporary learning space

I. Executive Summary

In 2018, the already fragile context of Niger, which now ranks 189th of 189 countries in the Human Development Index, was aggravated by chronic and sudden humanitarian crises, coupled with a volatile security environment. Over 2.3 million people needed humanitarian assistance because of food insecurity, malnutrition, conflict and population displacement, epidemics and natural disasters.

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, education and non-food items needs, with a USD 38.5 million budget (90% of its USD 43 million Humanitarian Appeal for Children), complemented by other types of resources (UNICEF Regular Resources) in underfunded sectors. Much of the response focused on the regions of Diffa, Tillabery and Tahoua, affected by armed conflict and displacement. UNICEF also played an important coordination role as lead agency for the nutrition, WASH and education clusters and the child protection sub-cluster.

UNICEF continued to support the Government to run its national severe acute malnutrition treatment programme, providing lifesaving treatment to 381,692 children (100% of the target). As in previous years, the SAM treatment programme met international SPHERE standards for cure, death and default rates. Malnutrition screening was again integrated in the national Seasonal Malaria Chemoprevention campaign, and over 3.5 million children in 61 out of the country's 72 districts were screened monthly during the lean season and were referred to a health facility for treatment if needed.

In the health sector, UNICEF supported the Government to respond to epidemics, with 158,285 children aged 9 months to 14 years throughout the country (221% of the target) vaccinated against measles. UNICEF also provided medicines and backed social mobilization to respond to the large cholera outbreak. As part of relief activities for displaced populations in conflict-affected areas in Diffa, Tillabery and Tahoua regions, UNICEF supported health centres and mobile clinics, reaching 117,110 under-five children (113% of the target) with essential health services.

In 2018, UNICEF contributed to efforts to strengthen the **humanitarian-development nexus**. In Diffa region, emergency water supply has been successfully replaced with longer-term infrastructures and water trucking is close to coming to an end. Temporary learning spaces in selected areas have been gradually replaced with evolutive sheds, which can form the basis for hard structures when the situation normalizes. In the nutrition sector, UNICEF support to strengthening service delivery by the national SAM treatment programme provided a basis for nutritional response in emergency areas while strengthening national systems.

UNICEF also worked to meet the urgent water, hygiene and sanitation needs linked to the various crises. UNICEF helped 73,326 people (46% of the target) gain access to drinking water in Diffa, Tahoua and Tillabery regions. This included the completion of a deep drilling with a multi-village piped system in Diffa region, a major achievement that provided sustainable access to safe water to 13,681 people. UNICEF continued to support community-led total sanitation in emergency, resulting in 33,655 people living in an environment free of open defecation. To respond to the cholera epidemic, UNICEF played a critical role in mobilizing resources and partners and in building the capacity of key actors, and reached 453,030 people (227% of the target) with hygiene promotion and water treatment products.

In the child protection sector, UNICEF enabled 7,532 children (20% of the target) to benefit from psychosocial support through 57 child-friendly spaces in Diffa and Tillabery region, including 14 dedicated to teenagers. UNICEF technical and financial support also reached 126 children suspected of association with armed groups, 178 unaccompanied and separated children (due to population movement or migration), 112 of whom were reunified with their family, and 83 child refugees transferred from Libya detention facilities and waiting in Niamey for resettlement.

UNICEF supported access to formal or non-formal education to 39,315 children in regions affected by armed conflict (41% of the target), through the rehabilitation or set up of learning spaces, a 'back to school' campaign, the provision of learning material, teacher training on psychosocial support and various themes, and the development of participatory risk preparedness and response plans in schools. A self-paced mathematic learning programme was piloted in alternative education centres in Diffa region with promising initial results.

In 2018, UNICEF continued to support the non-food items response as part of its Core Commitments to Children and Women, and reached 52,465 people affected by floods or forced displacement due to conflict (37% of the target) with essential household items. Most of these people were reached within the framework of the Rapid Response Mechanism, in which UNICEF played a lead technical role and acted as NFI procurement focal point, working closely with another seven organizations to respond to the most urgent basic needs of displaced populations in Diffa, Tillabery and Tahoua regions.

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

In 2018, the already fragile context of Niger, which now ranks 189th of 189 countries in the Human Development Index, was aggravated by chronic and sudden humanitarian crises, coupled with a volatile security environment. As per the 2018 Humanitarian Needs Overview, over 2.3 million people needed humanitarian assistance because of food insecurity, malnutrition, conflict and population displacement, epidemics and natural disasters.

Armed conflict continued to affect the Lake Chad basin, including Diffa region, resulting in the presence of 249,813 internally displaced persons (IDPs), refugees and returnees in 2018.¹ Armed conflict also affected Tillabery and Tahoua regions, at the border with Mali and Burkina Faso, where attacks by Non-State Armed Groups grew in intensity and scale compared to 2017, and worsened pre-existing intercommunity conflict. The first population movements in the region were registered in January 2018, rapidly reaching over 50,000 people by the end of the year.² Overall, 18 out of 63 departments are now under a state of emergency in the country.

Children have been particularly impacted by the deteriorating security situation, both as direct victims of armed groups and as rights-holders with diminished access to timely, quality social services. While there were fewer large-scale attacks in Diffa in 2018 than in 2017, civilian kidnapping has become frequent. The security situation has also hampered the delivery of health, nutrition and education services. In the Tillabery region, where many schools are located in zones affected by insecurity and five attacks directly targeted schools, more than 30 schools in the region had to temporarily suspend classes, thus depriving children of learning opportunities.

Humanitarian access in Tillabery and Tahoua regions was particularly challenging due to insecurity and threats, restrictions on the part of military and civil authorities, and the lack of transport infrastructure, which had a particularly negative impact during the rainy season. A civil-military coordination mechanism was set up, first in Tillabery and then in Tahoua, and translated into some improvement in access, including through humanitarian corridors.

Malnutrition remained widespread throughout the country, and the Humanitarian Needs Overview estimated that 380,166 children would need lifesaving treatment for severe acute malnutrition in 2018. Niger also faced health epidemics, with a large-scale cholera outbreak (3,822 cases and 78 deaths in 4 regions), measles (4,607 cases and 20 deaths nationwide), meningitis (1,496 cases and 115 deaths nationwide), hepatitis E (195 cases, no death) and circulating vaccine-derived polio virus (13 cases and 1 death in 2 regions). In addition, floods affected 200,000 people nationwide, with over 120,000 people affected in Dosso and Agadez regions. Finally, Niger continued to be a transit country for migrants, including migrant children. There was also an increase in arrivals of asylum seekers, including 756 children of which 452 were unaccompanied children, 228 of which were transferred from detention centers in Libya.

III. Humanitarian Results

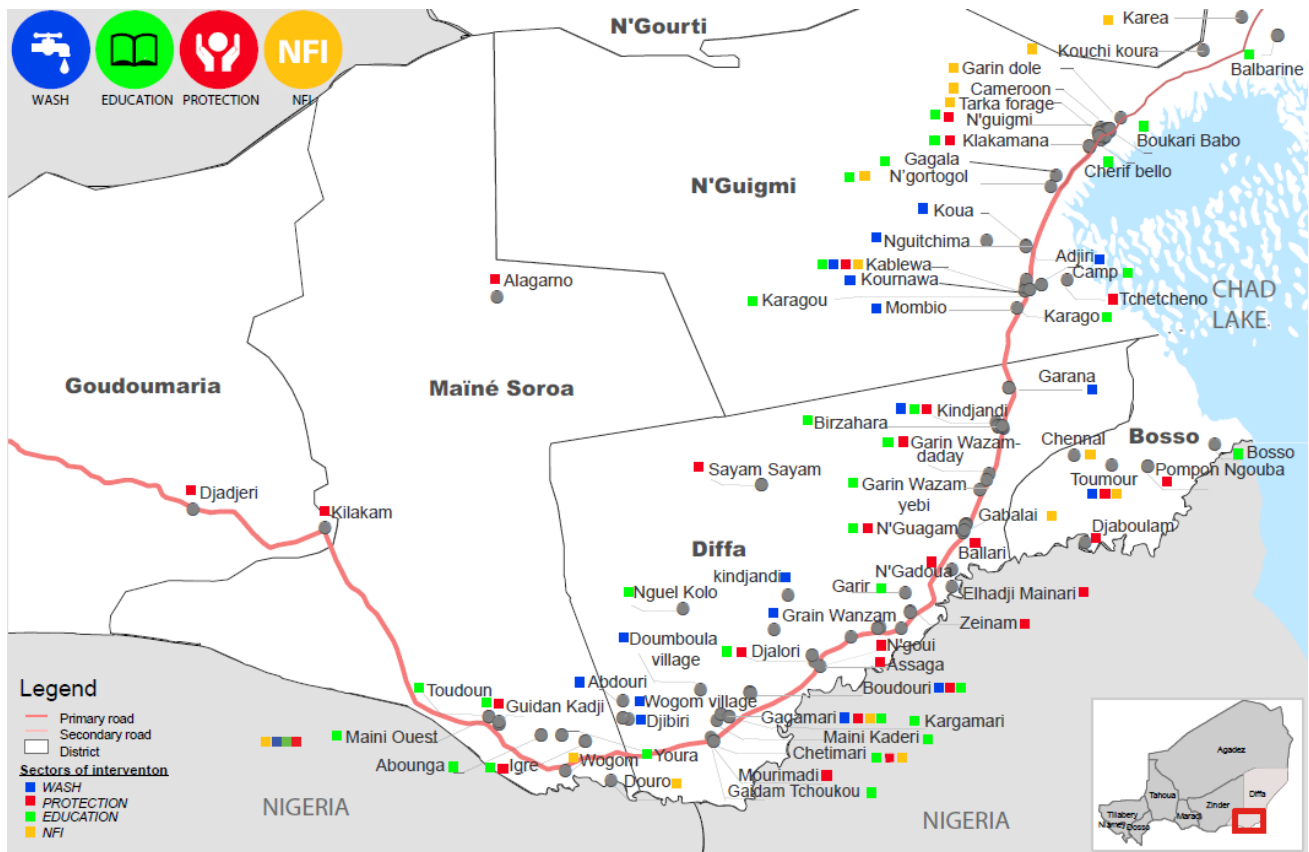
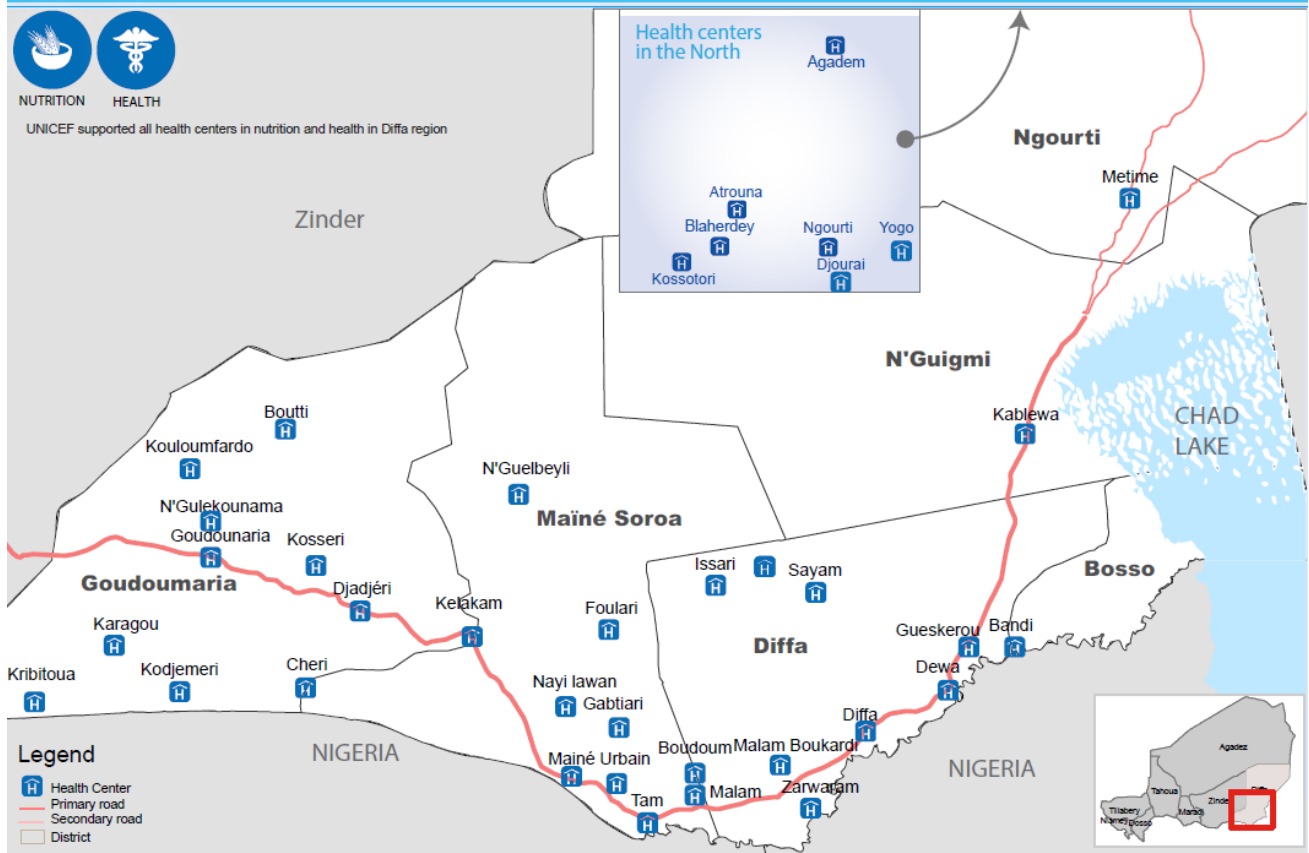
1) Overall Reporting on Results

In 2018, UNICEF continued to support the Government in responding to the various emergencies affecting Niger, with a particular focus on Diffa region (Eastern Niger) and Tahoua and Tillabery regions (Western Niger). UNICEF 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, child protection and non-food items (NFIs). Its emergency interventions are complemented by longer term, development actions in these different sectors, which is particularly important given the chronic nature of several of the crises affecting Niger. UNICEF also plays an important coordination, advocacy, capacity building and policy development role.

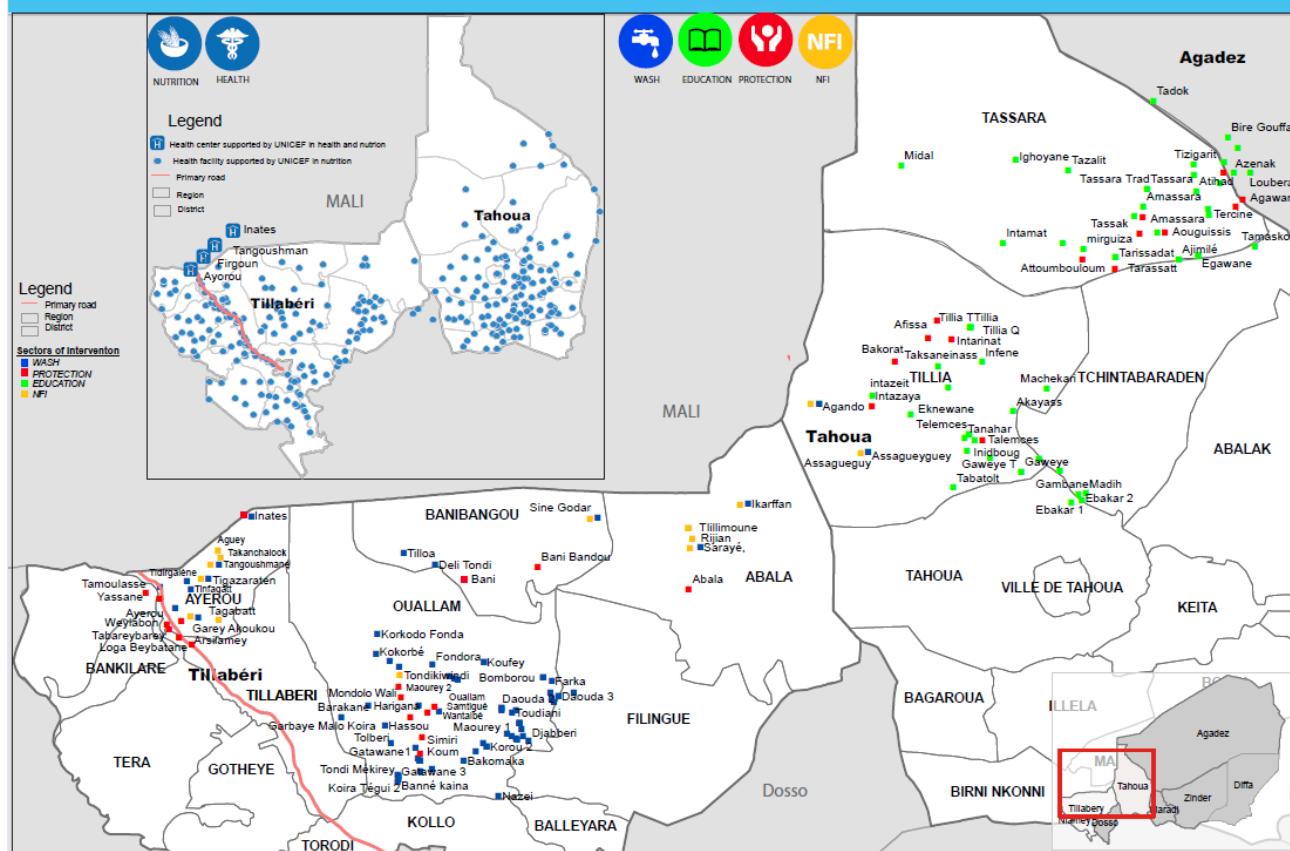
¹ Diffa Regional Civil Registry Directorate, July 2018

² Protection cluster, 28 December 2018

Diffa: Sites of intervention in 2018



Tahoua et Tillabéri: Sites of intervention in 2018



Creation date: 1 February 2019 Feedback: Nicoletta CONFALONE, Emergency Specialist - nconfalone@unicef.org

A. Results Table

Indicators	Cluster/sector 2018 target	Cluster/sector total results	UNICEF 2018 target	UNICEF total results
NUTRITION				
Children under 5 with Severe Acute Malnutrition admitted for treatment	380,166	381,692	380,166	381,692
HEALTH				
Children under 5 accessing lifesaving interventions through fixed and mobile strategies	NA	NA	103,500	117,110
Children aged 6 months to 14 years vaccinated against measles	NA	NA	71,732	158,285
WATER, SANITATION AND HYGIENE				
People affected by population movements and natural disasters having access to drinking water	266,860	150,862	160,400	73,326
People affected by water-borne disease outbreaks having access to hygiene kits and sensitization activities	706,528	788,991	200,000	453,030
CHILD PROTECTION				

Children provided with psychosocial support through community-based recreational and socio-educational activities	248,824	27,509	38,136	7,532
EDUCATION				
Girls and boys aged 3 to 17 years provided with access to formal and non-formal education	185,478	39,838	95,611	39,315
Girls and boys (3-17 years) affected by crises receiving learning materials	185,478	55,711	95,611	53,556
NON-FOOD ITEMS				
People affected by conflict or natural disasters provided with non-food item kits	NA	NA	140,000	52,465
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.

B. Narrative Reporting

Nutrition

In a context of persistently high rates of acute malnutrition with rapid population growth, UNICEF continued to support the Government to run its national treatment programme for under-five children suffering from severe acute malnutrition (SAM). Throughout the country, 1,233 health facilities including 47 hospitals provided lifesaving SAM treatment as a routine service. They admitted 381,692 SAM children (50.5% boys and 49.5% girls) in 2018, corresponding to 100% of the expected caseload (cluster and UNICEF target: 380,166 children). 66,488 (17%) of these children had medical complications and were admitted for required intensive care in hospitals. As in previous years, the SAM treatment programme met minimum global standards with cure, death and defaulter rates of 89.5%, 1.6% and 6.3% respectively.

UNICEF supported the SAM treatment programme through provision of all medical and nutritional supplies needed for the programme (an estimated \$20 million per year), training of health workers, community health workers and community volunteers on infant and young child feeding and malnutrition screening, supportive supervisions, overall technical support and support through the coordination of the Nutrition Technical Group (which combines the humanitarian nutrition cluster and the broader development-oriented sectoral coordination).

UNICEF's technical support to the Ministry of Health's Nutrition Directorate contributed to strengthening the Nutrition Technical Group (NTG), which coordinates humanitarian and development actions. The NTG updated its terms of reference, a Strategic Advisory Group was created, and an NGO co-facilitating coordinator was elected. In addition, several sub-working groups were revived or initiated to steer more in-depth technical discussions and analysis. The NTG provided a forum to discuss limitations in SAM burden estimations. Coordination efforts were also underway at regional level, with improvements in Diffa region, where the health/nutrition working group met regularly.

UNICEF also supported situation analysis, with financial and technical support to the National Institute of Statistics for a national nutritional survey using SMART (standard monitoring and assessment of relief and transition) methodology, which also integrated other indicators than those related to acute and chronic malnutrition (IYCF, iodized salt, vitamin A supplementation coverage, measles immunization, morbidity, mortality). Compared to 2016 (previous nutrition survey), health indicators

improved but the nutrition situation deteriorated, confirming the need to increase attention and support for nutrition. The prevalence of acute malnutrition is similar in 2018 and 2012 (the reference year for the World Health Assembly's nutrition target), with 14.8% Global Acute Malnutrition (GAM) and 3.0% SAM in 2012, and 15.0% GAM and 3.2% SAM in 2018. Three regions (Maradi, Tahoua and Zinder) are above 15% for GAM and 3% for SAM, which points to a critical situation as per international standards.



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Efforts to expand malnutrition screening continued in 2018, to ensure early access to treatment and avoid medical complications from SAM. For the third year in a row, SAM screening was integrated in the national Seasonal Malaria Chemoprevention (SMC) campaign, which covered 61 out of 72 districts in 2018 with funding from several partners including UNICEF. Over 3.5 million children were reached by monthly screening during the lean season (July – October). During each round, 30,000 to 35,000 children were found to suffer from severe acute malnutrition and were referred to a health facility for treatment. UNICEF also continued to support the scale-up in Maradi region of the "MUAC-by-mothers" approach, in partnership with NGO ALIMA, the Ministry of Health, and the World Food Programme, to expand screening in a sustainable way. By December 2018, approximately 800,000 women of childbearing age had been trained on screening in 7 out of the region's 9 health districts.

The experience of Niger shows that it is possible to reach high geographical coverage and quality services for SAM treatment. However, the sustainability of these interventions remains very fragile as they depend mainly on support from humanitarian partners. There are increasing expectations, on the part of nutrition donors and implementing actors, for stronger ownership on the part of the Government. To support this transition, UNICEF supports the Ministry of Health's efforts to strengthen the health system, including the restructuring of the national health supply chain; the operationalization of the national health information system; the strengthening of coordination mechanisms; and the operationalization of the decentralization reform.

However, without a drastic decrease of the number of SAM children, it will be extremely challenging for the Government to take over SAM treatment. The recent adoption and launch of the National Nutrition Security Policy, in November/December 2018, represents an unprecedented occasion to strengthen the prevention of all forms of malnutrition by promoting multisectoral interventions.

Health

In the health sector, UNICEF supported the Government to respond to epidemics, and to provide health services to children affected by population movements.

In response to several measles outbreaks in 6 out of the country's 8 regions, the Government organized emergency vaccination campaigns, and UNICEF directly supported vaccination for 158,285 children aged 9 months to 14 years throughout the country (221% of the UNICEF 71,732 target). The target was exceeded because initial planning had focused only on health districts with low routine measles vaccination coverage, but interventions had to be broadened as even health districts with good measles immunization coverage recorded cases. UNICEF assistance included vaccine procurement, operational costs for campaigns, and technical support to the Government, combined with additional support from other partners.

In 2018, Niger also experienced one of its largest cholera outbreaks in the past 10 years, affecting 4 regions in Niger with a high case-fatality rate of 2.04%. At outbreak onset, UNICEF-supplied stockpiles (medicines and related consumables) were used for initial response both at facility and community levels for case management. UNICEF also played a significant role for community mobilization, and for outbreak response coordination at regional level through the Maradi Regional Directorate of Public Health and at national level through the Directorate of Infectious Disease Surveillance and Response. UNICEF also provided technical and financial support to the Government for the response to meningitis, through which 52,249 people from 2 to 29 years of age were vaccinated in Maradi region.



A mobile clinic in Dinkari, Diffa region
© UNICEF Niger 2018 / K. Djiala

13 cases of circulating vaccine-derived poliovirus type 2 (cVPVD2) were detected in 2018 in Zinder and Diffa regions. Based on risk analysis, two emergency campaigns were conducted in Agadez, Diffa, Maradi and Zinder regions. UNICEF supported the emergency outbreak response through vaccines procurement, technical assistance for vaccination including planning, implementation and monitoring, and communication activities including social mobilization. These campaigns reached 3,269,751 under-five children, meeting the planned target. During the November 2018 vaccination round, immunization activities were also conducted in refugee sites in Diffa region, reaching 43,848 children.

UNICEF also supported the implementation of SMC campaigns in three health districts in Diffa region during the high malaria transmission season (July to October), to reduce morbidity and mortality due

to malaria among children aged 3 to 59 months from internally displaced, refugees, and host populations. 113,936 children (104,9% of 108,614 targeted) were reached with 2 doses out of 4 scheduled doses, including 61,888 girls (54%) and 52,048 boys (46%). The four rounds could not be completed due to the sudden closure of health districts' bank accounts.

Indeed, as part of the national financial reform aimed at creating a centralized bank account for all public institutions, health facilities bank accounts were suddenly closed starting in September 2018, without transition measures in place. As a result, health service delivery was affected, insofar virtually all activities were suspended or postponed due to lack of funds over a period of approximately 3 months. For instance, seasonal malaria chemoprevention could not be completed and scheduled rounds of mobile clinics were delayed.

As part of relief activities for displaced populations in conflict-affected areas including Diffa, Tillabery and Tahoua regions, UNICEF continued to support essential medicines supply for the most prevalent diseases in 52 health centres (Diffa region) and through mobile clinics (Diffa and Tillabery regions). 117,110 under-five children (113% of the 103,500 UNICEF target) were reached with essential health services through fixed and mobile delivery strategies. A UNICEF-financed evaluation of mobile clinics initiatives supported by a variety of health sector partners in Diffa region was conducted and pointed to shortcomings in funding and implementation modalities. Recommendations focusing on harmonization and coordination were disseminated among humanitarian and development-oriented stakeholders, and implementation is underway.

UNICEF also supported the training, equipment, and supervision of community health volunteers for Community-Based Integrated Management (iCCM) of Childhood Illnesses in Nguigmi district in Diffa region, with large population displacement and limited access to healthcare following the shut-down of two health centres in 2016. 1,288 under-five children received essential health services for diarrhea, pneumonia, and malaria at community level or were referred to nearby health centres (see case study further down).

WASH

In 2018, UNICEF supported the Government in responding to the four crises (population movements, floods, epidemics and nutrition crisis) requiring a WASH response, working closely with international NGOs (CISP, ACTED, International Aid Service, Norwegian Church Aid, Action contre la Faim, DEDI) and national NGOs (ADESA, ADOKUL).

150,862 people (57% of the 266,860 cluster target) affected by population movements were provided with access to drinking water in Diffa, Tahoua and Tillabery regions, including 73,326 with UNICEF support (46% of the 160,400 UNICEF target). This underachievement is explained by lack of financing and by delays in water infrastructure works in Tillabery and Tahoua regions, due to difficulties in access and security restrictions that lengthened the duration of works.



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In Diffa region, UNICEF and other humanitarian actors pursued their efforts to strengthen the humanitarian/development nexus, consolidating their water supply strategy to invest in sustainable multi-usage water supply infrastructure like small scale piped systems, in addition to the construction or rehabilitation of boreholes and to water trucking. 94,711 people in Diffa region (74% of the WASH

cluster target) benefited from improved access to safe water through permanent measures. UNICEF directly assisted 17,266 of these people (28% of the 62,000 targeted) through water trucking. As of April 2018, 13,681 of them accessed durable water supply through a deep drilling with a multi-village piped system co-funded by UNICEF. This was a major achievement for 2018, as such networks, although costly, are the most relevant long-term solution to improve access to water supply. The construction works for the remaining part of the network, from Kidjandi to NGarana, will make it possible to end water trucking operations in 2019.

57,888 people in Diffa region benefited from improved sanitation infrastructure through emergency and semi-durable latrines. Only 39% of the WASH cluster's target was met due to funding gaps and to the high prevalence of open defecation in the region (over 90%). To meet the needs of women and people living with disabilities, latrines were built in separate blocks for women and men, and were equipped with locks and with access ramps. Further to a successful pilot conducted by UNICEF in 2017, humanitarian actors progressively expanded community-led total sanitation (CLTS) in emergency, in line with the national sanitation strategy, to reduce open defecation practice, promote the use of household-built latrines and the adoption of good hygiene practices. 28,681 people were reached (UNICEF target: 34,000 people) in 2018 and now live in sites and communities certified open defecation free.

In addition, 235,844 people (85% of cluster target) received hygiene kits and were reached by sensitization activities in Diffa region, including 110,322 people assisted directly by UNICEF (63% of the 175,000 targeted)

In Tillabery and Tahoua regions, population movements in areas lacking access to minimum WASH services required an adapted emergency and long-term response, based on lessons learnt from Diffa region. UNICEF supported construction works for water supply, enabling 21,773 people to gain sustainable access to safe drinking water, as well as distribution of water treatment products (as part of the response to the cholera outbreak – see below). CLTS in emergency activities enabled 4,974 to live in an environment free of open defecation.

In 2018, Niger faced a severe cholera outbreak that affected 13 health districts in 4 regions (Maradi, Dosso, Tahoua and Zinder) with 3,822 cases and 78 deaths. UNICEF played a critical role in mobilizing resources and partners and in building the capacity of key actors to overcome the epidemic. The combined efforts of WASH cluster members reached 788,991 people (112% of the 706,528 cluster target) with a WASH preventive and response package, including 453,030 with UNICEF support (227% of the 200,000 UNICEF target). The response went beyond the initial targets due to the severity of the epidemic. All UNICEF beneficiaries gained access to improved water through household water treatment. The availability of Central Emergency Response Fund (CERF) Rapid Response and ECHO funds, and the redeployment of flexible resources from Sweden to affected areas, were critical to control the epidemic.

UNICEF and partners also supported WASH interventions linked to the national nutritional crisis. However, the WASH in nutrition response was largely underfunded in 2018 (12% of funding needs met for UNICEF). Only 3,670 malnourished child-caregiver pairs (2.4% of the 150,000 cluster target) received hygiene kits, in Diffa, Maradi and Tahoua regions. UNICEF supported 2,863 of the hygiene kits (19% of the 15,000 UNICEF target).

As WASH cluster lead agency and “provider of last resort,” UNICEF supported the coordination of humanitarian WASH interventions to ensure coherent preparedness and response. In 2018, the WASH cluster counted 101 partnering organizations and continued to strengthen sub-groups and regional technical groups, particularly in Tillabery region. The cluster organised capacity building activities for its members on information management (GIS, Google Earth, Kobo, etc.) and on WASH response in emergency situations. To improve the quality and sustainability of the WASH emergency response, UNICEF recruited a private firm to provide technical assistance to the Government and humanitarian actors intervening in Diffa region on infrastructure design, supervision and control of

construction works, and post-construction monitoring. In addition, the pilot initiative for monitoring the functionality of 265 water points in Diffa region through SMS-based system RapidPro continued, and helped reduce the number and length of breakdowns.

Child protection



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In 2018, 27,509 children (11% of 248,824 cluster target) affected by crises received psychosocial support in Niger, including 7,532 (3,578 girls) through UNICEF technical and financial support (20% of 38,136 UNICEF target). Much fewer children than planned were reached, mainly due to difficulties in access in Tillabery region, and to lack of attractivity to adolescents who prefer to pursue income-generating activities. Children supported by UNICEF participated in psychosocial activities in 57 Child Friendly Spaces (CFS), including 14 dedicated exclusively to adolescents, in Diffa (47 CFS) et Tillabery (10 CFS) regions. To support these CFS, 141 community volunteers were trained on managing CFS, child protection, and case management.

In Tillabery and Tahoua regions, UNICEF and its partners set up 33 community-based mechanisms to identify and refer unaccompanied, separate or vulnerable children to foster families and start family tracing. 40,916 persons (including 18,629 children) in Diffa and Tillabery regions were sensitized on prevention of child protection risks and responses to abuse against children, through various means such as tea debates, theatre, and discussion groups. 178 separated and unaccompanied children (72 girls) due to population displacement or to migration were identified/monitored by child protection actors and were provided with alternative care in transit families while the rest remained in spontaneous host families. 112 of them have been reunified with their families.

Following the signature between the Government of Niger and the United Nations, on 15 February 2017, of a Protocol for the systematic release of children deprived of liberty for alleged association with Boko Haram, 104 children (including 8 girls) associated with the armed group were released from

detention (juvenile detention facilities and antiterrorist units in Niamey and Diffa) in 2018. Children were handed over to the Ministry of Women's Empowerment and Child Protection for psychosocial support, medical screening and family tracing and reunification in line with the Convention of the rights of the Child.

In 2018, UNICEF supported 126 children formerly associated to armed groups (CAAFAG). UNICEF provided technical and financial support for the temporary care in a transit centre of 72 CAAFAG (all boys, 8 from Tillabery region and 64 from Diffa region), and 70 CAAFAG, released and reunified in Diffa region in 2017 and 2018, underwent vocational training for three months and received reinsertion kits, along with 210 vulnerable children from their communities of reunification.

Advocacy for the release and reinsertion of 40 children (including 7 girls) suspected of association with armed groups and held in the Goudoumaria centre in Diffa region (under the Ministry of Interior's responsibility) continued. UNICEF technical and financial support enabled the provision of recreational kits and non-food items, literacy courses, early childhood development activities and psychosocial support to those 40 CAAFAG as well as 75 dependents aged 1 month to 13 years old who are with their mothers in the centre.

Throughout 2018, 83 child refugees (including 7 girls) transferred by UNHCR through the Emergency Transit Mechanism (ETM) from Libya detention facilities to Niamey received alternative care in three transit centres managed by the Regional Child Protection Directorate, with UNICEF technical and financial support, while waiting for resettlement mostly in European countries. UNICEF participated in best interests determination panels for 228 refugee children and in weekly technical meetings with UNHCR and partners.

To achieve these results, UNICEF worked closely with the Government (Regional Directorates of Child Protection) and with NGO partners, including international NGO COOPI and national NGO ANTD. In addition, UNICEF and its NGO partners strengthened the capacity of Government and other NGO child protection actors in Diffa, Niamey and Tillabery regions through training on child protection in emergencies, case management, separated and unaccompanied children identification, documentation, family tracing, alternative care and reunification, Child Protection Information Management.

As lead agency for the Child Protection Sub-Cluster, UNICEF worked closely with the 26 members to strengthen coordination. Six child protection minimum standards in humanitarian settings were contextualized through workshops, to define procedures and good practices for Niger. A localization strategy was drafted to strengthen the capacity of national child protection organizations in the context of emergency situations, through mentorship on the part of international NGOs and UNICEF. The global Child Survivor Initiative strengthened the expertise of gender-based violence (GBV) and child protection actors in Diffa to increase the quality of services for child survivors. To further strengthen case management, the Child Protection Information Management System (CPIMS +), based on Primero software, was rolled out (ongoing). This tool is essential to improve data availability and quality, and in turn strengthen interventions. UNICEF also participated actively in the Mine Risks task force and Stakeholder task force set up by the Protection cluster.

Education

In the education sector, the combined efforts of cluster members provided access to education to 39,838 children affected by crises (21% of the 185,478 cluster target), including 39,315 children (20,050 girls) who gained access to formal or non-formal education in regions affected by armed conflict through UNICEF support (41% of the 95,611 UNICEF target). The low cluster achievement is partly explained by partial reporting, despite UNICEF efforts. The UNICEF target included 44,613 children affected by armed conflict in Diffa, Tillabery and Tahoua regions, as well as 50,998 children affected by natural disasters (floods and fodder deficit). While 88% of the armed conflict target was

met, UNICEF was unable to provide the needed assistance to children affected by natural disasters for lack of funding.



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The 2018 Humanitarian Response Plan did not include actions to respond to natural disasters, due to the recurrent/structural nature of floods and the fodder deficit in Niger, which call for a Government strategy. However, UNICEF included the response to the fodder deficit in its Humanitarian Action for Children appeal, as the Government had not yet developed any strategy to address these needs and none of the partners had committed to supporting children who might have to leave school as their family moved in search of fodder. UNICEF, leading the Education Cluster, committed to

responding to half of the needs. However, as no funding was received, UNICEF used its own resources (regular resources or RR) and provided non-food items to families hosting 3,380 students (including 1,395 girls) affected by the fodder deficit. Pastoral parents who leave their village in search of pasture for their herds entrust their children to other families, so that they can stay in school. It is a form of resilience within communities, through solidarity, that deserves recognition and support. Looking forward, the Government has now committed to developing a strategy on responding to natural disasters in the education sector.

To ensure access to education for children affected by armed conflict, UNICEF provided technical and financial support for several initiatives, working in close partnership with the Government (Regional Directorates of Primary Education) and NGO implementing partners (Concern, COOPI, and Swisscontact). These included, in Diffa region, the rehabilitation of 435 temporary learning spaces (TLS), the setup of 79 new TLS, and the construction of 120 evolutive classrooms (sheds that can be turned into permanent structures when the situation improves), and in Tillabery region the setup of 30 TLS. These classrooms were equipped with handwashing devices and nearly 3,000 students received drinking bottles. A 'back to school' campaign took place in the two regions with the effective involvement of administrative, municipal and traditional authorities, school management committees and mothers' associations. UNICEF also provided learning material, including textbooks and school kits for 53,556 students (27,300 girls) and teachers' guides for 254 teachers (173 women).

In addition, UNICEF supported the training of 616 teachers (who teach 35,749 children) from Diffa, Tillabery and Tahoua regions in psychosocial support and risk analysis, to enable them to lead in the development and implementation of participatory risk preparedness and response plans in their schools. This resulted in all schools with displaced children in Diffa region, as well as some schools in Tillabery region, implementing such plans in 2018. Teachers also received training on various themes (GBV, culture of peace, violence at school, HIV and AIDS) and on reporting protection incidents (attack on schools, threats or attacks against teachers, abuse of children in schools, etc.). Moreover, to address the risk of violence in schools, UNICEF and its partners supported the introduction of codes of conduct in some Diffa and Tillabery schools. These straight-forward, illustrated posters were posted in classrooms and explained by teachers to students. No violent incidents have been reported in these schools.

In Tahoua and Tillabery regions, the emergency response relied heavily on UNICEF and its partner Concern, due to a lack of education in emergencies actors in these regions. The preparation of a

stand-by partnership between UNICEF and Concern in 2017, which was then activated in 2018, was key to providing a quick response when the situation worsened.

UNICEF also supported access to non-formal education for out-of-school children in Diffa region, with teacher training and provision of learning material for 46 Alternative Education Centres. 14 of these centres benefited from a pilot mathematics programme, with 300 marginalized children following a self-paced learning approach. Test results, which were initially low, had increased by 19 percentage points after three months of the programme. With UNICEF financial support, NGO Swisscontact provided 1,015 youths (511 girls) with short skills training (electricity, construction, tiles, food processing, installation and maintenance of solar panels, pastry, etc.). Two months after the training, 561 of them (55%) were carrying out income-generation activities, showing the potential of such an approach for socio-economic integration and prevention of recruitment by armed groups.

As coordinator of the Education Cluster, and in the context of attacks against schools in conflict-affected regions, UNICEF advocated for the implementation of the Safe Schools Declaration that Niger endorsed in 2015. UNICEF also supported capacity building, and funded training on education in emergencies for the Tahoua, Tillabery and Zinder working groups. In addition, the RapidPro UNICEF pilot improved needs assessment and monitoring in Diffa region, with SMS-based data collection on a range of education indicators.

Non-food items

In 2018 UNICEF continued to support the non-food items (NFI) response as part of its Core Commitments to Children and Women, to guarantee access to essential household items. UNICEF responded in particular to the needs of the most vulnerable populations affected by floods or forced displacement due to conflict, and reached 52,465 persons (37% of the 140,000 UNICEF target) with essential household items. The underachievement is explained by lack of financing.

To respond to the most urgent basic needs of displaced populations in Diffa, Tillabery and Tahoua regions, UNICEF played a lead technical role and acted as NFI procurement focal point for the Rapid Response Mechanism (RRM), jointly implemented by eight organisations, including the Ministry of Humanitarian Action and Disaster Relief, OCHA, the World Food Programme (WFP) and four NGOs (Action contre la Faim, ACTED, Danish Refugee Council and International Rescue Committee).

Mainstreaming gender issues in the Rapid Response Mechanism

The Rapid Response Mechanism (RRM) provides an illustration of how the different needs and perspectives of women, girls, men and boys are taken into account. In the RRM, for which UNICEF is the technical lead and provides the supply chain for NFIs, gender issues have been mainstreamed as follows:

- Consultation with households during multisectoral assessments include separate focus groups for women and girls, and men and boys;
- The RRM committees put in place for each RRM activity include equal number of women and men;
- Women and girl, and men and boys are equally consulted for the setting-up of distribution sites;
- NFI kits are distributed to women on behalf of their household;
- During the distributions, separate lines are put in place to provide preferential access to the most vulnerable people, including pregnant women and women with disabilities;
- The standard NFI kit includes menstrual hygiene items.

Through the RRM, nearly 10,500 families forcibly displaced due to a sudden shock in the three regions affected by conflict received multisectoral assistance through NFIs, shelters, food aid, water and sanitation, and protection. UNICEF procured the NFI kits, composed of essential household items such as mosquito nets, tarpaulins, blankets, soap, water containers and buckets, hygiene kits for girls and women, and kitchen sets.



23 year-old widow Kalou Abba and her daughter received NFI assistance in Mambio displaced site, Diffa region
© UNICEF Niger 2018 / N. Confalone

As technical lead of the RRM mechanism, UNICEF contributed to the revision of the Multi-Sectoral Assessment Tool, the organisation of technical assessment and monitoring workshops, the development of a new tool for Rapid Flash Assessments adapted to contexts where security does not allow teams to remain in situ for long periods. UNICEF also produced information management tools (including infographics and maps).

In partnership with the Ministry of Humanitarian Action and Disaster Relief and the Ministry of Interior's Civil Defence Directorate, UNICEF also supported NFI assistance to 2,100 families (an estimated 14,700 people) affected by floods in 4 regions. UNICEF worked closely

with Government partners to strengthen their capacity to prepare and manage the response, with regular support and coaching both in the capital city and in the field. In addition, UNICEF provided NFI to other actors to respond to urgent gaps, including the response to the cholera outbreak in Maradi region.

2) Case Studies

Case study

Community health in emergency: iCCM in N'Guigmi health district

Top level results:

Ensuring that 'Every Child Survives' is particularly difficult in areas affected by conflict and population movement, where the delivery of health services is severely disrupted. To respect the fundamental rights of the child and ensure equity, UNICEF supported access to care through community health volunteers, who provided curative and preventive care to children, while referring serious cases to health centres. In the health district of N'Guigmi, in Diffa region, this approach made it possible to care for 1,288 children in the community, and to refer 158 serious cases during the last 2 months of 2018. For comparison, 1,432 children were treated during the full year in a slightly less populated area of Maine Soroa health district, also in Diffa region but confronted with lesser security issues and displacement.

Issue/background:

The health district of N'Guigmi is located in Diffa region, affected by the Lake Chad Basin crisis. The district has been regularly attacked by non-state armed groups, which has resulted in the closure of two of the five health centres and in population movement (internal displacement and refugees). Only 36% of the population in the district live within 5km of a health facility, compared with a national average of 48%. To increase access to care, UNICEF supported the training, equipment, and supervision of community health volunteers for Integrated Community Case Management (iCCM) of childhood illnesses. While iCCM was underway in several non-emergency areas in the country, it had not yet been tested in a humanitarian situation.

Resources required/allocated:

The estimated cost of iCCM in N'Guigmi district (75 community volunteers to cover areas with high numbers of displaced people, serving a total population of 88,254, with 19,415 under-five children) is US\$50,000 for the first year (recruiting, training, equipping, paying incentives and supervising community volunteers), and an average of US\$18,000 for subsequent years (refresher training, refill of medicines, paying incentives to community volunteers, supervision). UNICEF implemented iCCM in close cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria, which paid the volunteers' monthly financial incentives.

Humanitarian funding from the Government of Sweden, placed against the Humanitarian Action for Children (HAC), gave UNICEF the flexibility to initiate iCCM in emergency, building on the community health work undertaken elsewhere in the country and strengthening the humanitarian-development nexus. About US\$40,000 of Swedish funds supported the recruitment and training of community volunteers, and the Governments of France and Denmark, through the Muskoka Fund, contributed to the purchase and deployment of medicines and equipment.

Progress and results:

The first step was the recruitment of 75 community health volunteers (14 women, 61 men) within the community, with the participation of community leaders. Volunteers were then trained on management of malaria, pneumonia and diarrhea, and on assessing the severity of cases so as to refer serious cases to the nearest health centre when needed. The training also covered malnutrition screening and referral and promotion of essential family practices. Volunteers received equipment and medicines, and started serving their community in the last months of 2018. From November to December 2018, they treated 1,288 children, including 520 cases of malaria, 241 cases of pneumonia and 228 cases of diarrhea. 158 children were referred to health centres, including 18 cases of severe malaria, 2 cases of severe pneumonia, and 7 cases of diarrhea. All these children were screened for malnutrition, and 131 of them were referred for severe acute malnutrition.



Community volunteer training in N'guigmi
© UNICEF Niger 2018 / D. Issa

Criticality and value addition:

In this context of limited access to health services due to insecurity and the closing of these health centres, the training and equipment of community health volunteers allows children to be taken care of for simple cases. Basic health care is provided to quickly treat simple cases (thus preventing a worsening), detect serious cases and refer them on time. Health coverage of major killer diseases (malaria, diarrhea, pneumonia) is also improved. The initial recruitment, training and equipment of volunteers is a one-time process that can be done in two to three months; the initiative then relies on replenishment of medicines, monthly supervision by health staff, and refresher trainings every second year.

Challenges and lesson learned:

Recruitment and training of community health volunteers started late due to the health district's limited planning and management capacities. Difficult access to some areas, with motorcycles banned for security reasons, further hindered the recruitment of volunteers. Some of the community health volunteers selected by their community lacked the required skills, in particular literacy, and had to be replaced. It was particularly challenging to find literate women, hence the low percentage of female community volunteers. The provision of equipment and medicines to the volunteers was also delayed, due to long lead times to receive some items purchased offshore.

Despite these shortcomings, this intervention has generated enthusiasm among the population. Some villages have been served with medicines for the first time since insecurity started in 2016, and some common – yet deadly – child illnesses have been treated. iCCM has proved a valid strategy to offer health services to communities that had not been reached for a long time.

Moving forward:

UNICEF will continue to raise funds and forge partnerships for the implementation of iCCM in emergency, as a cost-effective means to reach vulnerable children facing the consequences of insecurity on their access to health care. UNICEF will also work closely with the health district to ensure proactive replenishment of medicines, to avoid stockout and disruption, which is harmful to the health of children, and would also lower the trust and adherence of the population to this strategy. In 2019, UNICEF is planning to expand this approach to another affected health district in Diffa region.

IV. Results Achieved from Humanitarian Thematic Funding

The humanitarian thematic funds contributed to the emergency response to floods, which affected over 208,000 people in Niger in 2018 according to the Ministry of Humanitarian Action and Disaster Relief. While floods occur in Niger on a yearly basis, they attract little attention from donors. The funds were used to purchase and transport non-food items et undertake field supervision. UNICEF also supported the training of civil defence staff on electronic data collection for future assessment of the impact of floods on the affected population.

The humanitarian thematic funds were also useful in responding to the unexpectedly large cholera epidemic. 5,000 communication items (flipcharts, posters and bags) were produced and purchased to equip 500 community volunteers who then used the material to raise awareness, promote and demonstrate recommended behaviors such as handwashing with soap at critical times.

While UNICEF Niger only had a small amount of humanitarian thematic funding at its disposal, the flexibility of the funds was instrumental to cover major gaps. In addition, the multi-year nature of these funds enabled UNICEF to respond immediately to needs, while awaiting the release of other pledged funds with a retroactive eligibility date, and to then reverse these charges against the newly available grants, so as to maximize the use of flexible humanitarian funds.

Thematic funding case study

Building national capacity to prepare for and respond to floods

Top level results:

In Niger, there are many competing priorities for the humanitarian response, such as malnutrition, conflict, displacement, epidemics, food insecurity and migration. In this context, chronic crises such as floods raise little attention and funding. However, the floods have a violent impact on already vulnerable population, and it is crucial to help affected families meet their basic needs. Country-specific humanitarian thematic funds helped UNICEF, in close partnership with the Ministry of Interior's Civil Defence Directorate and the Ministry of Humanitarian Action and Disaster Relief, respond to the 2018 floods that affected over 208,000 people in Niger. The funds contributed to the cost of non-food items, their transportation, supervision of distribution, and capacity building of Government partners for data collection. These funds were critical as they were flexible and could be used to meet gaps, for instance to complete NFI kits.

Issue/Background:

Niger is impacted every year by floods due to heavy rains and rivers overflowing during the rainy season. In 2018, the floods affected 208,416 people, killed 45 people, destroyed 17,389 houses, killed 34,000 livestock and covered 9,804 ha of farmland (OCHA August/September 2018 humanitarian bulletin).

The Government, under the leadership of the Ministry of Humanitarian Action and Disaster Relief (created in 2016), and the Ministry of Interior's Civil Defence Directorate, coordinates floods preparedness and response activities. The Government supports food assistance for affected people, but gaps remain for other sectors including NFIs, WASH and education. However, this issue attracts little attention from donors and humanitarian partners outside Diffa region, due to competing humanitarian crises and fatigue with the recurrent nature of floods. Only UNICEF and IOM actively support the NFI response to floods outside Diffa region. To support the provision of essential household items to affected families, UNICEF has forged a partnership with Civil Defence since 2014. Civil Defence, the operational arm of the Government in the response, is well trained and structured, is present throughout the country and has a quick response capacity. As part of UNICEF's floods preparedness and response strategy, UNICEF further invested in its capacity development, as well as in joint NFI responses.



NFI distribution in Roumbi 1 (Dakoro, Maradi region) – 81 families affected by floods, assisted in collaboration with the Civil Defence and the Ministry of Humanitarian Action and Disaster Relief
© UNICEF Niger 2018 / A. Bako

Resources required/allocated:

Working with the Government in the response to floods is a cost-effective strategy. In 2018, UNICEF provided US\$1,400 to Civil Defence to cover distribution fees and for training on the use electronic data collection. UNICEF directly funded NFI transport to the municipality level (around US\$25,000), the procurement of the 2,100 kits, managed the stocks for each flood alert, and supervised distribution (around US\$5,000). The overall cost, approximately US\$31,400 (excluding the kits that would be bought in any case), is significantly lower than through other available modalities.

Progress and results:

In 2018, UNICEF supported 2,100 families (an estimated 14,700 people) in 4 regions with essential household items, in collaboration with Civil Defence and the Ministry of Humanitarian affairs. Based on needs assessments carried out by Civil Defence and validated by the Ministry of Humanitarian Affairs, UNICEF purchased and transported NFIs to the municipal level, where Civil Defence assisted by UNICEF distributed them to affected populations. Repeated collaboration and coaching on the part of UNICEF have over time helped build the expertise, coordination and response capacity of Civil Defence and the Ministry of Humanitarian Affairs.

Criticality and value addition:

UNICEF has for many years been a key player in the NFI response in support to the Government, and while the kits are costly (US\$100 per kit for a household of 7 persons, without freight and transport costs), the collaboration with Civil Defence and the Ministry, as well as the direct management of transport and NFI stocks, allowed UNICEF to cut down costs significantly. While it is difficult to measure the impact of NFI availability on the population, this assistance helps maintain the dignity of affected families and has a preventive effect across many sectors, including child protection, health and WASH. For instance, the distribution of three mosquito nets per family reduces the risks of malaria.

Challenges and lesson learned:

The needs assessment carried out by Civil Defence are paper-based and are then validated at different hierarchical levels, which takes time and leads to delays in the response. To improve the rapidity of data collection and compilation, UNICEF organized a training of civil defence officers on electronic data collection in 2018. In 2019, this will be followed by the provision of tablets and further training, to ensure that future needs assessments are carried out electronically and finalized more rapidly.

Moving forward:

In 2019, UNICEF will continue to support capacity building of Civil Defence and the Ministry, in the framework of the ECHO-funded Rapid Response Mechanism project, with a focus on data collection and coordination. As for the procurement of NFI kits, to ensure that the Government can implement the flood response, UNICEF will continue to count on Regular Resources and flexible funding such as thematic humanitarian funds to cover a target of 5,000 households.

V. Assessment, Monitoring and Evaluation

In 2018, UNICEF continued to play a proactive role in the humanitarian coordination system at the national and decentralised level, taking part in context analysis, assessment of multisectoral vulnerabilities, planning of interventions, and monitoring and evaluation of actions implemented.

At the national level, UNICEF leads the education and WASH clusters, the Nutrition Working Group (which combines development and humanitarian coordination) and the child protection sub-cluster. It is also an active member of the health cluster and the NFI and shelter working group. At the decentralised level, UNICEF supports the State regional directorates to lead working groups in these different sectors.

UNICEF participated proactively in the Inter Cluster Coordination Group and in all related technical groups, such as the information management working group and the cash working group. UNICEF recruited dedicated staff for the clusters (although there were gaps at times) and ensured that information management capacity was strengthened in each cluster (through internal resources, support from the UNICEF Regional Office, or resources of the co-facilitators). UNICEF was also a key player in the development process of the Humanitarian Needs Overview and the Humanitarian Response Plan.

To assess the humanitarian needs of vulnerable population, particularly children, UNICEF carried out regular field missions, jointly with partners, cluster members and other UN agencies. This included participation in assessment missions during the opening of humanitarian corridors in Tillabery region, where humanitarian access to population forcibly displaced has been particularly challenging.

Regular monitoring of cluster and programme performance was ensured through monthly reporting on sectoral indicators defined in the Humanitarian Action for Children and aligned with the Humanitarian Response Plan. UNICEF relied on field visits as well as on reports from and exchanges with implementing partners and within the clusters.

Efforts were made to improve accountability to affected population in several clusters. For instance, the selection of sites for temporary learning spaces or child-friendly spaces was done in consultation with communities. Another illustration is provided by the RRM, which sets up for all interventions a complaint committee with representatives of beneficiaries (from IDPs, refugees, and host populations), and use an accountability checklist to ensure that the community is fully informed and agrees, in particular with the list of beneficiaries.

Finally, UNICEF continued to pilot RapidPro in Diffa region for real time, SMS-based monitoring of emergency education, WASH and nutrition interventions. The system provided updated information on the functioning of services in emergency areas, as well as alerts on interruption of service delivery (such as breakdown in water infrastructure or nutrition supply stockout). In the education sector for instance, RapidPro is the only system in place that provides regular school attendance data to education authorities, through the monthly reporting of 212 emergency school directors.

Risk-informed programming was also a UNICEF focus. Risk assessment analyses were carried out twice in 2018. UNICEF built contingency stocks in all sectors to respond to sudden onset of emergencies. Preparedness initiatives included identification of key partners for each sector and the finalization of two stand-by partnerships, which helped UNICEF maintain response to displacement in Tillabery and Tahoua. In addition, in the education sector, one of the priority strategies in humanitarian contexts was the training of teachers on psychosocial support, conflict and disaster risk reduction, and on the preparation of related school plans, benefiting overall 26,349 children in Diffa and Tillabery.

VI. Financial Analysis

As of December 2018, UNICEF had received US\$34.7 million against its US\$42.7 million humanitarian appeal, thanks to Canada, the Czech Republic, the European Commission (ECHO), the Skala Foundation via the German Committee for UNICEF, Italy, Japan, SIDA-Sweden, the Central Emergency Relief Fund (CERF), Spain, Thematic Emergency Funds, the United Kingdom, USAID Food for Peace, US State Department (BPRM) and others. A large UK Aid contribution is included in this amount, but as it was received at the end of the year, it was set to contribute to the 2019 HAC, rather than to the 2018 one.

The most critical funding shortfalls were observed in education, health, and non-food items, with an impact on school retention for children affected by the fodder deficit, on the provision of medicines to respond to epidemics, and on the provision of essential household items for the response to forced displacement.

The availability in 2018 of thematic humanitarian funding as well as grants received against the HAC facilitated the response to emergencies, as they enabled UNICEF to allocate funds for the most urgent and underfunded sectors.

Table 1: 2018 Funding Status against the Appeal by Sector (in USD)

Sector	Requirements	Funds Received Against Appeal as of 31 December 2018*		% Funding Gap
		Funds Received in 2018	Carry-Over	
Nutrition	24,500,000	27,389,886	904,386	-15%
Health	1,576,407	471,182	50,848	67%
Water, Sanitation & Hygiene	5,993,842	2,347,579	1,455,592	37%
Child Protection	2,617,441	823,535	1,037,566	29%
Education	3,537,711	858,781	277,816	68%

Non-food Items (floods and rapid response mechanism)	3,495,650	1,816,668	-	48%
Cluster Coordination	1,000,000	1,031,193	-	-3%
Total	42,721,051	34,738,825	3,726,207	10%

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

Table 2: Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
German Committee for UNICEF	SM1899100162	185,423
b) Non-Thematic Humanitarian Funds		
European Commission / ECHO	SM180130	5,763,045
United Kingdom	SM180557	5,330,054
United Kingdom	SM180301	4,765,795
USAID/Food for Peace	SM180047	3,703,704
German Committee for UNICEF	SM180140	2,749,783
European Commission / ECHO	SM180124	2,258,033
Canada	SM180154	1,936,483
USA (State) BPRM	SM180239	1,250,000
SIDA-Sweden	SM180170	677,011
Japan	SM180063	648,148
Spain	SM180333	529,101
Czech Republic (The)	SM180372	418,971
USA (USAID) OFDA	SM180336	217,431
Total Non-Thematic Humanitarian Funds		30,247,560
c) Pooled Funding		
CERF	SM180327	1,828,950
	SM180328	
	SM180472	
Total Pooled Funding		1,828,950

d) Other types of humanitarian funds		
NA		
Total humanitarian funds received in 2018		32,261,933
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Resp	SM149910	26,664
f) Carry-over of non-Thematic Humanitarian Funds		
Italy	SM170653	1,106,244
European Commission / ECHO	SM170400	1,010,743
USAID/Food for Peace	SM170467	388,947
European Commission / ECHO	SM170187	322,183
Italy	SM170448	285,661
Switzerland	SM170536	276,598
USAID/Food for Peace	SM160509	99,492
Norway	SM170253	78,841
Spain	SM170399	53,428
USAID/Food for Peace	SM160356	38,235
European Commission / ECHO	SM170210	25,987
Japan	SM170025	10,938
European Commission / ECHO	SM160421	2,184
African Development Bank	SM160583	63
Total Carry-over of non-Thematic Humanitarian Funds		3,699,543
Total Carry-over		3,726,207
III. Other sources		
Regular resources diverted to emergency	NON-GRANT GC	162,641
Emergency Programme Fund (EPF)**	GE180031	646,934
Total other resources		809,576

* Programmable amounts of donor contributions, excluding recovery cost.

** 2018 loans have not been waived; COs are liable to reimburse in 2019 as donor funds become available.

Table 3: Thematic Humanitarian Contributions Received in 2018 (in USD)

Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
German Committee for UNICEF	SM1899100162	185,423	194,694
Total		185,423	194,694

VII. Future Work Plan

In line with the Niger inter-agency 2019-2021 Humanitarian Response Plan, UNICEF will need US\$45.9 million to meet the humanitarian needs of an estimated 640,000 children affected by several crises in 2019.

Without flexible funding, UNICEF will be unable to support the national response to the nutrition crisis and provide critical WASH, non-food items, health, education and child protection services to people affected by displacements, natural disasters and epidemics. This funding will also enable UNICEF to maintain contingency and preparedness capacities in all sectors for flexible, rapid responses to acute crises, and implement innovative strategies.

In 2019, UNICEF will respond to both chronic and acute crises in the Niger. The linkages between humanitarian action and development programming will be strengthened and operationalized, particularly in Diffa region, and emergency capacity to respond to acute crises will be improved through the strengthened Rapid Response Mechanism. In Tahoua and Tillabery regions, strategic partnerships and innovative community-based approaches will help UNICEF and partners overcome access challenges and reach vulnerable populations with multi-sectoral support.

UNICEF will continue to strengthen national health and nutrition systems to deliver services in emergencies, including SAM prevention and treatment, measles and polio vaccination and free health care for children under 5 years. UNICEF will prioritize increasing access to quality school services for children affected by crises and building the resilience of schools. Conflict-affected children will receive comprehensive child protection services. The cholera prevention package will be strengthened and access to safe water will include both immediate and durable solutions.

UNICEF will maintain its preparedness capacity through contingency stocks, partnerships and human and financial resources; and a cash transfer strategy will be developed and implemented. Efforts will also focus on strengthening coordination and leveraging resources for prevention and risk mitigation.

2019 programme targets

Nutrition

- 380,166 children under 5 years with SAM admitted into therapeutic feeding programmes

Health

- 125,000 children under 5 years accessing life-saving interventions through fixed, mobile and community-based activities ⁹
- 100,000 children aged 6 months to 14 years in humanitarian situations vaccinated against measles ¹⁰

WASH

- 120,000 people affected by population movements and natural disasters accessing drinking water
- 459,000 people affected by an outbreak of water-borne disease accessing hygiene kits and sensitization activities

Child protection

- 25,000 children reached with psychosocial support, including access to child-friendly spaces
- 89,000 children affected by population movements benefiting from sensitization activities on child protection risks

Education

- 68,300 girls and boys aged 4 to 17 years who are out of school and affected by crisis accessing education
- 116,800 girls and boys aged 4 to 17 years affected by crisis receiving learning materials

Non-food items and shelter

- 101,500 people affected by conflict or natural disasters provided with essential household items and emergency shelters

Sector	2019 requirements (US\$)
Nutrition	24,500,000
Health	1,648,000
Water, sanitation and hygiene	6,040,000
Child protection	3,066,419
Education	4,984,281
Non-food items and shelter	4,702,386
Cluster/sector coordination	1,000,000
Total	45,941,086

VIII. Expression of Thanks

To all the donors and partners who contributed to our 2018 results, thank you for your commitment to the children of Niger! 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 resource partners who provided thematic funding or flexible funds against the HAC. Thank you for your trust!



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Annex: Donor Feedback Form

UNICEF is working to improve the quality of its reports and would highly appreciate your feedback. To fill our online feedback form, please use the links below:

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