



Children playing in a transit center in Agadez, in the north of Niger. UNICEF provides children on the move with protection and education services through psychosocial support and learning.

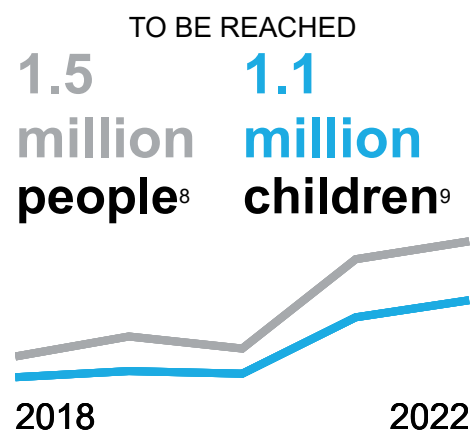
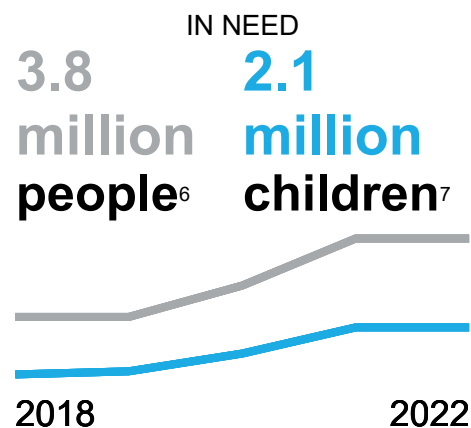
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Humanitarian Action for Children

Niger

HIGHLIGHTS¹

- Niger is facing a combination of quick onset and protracted humanitarian crises. Increasing insecurity is leading to population displacements, in a country highly vulnerable to climate-related disasters,² affected by multiple epidemic outbreaks³ and by nutritional crisis. A total of 3.8 million people, including 2.1 million children, will need humanitarian assistance in 2022.⁴
- The burden of malnutrition will persist, while the lack of predictable funding to ensure medical and nutrition supplies over the long-term remains a major concern.
- UNICEF will provide a timely, coordinated and multi-sectoral humanitarian response, focusing on the needs of children and women. A systematic gender lens will be applied to all analysis and programme design.
- UNICEF requires US\$82.4 million to provide life-saving, multi-sectoral⁵ assistance to vulnerable children and women affected by humanitarian crises in Niger with a focus in the areas of nutrition, education and water, sanitation and hygiene (WASH).



KEY PLANNED TARGETS



432,804

children admitted for treatment for severe acute malnutrition



152,118

children vaccinated against measles



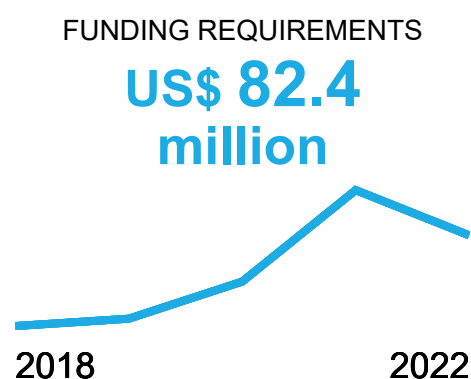
500,000

people reached with critical WASH supplies



378,000

women and children accessing gender-based violence mitigation, prevention, response



Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

Conflict, displacement, malnutrition, recurrent disease epidemics, cyclical floods and droughts in Niger have placed more than 3.8 million people, including 2.1 million children,¹² in need of humanitarian assistance, in a context characterized by deep structural challenges and the socioeconomic impacts of COVID-19. Many of those in need are located in hard-to-reach areas with limited humanitarian access, which remains a major bottleneck to the delivery of assistance.¹³

Insecurity is spreading at a rapid pace in Niger, with heightened incidence of grave violations against children. Attacks in the Lake Chad region have prevented nearly 235,000¹⁴ people in Diffa (eastern Niger) from returning home.¹⁵ Nearly 157,000 people are displaced in the regions of Tillabery and Tahoua, in western Niger.¹⁶ Over 77,000 refugees who have fled community-based violence in northern Nigeria are currently living in Maradi region (central Niger), together with more than 21,000 internally displaced people (IDPs).¹¹

In 2022, an estimated 2.7 million people will experience food insecurity;¹⁷ an estimated 1.3 million children under 5 years of age will suffer from malnutrition,¹⁸ including over 432,804 children who will suffer from severe acute malnutrition (SAM); and nearly 1.3 million people will require access to emergency WASH services.¹⁰ Nearly 400,000 children may remain out of school due to insecurity or damage caused by flooding in educational institutions.¹⁹

The country remains highly vulnerable to climate-related threats,²⁰ including floods and drought. In 2021, 200,866 people²¹ have already been affected by floods, while the country has recorded 5,070 cases of cholera (including 1,765 children under 15 years) and 154 related deaths (of which 28 were children)²².

SECTOR NEEDS²³



741,391
children in need of
nutrition assistance²⁴



845,102
people in need of
health assistance²⁵



1.3 million
people lack access to
safe water



577,292
children in need of
protection services²⁶



934,348
children in need of
access to school²⁷

STORY FROM THE FIELD



“My little baby Sani is only two months old. It was challenging to flee our village, leaving all our belongings behind. But we had no choice. Either we flee or we die,” recounted Fatimata, a 35-year-old displaced mother in Tillabéry.

Insecurity along the borders with Burkina Faso and Mali have exacerbated needs in Tillabéry and Tahoua, where over 157,804 people are displaced, as of August 2021.

The Rapid Response Mechanism is a unique partnership and emergency response capacity arrangement, designed to provide critical multisectoral assistance to people, like Fatimata and Sani, who have been affected by shocks.

[Read more about this story here](#)

Fatimata, 35 years old, cradles her little boy Sani, 2 months old, in the arena in the city of Tillabéry, which serves as a temporary settlement for displaced people.

HUMANITARIAN STRATEGY

In 2022, UNICEF's strong field presence and technical expertise will facilitate rapid deployment of emergency responses in line with the Core Commitments for Children in Humanitarian Action. UNICEF will respond to acute emergencies by improving cross-sectoral approaches, integrating a risk-based approach, and consolidating support to emergency cash transfers, which complement ongoing investment into national safety nets that is now more strongly anchored in UNICEF's non-emergency programming.

Within the Rapid Response Mechanism, UNICEF will continue to lead technical coordination and procurement, transport and pre-positioning of contingency response stocks to meet the vital needs of the affected population.²⁹ UNICEF will also expand humanitarian cash transfers to improve adaptation, flexibility and effectiveness of response; strengthen emergency preparedness; and integrate humanitarian action and development programming.

UNICEF will deliver SAM treatment and strengthen the health system and community platforms to ensure early detection and quality care for children suffering from severe wasting. To contribute to preventing wasting, stunting and micronutrient deficiencies, infant and young child feeding counselling interventions will be integrated both at health facility and community levels.

UNICEF's health strategy aims to support access to and continuity of health and immunization services through surveillance, immunization,³⁰ case management,³¹ 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.

WASH interventions will strengthen the resilience of vulnerable populations through the promotion of good hygiene practices, improved access to basic sanitation and safe drinking water in communities, schools and health centres. UNICEF will also facilitate cholera prevention and response and contribute to the reinforcement of local WASH stakeholders' capacities.

UNICEF will support the continuity of learning in safe and inclusive environments, while providing adequate instructional materials for teachers and children affected by humanitarian crises. Furthermore, skills development programmes for adolescents will be provided, including mentoring programmes for girls.

Crisis-affected children will receive comprehensive child protection services. The basic needs of affected children and their families will be addressed, including through psychosocial support. Gender-based violence risk mitigation will be prioritized through interventions related to prevention of sexual exploitation and abuse and survivors' assistance.

To coordinate efforts on humanitarian response, UNICEF leads WASH, education and nutrition clusters/sectors and the child protection sub-cluster, in close collaboration with government counterparts,³² at the national and decentralized levels and, participates in the multi-sectoral cash working group.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/niger/situation-reports>

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

2022 PROGRAMME TARGETS



Nutrition

- **432,804** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **741,391** children aged 6 to 59 months receiving vitamin A supplementation³³



Health

- **152,118** children aged 6 to 59 months vaccinated against measles
- **140,000** children and women accessing primary health care in UNICEF-supported facilities
- **100** healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases



Water, sanitation and hygiene

- **237,375** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **169,526** people use safe and appropriate sanitation facilities
- **500,000** people reached with critical WASH supplies



Child protection, GBViE and PSEA

- **150,000** children and parents/caregivers accessing mental health and psychosocial support
- **378,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **50,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers



Education

- **136,189** children accessing formal or non-formal education, including early learning
- **68,095** children receiving individual learning materials³⁴
- **6,809** children/adolescents accessing skills development programmes³⁵
- **2,000** schools implementing safe school protocols (infection prevention and control)



Social protection

- **10,000** households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding
- **5,000** households reached with UNICEF funded multi-purpose humanitarian cash transfers



Non-food items

- **171,500** displaced persons and people affected by natural disasters provided with essential household items



Cross-sectoral (HCT, C4D, RCCE and AAP)

- **10,000,000** people reached through messaging on prevention and access to services³⁶
- **246,466** people engaged in risk communication and community engagement actions
- **89,096** people with access to established accountability mechanisms

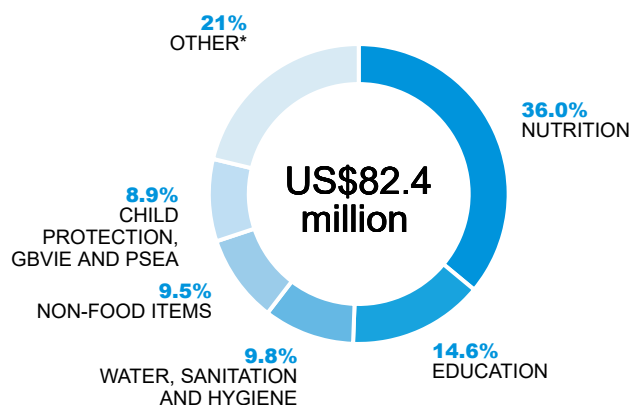
Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.

FUNDING REQUIREMENTS IN 2022

UNICEF requires US\$82.4 million to provide life-saving, multi-sectoral assistance to vulnerable children and women affected by violence and trauma due to ongoing humanitarian crises in Niger. Without sufficient funding, UNICEF will be unable to reach the 318,000 displaced and refugee children suffering from conflict-related needs or the 110,000 vulnerable children affected by natural disasters with the critical assistance and protection they need.

The 2022 appeal represents a decrease from last year's appeal (US\$102.2 million), but an increase from the pre-COVID-19 appeal of 2020 (US\$62.2 million). Efforts were made to focus solely on the humanitarian needs and gaps rather than structural and chronic issues. Requirements for health and communication for development have increased due to specific needs in targeted communities. Niger also requires additional support for nutrition, WASH, child protection and the Rapid Response Mechanism³⁷ to address humanitarian needs and the impacts of COVID-19.

The requested funding – particularly flexible or softly earmarked funds – will enable UNICEF to provide life-saving services and assistance to the most vulnerable children and families in Niger, and prepare and respond strategically where the needs are greatest.



*This includes costs from other sectors/interventions : Health (7.0%), Cross-sectoral (HCT, C4D, RCCE and AAP) (6.2%), Social protection (6.1%), Cluster Coordination (1.9%).

Sector	2022 requirements (US\$)
Nutrition	29,691,115 ³⁸
Health	5,795,597 ³⁹
Water, sanitation and hygiene	8,082,234
Child protection, GBVIE and PSEA	7,312,500 ^{40,41}
Education	12,031,350 ⁴²
Social protection	5,000,000
Non-food items	7,821,489
Cross-sectoral (HCT, C4D, RCCE and AAP)	5,110,250 ⁴³
Cluster Coordination	1,601,925
Total	82,446,460

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ENDNOTES

1. UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. Drought, floods, bush fires.
3. COVID-19, measles, meningitis, cholera, malaria, polio.
4. Office for the Coordination of Humanitarian Affairs, 'Niger: 2021 Humanitarian Response Plan', OCHA, February 2021.
5. This includes social protection, non-food items, nutrition, health, WASH, RCCE, child protection and education services, and the Rapid Response Mechanism.
6. Humanitarian Needs Overview 2021, Niger.
7. Ibid.
8. Calculated using 741,391 children between 6 months and 5 years to be reached by the nutrition sector; 298,620 children older than 5 years to be reached by the child protection sector; 18,014 children under 6 months to be reached by the WASH sector; 405,317 adults to be reached by the WASH sector; and 77,175 people to be reached with essential household item assistance, not included in the counting of the target for the other sectors. This includes 785,664 women and 61,621 people with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities. This constitutes a slight increase compared to 2021, which is explained by an increase of the nutrition target, notwithstanding the reduction of the number of people in need of WASH assistance following the 2021 Multisectoral Needs Assessment.
9. Calculated using 741,391 children to be reached by the nutrition sector, aged between 6 months and 5 years; 390,365 children from the other age groups to be reached by the WASH sector. The total target includes 577,195 girls and 43,853 children with disabilities. This constitutes a slight increase compared to 2021, which is explained by an increase of the nutrition target, notwithstanding the reduction of the number of people in need of WASH assistance following the 2021 Multisectoral Needs Assessment.
10. Niger has one of the highest mortality rates due to unsafe WASH services: 70/100,000 while the regional average for Africa is 45/100,000, World Health Organization, 'World Health Statistics 2019: Monitoring health for the SDGs', WHO, 2019.
11. OCHA, August 2021. By the end of the 2nd trimester 2021, Niger hosts around 289,000 IDPs, 243,000 refugees and 30,000 returnees. There was a 9 per cent decrease in the number of IDPs compared to the first quarter of 2021, which is primarily attributed to the Government of Niger's initiative to return IDPs to their village of origin. This process, which began in June in the Diffa region, is targeting all IDPs, 110,367 people living in more than 300 villages. As of 2 August 2021, 30,208 IDPs (6,036 households) from 22 villages have been returned to their places of origin in the eastern part of the Diffa region. Security remains a key factor in stabilizing returnees to their village of return. The organization of the return of IDPs to their village of origin will involve, after Diffa, IDPs from other regions: 15,395 in Maradi, 54,972 in Tahoua and 100,564 in Tillabery.
12. 'Niger: 2021 Humanitarian Response Plan', OCHA, February 2021. Disaggregated data: 3.8 million people in need include: over 1.9 million women of which 81,396 with disabilities, and nearly 1.9 million men, of which 78,204 with disabilities. About 2.1 million children in need include 1,065,900 girls of which 41,681 with disabilities, and 1,024,100 boys, of which 39,304 with disabilities.
13. Access is a barrier for monitoring the situation, for assessing needs, for delivering assistance, for confirming alerts.
14. Including refugees.
15. Direction Regionale de l'Etat Civil, des Migrations et des Refugies (DREC), August 2021.
16. OCHA, 16 August 2021. Snapshot, mouvement des populations.
17. Niger Food Security Cluster, October 2021.
18. UNICEF and World Food Programme joint estimates on Global Acute Malnutrition and expected SAM cases due to food security deterioration and the socioeconomic impacts of COVID-19, May 2021.
19. As of 2 October 2021, 424 schools were closed nationwide due to insecurity (12 per cent more than in 2020). Ministry of Education, October 2021.
20. Niger ranks seventh in the world on the Children Climate Risk Index. "The Climate Crisis is a Child Rights Crisis » Report, UNICEF, August 2021.
21. Niger, Ministère de l'Action Humanitaire et Gestion des Catastrophes, Septembre 2021.
22. Ministry of Public Health, October 2021. Situation Report on the Cholera Epidemic. Niamey, Niger.
23. Data are from the 2021 Multisector Needs Assessment 2021 and the draft of the Humanitarian Needs Overview 2022
24. Ibid.
25. Ibid.
26. Ibid.
27. Data are from the 2021 Multisector Needs Assessment 2021 (children in severity 3 and 4).
28. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
29. In Diffa, Maradi and along the borders with Mali and Burkina Faso.
30. Immunization to respond to diseases outbreaks.
31. Including community-based care.
32. UNICEF will work with actors to strengthen existing systems and to increase national capacities reducing risks and responding to cyclical and chronic emergencies (Including natural disasters, malnutrition and disease outbreaks).
33. Vitamin A supplementation is included in the programme and HRP sectoral strategy, but the indicator for this intervention is not included in the HAC or in the HNO/HRP.
34. It includes only IDP and refugee children, since children from the host community will be provided with materials from the Ministry of National Education.
35. The priority will be given to adolescents above 15 years and the focus will be on the implementation of hybrid platforms (including digital platforms) to promote learning opportunities for young people who missed education, through information sharing, communication, civic engagement, entrepreneurship and mentorship.
36. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
37. UNICEF plans to provide essential household items to 143,500 displaced persons and people affected by natural disasters as part of the Rapid Response Mechanism (RRM) and to another 28,000 through other mechanism for 2022, mainly by supporting the Government. UNICEF will also ensure the technical coordination, information management and supply chain for the RRM.
38. There has been a decrease in the funding requirement for nutrition, while with the introduction of the vitamin A indicator in 2022, the programme targets have increased. This is because the number of children to be treated for severe wasting has decreased and the unit cost for treatment of severe wasting is much higher than for vitamin A supplementation.
39. UNICEF has increased its share in the number of people-in-need to be targeted, compared to 2021.
40. From which, US\$110,000 for PSEA activities.
41. While the funding requirement for child protection has declined compared to 2021, there has been an overall increase in programme targets due to increased community sensitization campaigns and creating child-friendly spaces that will provide psycho-social support through community-based recreational and socio-educational activities. Those activities have a unit cost relatively low.
42. US\$81 per child, as per the cluster estimation.
43. For 2022, emergency funds used for communications for development have been segregated from other sectoral budgets and included in this line; hence resulting in an increase in funding requirement.