

Consolidated Emergency Report 2021

Niger

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Expression of thanks

On behalf of the children and women in Niger, UNICEF would like to thank all donors for their generous contributions, allowing for the provision of lifesaving interventions for populations affected by shocks. While flexible thematic funding provided by the French, German and Danish Committees for UNICEF, among others, and contributions against the Humanitarian Action for Children appeal as provided by Sweden (Sida) are instrumental in strengthening preparedness and acting swiftly, UNICEF Niger would also like to emphasize its sincere gratitude to long-standing partners supporting the emergency response in Niger, including UNOCHA (CERF), Japan, Canada, ECHO, Italy, US Bureau for Population, Refugees and Migration, Romania, Germany, USAID, the Global Partnership for Education, Education Cannot Wait and Gavi.

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

Children leaving school In Camp Gammou, in Niamey, the capital of Niger. Families live in the camp since the floods destroyed their houses.

Cover photo: © UNICEF / Niger 2021 / Frank Dejongh

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ACF	Action Against Hunger (Action contre la faim)
CAPEG	Public Policy Analysis and Government Action Evaluation Unit (Cellule d'Analyse des Politiques publiques et d'Evaluation de l'action Gouvernementale)
CCSC	Social and Behavioural Change Commission (Commission pour le changement social et de comportement)
C/DRR	Climate and Disaster Risk Reduction
CERF	Central Emergency Response Fund
CIN	Islamic Council of Niger (Conseil Islamique du Niger)
CLTS	Community Led Total Sanitation
CMAM	Community-based Management of Acute Malnutrition
CPIMS+	Child Protection Information Management System
cVDPV2	Circulating Vaccine Derived Poliovirus Type 2
DGPC	General Directorate of Civil Protection (Direction générale de la protection civile)
DHIS2	District Health Information System

DRC	Danish Refugee Council
DRPE	Regional Directorate for Child Protection (Direction régionale de la protection de l'enfant)
ECHO	European Civil Protection and Humanitarian Aid Operations
GAM	Global Acute Malnutrition
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAC	Humanitarian Action for Children
HC3N	High Commission for the Nigeriens Nourishing Nigeriens Initiative
HRP	Humanitarian Response Plan
HNO	Humanitarian Needs Overview
ICCM	Integrated Community Case Management
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
MAH/GC	Ministry of Humanitarian Affairs and Disaster Management (Ministère des Affaires humanitaires et la gestion des crises)
MAM	Moderate Acute Malnutrition
MHM	Menstrual Hygiene Management
MPFPE	Ministry of Women's Empowerment and Child Protection (Ministère de la Promotion de la femme et la protection de l'enfant)
MSCWG	Multisectoral Cash Working Group
MUAC	Mid Upper Arm Circumference
NFI	Non-Food Item
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PNSN	National Nutrition Security Policy Plan (Plan National de la Sécurité Alimentaire)
PPE	Personal Protective Equipment
PUI	Première Urgence International
RCCE	Risk Communication and Community Engagement
RRM	Rapid Response Mechanism
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SBC	Social and Behaviour Change

SMART	Standardised Monitoring and Assessment of Relief and Transitions
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
US BHA	United States Bureau for Humanitarian Assistance
US PRM	United States Bureau of Population, Refugees and Migration
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

Executive Summary

According to the 2021 Humanitarian Needs Overview, 3.8 million people in Niger needed humanitarian assistance this year, including 2.1 million children. The 2021 Humanitarian Response Plan targeted 2.1 million people among them, with a total budget of US\$ 523.2 million. Through the Humanitarian Action for Children, UNICEF appealed for US\$ 102.2 million funding to support life-saving interventions for women and children in need of humanitarian assistance. Specifically, five major crises affected Niger: population movements due to insecurity, armed conflict and irregular migration; epidemics, including the COVID-19 pandemic; floods and other natural disasters; food insecurity; and malnutrition.

In 2021, UNICEF supported the humanitarian response in Niger in the areas of health, nutrition, education, child protection, water, sanitation and hygiene, and the distribution of non-food items. UNICEF strengthened national health and nutrition systems to deliver emergency services, including treatment for Severe Acute Malnutrition, measles and polio immunization and free health care for children under five. Given school closures as a result of the pandemic, flooding and insecurity, UNICEF prioritized access to quality school services and building resilience in schools. Comprehensive child protection services were provided to conflict-affected children and in response to the new challenges arising from increased population displacement, flooding and the COVID-19 pandemic.

Approximately 190,000 vulnerable children (including 24,439 children on the move) were provided with services from assigned social workers. Children were identified by community members and social workers of UNICEF's implementing partners and were hosted by the trained foster families while family tracing and reunification was ongoing. 100% of children were reunified with their family and were also provided with support for school reintegration, vocational training, and socioeconomic activities.

Niger experienced two waves of the COVID-19 pandemic, with the confirmation of the first positive case on 19 March 2020. As of December 31, Niger recorded 4,078 positive cases (28.8% women, 5.6% children), and 171 deaths (lethality of 4.19%). Niger faced additional health crises in 2021, further impacting the well-being of children, including cholera, measles, meningitis. As part of the management of the major cholera epidemic outbreak, UNICEF provided additional support to the government through the provision and transport of essential supplies for the treatment of cholera in all seven affected regions to reinforce case management.

Heavy flooding affected the country during the rainy season, highlighting the vulnerability of Niger to climate-related crises. 16,100 most vulnerable flood-affected people (8,855 female) were reached with 2,300 flood kits (hygiene and basic relief items and water purification tablets) in six regions. A total of 30 government members attended a training on collection and dissemination of natural disaster information through KOBO organized by the General Directorate of Civil Protection with the support of UNICEF. In addition, 3,126 households of displaced persons and victims of natural disasters received assistance through humanitarian cash transfers.

In 2021, UNICEF worked closely with the Ministry of Health and partners to provide care and treatment to 424,171 children affected by life threatening severe acute malnutrition in all eight regions, including 45,116 cases with medical complications. UNICEF continued its advocacy for the effective implementation of the national roadmap for the gradual handover of financing for the national SAM treatment programme to the Government, which resulted in the national purchase and distribution of 23,628 cartons of Ready-to-Use Therapeutic Food in 2021 for a value of 850,000,000 FCFA (approximately US\$ 1.4 million).

UNICEF ensured educational continuity for 108,015 children out of school affected by humanitarian crises. In addition, 6,328 out-of-school children (3,722 girls) were provided with access to alternative education and short-term vocational training. Finally, 3,611 adolescents aged 10 to 19 participated in UNICEF-supported skills development programmes for learning, personal empowerment, active citizenship and/or employability.

By the end of December, a total of 1,108,050 people (785,932 children) received assistance through humanitarian funding provided to UNICEF, representing 78% of the overall target. However, at end of the year, a funding gap of 63% remained, amounting to US\$ 64.6 million. The most critical gaps were observed in the sectors of Child Protection (95%), WASH (85%) and SBC (80%), impacting essential needs coverage for children and families in Niger.

To coordinate efforts on humanitarian response, UNICEF led the Education and Water, Sanitation and Hygiene Clusters, the Child Protection Sub-Cluster and the Nutrition Technical Working Group in close collaboration with government counterparts. UNICEF also continued its role as technical lead for the Rapid Response Mechanism and was responsible for the procurement of Non-Food Items.

1. Humanitarian Context

Niger is affected by the worsening crisis in the Sahel region and surrounded by complex emergencies. The low availability of infrastructures and access to social services in Niger are some of the factors underlying the protracted crisis which is associated with population movements fuelled by insecurity, armed conflict, and irregular migration. Despite these multidimensional challenges, Niger has kept its borders open, hosting more than 249,662 refugees and asylum seekers. The presence of armed groups, the rise in crime and tensions between communities also caused the displacement of approximately 264,257 internally displaced persons (IDPs)¹. The security and humanitarian context increased protection incidents affecting children, including separation from families, killings, and sexual exploitation and abuse, marriage and child labour. The precarious situation of poor households in a context where discriminatory social and gender norms continue to be identified as a bottleneck for the rights of children and adolescents.

Heavy flooding affected the country during the rainy season, highlighting the vulnerability of Niger to climate-related crises. A total of 250,331 people were affected (77 deaths), with the most affected people in Maradi region (42%), followed by Zinder (12%) and Tahoua region (10%). Due to flooding and population movement, the Rapid Response Mechanism (RRM) received 153 population displacement alerts and 262 multisectoral needs' assessments were conducted by RRM partners, 62% of which were conducted in Tillaberi region.

According to the 2021 Humanitarian Needs Overview (HNO), 3.8 million people in Niger needed humanitarian assistance this year, including 2.1 million children. The 2021 Humanitarian Response Plan (HRP) targeted 2.1 million people among them, including 1.5 million people with life-saving interventions, with a total budget of US\$ 523.2 million. Through the Humanitarian Action for Children (HAC), UNICEF appealed for US\$ 102.2 million funding to support life-saving interventions for women and children in need of humanitarian assistance.

Additionally, children represent 55% of IDPs, which are mainly concentrated in Tahoua and Tillaberi regions due to conflict on the border of Mali. More than 55,401 children (including 26,905 girls) were exposed to protection risks following the closure of 758 schools due to attacks against schools or threats against teachers by non-state armed groups (583 schools among these schools are in Tillaberi region). The increasing of the use of explosive ordnance, a new development in the context of Niger, has become a major concern as it creates additional protection risks for children and their families. As another effect of different crises, the number of children on the move appears to be increasing overall, according to official data indicating that 24,439 children passed through protective services compared to 15,643 children in 2020, an increase of 36%.

With health coverage at 53.6% nationwide, varying from 43.3% in Zinder region to 98% in Niamey region, access to health services remains difficult and inequitable for a significant portion of the population. Within this structurally weak health sector context, the security situation hampered humanitarian intervention and thus access to basic health and social services even further.

In 2021, Niger experienced two waves of the COVID-19 pandemic, with the confirmation of the first positive case on 19 March 2020. As of December 31, Niger recorded 4,078 positive cases (28.8% women, 5.6% children), and 171 deaths (lethality of 4.19%) with the highest rates

¹ Ministry of Humanitarian Affairs and Disaster Management, November 2021

recorded in the Niamey region (57.6% of the cases and 42.1% of deaths).² COVID-19 vaccination campaign is ongoing in all regions of the country, and 91% of vaccination sites are functional. As of December 31, a total of 1,417,505 people received their first vaccination (14% of the national target), while 1,002,477 people were fully vaccinated (9.7%).

Niger faced additional health crises in 2021, further impacting the well-being of children, including cholera, measles, meningitis. In addition to COVID-19, Niger recorded a major cholera epidemic with 5,591 cases (55% women, 12% children under 5) and 166 deaths (3% fatality) in Maradi, Zinder, Tahoua, Dosso, Niamey Tillaberi and Diffa regions. In addition, the measles outbreak recorded 10,531 cases (0.3% fatality), 1,577 cases of meningitis were reported (5.6% lethality), as well as 16 cases of circulating vaccine-derived poliovirus type 2 (cVDVP2) in the regions of Agadez, Diffa Maradi, Tillaberi and Zinder.

The food security situation deteriorated due to the erratic rainy season of 2021, which resulted in a poor agricultural harvest and increasing risk of drought. Based on the latest analysis³, 2.6 million people were in phase 3 or higher (crisis and emergency level) from October-December 2021, and 3.6 million people are projected to be in phase 3 or higher in 2022. The results of the 2021 national nutrition survey using Standardised Monitoring and Assessment of Relief and Transitions (SMART) methodology show that the situation in Niger remains alarming. At national level, the prevalence of wasting is 12.5%, and 2.7% for severe acute malnutrition (SAM). The prevalence of wasting in Diffa region is at emergency level (16.1%), and the prevalence is at serious level (>10%) in four other regions (Agadez, Maradi, Tahoua and Zinder).

From the 1.9 million people in need of emergency WASH assistance in 2021 due to conflict, floods, severe acute malnutrition and epidemics (including cholera and COVID-19), 1.1 million were targeted by the HRP. This included 788,116 people targeted by UNICEF through the HAC appeal. WASH activities were adapted to prevent COVID-19 transmission through a systematic observance of barrier measures. The 2021 humanitarian WASH situation was also strongly impacted by the cholera outbreak, which affected 7 out of 8 regions of the country and resulted into 5,591 cases and 166 deaths.

The education sector experienced disruptions following the emergency situations of 2021 which resulted in school closures; occupation of schools by armed groups; shortage of classrooms, basic education supplies and teachers in schools hosting displaced students; and the fear among parents and children, especially girls, resulting in high drop-out rates. The worsening security situation, particularly in Tillaberi and Tahoua regions, has displaced many communities and forced 756 schools to close, leaving 64,238 children (30,516 girls) in need of learning opportunities. According to the data from the 2021 Multisector Needs Assessment 2021, there are overall 934,348 children in need of access to school. The COVID-19 pandemic has also continued to exacerbate existing inequities in education, making digital solutions more challenging to implement when they are needed the most.

The protection of children is threatened due to complex emergencies both within Niger and across its borders. Over 1.5 million children were in need of humanitarian assistance in Niger according to the HRP 2021. Additionally, 73,221 children (33,701 girls) were on the move across Niger. Children, especially girls, continue to suffer the brunt of the violence resulted by non-state armed group attacks, drought and nutritional crises. Child rights violations continued to be witnessed

² Direction of Surveillance and Response to Epidemics, Ministry of Public Health, 2021

³ Integrated Food Security Phase Classification, November 2021

resulting in documentation of abduction by armed groups, separation from families, and exposure to sexual and gender-based violence. In 2021, violations of children's rights have been increasingly recorded following the increased activity of non-state armed groups. In Diffa region, 232 cases of child abduction (including 113 girls) by the non-state armed groups were recorded. The purpose of these abductions is predominantly for ransom, sexual exploitation or recruitment.

2. Humanitarian Results

In 2021, UNICEF continued to support the Government in responding to the various emergencies affecting Niger, with a particular focus on Diffa region (Eastern Niger), Tahoua and Tillabéri regions (Western Niger) and Maradi region (Southern Niger). UNICEF covers the whole country with its offices in Niamey, Diffa, Maradi, Tahoua and Agadez, and is active in several sectors, including Nutrition, Health, WASH, Child Protection, Education, Social Protection, Cash Transfers and Non-Food Items (NFI). Emergency interventions are complemented by transition and longer-term development actions (Nexus) in these different sectors, which is particularly important given the chronic or recurrent nature of several of the crises affecting Niger. UNICEF also plays an important coordination, advocacy, capacity building and policy development role.

In 2021, UNICEF continued to be the lead of the Education, Nutrition and WASH Clusters and of the Child Protection Sub-Cluster. Moreover, UNICEF ensured the technical coordination and NFI supply chain of the RRM and actively contributed to the work of the Multisectoral Cash Working Group (MSCWG).

By the end of December, a total of 1,108,050 people (785,932 children) received assistance through humanitarian funding provided to UNICEF, representing 78% of the overall target. However, at end of the year, a funding gap of 63% remained, amounting to US\$ 64.6 million. The most critical gaps were observed in the sectors of Child Protection, WASH and SBC, impacting essential needs coverage for children and families in Niger.

UNICEF continued its assistance to the Ministry of Health in the areas of risk communication and community engagement (RCCE), IPC, supply and logistics, epidemiological surveillance and healthcare provision. UNICEF continued its role as co-lead of 3 of the 8 sub-committees at central and sub-national level. Within the national response plan, UNICEF provided technical and financial support to the government to ensure the continuity of access to social services as education, child protection, nutrition and to scale-up the national safety net programme to mitigate the social and economic impacts of the COVID-19 crisis on the most vulnerable population, with a special focus on children and women needs.

Results table

Sector & indicators	Overall needs	UNICEF target ⁴	UNICEF results ⁵	Cluster/Sector targets	Cluster/Sector results
Nutrition					
# of children under-five with severe acute malnutrition admitted for treatment in a health facility	457,200	457,200	418,235	457,200	424,171
Health					
# of children (6 months-14 years) in humanitarian situations vaccinated against measles	n/a	120,000	205,363		
# of people affected by conflict and disease outbreaks having received access to primary health care	n/a	85,000	73,944		
# of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	n/a	500	480		
# of coordination meetings held with the support of UNICEF (technical and / or financial)	n/a	36	65		
# of health centres equipped as triage centres	n/a	45	4		
WASH					
# people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		378,097	240,121	540,139	385,936
# people affected by an outbreak of water-borne disease accessing hygiene kits and sensitization activities	1,125,880	788,116	1,092,761	1,125,880	1,320,901
# malnourished children with access to WASH minimum package		88,283	6,566	176,565	9,590
# people with access to basic sanitation facilities		296,671	49,205	423,815	103,546
# of people reached with critical WASH supplies (including hygiene items) and services	n/a	50,000	69,496	213,196	69,496
# of healthcare workers within health facilities and communities provided with	n/a	750	26	850	26

⁴ UNICEF targets are based on the HAC 2021 reviewed in April 2021.

⁵ Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Personal Protective Equipment (PPE)					
# of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	n/a	500	192	620	316
Child Protection					
# of children and caregivers reached with psychosocial support, including access to child-friendly spaces	678,107	152,503	18,850	212,823	29,144
# of registered unaccompanied and separated children benefiting from family tracing and reunification services and family-based care or alternative care arrangements (includes CAAFAG)		1,140	2,801	4,256	2,915
#women, girls and boys accessing GBV risk mitigation, prevention or response interventions		3,600	133	7,200	727
# children affected by the crisis benefiting from sensitization		283,569	73,598	453,828	107,904
Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse		300	133	300	133
Education					
# children accessing formal or non-formal education, including early learning	255,000	125,000	108,015	230,000	144,113
# children receiving individual learning materials	255,000	125,000	86,226	230,000	144,113
# schools implementing safe school protocols (infection prevention and control)	17,000	5,000	18,013	10,000	18,013
Non-Food Items					
# of displaced persons and people affected by natural disasters provided with NFI kits	863,000	171,500	135,402		
SBC, Community Engagement and AAP					
# people reached through messaging on access to services (including COVID-19 related messages)	12,000,000	12,000,000	9,940,314		
# people participating in engagement actions (for social and behavioural change)	3,000,000	3,000,000	2,377,961		
# of people sharing their concerns and asking questions/clarifications for	1,300,000	1,300,000	679,682		

available support services to address their needs through establishes feedback mechanisms					
Social Protection and Cash Transfers					
# households reached with humanitarian cash transfers across sectors	n/a	5,000	3,126		
# households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	n/a	75,779	32,659		

Nutrition

UNICEF continued to coordinate the delivery of life-saving interventions to the most affected populations, mainly those suffering from acute malnutrition, while working to strengthen the enabling environment for the nutrition programme. Throughout the year, UNICEF has led the Nutrition Sector in coordinating nutrition response in Niger. At national level, the sector convened monthly under the Nutrition Technical Group. In addition, the following meetings were held to strengthen coordination: five meetings of the Technical Advocacy Group; six meetings of the Emergency/Surveillance Working Group; one meeting of the Community-based Management of Acute Malnutrition (CMAM) Working Group; and one technical working group on prevention

Collaboration with Nutrition Technical Group partners was essential for strengthening the quality standards of health and nutrition services, mainly at the level of health structures, with the common objective of promoting ownership and accountability of government agents for sustainable action. In collaboration with FAO and WFP, UNICEF provided leadership in the development of the Global Action Plan on Acute Malnutrition (2021-2030) and supported the HC3N in the assessment of the Action Plan of the National Nutrition Security Policy (PNSN 2017-2020), as well as technical assistance for the development of the new PNSN Action Plan (2021-2025). UNICEF, WFP and FAO coordinated actions to promote resilience and ensure joint advocacy for the political orientations and strategic choices made by the Government of Niger.

UNICEF collaborated with partners for the development of guidelines and directives for the implementation of the following key approaches:

- the mother/family mid-upper arm circumference (MUAC), which allows for improvements in early detection and referral of children suffering from acute malnutrition through increased capacities of families and communities to detect and respond to early signs of child wasting
- Capacity development on CMAM and Infant and Young Child Feeding (IYCF), to ensure an early and adequate response to peaks in treatment needs for child wasting through capacity building of health staff and increased accountability of local authorities

UNICEF supported the 2021 national nutrition survey using the SMART methodology which provided information on the nutrition situation the year following the COVID-19 pandemic. In 2021,

43.5% of children under five years were stunted (chronic malnutrition), compared to 45.1% in 2020, and 12.5% were wasted (acute malnutrition) compared to 12.7% in 2020 (National Nutrition SMART Survey 2020 & 2021). According to World Health Organization (WHO) thresholds, these results are very high for stunting ($\geq 30\%$) and high for acute malnutrition ($\geq 10\%$). The stagnating results underlines the need to strengthen the focus on the prevention of all forms of malnutrition including prevention of child wasting, while maintaining access to quality treatment and ensuring the continuum of care for children already suffering from wasting.

In 2021, UNICEF worked closely with the Ministry of Health and partners to provide care and treatment to 424,171 children affected by life threatening severe acute malnutrition in all eight regions (93% of the cluster target), including 45,116 cases with medical complications. SAM treatment services reached 50.1% of girls and 50.9% of boys. The total number of admissions for SAM as well as the number of cases with medical complications is slightly lower in 2021 compared to same period in 2020. With the support of UNICEF as sector lead and a network of international and national partners, 1,235 outpatient facilities, including 53 inpatient sites, received technical support for nutrition services. At national level, the treatment performance indicators are well within SPHERE standards, with a 94% recovery rate, 1% death rate and 4% drop-out rate.

Between July and October 2021, over 4 million children each month were screened for acute malnutrition and those in need were referred for treatment to the nearest health facility. These results were possible thanks to the donor support that ensures timely procurement and distribution of Ready-to-Use Therapeutic Food (RUTF) and other nutrition supplies to health districts and health facilities. Continued improvement of severe acute malnutrition service is embedded in the strategic Surge approach which aims to assist health centre staff and districts authorities to plan and prepare adequately their service to face the seasonal peak of acute malnutrition. As a result, health centres supported in 2021 were able to face the seasonal increase more than others and save more children's lives, as confirmed by the lower death rates.



Nana Hadiza, a 28-year-old woman with her 20 months old twins Housseina and Hassana, at the CHU Hospital of Maradi, in the South of Niger. (© UNICEF / Niger 2021 / Frank Dejongh)

In 2021, the Nutrition Cluster continued to advocate for the effective implementation of the national roadmap for the gradual handover of financing for the national SAM treatment programme to the Government. Several meetings were held with the Directorate of Nutrition and partners, leading to the national purchase and distribution of 23,628 cartons of RUTF for a value of 850,000,000 FCFA (approximately US\$ 1.4 million).

To ensure delivery of a comprehensive package of services, children 6-59 months benefitted from national vitamin A supplementation campaigns in February and August 2021, which reached 5,759,355 children nationwide with two doses of vitamin A supplements (92% coverage). UNICEF continued its collaboration with the NGO Helen Keller International in the joint support of the Directorate of Nutrition of the Ministry of Health in the development of the operational plan for the transition to vitamin A supplementation in routine health services.

Capacity building for key nutrition actors, community-level services and families was a key component of UNICEF's 2021 humanitarian response to nutrition:

- To further improve the provision of skilled counselling, 16,498 community health workers were trained on provision of quality counselling. In addition, the innovative mother/family MUAC approach was expanded to improve early detection of children affected by malnutrition. Also, 3,541 support groups were established, leading to 111,272 children and caregivers benefitting from counselling on IYCF and early childhood development.
- UNICEF also strengthened government capacity of 716 supply managers at national, regional and district levels to improve supply chain management of nutritional inputs, particularly RUTF. This has improved supply planning, monitoring and stock management to ensure adequate and suitable availability of nutritional inputs, while reducing the risks of inappropriate use of RUTF.
- The Nutrition Cluster undertook training for sub-national nutrition focal points, relevant Ministry of Health officials and partners on emergency preparation and response to mitigate the impacts of an anticipated crisis of malnutrition. Despite this effort, the reinforcement of sub-national nutrition cluster still need improvement, certain region as Maradi, Tahoua, Diffa have not been able to hold Health and Nutrition Cluster meetings, maintain their frequency and ensure the involvement of key sectoral areas for an integrated response to crises.
- In five health districts, 4,094 mothers and families with children under five were trained on MUAC measurement and self-referral. Training on early detection of acute malnutrition at the family level with a simple color-coded arm band is effective for the timely referral of malnourished children to health centres, contributing to the prevention of hospitalization and child mortality. UNICEF is working to mobilize funds for the scale-up this approach nationwide.

The displacement and influx of Nigerians to Maradi region along the border with northern Nigeria remains a concern, with more than 30% of SAM cases occurring in the region. This situation puts pressure on health and nutrition services in Niger which have insufficient human resources to cope with this flux of people and it disturbs essential medicines and therapeutic food supply chain for which Government forecasting does not consider Nigerian citizens. In 2021, more than 11,000 cases were seen for paediatric cases and treatment. UNICEF and partners are providing additional health and nutrition services to ensure minimum care to women and children in need, but more

sustainable solutions need to be considered. UNICEF and its partners will raise awareness on this situation to key stakeholders in 2022 as further increase in migration is predicted.

[Health](#)

In 2021, UNICEF continued to support the Government in the response to the various health emergencies affecting Niger, with particular emphasis on areas impacted by conflict, displacement and crises in Diffa, Tahoua, Tillaberi and Maradi regions.

In the second year of the COVID-19 pandemic, UNICEF continued to support preparedness and response measures, while also supporting the rollout of the COVID-19 vaccine as UN supply and procurement coordinator for COVID-19 pandemic. UNICEF provided support to the Ministry of Public Health for preparedness and response:

- Epidemiological surveillance was strengthened through the training of 480 community health volunteers in COVID-19 community surveillance, awareness-raising, and the distribution of personal protective equipment (PPE) for refugee and host populations. As a result, 89,355 people (including 13,134 refugees) received key informational messages on COVID-19. To curb community transmission of the virus, 216,457 masks were distributed in communities (including 40,080 masks to refugee populations).
- UNICEF supported the investigation of potential COVID-19 cases in Niamey region, thus covering a critical gap for a period of 2 months, leading to the investigation of 398 patients of which 17 were treated.
- The construction of 4 health posts was supported by UNICEF at the busiest border crossings in the country: Assamaka (Agadez region, bordering Algeria), Ayorou and Makalondi (Tillaberi region, bordering Mali and Burkina Faso respectively), and Gaya (Dosso region, bordering Benin)

For COVID-19 vaccination, US\$ 3,962,774 were mobilized. These funds made it possible to strengthen the cold chain equipment, to supply the regions, health districts and integrated health centres with COVID-19 vaccines, contribute to planning activities for COVID-19 vaccination campaigns, monitoring and evaluation of COVID vaccination activities. Over eight regions, those of Maradi, Diffa and Niamey have each administered more than 80% of the vaccines received illustrating the continued immunization promotion and communication efforts which needs to be amplified in 2022. The main risk associated with this low performance is the loss of vaccine on expiry date and a low community immunity against known COVID-19 variants which could increase the duration of the pandemic in the country. Additionally, UNICEF supported COVID-19 campaigns; capacity building for health service providers to mitigate the risks of COVID-19; community mobilization and communication activities.

In 2021, UNICEF and its partners mobilized 6,473 field workers for door-to-door awareness campaign mostly in the regions more advanced with immunization rate. A total of 1,206,160 people were reached through different communication channels (community level and interpersonal discussion, mass communication such as TV spots, radio messages and blogs) and 1,411,120 people were reached through community radio.

In addition to the continued response to the COVID-19 pandemic and new waves in 2021, UNICEF also supported a coordinated response to other epidemics impacting the people of Niger. A cholera outbreak was officially declared by the Ministry of Public Health of Niger on 9 August 2021 and affected all eight regions of the country. A total of 5,591 cases and 166 deaths, including

1,920 children under 15 years old among whom 29 deaths were documented. As part of cholera epidemic management, UNICEF provided additional support to the government through the provision and transport of essential supplies for the treatment of cholera in all affected regions (7 out of 8 regions) to reinforce case management. By supporting the government with the financing of response activities in Tahoua and Diffa regions, 225 health personnel were trained on cholera epidemic management, 167 investigation missions were carried out, and 16 health personnel received incentives. No new cases have been reported since 28 November 2021.

Regarding the measles outbreak, 51 health districts (70%) reached the epidemic threshold with a national caseload of 10,635 (0.3% fatality). UNICEF supported the Ministry of Public Health in the organization of response campaigns through the purchase and vaccines, reaching 205,363 children aged 9 months to 14 years (171% of the UNICEF target).

In response to the cVDPV2 outbreak in Maradi and Zinder regions, 3,191,109 children under 5 vaccinated with the new type 2 novel oral polio vaccine (nOPV2) vaccine in 24 at-risk health districts in the regions of Maradi (9), Zinder (2) and Tahoua (13). Additionally, 1,217,317 children under 5 were vaccinated with the new nOPV2 vaccine in 9 health districts in the Zinder region.

A total of 1,577 cases of meningitis were declared by the Ministry of Health in 2021. In response to this epidemic, 609,048 children aged 12 months to 14 years (86%) were vaccinated in 6 health districts in three regions in partnership with UNICEF, WHO, The Vaccine Alliance (GAVI) and other partners. UNICEF also provided technical assistance and transport for vaccines.

During the period of high transmissibility with a significant increase in malaria cases, UNICEF supported 62 integrated health centres and a district hospital in Niamey region. 93 nurses and 2 doctors were recruited by the region to strengthen the human resources of the integrated health centres and the district hospital. The RapidPro tool was used to monitor malaria cases daily, making it possible to quickly make the appropriate decisions for managing the peak. In total, 38,788 cases of malaria (36% under 5 years) were treated during this period. UNICEF also supported human resources (4 doctors, 3 nurses) and malaria kits at the Amirou Boubacar Diallo National Hospital (Niamey), leading to the treatment of 1,645 cases of malaria.

As part of relief activities for displaced populations in the Tillabéri and Diffa regions affected by the conflict, UNICEF supported the supply of essential medicines to treat the most widespread diseases in four health districts (Ayorou, Torodi, Bosso, Diffa). UNICEF coordinated with the Ministry of Health to develop strategic documents on mobile clinics. Through this approach, 34,492 people were reached by health services, including 4,205 IDPs and 2,334 refugees.

Following heavy flooding in Niamey 1 health district, 599 families found themselves homeless and were accommodated in 2 sites. UNICEF supported the medical care of these displaced persons with the provision of basic kits and malaria kits. In total, 970 health consultations were carried out (257 for children under 5 years), with a 90% positivity rate for malaria.

To strengthen capacities for health service delivery in challenging contexts, UNICEF supported refresher training, supplies and supervision for 250 community health volunteers in the health districts of Nguigmi, Maine Soroa, Goudoumaria (Diffa region) and Torodi (Tillabéri region). This ensured a common level of understanding across community health volunteers who were equipped with the latest information for effective health service delivery.



Health personnel visiting a mobile clinic site, Ayorou health district, Tillaberi (© UNICEF Niger 2021 / A. Goubakoye)

In terms of coordination, UNICEF played an important role in the operation of the Health and Nutrition Working Group in Diffa region through advocacy and technical support to the health authorities. Additionally, UNICEF was part of the Health Cluster Strategic Working Group at national level, which provides orientations for the health sector.

[Water, sanitation and hygiene \(WASH\)](#)

As WASH cluster lead agency, UNICEF supported the Government to ensure the coordination of humanitarian WASH preparedness and response to 5 major crises: persistent insecurity situation, flooding, malnutrition, the cholera epidemic and COVID-19. In 2021, continuous support was provided to national WASH Cluster technical working and sub-national working groups in Tillaberi, Tahoua, Maradi and Diffa regions which are most affected by population movement.

In 2021, the WASH Cluster provided safe drinking water to 385,936 people affected by flooding and displacement (71% of the cluster target) of which 240,121 directly UNICEF supported (64% of HAC target) through construction and/or rehabilitation of water supply infrastructure, connection of school and health centres to water supply networks and distribution of household water treatment and conservation kits. Restricted access to vulnerable areas due to the volatile security situation was a key constraint limiting progress on this result.



The rehabilitated and extended mini water supply network in Banteri village in Tillaberi region (DEMI-E, 2021)

Access to safe sanitation facilities was secured through the construction of emergency latrines and the implementation of the Community-led Total Sanitation (CLTS) in emergencies approach in 19 villages. In total, 103,546 people (26% of HRP target) were provided access to latrines, including 49,205 people with UNICEF support (17% of HAC target). Funding limitations and security constraints were major challenges for the implementation of the CLTS in emergencies approach.

For hygiene promotion and provision of WASH kits, 1,320,901 people were reached by WASH Cluster actors including 1,092,761 with UNICEF support. Hygiene promotion and provision of WASH kits target was surpassed due to the scale-up during the cholera response, with UNICEF playing an important role accounting for 83% of overall Cluster result.

Moreover, UNICEF and WASH Cluster actors provided WASH packages in nutritional response linked to the national nutritional crisis. In total, 9,590 malnourished children and caregivers were provided with hygiene kits and sensitization including 6,566 malnourished children with UNICEF support (68% of the cluster target).

While a lack of financial resources affected the delivery of WASH services to target vulnerable populations in 2021, UNICEF managed to mobilize technical and financial resources for its WASH response to cholera outbreak. In partnership with the Ministries of Public Health and Water and Sanitation, WHO, WASH cluster partners and other NGOs, 588,321 people (135,020 women, 129,725 men, 165,024 girls and 158,552 boys) benefitted from the coordinated WASH response to the cholera outbreak:

- Rehabilitation of one water supply network in Zinder region for the benefit of 2,742 people
- Distribution of household water treatment products (PUR and Aquatabs) to 23,119 households
- Implementation of CLTS in emergencies in Tahoua and Zinder regions, leading to the construction of 83 family latrines
- Hygiene promotion activities and distribution of soap to 135,020 women, 129,725 men, 165,024 girls and 158,552 boys

As co-lead of the National Infection Prevention and Control (IPC) Commission, UNICEF provided technical and operational support to the government for the continuation of the COVID-19 response, which included:

- Coordination of National IPC Commission meetings and situation monitoring
- Development of IPC training module for health workers and training of 192 health workers nationwide
- Provision of IPC supplies (handwashing stations, posters, bleach, disinfectant gel plastic garbage bins, mops, gloves, boots, sterilization devices, calcium hypochlorite (HTH), masks, tarpaulin) and IT equipment to the National IPC commission to cover needs nationwide
- Access to safe drinking water for 3 healthcare facilities in Tillaberi region through the construction of water tanks, rehabilitation of internal networks and connection to the water supply network
- Access to biomedical waste management infrastructures in 6 healthcare facilities, including the building of 4 incinerators and fencing of 6 waste management areas
- Support health workers for the awareness of patients and visitors of healthcare facilities on COVID-19 prevention measures.

Child Protection

The already fragile child protection situation in Niger is affected by the worsening crisis in the Sahel region and complex humanitarian and emergencies issues. Children's access to care and prevention services is strongly limited due to the weakening of family, community and institutional capacities caused by an escalation in the armed crisis conflict in recent years on the border's areas. The rising insecurity and its protection risks for children confirmed the critical need for flexible, multi-year emergency funding to address recurrent crises through investments in preparedness and disaster risk reduction. Child protection services recorded 24,439 children on the move who received holistic assistance. A total of 2,915 unaccompanied and separated children, including children formerly associated with armed forces or groups, received family tracing and reunification services by UNICEF and its partners (69% of cluster target). Among them, 2,801 were directly reached by UNICEF support (246% of HAC target). Children were identified by community members and social workers of UNICEF's implementing partners and were hosted by the trained foster families while family tracing and reunification was ongoing. 100% of children were reunified with their family and were also provided with support for school reintegration, vocational training, and socioeconomic activities. A key strategy for surpassing the planned target was UNICEF's collaboration with families within a traditional protection mechanism based on the values of solidarity, mutual aid, and volunteering, which falls under the control of the Sarkin Baki - an important institution of the court of the Sultan. The contribution of the Sarkin Baki was important because childcare was done a voluntary basis with material support provided to each family every quarter, rather than providing a monetary subsidy per child.



Children playing in a transit centre, in Agadez, in the North of Niger. (© UNICEF Niger 2021 / Frank Dejongh)

In 2021, UNICEF also continued to support and follow-up the reintegration process of children alleged associated with armed groups and released from detention last year. Considering the impact of violence linked to non-state armed group attacks on the well-being of children, 29,144 children living in 15 municipalities (Makalondi, Torodi, Gotheye, Dargol, Diagourou, Téra, Gorouol, Bankilaré, Anzourou, Ayorou, Dessa, Sakoira, Tillaberi, Ouallam, Tondikiwindi) of Tillaberi region benefited from psychosocial support and recreational activities which were organized by social worker and trained animators (14% of cluster target). UNICEF directly supported 18,850 of these children (12% of HAC target). Individual support was also provided to the children and their family when necessary to solve a various problem. This response faces several challenges such as the growing number of requests due to the worsening humanitarian context; weak capacity of protection services; lack of coordination; the weakness of the

institutional system such as the lack of institutionalization of host families; and insufficient funding to cover the growing needs.

The mobile approach which was initiated in 2020 with flexible humanitarian funding was extended to cover 109 villages and IDP sites in 2021 to reach the greatest number of children who have been displaced and are at an increased risk of sexual, physical violence, and separation from family members. The mobile approach was particularly useful as it made it possible to provide assistance to children who have difficulty accessing services. In addition, this approach makes it to create more contact between social worker and the immediate environment of the children, especially the parents. During their visits, families are provided with useful information, such as the procedures of birth registration, signs of psychosocial distress and how to refer children to services.

To support vulnerable children and young people to be empowered as prevention actors in their own communities, awareness-raising activities have been carried out in 28 spaces of dialogue. 107,904 children were sensitized on topics in link with violence and other dangers related to conflict, GBV, recruitment and non-explosive weapons (24% of cluster target) - of which, UNICEF directly supported 73,598 (26% of HAC target achieved).

In coordination with UNFPA, the GBV Sub-Cluster and child protection services, 715 victims of GBV who came forward were provided with holistic support, 133 (63 girls, 21 boys, 49 women) of which were directly supported by UNICEF. This support included psychosocial counselling, medical references, dignity kits and social reintegration support (information on how to access aid and where to report sexual exploitation and abuse). Safety audits and risk and vulnerability mapping for GBV were conducted in 10 communities, and the information was used to strengthen GBV prevention measures in the targeted communities. Moreover, 17,800 people were reached with information on GBV with a focus on harmful practices, social stigma, referral pathways and community prevention measures. Regarding accountability to affected populations, more than 300 members of village child protection committees received information on how to use safe and accessible channels to report sexual exploitation and abuse.

In general, the implementation of child protection actions in humanitarian settings has been faced with accessibility challenges, especially in villages located in the border areas due to frequent attacks by non-state armed groups. Therefore, community members and specially children the victim have limited access to services. Given this context, UNICEF strengthened partnerships with child protection services held by local government structures, neighbourhood organisations, and promoted a mobile assistance strategy in affected areas. In terms of the impact of social norms. GBV cases are still largely underreported because of the victims' reluctance and fear of stigmatization. Religious womens' organizations have been mobilized to plays a great role in fighting against discrimination and stigma that most of the victims are facing. Furthermore, community dialogues spaces established in the areas of intervention have facilitated exchanges between young people and increasingly empowered victims to seek services.

[Education](#)

In 2021, UNICEF ensured educational continuity for 108,015 children (52,355 girls and 5,783 with disabilities) out of school affected by humanitarian crises (86% of HAC target). In addition, 6,328 out-of-school children (3,722 girls) were provided with access to alternative education and short-term vocational training. Finally, 3,611 adolescents aged 10 to 19 participated in UNICEF-supported skills development programmes for learning, personal empowerment, active

citizenship and/or employability. With the objective of helping the Government to develop a remote learning educational model for emergency settings, a perception study was conducted by the Public Policy Analysis and Government Action Evaluation Unit (CAPEG) in 2021, which assessed the participation and perspectives on distance training in Niger, and showed that the population perceives the distance learning method as a complement to in-person learning.



Nadia, a 13-year-old girl, at Camp Gammou, in Niamey, the capital of Niger. The young girl lives with her family in the camp since the floods destroyed their houses. The young girl is in class CM2 and attending classes in a by UNICEF constructed school in the camp. The girl says: "I hope we will have a new house soon, but I'm happy I can continue to go to school. My dream is to become a doctor." (© UNICEF Niger 2021 / Frank Dejongh)

The COVID-19 pandemic forced the school system to reinvent itself and seek innovative solutions. In the absence of a nationwide distance education programme and based on the results of the participatory study on distance education, UNICEF supported the implementation of a micro-teaching programme focusing on foundational competencies (literacy and numeracy) and which allowed students from elementary school to learn at home. This programme benefited 50,425 children, including 22,312 girls. Furthermore, 6,685 children including 3,445 girls were mentored through distance or home-based learning programmes. Regarding safe school protocols, UNICEF's approach combined capacity building sessions for teachers, the provision of basic WASH supplies and equipment, awareness raising activities on good hygiene practices, such as washing hands, remedial classes for children to catch up on learning as well the commitment of school directors to implementing the plan and help prevent the introduction and spread of the virus in school. This inclusive approach has helped the country to exceed the target and cover almost all public schools (360% of HAC target).

Given the gender norms dynamics, and to support the continuity of learning for girls during school closures and disruptions, a national mentoring programme for girls was piloted enabling 900 girls and 107 boys to improve their life skills and academic performance. In addition, 1,384 schools have put in place conflict and disaster risk reduction (C/DDR) plans to ensure a safe and protective environment for approximately 10,015 children, including 5,235 girls. UNICEF established 98 temporary classrooms in the regions of Tillaberi, Tahoua, Diffa and Niamey to support the government and allow access to education in emergency zones.

The education sector experienced a tragic incident of a fire incident at Pays-Bas school in Niamey that killed 20 children in their straw hut classrooms. The school was a composition of three primary schools and one kindergarten, sharing a yard with 19 built classrooms and 25 under the straw huts where more than 2,349 children (1,196 girls) were enrolled. The fire ravaged the 25 straw

huts classes with all the equipment/furniture in place (table, chairs, blackboards). UNICEF rehabilitated the school which was damaged by the fire and built and equipped 26 classrooms with permanent materials to improve conditions where the limits have been exceeded in terms of accommodation capacity of schools. UNICEF has also provided individual education materials to 4,000 students. All teachers also benefited from mental health and psychosocial support as well as a training in first aid to overcome the trauma.

In its capacity as Education Cluster lead, UNICEF reinforced coordination through the revision of working methods and instruments; the capacity building of national coordinators and the establishment of a clear modus operandi aligned with the six functions operating procedures and its thematic groups as well as sub-cluster in the four regions (Diffa, Maradi, Tillaberi and Tahoua). UNICEF also improved the functioning of the Cluster. As a result, the dual role of UNICEF and the role of the Ministry has been clarified, and transparent communication on the leadership of UNICEF and Save the Children for educational continuity in emergency situations has been established.

Throughout 2021 the Cluster Coordination actively participated in all forums dealing with Education in Emergencies. The Cluster led the process of HNO 2022 and coordinated and the humanitarian response in education in the country's four emergency regions, as well as for the specific emergencies arising from the school fires. Jointly with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF and the Cluster led the Regional Humanitarian Fund processes that resulted in the funding of a US\$ 1 million pilot project to support the government in reopening 150 schools in Tillaberi region.

Non-Food Items

The RRM is a key mechanism for humanitarian emergency response and helps meet the basic immediate needs of populations affected by forced displacement, floods or epidemics. The mechanism falls under the overall strategic coordination of OCHA, and implemented jointly by UN, NGO and government actors. The mechanism has proven its effectiveness to the humanitarian community and is fully integrated into the humanitarian response architecture in Niger. Since 2019, UNICEF ensures overall technical leadership for the RRM, and is responsible for the procurement of Non-Food Items, WASH and menstrual hygiene management (MHM) kits. In 2021, UNICEF continued to lead technical coordination and procurement, transport and pre-positioning of contingency response stocks to meet the vital needs of the affected population in terms of essential household items and access to water, hygiene and sanitation.

In 2021, UNICEF maintained its active participation to the shelter/NFI sector. 135,402 vulnerable people affected by conflicts or floods received NFI assistance, which is 79% of the target. From this support, joint action of UNICEF and a consortium of NGOs through the RRM allowed the provision of critical multisectoral assistance to 119,302 displaced populations. 645 infants benefitted from specific NFI kits, 107,876 displaced population improved their access to water and sanitation and 11,856 displaced households (79,732 people) enhanced their protection with access to safe and dignified shelter solutions. Overall, 33% of the RRM assistance was delivered in Diffa region (Lake Chad Basin crisis) to 39,730 people affected by conflicts or floods and 54% in response to Mali border crisis (Tillaberi and Tahoua regions) and 13% in Maradi region. These interventions were implemented by four international NGOs with technical assistance and guidance from UNICEF.

As technical leader of the RRM, UNICEF developed a matrix to monitor RRM delays by intervention and by type of activity. The tool is used to facilitate the analysis of delays, identify the causes to facilitate the implementation of corrective measures to improve the speed of the mechanism. In May 2021, in collaboration with the MAH/GC, WFP and the Food Security Cluster, UNICEF organized two technical workshops on cash transfers and food assistance within the RRM. In November 2021, UNICEF organized a technical workshop on RRM information management tools. Each of these key information sharing opportunities were attended by approximately 30 participants from NGOs, UN agencies, government and clusters. Furthermore, a retreat of the RRM Strategic Group was organized with the members of the RRM common framework, and facilitated discussion on the RRM overall strategy and guidance for the mechanism.



Aicha⁶ and her children are once again trying to rebuild their lives following attacks on her village. She and her fellow travellers are setting up a shelter where they can settle down once more. She has received a series of kits to give her the minimum she needs to start this recovery process (© UNICEF / Niger / Tremeau)

UNICEF worked closely with the General Directorate of Civil Protection (DGPC) for flood response and preparedness through capacity building and funding multi-sector emergency response capacities. 16,100 most vulnerable flood-affected people (8,855 female) were reached with 2,300 flood kits (hygiene and basic relief items and water purification tablets) in six regions. A total of 30 government members attended a training on collection and dissemination of natural disaster information through KOBO organized by the DGPC with the support of UNICEF. The training aimed at improving the sharing of flood-related data to humanitarian actors to allow timely decision-making and response to the needs identified.

Humanitarian access and procurement of goods and supplies were the main challenges faced throughout the year and these have impacted the timely response to NFI needs identified. UNICEF therefore worked with other humanitarian actors to strengthen the advocacy to reinforce humanitarian access and improve its contingency stock.

Case Study: Strengthening Multisectoral Support via the Rapid Response Mechanism

Top level results: The Rapid Response Mechanism (RRM) provided rapid multisectoral assistance to populations affected by shocks through Shelter/Non-Food Items, WASH, Food

⁶ The name has been changed to preserve the anonymity of the witness account.

Security, Protection, and Health & Nutrition. In 2021, UNICEF and other RRM members responded to 117,003 people in need following the reception of 153 alerts and the completion of 262 multisectoral assessments. This included 39,730 people affected by conflicts or floods in Diffa region (Lake Chad Basin Crisis) and 62,618 people in Tahoua and Tillaberi regions (Mali Border Crisis). All alerts were associated with population movements due to insecurity. A revised RRM Common Framework was adopted by the RRM Strategic Group which brought, among others, specifications for improved supply management between partners for faster response.

Background: The RRM was established in 2015 in Niger, and it is integrated into humanitarian coordination and implemented by 14 organizations, 9 of which work through a common framework. The RRM aims to improve the living conditions of populations affected by displacement due to armed conflict, natural disasters or affected by epidemics. In Niger, the mechanism operates to respond to the most acute vulnerabilities in areas that are often difficult to access. Since its establishment in Niger, the role of the RRM as a first response actor was recognized by the humanitarian community and the Government, and it is one of the main emergency response mechanisms in Niger. UNICEF is in charge of the technical coordination of the RRM.



Displaced families in the village of Sarkoira, Tillaberi. © UNICEF, 2021

Resources: In 2021, UNICEF Niger benefitted from US\$ 2,581,674 provided by the European ECHO (55% of funds received), as well as support from the Italian Agency for Development Cooperation, UNOCHA and the German Federal Foreign Office. Additionally, 7% of these funds were provided through the global humanitarian appeal which enabled UNICEF to complement the action and reach the most vulnerable people in hard-to-reach areas.

Progress and results:

- 500 infant kits and 14,212 complete NFI kits were made available to the RRM Consortium – including 4,675 being packaged; these kits include WASH inputs and MHM kits for girls and women, according to Shelter/NFI Working Group standards.
- 1,380,500 sachets of PUR and 1,328,000 tablets of Aquatabs were provided to the RRM Consortium to facilitate the treatment of water at home for nearly 9,028 households over 3 months.
- Key meetings were held to strengthen rapid response to shocks:
 - The Food Security technical workshop was organized in coordination with WFP and the MAH/GC
 - The Information Management technical workshop and a RRM Strategic Workshop were held in May 2021
 - Four meetings and one retreat of the RRM Strategic Group were organized, as well as one capitalization workshop on the use of the cash modality within the RRM.
- An Excel-based RRM monitoring matrix was designed to facilitate the analysis of delays

Criticality and value addition: The RRM is designed to provide timely and immediate assistance most of the time in hard-to-reach areas to population affected by a shock. Since its establishment, UNICEF and the members of the common framework have continuously worked to improve the mechanism and to reach children and their families with the most acute vulnerabilities affected by crises in Niger through a multisectoral approach (shelter/NFI, WASH, protection, food assistance and recently health/nutrition and education). Finally, the RRM is integrated in coordination mechanisms (inter-cluster, clusters) and this facilitates the synergy of its interventions and avoids duplication.

Challenges and lessons learned:

- The implementation and intervention delays remain beyond the set thresholds. UNICEF's new tool for monitoring delays by intervention and type of activity (evaluations, reporting, sectoral interventions, Post-Implementation Monitoring), made it possible to record delays by phase, as well as the reasons for delays. This is to enable better control and analysis of issues and develop action plans for improvement.
- Access constraints remain one of the main causes of the delay for the timely provision of assistance. UNICEF continued to participate in the Civil-Military Coordination meetings both at national and field levels to advocate on behalf of RRM actors.
- Through strong coordination and synergy of actions through the common framework, the RRM provides a multisectoral assistance to meet the multisectoral needs of children and families affected by crises.

Moving forward: As technical leader of the mechanism, UNICEF will continue to contribute to the improvement of the RRM, ensure the respect of RRM standards as well as national standards. UNICEF will continue to lead technical coordination and procurement, transport and pre-positioning of contingency stocks to provide timely and immediate assistance to vulnerable affected population. A pilot phase will be implemented in 2022 to provide RRM for the Education sector, in line with the Education Cluster.

Additionally, UNICEF will develop a new online tool which will continue monitoring RRM delays, as well as follow-up of RRM interventions to improve the information management of the mechanism. Based on recent discussion with RRM actors, UNICEF will review all RRM tools to correct the different issues identified, to make them more user-friendly and to improve the quality of the data collected. Following these revisions, a RRM toolkit will be put in place.

UNICEF will organize technical workshops on the different sectors of intervention of the mechanism. In addition, technical trainings will be organised for the staffs of the organisation members of the RRM. Through this, UNICEF aims to strengthen the capacities of RRM staff and ensure the quality of the assistance provide by the partners.

SBC, Community Engagement and AAP

In 2021, UNICEF continued its technical and financial support to the government for communication on the preparation and implementation of the response to humanitarian emergencies on floods, cholera, immunizations, COVID-19, social protection, refugees and drought in all eight regions of Niger. The production and dissemination of messages through the different approaches and cross-channels led to increased access to quality information dissemination and strong results for communication interventions.

A key challenge for COVID-19 prevention and response, including the vaccination rollout, has been addressing the mistrust, rumours and misinformation regarding the pandemic. As Vice-President of the Social & Behavioral Change Commission (CCSC), UNICEF supported the coordination, operational planning and monitoring of all communication activities on risk communication, the promotion of barrier measures, hygiene and the vaccination against COVID-19. This included the coordination of interventions, production of communication materials, media activities, commitments from national celebrities as champions for COVID-19 vaccination, the revision of teaching tools, support to official launch of vaccination campaigns.

As a cross-cutting sector, UNICEF ensured capacity building in the area of Social and Behaviour Change (SBC) for 889 actors of change from working in the areas of Health, WASH, Protection, Education, Nutrition and Youth Engagement (i.e. 222% of the country programme target). This step was a prerequisite for initiating the effective and inclusive engagement and participation of traditional leaders, women, men and young adolescents, as well as the technical executives of the State for the commitment to emergency management.

In order to generate evidence to support SBC interventions, UNICEF conducted the following analyses:

- A study on obstacles to maternal and child health was conducted in 18 health districts in Dosso, Maradi and Zinder regions and provided key information on improving access to health services for mothers, including in humanitarian contexts.
- A study on the acceptance of vaccination against COVID-19 showed that 64% of those surveyed were in favor of vaccination according to the online survey and 76% for the field survey. The survey also highlighted regional disparities, with 37% of early refusals recorded in the Niamey region and 51% in the Agadez region.
- An study on communication systems and the services provided for people impacted by disasters in Maradi, Zinder, Tahoua, Dosso and Tillaberi regions made it possible to measure the degree of satisfaction of affected people with these services and identify gaps in the communication system that arise during disasters.

The results of this evidence generation led to a review of the communication strategy, the development of communication tools and media and the production and dissemination of educational messages for increasing the demand for vaccination against COVID-19 and other diseases, and improving people's knowledge and practices on emergency preparedness and response.

UNICEF supported the production and/or reproduction of communication media and SBC materials. To facilitate the transmission of messages to communities, audio and audiovisual media were produced and broadcast nationwide in local languages (Haoussa, Zarma, Tamashek, Fulfulde, French) across five public and private television channels and radio stations, respectively. Simultaneous projections using LED screens was conducted at strategic points in Niamey region during the critical period of the pandemic. Display of messages on preventive measures, including vaccination, on 101 large format panels (12m²) in the eight regions of Niger. Additionally, communication materials and tools on the importance of vaccination against COVID-19 were developed (10 banners, 15,000 posters, 3,000 leaflets, and 10,000 illustrated flipcharts).

In total, 9,940,314 people received timely quality information on the risks and dangers related to natural disasters and epidemics. Preaching from religious leaders addressed misinformation regarding Islam and COVID-19 response and prevention, highlighting that Islam is not against vaccination. Additionally, 130 monitoring and accountability committees set up have made it possible to register complaints and claims sent by 679,682 people. Progress towards this result

increased significantly at the end of 2021, with the launch of communication campaigns, online survey and radio debates. Partnerships with public and private media were key to realizing these results.

Weak community engagement limits the success for the planning, implementation and monitoring of immunization programmes. To address this challenge, securing commitments from religious leaders and traditional chiefs in support of COVID-19 vaccination and other key issues was a key strategy for improving vaccination coverage. UNICEF strengthened the capacities of traditional leaders, which led to commitments for building trusting relationships and mobilizing communities so that they understand the risks to which they are exposed and involve them in response actions. Several dialogue frameworks have emerged in the villages during which claims and complaints were recorded. As a result of UNICEF efforts, 19,861 traditional leaders committed to implementing the intervention packages (121% of CCSC target). UNICEF worked with the Niger Association for Traditional Leaders (ACTN) and the Islamic Council of Niger (CIN) for the successful implementation of these activities.



“We want to help dispel myths by being vaccinated first” says Aboubacar Sanda, Sultan of the region of Zinder and active member of the Association of Traditional Chiefs of Niger. (© UNICEF / Niger / Matti Dan Malam Adamou)

In response to the cholera outbreak in 2021, 5,523,366 people were reached with cholera prevention messages through a multimedia, digital and interpersonal communication approach involving partnerships with community, religious leaders, influencers and young leaders as agents of change.

In 2021, 1,037,542 people located in areas hosting displaced persons or refugees or as host populations, have gained increased awareness on social cohesion through mass communication through community radios and community accountability committees to the population and community dialogues (including home visits and group discussion).

[Social Protection and Cash Transfer](#)

In 2021, UNICEF implemented Cash Transfer activities as a response modality to humanitarian crisis. Following flooding events and displacement of population, 3,126 households of displaced persons and victims of natural disasters received assistance through humanitarian cash transfers, which represents 19,202 people assisted (3,373 women, 3,837 men, 6,005 girls and 5,987 boys).

This assistance, which covered 19,202 people, responded to different crises: 6,438 persons were assisted in the Diffa region (Lake Tchad Basin crisis), 4,972 people assisted in Tahoua and Tillaberi regions (Mali Border Crisis), and 7,792 people were assisted in the Maradi region. This was possible thanks to the integration of cash transfer into the RRM under UNICEF's coordination and the establishment by UNICEF of a roster of partners for humanitarian assistance through cash transfers. All these responses benefited from a post-intervention monitoring: the teams conducted post-distribution follow-up surveys on all sites benefiting from cash distributions 1 month after assistance. These surveys measured the level of satisfaction of recipients, the use of the money transferred, and the accountability aspects related to the process.

Throughout the implementation of humanitarian cash transfer activities, implementing partners coordinated actions with other actors (state and humanitarian) present in the areas of intervention with whom all information was shared, from alert to assistance. This facilitated the positioning of other sector actors (health, education, protection, WASH, etc.), in particular the WFP, which ensured the distribution of food.



In Diffa region, in the east of Niger, in the Lake Chad basin, Abatcha Ari, married and father of 9 children, lives on the Ari Guirguidiri site with his family. Abatcha Ari and his family thus benefited from humanitarian assistance through a multipurpose cash transfer. (© UNICEF, 2021)

To increase flexibility and rapid response in emergencies, a roster of six NGO partners (IRC, DEDI, World Vision, Inter SOS, Save the Children and CARE) has been activated. One of the standby partners (IRC) has been identified for the use of the HOPE platform (Humanitarian Cash Operation and Ecosystem Programme) to facilitate efficient data management in humanitarian cash transfers. This is an innovation on which UNICEF will have to rely in 2022 to reduce the response time to crises and improve the management of information in terms of cash transfers.

A total of 404,480 households in both rural and urban areas across the eight regions of Niger affected by the COVID-19 crisis was targeted for a one-off cash transfer of 45 000 CFA (about US\$ 77) as part of the scale-up of the national COVID-19 emergency cash transfer programme. At the height of the lean season, 32,659 vulnerable beneficiaries in nine municipalities (224 villages) in the regions of Tahoua, Dosso and Tillaberi, benefitted from cash transfer thanks to UNICEF.

The national cash transfer system's risk management and transparency and accountability measures were strengthened with mitigation measures fully implemented for the 17 programmatic risks identified. A risk management plan for cases of sexual exploitation and abuse was developed and is being implemented by the Social Protection Working Group and all contractors of the COVID-19 cash transfer response. In addition, UNICEF supported a survey to collect feedback from cash transfer beneficiaries on the effectiveness of the transfers and to inform further actions. Results will be published in 2022.

3. Results Achieved from Humanitarian Thematic Funding

Humanitarian Thematic funding received by UNICEF Niger allowed for the immediate response to sudden crises, as well as to cover needs widely exceeding forecasts. Furthermore, flexible funding contributed to the development and continuous update of UNICEF Niger's emergency response plan by dedicated emergency staff, including coordination with other UN agencies and clusters. Flexible and multi-year funds are key to addressing the changing needs and rapid evolving situation and allows to build the resilience and to better link humanitarian and development action and to work on preparedness.

Flexible funding available through this modality allowed for the continuity of crucial programme aspects that remained underfunded throughout the year. UNICEF was able to direct thematic funds to support flooding, as well as support humanitarian planning. Thematic funds allowed UNICEF to provide NFI kits to an additional 32,200 flood-affected people (7,889 men, 8,211 women, 7,245 boys, 8,855 girls). 74 people (69 men, 5 women), including mayors and sub-divisional officers, attended a workshop on the review and validation of the emergency organization plan for Diffa region. Two main recommendations were addressed to the Diffa Governor's office and humanitarian actors, including the development of key minimum tasks based on the roles and responsibilities of each actor involved, as well as the need to practice immediate response through situation simulation based on scenarios outlined in the emergency organization plan. Additionally, a total of 30 members of government (23 men, 7 women) were trained on the collection and dissemination of disaster management information through KOBO. This training enabled a dual flow of information from the field to the national level and supported the creation and distribution of flood-related data to humanitarian actors.

Thematic funding was essential to ensuring support to epidemic outbreaks in 2021. UNICEF was able to support the Ministry of Health in acquiring inputs to constitute a contingency stock for epidemics and in the response to the measles epidemic through the purchase and provision of vaccines and auto-disable syringes. Together with the remaining vaccines from the previous year, this support helped to vaccinate 205,363 children aged 9 months to 14 years in response to this epidemic. Humanitarian thematic funds also contributed to accelerating the response to the malaria peak in Niamey region. UNICEF provided human resource support in the 62 integrated health centres for the adequate care of children to reduce malaria-related mortality during this period. This contributed to the management of 38,788 cases of malaria (36% under 5 years).

Thematic Funding Case Study: Critical WASH response to address the 2021 cholera epidemic

Top level results: In 2021, Niger suffered a significant cholera outbreak which led to 5,591 cases and 166 deaths across 7 regions. As soon as the outbreak occurred, UNICEF activated its support to the government in the critical area of WASH/Infection Prevention and Control (IPC), leading to

improved conditions for 588,321 people in the 6 most affected regions, hence contributing to control and prevent the spread of the outbreak.

Background: Niger continues to face an acute and multiple humanitarian situation including population movements, acute food insecurity, recurrent floods and epidemics. A total of 1.9 million people in need of WASH or Health humanitarian assistance. This year's cholera epidemic is the fifth major outbreak experienced in Niger in the last decade, affecting mainly the border regions with Nigeria (Tahoua, Maradi and Zinder regions), Chad (Diffa region) and along the Niger river (Tillaberi region).

Operational research conducted by the Ministry of Health in 2013 aimed to understand the risks factors for cholera and establish a priority list for at-risk health districts. The results of the study revealed that cholera epidemics in Niger always started in border health districts, in a context of exchanges and movements with border countries (Chad, Nigeria, Cameroon and Mali) where epidemics were already underway. Risk factors included: (i) cross-border activities, including people movement and gatherings due to weekly markets located near the borders; (ii) sudden influx and rapid increase in the number of people in mining areas; (iii) activities along the Niger river with movements of fishermen and traders; (iv) activities around temporary ponds and flooding during the rainy season; and (v) lack of adequate WASH and Health Care Facilities in the areas where the epidemics occurred.

Resources: Overall, UNICEF Niger allocated US\$ 584,576 to 2021 WASH/IPC preparedness and response of cholera in Niger thanks to the contributions received from the Government of Sweden and the CERF. This rapid response was also possible thanks to the availability of flexible thematic funding to establish and trigger a cholera preparedness plan while mobilizing additional resources to continue and upscale response.

Progress and results: WASH/IPC conditions of 588,321 people were improved in 6 most affected regions (Zinder, Maradi, Tahoua, Niamey, Tillaberi and Dosso), hence contributing to control and prevent spread of cholera among the targeted communities. This includes restoring access to safe drinking water for 2,742 people through the rehabilitation of 1 water supply system in Zinder region; providing access to basic sanitation for 581 people through the construction of 83 household latrines in Zinder and Tahoua regions; giving access to potable water for 23,119 people receiving household water treatment products (PUR and Aquatabs) along with demonstrations on how to use them; and reaching 588,321 with hygiene promotion including distribution of soaps.



Hygiene promotion and demonstration of how to WASH hands with soap and water to children in Maradi region by UNICEF implementing partners DEDI (DEDI, 2021)



UNICEF Implementing partners teaching households how to use PUR Sachets to treat turbid water before distributing the PUR sachets to them in Zinder region (DEDI, 2021)

Criticality and value addition: UNICEF's mandate in humanitarian action based on the Core Commitments for Children was at the root of the cholera response, aiming to meet the needs of affected children and women in an already fragile context. UNICEF's partnership with three NGOs via standby agreements and the prepositioning of key WASH/IPC supplies at regional levels enabled rapid and immediate action while supporting a multi-sectoral response through supplies provided to key stakeholders (government, Red Cross, municipalities, community leaders and NGOs). Additionally, UNICEF's resource mobilization efforts to scale-up the WASH Cluster response in affected regions was critical, given the limited resources and response from other WASH actors.

Challenges and lessons learned:

- The cholera outbreak highlighted issues related to the level of preparedness and alertness despite confirmed and suspected cases reported in the first quarter 2021 while a large-scale cholera epidemic was active in the neighbouring country, Nigeria.
- Constraints on financial resources for WASH Cluster partners limited the scale of the cholera response
- UNICEF preparedness measures, which included signed standby humanitarian programme documents and prepositioned WASH/IPC stocks in the regions, was critical for ensuring a timely response. Additionally, the significant delays in procurement made contingency stock a crucial element of the response.
- Need for multi-year and flexible emergency funding to address recurrent crises through investments in preparedness and disaster risk reduction

Moving forward: Based on lessons learned, UNICEF will continue to strength its own multi-hazard preparedness while advocating and supporting government and WASH cluster partners to also strengthen their preparedness measures. The cholera outbreak also highlighted the importance of revising the country's multi-sector strategic plan to eliminate cholera and operationalize the plan through mainstreaming activities in regular government programme planning and budgeting. UNICEF will support this ongoing initiative in coordination with WHO.

4. Assessment, Monitoring and Evaluation

In 2021, UNICEF continued to play a proactive role in Niger's humanitarian coordination system at the national and decentralised level, taking part in context analysis, assessment of multisectoral vulnerabilities, planning of interventions, 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, in close collaboration with government counterparts. At the decentralised level, UNICEF supports the regional directorates to lead working groups in their respective sectors. UNICEF technically leads the RRM, jointly implemented by ACF, ACTED, DRC, IRC, UNOCHA, WFP, IOM and the Government, members of the Common Framework, and the Health/Nutrition RRM actors (ACF, ALIMA-BEFEN, COOPI, HELP, PUI) and REACH. UNICEF also conducted a national SMART survey to generate national nutrition information which informed government, donors and partners on the current situation to adapt adequate nutrition interventions to address population needs.

The RRM consistently monitors the context to track population displacements through a network of focal points set up to collect and share information to RRM actors. In 2021, the RRM received

153 displacement alerts which led to the completion of 262 multisectoral assessments and rapid protection assessments. The reports highlighting the needs and vulnerabilities of the displaced population were shared with the humanitarian community through OCHA and the clusters. Based on these assessments, assistances were tailored to meet the needs identified and provided by RRM actors or other humanitarian organizations.

UNICEF participated in the Inter-Cluster Coordination Group and in all related technical groups, such as the Information Management Working Group and the MSCWG. UNICEF was also a key player in the development process of the HNO and the HRP.

Restricted movement due to insecurity and the COVID-19 pandemic continued to negatively impact programme implementation and monitoring. Humanitarian access to provide life-saving assistance in accordance with humanitarian principles remained restricted for much of the year and the imposition of armed escorts for missions outside urban areas to limit security risks also limited the monitoring of activities. Considering these challenges, a remote monitoring mechanism (teleconference and telephone follow-up) was put in place and has improved data collection and reporting. The pandemic and the crises that have become structural have been an opportunity for a collective awareness of the actors on the need to address the learning crisis through remediation and pedagogical recovery actions as well as the promotion of digital technology and other innovations. For example, the management of the COVID-19 pandemic allowed to explore new engaging approaches that fostered the strengthening of partnerships with networks of leaders and youth, influencers and to experiment with innovative tools to move forward.

During this year, UNICEF continued using RapidPro, which is an SMS-based tool for remote data collection for real-time monitoring purposes. A total of 5,323 focal points were trained within communities across the country. These focal points sent a total of 52,884 data reports to inform indicators relevant to early marriage, unaccompanied children, disability, water point performances, school attendance, COVID-19 pandemic, malaria and cholera cases, and people benefitting from awareness-raising activities. Data collected from the reports and the alerts of service malfunctions and child protection cases were made available in real-time to the various stakeholders, including the line ministries and their decentralized offices down to the department level, NGO partners and the municipalities, for a rapid and effective response. In 2022, the indicators will be extended to cover other areas of UNICEF interventions, such as hygiene and sanitation, child protection in schools, and nutrition.

5. Financial Analysis

For its emergency response in Niger, UNICEF appealed for US\$ 102.2 million in 2021 to provide lifesaving services for children and women affected by several crises in Niger. While the carry-over funds from 2020 amounted to US\$ 24.8 million, a total of US\$ 12.9 million was received in 2021, covering 37% of funding needs. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received that enabled UNICEF to respond to crises and provide essential goods and services.

In 2021, the availability of flexible funding was critical to react to several sudden crises requiring a rapid response. In this regard, the funding provided by Japan, Sweden, Canada, ECHO, Italy, US- PRM, the German Committee for UNICEF, Romania, Germany, and USAID (BHA) against UNICEF Niger's 2021 HAC appeal allowed to largely fill funding gaps in the Health sector, and partially cover funding needs for Education, Social Protection and Cash Transfers, NFI/Shelter and Cluster/sector coordination. Similarly, the allocation from the Global Thematic Humanitarian

Fund pooled from various donors, enabled UNICEF to act strategically and cover the most urgent needs.

However, at end of the year, a funding gap of 63% remained, amounting to US\$ 64.6 million. The most critical gaps were observed in the sectors of Child Protection (95%), WASH (85%) and SBC (80%), impacting essential needs coverage for children and families in Niger.

Funding status against the appeal by sector in 2021 in US\$

Appeal Sector	Requirements	Funds available against appeal as of Dec 31, 2021 ⁷		Funding gap	
		Funds received	Carry-Over	\$	%
Nutrition	31,364,724	6,550,248	4,919,908	19,894,568	63%
Health	2,545,000	346,401	1,670,584	528,015	21%
Water, sanitation and hygiene	14,783,338	1,538,225	661,924	12,583,189	85%
Child protection	10,733,010	169,679	360,637	10,202,694	95%
Education	12,240,170	573,190	5,892,052	5,774,928	47%
Social protection and cash transfers	18,046,061	614,582	9,976,061	7,455,418	41%
SBC, community engagement and AAP	3,100,000	80,820	540,000	2,479,180	80%
Non-food items / shelter	7,821,489	3,357,863	293,756	4,169,870	53%
Cluster/sector coordination	1,601,925	243,159	467,960	890,806	56%
Total	102,235,717	13,474,167	24,782,881	63,978,669	63%

Funding received and available by donor and funding type in 2021 in US\$

Type of funding & donor	Grant reference	Total contribution
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
Global Thematic Humanitarian Funds	SM189910	316,500
b) Non-Thematic Humanitarian Funds		
	Total	11,831,203
Japan	SM210111	830,000
Sweden	SM210126	1,178,411
Canada	SM210191	1,977,848
ECHO - RRM	SM210315	1,951,219
Italy	SM210250	605,326
US- PRM	SM210376	200,000
German Committe for UNICEF	SM210888	167,313
Romania	SM210318	60,975
ECHO	SM210231	3,510,896
GERMANY	SM210003	1,047,410
USAID (BHA)	SM210643	331,128

⁷ Funds available include funds received against current appeal and carry-forward from previous year.

c) Pooled Funding		
(i) CERF Grants		
UNOCHA	SM210726	284,576
UNOCHA	SM210776	451,000
(ii) Other Pooled funds		
<i>n/a</i>		
Total Pooled Funding		
d) Other Types of Humanitarian Funds		
<i>n/a</i>	-	-
Total Other Types of Humanitarian Funding		
Total humanitarian funds received in 2021		
		13,474,167

Type of funding & donor	Grant reference	Total contribution
II. Carry-Over of humanitarian funds available in 2021⁸		
e) Carry-Over Thematic Humanitarian Funds		
Global Thematic Humanitarian Fund	SM189910	809,294
f) Carry-Over of non-Thematic Humanitarian Funds		
British Government (DFID)	SM200006	3,533,095
Czech Republic (The)	SM200734	395,864
Romania	SM200825	36,875
The United Kingdom	SM170463	100,152
UNICEF Ireland	SM200782	86,528
Spain	SM200780	350,877
USAID/Food for Peace	SM200696	617,592
UNOCHA	SM200256	99,822
World Bank - Washington D.C.	SM200593	754,647
UNOCHA	SM200684	474,650
USA (USAID) OFDA	SM190367	112,208
UNOCHA	SM200136	201,007
Italy	SM200096	63,805
Japan	SM200066	43,742
European Commission / ECHO	SM200210	257,893
USA (USAID) OFDA	SM200555	317,401
European Commission / ECHO	SM190212	212,561
Total Carry-Over Non-Thematic Humanitarian Funds		7,658,720
Total Carry-Over Humanitarian Funds		8,468,014

Type of funding & donor	Grant reference	Total contribution
III. Other Resources (Regular Resources, set – aside, diversion of RR ...)		
RR	NON- GRANT	6,259,562
Total Other Resources		6,259,562

⁸ The carry-forward is the unutilized budget balance that was carried forward from 2020 to 2021, available as of 1 January 2021.

Thematic Humanitarian Contributions received in 2021 in US\$

Donor	Grant reference	Programmable amount	Total contribution
Allocation from Global Thematic Humanitarian ⁹	SM189910	300,000	316,500
Total		300,000	316,500

6. Future Work Plan

In 2022, according to the Office for the Coordination of Humanitarian Affairs (OCHA), about 3.7 million people, including 2.1 million children, are projected to require humanitarian assistance. UNICEF requires US\$ 82,446,460 to provide lifesaving, multi-sectoral assistance to vulnerable children and women affected by violence and trauma due to the multitude of humanitarian crises in Niger. Without sufficient funding, UNICEF will be unable to reach vulnerable children suffering from conflict-related displacements, epidemics or natural disasters with the critical multisectoral assistance and protection they need. This year also marks a time of reflection and planning for the next UNICEF-Niger Country Programme, therefore UNICEF is engaging with key stakeholders and taking stock of lessons learned to address ongoing needs for women and children in Niger.

For **Nutrition** needs, UNICEF will build on successes from 2021 to assist the Government of Niger in the management of severe acute malnutrition, maximizing a system strengthening approach toward improvement and scaling of key interventions as per the national roadmap (2021-2030), specifically system strengthening by building the capacity of structures to provide quality preventive and curative nutrition services, nutrition data analysis and assessment for decision-making and programme readjustment, and improved capacity of mothers and caregivers to provide quality nutrition promotion and counselling services to adolescents and women of childbearing age, especially those marginalized and in humanitarian situations

UNICEF will continue to support access to and continuity of **Health** services through surveillance, immunization, case management, and the organization of mobile clinics in remote and hard-to-reach areas. This strategy is based on the training of health personnel, the provision of medicines, emergency consumables, supervision and monitoring in the field.

To strengthen **WASH** coordination and response capacity, UNICEF Niger will provide technical assistance and support to government counterpart and WASH humanitarian actors to reinforce the quality of response as Cluster lead. In addition, UNICEF will advocate to mobilize more funds to scale up the level of humanitarian response funding.

In the face of escalating **Education** humanitarian needs caused by the conflict, UNICEF as the leading Cluster agency will support the Ministry of Education's efforts to reinforce its leadership and coordination of humanitarian interventions while addressing the issues data management, and documentation of best practices. Specifically, UNICEF will support the continuity of learning in safe and inclusive environments, while providing adequate instructional materials for teachers

⁹ Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2020 Humanitarian Action Global Annual Results Report.

and children affected by humanitarian crises. Furthermore, skills development programmes for adolescents will be provided, including mentoring programmes for girls.

To respond to **Child Protection** needs, UNICEF will continue its advocacy and negotiation for the expansion and reinforcement of activities on monitoring and reporting on graves violations in Tillaberi and Tahoua regions. UNICEF will continue the holistic assistance to the vulnerable children, in particular, in the conflict affected zone with the child-centered approach which is tailored to each child's needs. Government capacity building will remain a priority at both national and field levels.

As the lead for technical coordination of the **RRM**, To enhance response to multisectoral needs of children and their families affected by crises and support Government efforts, UNICEF will continue to provide timely multisectoral assistance and improve information management system; strengthen the capacities of RRM staff and government counterparts at both national and local levels; and lead technical coordination and procurement, transport and pre-positioning of contingency stocks to provide timely and immediate assistance to vulnerable affected population.

SBC interventions will be critical to ensuring progress towards results across sectors. Support for surveys on the social and behavioral determinants of COVID-19 will be provided, as well as support to the revision of the demand generation plan for vaccination against COVID-19 in collaboration with institutional, development and civil society partners. UNICEF will create additional community listeners' clubs to strengthen community accountability around immunization and emergencies. In addition to continued partnerships with traditional leaders, local media and youth, UNICEF will develop a partnership with religious associations to strengthen the capacities of leaders responsible for Koranic centres on communication for the acceptance of vaccination against COVID-19, the abandonment of child marriage, the promotion of immunization and girls' education.

In 2022, UNICEF will continue to implement its **Humanitarian Cash Transfer** strategy, capitalizing on the lessons learned in 2021 and lead the Multisectoral Cash Working Group. Particular emphasis will be placed on the needs of children and their families in order to enable them to have a free choice in prioritizing their needs. UNICEF will contribute to the needs analysis and feasibility studies for a humanitarian response through humanitarian cash transfers in Niger, and provide a direct response to the various humanitarian crises, especially for crises linked to population movements and floods, through the scale-up of sectoral or multipurpose cash assistance. This will require strengthened coordination between actors involved in humanitarian cash transfers and government policy on social safety nets, as well as capacity building of partners in the area of humanitarian cash transfer. UNICEF will also strengthen the framework of collaboration within the UN Common Cash System (UNHCR, OCHA, UNICEF and WFP). UNICEF will also create a Cash Transfer Task Force to improve its internal coordination and collaboration with partners.

In order to implement these responses, UNICEF has appealed for the following funding needs under the Humanitarian Action for Children 2022:

Sector	Overall, 2022 funding requirements (US\$)
Nutrition	29,691,115
Health	5,795,597
WASH	8,082,234
Child Protection	7,312,500
Education	12,031,350
Non-Food Items/ Shelter	7,821,489
SBC, Community Engagement and AAP	5,110,250
Social Protection and Cash Transfers	5,000,000
Sector/Cluster Coordination	1,601,925
Total	82,446,460

This funding – particularly flexible or softly earmarked funds – will enable UNICEF to provide life-saving services and non-food items to the most vulnerable children and families in the Niger, prepare for future emergencies, act quickly and respond strategically where the needs are greatest. If these funds are not mobilized, vulnerable children suffering from violence, displacement and trauma will not have access to the multi-sectoral assistance and protection they critically need.

HAC 2022 – Emergency targets

Sector & indicators	Overall needs	2022 targets	
		UNICEF response	Cluster/Sector response
Nutrition			
# of children under-five with severe acute malnutrition admitted for treatment in a health facility	432,804	432,804	432,804
# of children aged 6 to 59 months receiving vitamin A supplementation	741,391	741,391	741,391
Health			
# of children (6 months-14 years) in humanitarian situations vaccinated against measles	n/a	152,118	
# of people affected by conflict and disease outbreaks having received access to primary health care in UNICEF-supported facilities	n/a	140,000	
# of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	n/a	100	
WASH			
# people with access to basic drinking water services	900,704	237,375	474,750
# people reached with critical WASH supplies (including hygiene items) and services		500,000	900,704
# malnourished children (SAM/MAM) benefiting WASH minimum package in the community		52,969	176,565
# people with access to improved sanitation facilities		169,526	339,052
# of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	n/a	750	750
# of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	n/a	200	200
Child Protection			

# of children and parents/caregivers accessing mental health and psychosocial support		150,000 ¹⁰	148,316
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	577,292	378,000	n/a
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers		50,000	n/a
Education			
# of children accessing formal or non-formal education, including early learning	364 599	136,189	228,410
# of children receiving individual learning materials	364 599	68,095	296,504
# of children/adolescents accessing skills development programme	n/a	6,809	n/a
# of schools implementing safe school protocols (infection prevention and control)	n/a	2,000	n/a
Non-Food Items			
# of displaced persons and people affected by natural disasters provided with essential household items	863,000	171,500	
SBC, Community Engagement and AAP			
# of people reached through messaging on access to services (including COVID-19 related messages)	n/a	10,000,000	
# of people engaged in risk communication and community engagement actions	n/a	246,466	
# of people with access to established accountability mechanisms	n/a	89,096	
Social Protection and Cash Transfers			
# of households reached with UNICEF funded multipurpose humanitarian cash transfers	n/a	5,000	
# of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding	n/a	10,000	

7. Annexes to the CER

A. Two-pagers: Non-Thematic Funding Contributions (attached)

B. Donor Statement (as of 31 December 2021) (attached)

C. Human Interest Stories and Communication

Uncertainty Between Fear and Hope

Thousands of families are living in uncertainty in the Tillaberi region, where a resurgence of non-state armed groups has plunged them into permanent fear.

¹⁰ HAC data have been published before HNO data has been released. This figure will be revised during the HAC revision exercise.

We had no choice. Either we flee or we die

Fatimata, 35, is among the 10,000+ people who fled their homes in western Niger following a threat of attacks by unidentified groups

I felt like the sky had fallen on our heads

Aicha* is one of the people who have had to move continuously in the hope of finding a place of refuge where she and her family will be safe and able to live in peace.

Du cash pour se relever des effets de la crise

Près de 6,600 personnes affectées par la crise du bassin du lac Tchad ont bénéficié d'une assistance humanitaire à travers les transferts monétaires

« A cause des bruits de fusils, notre maman nous cachait dans la maison »

En 2018, des milliers de migrants, de nationalités diverses, vivants en Libye ont été contraints de fuir les violences et étaient arrivés au Niger à la recherche d'asile.

En quête d'un jour nouveau

Aicha* fait parties des personnes qui ont dû se déplacer en permanence dans l'espoir de trouver un refuge où elle et sa famille seront en sécurité

“Grâce aux moustiquaires, cela fait plus d'un an qu'aucun de mes enfants n'est tombé malade du palu”

UNICEF et UN Fondation ont initié depuis 2020 un projet de prévention et de traitement du paludisme dans la commune de Gotheye

Visite virtuelle dans le centre d'accueil pour enfants en situation de mobilité à Agadez

Sur le terrain avec les scouts

Dans tout le Niger, les scouts sont en action pour sensibiliser la population et démystifier les mythes liés à la vaccination contre la COVID-19.

"C'est une fierté pour moi d'aider ma communauté."

Dans son village, Sahoura est devenue une pionnière de lutte contre la malnutrition.

"En cours de route, les grandes personnes étaient obligées de céder la nourriture aux enfants"

Face à des menaces d'attaques par des groupes non identifiés, plusieurs villages d'Anzourou, Tillabéri, ont été vidés de leurs populations. Nous étions allés à la rencontre de ces déplacés dont la plupart sont des enfants.

How it feels to be going back to school?

Being back to school is always full of emotions. Thousands of Nigerien children returned to school, many excited to be reunited with their classmates after months of break due to the new coronavirus.

D. Donor Feedback Forms

UNICEF is working to improve the quality of its reports and would highly appreciate your feedback. To provide online feedback, please access the form [here](#).