

## Situation Overview and Humanitarian Needs

Following the confirmation of the first positive case of COVID-19 in Niger, UNICEF has been working closely with the Government and its partners to step up the response and prevent further proliferation of the COVID-19 virus in the country, already facing the consequences of multiple crisis (nutrition, conflicts, natural disasters). Niamey remains the centre of the outbreak, with more than 90% of the reported cases, while Dosso and Zinder regions are the second most affected. According with its response plan, UNICEF continues to support the Government, and particularly the Ministry of Health (MoH), in the field of risk communication/community engagement (RCCE), infection prevention and control (IPC), supply and logistics, epidemiological surveillance and healthcare provision. Moreover, the Country Office is closely working with the Ministry of Education to ensure continuity of education to children during the school closure period and with Child Protection actors to ensure that the needs of children on the move are met as their vulnerability is exacerbated by extreme measures taken by destination countries. UNICEF is co-leading 3 of the 8 sub-committees established by the MoH (RCCE, IPC and logistics) and is an active member of the others. UNICEF is also participating to the UN pandemic coordination system.

The government has taken actions to adapt the curfew timing to the Ramadan period which has started on the 23rd April 2020. The calm is back in the main cities, but vigilance is needed for the coming days.

## UNICEF's COVID-19 response

### Health

UNICEF participated in field visits to all five health districts and all health facilities (public and private) in Niamey organized by the Regional Directorate of Health. The main objective of the field visits was to assess the status of the implementation of surveillance activities in the context of the response to the COVID-19 pandemic. The visits showed that the health facilities are not yet enough prepared to cope with COVID-19 (triage not systematically done, insufficient protection of health workers, alert system not systematic, etc.). UNICEF contributed to the improvement of the working conditions through the delivery of office equipment and supplies to the Case Management Commission and to the strengthening in the follow-up of outpatients at home with the involvement of five new mobile teams. UNICEF provided technical support through the improvement of the Lamorde Hospital capacity in Niamey (48 beds with artificial breathing support for moderate cases).

### WASH

As member of IPC commission, UNICEF actively supported the assessment of WASH and IPC measures needs in COVID-19 case management healthcare facilities and isolation centers. In addition, UNICEF led the development of operational tools to reinforce the capacities of WASH and IPC actors. These tools are related to:

- Community deaths management for dignified and safety burials;
- Safe management of solid wastes from COVID-19 case management healthcare facilities and isolation centers (collect, disinfection, transfer and incineration).

At subnational level, UNICEF contributed to increase regional actors' coordination and response capacities including NGOs and Government (regional directorates of water and sanitation and of public health). In Diffa region, 139 handwashing devices provided by UNICEF helped to equip healthcare facilities and public places, while the regional hospital received 75 kg of calcium hypochlorite and 60 soap boxes. UNICEF also supported the disinfection of 38 public services and 362 motorcycles taxi.

To reinforce the national and regional capacities to respond to the COVID-19, UNICEF established a partnership with the Nigerien Red Cross to scale up IPC and WASH activities in Niamey, Diffa and Agadez. UNICEF is also funded the regional directorate of public health of Niamey to ensure the training of 500 health staffs and 200 hygienists on IPC measures.

### RCCE/C4D

An increased number of actors were involved in **Community Engagement** to raise awareness and mastered the response within communities and households in Niamey, Maradi, Zinder and Diffa regions. **Media** are using different types of tools to communicate with communities: radios spots, TV spots and programs are waved on public as well on community and private medias (91) in different languages. All regions have received communication materials produced at central level and started their dissemination in the 72 Health Districts of the country. Medias action was reinforced through **Mass communication** using Yellow Taxi-motorcycles and a traditional music band with a COVID-19 song in Zinder region to promote barrier measures.

### Situation in Numbers



696 COVID-19 confirmed cases

29 deaths



3,800,000 Children affected by COVID-19 school closures



US\$ 17.2 M funding required

Over the past week, the **Interpersonal communication** approach was scaled-up with community volunteers (3,978) operating in households in all departments of Zinder and Maradi regions, informing on COVID-19 and promoting essential messages. This strategy is also implemented in Diffa and Niamey by Red Cross volunteers, traditional leaders and health district communicators. In terms of **Capacity development**, students (7) of Zinder University were identified and briefed on COVID-19 to be peer-educators among those remaining in the campus.

With the aim of enhancing support to communities in the emergency context in Diffa, **Partnerships** with Search for Common Ground, Plan International and Danish Refugee Council (DRC) have been established. Discussions were organized with five road transporters associations to strengthen capacities of personnel dealing with passengers.

In **Risk communication**, two solutions are in development to mitigate the spread of rumors and fake news: a mechanism of collection, monitoring of rumors and appropriate response through social media; and, an agreement with Facebook to block rumors shared through Instagram and Facebook, once they are identified.

## Nutrition

As of 19th April (week 16), 90,376 under-five children suffering from SAM were admitted for treatment, including 8,261 cases with medical complications. This represents 22.8% of the annual target. UNICEF continues to ensure an uninterrupted supply of Ready-to-Use Therapeutic Food (RUTF) and essential drugs for the treatment of SAM to the health districts. As sector lead, UNICEF continues to support the Ministry of Health and nutrition cluster partners in order to ensure a coordinated, harmonized and effective response, both for treatment and prevention activities.

## Education

As lead of the Education Cluster, UNICEF continued to provide technical support to the Ministries of Education and funds as part of the COVID-19 response. UNICEF as the lead of the Financial and Technical Partners group worked closely with the Local Education Group (Ministry of Higher Education) to ensure a coordinated sector response to the crisis.

A strategy document for the Education Sector has been drafted by the Government for integration into an upcoming national multisectoral COVID-19 strategy. UNICEF continues to support the ministries of education and training in the development of the COVID-19 response plan for Education. In particular, UNICEF started a process of recruiting a team of

experts to support education actors in the government in:

- Finalizing the COVID-19 response plan;
- Drafting a proposal for submission to the Global Partnership for Education (GPE) to mobilize funding for COVID-19 response.

UNICEF is working to strengthen the communication capacities between central ministries and their decentralized services as well as other partners, by providing ministries with videoconferencing equipment.

## Child protection

UNICEF continues to provide technical support and guidance to the Regional Directorates for child protection to respond to the pandemic, and to advocate for the involvement of child protection actors in the response for vulnerable children, including talibés, street children and children on the move.

**Niamey:** Identification and mapping of street children and itinerant talibés are ongoing in collaboration with NGOs and social services. It is planned to refer these children to adaptive social safety nets.

**Agadez and Maradi:** In the last week, 152 talibé children returned from Nigeria through Dan Issa (border with Maradi region), and 31 talibé children repatriated from Agadez (Agadez Region) were reunited with their communities through the Regional Directorate for Child Protection (DRPE) of Agadez and Maradi with UNICEF technical and financial support. In the coming weeks, 150 child protection village committees (CVPE) will be created in addition to those existing in the region of Maradi with the support of UNICEF and in collaboration with DRPE.

**Zinder:** From 26 March up to 26 April, 6,466 talibés children (6,436 expelled from Nigeria through 6 border points and 30 repatriated from Agadez via social DRPE workers) were reunited to their communities, out of which 1,883 children expelled in the last week received NFI support and were transferred to their communities by social workers by the Regional Directorate of Child Protection (DRPE) of Zinder with the financial support of UNICEF. Once back in their communities, the children will be followed up by child protection village committees (CVPE). In the coming weeks, 300 CVPE will be created in addition to those existing in the region of Zinder with the support of UNICEF and in collaboration with DRPE.

## Others

At the level of the Multisectoral Cash Working Group, UNICEF has contributed to the adaptation of the Minimum Expenditure Basket (MEB) tool, which will be used to support the design of the cash assistance. UNICEF has also contributed to the drafting of guidance notes on the targeting of beneficiaries to support vulnerable households in Niger as part of the COVID-19 response.

All clusters/sectors lead by UNICEF (Nutrition, WASH, Education, Child Protection) contributed to the revision of the Global Humanitarian Response Plan (GRHP) for Niger underlining the choice of COVID-19 and non-COVID-19 response scenarios in close collaboration with humanitarian actors.

Actors	Numbers
Radio producers	9
Community radios	61
Radio Kalangou, ORTN & Dounia	36
Drivers	60
Traditional music band	6
Health District	18
Chief of wards	22
CHW & Town criers	3,978
Officials	36
Red Cross volunteers	26
HD Communicators	9
Transporters	10
Staff	9
Proximity actors	86
Commission members	42
University students	7
<b>TOTAL</b>	<b>4,415</b>

## Adaptations to ongoing UNICEF programmes

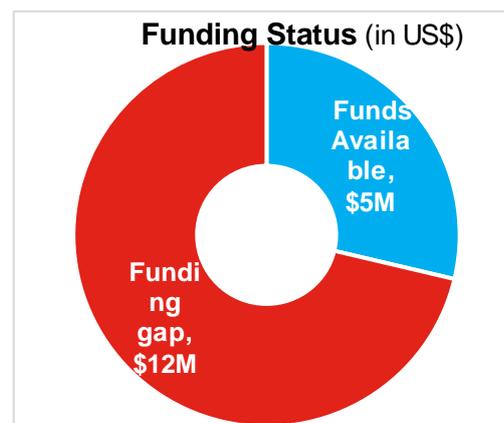
UNICEF has adapted its nutrition programs to the COVID-19 context by further strengthening and mainstreaming hygiene promotion and sanitation into existing nutrition interventions, especially in the management of severe acute malnutrition. UNICEF is coordinating with the WASH sector for the scale up of Wash-in-Nut interventions. In addition, UNICEF supported the development of a national guideline on the promotion of Infant and Young Child Feeding (IYCF) practices in the context of Covid-19. UNICEF is also exploring avenues to continue delivering IYCF messages to communities through alternative platforms (such as community radios and digital medias) and providing life-saving vitamin A supplementation through routine immunization platforms.

Despite the COVID-19 pandemic, child protection activities with protection services and partners are continuing. Social workers from the Regional Directorate for Child Protection continue to accompany vulnerable children, refer them to adequate services and perform home visits. UNICEF and partners are continuing activities in the respect of government measures by accompanying community-based mechanisms members, sensitizing through family visits instead of large gatherings, and offering now counselling to children on a bilateral basis. Communications tools (solar panels, phones and credits) are now being distributed to communities for continuous accompaniment at distance and to prepare to possible confinement.

As leader of the RRM Technical Coordination, UNICEF contributed to the revision of the tools and protocols of the rapid response mechanism to population affected by shock to adapt them to the COVID-19 context and to be able to continue to safely deliver the humanitarian aid respecting the “do not harm” principle.

## Funding Overview and Partnerships

During the reporting period, the Global Partnership for Education, Education Cannot Wait, OFDA and the Netherlands through DGIS program generously contributed to UNICEF Niger COVID-19 response. Discussions with other key donors are ongoing. The funding gap of the Niger COVID-19 response is 71%.



\* Funds available includes funding received against current appeal as well as carry-forward from previous year.

## External Media

UNICEF carried out a series of communication initiatives that highlight UNICEF support over the week.

- Publication on UNICEF Global channels of a story highlighting UNICEF's collaboration with Traditional Leaders in the response to COVID-19: <https://blogs.unicef.org/blog/traditional-leaders-in-niger-the-virus-is-real/>
- Wide dissemination of a dedicated e-newsletter on UNICEF COVID-19 response to partners, donors and UNICEF committees
- Production and dissemination of a video interview of the UNICEF Representative showcasing UNICEF's support in the treatment of cases: <https://www.facebook.com/unicefniger/videos/251038082689034/>
- Collaboration with artists to spread messages on preventative measures: <https://www.unicef.org/niger/stories/nigers-singers-beat-covid-19-messages>
- Collaboration with Niger digital influencers to spread messages on COVID-19: <https://www.facebook.com/unicefniger/videos/2903513423098300/>

### For more information contact:

#### Félicité Tchibindat

Representative  
UNICEF Niger  
Tel : (+227) 20727100  
Email : ftchibindat@unicef.org

#### Ilaria Carnevali

Deputy Representative.  
UNICEF Niger  
Tel: (+227) 20727124  
Email: icarnevale@unicef.org

#### Giuliaserena Gagliardini

Emergency Specialist  
UNICEF Niger  
Tel: (+227) 20727106  
Email: ggagliardini@unicef.org

## Annex A

### Summary of Programme Results

Sector	UNICEF and IPs Response	
	2020 target	Total results*
<b>Risk Communication and Community Engagement<sup>1</sup></b>		
# people engaged on COVID-19 through RCCE actions	3,000,000	4,415
<b>WASH and IPC<sup>2</sup></b>		
# people reached with critical WASH supplies (including hygiene items) and services	300,000	21,831
<b>Health</b>		
# healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	200	0
<b>Nutrition</b>		
# of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	396,539	90,376
<b>Education</b>		
# children supported with distance/home-based learning	1,000,000	-
<b>Child Protection and GBV</b>		
# children without parental or family care provided with appropriate alternative care arrangements	550	-
<b>Social Protection</b>		
# households (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs	-	-

## Annex B

### Funding Status\*

Sector	Funding requirements	Funds available	Funding gap \$	Gap %
C4D / RCCE	2,500,000	1,480,360	1,019,640	41%
WASH & IPC	4,000,000	1,255,059	2,744,941	69%
Nutrition	400,000	-	400,000	100%
Health	3,000,000	1,679,011	1,320,989	44%
Child Protection	818,000	-	818,000	100%
Education	5,600,000	520,000	5,080,000	91%
Coordination and support capacity	950,000	21,945	928,055	98%
<b>Total</b>	<b>17,268,000</b>	<b>4,956,375</b>	<b>12,311,625</b>	<b>71%</b>

<sup>1</sup> 4,415 through C4D program, 0 through RRM mechanism

<sup>2</sup> 21,831 through WASH program, 0 through RRM mechanism