Poverty analyses of Niger generated in 2016 by the National Institute of Statistics, with UNICEF support, indicated that 56 per cent of children in the country’s rural areas were living below the national poverty line in 2014. Two thirds of the children were simultaneously deprived in three or four dimensions of well-being, and 58 per cent of young children were simultaneously deprived in health, sanitation and nutrition.

Niger has one of the highest rates of child marriage worldwide (76 per cent of girls are married before age 18), a clear infringement on the rights of girl children, with widespread consequences for future generations. Until recently, the issue was not acknowledged in public discourse. Early in the President’s second term, a multi-actor, multi-sector Child Marriage National Coordination Committee was established and the new Minister (appointed July 2016) agreed to develop a national plan of action to end child marriage. On 11 October, at the 2016 International Day of the Girl Child celebrations, the First lady of the Niger delivered a speech signalling that the Government acknowledges the cross-generational and long-lasting detrimental effects of child marriage on education, health and nutrition.

Some 400,764 children were expected to require treatment for severe acute malnutrition (SAM) in Niger in 2016, including some 60,000 with severe medical complications requiring hospitalization. As of the 49th week of 2016, 333,570 children had already been treated for SAM (data not entirely complete). The lack of health system capacity to ensure early identification and referral of severe acutely malnourished children to outpatient treatment services is a major bottleneck in the prevention of SAM medical complications, resulting in higher case fatality rates.

In 2016, UNICEF Niger successfully advocated with the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) to fund the expansion of the national seasonal malaria chemoprevention (SMC) campaign and the incorporation of mid-upper arm circumference screening for malnutrition. Led by the Ministry of Public Health, in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and implementing partners, the 2016 malaria chemoprevention campaign reached 2.23 million children aged 3–59 months in 27 out of 38 districts. Concurrent mid-upper arm circumference screening contributed to an observed 11 per cent reduction in the number of children admitted with medically complicated SAM in 2016 (6,000 fewer children admitted than at the end of November 2015).

The World Health Organization (WHO) validated maternal and newborn tetanus elimination, marking a major achievement by the Ministry of Public Health with support from UNICEF.

UNICEF Niger facilitated a visit by the physician who developed the community-led total sanitation (CLTS) approach. The visit reinforced the political will and strengthened the facilitation skills of implementing partners at the community level. Implementation of CLTS and hygiene promotion, particularly handwashing, reached 729,116 people in 2016 against a target of 400,000 for the year.
The development of the National Five-Year Plan for Economic and Social Development (2017–2021) and the country’s Vision 2035 document faced delays. Inclusive planning processes that include all stakeholders will be critical in ensuring that the Niger makes swift progress in adopting the bold changes envisioned and aligning its national development agenda with the Sustainable Development Goals (SDGs). The importance of successful planning cannot be understated as the Niger, with its exponential population growth, is confronted by what has been termed ‘a perfect sandstorm’.

Structural revenue shortfalls compounded by higher security and humanitarian expenditures constrained investment in social sectors throughout 2016. Delays in payments of stipends to contract teachers, who represent 80 per cent of the education workforce, led to widespread absenteeism. Cash shortfalls also slowed implementation of the social protection floor and the child protection programme. Civil registration agents also went unpaid, but highly motivated personnel enabled services to continue, and 63 per cent of births nationwide were registered within the requisite timeframe.

Despite the enactment in 2016 of two decrees transferring competencies and resources in the education, health, water and environment sectors from the central Government to regional councils and municipalities, the transfer of financial resources did not occur.

In 2016, UNICEF Niger supported the translation of the comprehensive Multisectoral Nutrition Security Policy into a budgeted action plan and investment case. The High Commission for the ‘Nigeriens Nourish Nigeriens’ initiative led the process, in partnership with the Scaling-Up Nutrition network, the Food and Agriculture Organization (FAO), the World Food Programme (WFP) and WHO. FAO Niger and its Investment Centre in Rome, Italy, were crucial partners in recruiting the expert technical assistance to support the validation and costing of selected priority actions.

The plan of action, the investment case for nutrition and the common results framework will be launched with high-level political engagement early in 2017.

**Humanitarian Assistance**

The Niger continued to face a multifaceted humanitarian crisis in 2016 that included: conflict and displacement; food insecurity and malnutrition; floods; and epidemic outbreaks.

The situation in the Niger has been designated a Level 2 emergency due to the crisis in the Lake Chad basin affecting the Diffa Region. At the end of November 2016, the Diffa Region hosted 241,065 displaced people, including 121,320 internally displaced persons, 105,386 refugees and 14,359 returnees from Nigeria distributed across 97 sites, as well as the host population numbering 28,667 (Source: DREC). The pressure of new arrivals, including herders with cattle, and the mass movement of 70,000 people following an armed attack on the town of Bosso in June, created tensions with the host population, especially regarding water access.

UNICEF Niger was instrumental in coordinating an effective water, sanitation and hygiene (WASH) response, particularly after the June crisis, guaranteeing access to safe water for 45,000 displaced persons and host communities, as well as advocating for water for cattle. As of 30 November, UNICEF had provided access to safe water to 425,094 people (target 305,931), including 80,846 (target 20,000) via boreholes and water trucking and the remainder via water purification tablets.

In the child protection sector, UNICEF Niger and partners provided psychosocial support and recreational services to 57,781 children through 62 child-friendly spaces and 27 youth peer
educator committees in more than 30 sites. Some 275 unaccompanied and separated children received follow-up care, and 12 were reunified with their families.

During the 2015/16 school year, UNICEF Niger’s education-in-emergencies response benefited 9,837 children (4,623 girls) affected by the Boko Haram attacks in Diffa and 1,578 pastoral children (741 girls) affected by a livestock fodder deficit in Agadez and Maradi regions. For the current 2016/17 school year, UNICEF Niger provided continued access to quality education for 27,354 children as of the end of November, through the construction of 184 temporary learning spaces, teacher training, distribution of learning materials and support to education cluster coordination.

In health, UNICEF continued to play a major role in providing essential drugs for children under 5 to 37 of the 51 health centres in the Diffa Region, assisting 80,748 children (out of the targeted 70,000).

In 2016, UNICEF and partners implemented a rapid response mechanism that allowed for the pre-positioning of resources and expertise to guarantee a humanitarian alert system. Through the mechanism, 33 multisectoral assessments were conducted and non-food item (NFI) assistance was provided to 5,999 households, with 2,050 more assisted through combined kits from several donors, including 500 from UNICEF.

The ongoing nutrition crisis continued to severely affect the Niger in 2016. With 67 per cent of the funding requested received, as of week 49, UNICEF guaranteed the provision of life-saving treatment to 333,570 children suffering from severe acute malnutrition nationwide, reaching 82.5 per cent of the 400,794 expected cases, including 40,955 children with medical complications. More than 3,000 households with malnourished children received a WASH minimum package.

In 2016, the Niger experienced several epidemic outbreaks. A total of 1,969 cases of meningitis C, including 146 deaths, were registered, and despite vaccine shortages, a response was organized with UNICEF support and 206,755 persons (aged 2 to 29 years) were vaccinated.

Some 1,342 measles cases were reported nationwide (11 deaths), and UNICEF Niger contributed to the vaccine supply and operational costs of the response. An outbreak of Rift Valley fever was registered in week 31, with 397 haemorrhagic cases (331 suspected and 66 confirmed/probable cases) in humans and 34 deaths. UNICEF purchased and delivered 800 vials of vitamin K1 to treatment centres and contributed to an awareness campaign.

After more than 12 months with no cases, cholera cases were again reported in October in Dosso and Gaya health districts. As of 52 weeks, 38 cases and six deaths were reported. UNICEF had already put in place a rapid WASH response (disinfection of affected households and neighbourhoods, health centres and observation rooms; distribution of water treatment products and soap for handwashing to 1,356 households; sensitization and promotion of good hygiene practices; provision of WASH kits to health centres; and disinfection of more than 50 wells) and health preparedness activities, which allowed for an immediate and effective response that halted the outbreak.

UNICEF Niger supported the Government to provide non-food item kits and WASH assistance to the victims of floods in several regions. More than 4,691 households received kits, and 7,500 people benefited from access to safe water thanks to the rehabilitation of affected wells.

As of 20 December 2016, UNICEF had received 61 per cent (US$24.1 million) of the US$39.5 million total appeal and had US$5 million carried over from 2015.
Emerging Areas of Importance

The second decade of life was identified during the December 2015 in-depth annual review as requiring a multisectoral approach and enhanced coordination. It features prominently in the theory of change of the various programme components, which have been extensively discussed with the Government counterparts.

In the Niger, 57 per cent of the population is under 18 years of age. More than half of adolescents who should be in school are not. The influence of customary rules and ancestral practices on social norms remains strong, particularly in relation to child/adolescent marriage. Almost one quarter of girls are married before age 15, and 76 per cent are married before age 18.

Other issues facing adolescents in the Niger include: unavailability of adequate health and protection services addressing their specific needs, limited employment opportunities, high drop-out rates among girls transitioning from primary to secondary school, low education quality, low access to information, lack of recreational spaces and limited opportunities for adolescents to express their voices. Frustrations arising from the latter partially explain the phenomenon of violence in the urban centres of Zinder, Tahoua and Niamey and the vulnerability of adolescents to recruitment by armed groups, including Boko Haram.

The specific needs of adolescents, especially those who are not in school, have been at the heart of strategic reflections by the Government of the Niger, UNICEF and partners. During the last two years, UNICEF Niger has widened its partnership with donors and development partners to address the challenges faced by adolescents. In 2016, UNICEF supported peacebuilding, widening of the opportunities for vocational training, increased access to relevant information, increased participation (including through a radio fiction series) aimed at empowering adolescent girls by providing them and their communities with information and opportunities for dialogue on issues affecting them, while pursuing work on the critical issue of child marriage and girls’ education both at the community and policy levels. Opportunities to access employment through vocational training were provided under government leadership.

Also in 2016, UNICEF Niger supported the finalization of youth and adolescent regional operational plans that focused on gender and vulnerability across all eight regions and contributed to the adolescent and youth health strategic planning process for 2017–2021 led by the reproductive health department of the Ministry of Public Health.

Two types of migration involving children have recently emerged in the Niger. The Kantché District, in the Zinder Region in southern Niger is recognized as having the fastest population growth rate in the country. This has left numerous families without any arable land. Due to insecurity in northern Nigeria and unfavourable economic conditions, men who used to migrate from Kantché to Nigeria to work during the dry season no longer do so. As a recently adopted alternative, women have been taking children to Algeria to beg.

Between December 2014 and August 2016, under an agreement between the governments of the Niger and Algeria, 5,362 Nigerien children were repatriated from Algeria (2,124 in 2016), along with 11,233 adults. Seventy-five per cent of the children were from Kantché District. A majority of children were under 5 (55 per cent, of whom 52 per cent were girls) and children aged 6–12 (32 per cent, of whom 60 per cent were girls).

UNICEF Niger responded by supporting the Government to provide water and basic health services to repatriated children and women during their 24-hour stay in an International Organization for Migration (IOM) transit centre in Agadez. Standard operating procedures
were signed by UNICEF Niger, IOM, Save the Children and Agadez and Zinder regional child protection directorates. Under this agreement, UNICEF Niger supported the Agadez Regional Child Protection Directorate to provide temporary care for unaccompanied children during the family tracing process. A comprehensive strategy to address root causes and prevent child migration from Kantché District is under development with the support of UNICEF.

From January to October 2016, 92 adolescents from West African countries requested repatriation assistance from IOM, compared with 22 in 2015. Most were 16- or 17-year-old boys intending to travel solo to Europe via Agadez and Libya, but who had given up due to lack of funds or because they suffered severe abuse in Libya. Most originated from Guinea (Conakry), followed by the Gambia and Senegal, plus six other countries.

At IOM’s request, UNICEF established a transit centre in Niamey where unaccompanied children and adolescents could stay while IOM conducted family tracing and organized repatriation. UNICEF Niger is collaborating with UNICEF offices in countries of origin/repatriation to ensure the reintegration of children and adolescents repatriated by IOM.

Summary Notes and Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>ANC</td>
<td>antenatal care</td>
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<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>CMT</td>
<td>Country management Team</td>
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<td>ECHO</td>
<td>Directorate-General for European Civil Protection and Humanitarian Aid Operations</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>GAM</td>
<td>global acute malnutrition</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>iCCM</td>
<td>integrated community case management</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>IYCF</td>
<td>infant and young child feeding</td>
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<td>LQAS</td>
<td>Lot Quality Assurance Sampling</td>
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<td>NFI</td>
<td>non-food item</td>
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<td>NGO</td>
<td>non-governmental organization</td>
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<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<td>SAM</td>
<td>severe acute malnutrition</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions</td>
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<td>SMC</td>
<td>seasonal malaria chemoprevention</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFCCC</td>
<td>United Nations Framework Convention on Climate Change</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Capacity Development

UNICEF Niger is supporting a package of nutrition-specific activities in 17 municipalities in eight health districts, which includes health promotion, nutrition counselling and preventive and curative activities. Every 10 months, lot quality assurance sampling (LQAS) is used to measure progress and identify corrective actions. The 2015 LQAS conducted in 71 health
facility catchment areas in 17 municipalities revealed sub-optimal progress against key indicators, including access to a minimum acceptable diet.

Bottleneck analysis identified the inadequate knowledge/skills of health workers as a key constraint. Focused retraining of poorly-performing health workers, training of new health workers and supportive supervision were begun in 2016. As a result, in the worst-performing municipality, correct recall of complementary feeding principles by health workers improved from 11 to 92 per cent and access to a minimum acceptable diet improved from 0 per cent in 2015 to 28 per cent in 2016 (2016 LQAS).

Capacities of community actors involved in the implementation of the National Strategy for Girls’ Education were reinforced in 23 out of 35 convergence municipalities through training and follow-up. In 887 primary and lower secondary schools (out of a total of 2,853 schools in 23 municipalities), where the proportion of enrolled girls was below 50 per cent, 6,200 school management committee members were trained to carry out school situation analyses and develop action plans to accelerate girls’ access and improve learning. As an example, enrolment increased by 8 per cent in one year in Falwell and Sokorbé municipalities in Dosso Region. The number of girls in primary education in Falwell increased from 4,074 in 2014/15 to 4,418 in 2015/16. Secondary level enrolment rose from 1,133 in 2014/15 to 1,228 in 2015/16. In Sokorbé, the number of girls in primary school was 4,113 in 2015/16 versus 3,792 in 2014/15.

Evidence Generation, Policy Dialogue and Advocacy

Despite the construction of new health centres, the situation analysis of the new health sector development plan estimates that only 48 per cent of Nigeriens have access to health facilities. The absence of a comprehensive health services mapping system and exponential population growth are major contributing factors. UNICEF strengthened its advocacy for the finalization of the ongoing comprehensive health mapping exercise. Based on evidence generated from multiple evaluations carried out in several countries over several years on the power of integrated community case management (iCCM) approaches to tackling child mortality, UNICEF advocated strongly for the expansion of this approach in the Niger.

The Government of the Niger and its partners, with the full participation of communities, developed a policy document that formalizes government commitments to its community health strategy and that will guide its sustainable implementation. An evidence-based community health investment plan was also developed in 2016 and will be utilized by the Ministry, UNICEF and other partners to demonstrate to donors what can be achieved when funding is directed towards a specific set of interventions.

UNICEF Niger’s policy advocacy work is supported by documented international best practices. UNICEF Niger successfully used international norms in its advocacy with the Government that the 80 children detained since February 2015 for alleged association with armed groups be regarded primarily as victims and be transferred to social services for specialized care and reintegration, rather than be subjected to a judicial process. In November 2016, authorities agreed to transfer the children to transit and orientation centres run by government child protection services with UNICEF Niger’s financial and technical support. Advocacy efforts also resulted in the inclusion of a provision to apply the Juvenile Justice Law to children allegedly involved in terrorism into the revised Criminal Procedure Code and the appointment of a juvenile judge to the Anti-Terrorism Court.

External Communication and Public Advocacy

The year 2016 was the first full year of implementation of the Communication Strategy to End Child Marriage, conducted with the support of the Global Programme to Accelerate

The situation of children in emergencies continued to dominate media headlines. UNICEF Niger collaborated with the UNICEF Division of Communication, UNICEF Division of Private Fundraising and Partnerships, UNICEF’s West and Central Africa Regional Office and National Committees on several initiatives, including the multimedia production, *Children on the Move*, which attracted more than 1,000 views on UNICEF Niger’s Facebook page and 232,000 views on UNICEF’s global Facebook page. The video was also shared on the WeShare site.

The proactive production of innovative content and participation in regional advocacy efforts to support the emergency response in the Diffa Region highlighted the humanitarian needs and responses and raised awareness globally. UNICEF Niger hosted 15 media visits in 2016, including the New York Times, the British Broadcasting Corporation and the Canadian Broadcasting Corporation. This was more than double the number of visits in 2015.

A digital communication strategy, incorporating new technology, innovation and strong visuals to fuel social engagement and drive investment was rolled out. Blog-generated stories and resources attracted more than 3,339 people in 2016, while Facebook and Twitter drew more than 330 new fans and followers monthly. The fan base exceeded 12,300 by November, positioning UNICEF as the leading United Nations agency for social media in the Niger in terms of quantity, quality and depth of user engagement. To build on successes and improve quality content, 70 United Nations staff members and local media representatives were trained on using social media tools.

**Identification and Promotion of Innovation**

UNICEF Niger actively fosters a collegial environment in which all staff are encouraged to openly exchange ideas and experiences and identify programmatic and operational innovations. Technical staff are encouraged to keep themselves fully up to date with the latest developments in their fields, with a view to identifying opportunities to apply new technologies and approaches to the Niger context. Developing partnerships with the private sector and academia offers further scope for innovation and UNICEF Niger has recently forged useful partnerships with telecommunications providers.

In 2016, the number of children expected to be treated for severe acute malnutrition in the Niger reached 400,794. UNICEF is currently the sole provider of ready-to-use therapeutic foods in the country. In comparison with the immunization programme, which has a long-standing supply system run by the Ministry of Public Health and a predictable number of children to vaccinate every year, the ready-to-use therapeutic food supply system is weaker, is only partially overseen by district health services, has a more variable caseload, and involves more bulky consumables, which while they do not require a cold chain, are more vulnerable to misus than vaccines.

In 2016, the supply and logistics, programme monitoring and evaluation, and information and communication technology sections within UNICEF Niger jointly developed a supply tracking software solution (TrackIt) to improve the distribution and logistics of life-saving commodities, initially targeting ready-to-use therapeutic foods. The system allows for real-time tracking of supply delivery to implementing partners in the field. Receipt of supplies is acknowledged and reported by text message and email. TrackIt will not be used in isolation. UNICEF will pursue the analysis of SAM treatment data, correlate these with use of ready-
to-use therapeutic foods and essential drugs, compare them to Sphere indicators and further develop the capacity for adequate case management and supply chain management for consumables and essential drugs, especially at the district level.

**Support to Integration and Cross-Sectoral Linkages**

In 2016, UNICEF Niger, in partnership with FAO, WFP and WHO and under the overall leadership of the High Commission for the ‘Nigeriens Nourish Nigeriens’ initiative in the Office of the President, continued to play a lead technical role in translating the 2015 multisectoral Nutrition Security Policy into a costed plan of action and investment case for nutrition. The multisectoral nutrition policy covers eight components: two in the health sector (nutrition-specific interventions covering undernutrition and obesity); one on food security (covering agriculture and animal husbandry); and one each in WASH, education, social protection and communication. The eighth component addresses coordination and governance. The plan of action covers the same eight components.

The Geneva-based Scaling-Up Nutrition network, FAO Niger and the FAO Investment Centre in Rome, Italy, were vital partners in identifying and recruiting the required expert technical assistance to support the validation and costing of the selected actions, especially in the agriculture sector. Joint review of terms of reference and joint interviewing of candidates was crucial to identifying high-quality technical expertise that was not available in-country.

Furthermore, joint UNICEF-FAO technical support led to the elaboration of a common results and accountability framework that demonstrates the interconnectedness of results and the accountabilities of the various sectors for nutrition security. The costed plan of action, the investment case for nutrition and the common results framework will be launched with high-level political engagement during the first quarter of 2017, and these are together expected to significantly influence the coordination of the various sectors and ensure prioritization and effective resource mobilization towards achieving nutrition security for the people of the Niger.

**Service Delivery**

UNICEF Niger monitors service delivery performance through direct analysis of implementing partners’ reports, programmatic visits, the monitoring results for equity system, surveys, including through LQAS, triangulation of routine and survey data, and pre- and post-training knowledge tests. An example relating to polio vaccination is provided.

During the third quarter of 2016, Borno State in Nigeria reported four cases of wild polio virus, and four countries, including the Niger, declared a public health emergency. UNICEF Niger supported the Government of the Niger to organize polio communication activities in 16 health districts in Diffa, Maradi and Zinder regions to support polio immunization rounds. Routine and survey data were used to identify the most vulnerable populations, identify bottlenecks and conduct the performance assessment. A risk analysis algorithm was developed, including immunization coverage, parents’ knowledge levels and the percentage of vaccination refusals.

UNICEF Niger facilitated capacity development activities in the three targeted regions to strengthen ownership of the algorithm by national, regional and district level actors. Between campaign rounds, regional and district teams’ systematically analysed performance and produced micro-plans to address bottlenecks. For example, bottleneck analysis in November 2016 identified the need for cascade training on polio communication and social mobilization activities and justification of the various rounds in an eradication context. Some 2,500 community volunteers, 601 public criers, 74 community radio stations (public and private)
and facility-based health workers were trained. A checklist was used to reinforce the performance and quality of service delivery at the operational level. At the end of four immunization campaigns, service delivery had improved and coverage increased from 94 to 96 per cent of children. The system of performance monitoring, bottleneck analysis and supervision at the most decentralized levels made it possible to optimize the numbers of children vaccinated.

**Human Rights-Based Approach to Cooperation**

UNICEF Niger continued to operationalize human rights principles across all programmes. The revised strategy notes emanating from the 2015 in-depth annual review are firmly rooted in the human rights-based approach and results-based management principles, including the focus on equity. New evidence was generated through a national study on multiple overlapping child deprivations, which revealed that 64 per cent of children under 23 months were simultaneously deprived in four of the five dimensions of well-being, including 58 per cent deprived of adequate access to sanitation, nutrition and health. This compares with 47 per cent of children under 5 falling under the national monetary poverty line. The report will be used to advocate for multidimensional poverty reduction.

Regarding the implementation of treaty body recommendations, UNICEF Niger supported the Government to address several concluding observations of the Committee on the Rights of the Child on Niger’s Second Periodic Report (2009). The national Civil Registration System was strengthened with financial support from the European Union, and 63 per cent of births were registered in 2016. Advocacy around raising the legal age of marriage for girls from 15 to 18 years continued. At the 2016 International Day of the Girl Child celebrations on 11 October, the First Lady of the Niger delivered a speech signalling that the Government acknowledges that child marriage has detrimental consequences and represents an infringement of girls’ rights.

UNICEF also contributed to changing behaviours in relation to: withdrawing children from the worst forms of labour; stopping the practice of sending children away from home for Koranic studies; and reducing female genital mutilation. Implementation of the new Juvenile Justice Law was initiated through orientation of all newly-appointed juvenile judges and the development of pre-service and in-service training modules. Police, security and defence force personnel received pre-service and in-service training. UNICEF Niger supported the implementation of the child protection policy and the national child protection programme, including training for 92 social workers. Advocacy for adequate human, financial and material resource allocations to implement the new programme did not receive a lot of attention in a context of structural revenue shortfalls compounded by higher security and humanitarian expenditures.

**Gender Equality**

**Advancing girls’ primary and secondary education:** UNICEF Niger targets both primary and secondary education to address the unfavourable gender parity index, which has remained at 0.85 for the last five years. In 23 convergence municipalities, 887 girls’ education action plans, based on community analyses, have been elaborated, and 319 have been implemented. As a result, 216,188 primary school pupils were enrolled, of whom 46 per cent were girls. The action plans have supported community engagement in the schooling of children, as evidenced by the increase in enrolment. For example, in the municipalities of Falwell and Sokorbé in the Dosso Region, a significant improvement in enrolment of around 8 per cent in one year was observed in each municipality. Regarding the budget for primary and secondary education, US$3,428,000 was allocated, and US$3,359,000 was spent; and for secondary education alone, US$1.4 million was allocated, and US$1,344,000 was spent.
Ending child marriage: The Niger has the highest prevalence of girl child marriage in the world (25 per cent before age 15 and 76 per cent before age 18). The Niger is a participant in the joint UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, and the Government established the National Coordination Committee to oversee the development and implementation of the National Plan of Action to End Child Marriage. The UNICEF-supported community-based child protection programme directly reached 3,000 women and 3,000 girls through educational sessions held in 110 villages. Neighbouring communities reached an additional 110 villages through ‘sponsorship’. Some 26,109 people participated in village talks. As a result, 27 cases of child marriage and 190 potential cases of female genital mutilation were prevented. In the 2016 budget, US$1.05 million was allocated, and US$1 million was spent.

Mainstreaming gender in emergencies: UNICEF Niger continued to mainstream gender considerations into its humanitarian actions. Gender-disaggregated data were collected for all sectors, and UNICEF advocated for further disaggregation of data and analysis at all levels. Rapid response mechanism interventions, and especially NFI distributions, explicitly target women as they are frequently the most vulnerable to natural and man-made disasters. UNICEF Niger has advocated for the inclusion of a menstruation management kit in the standard NFI kit and plans to convene a working group to develop standards for menstrual hygiene kits.

Environmental Sustainability

Towards the end of 2016, UNICEF Niger, with the support of the UNICEF Regional Office and UNICEF Headquarters, initiated a study on the impact of climate change on water resources and the sustainable provision of water and sanitation services. The study will support: highlighting the current impact of climate change; analysis of existing frameworks, policies, strategies, plans, studies and guidelines; current and future climate change impact on infrastructure planning and rehabilitation; and the development of effective, joint climate change mitigation strategies.

In the run-up to the 22nd Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC) held in Marrakech in December 2016, UNICEF Niger, in partnership with youth civil society, co-organized the second National Youth Forum on Climate Change and Sustainable Development aimed at raising awareness on the impact of climate change on future generations and engaging youth. Based on the roadmap and advocacy plan designed by youth mappers and activists who participated in the 2015 event, UNICEF Niger supported engaging sessions and live-tweeted discussions during skill-sharing workshops with 120 students of two secondary schools in Niamey.

To enhance the cold chain, during 2016, UNICEF Niger provided 24 solar refrigerators to the Government to replace existing gas-powered ones. All remaining health centres will be upgraded in 2017 and 2018.

UNICEF Niger plans to establish a ‘green’ committee in 2017 to consider how climate change issues should be reflected in the formulation of intervention strategies and priorities and how best to use advocacy efforts to position these issues at the forefront of the development priorities of the Government and its partners. The terms of reference of this committee have been prepared. UNICEF Niger is using United Nations Humanitarian Air Services internal flights to reduce transport fleet fuel, vehicle wear-and-tear and the UNICEF Niger environmental footprint.
Effective Leadership

UNICEF Niger defined its management objectives via the annual management plan, which was validated by the country management team (CMT) during the first quarter of 2016. The annual management plan objectives cover programmes and operations and serve as one of the components for formulating ‘ACHIEVE’ personal performance objectives for staff.

The country management team was the forum in which programme and operations delivery against results, including fundraising, contribution management, communication and advocacy, were reviewed.

Following the in-depth annual review in 2015 and the signing of the new programme framework by the Government, a participatory programme budget review exercise was conducted during the first quarter of 2016 to ensure that UNICEF Niger would have the required human resources to deliver on results. A revised UNICEF Niger structure was submitted, and approval was granted for 17 new positions including a professional level 4 gender specialist. Ten posts were upgraded, and three were abolished.

Risk assessment is performed using the enterprise risk management tool. The exercise is participatory, with broad representation, and the outputs and mitigation measures are endorsed by the CMT. The main risks identified in 2016 were related to funding predictability, security threats, natural disasters and potential political instability due to 2016 being an election year.

As a follow-up to the 2014 Global Staff Survey and following the full implementation of recommended activities, UNICEF Niger conducted an internal staff survey in 2016 in which 68 per cent of staff participated. Work-life balance remains the area of most concern, but 77 per cent of participants trust that management will address the issues identified.

To provide a timely response, particularly to the evolving Lake Chad crisis, the UNICEF Niger management system now includes an emergency task force and a three-person emergency coordination unit.

Financial Resources Management

The country management team monitored financial resources key performance indicators a monthly using the Insight platform, taking action as required. A total of 100 per cent of allocated regular resources, 98 per cent of other resources regular and 92 per cent of other resources emergency were utilized. Six months before grant expiration, sections were requested to update implementation plans and prepare for full utilization. Updated plans were then monitored fortnightly. As of 31 December 2016, US$236,708 of grants expiring at the end of 2016 remained unutilized. The CMT also followed up on grant expenditure before financial closure.

Outstanding liquidation of direct cash transfers was continually monitored with the zonal offices. As of 31 December, outstanding direct cash transfers of more than six and nine months were 1.86 per cent and 2.19 per cent, respectively.

Implementation of the 2016 harmonized approach to cash transfers (HACT) Assurance Plan was a standing agenda item for the CMT, and the Plan was updated using the UNICEF Headquarters Field Results Group’s minimum assurance calculator.

Of 202 recommended programme monitoring visits and 113 financial spot checks, 152 and 78, respectively, were completed due to human resources constraints (the tool sets very high requirements).
The macro-assessment, 15 audits (replacing 20 spot checks) and nine micro-assessments were completed using global long-term arrangements.

Macro- and micro-assessments were conducted jointly with UNFPA and the United Nations Development Programme (UNDP). Common weaknesses identified included: lack of accounting records and bank reconciliation; poor internal controls; no segregation of duties; significant cash handling; and procurement without adherence to established procedures. UNICEF Niger addressed some of these weaknesses by training implementing partners on HACT and programme cooperation agreements and partnerships in emergencies. A standardized format was adopted for reporting on programme visits, and an action-tracking system was established. All programme visit reports are stored on a shared drive and will be available to zonal offices via SharePoint.

### Fundraising and Donor Relations

UNICEF Niger used every opportunity to engage donors on the children’s agenda. Donor visibility was ensured through the production of donor-specific audio and video materials documenting activities and results through social media and the UNICEF Niger blog. A new resource mobilization and partnership strategy, which incorporates the recommendations of the new Regional Office private sector strategy is being finalized.

The top 10 donors in 2016 are listed below. The European Union, including its Humanitarian Office, contributed more than 37 per cent of total funding in 2016.

In 2016:
1. UNICEF Niger mobilized US$27,020,486 other resources regular funding, equivalent to 139 per cent of the planned total for 2016 (US$19,497,822).
2. 66 per cent of the Humanitarian Action for Children appeal was met.
3. 96 per cent of the US$73,319,423 available as programme funds was utilized; 0.7 per cent of the total value of grants was not utilized by the grant expiry date.

Funds utilization was a standing agenda item in the monthly CMT and programme meetings, as was Supply Plan implementation (as delays in initiating supply orders remained the primary bottleneck for rapid financial resource utilization). The Insight software was routinely used in CMTs, and colleagues were encouraged to consult it frequently.

Utilization of large grants that often support more than one programme component was monitored through regular meetings involving programme and operations sections. Fifty-two donor reports were required in 2016, and all were submitted on time. The quality and timeliness of donor reports were standing agenda items at each CMT meeting, and an internal scorecard system was used to monitor and follow-up on the performance of sections.

Top 10 donor contributions:
1. The European Commission: US$8,392,737
2. ECHO: US$6,879,629
4. The United Kingdom: US$3,994,622
5. The United States Agency for International Development/Food for Peace: US$3,255,736
7. Germany: US$2,362,122
8. Japan: US$2,358,637
9. German Committee for UNICEF: US$1,613,966
10. United States Fund for UNICEF: US$1,493,149

Grand total: US$37,697,216.

**Evaluation and Research**

The annual integrated monitoring, evaluation and research plan was approved by the country management team in early 2016. Unfortunately, the implementation of planned activities was constrained due to dependence on the National Institute of Statistics for national surveys and the scarcity of local private firms specialized in data analysis and research. UNICEF Niger supported Government capacity building in data collection and analysis as well as data management through working with the National Institute of Statistics and relevant ministries. Two National Institute of Statistics statisticians participated in the analysis of the multidimensional child deprivation study results.

UNICEF Niger completed one evaluation of the capacity building of the civil registration system support programme. The evaluation identified challenges, weaknesses and opportunities. A management response was prepared and the recommendations are being implemented by stakeholders.

UNICEF Niger continued to play a lead role in the United Nations Monitoring and Evaluation Group. Through its DevInfo task force, the Group enhanced the national socio-economic database NigerInfo. The database has contributed greatly to the availability of data and was used extensively in preparing the Socio-Economic Development Plan 2015 Progress Report. In 2016, the committee charged with monitoring the institutionalization of public policy evaluation in the Niger, led by the Director-General of Planning and Forecasting, worked towards raising awareness, establishing an evaluation culture and institutionalizing good practices. The committee also advocated for the adoption of the draft ‘National Evaluation Policy’, as well as the issue of human resource capacity in national institutions. A roadmap was drafted, but the recent Government reshuffle hindered its implementation. However, the Office of the High Commissioner on State Modernization remains committed and responsive to supporting the institutionalization of evaluation in Niger.

**Efficiency Gains and Cost Savings**

UNICEF Niger continued to implement and improve on the efficiency gains and cost savings initiatives reported in 2015, including by establishing long-term agreements; using joint United Nations zonal offices (UNICEF is hosted by WFP in Diffa, while UNICEF hosts all agencies represented in Agadez); using information and communications technology features to hold remote meetings; and hiring external human resources to cover receptionist services, among others.

In June 2016, the office in Niamey held a one-day retreat with zonal offices to reduce the overlap between Niamey office staff and zonal office staff in reviewing partners’ documents and requests and conducting field assurance activities, including financial spot checks, and to discuss better utilization of the logistics and warehousing capacity available at the zonal office level. The outcome was a clearer definition of roles and responsibilities, avoidance of duplication of activities and increased efficiency through the full utilization of zonal office capacities.

In 2016, UNICEF Niger joined with other United Nations agencies to form a local United Nations mobile phone network to operate internally at no cost. The fixed monthly line rental fees were used to cover calls for lines external to the United Nations network. An estimated US$15,000 per year in savings was generated.
A long-term agreement for staff drinking water was established, realizing a 60 per cent cost savings (US$2,160), compared with the previous system of recurrent manual purchase orders.

UNICEF Niger was the first client of the United Nations Humanitarian Air Services internal flights linking Niamey with the three zonal offices of Maradi, Agadez and Diffa. This reduced costs (US$45,000) in relation to fuel, vehicle wear-and-tear and allowances for drivers, while at the same time reducing staff travel time.

**Supply Management**

In 2016, efforts were focused on consolidating the UNICEF Niger supply team, including recruiting and training staff for five vacant posts while maintaining service continuity, and forming an integrated construction group to manage the procurement of construction services and minimize associated risks.

The construction of the central cold chain warehouse within the Ministry of Public Health in Niamey, which commenced in 2015, was completed in April 2016. The warehouse is equipped with eight cold rooms and storage space for immunization consumables. UNICEF Niger concentrated on equipping the new facility and training Ministry staff to use the cold room technology.

Regional procurement was conducted in cooperation with other UNICEF country offices (Côte d’Ivoire for Vergnet Hydro borehole pumps and school kits; Burkina Faso for Vergnet Hydro pumps and SMC drugs; and South Africa for school furniture).

Logistics planning was coordinated with programme sections and included providing technical advice, facilitating cost-effective procurement, in-country customs clearance, warehouse inventory management and distribution of supplies and equipment.

<table>
<thead>
<tr>
<th>Item</th>
<th>Total (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>31,974,437</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>2,188,221</td>
</tr>
<tr>
<td>Local procurement services</td>
<td>2,322,489</td>
</tr>
<tr>
<td>Services including construction</td>
<td>207,794</td>
</tr>
<tr>
<td>Construction programme education</td>
<td>1,891,163</td>
</tr>
<tr>
<td>Construction programme protection</td>
<td>319,465</td>
</tr>
<tr>
<td>Construction operations</td>
<td>91,254</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>38,994,823</strong></td>
</tr>
<tr>
<td>Regular procurement services</td>
<td>6,904,966</td>
</tr>
<tr>
<td>Vaccine Alliance (GAVI Alliane)</td>
<td>21,763,432</td>
</tr>
</tbody>
</table>
UNICEF Niger had tracking items along the supply chain as close as possible to the end beneficiaries; however, the limited capacity of government counterparts at the various levels to plan and manage supplies emphasized the need for further capacity development.

**Security for Staff and Premises**

In 2016, there were a total of 114 incidents, with 206 civilian casualties and 94 security force casualties.

The security situation in south-east Niger continued to deteriorate due to repeated Boko Haram attacks. On 3 June 2016, hundreds of Boko Haram fighters attacked the military detachment in Bosso, killing 32 soldiers and wounding 67. This attack caused 70,000 people to flee the town of Bosso overnight. During the last quarter of 2016, Boko Haram attacked and looted four health facilities and several shops. A volunteer at one of the health centres was killed. The Multinational Joint Task Force continued its counter-terrorist operations in the Lake Chad area.

Security also deteriorated in west and north-west Niger (Tillabéry and Tahoua regions), where violent extremist groups operating in Mali carried out several operations, one of which resulted in mass casualties.

The new UNICEF office in Maradi is fully established and compliant with the Minimum Operational Security Standards. In 2016, UNICEF Niger conducted a full fire safety audit of all offices and warehouses in the country. Based on the recommendations, fire detection systems were deployed in all facilities. Fire wardens received fire training and attended first aid courses.

UNICEF Niger provided the Safe and Secure Approaches in Field Environments training for all emergency staff and all colleagues deployed in high-risk areas. The security of UNICEF premises was reinforced in Niamey, Maradi and Agadez offices and warehouses through the installation of smoke detectors and repairs to the automatic access gate control systems.

The closed-circuit television and access control system at the Niamey office requires upgrading, and the physical security of the perimeter requires reinforcement.

**Human Resources**

Following the 2015 annual review and the assessment of emergency preparedness and response staffing gaps, additional or re-profiled human resource needs were identified.
Attention was paid to reinforcing diversity. Seventeen new professional positions were established, 10 posts were upgraded, three were abolished, and several positions were open in January 2017.

Programme budget review-approved positions included: 12 international professional positions (two filled, two offers accepted of two made, one pending Division of Human Resources approval and five in process); 11 national officer positions (one pending Regional Office approval, 10 in process); and four general service positions (two filled, one offer accepted and one in process). Other positions recruited (including temporary assignments) included: 15 international professional positions (13 filled and two in process); eight national officer positions (seven filled and one in process); 11 general service positions (11 filled); and 41 consultant positions (24 international and 17 national completed).

By July 2016, 98 per cent of staff members had completed ACHIEVE output planning.

A total of 100 per cent of recommended actions arising from the areas of improvements from the General Staff Survey were implemented. A new survey was conducted in the fourth quarter of 2016 to re-assess. Career development and work-life balance still require improvement, and an action plan will be formulated during the 2017 staff retreat.

The United Nations Cares focal point attended a regional workshop and provided feedback to UNICEF Niger staff. In November, the United Nations Cares focal point received training as a facilitator and training on 10 minimum standards. Feedback will be provided to staff in 2017.

Thirteen individual trainings were approved and six were completed. Four out of seven approved group trainings were implemented. The United Nations Cares focal point attended a regional workshop and provided feedback to UNICEF Niger. The emergency preparedness and response plan workshop was held, covering Core Commitments for Children in emergencies and human resources standard operating procedures. Staff received training in the talent management system, competency-based interviews and MyCase to prepare for the Global Shared Services Centre migration. ACHIEVE training covered roles and responsibilities of supervisees and supervisors, focusing on the need for open and regular staff performance discussions. Clinics responded to staff questions.

Forty other resource-funded posts were partially put on regular resources to recruit critical staff. Reversal of transactions is ongoing.

**Effective Use of Information and Communication Technology**

In 2016, the universal wireless network was extended to two zonal offices (Agadez and Maradi), providing a secure wireless Internet connection for staff and a better managed wireless Internet connection for partners, visitors and consultants. In the emergency-affected Diffa Region, UNICEF Niger worked closely with WFP and the United Nations High Commissioner for Refugees (UNHCR) to increase wireless network coverage.

To reduce costs and strengthen United Nations coherence, UNICEF Niger participated on the United Nations Information and Communications Technology team. UNICEF Niger was an active member of the group in charge of the very high frequency network migration to digital radios that commenced in October for Diffa, Zinder and Agadez regions to improve United Nations staff security.

The social policy and nutrition section used smartphones (Open Data Kit) to conduct: 1) a LQAS in 17 convergence municipalities; 2) a National Nutrition Standardized Monitoring and Assessment of Relief and Transitions (SMART) Survey; and 3) a SMART rapid survey in
sites for internally displaced persons in the Diffa Region. This facilitated the collection of quality data as data verification is faster. It also facilitated timely analysis and promptness in the use of results.

UNICEF Niger developed and implemented a system to monitor the delivery of supplies to partners (TrackIt) using open-source software hosted on a local Linux server.

UNICEF Niger maintained and developed its presence on Facebook, Twitter and Tumblr. International campaigns including #bringbackourchildhood, #dayofthegirl and #wateris, among others, were rolled out on UNICEF’s social media platforms.

To reduce the office’s environmental footprint, all shared printers were configured for default double-sided printing and use of individually-assigned access codes.

Programme components from 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:
In 2016, the Ministry of Public Health renewed several policy documents: the Health Policy 2016–2035, the Health Development Plan 2016–2020, the Comprehensive Multi-Annual Immunization Plan 2016–2020 and the Child Survival Strategic Plan 2016–2020. Technical support was provided by health sector partners, led by UNICEF Niger. The new Health Sector Development Plan acknowledges that investments made by the Government to increase access to health services have not met the objectives set. In the absence of a comprehensive mapping of health facilities and their catchment areas, construction of new healthcare centres and upgrading of health posts did not result in a commensurate increase in health coverage. Sector partners supported the Ministry to finalize the mapping of health services, and this should be in use by 2017.

In 2016, the national budget allocation to the Ministry of Public Health was 6.6 per cent (6 per cent in 2015). Due to the financial difficulties experienced by the Niger in 2016, the full monetary value of the budgetary allocation for health may not have been disbursed. The common funding basket continues to be a preferred financing mechanism for some bilateral (Spain and France) and multilateral (GAVI Alliance, UNFPA and UNICEF) partners. The World Bank joined the common funding basket, and discussions with GFATM continued. Health sector partners, including the World Bank, GFATM, UNFPA, WHO and UNICEF, worked together to optimize the supply chain, including supporting the development of a three-year plan.

National data for malaria, diarrhoea and pneumonia treatment in 2016 are not yet available. However, LQAS conducted in 17 convergence municipalities in 2016 revealed improving trends for diarrhoea (65 per cent of children received adequate treatment with oral rehydration salts/zinc) and malaria (94 per cent of children under 5 who tested positive for malaria received treatment).

In 2016, high-level political engagement led to the validation of the national directive for integrated community case management, an important step towards scaling up this approach. Also in 2016, mid-upper arm circumference screening for detection of malnutrition was introduced alongside administration of the first dose of SMC. This intervention reached
2,233,062 children. Preliminary data suggest that there was a decrease in the number of malaria cases and complicated SAM cases requiring hospitalization. National level data from the Health Management Information System indicate that the proportion of births attended by skilled health personnel increased from 37 per cent in 2015 (third quarter) to 38 per cent in 2016 (third quarter). In the convergence municipalities (17), coverage reached 54 per cent in 2016 according to LQAS.

As of December 2016, no national level data on antenatal care (ANC) coverage in 2016 were available. The percentage of pregnant woman that completed four ANC visits was 38 per cent in 2015. The LQAS in the convergence municipalities showed a more significant improvement from 38 to 58 per cent (2015–2016) for four ANC visits and from 85 to 89 per cent (2015–2016) for one ANC visit. The proportion of pregnant women attending the recommended minimum of four ANC consultations needs to improve.

A major achievement in 2016 was the validation of the elimination of maternal and newborn tetanus. The validation survey, led by WHO, was preceded by a pre-validation exercise led by UNICEF in the poorest, underperforming districts of Nguigmi, Gouré and Tanout. The Tanout District was identified by the pre-validation team as a high-risk district in which the validation survey had to be completed. The results indicated less than 1 case per 1,000 live births in the district, and elimination was validated. A maternal and newborn tetanus ‘maintain plan’ was developed.

The switch from trivalent oral polio vaccine to bivalent oral polio vaccine was successfully achieved in April 2016. Less positive was the performance of routine immunization. Administrative data report high immunization coverage, with pentavalent 3 coverage increasing from 82 per cent in 2015 (third quarter) to 91 per cent by September 2016. However, WHO-UNICEF estimates indicate pentavalent 3 coverage of only 65 per cent for 2015, with evidence of a declining trend, as well as a drop-out rate between pentavalent 1 and pentavalent 3 of 24 per cent.

According to WHO-UNICEF estimates, measles vaccination coverage is stagnating at 73 per cent, and large pockets of children have been left unvaccinated (more than 270,000 in 2016). Recurrent measles outbreaks are the consequence of this gap, with 1,342 cases and 11 deaths reported in 2016. The national immunization system is struggling to cope with the demands placed on it through the introduction of new vaccines. Despite huge investments in the cold chain (which must continue), national capacities in vaccine management and data quality require further strengthening. An in-depth equity analysis and adequate corrective plan is needed.

With the notification of four wild polio virus cases in Borno State in Nigeria, following two polio-free years, countries surrounding the Lake Chad basin were required to organize synchronized vaccination campaigns with Nigeria. Three regions of the Niger were of concern: Diffa, Zinder and Maradi. In 2016, seven rounds of polio campaigns were planned and six were executed as of November. One additional round with monovalent vaccine was added in December, bringing the total to eight. Two campaigns were nationwide and six were local. Against a target population of 6,109,148 children under 5, the last nationwide polio campaign covered 6,128,170 children. The December 2016 LQAS showed that 11 of 16 districts reached coverage of 95 per cent or more.

**OUTPUT 1** By 2018, targeted health facilities offer comprehensive evidence-based packages of high impact quality preventive, promotional and curative interventions for maternal, neonatal, child and adolescent health and support improved demand for services
Analytical statement of progress:
Results of the 2016 LQAS conducted in 17 out of 31 convergence municipalities revealed that 65 per cent of children received adequate treatment of diarrhoea with oral rehydration salts/zinc compared with 45 per cent in 2015. Ninety-four per cent of children under 5 who tested positive for malaria received effective treatment. Procurement of antimalarial medications was funded by partners (GFATM, UNICEF and others). In 2016, UNICEF provided support for SMC coupled with malnutrition screening using mid-upper arm circumference. Nationwide, this high-impact intervention reached 2,233,062 children with the first dose. Of these, more than 500,000 children under 5 were directly supported by UNICEF. Some 1,400,032 children aged 6–59 months who received the first dose were also screened for their nutritional status. In the most deprived convergence municipalities, joint partner efforts reached 354,772 children (out of the 413,332 targeted), of whom 217,644 were directly supported by UNICEF Niger (compared with 16,569 in 2015). Although impact data were not available at the time of writing, preliminary indications are that both severe malaria and complicated SAM cases decreased following the intervention. According to Health Information System data from convergence municipalities, 33 per cent of children aged 0–59 months with symptoms of pneumonia were taken to an appropriate health provider.

Development of a focused ANC policy continued in 2016. The LQAS recorded a slight improvement in the proportion of pregnant women attending at least one ANC consultation, from 85 to 89 per cent in convergence municipalities. The proportion of women who attended the recommended minimum four ANC consultations improved significantly, from 38 per cent in 2015 to 58 percent in 2016, but more work is required to identify the reasons why pregnant women do not complete four ANC visits and to design appropriate interventions. UNICEF Niger directly supported ANC provision in the convergence municipalities through provision of equipment, drugs, training and supervision. UNICEF supported the inclusion of sensitization activities for pregnant women in the service package of community health volunteers. In the convergence municipalities, 79,548 pregnant women attended one ANC consultation during the first six months of 2016, and, of those, 77,540 received intermittent preventive treatment dose 1 for malaria and 72,263 received dose 2. Not all women attending ANC clinics received intermittent preventive treatment due to a global shortage of sulphadoxine-pyrimethamine. All primary health centres in the Niger have guidelines for essential childbirth care. Assisted delivery coverage improved from 46.7 per cent in 2015 to 54.3 per cent in the convergence municipalities (40 per cent nationally). In 2016, only 17 of 152 health facilities in convergence municipalities had adequate equipment and skills for newborn resuscitation and care, and this will be an area for focused effort in 2017 starting with basic emergency obstetric and neonatal care facilities.

OUTPUT 2 By 2018, targeted community health workers (male and female) offer a simplified package of evidence-based quality, high impact preventive, promotional and curative interventions for maternal, neonatal, child and adolescent health and support improved demand for services

Analytical statement of progress:
To address the gap in access to care that affects more than half of the population, UNICEF Niger supported the Ministry of Public Health to implement integrated community case management (iCCM) of malaria, diarrhoea and pneumonia. The approach foresees the installation of one community health volunteer per 50 households, with responsibility for providing an integrated curative, preventive and promotional package to the population living more than 5 kilometres from a health centre or health post. Community health volunteers covering the population living within 5 kilometres offer only the preventive and promotional package. iCCM training manuals were revised with the support of UNICEF Democratic Republic of the Congo and UNICEF Togo. They have been tested in four districts and their use has been scaled up in two additional districts (covering 18 municipalities), where 454
community health volunteers had been trained, equipped and installed in their villages as of December 2016. More than 4,000 children living more than 5 kilometres from a health centre received medical consultations and/or treatment during the second half of 2016. Partnership with GFATM will contribute to the scale-up of iCCM in the coming years, as their funding will support the procurement of antimalarial drugs and will contribute to the training, supervision and motivation of community health workers. The main challenge is securing financial contributions from the Government of Niger, which will be required to ensure long-term sustainability. An investment case for iCCM is being developed. It will be a useful tool for the Ministry of Public Health to use in advocacy with donors as it will link financial investment and results in terms of mortality reduction.

OUTPUT 3 By 2018, all levels of the health system, community structures and local authorities have strengthened capacities in planning and monitoring in accordance with equity- and gender-based approaches, in supply management (including supplies aimed at the prevention, detection and case management of HIV) and in logistics

Analytical statement of progress:
Procurement and supply management in the Niger is very weak from the central level down to the health post level. In the first six months of 2016, against a target of zero stock-outs of the eight drugs included in the common basket, stock-outs occurred in health posts at 2.3 per cent, in health centres at 2.2 per cent and in health districts at 3.7 per cent. Inefficiencies and duplication of distribution channels at regional and district levels, linked to a lack of integration across programmes, multiplication of intermediate storage levels and the near absence of an effective distribution system from higher to lower levels of the health system, especially from districts to the peripheral level, were the main bottlenecks. The existing situation impeded efforts to reduce morbidity and mortality and resulted in significant inequalities in accessing healthcare services, especially for those interventions protecting children against the main causes of death.

After a pilot procurement and supply management project that was conducted in 2015 in two districts and solely considering UNICEF supplies, UNICEF Niger decided to broaden the scope and in 2016 re-organized its structure and human resources to facilitate action in 2017. In 2016, UNICEF Niger contributed to partners’ (the World Bank, GFATM, UNFPA and WHO) combined efforts to optimize the supply chain through the development of a three-year plan. The detailed and fully budgeted action plan integrates health systems strengthening components and aims to strengthen the supply chain and eliminate stock-outs up to the last kilometre. The plan is also intended to serve as a potential model for the development of a comprehensive national plan for the transformation of the pharmaceutical supply system, integrating quality management, regulation, acquisition of inputs, pharmacovigilance, treatment of waste and other components. Support from the UNICEF West and Central Africa Regional Office contributed to positioning UNICEF Niger in joint partner efforts to strengthen procurement and supply management.

A health systems strengthening specialist is being recruited as a member of the UNICEF team to support actions in this critical area. In 2016, UNICEF Niger launched an investment case for community health system strengthening that will address: 1) the development of a strategy document that incorporates an equity-focused health system bottleneck analysis, priority strategies to strengthen community health systems, cost estimates and financing opportunities; and 2) capacity building of stakeholders extending to evidence-based planning and costing. The investment case will serve as the primary advocacy tool of the Ministry of Public Health, especially in relation to signing a new compact with health sector partners in 2017.
OUTPUT 4 By 2018, health facilities and community structures have strengthened capacities to prepare for and respond to epidemics, natural disasters and population displacement

Analytical statement of progress:
The occurrence of epidemics in the Niger remains an ongoing risk as witnessed by the outbreaks of meningitis, measles, and cholera for the first time, Rift Valley fever during 2016. A total of 2,534 cases of measles were reported, with 11 deaths nationwide, as of week 52. A response was organized for each outbreak. In the Diffa Region, measles immunization activities reached 420,928 children aged 9 months to 14 years, including refugees and returnees. These actions were made possible through UNICEF funding of vaccines and supplies, plus additional support from other partners. The recurrent outbreaks highlight the weaknesses in the routine immunization system. The year 2016 saw the emergence of Rift Valley fever in the Niger, starting in week 31. To date, there have been 397 reported symptomatic cases with complications and 34 deaths. Following the first cases, UNICEF Niger immediately reacted by purchasing and delivering 800 vials of vitamin K1 to the treatment centre, which helped support effective case management. Communications support contributed to raising awareness of this disease among the target population. A total of 1,969 cases of meningitis C (strain W135) in 2016 were recorded with 146 deaths in Niamey, Dosso, Tahoua and Tillabéry. Despite the shortage of vaccines, a vaccination response was organized with UNICEF support (206,755 persons at risk, aged 2–29 years, were vaccinated).

Cholera outbreaks remain a high risk in the Niger. After a full year of no cholera outbreaks, cases began to be reported in Dosso and Gaya health districts in October. A total of 38 cases and eight deaths were reported as of week 52. Within the scope of the regional cholera eradication programme, the epidemic response consisted of commodities pre-positioning and training of health workers. No new cases were registered during the three weeks prior to compilation of this report. UNICEF continues to provide essential medicines for the treatment of common diseases to 37 health facilities and mobile clinics in the Diffa Region. As of the end of October, 80,748 children under 5 had utilized health services, and 4,719 had benefited from mobile health services.

OUTPUT 5 By 2018, health facilities offer effective vaccination services using fixed (15 kilometre) strategies to reach all children, including the hardest to reach as a result of geographical, cultural or other reasons. Equity-based approaches will be adopted

Analytical statement of progress:
In 2016, the Niger conducted a maternal and neonatal tetanus assessment and validated its elimination from the country. Based on administrative data, and using pentavalent 3 coverage as a proxy for overall coverage, 91 per cent of children under 1 year were vaccinated in 2016 (82 per cent in the third quarter of 2015). Measles vaccination coverage was 89 per cent by September 2016 (81 per cent in the third quarter of 2015). However, according to WHO-UNICEF estimates, national immunization coverage in 2015 was only 65 per cent for pentavalent 3 and 73 per cent for measles, which equates to more than 270,000 children unprotected by measles vaccination. The recurrent measles outbreaks experienced in the Niger are the consequence. UNICEF Niger supported the measles outbreak response to cover the pockets of unvaccinated children. An extensive equity analysis will be conducted in 2017 to better understand the bottlenecks constraining full access, and action plans will be developed. Data quality also needs to be addressed.

In response to identified weaknesses and in line with the 2014 Effective Vaccine Management Assessment Improvement Plan, cold chain storage capacity was increased in 2016 through the construction of a warehouse incorporating walk-in cold rooms. The process of installing 160 solar direct-drive refrigerators in six regions was finalized, and an additional
265 units were received and are ready for dispatch and installation across the eight regions. Temperature mapping was completed in all the central cold rooms, and the cold chain temperature monitoring system is being assessed from the central level to the periphery through a study that commenced in July 2016. An Expanded Programme on Immunization performance dashboard is being developed. Despite the availability of the Vaccine Independence Initiative ceiling of US$660,000 for vaccines, in 2016 the Ministry of Public Health faced difficulties in making payments, with an unpaid balance of more than US$2 million in the second quarter of the year. A successful support mission from the UNICEF Supply Division resulted in a partial disbursement of funds and a decision to revise the Memorandum of Understanding of the Vaccine Independence Initiative, accompanied by a payment plan. The revision process is ongoing.

In 2016, seven rounds of polio campaigns were planned: two national campaigns, plus five local campaigns targeting 2,731,470 children in response to four cases of wild polio virus reported from Nigeria. One additional campaign with monovalent oral polio vaccine was added for December 2016. Six of the planned campaigns had been executed as of November. Data for four of the local rounds already conducted indicate an average coverage of 91 per cent, with lower coverage in Diffa region, due to the ongoing security situation. The need to organize very demanding response campaigns at short notice could negatively impact routine activities and other campaigns, including SMC. To address the challenges facing the delivery of quality polio campaigns, UNICEF Niger recruited additional short-term technical assistance in the field of Communication for Development (11 consultants) and vaccine management (one consultant).

**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:**
The Niger opted to scale Option A to the WHO recommended Option B+ in 2016 to ensure a continuum of HIV care services for pregnant women. The number of sites offering prevention of mother-to-child transmission of HIV (PMTCT) services increased from 749 in 2013 to 919 in 2016, comprising health districts, regional hospitals, mother and child health centres and reference maternity and national hospitals. Despite this extension in geographical coverage, only 44 sites offered Option B+, because of the limited number of antiretroviral prescribers in the Niger and this limited access to Option B+ for HIV-positive pregnant women. Task shifting for antiretroviral prescriptions will be expanded to paramedical staff in 2017. In 2016, the number of sites in Maradi region providing Option B+ increased from 8 to 33 (25 sites in the convergence municipalities) and in Niamey from 10 to 35. This increased overall geographic coverage from 53 per cent in 2015 to 61 per cent in 2016, which is in line with the national acceleration plan. Nationally, 52 per cent of HIV-positive pregnant women received Option B+ during the first half of 2016. Data collection in relation to the second six months is ongoing. The expansion of coverage was made possible through the following strategies: strengthening stocks management (no stock-outs reported); strengthening the capacity of health workers in antiretroviral treatment (Protocol B+) through implementation of the task-shifting approach; and implementation of the community PMTCT approach (providing support for pregnant women and reducing the number of drop-outs to ensure a continuum of care, thereby enabling them to benefit from four ANC visits as well as an assisted delivery by a qualified person). Currently, 95 sites have commenced implementation. Thirty other sites are being operationalized in Niamey with support from non-governmental organizations (NGOs) and UNICEF. Revitalization of the delivery system for test samples and polymerase chain reaction test results (supported by UNICEF Niger in all eight regions).
To have a generation without AIDS, it would be necessary to address the key PMTCT challenges, especially primary prevention for adolescents and young people and especially given the prevalence of early marriage in the Niger. A strategic plan on adolescent health has been developed, and early awareness sessions and screening commenced in Maradi and Zinder regions in November. The PMTCT continuum of care also requires monitoring, supportive supervision and use of data collection tools to ensure the quality of skills of health workers for good management of HIV-positive pregnant women. UNICEF Niger supported oversight functions for more than 200 PMTCT sites in 2016.

**OUTPUT 1** By 2018, health facilities offer adequate, integrated services to adolescents at risk of HIV infection; PMTCT for pregnant women and exposed newborns; and case management for children and adolescents infected with HIV

**Analytical statement of progress:**
Geographical coverage for PMTCT services in the 35 convergence municipalities is good (85 per cent since 2015). The screening rate for pregnant women doubled from 25 to 51 per cent in 2016 due to a continuous supply of drugs, consumables and reagents for screening. This figure could be higher still, but reassignment of some staff necessitated identification and training of new agents, which resulted in interruption of services. Follow-up of children born to HIV-positive mothers and the mothers themselves continued at the community level around the 50 health centres in the Maradi and Tahoua convergence municipalities. This enabled them to: provide antiretroviral prophylaxis to 10 children born to HIV-positive mothers and ensure antiretroviral treatment Option B+ was provided to eight HIV-positive pregnant women from a total of 37 pregnant women on antiretroviral treatment in the convergence municipalities. Seventy-five health workers in 25 sites in convergence municipalities in the Maradi Region were trained on antiretroviral prescription, Option B+, in 2016.

The strategy of task shifting antiretroviral prescription to paramedical agents will ensure that recommended options for direct medical care for HIV-positive mothers and their children are available. Overall in the convergence communes: 195,883 pregnant women expected annually; 74,584 pregnant women attended at least one ANC consultation; 38,039 pregnant women tested for HIV; 43 pregnant women had a serological status HIV-positive; 37 HIV-positive pregnant women were on antiretroviral prophylaxis, of whom eight were on Option B+; and 10 children born to HIV-positive mothers were on antiretroviral therapy prophylaxis. WHO recently developed a strategy document for adolescent and youth health, which includes primary HIV prevention, and this strategy was used in convergence municipalities in Maradi and Zinder regions to sensitize the young people aged 15–24 on HIV screening.

**OUTCOME 3** By 2018, children, particularly 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. The Government and the European Union supported the construction of multi-village water supply networks fed from the Niger River in the riverside areas of the Tillabéry Region (west). In other regions, the transformation of existing high-productivity drillings into multi-village water supply networks is a sustainable option that is being implemented with the support of UNICEF, the Swiss cooperation, and the Danish and Luxembourgeois cooperation.

The national public water services management guide was disseminated and will contribute
to sustainable management of infrastructure and the sustainability of the water supply service. In addition, a national study on the viability of rural water supply networks managed by the private sector and communities that was financed by the European Union in 2016 highlighted key factors for improving the return on investment and ensuring the sustainability and affordability of the service.

The development of rural water supply networks complemented the construction/rehabilitation of hand pumps and wells with the support of the Government, donors, NGOs and municipality authorities, among others. The French Development Agency supported improved access to safe drinking water in the peri-urban areas of Niamey.

In 2016, with the support of partners and with the inputs from the National Plan for Results Initiative process supported by UNICEF, the Government elaborated the National Water, Hygiene and Sanitation Programme (2016–2030) that is fully aligned with the SDGs. This programme sets a clear vision for the development of the sector over the next 15 years. Sector coordination is progressively improving thanks to the Government/WASH sector donors' consultation framework meetings.

At the national level, access to water was 58 per cent (39 per cent in 2013). New figures will be available following the 2016 sectoral evaluation scheduled for January 2017. The headline figure masks disparities between urban and rural areas and among regions and municipalities. In the Niger, the hydrogeological situation, the poor quality of the water in parts of the country and the high costs of constructing water supply infrastructure remain challenges.

Concerning sanitation, the Niger's progress in tackling open defecation remains slow, and the Niger is one of the 10 countries with the highest open defecation rates in the world. The open defecation rate is currently estimated at 73 per cent (Joint Monitoring Programme 2015), which equates to more than 14.5 million people still practicing open defecation despite efforts made in recent years. UNICEF Niger facilitated the open defecation free certification process for 1,292 villages. In 2016, agreements were signed with implementing NGOs, and UNICEF supported the Government to accelerate the implementation and scaling up of CLTS and harmonize interventions among partners. UNICEF organized a mission for institutional triggering to sensitize decision makers on the benefits of CLTS and position this approach at the top of the agenda of the WASH sector. The CLTS approach has been implemented in 69 countries in Asia, Africa and Latin America to date, enabling more than 40 million people to live in environments free from open defecation.

During his visit, the initiator of the CLTS approach facilitated a national training of trainers session, followed by a national multi-stakeholder workshop involving government technical services at national and regional levels, donors, municipalities, NGOs, WASH parliamentarians and journalist networks. The mission contributed greatly to the reinforcement of political will at the ministerial level (five ministers were involved) and in strategically positioning CLTS as a way to reduce open defecation and improve access to basic sanitation in rural areas. However, enhanced stakeholder engagement in sanitation, with a focus on CLTS, is required, in line with water supply commitments.

The need for a monitoring and evaluation system that facilitates real-time follow-up and supports strategic decision making remains a challenge for the sector. This is particularly important for the sanitation component, since no data are currently collected at the central level and there are no defined national indicators against which to report. The transfer of the CLTS database developed by UNICEF Niger to the Ministry of Water and Sanitation, plus capacity building and support provided to the regional quarterly stakeholder coordination meetings, are expected to improve the monitoring mechanisms.
Through the ongoing decentralization process, responsibilities for water supply in rural areas are progressively being transferred to the municipalities. Supporting local planning and setting up strengthened municipal WASH management systems will be important activities in the coming years to create an enabling environment at the local level.

In 2016, the Diffa Region (south-east) faced a volatile security and humanitarian situation due to several Boko Haram attacks, resulting in population displacements affecting 302,387 people (88,668 refugees, 29,315 returnees and 184,404 internally displaced persons as of the end of September 2016). In addition, floods, cholera, malnutrition and population movements continued to affect the Niger. As WASH Cluster lead agency, UNICEF Niger coordinated Government and partner efforts to provide the population affected by the humanitarian situation with safe drinking water. A total of 570,243 people gained access to safe drinking water following the joint response, including the displaced population in the Diffa Region and those affected by floods and cholera outbreaks, against a target of 1,019,458 set by the WASH Cluster and based on the Humanitarian Needs Overview and targets in the 2016 sectoral Humanitarian Response Plan.

OUTPUT 1 By 2018, communities, schools and health facilities in the most-at-risk geographic areas have improved, sustainable access to safe drinking water and sanitation

Analytical statement of progress:
During 2016, 124,317 additional people gained access to improved water as a result of UNICEF support thanks to the construction/rehabilitation of water points in 323 communities (14 water supply networks, 271 drillings equipped with hand pumps and 38 wells), based on an open tender launched in 2015 in coordination with the Ministry of Water and Sanitation. This raised the total number of people that gained access to an improved water source to 426,623 during the period 2014–2016 (out of the 300,000 targeted).

Most of the private construction firms contracted for the works delivered quality work within the given timelines. Contracting of independent supervisory control firms for the construction/rehabilitation works, in addition to government regional and local agencies, contributed to the quality of the infrastructure. Physicochemical and bacteriological testing of the water was performed at each constructed/rehabilitated water point, and water management committees and repairmen were trained in the operation and maintenance of water points and water service delivery infrastructure.

Regarding water and sanitation facilities at schools and health centres, in 2016, 57 schools with a total of 14,814 pupils (7,222 girls and 7,592 boys) gained access to safe water, bringing the total number of schools that gained access to safe water in the period 2014–2016 to 123 against a target of 60. A total of 42 health centres (40 planned) gained access to WASH facilities, including 31 that gained access to safe water and 11 that gained access to gender-separated latrines.

Access to water and sanitation facilities at schools and in health centres remains very low in the Niger. UNICEF Niger continued to advocate for developing solutions to address the remaining challenges, which include: the need for a clear definition of the roles and responsibilities across line ministries (water and sanitation, education and public health); integration of WASH-in-schools and WASH-in-health within national policies and strategies; the training of teachers and caregivers; resource mobilization; coordination; and data collection and monitoring.

The efforts of the Government and partners to improve access to safe water in the Niger are compromised by the high population growth rate (3.9 per cent per annum), hydrogeological
conditions and the increasing effect of climate change on water resources. Moreover, introduction of cost-recovery mechanisms at the community level is problematic, and the availability of quality spare parts for decentralized systems remains weak.

**OUTPUT 2** By 2018, households, including children and adolescents, adopt favourable behaviours for improving hygiene and sanitation conditions at community level, in schools and health facilities.

**Analytical statement of progress:**
The Niger is among the 10 countries globally with the highest proportions of the population practicing open defecation. During 2016, with the support of UNICEF, the CLTS approach was triggered in 358 new communities hosting 226,314 inhabitants (out of 400 communities targeted). Of the 358 communities triggered in 2016, 288 communities (146,109 inhabitants) were certified open defecation free. In addition, 313 communities (161,127 inhabitants) triggered in the fourth quarter of 2015 were certified open defecation free in 2016. In total, 601 communities (307,236 inhabitants) were certified open defecation free in 2016 against a target of 400. The results achieved in 2016 are largely due to funding from the United Kingdom Department for International Development and the implementation of the acceleration plan developed in 2015. Government leadership at national and regional levels and partnerships with seven implementing partners significantly strengthened capacity to implement CLTS at scale in 2016. However, further consolidation is needed through the recruitment of additional implementing partners. Regional CLTS committees composed of the regional directorates of water and sanitation, health and planning need to be strengthened and provided with harmonized CLTS implementation tools. The development of a national CLTS guide that establishes the roles and responsibilities of key stakeholders and further reinforces government leadership is planned.

Scaling up CLTS is UNICEF Niger’s programmatic priority and is on the Government’s agenda. The originator of the CLTS approach visited the Niger in 2016 with UNICEF support and facilitated an institutional triggering for decision makers (ministers, parliamentarians, national directors and donors) and implementing partners and conducted a training of trainer’s session. The visit reinforced political will and strengthened the facilitation and community mobilization skills of national and regional authorities and implementing partners.

Through the implementation of CLTS, hygiene promotion activities, particularly handwashing at the community level, reached 729,716 people in 2016 against a target of 400,000.

Handwashing activities and household water treatment activities were promoted at the community level in areas with high malnutrition rates through non-governmental partners implementing the WASH-in-nutrition strategy.

The Niger currently has no national strategy, policy or standards for WASH-in-schools and health facilities. Various ministries share the responsibility for WASH-in-schools and WASH-in-health. Despite this, good progress was achieved in WASH-in-schools thanks to collaboration with the Ministry of Water and Sanitation and the Ministry of Primary Education. UNICEF Niger adopted the Global WASH-in-Schools Strategy with a focus on the ‘three stars’ approach. During 2016, 14,814 pupils from 57 schools gained access to potable water. Since 2014, a total of 123 schools (out of 60 schools targeted) of the total 17,283 schools in the country gained access to potable water through the construction/rehabilitation of water supply facilities thanks to UNICEF support.

Hygiene promotion activities were launched in 75 health centres through WASH-in-nutrition implementing partners, and 42 benefited from the construction/rehabilitation of water supply facilities (31 health centres) and the construction of latrine blocks (11 health centres).
OUTPUT 3 By 2018, the water and sanitation sector has a strategy, a coordination mechanism, an effective monitoring and evaluation system and strengthened capacities

Analytical statement of progress:
Following the recommendations of the 2014 evaluation of the national sectoral programme and the outputs from several strategic studies, the Government elaborated the new National Water, Hygiene and Sanitation Programme (2016–2030) with the support of partners. This new programme is aligned with SDG 6, and a national baseline study is planned in 2017 to provide data on key sector development and SDG indicators.

In addition to the joint national sectoral review held in June 2016, periodic sector meetings have taken place, including bi-monthly coordination meetings and extraordinary working group meetings. Key outcomes of these meetings are the technical validation of the preliminary and final versions of the National Water, Hygiene and Sanitation Programme (2016–2030), the definition of a common basket mechanism to fund the WASH sector, the technical review and validation of partners’ new programme documents, and the validation of sectoral study reports. UNICEF Niger actively contributed to the coordination platforms and supported the sector-wide approach. During 2016, UNICEF Niger funded a study to assess the causes of malfunctions in hand pumps to provide the Government and its partners with relevant recommendations for the strengthening of operation and management systems for the sustainability of hand pumps. Additional key studies planned (sustainability check, climate change, real time monitoring) will further influence sector development through proposing relevant innovative solutions and initiatives.

During 2016, UNICEF Niger continued to advocate for an increase in funding for the sanitation sub-sector from the national budget and from donors. With the progress made in CLTS implementation and thanks to the mission organized by UNICEF Niger, current trends indicate that donors, including the World Bank, may be interested in funding CLTS. UNICEF Niger is supporting the National Directorate for Sanitation to develop a national CLTS implementation guide and harmonized tools.

UNICEF Niger also held strategic discussions with the Ministry of Water and Sanitation on improving the consideration of the potential impacts of climate change during planning, construction and rehabilitation of infrastructural assets. A study to assess the effects of climate change on WASH service delivery in the Niger is planned, in addition to a sustainability check study and a real-time monitoring of functionality of water points pilot project. The results of these studies will provide useful inputs to reinforce data collection and management and strengthen the existing monitoring and evaluation system, which remains weak.

High-level sector coordination is managed through the Government-donor consultation framework meetings. Coordination at the sub-national level is significantly weaker. UNICEF Niger supported the establishment of regional CLTS committees and aims to support quarterly regional WASH coordination meetings.

OUTPUT 4 By 2018, vulnerable populations at risk of/affected by crises, natural disasters and displacement, have improved access to safe drinking water, hygiene and sanitation

Analytical statement of progress:
As of the end of November 2016, 486,188 people affected by the four defined crises in the Niger (nutrition crisis, cholera outbreaks, population movements and natural disasters) had been assisted by UNICEF Niger. The Government and partners estimated that 1.4 million
people would be need water and sanitation interventions in 2016. To have reached the total population in need would have required significant additional funding.

During 2016, the security situation in the Diffa Region deteriorated due to the Boko Haram attacks. Access to safe water and basic sanitation in the Diffa Region was among the lowest in the country even before the onset of the current situation. The major population movements in response to insecurity significantly increased the pressure placed on existing water and sanitation facilities in the hosting communities and in the displaced population relocation sites.

Thanks to the support of UNICEF Nige and partners, 425,094 people affected by the Boko Haram attacks and subsequent insecurity were assisted in the Diffa Region against a target of 305,931. Against a target of 20,000 people to be reached with access to drinkable water through boreholes, water trucking and rehabilitation of wells, UNICEF eventually assisted 80,846 people, more than 45,000 of whom were assisted between May and July, following a major population displacement (70,000 people). Besides emergency water and sanitation supply through water trucking, manual drilling and the construction of latrines, conducted in collaboration with government technical services and implementing partners, mechanical drilling and water supply networks were promoted in hosting communities to reinforce the response, although these interventions still need to be scaled up.

Cholera prevention activities, including distribution of hygiene kits, reached 250,726 people in the Diffa Region and improved access to drinking water by facilitating household water treatment and improved handwashing practices. Concerning cholera prevention and preparedness activities outside of the Diffa Region, 31,096 additional people were reached in 2016 through the provision and use of water treatment products and hygiene promotion kits. The Niger benefited from a good collaboration with the West and Central Africa Regional Office in cholera prevention and control through the development of seven project sheets for risk reduction in cholera hotspots and through the participation of 12 delegates from the Niger in the cross-border cholera workshop held in October 2016 in Cameroon.

During 2016, the Niger also faced floods. Thanks to the rehabilitation of 15 cement wells and the provision of water treatment products, 7,500 people affected by floods gained access to safe drinking water and were supported to adopt good hygiene practices.

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

Providing adequate water supply in emergency situations requires rapid access to reliable data on affected people. To address the challenges posed by weak data systems, the WASH Cluster developed information management tools. The availability of spare parts for hand pumps and construction materials was a challenge in relation to delivering a quick and quality response.

**OUTCOME 4** Children under 5, pregnant and lactating women, particularly among the most vulnerable, have access to and make greater use of quality promotional, preventive and curative services for the prevention of chronic malnutrition, management of acute malnutrition and reduction of micronutrient deficiencies.

**Analytical statement of progress:**
New estimates of acute and chronic malnutrition prevalence became available in 2016, through both a national survey (SMART methodology) and a rapid SMART survey of the
displaced population in the Diffa Region. Data were also updated for the Nigerian refugee population in the Diffa Region and Malian refugees in Tillabéry region through health and nutrition surveys of the camp populations.

Results of the 2016 surveys suggest that acute malnutrition remains a huge public health problem. The global acute malnutrition (GAM) rate of 10.3 per cent exceeds the 10 per cent global alert threshold, and the SAM rate of 1.9 per cent is close to the 2 per cent critical threshold. Prevalence is higher among children in rural areas (10.5 per cent GAM and 2.1 per cent SAM) compared with urban areas (8.5 per cent GAM and 1.1 per cent SAM). Urban areas in all regions, except Agadez, reported a GAM rate below 10 per cent. Prevalence in three of five refugee camps in Tillabéry (Abala, Tabareybarey and Mangaïzé camps) and two sparsely populated nomadic districts of the Diffa Region suggest heightened vulnerability with reported rates above the critical threshold (greater than 15 per cent GAM). Prevalence among the displaced population in the Diffa Region (13.6 per cent GAM and 2.4 per cent SAM) and refugees in the Kablewa Refugee Camp in Diffa (12.3 per cent GAM and 1.6 per cent SAM) are considered precarious, given the situation. GAM and SAM rates among non-emergency affected populations in Maradi, Agadez and Zinder regions were above 10 per cent and above 2 per cent, respectively. Generally, acute malnutrition was significantly higher among boys (12.8 per cent) than girls (7.8 per cent), while among the displaced population in Diffa, rates are higher among girls (14.9 per cent) than boys (12.4 per cent). Age-disaggregated data revealed a very high prevalence of GAM (17.4 per cent) and SAM (3.9 per cent) among children aged 6–23 months, compared with children aged 24–59 months (6.2 per cent GAM and 0.7 per cent SAM).

Chronic malnutrition remains a serious problem in the Niger (42.5 per cent prevalence). Prevalence ranges from 19 per cent in Niamey to 58.8 per cent in Maradi. Sharp disparities are also observed between children living in rural settings (45 per cent) and children living in urban settings (34 per cent). Rates of stunting among the displaced and refugees were high or very high (greater than 30 per cent or greater than 40 per cent), but their situation does not appear to differ significantly from the national average. In fact, the highest rates of stunting were observed in the Maradi Region (53.8 per cent), which has a relatively better food and economic status, followed by the Zinder (50.1 per cent) and Tahoua (49 per cent) regions. Gender analysis suggests no overall significant difference in rates of stunting between boys and girls, but in Dosso and Agadez regions, stunting prevalence in boys was significantly higher compared with girls.

Compared with 2015 estimates, acute malnutrition, especially SAM, has declined nationally from 15 per cent GAM and 4.5 per cent SAM, while stunting declined slightly from 45 per cent. These apparent declines need to be interpreted with caution, as there were methodological and quality control differences between the two surveys. The 2016 survey was an important opportunity to identify and respond to technical gaps within the National Institute of Statistics.

National level updates are not available for infant and young child feeding (IYCF) indicators. However, indicators were updated in 17 municipalities, where UNICEF in partnership with NGOs expanded a comprehensive package of preventive interventions. The data for the 17 municipalities were derived from LQAS and demonstrate a significant improvement in IYCF indicators compared with 2015. High-impact interventions during the first 1,000 days of life and community IYCF counselling and support (initiated in 2014) were expanded to 20 of 44 districts (12 districts added in 2016) and are likely to have contributed to significant improvements in IYCF indicators in intervention areas.

No updates are available regarding anaemia prevalence. Data for this indicator will be collected during the 2017 Demographic and Health Survey. The expansion of micronutrient interventions is expected to have resulted in improved status, at least in selected
municipalities.

In a context with no significant public financing for nutrition, UNICEF Niger mobilized and managed resources to continue SAM treatment and vitamin A supplementation at a national scale. UNICEF Niger also continued the expansion of a comprehensive package of nutrition-specific interventions in 17 municipalities, using European Union funding. Humanitarian resources (from ECHO) were instrumental in influencing efficiencies/integration and promoting SAM preventive interventions that are likely to have made a significant contribution to the observed 11 per cent reduction in medically complicated SAM admissions as compared with 2015.

While results of service delivery are encouraging, sustainability and further scaling up of action could be disrupted by poor governance, absence of predictable government or alternative financing mechanisms, weak horizontal and vertical coordination, and weak systems and capacities at all levels. The development of the multisectoral nutrition security policy and its translation into a costed national nutrition security plan of action are expected to facilitate financing, prioritization and coordination of nutrition-sensitive and nutrition-specific actions in the Niger.

**OUTPUT 1** By 2018, nutrition sector actors benefit from an enabling environment for all nutrition-specific and nutrition-sensitive activities, including a policy framework and strengthened capacities in planning, coordination and management

**Analytical statement of progress:**
Following the finalization of the national multisectoral nutrition security policy in 2015, a plan of action was developed in 2016. A cost-effectiveness analysis was finalized and development of the investment case was initiated. A roadmap for the finalization and launch of these tools for planning, prioritization and resource mobilization was also developed. UNICEF Niger, in partnership with the FAO Investment Centre mobilized the necessary technical resources to ensure the finalization of the costed plan of action and the accompanying common results framework, cost effectiveness analysis and the investment case. Throughout the process, UNICEF played the lead technical role and worked closely with the United Nations Scaling Up Nutrition network (especially WFP, FAO and WHO).

New estimates on stunting and wasting prevalence (disaggregated for each of the eight regions) became available, including data on displaced populations and refugees in the Diffa Region and Malian refugees in the Tillabéry Region. Upgrading the capacity of the National Institute of Statistics in survey design, data quality and analysis was emphasized in order to address questions that have been raised regarding the accuracy and quality of previous surveys. The use of mobile technology for data collection (a first for the Niger) facilitated real-time monitoring of data quality and completion. Partnership between WFP and UNHCR and the participation of NGOs was a critical strategy that facilitated four separate assessments.

Analysis of the effectiveness of the UNICEF/European Union/NGO partnership in expanding high-impact preventive health and nutrition interventions in 17 communes was conducted using LQAS. The assessment (disaggregated by all 71 heath centre catchment areas covered by the project) generated valuable evidence on the progress made after two years of implementation and allowed evaluation of the trends as compared with 2015. The assessment was also an opportunity to evaluate the effectiveness of corrective actions initiated in 2016 in response to bottleneck analysis triggered by unsatisfactory results observed in 2015. The process provided an important opportunity to strengthen the capacities of the Ministry of Public Health (Department of Statistics and Department of Nutrition as well as district, commune and health facility authorities/service providers) in
evidence-based management and the design, collection, analysis and use of such assessments.

The information system for SAM treatment, managed by the Ministry of Public Health with support from UNICEF Niger, continued to provide regular and timely data on admissions and programme performance. Data on other indicators continue to be weak, owing to the overall weakness of the Health Management Information System.

The Minister of Public Health changed twice in 2016, making high-level nutrition coordination under the ‘Nigeriens Nourish Nigeriens’ Initiative platform difficult. However, the Initiative did manage to convene actors around the national nutrition security plan of action.

The business network for Scaling-Up Nutrition was launched in 2016. In general, the Scaling-Up Nutrition movement networks continue to be relatively weak in the Niger, with no donor network and no regular national convening.

**OUTPUT 2** By 2018, pregnant and lactating women and all caretakers of children, including fathers, have knowledge of and apply IYCF practices and other essential care practices

**Analytical statement of progress:**
Following the UNICEF Niger midterm review, IYCF was upgraded to a separate output, rather than a part of the prevention output. Community IYCF counselling, which is a relatively new approach initiated in late 2014, has now been expanded to 20 of 44 districts. More than half of the district community health volunteers have been trained (12 districts in 2016) to provide individual and group counselling. However, this does not always translate to 50 per cent of needs met, as the availability of community health volunteers is often lower than required. Needs are considered adequately met in 4,620 of the 18,647 villages nationally. These villages have the capacity to provide community IYCF counselling through 13,474 trained community health volunteers (4,755 trained in 2016) and 3,179 mother-to-mother peer support groups (1,842 established in 2016), reportedly providing counselling to 497,165 mother-infant pairs in 2016. UNICEF Niger supported the training of 4,755 community volunteers, bringing the total number of trained counsellors in the Niger to 13,718. IYCF trainings were also provided to a total of 1,319 facility-based health workers covering 357 integrated health centres and 600 health posts, to ensure the provision of counselling during ANC, postnatal and newborn care and well child and sick child services, in addition to the role of health facilities in providing supportive supervision to community volunteers.

The European Union/UNICEF/NGO partnership for expanding high-impact nutrition interventions in 17 communes (of 266 nationally) is a major opportunity for the expansion of IYCF services in the Niger, with 1,946 of the 4,620 villages covered nationally being from the 17 project communes. Annual evaluation of outcomes was conducted using LQAS, and data suggest continuous progress as compared with 2015: the rate of early initiation of breastfeeding increased from 64 to 76 per cent, exclusive breastfeeding from 65 to 73 per cent and minimum acceptable diet from 3 to 28 per cent. Effectiveness of corrective actions undertaken in 2016 in response to the 2015 LQAS findings was demonstrated by the increase in the proportion of health workers able to recall major complementary feeding recommendations from 53 per cent (range 11–73 per cent by commune) in 2015 to 81 per cent (range 73–92 per cent) in 2016. Furthermore, the relationship between access to the minimum acceptable diet and access to counselling by a trained health worker/volunteer was statistically significant.

UNICEF Niger technical and financial resources also contributed to the finalization and adoption of the revised National IYCF Strategy.
While these results are encouraging, there is room to improve the quality of IYCF trainings/services, including through the integration of early childhood development components. Lack of financial and human resources, as well as weak coordination and management, constrained the finalization of the International Code of Marketing of Breastmilk Substitutes and the revision of the pre-service training curriculum. Deeply rooted socio-cultural practices such as the role and status of women, especially young mothers, will take time to change and will require actions beyond IYCF promotion and counselling.

OUTPUT 3 By 2018, children, adolescents and pregnant and lactating women have access to and utilize micronutrient supplementation and fortification services

Analytical statement of progress:
The first dose of vitamin A and deworming were integrated into the vaccination campaign. Polio vaccination campaigns were used to provide the second dose in three of the eight regions, while a separate campaign was organized in the five remaining regions. Similarly to previous years, reported coverage through the vaccination campaign (using a door-to-door strategy) exceeded 100 per cent, while coverage with a second dose administered through the specific campaign in the other five regions and organized around health centres/health posts and mobile team/outreach strategies was 91 per cent.

As part of a comprehensive package of preventive interventions implemented in 17 communes, home-based food fortification, using micronutrient powders reached a total of 72,789 children aged 6–23 months. Interviews with mothers (LQAS 2016) suggested that 48.5 per cent of target children received micronutrient powders, while 40 per cent of children aged 12–36 months received the required doses to cover the recommended six months, and 37 per cent consumed at least one sachet per day (34 per cent received and 23 per cent consumed in 2015). However, 24-hour recall suggested a much lower proportion (23 per cent) consumed micronutrient powders during the 24 hours preceding the survey. Bottleneck analysis of coverage and quality of this intervention is being carried out.

With no government budget allocated for maternal iron/folate supplementation, UNICEF Niger provided almost all iron/folate supplements in the Niger. Twenty health districts were provided with iron/folate sufficient for 220,375 pregnant women (25 per cent of the annual target of pregnant women). Coverage and quality of the intervention was evaluated using LQAS in the 17 municipalities targeted by the European Union/UNICEF/NGO joint preventive project. Interviews with mothers of infants aged 0–5 months old suggest that 94 per cent received iron/folate supplementation once during their last pregnancy, while only 24 per cent of those mothers received the supplement for the minimum four months (only 9 per cent in 2015). The fact that 58 per cent reported having completed the recommended four ANC visits during their last pregnancy suggests that this mechanism could have been used to provide iron/folate supplements for the recommended period. Similar to observations made in 2015, there was not much difference in the proportion of mothers who received supplements for the recommended period (24 per cent) and those who reported having consumed it for the recommended period (20 per cent), suggesting satisfactory utilization.


Data on access to adequately iodized salt was last updated in 2015 (69 per cent of households using iodized salt, but only 6.2 per cent adequately iodized). Revision of the national strategy was initiated. A significant shift is required with greater private sector
involvement and context-specific business models. Limited in-country experience and non-optimal coordination and management were significant constraints that limited progress.

**OUTPUT 4** By 2018, children under 5 and pregnant and lactating women have access to and utilize quality preventive and treatment services against SAM.

**Analytical statement of progress:**
SAM treatment was provided in 878 health centres and 44 hospitals throughout the Niger, supported by community level screening and referral. Some 330,570 children with SAM were treated by the end of October, with 40,955 presenting with complications. Admissions accounted for 82.5 per cent of the estimated annual caseload for 2016 (400,794). A recent meta-analysis suggests that the incidence correction factor used in the Niger could underestimate the annual caseload. As in previous years, performance indicators surpassed global/national minimum standards with 89.3 per cent cured, 5.2 per cent defaulted and 1.2 per cent died, as a proportion of the total discharged (268,366).

UNICEF Niger, with the support of ECHO, successfully advocated for the inclusion of early malnutrition case detection in the SMC campaign (a joint action by the Ministry of Public Health, GFATM, the World Bank and NGOs). The SMC campaign targeted 2.6 million children aged 3–59 months in 28 districts and provided an unprecedented opportunity to identify cases between August and November, the peak period for SAM admissions. Complete data are not yet available, but data from the first of the four rounds revealed that 48,576 children were identified and referred. Integration of SAM screening with SMC is believed to have contributed to the significant (11 per cent) reduction in SAM hospital admissions observed by the end of October 2016 (40,955) compared with 2015 (46,169). This is also the lowest number of hospital admissions reported in the last five years.

Community IYCF counselling contacts, the second dose of vitamin A supplementation/deworming campaign in five districts and iCCM were also utilized for screening in districts not covered by SMC.

Revision of the national protocol on SAM management, which was initiated in 2015, was finalized in 2016 and used in the training/retraining of 1,605 health workers across the country.

The sustainability of the SAM programme is questionable given the total reliance on humanitarian resources. Given high population growth in the Niger, the high SAM caseload in terms of absolute numbers is likely to persist even with a significant reduction in prevalence. Hospital treatment of 90 per cent of medically complicated SAM cases was only possible with the support of NGOs and UNICEF, who together employed more than 1,245 health workers and support staff. The high number of SAM cases treated in hospitals affects the overall paediatric care service, given the limited capacity of hospitals. The withdrawal of humanitarian and other resources in a context of high SAM prevalence and the absence of alternative arrangements is likely to result in serious consequences for the survival of hospitalized children in general and especially those with medically complicated SAM.

**OUTPUT 5** By 2018, governmental institutions and civil society organizations at national, regional, district and local levels have strengthened capacities to coordinate and implement an effective nutrition response in emergency situations.
Analytical statement of progress:

Nutrition emergency preparedness is integrated into the national crisis preparedness plan. Availability of a full-time cluster coordinator and the leadership of UNICEF Niger in advocacy and technical support contributed to the quality of coordination and analysis. The resources mobilized allowed for the maintenance of high coverage for SAM treatment and periodic vitamin A supplementation/deworming and supported the initiation of efforts to expand other preventive interventions (e.g. IYCF).

The September 2016 nutritional survey revealed very high acute malnutrition rates in the N’Gouri and N’Guigmi districts of the Diffa Region and triggered the interest of an NGO currently preparing to intervene. The assessment conducted in partnership with UNHCR showed very high acute mainnutrition rates among Malian refugees, and, in collaboration with UNICEF and WFP, an action plan focusing on the refugee camps in Tillabéry region was developed.

A total of 14,697 children suffering from SAM (102 per cent of the estimated annual caseload), were treated (based on data for January through November). The higher than 100 per cent coverage is likely to be due to the admission of refugees who are not considered in the estimated annual caseload. UNICEF Niger support reaches the entire caseload in the region, either directly (through provision of all therapeutic and other essential supplies, training and supervision) or indirectly (through planning, general coordination, development and dissemination of protocols and guidelines, and conducting assessments and monitoring). As in the national programme, performance indicators surpassed minimum standards (greater than 75 per cent cured; less than 15 per cent defaulted; and less than 10 per cent deaths): 96.3 per cent cured, 2.7 per cent defaulted and less than 1 per cent died.

Twice yearly vitamin A supplementation was integrated into vaccination campaigns. As in previous years, high coverage (111 per cent and 103 per cent for first and second doses, respectively) is partially explained by the inclusion of refugees that were not included in the estimate.

A survey conducted among the displaced population in September 2016 demonstrated the availability and utilization of IYCF services both at the community and facility levels: 58 per cent of mothers reported having received home visits focused on IYCF counselling, and 61 per cent of mothers attending antenatal and postnatal care received IYCF counselling at health facilities, while 25 per cent of interviewed mothers of children under 2 years participated in mother-to-mother support groups. The survey also documented relatively high rates of exclusive breastfeeding (53 per cent).

The existing capacity and partnerships between UNICEF, the Ministry of Public Health and NGOs facilitated the nutrition response. However, limitations of the existing partnerships are acknowledged, as demonstrated by fewer screenings than recommended and the slow expansion and low quality of nutrition services, except for SAM treatment. This is currently under discussion within the Health and Nutrition Cluster in Diffa. Assignment of a full-time technical staff member to Diffa, from November 2016, should further facilitate the nutrition response and consolidate the partnership.

OUTCOME 5 By 2018, school-aged 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:
In 2015/16, the gross preschool rate was 7.2 per cent, an increase of 0.9 percentage points compared with the 2013 baseline. The weak year-to-year growth is linked to the small budget allocated to the sub-sector by the Government and the fact that preschool is essentially an urban phenomenon, whereas children in rural and disadvantaged areas have the greatest need for improved school readiness. The small increase in preschool attendance was due in part to the contribution of communities, who, with the support of UNICEF, created 160 new community kindergartens. This brought the total number of community kindergartens to 960 (out of a total of 2,300 preschool centres in the Niger). With a view to enabling the Government and its partners to strengthen the quality of preschool and expand its coverage, UNICEF Niger supported an assessment of children’s skills upon entry to primary school. Results were validated in 2016 and presented to the Minister in charge of preschool education and financial and technical partners. Children who attended preschool gained on average five percentage points in test scores, and these results will encourage the Government to define new policy options and design curricula and teacher profiles that are more relevant for this level of education. The Government welcomed the results and recommendations of the assessment and passed a ministerial act to reduce the duration of the preschool cycle from three to two years, even before official validation of the study. This will reduce costs and give more children the chance to enrol in preschool.

The primary education gross enrolment ratio rose from 71.3 per cent for the 2014/15 school year to 76.7 per cent for the 2015/16 school year. UNICEF Niger made a significant contribution to this result, in particular through the momentum created around the National Girls’ Acceleration Strategy, which was developed with the support of UNICEF and launched in 2015, as well as the pilot interventions conducted in the 35 convergence municipalities. Unfortunately, the gender parity index at the national level has stagnated at 0.85 points for nearly five years. The significant improvement in gender parity in the 11 convergence municipalities where UNICEF and partners have been implementing community-based strategies for accelerating girls’ education since 2015 suggests that the extension of these strategies could accelerate progress towards achieving gender parity at the national level.

The gross primary completion rate increased from 73.8 per cent in 2015 to 75.6 per cent in 2016. Girls’ completion increased by more than three points, whereas the boys completion rate increased by less than 1 per cent. UNICEF Niger contributed to this result, through the implementation of community-based strategies, as mentioned above, and training for 120 pedagogical supervisors, 2,772 school principals and 2,858 teachers.

At the secondary school level, the gross enrolment ratio increased from 29.5 per cent (girls 24.2 per cent) in 2015 to 34.2 per cent (girls 28.8 per cent) in 2016. UNICEF Niger contributed to the improvement in this indicator through supporting the training of 472 teachers in mathematics and science.

At both the primary and secondary levels, the UNICEF education programme component sought to support improvements in access to school and the quality of education for the most vulnerable children. A particular highlight was the support provided to children with disabilities in partnership with Handicap International in Maradi and Tahoua regions. As a result, 2,598 children with disabilities were enrolled and monitored out of an expected 3,000 (87 per cent). In addition, 536 teachers received specific training on inclusive education.

The planned bi-annual assessment of student achievement has not been carried out since 2011 due to resource constraints. This situation will necessitate that UNICEF includes learning assessments, at least for the pilot schools, in its planning with the Government, to gain the information needed to enable any adjustments to be made in a timely fashion and to facilitate lessons learning.
However, the assessment of students’ achievements conducted by the Programme for the Analysis of Educational Systems in 2014 indicates that significant quality issues remain: only 8.5 per cent of children completing primary school meet the required minimum standards in reading and only 7.7 per cent in mathematics.

Second chance education for out-of-school children was also supported during 2015/16. Some 132 children who had never attended school or who had dropped out of school in the municipality of Dingazi (Tillabéry Region) were integrated into 10 bridging classes. In October 2016, preparatory activities were implemented with a view to offering quality education to more children in the Diffa Region, which has the lowest education indicators and has been affected by Boko Haram attacks. Support was provided to 50 Koranic schools (4,022 children, including 2,302 girls) and 12 vocational training centres (with approximately 40 students per centre).

In partnership with the international NGO, Eirene the International Christian Service for Peace, 250 Koranic centre teachers received training on: mathematics and literacy, school management, pedagogical issues, WASH in schools and transcription into mother tongues. Learners were recruited for alternative education and vocational training centres, and the construction of the three categories of learning centres was launched.

Support from the entire education-in-emergencies cluster ensured education for 55,847 children in the Diffa Region, including 31,833 girls, and included refugee children from Nigeria, Nigerien children returning from exile and children displaced due to insecurity following terrorist attacks, as well as children in host communities. UNICEF Niger directly supported continuity of education for 27,354 children, including 15,591 girls (47 per cent).

OUTPUT 1 By 2018, families, communities, schools and institutions are equipped with the tools to ensure the continuity of education for children affected by crises, especially girls and the most vulnerable

Analytical statement of progress:
UNICEF Niger, as Education Cluster lead, supported the Ministry of Education to coordinate interventions for emergency-affected children. Coordination was supported at central as well as at decentralized levels, particularly in Diffa, and consisted of capacity strengthening to enhance cluster functionality and compiling information, notably through the 3W (Who does What, Where?) monitoring tool. The increased number of implementing actors (eight international NGOs and the Ministry of Education) required further development and sharing of monitoring tools.

During the 2015/16 school year, the UNICEF Niger education-in-emergencies response benefited 9,837 children (4,623 girls) affected by Boko Haram attacks in Diffa and 1,578 pastoral children (741 girls) affected by a livestock fodder deficit in Agadez and Maradi regions.

To support the reopening of the 2016/17 school year, the Education Working Group in Diffa targeted 51,302 children. UNICEF’s target population was children aged 7–14 years, but 622 pre-primary students were also reached. In total, 27,354 children aged 4–13 had been reached as of 30 November 2016. Some 500 lower secondary school-aged refugee children in the Diffa emergency context were targeted by UNHCR.

Specific humanitarian response interventions were implemented following rapid assessments and participatory planning conducted with the Ministry of Education, United Nations agencies (OCHA, UNHCR and WFP) and international NGOs. Interventions
included the establishment and equipping of temporary learning spaces, the distribution of textbooks, school kits and teaching materials, and the training of teachers on basic primary school curriculum content (French, mathematics and sciences), teaching techniques and psychosocial support.

A total of 375 temporary learning spaces were constructed. Of these, 184 were set up by UNICEF partners, together with the delivery of learning materials, other materials for improving the learning environment and psychosocial training. A total of 265 teachers (136 female) benefited during the 2015/16 school year, while for the 2016/17 school year, 34 teachers benefited from a refresher course and 26 new teachers received initial training.

Non-formal education interventions will be implemented during the 2016/17 school year: 3,207 children aged 9–14 years were registered in 65 alternative education centres set up in partnership with NGOs and the Ministry of Education in the Diffa Region.

Despite the positive results achieved in comparison to targets set for the 2015/16 school year, the complex nature of the emergency in Diffa meant that significant numbers of children remained out of school. Education sector partners are working to identify the best methodology to identify out-of-school children in the eight affected municipalities, with a view to adapting the education offer to meet the specific needs of these children.

**OUTPUT 2** By 2018, management and leadership of the education system will be strengthened, especially in convergence municipalities, towards improved performance

**Analytical statement of progress:**
A guidance note on regional development plans was produced towards the end of the year, and two thematic sub-groups were formed to discuss the annual review of the Sectoral Education and Training Programme in January 2017.

Within the decentralization support framework initiated by UNICEF Niger, the education section supported all 35 convergence municipalities to implement the education component of their municipal development plans. School kits were provided to schoolchildren in support of these municipal development plans.

UNICEF supported the production and dissemination of two statistical yearbooks with data at the national and regional levels, covering the 2015/16 school year. These data were collected, processed and analysed by the ministries in charge of primary and secondary education and will guide policies and decisions to address gender and urban/rural disparities in education. The 2015/16 statistical yearbooks were elaborated and validated and will be printed and disseminated early in 2017.

An evaluation of the competencies of children entering primary school, initiated in 2013, was finalized. Results show that the average competency score of children who attended preschool is significantly higher, by five points, compared with children with no access to preschool education.

The elaboration of regional education development plans has been constrained due to several factors, including delays in implementation of the decentralization policy. Advocacy and capacity building for effective decentralization and results-based management will continue to be a high priority for UNICEF Niger.

UNICEF also supports the Government in defining a model of rural community colleges to address key bottlenecks affecting retention in school in rural areas. This model needs to be
further elaborated in terms of pedagogical tools and guidance on the geographical
distribution of these colleges.

Despite progress in the production of education statistical data, the ‘data culture’ within the
education sector administration remains weak, and the production of statistics may be
interrupted if UNICEF support is discontinued. The legislation dealing with the protection of
girls in schools was blocked by the National Assembly in 2012. Currently, the National
Democratic Institute is working with the Ministry of Education to get it adopted.

**OUTPUT 3** By 2018, schools and training centres (preschool, primary and lower secondary
cycle and non-formal education centres) offer a package of services conducive to
educational achievement in an inclusive and gender-sensitive environment, including for
children living with disabilities

**Analytical statement of progress:**
An essential learning package for pre-primary, formal and non-formal primary education, as
well as lower secondary education, is being rolled out in the 32 convergence municipalities.

Some 160 community kindergartens were set up in 32 convergence municipalities, bringing
the number of primary schools with kindergartens to 480 out of a total 2,712 primary schools
(18 per cent). These kindergartens have pre schooled 6,869 children, including 3,406 girls
(50 per cent), which augurs well for a reduction in gender disparity at entry into primary
school. UNICEF Niger facilitated recruitment of animators by communities and funded
sensitization sessions and temporary classrooms, a 45-day training course for 160
kindergarten animators, school furniture and educational and play materials.

A total of 887 school action plans were developed in 2015/16 by communities in 23
convergence municipalities to improve access to school and quality of learning, particularly
for girls. Of these action plans, 319 were financed in 12 convergence municipalities of Dosso
and Tillabéry regions in 2016, in addition to 100 school projects in four convergence
municipalities. The proportion of girls enrolled in 23 convergence municipalities, where
strong sensitization was carried out, increased significantly. In addition, 2,598 of the
expected 3,500 children with disabilities (74 per cent) were enrolled in ordinary schools (only
12 per cent in 2015).

Retention of girls and children from nomadic families at lower secondary school level was
supported through two scholarship programmes, which benefited 572 students, among them
418 girls (75 per cent), from an initial cohort of 928 beneficiaries. The scholarships have
contributed to reducing the risk of early marriage.

Quality improvements were facilitated through the training of 2,858 untrained primary school
teachers in French teaching techniques, through a nine-month self-study diploma course
under the supervision of pedagogical counsellors. A total of 472 lower secondary education
teachers, including 114 women, were trained on the Strengthening of Mathematics and
Science in Secondary Education module.

Second chance education was supported in the Tillabéry Region, where 132 out-of-school
children were schooled in bridging classrooms. In Diffa, 50 Koranic schools with 8,160
children (3,566 girls), of whom 4,822 were not attending regular school, were identified and
their 175 teachers were trained to teach basic mathematics and literacy. Children were also
recruited for 12 vocational training centres, while 14 teachers received a one-month training
on the alternative education curriculum. Forty-six classrooms in the three categories of
learning centres are under construction.
The planned study on out-of-school children was delayed while awaiting joint development of a standardized comprehensive methodology by UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO). The UNICEF West and Central Africa Regional Office organized a training session attended by the secretaries-general of both basic and secondary education. The quality of learning continued to be affected by the poor qualifications of teachers, absenteeism due partly to arrears in salary payments, and the scarcity of resources for constructing and equipping classrooms and providing separate blocks of latrines for girls and boys, as well as water points and handwashing systems.

**OUTPUT 4** By 2018, families and communities have strengthened capacities to create favourable conditions for increased and sustainable demand for education

**Analytical statement of progress:**
The participation of parents and communities in school management is a strategy promoted by the Government of the Niger and supported for several years by UNICEF. For example, 724 members of 220 decentralized management committees of preschool and primary schools and eight decentralized management committees of secondary schools were trained on their roles and responsibilities in the regions of Tahoua and Agadez in 2016, building their capacity to effectively participate in school management, including through the sensitization of parents on the enrolment and retention of their children in school.

In 23 convergence municipalities, 887 girls’ education action plans were elaborated on the basis of diagnostics carried out by communities. A total of 319 actions plans have been implemented in Dosso and Tillabéry regions. Along with the 100 school projects, 216,188 primary school pupils were enrolled, of whom 46 per cent were girls and 35,395 were college pupils (39 per cent girls). It is generally accepted that these action plans have supported the effective and voluntary involvement of communities in the schooling of their children, as evidenced by the increase in enrolment. For example, in the communes of Falwell and Sokorbé, in the Dosso Region, a significant improvement in enrolment of around 8 per cent in one year was observed in each municipality. The number of girls in primary education in Falwell increased from 4,074 girls in 2014/15 to 4,418 in 2015/16. For secondary level, enrolment rose from 1,133 in 2014/15 to 1,228 in 2015/16. In the commune of Sokorbé, the number of girls in primary school was 4,113 girls in 2015/16 against 3,792 in 2014/15.

Sensitization of school management committees enabled communities to set up 160 community kindergartens that enabled 6,869 children, including 3,406 girls (50 per cent), aged 4–6 years, to prepare for primary school in the 35 convergence municipalities and in the Niamey Region. The capacities of the management committees were also reinforced through training on early stimulation and stimulation practices, which enabled them to be better equipped to contribute to the development of the child’s personality, to support learning, and to improve cognitive, psychosocial and behavioural functions.

The acceleration of girls’ schooling began to translate into results in terms of increasing the enrolment of schoolchildren, particularly girls, and thereby reducing gender disparities. However, this remains constrained by socio-cultural factors that are unfavourable to the girl as well as limited effectiveness of the actors involved in the implementation and follow-up of the acceleration interventions. Capacities of the actors require continuous strengthening, and effective accountability mechanisms have to be put in place to monitor implementation and measure results.
OUTCOME 6 By 2018, children and adolescents, particularly the most vulnerable, are better protected against abuse, violence and exploitation.

Analytical statement of progress:

Child protection services: The Technical Committee of the Council of Ministers gave the go-ahead for implementation of the National Programme for Children and the Social Service Reform, which will enable new services comprising three branches to be established: prevention through behaviour change communication targeting the public in general; promotion through counselling and orienting very vulnerable families to basic social services, including social welfare; and protection providing individually tailored assistance to child victims of neglect, abuse and exploitation. Monitoring visits have shown that case management, data collection and supervision have started to improve following training of 87 per cent of the personnel involved in delivering services to child victims. However, inadequacy of human resources in terms of number of personnel, contractual status and educational background presents a major obstacle to providing effective child protection services.

Birth registration: The newborn registration rate was around 63 per cent at the time of reporting and is expected to reach the same level as in 2015 (67 per cent) by the end of the year. Training of village and health facility civil registration agents, awareness raising on the importance of registering vital events and the establishment of village level civil registration committees, as well as regular supervision by municipality, district and regional personnel all contributed to this result. Funding availability in 2016 was restricted as European Union funding of the UNICEF-supported civil registration programme from 2012–2015 ended. However, the European Union is expected to provide major new funding to cover the period 2017–2020. Note that data for birth registration and activities covered the period from January to June in two regions and January to September in the other six regions.

Child marriage: In the 100 villages where the community-based approach was implemented in 2016, qualitative observations and data recorded by community facilitators based in the communities indicate that communities are ready to change social norm-based practices once they have access to information on the detrimental consequences of child marriage and are given an opportunity to conduct open inter-generational and inter-gender discussions on the issue. The Niger has the highest rate of child marriage in the world and as such, is included in the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage. Funding from the Programme has enabled UNICEF Niger to develop a multisectoral approach that reorients and focuses several existing interventions towards reducing child marriage. Main UNICEF-supported activities under the Programme are: community-based child protection aimed at changing social norms related to child marriage, as well as other practices harmful to children through inter-personal communication; and communication through opinion leaders, such as the media and political, administrative, traditional and religious authorities, and civil society, including NGOs and the private sector. The multi-sector approach also includes interventions funded from other sources, in particular: actions aimed at increasing girls’ access to education, including WASH-in-schools, youth empowerment, leadership and participation, child protection, civil registration, social protection, health and nutrition services, as well as social policy and planning, monitoring and evaluation.

UNICEF collaborated with UNFPA on several activities, including joint workshops, joint field visits and joint thematic working groups, which will lead to the production of a joint 2016 annual report and a joint 2017 action plan. Joint complementary and individual strategies and lines of action have been defined. For example, upstream level activities such as policy dialogue and advocacy and data production and dissemination will be carried out jointly. Downstream, community-based approaches will be harmonized and adolescent girls’
participating in UNFPA-supported interventions will have access to UNICEF-supported education, child protection, birth registration and health and nutrition services. UNFPA will contribute to UNICEF-supported communication activities in the area of sexual and reproductive health.

At the Government level, the multi-actor multi-sector Child Marriage Coordination National Committee was established, and the new Minister agreed to develop a national plan of action to end child marriage. The African Union Special Rapporteur on Child Marriage visited the Niger, and government representatives participated in the African Union Child Marriage Campaign review meeting in Lusaka, Zambia. At the International Day of the Girl Child 2016 celebrations on 11 October, the First Lady of the Niger delivered a speech signalling that the Government acknowledges the detrimental consequences of child marriage on adolescent girls as well as on their children.

**Female genital mutilation:** UNICEF Niger continued to support a community-based child protection programme aimed at ending female genital mutilation in the region of the Niger where the practice is most prevalent (9 per cent of women aged 15–49 years or 123,826 women, according to the 2012 Demographic and Health Survey/Multiple Indicator Cluster Survey), and specifically in one rural municipality where prevalence was 65 per cent in 2006 according to the Demographic and Health Survey (the 2012 survey does not disaggregate data by municipality). The programme was implemented by a local NGO specialized in ending harmful traditional practices. To date, 30 of 70 villages and 20,089 of 82,182 people have been reached, and the entire municipality is expected to be covered by the end of the Country Programme in 2018.

**OUTPUT 1** By 2018, sectoral and cross-sectoral laws, policies, plans, budgets and information systems related to child protection are in line with international norms and treaties, and their implementation is monitored and coordinated

**Analytical statement of progress:**
Advocacy efforts in 2016 focused on the adoption of the Child Protection National Programme and the Proposal for the Social Welfare Service Reform by the Council of Ministers, as well as on the necessity to formally recruit the existing volunteer social workers and hire additional personnel. In July 2016, the Technical Committee of the Council of Ministers gave the go-ahead for the implementation, and a decree to establish the new social welfare services is being prepared. This decree will increase the Ministry of Women’s Promotion and Child Protection’s credibility with other sectors, facilitate advocacy for funding allocations and recruitment of the required human resources, and boost staff morale. Existing protection services will form the protection branch of the new social services and two new branches will be added: prevention (communication for behaviour change) and promotion (social welfare).

A total of 92 staff members (33 per cent women) from the whole country, which represents 87 per cent of all personnel currently involved in delivering child protection services, completed training in child protection case management that commenced at the end of 2015. Personnel trained included: four from the Child Protection Department, nine child protection regional unit heads, 42 child protection district directors, 35 social workers and two municipality agents. The training was comprised of a one-year course that included face-to-face sessions, practical skills application in daily work, literature review and written exams. Ninety per cent of the participants successfully completed the training. Improvement in case management was demonstrated through an analysis of case files and discussions held with social workers by UNICEF Niger staff during field monitoring visits and by the international trainer who reviewed all case files during the second and third training sessions. All 50 child protection services sent data on cases every month to the regional child protection unit head
who compiled them and forwarded them to the Ministry. Every regional unit head conducted two supervisory visits to all services under their responsibility, during which they utilized a supervision tool to assist them in collecting qualitative information and provided constructive feedback to the personnel.

The Council of Ministers’ Technical Committee requested that all references to customary law be removed from the revised Children’s Code in order to align it with international standards. However, the Ministry fears that the National Assembly would not pass such an amended law. The proposed Law for the Protection of Girls in Schools, which was rejected in 2012, is being re-introduced, and orientation and advocacy with parliamentarians is being conducted.

The main obstacles facing the child protection system are: lack of human resources in terms of number of personnel, contractual status and educational background of personnel, as well as the lack of any government budget allocation. Inter-sectoral coordination is also weak, and the establishment of a national multi-sector multi-actor child protection coordination committee will be an objective of the third National Forum on Child Protection scheduled for July 2017.

**OUTPUT 2** By 2018, children and adolescents at great risk of or victims of neglect, abuse or exploitation have better access to quality prevention and care services

**Analytical statement of progress:**
Between January and October 2016, a total of 3,026 children were attended by the 50 local child protection services, including 973 protection cases, as follows: loss of parental care (12 per cent); neglect (15 per cent); physical or psychological abuse (12 per cent); sexual abuse (10 per cent); exploitation and worst forms of child labour (3 per cent); commercial sexual exploitation (1 per cent); trafficking (2 per cent); child marriage (9 per cent); risky behaviour (30 per cent); and other (6 per cent). Classification by age: children under 5 accounted for 13 per cent; children aged 6–12 years for 35 per cent; children aged 13–15 years for 38 per cent; and children above 15 years for 14 per cent, among whom 50 per cent were girls. These children received the following services: emergency medical care (4 per cent); emergency temporary placement with host family or in centre (2 per cent); transferred to juvenile judge (4 per cent); psychosocial support/counselling (23 per cent); family tracing (10 per cent); home visits (24 per cent); parental counselling (20 per cent); family mediation (5 per cent); family reintegration (7 per cent); and other (1 per cent). Children were referred to: health services (16 per cent); formal education (8 per cent); apprenticeship (8 per cent); vocational training (11 per cent); social welfare (26 per cent); civil registration (16 per cent); security/police (8 per cent); and other (7 per cent).

Some 400 at-risk children completed an apprenticeship and received a kit to help them start a business or secure paid employment in a workshop. In addition, 184 others were pursuing a workshop apprenticeship and 55 were at a vocational training centre. A total of 1,414 children were attended by child protection services without a full case file being opened, including lost children, children in conflict with their parents, etc.

The number of child protection services increased from 42 to 50 thanks to the appointment of six district directors and the establishment of services in two districts. The quality of services for children improved as a result of training and the following actions: 1) the introduction of case management files and procedures; 2) the development and implementation of a communication plan to raise awareness of available services among the public and key actors, including local traditional, religious and administrative authorities, as well as the police, justice, education and health sectors, in order to increase case reporting; 3) networking with other services, for example, formal, non-formal and vocational education,
social welfare, health, alternative care, etc., to establish a referral system and ensure emergency care and socio-economic reintegration; 4) local child protection committee meetings presided over by a juvenile judge to discuss cases; 5) implementation of two supportive supervision visits per year to each child protection service by the regional unit head; 6) two coordination, review and planning meetings per year; 7) improvements to the case data collection system; and 8) provision of office equipment and a motorcycle to all child protection services lacking one, plus replacement of vehicles for four child protection regional directorates. The main obstacle to further progress was the human resources situation in the social welfare sector.

**OUTPUT 3** By 2018, children and adolescents in contact with the justice system have access to services that guarantee their protection and the respect of their rights, in compliance with international norms

**Analytical statement of progress:**
The focus for 2016 was on implementing the Juvenile Judiciary Protection National Policy and Plan of Action adopted in 2015 as part of the National Justice Policy. In early 2016, 72 newly-appointed juvenile judges, prosecutors, court social workers and other court personnel participated in a three-day orientation on international and national texts on justice for children, alternatives to detention and casework. Basic and specialized modules are being developed for integration into the pre-service curriculum for all students at the Judiciary Training Institute and the University of Law and for in-service training for all judges, prosecutors, court clerks, court-appointed and other lawyers, and court social workers assigned to juvenile courts.

An assessment of juvenile quarters, juvenile courts and juvenile police units in the 10 urban centres where high courts are located, plus an inventory of educational and vocational training facilities and host family networks run by child protection regional directorates, was conducted. The results, once published, will inform the development of alternatives to detention and the establishment of rehabilitation and reintegration programmes for children detained in juvenile quarters. Local committees to implement the text on community service as an alternative to detention were established in the 10 high courts, and the text is being revised to expand eligibility criteria.

UNICEF Niger supported the compilation, analysis and publication of the Annual Justice Statistics, which provide detailed information on the number and type of cases of children in contact with the law, as well as on actions taken in each case.

Using basic and specialized training modules and materials on child rights and protection for security and defence forces, developed with the support of UNICEF Niger, 15 new trainers from the Army Training Institute were trained to replace those transferred to other locations/positions. In addition, 60 prison directors, wardens and clerks from the National Guard, as well as 71 officers assigned to police juvenile units, received specialized in-service training, and 150 new recruits of the Gendarmerie Nationale received basic pre-service training. Some 1,505 security and defence force personnel stationed in Agadez, Dosso and Tillaberi regions and due to serve in the Diffa Region, received a five-hour orientation on their role in the protection of children in armed conflict, as well as a pocket reference card.

UNICEF Niger supported the revision of data collection forms used by juvenile police units, and 60 out of 67 units have been sending data on a monthly basis.

The justice system is affected by a lack of human resources at the central level, as well as
by the high turnover among juvenile judges, due to the lack of specialization or defined
career path in juvenile justice for judges and other related professions.

**OUTPUT 4** By 2018, children and adolescents, in particular the most vulnerable, have
access to efficient civil registration services

**Analytical statement of progress:**
In 2016, civil registration activities were entirely funded using UNICEF regular resources,
necessitating a focus on ensuring that the system continued to function and that existing
centres became operational through training of civil registration agents and community social
mobilization activities, rather than on creating additional centres. In response to the 2015
evaluation findings, efforts focused on ensuring that the backlog of birth certificates issued
but not collected by parents was cleared. Bottleneck exists only in large urban centres.
Specific data are not available; monitoring by UNICEF staff and civil registration regional
directors’ reports show that the stock had disappeared in four regions and reduced
significantly in the other four.

A total of 402,045 births (63 per cent of expected) were registered within the requisite legal
timeframe (one month in rural areas, 10 days in urban). Legal declarations by a judge were
issued to 90,037 children without birth certificates during mobile court sessions (117 per cent
of the 2016 target). In addition, 157,884 declarations were issued by the court in response to
specific requests. Civil registration committees were established in 2,064 villages (79 per
cent of the 2016 target), which increased overall coverage from 51 to 62 per cent nationally.

Demand for civil registration services was created through awareness raising on the
importance of registering vital events, which was conducted in 2,064 villages, reaching
149,250 people. Partnerships were established with 30 local radio stations (32 per cent of
the 2016 target), and broadcasters were trained in the production and dissemination of
messages on the importance of vital events registration. Effectiveness of civil registration
services was enhanced through training of 2,807 civil registration agents (64 per cent of the
2016 target). Some 454 additional village declaration centres established in previous years
commenced registering births and submitting declarations. This raised the proportion of
centres that are operational from 62 to 70 per cent of all existing centres. Note that data for
birth registration and activities cover the period from January to June in two regions and
January to September in the other six regions.

At the national level, a government team assessed the civil registration system with the tools
developed within the framework of the Africa Programme on Accelerated Improvement of
Civil Registration and Vital Statistics. Based on the assessment, an action plan was
developed, which will permit the Niger to access international funding under the Programme.
Detailed mapping of human and material resources and civil registration and vital statistics
data collection were conducted in all civil registration centres. This information will serve as a
basis for the establishment of a continuously updated database as part of an improved
Information Management System.

Major constraints in 2016, included the irregular payments of salary and transport
allowances to municipality civil registration officers. Fortunately, the high level of staff
motivation enabled services to continue, although the situation is clearly unsustainable over
the long term. Major funding is expected to be received from the European Union for 2017–
2020.

**OUTPUT 5** By 2018, children and adolescents are protected by their communities, through
the adoption of practices conducive to their well-being, particularly the abandonment of child
marriage; and the capacity of girls and boys to claim and exercise their rights is strengthened

**Analytical statement of progress:**
Following successful small-scale experiences from previous years, in 2016, interventions were expanded to 110 additional villages in 11 municipalities: 100 villages in Maradi and Zinder regions with a high prevalence of child marriage and 10 villages in the Tillabéry Region with a high prevalence of female genital mutilation. Another 110 villages were reached through sponsorship by neighbouring communities.

Some 10,320 people (30 per cent women, 29 per cent adolescent girls, 24 per cent men and 17 per cent adolescent boys) participated in educational sessions three times per week on child health, education, protection and rights (representing 78 per cent of the participants initially registered). A total of 26,109 people participated in village-wide talks on issues covered during the educational sessions. Inter-village talks provided an opportunity for experience exchange for 12,959 people. After one year of intervention, each village made a public declaration of abandonment of harmful practices.

Reported results directly impacting children include: 27 cases of child marriage prevented as a result of mediation between village child protection sub-committees and parents; 190 potential cases of female genital mutilation prevented; 147 children withdrawn from heavy work detrimental to their development and sent back to school; establishment of religious schools within villages to avoid the practice of sending children away from their families to towns or to Nigeria for studies where they would be at risk of abuse or being forced into begging; 72 neglected/extremely vulnerable children cared for by the community; 362 children returned to school and 16 given apprenticeships; support classes provided for children with learning difficulties; increased proportion of births registered; increased use of health facilities, in particular for birth delivery and children’s diseases; a decrease in the incidence of diseases caused by lack of hygiene; and more harmonious and respectful relations between parents and children and husbands and wives.

The above results were achieved through: establishing village sub-committees on child protection, schooling monitoring (especially of girls) and health promotion and hygiene. In addition, religious leaders included child protection issues in their Friday preaching and refused to celebrate forced or early marriages.

To expand programme coverage, each village sponsored another village by having community volunteers facilitating village talks on the same issues, resulting in the sponsored villages establishing child protection committees, laying the groundwork for making public declarations of abandonment of harmful practices in the future. Villages in which the programme was implemented in previous years were monitored by child protection district directors who also collected information from village management committees on activities carried out and on child protection cases.

A major constraint is the entrenched nature of social norms that underlie the adoption of harmful practices, including low status of women, gender inequalities, common misconceptions about childhood, low educational status and lack of access to information and knowledge on child rights and physical, psychological and cognitive developmental stages of children. High levels of poverty and absence of a social protection system for the most vulnerable are contributory factors.

**OUTPUT 6** By 2018, children exposed to protection risks caused by humanitarian crises have better access to quality prevention and care services
Analytical statement of progress:
A total of 57,581 children (29,366 girls) participated in socio-recreational activities in 62 child-friendly spaces, including 14 dedicated exclusively to adolescents. Some 461 children and adolescents (259 girls) were referred to psychologists for psychosocial support. A total of 275 separated and unaccompanied children (103 girls) were identified and placed with host families while family tracing was conducted, and 12 were reunified with their families.

Some 553 child victims of neglect, abuse or exploitation were identified and referred. Ninety-eight victims of sexual violence, including 34 children (6 aged 0–11 years and 28 aged 12–17 years) were reached and received psychosocial support. In addition, two received assistance to access justice and 53 received livelihood support.

Seventy-five children (one girl) have been detained on suspicion of association with armed groups for more than 18 months. UNICEF successfully advocated for their separation from adults and transfer to juvenile quarters. While strongly advocating with the Government for their transfer to civilian social services, in line with the Paris Principles, UNICEF provided detained children with supplementary food, medical care, bedding, clothing, hygiene kits, psychosocial support and socio-educational activities. UNICEF successfully advocated for the inclusion of a provision in the revised Criminal Procedure Code such that the Juvenile Justice Law should be applied to these children and as a result, two juvenile judges were appointed to the anti-terrorist court. Following a meeting of the President of the Niger with the Special Representative of the Secretary-General for Children Affected by Armed Conflict on 23 September 2016, the Government agreed to transfer the detained children to transit and orientation centres and to reunify them with their families, where they will receive support and follow-up from a social worker. An agreement to transfer children allegedly associated with armed groups that are identified during military operations to civilian social services is awaiting signature.

Fifteen gender-based violence support groups, which include a total of 75 women trained in this field, conducted awareness-raising activities to prevent gender-based violence. This resulted in an estimated 30 cases being reported directly to traditional and religious authorities. Gender-based violence support groups provided the survivors with psychosocial support, information on available services and how to access them. The capacities of child protection actors in Diffa and in Niamey were strengthened through training on age verification, monitoring and reporting on grave violations against children in armed conflict and child protection-in-emergencies. Social services, justice, security and defence forces and implementing partner personnel were all trained.

As Child Protection Sub-Cluster coordinator, UNICEF supported coordination efforts in Niamey and Diffa. Two working groups were established in Diffa to define standards and procedures and harmonize approaches for identification, documentation, tracing and reunification of unaccompanied and separated children and for child-friendly spaces. Constraints facing the Sub-Cluster included: lack of accountability of member organizations towards the Sub-Cluster, resulting in duplication of actions in easily accessible areas and gaps in hard-to-reach areas; insufficient expertise of member organizations in child protection; and sub-optimal timeliness and reliability of data to support regular reporting and decision-making.

OUTCOME 7 By 2018, leaders, communities, families and young people adopt norms and attitudes more favourable to the survival, development, protection and participation of children, including in emergency situations.

Analytical statement of progress:
In 2016 and in collaboration with partners, UNICEF Niger supported the translation of the National Youth Policy into regional youth strategic plans in all eight regions. The plans were finalized in collaboration with the municipalities and with the participation of youth leaders. They are structured around five axes, three of which are closely aligned with UNICEF’s mandate, namely:

1. **Axis 1**: Improvement of the institutional framework and coordination of actions to ensure boys and girls access and use services;
2. **Axis 3**: Promotion of the economic integration of young people (emphasizes employment of young girls and boys in decent jobs);
3. **Axis 4**: Social promotion and youth participation in development (involves youth in the process of sustainable development and in decision-making).

No national survey or study was completed in 2016 that provided data for measurement of Communication for Development-related outcomes. However, proxy indicators from the 2016 LQAS survey conducted in 17 convergence municipalities reported that the proportion of children aged 0–5 months that received treatment from qualified health workers for diarrhoea during the preceding two weeks had increased from 63 to 75 per cent since 2015, illustrating changes in attitudes and practices that are translating into treatment seeking and demand for services by communities. Similarly, the proportion of mothers with children under 5 years that used oral rehydration salts in the treatment of diarrhoea increased significantly from 55 to 70 per cent, again indicating a change in treatment-seeking behaviour.

In addition, LQAS data showed an improvement in diversification of child diet from 4 per cent in 2015 to 32 per cent in 2016. The percentage of children aged 6–23 months who consumed food from at least four separate food groups on the day before the survey ranged from 4 to 32 per cent, reflecting a significant improvement in the indicator. The percentage of children aged 6–23 months who consumed solid, semi-solid or soft foods at six months rose from 68 per cent in 2015 to 79 per cent in 2016, reflecting a significant improvement in the indicator between the two surveys. Stronger participation of families and communities in interventions aimed at creating behaviour change for the adoption of appropriate child feeding practices contributed to progress in this area.

The proportion of mothers with children aged 0–5 months that have been visited by a community volunteer during the last month increased from 46 to 56 per cent, indicating progress in terms of expanding coverage of programme interventions at the family level. The proportion of children aged 0–5 months sleeping under a treated mosquito net increased slightly from 74 to 76 per cent, indicating that use of nets is a well-accepted intervention at the community level. The promotion of essential family practices and capacity building of service providers/adolescents and youth/community volunteers continued to maintain and further reinforce the link between demand stimulation and utilization of services. Community engagement across all sectors towards securing changes in attitudes, behaviours and social norms was strengthened through youth committees (including radio listening clubs), intergenerational dialogues, inter-village meetings that included bottleneck analysis, reinforced community diagnosis and experience sharing between villages.

Overall, children, girls and adolescents/youth continued to face difficulties in relation to socio-cultural norms that deny them a chance to voice their needs. A lack of access to information and services also prevented them from effectively seeking their rights, and a lack of participation in decision making on issues that concern them, for example, child/adolescent marriage, constituted further bottlenecks to the adoption of positive attitudes and norms.

In 2017, the programme will need to focus even more closely on addressing social norms and negative behaviours using a multisectoral and coordinated approach so as to remove
these obstacles to the adoption of favourable attitudes and practices at the community level and thereby fulfil the rights of children, girls and adolescents/youth.

Partnerships with the World Bank, WFP, IOM, the UNDP, international and national NGOs and faith-based organizations, among others, were fostered to leverage the impact of interventions to improve the lives of children and vulnerable families.

**OUTPUT 1** By 2018, opinion leaders, including youths, strategic partners, institutions, donors and the media are engaged in the promotion and realization of the rights of girls and boys

**Analytical statement of progress:**
The communication, advocacy and partnerships unit focused on integrating UNICEF’s equity agenda into all communication and advocacy efforts, including in emergency settings, taking account of the Global Communication and Advocacy Strategy (2014–2017) objectives and the Global Initiative to Accelerate Action to End Child Marriage (2015–2018). UNICEF Niger was the first country office in the West and Central Africa region to design a communications strategy and operational plan, which has been fully implemented and monitored since 2016 and offers guidance and practical advice to members of this global movement.

As part of the Global Initiative, UNICEF contributed to improving awareness of the benefits of ending child marriage and investing in girls through operationalization of a toll-free number and setting up more than 100 listening clubs for the radio series, ‘Haske Maganin Duhu’, nationwide. In total, the clubs held 624 discussions about child marriage in 2016, exceeding the target and demonstrating the importance of this issue for youth in the Niger. Nearly 2,500 young girls and boys participated in monthly debates organized by media partners. UNICEF Niger, with support from the European Union, worked with the local NGO, SongES, and the international organizations, International Rescue Committee and Cooperazione Internazionale, to scale-up the initiative and reach the most vulnerable, especially displaced adolescents living in the Diffa Region, which is severely affected by the Nigeria subregional crisis.

As a result, 75 listening clubs have been set up since November, bringing together 1,875 young girls and boys involved in peer-to-peer and recreational activities. More than 200 girls and boys joined the conversation on rights during participatory discussions that received more than 400 phone calls from community members on child marriage. To facilitate calls, a toll-free number was set up in partnership with private providers (Moov Niger, Airtel Niger, Orange Niger and SahelCom) at the end of the year, allowing adolescents and parents to pose questions to broadcasters and the national child protection system.

Child marriage and children in emergencies dominated media headlines in 2016. UNICEF Niger supported the production of 288 media products (television, radio and written reports), including 58 reports on child marriage and 35 on emergencies through three partnerships and a strategic collaboration with the private media sector. However, these results were below the 2016 target due to the general election in February, which diverted media attention away from child-centred stories. UNICEF Niger hosted 15 international media visits in 2016, including with the New York Times and the British Broadcasting Corporation, which was more than double the visits hosted in 2015. Reports produced about those visits contributed to the promotion of the rights of children in the Niger.

Roll-out of a digital strategy to further engage youth, opinion leaders and strategic stakeholders, fuel social engagement and drive investment commenced. A new approach to creative storytelling was explored through the creation of a 360-degree microsite on nutrition.
The blog attracted 3,340 people. The social media platform attracted more than 330 new fans and followers monthly. To build on this, 70 media and UNICEF and United Nations colleagues were trained in social media tools and techniques.

**OUTPUT 2** By 2018, communities and families are engaged in the promotion of key family practices to improve maternal, newborn and child care and prevent malnutrition and diseases including in emergency situations.

**Analytical statement of progress:**
The community engagement-based initiative for the promotion of essential family practices continued to operate in 2016 in 1,437 villages across nine convergence municipalities under the guidance of village committees and departmental technical steering committees. According to the Monitoring Results for Equity System, data from nine convergence municipalities with 100 per cent coverage, the proportion of mothers who recognize the symptoms of childhood illness and the danger signs for children under 5 improved slightly from 87 per cent in 2015 to 89 per cent in 2016.

The percentage of mothers using preventive (immunization, vitamin A supplementation, deworming, etc.) and curative services were maintained at an acceptable level in 2016 (72 per cent), similar to that observed in 2015.

The Monitoring Results for Equity System data also indicated that villages had either slightly improved performance regarding the prevention of illness or maintained acceptable levels in terms of Essential Family Practices. This result was achieved with the engagement and collaboration of many actors, including community and religious leaders and municipality members of village committees.

According to LQAS 2016 data (across 17 convergence municipalities), the proportion of children under 6 months of age that are exclusively breastfed has been maintained at 65 per cent. The proportions of children under 5 years sleeping under treated mosquito nets has increased from 74 per cent in 2015 to 76 per cent in 2016, while the proportion of mothers with children under 5 years who practice handwashing with water and soap at critical times increased from 23 per cent to 40 per cent.

LQAS 2016 data from Madarounfa, Mayahi and Matameye health districts revealed that the percentage of children aged 6–58 months who were treated more than once for SAM was maintained at around 6 per cent in Madarounfa, declined from 9 to 3 per cent in Mayahi and declined from 8 to 2 per cent in Matamey, compared with 2015. These encouraging signs of progress towards adopting favourable nutrition practices need to be confirmed by a national survey in 2017.

For polio prevention, 95 per cent coverage of children under 5 was achieved and almost 14,000 children that could potentially have been missed were vaccinated, with support from UNICEF. This was accomplished through obtaining the commitment of traditional leaders to inform and sensitize populations under their administration, the establishment of refusal case management committees, the systematic analysis and use of communication and immunization data in decision-making, increasing the number of community volunteers engaged in door-to-door awareness creation and hiring 11 Communication for Development supervisors posted at the district level to monitor and ensure communication quality assurance.

In response to the 2016 outbreak of Rift Valley fever, almost 98,000 pastoralists living in remote areas benefited from an awareness-raising campaign and interpersonal
communication around the recognition of signs of the disease (both in humans and animals) and the importance of early referral to health facilities in case of complications in humans.

OUTPUT 3 By 2018, communities are mobilized in favour of quality learning in schools and support learning opportunities for out-of-school children and youth in order to contribute to their development, citizenship and peacebuilding.

Analytical statement of progress:
In 2016, UNICEF supported the finalization of eight regional youth plans in close collaboration with municipalities and with the participation of youth leaders. The UNICEF programme contributed to 30 of the 35 convergence municipalities declaring their commitment to peacebuilding and non-violent conflict resolution (annual target for 2016 was 18 municipalities).

In Tahoua and Agadez regions (categorized as very sensitive in terms of security and risk of enrolment of adolescents and youth in armed groups and violence between pastoralists and farmers), seven intergenerational dialogue forums were convened, with the participation of 198 youth leaders (including 66 girls) from 20 villages at risk of violence.

In Ingal municipality, which is at risk of violent disputes over grazing land and access to water, 20 youth conflict management committees in 20 villages received capacity-building support in relation to peacebuilding and subsequently resolved 11 potential conflicts amicably.

In the city of Zinder, adolescent boys and girls and youth are at risk of recruitment into violent or criminal groups or being excluded from school. With UNICEF support, 50 adolescents and youths at risk were directed to vocational training centres and 317 participated in peacebuilding training as an alternative to exclusion from school.

UNICEF Niger supported the regional directorates of youth/sports and professional and technical teaching and the Vocational Training Department to implement youth training programmes covering life skills, citizenship and peacebuilding and to improve the quality of training provided by vocational training centres. In 2016, a total of 1,476 young people were trained in socio-educational and vocational training centres in 30 convergence municipalities. In addition, 2,461 young people benefited from life skills, leadership, citizenship and peacebuilding training outside of vocational training and other socio-educational centres in 14 additional municipalities. In total, therefore, 3,937 young people in 44 municipalities were engaged in capacity-building interventions in 2016 (compared with 2,300 in 2015).

A study on economic opportunities and human capital in the Diffa Region showed that only 5.7 per cent of young people had received vocational training. The study also revealed the dominance of the agriculture and livestock sectors in the trades being pursued. Four important trades were identified: sewing/embroidery, rural mechanics, metalwork and carpentry and joinery. The most desired professions are in the sewing/embroidery sector (38 per cent) and in the rural mechanical sector (19 per cent).

The findings from the study were used to establish employment guidance centres in accordance with the expectations of young persons, families and local authorities. UNICEF Niger contracted local NGOs and provided equipment to help establish six of these local guidance centres in six municipalities identified jointly with the Ministry of Vocational Training. Four centres are already operational, and 600 youths are benefiting from accompaniment and mentorship interventions (55 per cent girls).
OUTPUT 4 By 2018, community dialogue approaches focused on children (girls and boys) and adolescents are implemented for the promotion of changes in social norms

Analytical statement of progress:
In 2016, through partnership agreements with the Higher Coordination for Islamic Associations (36 associations involved), UNICEF Niger supported an awareness-raising campaign in 576 villages in Agadez, Tahoua and Tillabéry regions on the themes of: peace and non-violence, girls’ education, and the promotion of good child nutrition and health practices.

Some 545 religious leaders (including 100 female leaders of Koranic schools) were trained in the education of children according to various hadiths, which are sayings by the four main disciples of the prophet Mohamed that regulate the socio-cultural and spiritual lives of millions of Muslims. The innovative approach of invoking the hadith on the education and empowerment of young girls and engaging communities in dialogues and debates on girls’ education according to Islamic principles was implemented in 576 villages in 2016. It is too early to assess the effectiveness of the messages regarding changing opinions or behaviours, but if the approach proves effective, it will be scaled up in 2017 and beyond.

In Madarounfa, Mayahi, Kantché, Mirriah and Ouallam municipalities, a total of 7,280 people from 901 villages took part in inter-community meetings that brought together village leaders, religious leaders, boys’ and girls’ representatives, women leaders, elected officials and traditional chiefs. Each delegation made a public commitment to support families to adopt norms and practices favourable to children and adolescents and to consolidate achievements in the promotion of essential family practices, abandonment of child marriage, schooling and retention of girls in school, etc. During the inter-village meetings, 486 villages were recognized as models (428 were targeted in 2016). Across the 486 model villages, no cases of child marriage were reported, no girls were withdrawn from school in anticipation of a marriage, children suspected of being sick were referred to health facilities and registration of all births was ensured.

UNICEF Niger believes that community dialogue sessions, the model villages and individuals and enhanced communication between stakeholders have produced encouraging results in terms of changing attitudes towards child marriage and the use of health services for preventive and curative care. The next step will be to strengthen data collection and provide evidence of change.

OUTCOME 8 By 2018, children, especially the most disadvantaged, enjoy better recognition of their rights in national and local development policies, strategies and programmes as well as through allocations of public resources.

Analytical statement of progress:
Following the re-election of the incumbent President in 2016, the new administration embarked on two critical national planning processes: the elaboration of the country’s long-term vision (Niger 2035) and the National Five-Year Plan for Economic and Social Development 2017–2021. Political consensus and adequate participation from all sectors of society, including young people, will be required to achieve this. The importance of a successful planning process cannot be understated as the Niger is currently confronted by what has been termed a ‘perfect sandstorm’. Its population is growing exponentially at 3.9 per cent per annum. Poverty analyses generated by the National Institute of Statistics, with support from UNICEF among others, indicate that the country is confronted by persistently high levels of monetary poverty, particularly in rural areas, where 56 per cent of children were living below the national poverty line in 2014. Extremely high levels of multidimensional...
child poverty were also recorded, with two thirds of children simultaneously deprived in three or four dimensions of well-being in 2014, including 58 per cent of young children simultaneously deprived of health, sanitation and nutrition. Youth unemployment rates are high.

These structural factors have been compounded by a sharp increase in insecurity since 2012–2014 with the Boko Haram insurgency in the Lake Chad basin and cross-border incursions by militant jihadists from Mali. It is thus critical that the Government of the Niger and partners work together meaningfully to ensure that the Vision 2035 and the National Five-Year Plan for Economic and Social Development 2017–2021 take a longer-term view to address the structural causes of underdevelopment and territorial marginalization while prioritizing the needs of children and youth, who represent more than two thirds of the population.

In terms of public policy and public resources, the Government of the Niger is highly constrained by a structurally weak taxation base, despite growth from 15 per cent in 2014 to 17 per cent in 2015 following taxation reforms. The Niger’s weak fiscal capacity and high dependence on overseas development aid (5–6 per cent of gross domestic product) was compounded in 2016 by sharply rising security expenditures, the effect of falling oil and uranium prices on revenues from extractive industries, and fluctuations in the productivity of the agricultural sector due to climate shocks. As a result, the real per capita growth rate was negative in 2014 (-0.5 per cent) and is forecasted to increase to only 1.4 per cent in 2017. Against this background, the last National Development Plan (2012–2015 and extended into 2016) failed to deliver significant results. Major bottlenecks for implementation included insufficient budgetary allocations to identified priorities in the annual laws of finance, particularly for social sectors, and weak coordination between sectoral ministries and the Ministry of Planning and Budget. UNICEF and partners need to draw on these lessons learned and ensure that priorities in the forthcoming National Five-Year Plan for Economic and Social Development are adequately financed through annual financial laws and that partners are aligned to support national priorities with external funding.

Since the adoption of the National Social Protection Policy in 2011, the process of building a social protection system has been constrained by a lack of political will and institutional bottlenecks hindering the effectiveness of the Social Protection Inter-Ministerial Technical Committee. The formulation of the new National Five-Year Plan for Economic and Social Development provides an opportunity for UNICEF and partners to revive political will in support of social protection by taking a longer-term view of the progressive realization of a social protection floor and obtaining agreement on adequate entry points to build the first foundations of a social protection system (e.g. the National Food and Nutritional Security Policy, universal health coverage in the National Health Plan 2016 or social assistance centres for prevention, promotion and protection), taking into account the severely constrained context of the Niger.

Regarding public finance reform, UNICEF supported social ministries to elaborate medium-term expenditure frameworks and developed costing and investment cases to advocate for greater investment in social sectors and social protection. However, no significant increases in resource allocations in favour of social sectors have occurred yet. Since 2014, UNICEF Niger, with United Nations system partners, has provided technical advice and financial assistance to support the country’s decentralization process in 35 (out of a total of 255) municipalities. Despite the enactment in 2016 of two decrees transferring competencies and resources in the education, health, water and environment sectors from the central Government to regional councils and municipalities, a key challenge remains the transfer of financial resources to municipalities, which remain severely underfunded. Support for participatory budgeting for basic social services at the community level should be
strengthened through partnership with specialized civil society organizations with experience with the Niger’s decentralization process.

Efforts to improve social data information systems need to be redirected to ensure that the systems and tools developed are adopted and utilized by decision makers. Support to NigerInfo national, sectoral and regional databases needs to be reviewed in light of the SDG reporting requirements.

**OUTPUT 1** By 2018, the technical services of social sector ministries have strengthened capacities to formulate gender-sensitive national plans and budgets aiming to reduce poverty as well as social programmes that promote equity and the rights of the child.

**Analytical statement of progress:**

In 2016, the Niger embarked on a process of elaborating its long-term development vision, or Strategy of Inclusive and Sustainable Development (Niger 2035) as well as the National Five-Year Plan for Economic and Social Development (2017–2021). UNICEF Niger is a member of the core group of partners providing technical and financial support. The quality of the planning process, particularly the degree of participation and inclusiveness needed to build a national consensus and mobilize the population around bold policy orientations, has been hampered by political bottlenecks, insufficient technical capacity and a compressed timetable. UNICEF Niger stepped up its engagement to ensure that social sectors were prioritized, and issues faced by the most disadvantaged populations were addressed through: 1) providing technical and financial assistance through the recruitment of four consultants in support of health, education, WASH and social protection policies; and 2) advocating for adequate participation of populations, particularly young people, from all regions.

Following the 2016 government reshuffle, UNICEF Niger worked with the United Nations Social Protection Task Force to revitalize implementation of the 2011 National Social Protection Policy. This included: advocacy with the Office of the Prime Minister to revise the texts establishing the various inter-ministerial committees in order to improve policy coordination across line ministries; and advocacy for the gradual implementation of a social protection floor. Critical issues impeding the operationalization of the National Social Protection Policy included weak leadership and institutional backing resulting in inadequate budget allocation to social protection in the National Budget as well as weak coordination among stakeholders. Further progress hinges on the ability of the Office of the Prime Minister and the Social Protection Inter-ministerial Technical Committee to mobilize political and financial support. Clarification of institutional ownership of social protection by the various line ministries is critical. There are several entry points through which the five guarantees of the national social protection floor could be operationalized, including the Social and Economic Development Plan, operationalization of the 3N Policy, the drive towards universal health coverage in the National Health Plan 2016 and the establishment of social assistance centres (centres for prevention, promotion, and protection).

In regards to public finance reform, in 2016, the Ministry of Vocational Training and the Ministry of Justice adopted the medium-term expenditure frameworks as a tool for budget negotiation, bringing the total number of social ministries to have adopted the framework to seven. By the end of 2016, a total of 13 ministries had elaborated medium-term expenditure frameworks, and all other ministries have been instructed to prepare their own frameworks by the end of 2018 in accordance with Economic Community of West African States guidelines. Medium-term expenditure frameworks have improved dialogue between line ministries and the Ministry of Finance in relation to priorities set out in their action plans. However, the effectiveness of sectoral expenditure frameworks in influencing budget allocations to social sectors remains weak. Large expenditures are still decided by the
Ministry of Finance on behalf of other ministries. UNICEF will continue advocacy and capacity building in collaboration with the World Bank, the European Union and UNDP to support public finance reforms.

**OUTPUT 2** By the end of 2018, local governments, technical public services and civil society organizations have strengthened capacities to formulate and implement child-sensitive development plans, programmes and budgets and promote resilience and humanitarian response at the local level, particularly in the convergence municipalities.

**Analytical statement of progress:**
In 2016, the enactment of two decrees supported the transfer of competencies and resources from the central Government (in the education, health, water and environment sectors) to elected regional councils and municipalities. Implementing regulations were validated through a national workshop with technical and financial support from UNICEF Niger. Similarly, with support from other partners (the German International Development Organization, the World Bank and the United Nations Capital Development Fund), the capacity of the national agency in charge of financing decentralized entities (Agence Nationale de Financement des Collectivités Territoriales) was enhanced to enable it to effectively play its role.

In convergence municipalities, progress was made in regards to transferring skills to local elected representatives and communal consultation committee members in planning, management and governance. As of November 2016, 32 convergence municipalities had signed annual workplans in partnership with United Nations agencies. The overall programmatic budget is around US$54 million (for 2.6 million people), with an average contribution of 11 per cent from municipalities themselves. However, the three municipalities of Goudoumaria, Nguelbeyli, and Foulatari suffered the negative effects of the security situation affecting the Diffa Region, which prevented them from reviewing their 2015 plan of action and elaborating the 2016 workplan.

Five of eight regions (Agadez, Tahoua, Dosso, Diffa and Maradi) validated regional development plans that take into account the rights of children. National guidelines for regional development planning adopt the human rights approach, integrate gender issues, and take into consideration issues of climate change, peace, youth participation and child rights.

In view of the challenges and opportunities for improving child rights through skills and resource transfer to local authorities, UNICEF Niger will continue to support capacity building of relevant ministries and provide support to decentralized entities as well as other local actors for the effective implementation of measures adopted for the transfer of resources and skills.

**OUTPUT 3** By 2018, central and decentralized public services, private institutions and civil society responsible for statistics and/or research have strengthened capacities to produce and promote the use of evidence in advocacy, planning, monitoring and evaluation in key areas related to the protection and promotion of the rights of the child and equity.

**Analytical statement of progress:**
The NigerInfo database was updated through a participatory peer review and quality check exercise involving all DevInfo focal points. The database was cleaned and indicator values updated using newly validated data from various sources, including administrative data and surveys. Ten sectoral databases were also improved through peer review quality assurance exercises facilitated by the National Institute of Statistics. Regional databases were also
To support decision making at decentralized levels, a new information management system (COMIS Plan) underwent testing in four convergence municipalities in the Maradi Region. UNICEF Niger worked with technical staff at the decentralized level to manage the tool, including the regional directorate of the National Institute of Statistics. More than 25 technical staff involved in the process received training in managing the tool, including three persons in each of the four convergence municipalities covered by COMIS Plan. In addition to administrative data available at the municipal level, data from the recently completed UNICEF, WFP and FAO interventions mapping exercise conducted in 17 convergence municipalities will feed into the system. The COMIS Plan system forms part of wider efforts towards strengthening governance for accountability at decentralized levels. This includes capacity reinforcement of various actors at the municipality level, including communal consultation committee members. These committees promote communication and collaboration between municipalities and their development partners to enhance the local development dynamic through synergies and complementarities.

The capacities of committee members in seven convergence municipalities in the Zinder Region was strengthened in basic planning and monitoring and evaluation.

In collaboration with the National Institute of Statistics, a multidimensional child deprivation analysis was due to be finalized in December 2016 using the Multiple Overlapping Deprivation Analysis approach. The analysis shows that 64 per cent of children under 23 months were simultaneously deprived in four or five dimensions of well-being, including 58 per cent deprived of adequate access to sanitation, nutrition and health. This compares with 47 per cent of children under 5 falling under the national monetary poverty line. The report will be used during policy dialogue processes to advocate for multidimensional poverty reduction.

Institutionalizing data collection and monitoring remains a challenge given the weak data and evaluation culture.

OUTPUT 4 By 2018, national, regional and local institutions have strengthened capacities to design and gradually put in place an integrated social protection system that is sensitive to the rights and best interests of the child

Analytical statement of progress:
In support of the establishment of a social protection floor in Niger, thematic groups organized around National Social Protection Plan priorities defined options for social protection floor guarantees, and in June 2016, a national workshop considered scenarios based on a set of protection floor-related guarantees. A preliminary assessment of the costs of these scenarios and the available financing possibilities were also presented. Outputs from the working groups and the preliminary cost estimates revealed multiple challenges to establishing a social protection floor in the Niger.

Critical issues impeding the operationalization of the National Social Protection Plan include: weak leadership/institutional backing resulting in inadequate budget allocation to social protection in the national budget and weak coordination/synergy among stakeholders. Further progress hinges on the Office of the Prime Minister and the Social Protection Inter-Ministerial Technical Committee’s leadership and ability to mobilize political and financial support. The national context offers opportunities for collaboration to operationalize the national social protection floor through initiatives such as: the Economic and Social Development Plan, operationalization of the social protection component in the 3N Policy, the drive towards universal health coverage and the various cash transfer projects to support
vulnerable communities (e.g. Social Safety Nets Cell/World Bank/Office of the Prime Minister; the initiative for a unified registry for social programmes; WFP on food security and the emerging social assistance centres (centres for prevention, promotion and protection).

To make further progress in social protection, it will be important to enhance political commitment and will. This will require strong endorsement at the highest political level, clarity of roles and responsibilities at the ministerial level and further capacity building within ministries and relevant institutions. UNICEF Niger remains committed, along with other development partners, to provide support to this joint effort.

### Document centre

#### Evaluation and research

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