

## The Niger

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### Executive summary

The 2015 Human Development Report ranks the Niger 188 out of 188 countries. Despite progress in the areas of life expectancy (according to the Human Development Report) and child survival (United Nations Inter-Agency Group for Child Mortality Estimation), the Niger's gender equality rating remains unfavourable, with, for example, a high adolescent birth rate of 204.8 per 1,000 women aged 15-19 years compared with the 109.7 average for sub-Saharan Africa.

In 2015, the Niger developed its first multi-sectoral policy for nutrition security through a bottom-up participatory process involving communities, civil society, regional and national authorities, municipalities, non-governmental organizations (NGOs) and United Nations agencies. Implementation will commence in 2016 with the development of a budgeted action plan that addresses the direct, underlying and root causes of malnutrition. The policy will guide the development of the new Poverty Reduction Strategy and the Government's Vision 2035 and will direct the work of United Nations agencies.

The Ministry of Health (MoH) made significant progress towards the full implementation of integrated community case management (iCCM). Community health workers (CHWs) have been identified in 35 convergence municipalities, and training modules and other tools have been developed. In December 2015, the United Nations Children's Fund (UNICEF) Niger supported the MoH to convene a regional forum attended by participants from Benin, Burkina Faso, Ethiopia, Mali and Togo to share experiences and best practices in operationalizing iCCM, including the motivation and supervision of CHWs. Frequent shortages of essential drugs at the peripheral level of the health system, multiple limitations in the Government initiative for free health care for children under 5 years and weak reporting systems hampered the quality of health services in 2015.

In 2015, 100 social workers responsible for child protection, out of a total of 113 in the country, received one week of training on the norms and tools of child protection services, including case management. While this is a significant step towards implementation of the 2014 proposal for the reform of social welfare services and the delivery of an effective national child protection programme, delays in adopting the National Child Protection Programme and the proposed Social Welfare Service Reform are preventing the recruitment of the large number of social workers required. The Child Protection National Action Plan was allocated only US\$50,000 in 2015. Regional and district child protection directorates are funded by partners and receive no state budget to provide services.

Implementation of the national girls' education strategy, validated in late 2014 and launched in 2015, began throughout the country. Regional budgeted education sector development plans form the backbone for implementation of the national strategy, including corrective actions to reduce the number of out-of-school children, particularly girls. Despite strong support from UNICEF and other partners, implementation of this critical component of the 2015 work plan was delayed. The development of a rural secondary school model to increase access for girls

generated much discussion, but this ultimately hampered progress, with no rural secondary schools established in 2015 (five had been planned).

A radio serial on the rights of the girl child was produced and translated into four languages including Kanouri, the main language spoken in Diffa region, which is affected by armed conflict. A partnership with 10 local radio stations ensured good coverage in rural areas, and listening clubs provided space for adolescent and youth participation.

A Memorandum of Understanding was signed with the Association Islamique du Niger. The influence of religious leaders in programmatic decision-making related to social norms and gender issues is significant, and partnering with them is imperative.

UNICEF Niger engaged young activists to conduct a digital mapping of climate change in the Niger and to use the maps and complementary youth-produced media for local and international advocacy. A first National Youth Forum on Climate Change took place in Niamey, and representatives of youth organizations from every region of the country participated. The forum raised awareness of the impact of climate change on the most vulnerable and prepared a small group of youth to engage with decision-makers during the 11th Conference of Youth and the 21<sup>st</sup> Conference of the Parties to the United Nations Framework Convention on Climate Change (COP21).

A 2015 gender review of the Country Programme identified reproductive health services for young people and adolescents as a critical area for future engagement. The high percentage of adolescent mothers in the Niger necessitates the provision of adapted obstetrical and post-natal care and specialized follow up for their newborns, who often present with low birth weight and are at increased risk of chronic malnutrition. UNICEF Niger will work with development partners to support the ministries of health, national education, and population and social affairs to provide quality services in this crucial area.

## Humanitarian assistance

The Niger is experiencing a multi-faceted humanitarian crisis. In 2015, the needs were particularly acute in Diffa region (south-east), where large population movement occurred following attacks by Boko Haram. The attacks had previously been restricted to Nigeria, but in February 2015, Diffa and Bosso were also attacked, leading to the first internal population displacement. The Government declared a state of emergency and imposed restrictions, including bans on motorcycles and trade in fish and green peppers, which resulted in a major economic impact, particularly for young people. In May, the Government initiated the evacuation of more than 25,000 people from Lake Chad Island. Two camps were created to host refugees and internally displaced persons (IDPs), but more than 95 per cent preferred to settle in 140 different locations. Increasingly frequent attacks during the third quarter of 2015 displaced more than 30,000 people from villages along the Komadougou Yobe River. Many fled as a preventive measure, relocating to makeshift sites close to villages along the main road, increasing the strain on the limited resources of host communities. There are now 253,985 refugees, IDPs and returnees in Diffa region, compared with 105,000 refugees at the beginning of 2015. The crisis also disrupted basic social services, with only one third of children enrolled in school for the 2014–2015 school year and an additional 10 per cent dropping out before the end of the year. A single person is running more than 50 per cent of health facilities, while others have closed.

An estimated 150,000 children in Diffa have been exposed to or have witnessed violence. These children need access to recreational spaces to provide them with a sense of normalcy

and help to reduce the impact of traumatic events on their development. In 2015, UNICEF Niger and partners provided access to child-friendly spaces for 34,000 children affected by the Nigeria and Mali crises. Government personnel in Diffa and Niamey received training on identification and reunification, as well as age determination. UNICEF Niger supported the Ministry of Justice to accelerate the processing of cases of minors detained on suspicion of association with armed groups.

UNICEF Niger and partners facilitated access to drinking water for 5,500 people and provided bladders and water disinfection tabs to cover an additional 45,000 people in Diffa. Sanitation facilities were supported for an estimated 8,600 internally displaced persons. Currently available funds are sufficient for only 25 per cent of water supply needs and 20 per cent of latrines needed in IDP sites, schools and health facilities. UNICEF Niger and partners were unable to meet water and sanitation access targets in Diffa, which had the country's lowest access to social services before the crisis.

In education, UNICEF Niger supported more than 10,000 children in Diffa and in Malian camps. Targets were not met due to lack of resources and operational partners. UNICEF Niger supported the construction of 12 permanent classrooms and five temporary learning spaces for a total of 3,300 children. Teachers and pedagogical advisors were trained to provide psychosocial support.

The 2015 humanitarian situation in the Niger was dominated by the need to provide life-saving treatment to children suffering from severe acute malnutrition. As of week 47 of 2015, 316,748 severely malnourished children had been admitted to therapeutic feeding centres nationwide (expected cases: 368,114), including 43,757 children with medical complications. While funds mobilized in 2015 covered only 49 per cent of UNICEF Niger needs, in-kind contributions, rolled-over supplies and cash from 2014, plus internal reallocation of funds, enabled UNICEF Niger to supply therapeutic food and support treatment for 82 per cent of the expected caseload. Admissions decreased 6 per cent compared with the same period in 2014. More than 13,000 households with malnourished children received a water, sanitation and hygiene (WASH) minimum package, and almost 15,000 children benefited from psychosocial support.

In 2015, 8,467 cases of meningitis, including 572 deaths, were registered in the Niger, mainly in Niamey region. More than 70 per cent of cases involved children aged 2-15 years. UNICEF Niger vaccinated 406,000 of the 808,000 total children vaccinated, contributing to the overall coverage of 68 per cent of the target, all in a context of a global stock-out of vaccines. Communication efforts to raise awareness of meningitis symptoms and promote early care-seeking behaviour were also supported.

Recurrent measles outbreaks remain a concern. In 2015, UNICEF Niger vaccinated more than 650,000 children aged 9 months to 14 years as a preventive measure in Diffa and in response to epidemics in Zinder and Maradi (south) and Agadez (north).

As of 31 December 2015, UNICEF Niger had received 51 per cent (US\$20.6 million) of the US\$40.5 million appeal and was able to carry forward US\$6.2 million from 2014.

### **Mid-term review of the Strategic Plan**

In 2015, the Government of Niger and UNICEF Niger elected to conduct an in-depth annual review and bottleneck analysis to assess the progress made, develop lessons learned and identify a strategic position in relation to current issues concerning children, while also aligning

the Country Programme with the UNICEF Strategic Plan 2014–2017. Analysis of the national and global contexts and a review of available strategies and approaches were used to identify adjustments to the Country Programme. The in-depth annual review process also considered key recommendations from the 2015 gender review of the Country Programme. Following the in-depth review, the individual programme components developed and validated a revised results framework built around the four domains of UNICEF's Monitoring Results for Equity System, namely: enabling environment, supply, demand and quality.

The annual review revealed that multiple, community-based approaches were adopted across programme components. In previous years, each section (child survival, nutrition and Communication for Development) developed its own tools and recruited its own community agents with little cross-sectoral exchange. The new approach will lead to the development of harmonized tools to empower community agents to deliver services covering the priority interventions across all three programme components.

The review also highlighted the need to address adolescent issues from an integrated, cross-sectoral perspective. The new approach will define an inter-sectoral response through the production of evidence, advocacy and political dialogue with communities and religious and civil society actors. The gender analysis confirmed the influence of the status of women in the Niger in the areas of child marriage, girls' education and child survival. There is therefore a pressing need to act on social norms, including those relating to women's decision-making power. At the same time, efforts to improve access to quality social services for adolescent girls will be prioritized.

In-depth work involving community organizations, NGOs, local government services and traditional and religious leaders will be essential to understanding social dynamics in order to promote practices sensitive to the rights of children and women. UNICEF Niger will invest in evidence generation and Communication for Development interventions and strengthen partnerships with specialized Government departments and NGOs around communication and advocacy to influence the adoption of positive changes.

The adoption of the 'convergence municipalities approach', which is based on geographic, programmatic and operational convergence, has resulted in the progressive breaking down of 'silos' between United Nations agencies on the one hand and UNICEF programmatic components on the other. This has improved efficiency and effectiveness and reduced transaction costs for government partners. The approach facilitates and guides UNICEF Niger's internal organization to optimize the concerted response and address child deprivation issues in the convergence municipalities, in line with the cross-sectoral implementation priority of the UNICEF Strategic Plan.

The in-depth annual programme review has shown that in a context of recurring food and nutritional crises, the synergies developed between United Nations agencies in the convergence municipalities promotes the achievement of the outcomes for children – for example in the fields of nutrition (UNICEF, the World Food Programme (WFP) and the Food and Agriculture Organization (FAO)) and education (WFP and UNICEF). The combined intervention packages executed by the agencies reinforce the resilience of communities and local health and education systems.

UNICEF Niger will collaborate with the Government and other United Nations agencies to address challenges facing the convergence municipalities approach, including: weak convergence of agencies' interventions in specific villages or sites, the need for capacity

development of the municipalities and the need for long-term financing and scaling up of the approach.

## Summary notes and acronyms

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CHW	community health worker
CLTS	Community-Led Total Sanitation
CMT	Country Management Team
COP21	21 <sup>st</sup> Conference of the Parties to the United Nations Framework Convention on Climate Change
DCT	direct cash transfer
FAO	Food and Agriculture Organization
HACT	harmonized approach to cash transfers
HIV	human immunodeficiency virus
iCCM	integrated community case management
IDP	internally displaced person
LQAS	Lot Quality Assurance Sampling
LTA	long-term agreement
MDG	Millennium Development Goal
MoH	Ministry of Health
NGO	non-governmental organization
PMTCT	prevention of mother-to-child transmission of HIV
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

## Capacity development

The Niger has the world's highest rate of child marriage: 24 per cent of girls aged 15-19 years marry before age 15, and 76 per cent of women aged 20-24 years married before age 18. UNICEF Niger is implementing an individual and community empowerment approach to reduce child abuse, neglect and exploitation. This includes: behaviour change promotion, community-based prevention, detection, response and reporting, and demand creation for services. Trained community facilitators conduct participatory learning sessions with adolescent girls and boys, men and women on human rights, health, education, protection and child development. Participants are empowered to use the knowledge they have gained to identify beneficial and harmful practices and make evidence-based decisions regarding appropriate actions and interventions. Preliminary evidence from routine data collection at the village level suggests that the prevalence of child marriage has decreased and of birth registration has increased in the targeted communities. The intervention covers 100 villages and will extend to 1,000 villages by 2019.

UNICEF Niger worked with the National Institute of Statistics on disaggregated data collection through surveys and detailed analysis of existing data to support monitoring of progress against Economic and Social Development Plan goals and to inform the 2016–2020 plan. UNICEF Niger supported two major studies: the 2015 'National Assessment Study on Socioeconomic and Demographic Indicators' and a multidimensional child deprivation study. More than 200

professionals were trained on DevInfo, and the NigerInfo national, regional and sectoral databases were updated.

Twenty-five Government and NGO social workers recruited to respond to the Diffa crisis were trained on child protection in emergencies, including identification, documentation, tracing and reunification of unaccompanied/separated children and children suspected of association with armed groups, as well as management of all types of child protection cases. This contributed to 329 unaccompanied/separated children being identified and supported.

### **Evidence generation, policy dialogue and advocacy**

UNICEF Niger's upstream work is supported by evidence generated from surveys and other data collection exercises. For example, Niger collaborated with the National Institute of Statistics to conduct the national study on socio-economic and demographic indicators, which provided data for the national Millennium Development Goal (MDG) progress report and the review of the national Economic and Social Development Plan.

UNICEF Niger engaged in policy dialogue and advocacy with the Ministry of Population, Women's Promotion and the Protection of Children on the issue of restructuring social services in order to implement the recently adopted Child Protection National Policy, Plan of Action and Programme, particularly in relation to the recruitment of social workers to adequately staff the new services. The first step is for the Programme and restructuring proposal to be formally adopted by the Government through the Council of Ministers, which is expected in early 2016. Child marriage, which the Government prefers to tackle from the adolescent angle, was an important area for policy dialogue and advocacy, and the National Plan of Action for the Promotion of Interventions in favour of Adolescents in Niger (2015–2018) was elaborated on the basis of the Analysis of the Situation of Adolescents carried out in 2014. The National Plan will be submitted to the Council of Ministers for adoption.

With technical and financial support from UNICEF Niger, the Niger has elaborated a multi-sectoral nutrition security policy, using evidence generated over the last decade by UNICEF and partners. This policy is a response to the critical issue of nutrition in Niger and engages all sectors involved in addressing malnutrition. These include, among others, agriculture, livestock, health, education, WASH and gender, supported by a major communication for behaviour change component.

### **Partnerships**

The partnerships created under the convergence municipalities approach jointly implemented by the Government, UNICEF Niger and other United Nations agencies have created a framework for the promotion of community resilience and a reduction in the deprivations faced by children and other vulnerable groups. Decentralized planning and coordination mechanisms have facilitated the identification of bottlenecks, encouraged networking across local, regional and central actors, enhanced the synergy of interventions, strengthened knowledge transfer, developed the capacity of local actors and empowered communities to manage their own development. The participatory planning process includes a diagnosis phase in each municipality that is conducted jointly by the municipal authorities, local communities, technical services, NGOs, United Nations agencies and other financial and technical partners. The diagnosis phase identifies major bottlenecks hindering the resilience of communities and identifies the deprivations faced by vulnerable groups, especially children. Once this phase is complete, the planning of appropriate activities will commence, taking into account municipal priorities for resilience building. The coordination mechanisms established allow consultations at

the local (municipal councils), regional (regional technical group) and central level (central technical group) on the implementation and monitoring of communal integrated action plans. For example, WFP and UNICEF Niger have addressed malnutrition through coordinated interventions for malnourished children delivered through health centres. The World Health Organization (WHO), UNICEF Niger and the United Nations Population Fund (UNFPA) have developed a coordinated response to maternal and child health issues. In the education sector, UNICEF has taken responsibility for school kits distribution and building latrines and water points, while WFP supports school canteens and, in collaboration with FAO, supports school gardens.

### **External communication and public advocacy**

In 2015, UNICEF Niger invested in building partnerships with two influential media providers (TV Tambara in Niamey and Radio Garkuwa in Maradi region) to maximize reach and impact. To strengthen outreach, training sessions were held to improve journalists' skills and knowledge on child rights-related issues. To ensure that the voices of children and youth were heard, the strategic partnership with the national radio Voix du Sahel continued with the musical series on girls' rights, Haske Magani Duku. The project is implemented at scale thanks to partnerships with 10 local radio stations and multi-year funding from the global initiative, Accelerating Action to End Child Marriage. In November 2015, the series was broadcast for the first time in Kanouri, the main local language spoken in Diffa region, an area affected by armed conflict. To fuel social engagement and drive investment for children, UNICEF Niger developed its first digital strategy incorporating new technology, innovations and the power of images in emerging channels. A blog was created and regularly updated with appealing stories, op-eds and visuals, attracting more than 3,880 people. More innovative tools are being developed to attract youth and demonstrate UNICEF Niger's equity-based results. To this end, UNICEF Niger participated in the #BringBackOurChildhood campaign with Snapchat influencers to raise awareness on the violence affecting children. New approaches and creative storytelling were explored, such as the first UNICEF Twitter takeover aimed at amplifying the voices of young girls and giving them the opportunity to speak out about child marriage and engage with people from all over the world. The social media fan base grew by approximately 100 new Facebook fans and 100 new Twitter followers per month, building on the local interest in such tools.

### **South-South cooperation and triangular cooperation**

Less than half (49 per cent) of the population of the Niger lives within 5 kilometres of a health facility that is staffed by qualified personnel. To extend access to health care, the country employs an extensive community health system comprising more than 2,500 health posts delivering curative and preventive services and 8,000 community health workers delivering promotional and preventive services. Unfortunately, the system has not been performing optimally, and there are concerns over its sustainability. In 2016, UNICEF Niger will support the community-based delivery of an integrated package of interventions by 5,795 community health workers.

To support the development of a sustainable community health system for the Niger, UNICEF Niger assisted the Government to host a regional forum on knowledge exchange and best practices in implementing community healthcare systems, including the critical issue of motivating CHWs. The forum brought together health professionals from the MoHs and from United Nations agencies involved in the health sector from Togo, Benin, Burkina Faso, Ethiopia and Mali, as well as central, regional and district directors of health of the Niger and sector development partners, especially those involved in the Health Pooled Fund. The participants shared lessons learned and best practices on the operational aspects of community-based

services, especially in relation to motivation schemes, supervision mechanisms and community ownership and involvement.

The forum covered various aspects of iCCM that are not usually covered, as the focus is usually on the more technical aspects. The forum participants, especially those from countries where the government contributes substantially or even fully supports the CHW system, demonstrated the need for domestic financing to ensure the long-term viability of the iCCM approach.

UNICEF Niger and partners will advocate with the MoH to allocate an appropriate budget and convene a national workshop to develop an implementation roadmap.

### Identification and promotion of innovation

In 2015, the MoH, UNICEF Niger and other partners needed to identify how best to monitor and evaluate progress in a malnutrition prevention project implemented in eight districts of Maradi, Zinder and Tahoua regions since 2014, without the need for a time-consuming and costly survey. A decentralized, community-based monitoring system was required that would provide rapid access to data not included in the Health Management Information System or reported on by implementing partners and that could be used to inform real-time evidence-based decision-making for programme management. Lot Quality Assurance Sampling (LQAS) was selected as the best option, and UNICEF Niger worked with the Liverpool School of Tropical Medicine to design a survey to be carried out by health workers (71 surveyors and 37 supervisors), using smartphones and Google Google Cloud Software Development Kit . This was the first time that LQAS had been used in the health sector in the Niger. The data obtained were utilized at the district level to identify bottlenecks behind low-performing indicators and to develop remedial plans of action. Using this innovative approach, data were collected from 71 sub-districts and six different groups of respondents, yielding a total sample size of 7,911 respondents. Data were available to project managers after just two weeks and were used to classify each of the sub-districts as either high or low performing based on assessment against 53 nutrition indicators covering access, utilization, knowledge and practices. Indicators against which performance was low were also identified. The LQAS will be repeated regularly, and indicators will be reviewed to ensure that the data collected remain relevant. The process of engaging health workers in the collection, analysis and use of data to assess and manage programme performance at a decentralized level increased the motivation and knowledge of those involved in the project.

### Human rights-based approach to cooperation

UNICEF Niger worked with the Government and other partners to strengthen the justice and security components of the Child Protection System at policy and service levels and align them with international standards through support to the development of norms, standards and procedures and the training of personnel. UNICEF Niger also supported the implementation of the child protection and judiciary juvenile protection national policies and plans of action.

UNICEF Niger advocated for fast-track treatment of children detained under suspicion of association with armed groups by the judge for minors, rather than a judge dealing with terrorism, and for their release and transfer to social services for rehabilitation and reintegration. UNICEF Niger provided the detained children with support in accordance with international norms.

UNICEF Niger supported the implementation of Convention on the Elimination of All Forms of Discrimination Against Women by addressing social norms linked to gender inequalities, which

are underlying causes of many child protection issues in the Niger, including child marriage, women's access to economic opportunities and women's decision-making power. A gender review of the Country Programme of Cooperation was conducted in 2015 as part of the in-depth annual review. Gender priority intervention areas were identified including nutrition, child marriage and girls' education.

UNICEF Niger supported the convergence municipalities and regions to elaborate child rights and equity sensitive development plans, which facilitated budgetary allocations to social sectors benefiting children and women. Financial and technical support to municipalities and partnerships at the local level created synergies between duty bearers and rights holders in addressing equity and child rights issues.

Accountability for the realization of rights was addressed through community child protection committees in 135 villages that monitor the implementation of child rights to health, nutrition, education, participation and protection. These committees facilitate dialogue within families, with child victims of abuse, violence or neglect and with local leaders.

### **Gender mainstreaming and equality**

UNICEF Niger is leading the programmatic initiative under the global programme to accelerate the movement to end child marriage, a key component of the Gender Action Plan. A multi-sector results framework, of which the two main strategies are community dialogue for social change and girls' education, has been developed.

The community-based child protection approach aims to change practices harmful to children, many of which, such as child marriage, are related to gender inequalities. The approach consists of facilitating community social dialogue based on the acquisition of knowledge on human rights in general and women's and children's rights in particular. The 2015 budget was US\$565,000. The staff involved included one full-time consultant under the supervision of an national officer child protection officer. The initiative is expected to continue through the current programme cycle (2014–2018) and beyond with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria . At the end of 2015, 94 villages have made public declarations of abandonment of practices harmful to children (74 in 2015).

The girls' education approach aims to improve primary and secondary school access and retention of vulnerable children, especially girls. The 2015 budget was US\$1,330,570. Five staff members were at least partially involved. The project has been ongoing since 2013. In 2015, 365 girls out of 500 vulnerable children (73 per cent) and 171 girls out of 349 nomad children (49 per cent) were enrolled in the scholarship scheme, qualified for the next grade and therefore continued to receive a scholarship. In addition, 600 girls out of 1,252 out-of-school or school dropout children (48 per cent) re-joined the education system through 'bridging schools'. In order to go to scale beyond these pilot experiences, the education programme launched the Local Alliances for Girls' Education initiative, whereby communities identify obstacles to girls' education and develop a plan of action to overcome them. UNICEF Niger will fund the implementation of this initiative.

As part of its in-depth annual review, UNICEF Niger conducted a gender review of the Country Programme, and results and recommendations will be incorporated into the revised 2016–2018 Country Programme Action Plan.

### **Environmental sustainability**

In the run-up to the COP21 held in Paris in December 2015, UNICEF Niger, in collaboration with UNICEF Headquarters and French National Committee for UNICEF, engaged a group of six young people to digitally map climate change in the Niger and use the maps alongside complementary youth-produced media for local and international advocacy with governments, businesses and communities. To ensure that the views of young people are further amplified, a one-year advocacy plan was developed to complement and feed into the UNICEF Global Communication Strategy.

The first National Youth Forum on Climate Change took place in Niamey on 19-20 November, supported by UNICEF Niger and in partnership with youth civil society and the Government of France. The aim was to raise awareness of the impact of climate change on the most vulnerable and on future generations, while at the same time engaging youth and decision-makers ahead of the 11th Conference of Youth and COP21. The event brought together 60 participants from all regions, including artists and bloggers who presented their recommendations to the Government of the Niger. The Forum helped prepare two UNICEF Niger-supported youth mappers who participated in the event to engage with world leaders and conduct skill-sharing workshops. They also took part in various side events organized by UNICEF Niger during COP21, including a debate on digital mapping and the voices of youth in the climate change debate.

UNICEF Niger completed its first environmental footprint assessment in August 2015, which revealed vehicle management (53 per cent) and air travel (28 per cent) as key areas in which the carbon footprint could be reduced. An action plan will be prepared and implemented in 2016.

## Effective leadership

The Country Management Team (CMT) adopted its 2015 Annual Management Plan following an all-staff review. Major CMT initiatives included the following:

- Increased involvement of zonal offices in the selection of partners, the preparation of programme cooperation agreements and follow up on field activities.
- Strengthened accountability and follow up on assurance activities recommendations, including implementation of the harmonized approach to cash transfers (HACT) assurance plan, systematic follow up by programme sections and adoption of a centralized filing system for assurance activities reports.
- Enhanced effective emergency response with the opening of a Diffa zonal office and strengthened emergency coordination.
- International procurement used to overcome limited quality of local supplies and services.
- Real-time data from inSight presented as standing agenda items of the CMT and programme meetings to enhance performance monitoring.

Tracking of management indicators and effective resource management was facilitated through: weekly coordination meetings of section heads and chiefs of zonal offices; monthly programme and operations meetings; and weekly section meetings, statutory committees and ad hoc meetings.

Emergency contingency planning formed an integral part of annual work plans and included pre-positioning of supply items in strategic locations, plus preparation of memoranda of understanding, programme cooperation agreements and long-term arrangements with strategic partners.

A risk control self-assessment identified seven medium risks and two high risks. A mitigation plan was implemented to address all risks rated medium, while the two high risks (natural disaster and epidemic, safety and security) were reflected in the emergency action plan. Risks have been mitigated through: HACT assurance activities in performance reviews of programme staff; providing Government officials and zonal offices with quarterly lists of supplies received and direct cash transfers (DCTs) paid; and country office project management of complex construction works rather than transferring funds to partners for them to contract out construction works.

## Financial resources management

The CMT used the inSight platform to monitor programme performance and operations resources and identify any corrective actions, and internal scorecards were established to monitor key indicators. UNICEF Niger outperformed office performance benchmarks in: programme utilization rate, timely submission of donor reports, unliquidated DCT outstanding for more than nine months, number of uncertified travel authorizations, timely processing of recruitment and number of open commitments.

Close monitoring of DCT and funds utilization during CMT meetings contributed to 0.9 per cent of outstanding DCTs outstanding for more than six months by the end of the year. Fund allocation and utilization for 2015 were: other resources emergency – US\$20,575,488 (91 per cent utilization); other resources – US\$27,801,912 (79 per cent utilization); regular resources – US\$22,867,400 (100 per cent utilization); and support budget US\$431,182 (98 per cent utilization). As of 31 December 2015, UNICEF Niger had received 51 per cent (US\$20.6 million) of the US\$40.5 million humanitarian appeal and was able to carry forward US\$6.2 million from 2014. Bank reconciliations were completed on time, as were accounting activities. End-of-the-month cash balances averaged 5 per cent of total cash replenishment in 2015, compared with the standard 25 per cent. This allowed for the release of US\$31,082,441 to the New York Treasury Section for investment.

UNICEF Niger operated a HACT assurance plan for 2015. Overall, 191 programme monitoring visits, 62 financial spot checks, 20 partner audits and 27 micro-assessments were conducted. A total of 31 UNICEF Niger staff were trained on HACT procedures, allowing them to be 'certified HACT' and conduct spot checks. Seven HACT training sessions were organized for 101 partners (NGOs and the Government). HACT indicators were monitored regularly at the CMT and by the HACT Working Group.

## Fundraising and donor relations

UNICEF Niger continued to work closely with donors, particularly those present in the country, with positive results for resource mobilization. In just two years, UNICEF Niger raised 52 per cent of the total other resources regular funding required for the full 2014–2018 programme cycle. US\$31 million was mobilized in 2015, compared with a planned figure of US\$21 million in the Country Programme Document. Overall, 89 per cent of the US\$71 million available as programme funds were utilized, and 0.2 per cent of the total value of grants was unutilized by the grant expiry date.

Flexible funding (un-earmarked and thematic funds) represented 11 per cent of resources mobilized in 2015 for development and emergency programmes. While relatively small, these contributions were critical to enabling UNICEF Niger to respond promptly to emergency needs and to cover direct programme support costs, which often prove difficult to raise from donors.

For instance, flexible funds enabled UNICEF Niger to respond to the 2015 meningitis outbreak, to carry out Ebola preparedness activities and to support the underfunded education sector in Diffa region, which faces an acute humanitarian crisis.

Recognizing that timely, quality reports are key to maintaining strong relationships with resource partners, UNICEF Niger strengthened its internal quality assurance processes. The Coordination and Management Team monitored compliance with internal report preparation deadlines on a monthly basis. This contributed to an increase in the percentage of donor reports submitted on time from 93 per cent in 2014 to 97 per cent in 2015. A total of 65 donor reports were submitted in 2015. UNICEF Niger employs one international professional and a temporary consultant to support programme sections to ensure high-quality, results-based reporting.

## Evaluation

A fully-budgeted 2015 Integrated Monitoring and Evaluation Plan was prepared in line with the United Nations Development Assistance Framework (UNDAF) monitoring and evaluation calendar and the national Economic and Social Development Plan Monitoring and Evaluation Framework. Although no evaluation was completed in 2015, five studies and analyses were completed as planned. UNICEF Niger also supported the National Institute of Statistics to conduct the national survey on socio-economic and demographic indicators. Data and findings from the survey were used to assess progress towards the MDGs and national targets. The data are also being used as a baseline for elaboration of the National Development Plan 2016–2020 and for the evaluation of the Economic and Social Development Plan 2012–2015.

As part of ongoing public reforms, UNICEF Niger, in collaboration with other development partners, supported dialogue around the public evaluation policy and a national workshop held in February 2015 on institutionalizing the public evaluation policy. The Ministry of Planning, Spatial Planning and Community Development established a technical committee to monitor implementation of the workshop recommendations. The committee is chaired by the Ministry of Planning, Spatial Planning and Community Development and comprises 16 members, including UNICEF Niger and the United Nations Development Programme (UNDP). In addition, an Evaluation Bureau was established in the Ministry of Planning, Spatial Planning and Community Development to oversee the process of the institutionalization of the evaluation function in the country. With the enabling environment in place, there is potential to strengthen the national evaluation function.

## Efficiency gains and cost savings

In line with the efficiency and effectiveness initiative, the centralization of SAP transactions to limited and specialized staff continued to yield effectiveness and quality reporting and enabled programme staff to focus more on programmatic activities.

The supply and human resources sections negotiated contract terms and fees with selected individual and institutional contractors before granting contracts to obtain the best value for money.

Comparison of planned and budgeted amounts against final commitments (purchase requisitions versus purchase orders) revealed that competitive bidding processes generated significant savings.

UNICEF Niger contracted two long-term agreements (LTAs) issued from United Nations common services and five LTAs issued for frequently procured commodities and outsourcing of

services for drivers, cleaners, a receptionist and other clerk tasks. This resulted in cost savings due to the bargaining power and reputation of the United Nations.

The United Nations HACT Committee opted to use the LTA issued by UNDP, which was lower than the one issued at the global level, resulting in cost savings to UNICEF of US\$40,885.

In addition, two of the three zonal offices shared premises with other United Nations agencies, with costs apportioned according to the number of occupied spaces and the common space.

Staff from zonal offices were trained to conduct assurance activities, taking over a task formerly performed by staff in Niamey. This contributed to a reduction in vehicle usage costs.

Effective information technology allowed zonal offices to participate in meetings via very small aperture terminals and Skype for Business, reducing travel costs.

All of the above initiatives likely realized significant savings, although official benchmarks were not established to enable quantification of savings in all cases.

### Supply management

<b>UNICEF Niger 2015 supply input (goods and services)</b>	<b>Value in US\$</b>
Programme supplies	25,962,339
Operational supplies	905,320
Services with constructions	5,915,797
Construction	969,983
<b>Grand total</b>	<b>33,753,439</b>

<b>Value of supplies channelled via procurement services</b>	<b>Value in US\$</b>
Via regular procurement services	3,341,637
Via GAVI Alliance	32,767,088
<b>Grand total</b>	<b>36,108,725</b>

<b>Value of locally managed procurement</b>	<b>Value in US\$</b>
Programme supplies	12,721,416
Operational supplies	765,593
Services	5,897,314
<b>Grand total</b>	<b>19,384,323</b>

The value of the inventory of programme supplies controlled by UNICEF Niger recorded as being physically in the warehouse as of 5 January 2016 was US\$4,612,477, of which US\$172,454 were supplies pre-positioned for emergencies.

The total value of supplies managed in the UNICEF Niger-controlled warehouses in 2015 was US\$23,434,567.

The main actions and challenges in 2015 included the following:

- Implementing the new procurement strategy for construction and WASH infrastructures to address limited national expertise.
- Managing and replacing commodities lost in the Niamey warehouse fire (value of lost items US\$1,313,251).
- Supporting the MoH in responding to an outbreak of meningococcal meningitis serotypes in a context of global vaccine shortages.
- Processing emergency procurement following increases in numbers of displaced persons and refugees fleeing attacks by armed groups.
- Reinforcing the national cold chain by building one central warehouse containing 10 cold rooms in Niamey and installing regional cold rooms in Niamey and Zinder regions.
- Designing a tracking system for ready-to-use therapeutic food and other commodities.
- Completing the Niamey office extension and reinforcing security in Niamey, Maradi and Agadez.
- Recruiting for seven vacant posts while maintaining service continuity.

The weak capacity of government partners to plan and manage supplies and engage in complex construction activities remained challenging.

### Security for staff and premises

The Niger is affected by the presence of armed terrorist groups, with asymmetric attacks occurring in Diffa in 2015. More than 100 people were killed, several houses and vehicles burnt and thousands displaced. Incursions of jihadist groups were recorded in the Tillabéry region (west), particularly in the villages bordering Mali, where several people were killed.

In February 2015, all United Nations international and national staff in Diffa were relocated to Zinder (south) for one month due to increased insecurity. Essential presence was maintained to respond to refugees and displaced persons.

All UNICEF offices in the Niger are compliant with the UNICEF Minimum Operating Security Standards. Facility safety and security surveys were conducted in 2015, and all corrective actions were implemented. An armoured vehicle was deployed in Diffa along with lifejackets and other security equipment in response to the terrorist attacks.

The rented premises of the Maradi zonal office suffered severe structural cracks and recurrent water leakages. The structure was also unable to support the weight of anti-ballistic doors and safe havens. The Maradi zonal office is therefore in the process of moving to alternative rented premises that can support the necessary security equipment.

Fire safety is a major threat in the Niger, primarily due to poor quality electrical cabling and installations. To address this risk, a comprehensive electrical survey was conducted in the Niamey office following a fire (fortunately contained using office fire extinguishers). Fire detectors and extinguishers have been installed in all offices. All fire safety plans were revised, fire wardens trained and evacuation exercises completed.

Outstanding security issues include the following:

- The closed-circuit television systems in Niamey, Maradi and Agadez offices require replacement.
- The access control systems for Niamey, Maradi and Agadez require upgrading.
- The fire detection systems in all offices and the storage areas require replacement; the contracting process is ongoing.

## Human resources

The UNICEF Niger staffing structure was formulated during the Country Programme planning process using a results-based approach to achieving programme results. UNICEF Niger was comprised of 145 staff (32 per cent female and 68 per cent male) in 2015. UNICEF Niger faced challenges related to attracting candidates due to perceived insecurity, language barriers and low educational standards. Balancing the female/male ratio of national officers was a criterion applied during recruitment. The key performance indicator for recruitment was 110 days for internationals and 112 days for local staff.

Eleven surge staff provided support following the Emergency Response Plan exercise, and 93 per cent of 2014 performance evaluation reports were completed by February 2015. The completion rate of the 2015 Performance Appraisal System was 98 per cent at the planning phase and 35 per cent at mid-year review.

Staff development to achieve programme results was emphasized. Overall, 48 per cent of 69 individual training activities and 100 per cent of seven group planned training activities were implemented.

All staff participated in the February 2015 enterprise risk management exercise.

UNICEF Niger achieved good scores in the 2014 Global Staff Survey in the diversity, shared goals and job satisfaction/motivation categories. Improvement is needed in regards to personal empowerment, professional development and work-life balance, and a response is currently underway as per the Joint Consultative Committee Action Plan.

The local Staff Association participated in all key office committees. Two Joint Consultative Committee meetings were held, and the minutes were shared with all staff.

Male condoms were made available in all restrooms, and staff participated in a presentation and discussion on UN Cares. Refresher training on UN Cares minimum standards to combat stigma and discrimination and first aid need to be implemented.

The delay in receiving some other resources funds required short-term use of regular resources funds to bridge other resources-funded critical posts, thus allowing for smooth programme implementation.

## Effective use of information and communication technology

In 2015, information and communication technology support to the Country Programme was structured as follows:

1. UNICEF Nepal engaged in an intensive campaign of in-house training for all staff in the use of Microsoft Office 365 applications. This improved online collaboration between the Niamey, Maradi, Agadez and Diffa offices. Information and communication technology technical support was offered via Lync to remote users, which facilitated the start-up of

colleagues in the Diffa zonal office. A SharePoint team site was created to offer a better online collaboration platform and will be further customized in 2016 based on specific office knowledge management needs.

2. Surveys in the Communication for Development and nutrition sections for CHWs and a LQAS survey, respectively, were completed using smartphones and Open Data Kit tools. In order to make data collection with smartphones accessible to a large audience, a Linux-based local server was set up using Open Data Kit tools. In the field of education, computers and Internet connections (with parental control software configured) were provided to three secondary schools, and teachers were trained to coach the children.
3. UNICEF Niger maintained a presence on Facebook, Twitter and Tumblr. These social media sites have been widely used for communication with the public and partners, and visits to UNICEF Niger pages and blogs are frequent and growing.
4. The use of Skype and Voice over Internet Protocol reduced conference call costs. UNICEF Niger used the Stonevoice conference application of the UNICEF West and Central Africa Regional Office in Dakar, thereby avoiding a local investment, while ensuring access to quality teleconference services.

A disaster recovery plan is included in the business continuity plan, which was updated in November 2014 to include risk management associated with Ebola virus.

## Programme components from the Results Assessment Module

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** Children under 5 years of age and pregnant women, particularly the most vulnerable, increasingly benefit from quality high-impact interventions for the prevention and management of maternal and childhood illnesses, including in emergency situations.

#### **Analytical statement of progress:**

With an estimated under-five child mortality rate of 127 deaths per 1,000 live births (Demographic and Health Survey 2012), the Niger is one of 62 countries to have achieved the MDG-4 target of a reduction in child mortality by two thirds between 1990 and 2015 (96 deaths per 1,000 live births as per the United Nations Inter-Agency Group for Child Mortality Estimation estimated trend). Infant mortality also declined from 138 deaths to 57 deaths per 1,000 live births over the same period. Neonatal mortality stands at 24 deaths per 1,000 live births. Maternal mortality remains high at 520 deaths per 100,000 live births (National Assessment Study on Socioeconomic and Demographic Indicators, 2015). The rate of skilled birth attendance remains low at 36.7 per cent nationwide (National Health Information System), while the number of pregnant women attending four antenatal care sessions stands at 34 per cent. In 2015, the Niger allocated 6 per cent of the state budget to the health sector, of which 31 per cent was dedicated to maternal and child health.

In 2015, the MoH launched a process to develop a new national health policy, a health development plan and a new child survival strategy, adopting WHO's conceptual framework for health systems.

Overall, 1.5 million cases of malaria were reported between January and September 2015, compared with 2.7 million cases reported in 2014. Children under 5 years accounted for 64 per cent of confirmed malaria cases (915,560 cases) as of November 2015. A 2015 LQAS survey reported that 70.1 per cent of children slept under a treated net the preceding night. In 2015, seasonal malaria chemoprevention was implemented in seven convergence municipalities,

reaching 16,569 children aged 3-59 months (70 per cent coverage). A total of 30,851 children were reached in the other four municipalities (Gabi, Djirataoua, Serkin Yamma, Kantche). The overall target for this intervention was 620,000 children, but, due to a global shortage of drugs for seasonal malaria chemoprevention, it was not possible to implement in the initial planned municipalities and fully cover the targeted population.

The Niger experienced an outbreak of meningococcal meningitis (C and W strains) during the first semester of 2015. Some 8,545 cases of meningitis were reported (with 573 deaths in the first semester), mainly in Niamey, Dosso, Tillabéry and Tahoua regions. In 2015, meningitis accounted for 6 per cent of deaths among children aged 1 to 5 years. Due to a global shortage of vaccines, WHO recommended narrowing the target age group for meningitis vaccination from 2-29 years to 2-14 years. Overall, 807,564 children were vaccinated against meningitis; UNICEF Niger directly supported the vaccination of 405,722 children (422,500 doses of vaccine), representing 50 per cent of the total target. UNICEF Niger also supported early care-seeking behaviour to reduce complications and the case fatality rate.

From the last quarter of 2014 through the first semester of 2015, 6,103 cases of measles were recorded and 554,412 children aged 9 months to 14 years were vaccinated during the measles outbreak response.

In the Niger, children aged 0-11 months are targeted to receive the first dose of measles vaccine through routine vaccination, and coverage in this age group is 88 per cent for pentavalent 3 and 89 per cent for measles. However, 77,000 and 75,000 of these children did not receive measles and pentavalent 3 antigens, respectively. Since 2013, children aged 12-23 months have been targeted to receive the second dose of measles vaccine through routine vaccination activities. Coverage through this channel has only reached 3 per cent (14 per cent in convergence municipalities). For this reason, a mass measles vaccination campaign was conducted in November and December 2015 targeting 3,425,865 children aged 9 to 59 months. Preliminary results indicate that this campaign reached more than 90 per cent of the target. Some 5.8 million children under 5 years were vaccinated in each round during two national poliomyelitis campaigns (97 per cent coverage of the target group, according to an independent survey). In addition, two sub-national polio campaigns were carried out covering all regions with the exception of Diffa for the first campaign and 67 per cent of the national target for the second campaign. The certification process for the elimination of maternal and neonatal tetanus is underway.

Currently, less than half of the population has access to a health facility providing the integrated package of health services within 5 kilometres of their residence. Community-level health care, which comprises the health posts and CHWs, provides a fragmented package of services. Often, providers do not have all the commodities and essential drugs required to provide basic curative treatment to children. The CHW role is often limited to preventive and promotional activities. In 2015, UNICEF Niger conducted an inventory of CHWs in 35 convergence municipalities and facilitated a forum with Benin, Burkina Faso, Ethiopia, Mali, Togo and the Niger to discuss operational and motivational aspects of community health services to help guide the implementation of iCCM in the 35 convergence municipalities.

Procurement and supply management, especially the capacity to forecast, warehouse and distribute essential drugs and health commodities, is limited and negatively affects implementation of the policy of free health care for all children under 5 years and the overall quality of care for women and children. UNICEF Niger supported the piloting of a district-based

system in two districts in Tillabéry and Dosso regions and will use the experience to guide a full overhaul of the procurement and supply management system in 2016.

**OUTPUT 1** Targeted health facilities and communities offer quality, high-impact prevention intervention packages for maternal, newborn and child health.

**Analytical statement of progress:**

In 2015, 89 per cent of 148 health centres in convergence municipalities had a functional refrigerator for vaccine conservation, but only 6 per cent of 376 health posts had a cold chain. Three of 35 convergence municipalities targeted by the UNICEF Niger programme reported pentavalent 3 coverage of more than 90 per cent, and four achieved 90 per cent coverage for the first dose of measles vaccine. In addition, 14 per cent coverage of the second dose of the measles vaccine was reported in 35 convergence municipalities (12,795 vaccinated). In the rest of the country, coverage was only approximately 3 per cent. An estimated 3,228,980 children aged 9-59 months (final report not yet available) received their second measles vaccination dose through the nationwide measles campaign conducted in December 2015 (target: 3,425,865 children aged 9 to 59 months).

Overall, 96,377 pregnant women attended the first antenatal care consultation, representing 91 per cent of expected pregnancies in the convergence municipalities. Only 40,298 (38 per cent) of pregnant women in convergence municipalities benefited from the recommended four antenatal consultations (data for January to September 2015). National coverage was 34 per cent. However, coverage of intermittent presumptive treatment was 53 per cent for the second dose of sulphadoxine/pyrimethamine, and 43 per cent of convergence municipalities achieved at least 60 per cent coverage.

The lot quality assurance sampling conducted in 17 convergence municipalities reported that 70.1 per cent of children under 5 years slept under a treated net the night preceding the survey.

In 2015, seasonal malaria chemoprevention was carried out in seven convergence municipalities, three of which (Goudoumaria, Foulatari and Nguelbelly) were supported by UNICEF Niger, reaching 16,569 children aged 3-59 months (70 per cent coverage). A total of 30,851 children were reached in the other four municipalities (Gabi, Djirataoua, Serkin Yamma, Kantche). Unfortunately, due to a global shortage of drugs for seasonal malaria chemoprevention, the intervention could not be implemented in the initial six UNICEF Niger-supported municipalities as originally planned.

**OUTPUT 2** Targeted health facilities and communities offer quality, high-impact care intervention packages for maternal, newborn and child health

**Analytical statement of progress:**

According to the National Health Information System, in the 35 convergence municipalities, 591,875 cases of malaria, 206,687 cases of diarrhoea and 310,030 cases of pneumonia were expected in children under 5 years in 2015. Between January and September 2015, 194,292 episodes of malaria, 123,769 episodes of diarrhoea and 131,794 episodes of pneumonia among children under 5 years were reported by health facilities. Additional funding secured from the RMNCH Trust Fund (H4+ coalition) and allocated to strengthen the scaling up of reproductive, maternal, newborn and child health interventions, improved access to essential drugs for children under 5 years. Approximately 40 per cent of the total nationwide drug needs for treatment of common diseases in children were secured and distributed by UNICEF Niger (383,534 malaria treatments, 394,605 diarrhoea treatments and 493,000 pneumonia

treatments).

The LQAS survey in 17 of the 35 convergence municipalities reported the following findings:

- An average of 55 per cent of children under 5 years affected by diarrhoea benefited from oral rehydration treatment.
- 63 per cent of children under 5 years affected by diarrhoea sought treatment from a health provider.
- 39 per cent of children under 5 years affected by malaria received treatment.

According to the National Health Information System, 60 per cent of children under 5 years sought treatment for diarrhoea in health facilities. Only four of 35 convergence municipalities achieved the target of 90 per cent of children with diarrhoea treated in health facilities, while 17 of 35 municipalities achieved the target for malaria treatment and 32 per cent for pneumonia treatment. To ensure access to free caesarean sections, 60 caesarean kits were distributed, which will cover the needs of 3,000 pregnant women in the 18 health districts of the convergence municipalities.

Overall, 346 of 566 targeted health technicians were trained on supplies management. With support of UNICEF Niger, the Niger integrated community case management into the Global Fund to Fight AIDS, Tuberculosis and Malaria concept note and successfully mobilized funds to tackle the three most important killer childhood diseases: malaria, diarrhoea and pneumonia.

A survey of existing CHWs identified 5,795 in 2,879 villages. These CHWs will be trained to expand the package of prevention and treatment services offered in their communities to include treatment for malaria, pneumonia and diarrhoea for children under 5 years in villages more than 5 kilometres from a health post.

**OUTPUT 3** Institutions at all levels and local authorities / civil society organizations have increased capacity for planning, budgeting, coordination, monitoring and implementation of quality, high-impact intervention packages for maternal, newborn and child health based on the equity approach.

**Analytical statement of progress:**

Twelve health districts implemented decentralized monitoring in 2015 (12 in 2014 and four in 2013). The total number of health facilities involved in this process increased from 48 to 73 in 2015. Health sector actors were trained in equity-based planning, monitoring and evaluation. As of the end of July 2015, 813 stakeholders were trained: 696 health workers and health management staff at regional and district levels and 117 members of health committees.

All health districts that implemented the monitoring for equity approach developed bottleneck resolution plans, which are being implemented.

Key findings of the Monitoring Results for Equity System and key activities in the 2015 action plan included: 1) the availability of health supplies, namely vaccines and drugs, varies from 95 to 100 per cent; 2) there are insufficient qualified human resources in rural and remote health facilities (high turnover, many integrated health centres with only one qualified staff, while other health centres have a highly qualified team but insufficient equipment); and 3) service continuity and quality indicators are improving, but remain low, which is partially explained by data inaccuracies and misreporting.

Identified bottlenecks include: lack of monitoring and reporting tools, such as registers,

partograms and integrated management of neonatal and childhood illnesses booklets; insufficient outreach activities; first antenatal visits being made during the last stage of pregnancy; and lack of a post-natal service.

Corrective actions related to the observed bottlenecks include: strengthening outreach activities; intensifying behaviour change communication; improving sympathetic behaviours of providers toward patients; making National Health Information Management System tools more widely available and improving archiving; involving health management committees and health committees (COSAN); and providing qualified staff.

None of the health districts has updated district health development plans or health maps.

In 2015, eight Inter-Agency Coordinating Committee meetings and three H4+ (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank) meetings were convened, reaching a cumulative total of 32 meetings since 2014 (12 H4+ meetings and 20 Inter-Agency Coordinating Committee meetings).

**OUTPUT 4** The health system has increased capacities for preparedness and response to health emergencies and other natural disasters.

**Analytical statement of progress:**

In 2015, 8,545 cases of meningitis were reported mainly in Niamey, Dosso and Tillabéry. This meningococcal meningitis C and W 135 outbreak occurred during the first semester of the year and in a context of global vaccine shortages. UNICEF Niger worked with the Ministry of Public Health, WHO, Médecins Sans Frontières, the Centers for Disease Control and Prevention and with the International Coordination Group on Vaccine Provision to ensure the availability of trivalent vaccine in sufficient quantity to cover a revised target group of children aged 2-14 years. Some 807,564 children in this age group were vaccinated against meningitis (UNICEF Niger's contribution was 50 per cent or 405,722 children). Essential drugs were procured for the treatment of cases, and MoH communication activities aimed at ensuring early care-seeking behaviour and decreasing the case fatality rate were supported.

Overall, 6,103 cases of measles were recorded in 2015, and 554,412 children were vaccinated to contain the measles outbreaks (156,661 children aged 9 months to 14 years in Diffa and 397,751 children aged 9 months to 5 years in the other regions). Preventive measles campaigns were implemented in the districts of Nguigmi, Mainé Soroa and Diffa, where 146,336 children aged 9 months to 14 years were vaccinated in districts affected by insecurity and displacement.

UNICEF Niger ensured the supply of essential drugs and health commodities for children in 36 health facilities (70 per cent of the total), while other partners covered the remaining structures. A total of 84,414 persons benefited from these inputs in 2015, including 75,226 children.

Several different partners were engaged in implementing mobile clinics in Diffa region. In order to facilitate coordination and ownership by the MoH, UNICEF Niger supported the organization of a two-day forum with all partners to: 1) share the experience and lessons learned; 2) define the package of services; and 3) define the reporting mechanisms.

UNICEF Niger-supported mobile clinics reached 8,945 children who were treated for diarrhoea, malaria or pneumonia.

Cholera prevention activities and nutrition-related activities are elaborated in other sections of this document.

**OUTCOME 2** Pregnant women, adolescents and children have access to and make greater use of quality preventive and curative care services for an AIDS-free generation.

**Analytical statement of progress:**

As of the end of 2015, 875 health facilities were offering prevention of mother-to-child transmission of HIV (PMTCT) services (775 in 2014). The impact of this increase is low as only 48 per cent of the population lives at a distance of less than 5 kilometres from a health facility. In addition, while the coverage of the first antenatal visit is high, with 91 per cent of women utilizing the service, only 59 per cent of pregnant women accessed HIV testing during the antenatal care consultation during the first semester of 2015, due to the frequent shortages of HIV tests in health facilities. In 2014, acceptance of the test was more than 80 per cent (data unavailable for 2015).

As of June 2015, 477 pregnant women had tested positive for HIV, and 264 were treated with antiretroviral (ARV) medications (55 per cent). However, this corresponds to only 13 per cent of the total number of pregnant women who were expected to be seropositive in the first semester of 2015 (264 out of 1,999) due to lack of access to testing, frequent shortages of ARVs and the turnover of the staff in charge of prescribing the drugs.

Overall, 8 per cent of children born to HIV-positive mothers who either delivered in a facility or delivered at home and came for a postpartum visit received ARV prophylaxis and cotrimoxazole in PMTCT facilities. Regarding paediatric ARV treatment, only 475 of the 5,900 children expected to require treatment (8 per cent) actually do get ARVs. There has been no delegation of tasks for prescribing ARVs in general to children and adults, and only 44 hospitals and health centres have staff with the training required. The MoH plans to start working on task delegation during 2016 to allow easier access. Only 5 per cent of children born to HIV-positive mothers accessed early diagnostic testing due to difficulties related to maintenance and consumables of the Polymerase Chain Reaction Method testing equipment.

**OUTPUT 1** Health facilities, particularly in the most affected areas, offer adequate services to adolescents and PMTCT services to women, as well as paediatric care and community-based monitoring for children born to HIV-positive mothers.

**Analytical statement of progress:**

Progress was steady in 2015. A total of 264 PMTCT sites were revitalized in the eight regions. Monitoring of children born seropositive and their mothers at the community level in 25 integrated health centres in Tahoua region and 25 in Maradi region was carried out; test samples were collected in Diffa region for early diagnosis; and PMTCT activities in Zinder, Tillabéry, Tahoua, Agadez, Niamey and Diffa were monitored. This made it possible for 105 children to benefit from early diagnosis.

Monitoring seropositive pregnant women and children born from seropositive mothers commenced successfully in Maradi and Tahoua regions, where six dropout children born from seropositive mothers were detected.

In partnership with the MoH and with RMNCH Trust Fund, UNICEF Niger launched 100 new PMTCT sites.

**OUTPUT 2** Institutions and actors at the central, regional, and departmental levels and local authorities have increased capacities for planning, budgeting, coordinating and monitoring the implementation of quality high-impact intervention packages related to HIV/AIDS, using an equity-based approach, including in emergencies.

**Analytical statement of progress:**

While there is a high level of concern within the Ministry of Health and a willingness to revitalize PMTCT services, the staff turnover remains an important bottleneck and negatively affects activities in the field. In extreme cases, PMTCT services get interrupted due to the lack of trained personnel. Only 44 health facilities (health districts, regional hospitals and maternity clinics), mostly located in urban areas, were staffed with medical doctors trained to prescribe ARVs; pregnant women who require ARV treatment or B+ prophylactic treatment and children referred for treatment can only obtain what they need in these locations. However, these patients cannot always get to the health facilities due to transportation and financial constraints.

The MoH has demonstrated a strong commitment to revitalizing the PMTCT policy, though this has not yet translated into leadership in this area. The geographic mobility of health workers remains problematic and negatively impacts the implementation of field activities, often even causing a shutdown of the PMTCT services offered at pre-natal consultations.

**OUTCOME 3** By 2018, children, in particular the most vulnerable, have access to improved water sources and adequate sanitation facilities in schools, health centres and communities to prevent diseases, including in emergency situations.

**Analytical statement of progress:**

At the national level, indicator trends reveal major accomplishments by the Government and its partners regarding water supply. However, the MDG target will not be reached in the Niger. According to national objectives, access to potable water should have increased from 48 per cent in 2010 to 58 per cent in 2015. The current official access rate is 50 per cent, but national indicators were calculated on the basis of the 2001 population census and are therefore not aligned with the 2012 census. The 2012 census estimates a population growth rate of 3.9 per cent per year, which has raised a lot of concerns. Using the 2012 population data, access to safe water is estimated to have decreased to 43.8 per cent (this figure remains unofficial). Disparities between regions and municipalities due to hydro-geological characteristics continue to present challenges due to the high cost of constructing infrastructure in certain areas.

Concerning sanitation, the Niger's progress in tackling open defecation has been slow. The open defecation rate is estimated at 73 per cent (Joint Monitoring Programme, 2015), which is among the highest in the world. Although the National Sanitation and Hygiene Strategy was approved by the Government in July 2014, implementation in the field remains weak. To overcome this issue and support scaling up of Community-Led Total Sanitation (CLTS), UNICEF Niger has signed agreements with national and international NGOs in order to accelerate implementation and improve access indicators. UNICEF Niger continues to support the Government and other partners by building their capacity on CLTS and advocating strongly for a rural sanitation agenda at the highest levels. Improved stakeholder engagement in sanitation is required, in line with commitments to water supply.

In 2014, an evaluation of the national sectoral programme was conducted, and key recommendations were formulated to improve the sector's performance. Following up on these recommendations and ensuring their integration within the new sectoral programme (2016–2030) were the main priorities of the Government and stakeholders in 2015. One of the

strongest recommendations arising from the evaluation was the need to establish an effective monitoring and evaluation system that allows real-time follow up and supports strategic decision-making. This is particularly important for the sanitation component, since there is currently no data collection at the central level or any defined national indicators to report against. To overcome this challenge, UNICEF Niger maintains its own monitoring system to track progress of its own programme while at the same time supporting national systems development by improving the capacity of partners through trainings and technical support.

With the situation deteriorating in the Diffa region (south-east), some 213,000 people are estimated to have been affected (93,343 refugees, 72,549 returnees and 47,000 internally displaced persons as of the end of November 2015). In addition, natural disasters, cholera outbreaks, nutritional crises and population movement (refugees and internally displaced persons) continue to shock the Niger. UNICEF Niger has made significant efforts to support the water and sanitation response, providing WASH services to 196,485 people in 2015. UNICEF Niger, as WASH cluster lead agency, continues to support the Government and its partners to secure effective sectoral humanitarian coordination.

**OUTPUT 1** By 2018, access to safe drinking water and sanitation infrastructure will be improved in schools, health centres and the most vulnerable communities

**Analytical statement of progress:**

UNICEF Niger, in coordination with national partners, has launched a national tendering process covering all regions, and efforts to either construct or rehabilitate 201 water points are ongoing. Once completed, an additional 66,246 people will have gained access to safe water.

Regarding water and sanitation facilities at schools and health centres, progress was slow in 2015. Due to a lack of financial resources for school water and sanitation services, a decision was made during the mid-year review to reduce targets for WASH in schools and health centres and to concentrate instead on the construction and rehabilitation of water points in communities, connecting schools when possible. The 2015 targets for water and sanitation in schools and health centres were reduced from 66 to 25 and from 63 to 37, respectively. Eight schools and 51 health centres were covered during 2015.

It is important to note that access to water and sanitation facilities at schools remains very low in the Niger, and huge efforts are needed from the Government, donors and stakeholders. The definition of the roles and responsibilities across line ministers are the subject of intensive advocacy by UNICEF Nigeria. This includes water and sanitation, education and health, the integration of WASH in schools within national policies and strategies, resource mobilization, coordination of actions and data collection and monitoring.

**OUTPUT 2** By 2018, children and households adopt behaviours leading to improved hygiene and sanitation conditions, as well as the consumption of safe drinking water in households, schools and health centres, especially in the convergence municipalities.

**Analytical statement of progress:**

In 2015, 352 new villages were reached, covering 221,604 people, and 191 villages were certified open defecation free, covering 125,809 people. Moreover, with the extension of partnerships to additional NGOs in the implementation of CLTS, 166,809 people gained access to latrines in 2015. The AfricaSan Conference held in Dakar on 25-27 May 2015 provided an excellent opportunity for participating countries, including the Niger, to discuss innovative financing systems for WASH, particularly in terms of South-South cooperation.

Hygiene promotion activities, particularly handwashing at the community level, reached 221,604 people through the implementation of CLTS in 2015. Handwashing activities and household water treatment activities were promoted at the community level in areas with high malnutrition rates through NGO partners implementing the WASH in Nut strategy.

Hygiene promotion activities at schools and health centres progressed well. Using the Three Star Approach, 375 schools were reached out of a planned 279 identified by the Regional Education Technical Services. Training on the approach for education partners at the decentralized level was conducted in two new regions. Regarding health centres, hygiene promotion activities were launched in 201 health centres through WASH in Nut NGO partners, and 51 of them benefited from the construction/rehabilitation of facilities.

Despite the progress, sanitation remains the weakest subsector in the Niger, with the country having one of the highest open defecation rates in the world (73 per cent according to 2015 Joint Monitoring Programme figures). Scaling up of CLTS is UNICEF Niger's programmatic priority and is on the Government's agenda. However, field-level implementation remains weak, and huge efforts are needed from the Government, donors and other sector partners. Results registered to date are highly encouraging and worthy of intensified support, for example, through the engagement of new NGOs at the operational level. In order to sustain CLTS scale up, UNICEF Niger is negotiating new project agreements with additional partners that will become operational during the next semester.

**OUTPUT 3** By 2018, WASH sector stakeholders have a legal framework, coordination mechanisms, an efficient monitoring system and strengthened capacities to enable development of the sector.

**Analytical statement of progress:**

Following up on the recommendations of the 2014 evaluation of the national sectoral programme and integrating them into the new programme (2016–2030) have been the two main priorities of the Government and stakeholders in 2015.

The Niger actively participated in the AfricaSan Conference in Dakar, Senegal that took place in May 2015. During this meeting, the Ministry of Water committed to ending open defecation by 2030. In the national joint sectoral review, this commitment was communicated and confirmed.

In addition to the national joint sectoral review in June 2015, periodic sector meetings have taken place, including bi-monthly coordination meetings and extraordinary working group meetings. Two working groups have worked actively to ensure the follow up of the 2014 evaluation recommendations and development of the new sectoral programme. UNICEF Niger is an active partner in these three coordination platforms and is supporting the sector-wide approach in the Niger.

Through the National Plan for Results Initiative, UNICEF Niger supported the Ministry of Water with the objective of improving national planning processes, coordination and sector dialogue. As part of this, consultant support was provided to the United Nations Secretary-General to facilitate sector reform and the preparation of the new sectoral programme.

The process of the development and implementation of a monitoring and evaluation system is ongoing. Discussions between the Ministry and UNICEF Niger to define the joint activities needed to further enhance sector monitoring and evaluation capacity are ongoing.

**OUTPUT 4** By 2018, vulnerable people at risk and affected by crises, disasters and conflicts have improved access to potable water, hygiene and sanitation

**Analytical statement of progress:**

The impact of the four defined crises in the Niger (nutritional crisis, cholera outbreaks, population movements and natural disasters) requires a comprehensive and coordinated response. In 2015, UNICEF Niger assisted 196,485 people who were in need of water and sanitation interventions. The Government and partners estimated that 609,752 people would be in need of water and sanitation interventions during the year. Additional funding was required to reach the total population in need.

A total of 91,833 people affected by the nutritional crisis were assisted, of whom 13,119 were severely malnourished children and their families. In addition, 201 nutritional centres were reinforced in the most-affected areas and are delivering the WASH minimum package. In regards to the cholera epidemics, 186,193 people were reached through prevention activities, particularly in Diffa region, where the risk of cholera is very high due to the cholera outbreak in northern Nigeria and extensive population movements.

With the support of UNICEF Niger and partners, 196,485 people that were victims of conflict were assisted in Diffa region. However, the population in need of water and sanitation facilities remains high, and the response needs to be further scaled up. Although the security situation is deteriorating, UNICEF Niger opened a field office to lead UNICEF's response to the crisis.

As cluster lead agency, UNICEF Niger continues to support the Government by facilitating humanitarian WASH coordination and fulfilling its role as the 'provider of last resort'. The WASH cluster comprises 83 partners, including government institutions, national and international NGOs, donors and United Nations agencies.

**OUTCOME 4** By 2018, school-age children, particularly girls, children who live in rural areas and vulnerable children, have access to and make greater use of quality basic education services

**Analytical statement of progress:**

According to the national statistics for 2014–2015, the gross primary school enrolment rate rose from 71.3 per cent in 2014 to 73.7 per cent in 2015. The 2.4 per cent increase is a result of the joint effort endorsed by the Government, partners and local communities. The Government has invested a relatively large share of its budget (17 per cent) in the education sector, despite the current national and regional security context. The sector also benefited from basket funding through the Global Partnership for Education and the French Development Agency.

Despite the overall constraints, UNICEF Niger contributed to this outcome through several interventions. In 2015, the education programme continued to support accelerated girls' enrolment in schools through community involvement via actions focusing on disparities in access and retention in primary and lower secondary schools. Accordingly, a media action plan was drafted to guide advocacy at local, regional and national levels. The student scholarship programme, especially for girls, has contributed to increase retention in targeted areas. A final evaluation is required to inform future scale up.

In a context where almost one third of children are out of school, UNICEF Niger supported the Government to develop suitable educational models as complementary alternatives to 'bridge classes', which are not the only option for out-of-school children.

The development of community kindergartens facilitated awareness and stimulation of children, the adoption of good hygiene practices, equity in access and a 100 per cent transition rate to primary school. A recent study on skills assessment for elementary school children confirmed the effectiveness of this approach.

Piloting the Fundamental Quality and Equity Levels approach, inspired by the Child-Friendly Schools initiative, is a policy and advocacy tool to address the quality of education. The approach seeks to improve the learning achievement of students by targeting access and accessibility, pedagogical aspects, school environment, learning conditions and school governance. Lessons learned will inform possible scale-up plans and will contribute to strengthened implementation of the sectoral programme.

The in-service teacher training initiative developed with the support of UNICEF Niger and other technical and financial partners, facilitated the training of 700 primary school inspectors and educational advisers and almost 5,000 contract teachers, thereby contributing to strengthening the implementation capacity of the sectoral programme. The Government will use it as a model for the future training courses.

The continuity of education for refugee children from Mali and Nigeria and many other displaced children was assured through the implementation of education in emergencies. UNICEF Niger has worked to align its humanitarian assistance to the Inter-Agency Network for Education in Emergencies Minimum Standards. This assistance consisted of the provision of education services in the regions of Diffa (south-east) and Tillabéry (west), both of which have been affected by armed conflict. Cooperation with NGOs was of vital importance and complemented government-led coordination efforts.

UNICEF Niger also supported the production of national and regional statistical yearbooks and the publication of quantitative benchmarks, which enabled personnel departments of the ministries in charge of education to strengthen their knowledge and technical abilities in processing and analysing data. These documents proved to be valuable tools for programme guidance and management capacity building at central, regional and local levels.

**OUTPUT 1** Education services communities and schools have strengthened capacities for reducing disparities in access and retention of children in school, particularly girls

**Analytical statement of progress:**

In order to improve institutional capacity, the education programme has worked to improve the technical and logistical capabilities of the different directorates promoting girls education. A strategy is available for accelerating the enrolment of girls to reduce gender disparities in access and retention for the basic primary and lower secondary cycles. The strategy of accelerating girls' enrolment to reduce gender disparities in access and retention for basic primary and lower secondary cycles was developed and circulated in 2015. The strategy helped to establish 22 communal alliances with 1,087 schools where community assessments will lead to realistic contextualized action plans for reducing disparities at the local level. The objective is also to create and strengthen the capacity of communities to help reduce disparities in access and retention, especially for girls at the local level, primarily through the actions of a media group that includes journalists who advocate for and create awareness in favour of girls' education.

The awarding of scholarships to girls, especially in lower secondary, is a successful initiative, the effectiveness of which is demonstrated in terms of increased retention. A total of 365 girls

received scholarships in 2014–2015 in the regions of Maradi and Zinder, of whom 251 (69 per cent) passed to higher grades. However, 50 girls (14 per cent) did not make it to higher grades, but remained in the school system, whereas 64 (17 per cent) did not meet the passing requirements and have been excluded from the system.

Six per cent or 160 of the 2,590 primary schools in the 35 convergence municipalities have incorporated community kindergartens. The results of the recently completed skills assessment highlight the high return on investment in this sub-sector in terms of access to primary education, retention and also successful completion of the primary cycle. Lessons learned will help in the implementation and investment of the sectoral programme in early childhood education. The main constraints for scaling up this model are the lack of knowledge and/or non-compliance with legislative decree 0067 / MEN / SG / DGEB of 19 May 2010 on establishing kindergartens in each elementary school. The inability of communities to afford the relatively high wage costs (US\$10 per month) of the kindergarten animator also keeps community kindergartens closed.

**OUTPUT 2** Educational facilities and non-formal educational centres in target zones have a strengthened capacity to implement alternative educational models and to support nomadic children and children living with disabilities

**Analytical statement of progress:**

UNICEF Niger supported various educational strategies, and progress was achieved for the most vulnerable children, including girls, nomadic children, children living with disabilities and out-of-school children. The scholarship initiative for 359 children (both boys and girls) from marginalized communities contributed to keeping girls in school, especially in areas where girls would have dropped out and married early. This is a significant contribution to the broader cross-sectoral work on ending child marriage. Another initiative being pursued is the model of education in nomadic areas that proposed and validated two types of schools: camp schools for younger children and grouped schools for older children, where teaching is bilingual and integrates Quranic education. This model addresses equity, access and quality issues.

UNICEF Niger also supported the Government to promote inclusive education through its support for 451 children living with disabilities, of whom 189 were girls, in Maradi and Tahoua regions. This initiative consists of identifying children living with disabilities, raising awareness for school inclusion and giving basic medical assistance to children in need.

Using the ‘bridge class’ model, 1,243 out-of-school children, of whom 50 per cent are girls, were reintegrated into the formal school system. The model is an effective tool for expanding basic education services to a large number of out-of-school children or school leavers. Even though this model has been institutionalized, further development and sustainability will depend on the Government’s commitment to supporting the animators and/or facilitators.