**Highlights**

- In April, several severe security incidents were registered in Diffa, including suicide attacks and mine explosions, causing 8 deaths. As the result, the government has increased military operations at the border with Nigeria. Additional measures are being taken, including the closing down of 2 major markets along the *route nationale 1* and the government’s planned evacuation of 8,500 people (local residents, displaced people and refugees) from 7 villages along the Komadougou river towards safer sites.

- UNICEF is continuing to scale-up its advocacy efforts to respond to gaps in other highly vulnerable localities, particularly in Nguigmi.

- The Rapid Response Mechanism (RRM) with IRC continues to provide emergency assistance to displaced and highly vulnerable populations in the region. The last of four multisectoral assessments (MSA) were conducted in Nguigmi department. RRM also assisted 595 most vulnerable households with NFI in 3 villages of Nguigmi department. Water trucking continues for IDPs and refugees in Kitchiandì, while a more durable water solution is being finalized through a partnership with ACTED.

- Two epidemics continue to affect Niger, measles and meningitis (Meningococcus C and W135). At epidemiological week 17, measles continued to increase with a total of 1,767 cases and 6 deaths registered, with most cases registered in Niamey, Tillabery, Maradi, Tahoua. A vaccination response is ongoing, with joint efforts from humanitarian actors and the Ministry of Health.

- Meningitis C cases are decreasing, with 1,355 cases and 92 deaths reported on week 17, particularly in Niamey, Dosso, Tillabéry. Vaccination is ongoing in all affected departments.

**MAY 2016**

- **14,338** Children affected by SAM in Diffa region out of **400,794** Children affected by SAM nationwide (HRP 2016)

- **82,524** Refugees and **31,524** Returnees from Nigeria (DREC, 5 May 2016)

- **62,726** Est. refugee and returnee children

- **69,964** Est. internally displaced children out of **127,208** Internally displaced people (Source DREC, 5th May 2016, partial data, covering 51 sites out of 135, registration still ongoing)

**UNICEF HAC Appeal 2016**

<table>
<thead>
<tr>
<th>Category</th>
<th>Funds required</th>
<th>Funds received</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nutrition</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Child Protection</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Coordination</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Amounts above do not reflect 2015 carry-forward (US$ 6.4 million)
Situation Overview & Humanitarian Needs

In 2016, several simultaneous crises continued to have a major impact on humanitarian situation in Niger particularly characterized by volatile security, food and nutritional crises and epidemics (measles and meningitis). In Diffa region the number of attacks increased and the security situation worsened. Vulnerability remains high particularly in Nguigmi and Bosso departments due to limited number of humanitarian actors operational in the departments compounded by the difficult security and geographical access, significantly limiting interventions.

In addition to the crisis in Diffa, there is a severe deficit in food for livestock nationwide, which particularly affected Agadez, Maradi and Zinder regions. UNICEF led joint interventions with several partners, engaging government authorities, WFP, and local NGOs. An in-depth assessment of the situation, supported by UNICEF and the local NGO Hed Tamat, was conducted in nomadic communities who rely on livestock to support their livelihoods. It was reported that 241 children had abandoned school due to deficits in food for livestock, while 432 children had been left with host families. An integrated response plan was then jointly implemented in collaboration with the Cellule de Coordination Alimentaire (CCA), WFP and the Ministry of Education. The coordinated response, which included support to 255 schools with food, 65 schools with food and school items, 108 host families with food and non-food items, contributed to stabilize school attendance, and to the return of some families, therefore saving the school year for the children of the affected departments.
Humanitarian leadership and coordination

UNICEF leads the Education and WASH Clusters and the Child Protection sub Cluster in close collaboration with government counterparts in Niamey, and supports the government in the leadership of the Nutrition working group. In Diffa, UNICEF supports regional authorities for the management of sectoral working groups. A Child Friendly Spaces thematic working group has been activated in Diffa to share the CFS mapping, identify gaps and avoid duplication. The child protection sub-cluster coordinator carried out a two-week field visit in the region to meet SCPE members and provide technical support to the CFS working group to ensure that quality standards are met in the psychosocial support activities.

Humanitarian Strategy

UNICEF supports the Government’s efforts to coordinate with line ministries and NGOs to expand essential services to emergency-affected populations through community-based interventions, including nutrition, health, WASH, education and child protection networks. The office in Diffa allows UNICEF to alert, evaluate and monitor humanitarian situations affecting children and women, in boosting the humanitarian response and guarantee a strong link between humanitarian and regular programs.

Summary Analysis of Programme response

Nigeria Crisis Response

UNICEF and its partners have provided access to safe water to 22,480 affected people in the Diffa region, including through the RRM, while 25,260 people have benefitted from access to latrines and 265,353 people from hygiene kits and sensitization activities on good hygiene practices. As of April 2016, Niger continues to be cholera free. Nevertheless, UNICEF continues prevention activities and maintains a preparedness capacity in case of outbreak. The WASH sectoral group in Diffa region updated the WASH gap analysis which shows that in the 16 priority sites with high number of displaced people, the gap in availability of water points has decreased to 65 from 106 in March (as per sphere standards), for latrines and showers it has decreased to 635 and for hygiene kits, the needs remain the same at 3,843. UNICEF contributed to address the gaps through its support to IRC, ACTED and IEDA as well as direct implementation, while other WASH cluster partners (ACF, IRC, SCI, CARE, ACTED, WVI) are also contributing to address the gap in access to water, under the coordination of the technical WASH working group in Diffa and the national cluster. Efforts of WASH partners allowed a total 18,131 people to gain access to safe water.

As April 2016, the number of girls and boys having access to formal and non-formal education remains the same as in March 2016. Two UNICEF partners distributed 43 mats and 43 blankets to teachers in 7 spontaneous sites of IDPs. 6 shelter boxes and 1 school-in-a-box were distributed for 40 students in Kindjandi. 20 hand-washing stations were established in 5 schools.

As of April 24th (week 16), 3,237 children under 5 years old suffering from severe acute malnutrition (SAM) have been admitted into the rehabilitation centers (OTP and ITP) in Diffa region including 573 with medical complications. Four deaths have been registered in the ITP representing a 0.7% death rate. Eighteen members of health centre management committees (COGES) of Diffa health district participated in a training on therapeutic food management. Data on children

<table>
<thead>
<tr>
<th>Estimated Affected Population Based on HRP and HNO 2016</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>2,000,000</td>
<td>960,000</td>
<td>1,040,000</td>
</tr>
<tr>
<td>Children Affected (Under 18)</td>
<td>1,100,000</td>
<td>547,000</td>
<td>553,000</td>
</tr>
<tr>
<td>Children Under Five**</td>
<td>429,000</td>
<td>205,920</td>
<td>223,080</td>
</tr>
<tr>
<td>Children 6 to 23 months***</td>
<td>131,200</td>
<td>62,976</td>
<td>68,224</td>
</tr>
<tr>
<td>Pregnant women***</td>
<td>100,000</td>
<td>-</td>
<td>100,000</td>
</tr>
<tr>
<td>Children Under Five with Severe Acute Malnutrition (SAM) at national level</td>
<td>400,794</td>
<td>192,381</td>
<td>208,413</td>
</tr>
<tr>
<td>Children Under Five with Severe Acute Malnutrition (SAM) in Diffa region (Nigeria + crisis)</td>
<td>14,338</td>
<td>6,882</td>
<td>7,456</td>
</tr>
<tr>
<td>Refugees and returnees from Nigeria</td>
<td>114,048</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee and returnees children from Nigeria (0-17 years old)***</td>
<td>62,726</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally displaced people in Diffa region</td>
<td>127,208</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally displaced children (0-17 years old)***</td>
<td>69,964</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Proxy calculated based on percentages from HNO and HRP: 55% children <18; 52% women and 48% men; ** Proxy DRSP 2016, 21.45%; *** Proxy DRSP 2016, 6.56%; ****Proxy DRSP 2016, 35%
under 6 months old admitted in the CRENI of Mainé-Soroa have been collected. It will be analyzed to determine the causes of such special admissions.

As of week 16, 4,626 children under 5 years old affected by malaria have been supported in health centers, with also the contribution of UNICEF delivered drugs.

Since January 2016 to date, six child protection partner have been carrying out psychosocial support and recreational activities for 28,244 children (including 14,235 girls) in the Diffa region through 68 child friendly spaces (CFS) in more than 30 sites in the Departments of Diffa, Bosso, N’guigmi, Maine Soroa and Goudoumaria.

UNICEF’s partners, COOPI and Care International, have been implementing more than 27 child friendly spaces from January to April 2016, four of them in March, for a total of 1,395 children. The 20 trained youth peer educators’ committees composed of children from 10 to 17 (103 girls and 108 boys) have been involved in 3 sensitization campaigns on child protection issues with IRC staff in Maine and Goudoumaria and reached 7,540 people.

180 unaccompanied and separated children (76 girls) received support (through distribution of NFI kits and food kits for the foster families, follow up in the families and reunification process when possible, psychosocial support, etc.) from UNICEF implementing partners and Child Protection Sub-Cluster members in sites with displaced persons. Over the last few months, 71 unaccompanied/separated children have been placed with 30 foster families and are now receiving follow up visits from Child Protection Regional Directorate (DRP/PF/PE) social workers. Since January 2016, 9 children (including 7 girls) have been reunified with their families.

**Sahel Nutrition Crisis Response**

As of 27th of April 2016 (Week 14), 69,579 SAM children were admitted in therapeutic feeding centres nationwide (out of a total of 400,794 projected cases), including 6,994 children with medical complications. This total admission figure represents 17.4% of expected admissions for 2016. Compared to the same period in 2015 an 11% reduction in the SAM admission (78 147 in 2015 vs 69,579 in 2016) is registered. UNICEF secured the supply pipeline for SAM treatment (RUTF and essential medicines) until end October 2016. According to monthly reports received from health districts, performance indicators remain good in reference to Sphere Standards (Recovered rate of 91%, died rate of 2% and 4.3% of rate defaulted). The new national protocol of CMAM was finalized and the handouts developed. The first training will take place in Diffa from May 9 to 14, 2016.

**Supply and Logistics**

UNICEF strengthened its contingency stock for all crises and all sectors. In April, items for the pre-positioning of 5,000 kits for floods have started to come in, as well as 2,500 additional kits for RRM.

**Media and External Communication**

UNICEF contributed to the second phase of Nigeria+ communication and public advocacy efforts in April to coincide with the second anniversary of the abduction of over 200 schoolgirls by Boko Haram in Chibok, Northeast Nigeria. The initiative #BringBackOurChildhood, launched on April 12 (see Press Release http://uni.cf/1RVAUye), aimed at generating public attention for children affected by this under-reported/funded humanitarian crisis, targeting global audiences with active online presence through social and traditional media, in collaboration with National Committees. New multimedia materials (videos, photos, infographics and blog posts) on child protection and education efforts conducted by UNICEF and partners in the Diffa region were made available on WeShare, while blogs were posted on UNICEF Connect (http://uni.cf/1TewFg6) and Tumblr (http://bit.ly/1WSLHeM). In addition, UNICEF Niger gave several interviews to national and international media such as BBC (https://tmblr.co/Zd1HMm24_doha) and facilitated a field trip for the French newspaper Liberation one week ahead of the event, contributing to hit the headlines in one of the main French outlets (http://bit.ly/1UYcB5g). Overall, more than 18,000 people were reached through the UNICEF Niger Facebook page and 2,814 users were engaged in April (with 200 new likes) while Twitter account got 124 new followers and 57K impressions. A complete monitoring report is being prepared to reflect the impact of the campaign on global and national audiences across the four Nigeria+ countries.
### Funding

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>HAC 2016 Requirements</th>
<th>Nigeria+ Requirements</th>
<th>Funds received*</th>
<th>Funding gap (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>USD</td>
<td>USD</td>
<td>USD</td>
<td>$</td>
</tr>
<tr>
<td>WASH</td>
<td>5,217,600</td>
<td>2,581,000</td>
<td>642,297</td>
<td>4,575,303</td>
</tr>
<tr>
<td>Education</td>
<td>3,000,000</td>
<td>3,000,000</td>
<td>278,000</td>
<td>2,722,000</td>
</tr>
<tr>
<td>Health</td>
<td>980,000</td>
<td>450,000</td>
<td>355,766</td>
<td>624,234</td>
</tr>
<tr>
<td>Nutrition</td>
<td>27,500,000</td>
<td>5,380,000</td>
<td>416,016</td>
<td>27,083,984</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,668,671</td>
<td>1,668,000</td>
<td>716,292</td>
<td>952,379</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>150,000</td>
<td>150,000</td>
<td>0</td>
<td>150,000</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>1,000,000</td>
<td>671,000</td>
<td>948,196</td>
<td>51,804</td>
</tr>
<tr>
<td>Programme Support</td>
<td></td>
<td></td>
<td>298,908</td>
<td></td>
</tr>
<tr>
<td>Carry-forward</td>
<td></td>
<td></td>
<td>6,389,869</td>
<td></td>
</tr>
<tr>
<td>Total with 2015 carry-forward</td>
<td></td>
<td></td>
<td>10,045,343</td>
<td>29,470,928</td>
</tr>
<tr>
<td><strong>Total 2016</strong></td>
<td><strong>39,516,271</strong></td>
<td><strong>13,900,000</strong></td>
<td><strong>3,655,475</strong></td>
<td><strong>35,860,796</strong></td>
</tr>
</tbody>
</table>

*Funds received* does not include pledges

** Carry-forward from 2015 detailed as follows:

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**Next SitRep: 15/06/2016**

UNICEF Niger Facebook: [www.facebook.com/unicefniger](http://www.facebook.com/unicefniger)
UNICEF Niger Twitter: [www.twitter.com/Unicefniger](http://www.twitter.com/Unicefniger)

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UNICEF Niger  
Tel: (+227) 20727100  
Email: aboher@unicef.org
<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall needs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2016 Target</strong></td>
<td><strong>Total Results</strong></td>
</tr>
<tr>
<td><strong>2016 Target</strong></td>
<td><strong>Total Results</strong></td>
</tr>
</tbody>
</table>

**WATER, SANITATION & HYGIENE**

- **# of men, women, girls, boys affected by the crisis in Diffa who have improved access to drinking water**
  - 279,144
  - 194,970
  - 54,173
  - ▲ 64,501
  - 20,000
  - 22,480
  - ▲ 3,000

- **# of people affected by the crisis in Diffa with access to sanitation infrastructure taking into account accessibility for children, and the specific needs of women and men**
  - 279,144
  - 268,605
  - 40,539
  - ▲ 9,780
  - 71,495
  - 25,260
  - ▲ 4,235

- **# of people affected by the crisis in Diffa having access to hygiene kits and sensitization activities**
  - 558,289
  - 537,211
  - 298,491
  - ▲ 38,512
  - 305,931
  - 165,353
  - ▲ 131,378

**EDUCATION**

- **# of school-aged girls and boys (7-14 years) with continued access to formal and non-formal education in Diffa**
  - 210,000
  - 26,000
  - 9,278
  - ▲ 20,000
  - 25,700
  - ▲ 5,700

**HEALTH**

- **# of children age between 9 months and 14 years vaccinated against measles in Diffa**
  - 100,000
  - ND

- **# of children (malaria) and women (antenatal consultation) who have access to life-saving interventions through outreach community-based activities (mobile clinics)**
  - 70,000
  - 0

- **# of children (malaria) and women (antenatal consultation) who have access to life-saving interventions in the supported health districts**
  - 40,000
  - 4,123

**NUTRITION**

- **# of children under-five with severe acute malnutrition admitted into therapeutic feeding programme in Diffa**
  - 14,338
  - 3,237
  - ▲ 1,534
  - 14,338
  - 3,237
  - ▲ 1,534

- **% of children under 5 year suffering of SAM discharged as recovered in Diffa**
  - At least 75%
  - NA

- **# of Health Centres with an integrated nutrition program**
  - 51
  - 49
  - ▲ 2
  - 51
  - 49
  - ▲ 2

**CHILD PROTECTION**

- **# of children who are benefiting from psychosocial support through community-based**
  - 62,905
  - 28,244
  - ▲ 10,770
  - 40,000
  - 21,395
  - ▲ 6,521

---

*ND*: Not documented

*i*, *ii*, *iii*: Indicates additional information or notes.
### Sahel Nutrition Crisis Response

<table>
<thead>
<tr>
<th>Category</th>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs</td>
<td>2016 Target</td>
</tr>
<tr>
<td>WATER, SANITATION &amp; HYGIENE</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of nutritional centres delivering the WASH minimum package</td>
<td>490</td>
<td>334</td>
</tr>
<tr>
<td># of malnourished children admitted for SAM/MAM and benefiting WASH minimum package in the community</td>
<td>368,114</td>
<td>122,286</td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children in humanitarian situation aged 0-11 months vaccinated against measles</td>
<td>1,013,382</td>
<td></td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children under-five with severe acute malnutrition admitted into therapeutic feeding programme</td>
<td>400,794</td>
<td>400,794</td>
</tr>
<tr>
<td>% of children under 5 year suffering of SAM discharged as recovered</td>
<td>At least 75%</td>
<td>At least 75%</td>
</tr>
<tr>
<td># of Health Centres with an integrated nutrition program</td>
<td>922</td>
<td>922</td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couples malnourished children/caregivers who receive psychosocial support in CRENIs and CRENAs</td>
<td>16,519</td>
<td>16,519</td>
</tr>
</tbody>
</table>

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1. No mobile clinics this month
2. Only malaria cases. For pneumonia and diarrhea the reporting is quarterly but not yet available for 2016
3. Dagaya and Arikoukouri CSI are not-functional