



## 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). The epicentre of the outbreak is still Niamey, followed by Zinder region; Diffa and Agadez regions reported their first cases. 143 health workers are also affected, represented more than 19% of total confirmed cases, with a negative impact on treatment capacities. 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. 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.

Regional response plans and coordination platforms were developed by the government: these decentralising efforts can help to speed up and reinforce the response.

## 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 Surveillance commission, which highlighted opportunities to strengthen diagnosis and to protect healthcare workers from being exposed to the disease. UNICEF and team of Niamey 1 Health District also conducted a rapid evaluation: the main bottleneck found was the shortage of personal protective equipment, lack of triage units and isolation wards, supplies and equipment (hand washing, decontamination products).

UNICEF contributed to the establishment of the Data Analysis unit: a first data analysis has been produced, focusing on tracking data of contacts confined in the Gawaye Hotel.

In order to scale-up the case management in Niamey, UNICEF and MSF supported the government by training additional 66 healthcare providers through an online platform in Niamey. An agreement between UNICEF and the Ministry of Public Health (MSP) was signed to finance the training of 175 sampling agents from the health districts. The following procurement requests from MSP were also processed:

- An order for purchase of COVID-19 Test kits;
- Reprography of protocol for epidemiological monitoring of COVID-19 Niger;
- Reinforcement of security using a SMS data collection platform in Niamey Health Districts.

### WASH

As co-leader of the IPC commission, UNICEF actively supported the preparation of the training for 200 hygienists and 500 health workers in **Niamey** on Infection Prevention and Control (IPC) measures. In collaboration with the Regional Directorate of Water and Sanitation and the INGO *Comitato Internazionale per lo*

### Situation in Numbers



750 COVID-19 confirmed cases

36 deaths



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



US\$ 17.2 M funding required

*Sviluppo dei Popoli (CISP)*, UNICEF conducted a WASH/IPC needs assessment on the site of Seno (Niamey area). This site will host 1749 returnees from Burkina Faso during the quarantine period: actions will be undertaken to improve access to safe water and sanitation facilities and to raise awareness on hygiene and IPC measures. At subnational level, 204 handwashing devices provided by UNICEF enabled to equip healthcare facilities and public places in **Diffa** region. UNICEF also supported the disinfection of two houses whose inhabitants were in contact with infected persons in Diffa. In addition, UNICEF provided the Regional Directorate of Water and Sanitation of the **Zinder** region with 216 handwashing devices for healthcare facilities and public places.

### **RCCE/C4D**

During the reporting period, **Community Engagement** interventions were realized across the country. UNICEF actively supported the implementation of communication activities at health districts as well at the community level in Maradi, Diffa and Agadez. Regarding **Interpersonal Communication**, a number of activities have been implemented: a) Information sessions held with road transporters in Zinder; b) Home visits performed by community workers (Maradi, Zinder, Diffa) and women (Agadez); c) Positive messages disseminated by young people in market places (Zinder) and d) Protection measures promoted among returnees from Nigeria. In order to reinforce good behavior and responsibility in relation to rumors, **Mass media** widely disseminated message and promoted the role of influencers through community radios and social medias. Songs promoting coronavirus and prevention measures have been produced by local artists. In Diffa region, affected by insecurity, communication materials about COVID-19 received last week have been displayed in major towns. To cope with this particular situation (Insecurity & COVID-19), **capacity building** of health agents and volunteers is ongoing in four health districts. INGO Search For Common Ground (SFCG) in Diffa in collaboration with community radios produced 20 programs in 07 departments, while in Agadez region a contract was signed with 03 community radios.

### **Nutrition**

During the reporting period UNICEF worked with the Government and the Nutrition Technical Group to ensure continuity of essential nutrition services. A national guideline on the promotion of Infant and Young Child Feeding (IYCF) practices in the context of Covid-19 is being finalized. Key messages from the national

guideline will be integrated into COVID-19 communication plans.

### **Education**

As part of resource mobilization, a joint team has been set up to develop a proposal for the response to COVID-19 in the Education sector. The revision of the COVID-19 projects has been initiated with the different partners that have already received the first part of the funding: WFP, SCI, World Vision, UNICEF and Plan Niger. The procurement process for the communication equipment has been initiated. At the end of this process, the ministries of Education and their decentralized offices will be equipped with necessary tools in order to improve communication.

### **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, approximately 40 talibés children returned from Nigeria through Dan Issa (border with Maradi region), and 15 talibés 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.

**Zinder:** During the reporting period, 718 talibés children received NFI support and were transferred to their communities by social workers of the Regional Directorate of Child Protection (DRPE) of Zinder with the financial support of UNICEF. An agreement with NGOs has been prepared in order to support the DRPE in following up children transferred to their communities through the child protection village committees.

### **Others**

UNICEF country office in Niger contributed to the improvement of the concept note for joint WFP/UNICEF support to government for response to the socio-economic impact of COVID-19 in fragile contexts.

## Adaptations to ongoing UNICEF programmes

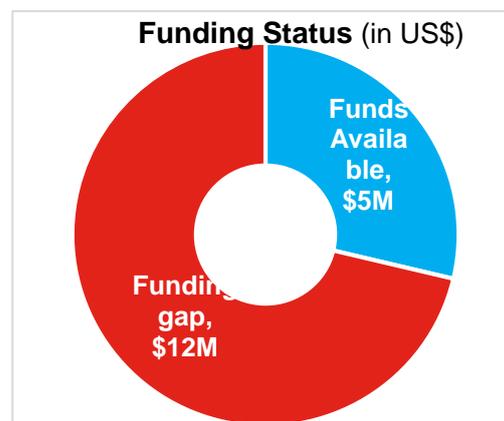
UNICEF has estimated that there will be an increase of 30% in the number of children with Severe Acute Malnutrition (SAM) this year resulting of the COVID-19 outbreak. UNICEF took steps to procure more nutrition supplies to cover additional needs and to ensure that all children with SAM receive timely and quality treatment. 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.

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 Rapid Response Mechanism (RRM) Technical Coordination, UNICEF contributed to the finalization 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. RRM teams have been trained on the revised tools. The NFI RRM and shelters supply chain have suffered from delivery delays due to supply difficulties related to COVID-19. However, solutions are being explored to speed up supply processes. Humanitarian access remained an issue due to the preventive measures put in place by the government. Authorization procedures are being developed in coordination with OCHA and the Government in order to improve access for the humanitarian community.

## Funding Overview and Partnerships

During the reporting period, the budget of the UNICEF Response Plan for COVID-19 was revised, also to contribute to the COVID-19 Global HAC review. The new budget amounts 17,419,599 USD, with an increase of more than 150.000 USD. The updated funding gap of the Niger COVID-19 response is 72%. Discussions with potential donors are ongoing.



## External Media

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

- Joint press release with the Ministry of Public Health launching the WhatsApp ChatBots solutions: <https://reliefweb.int/report/niger/niger-launches-chatbot-whatsapp-answer-covid-19-queries>
- Collaboration with Niger digital influencers to spread messages on Covid-19: <https://www.facebook.com/unicefniger/videos/241955170341295/>

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## 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	-
<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	1,400,000	-	1,400,000	100%
Health	2,636,672	1,679,011	957,661	36%
Child Protection	1,852,000	-	1,852,000	100%
Education	4,080,927	520,000	3,560,927	87%
Social Protection	200,000	-	200,000	100%
Social Research	200,000	-	200,000	100%
Coordination and support capacity	550,000	21,945	528,055	96%
<b>Total</b>	<b>17,419,599</b>	<b>4,956,375</b>	<b>12,463,224</b>	<b>72%</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