Executive summary

In 2017, UNICEF Niger promoted evidence-based advocacy, community-based approaches and modelling and scaling-up initiatives in order to save children’s lives, defend their rights and enable them to reach their full potential.

The Niger was impacted by acute and ongoing crises in health, nutrition and the environment, as well as the Lake Chad Basin crisis in the south-eastern Diffa region bordering Nigeria and emerging conflict in regions bordering Mali. Rapid population growth, climate change and persisting social inequalities also impacted children’s ability to survive and thrive in the Niger.

The year 2017 was also one of substantial achievements for the Government of the Niger’s development planning. The Government’s five-year economic and social development plan was finalized, with technical support from UNICEF Niger. Key issues were addressed in the national plan, notably for girls’ education; child health and nutrition; and women’s empowerment in rural areas. With UNICEF Niger support, the Government also developed the health sector development plan, the action plan for the multisectoral policy for nutrition security, and the lot quality assurance sampling (LQAS) annual progress evaluation.

The UNICEF Niger Country Programme will come to an end in 2018, which provides the opportunity to align the new 2019–2021 Country Programme Document with the National Development Plan, the UNICEF Strategic Plan 2018–2021 and the Sustainable Development Goals (SDGs). UNICEF Niger also underwent an internal audit in 2017, and the country management team (CMT) worked to establish plans for addressing all recommendations. Analyses, studies and evaluations will be conducted to determine the situation for children and women in the Niger, assess the impacts of key emerging issues, and decide whether past or ongoing programme activities should be continued and brought to scale.

In 2017, UNICEF provided technical and financial support to achieve results at the national and community levels, and invested in UNICEF Niger’s ability to better respond to the needs of children.

Key results for UNICEF Niger in 2017 are the following:

- High-level advocacy in education led to the Government’s signature of 10 commitments to promote girls’ education and presidential decree to raise the age of compulsory education for girls to 16 years.
- Government signature of a protocol with the United Nations for the systematic release of children deprived of liberty for alleged association with Boko Haram.
- Strengthening of evidence for public advocacy through the cost-effectiveness analysis of the national nutrition security action plan and an investment case to scale up community health worker services.
- A total of 2,620,300 children aged 3–59 months old were reached with the first administration of malaria preventive treatment, building on the successful cross-sectoral intervention of health treatment and nutrition screening initiated in 2016.
Main shortfalls for UNICEF Niger in 2017 are listed below:

- Decreasing national budget allocation to social sectors;
- Increasing insecurity is limiting the ability to operate in humanitarian spaces;
- Limited government counterpart capacity to implement programme activities.

UNICEF Niger continues to work closely with the Government, United Nations agencies, and non-governmental organizations (NGOs) – both as a technical and financial partner – to put children’s issues at the centre of the humanitarian and development agendas. Through the convergence municipalities approach, UNICEF Niger signed a tripartite agreement with the World Food Programme (WFP) and the German Society for International Cooperation to promote resilience-building at the municipality level. To advance key issues such as girls’ protection and education, UNICEF Niger worked with traditional chiefs and religious leaders to communicate information in a culturally acceptable manner. Following the sector-wide approach, UNICEF Niger contributed to the national Health Basket Fund (which also covers nutrition activities) to leverage resources and advance issues related to community-based health and cold chain optimization.

**Humanitarian assistance**

The Niger was impacted by several humanitarian crises in 2017, including food insecurity, malnutrition, population displacements, epidemics and natural disasters all of which affected more than 2 million people country-wide. The Diffa region (southeast) remained a Level 2 emergency together with three countries hit by the Lake Chad Basin crisis, linked to the actions of the violent extremist group Boko Haram. The region is currently hosting 252,305 internally displaced persons, refugees and returnees.

The ongoing conflict in Mali has also started to affect the Niger due to the continuous attacks of extremist groups. In February 2017, this led to the declaration of a state of emergency in seven districts within Tillabéri and Tahoua regions (southwest), worsening the vulnerability of communities that were already impacted by other humanitarian crises. The Niger also faced a hepatitis E outbreak that proved particularly deadly for women who were pregnant (2,125 cases with 38 deaths, including 15 women). As of 3 December 2017, the national nutrition crisis affected 305,973 children under 5 years of age.

In partnership with the Government and local and international NGOs, UNICEF Niger provided integrated humanitarian assistance to the Diffa region. The response aimed at addressing the key needs of vulnerable children, regardless of their status, in sectors that UNICEF leads. High coverage was achieved in providing safe water to 74,266 people (106 per cent of the target); non-food items (NFIs) to 28,553 people (204 per cent), psychosocial support to 10,359 children through community-based activities (34 per cent); preschool, primary and non-formal education to 24,076 children through temporary schools (98 per cent); and healthcare to 30,827 children through fixed and mobile clinics (29 per cent). In addition, 250 unaccompanied and separated children were identified and placed in alternative care (43 per cent).

The Lake Chad Basin crisis has been ongoing since 2015, and the region has structural issues that require an approach that links humanitarian assistance and development work. UNICEF Niger has started to shift the response in water, sanitation and hygiene (WASH) to provide sustainable solutions to water provision in areas with groundwater issues related to availability, quantity and quality. After study, UNICEF Niger and partner to realize deep drilling (around 400 meters) in order to install a water supply system that can serve several villages.

Regarding the nutrition crisis, 99 per cent of the targeted children under 5 years of age
(305,973) including 11,760 in Diffa, were assisted with quality management of severe acute malnutrition (SAM), in line with the Sphere standards (with a recovery rate of 88.1 per cent, a death rate of 1.3 per cent and a default rate of 5.7 per cent),

Regarding epidemics and natural disasters, UNICEF Niger supported government counterparts and other partners to provide NFIs to 41,332 people affected by floods in several regions and WASH supplies to more than 6,000 households to support the response to the hepatitis E epidemic.

For the emerging crisis in the regions bordering Mali, UNICEF Niger has continued monitoring the situation in Tillabéri and Tahoua regions, drafted an internal preparedness plan and contributed to the inter-agency contingency plan through UNICEF-led clusters. UNICEF Niger also played an important role in the provision of technical and in-kind support (5,000 NFI kits) to the three NGOs implementing the rapid response mechanism, which assesses the needs of shock-affected communities and provides fast WASH and NFI relief. UNICEF also led the technical discussions for the revision of the 2018 Rapid Response Mechanism framework.

UNICEF Niger is supporting the newly established Ministry of Humanitarian Action and Disaster Relief, in coordination with the other humanitarian actors and members of the Humanitarian Country Team, to strengthen its capacity to coordinate and respond to acute crises such as flooding.

As of 31 December, UNICEF Niger had received 62 per cent (US$22.87 million, including US$5 million carried over from the 2016 appeal) of its US$37 million 2017 Humanitarian Action for Children (HAC) appeal.

**Equity in practice**

Since 2014, UNICEF Niger has worked with the Government and other United Nations agencies to implement the convergence municipalities approach, promoting resilience and equitable access to essential services for the most vulnerable.

The Niger has been impacted by shocks and stressors, including insecurity, epidemics, rapid population growth, climate change and environmental degradation. The impacts are highly inequitable and can exacerbate disparities for the poorest and most marginalized communities by worsening already precarious living conditions, limiting opportunities to escape poverty and increasing future risks.

The convergence municipalities approach was developed by UNICEF, WFP and the Food and Agriculture Organization of the United Nations (FAO) to implement the Government’s resilience strategy and the first priority area within the United Nations Development Assistance Framework (UNDAF) 2014–2018 on building resilience in vulnerable municipalities. It also aligned with the Government’s focus on decentralization.

Thirty-five out of 255 municipalities were selected for targeted interventions using the following criteria:

- Degree of vulnerability: food insecurity, malnutrition and lack of access to social services;
- Existing development activities: ongoing programmes and projects;
- Consideration of diversity of location and community type: agricultural, pastoral, nomadic peoples and so on.
The approach was based on joint planning of interventions at the municipal level, with coordination among development partners and national and municipal authorities in the 35 municipalities. The approach considered local authorities, technical services, NGOs and traditional leaders as key actors for improving community resilience.

Through the convergence municipalities approach, access to essential services increased for vulnerable individuals and communities. For instance, UNICEF Niger support enabled the mobilization of resources for improving sanitation and hygiene practices to those most in need. Before the convergence municipalities approach (2013), 119 villages were declared open defecation free (ODF), and by 2017 the number of villages rose to 923 (92.3 per cent of 2018 target achieved). The number of people reached increased from nearly 42,000 to 475,000 within the same period.

In 16 convergence municipalities where UNICEF Niger supported the roll-out of an infant and young child feeding (IYCF) strategy, significant results were achieved with regard to dietary diversity: the proportion of children aged 6–23 months who consumed food from at least four separate food groups increased from 4 per cent in 2015 to 32 per cent in 2016 and 46 per cent in 2017.

During 2017, a major change in strategy was piloted in five convergence municipalities to promote equitable access to information on key development issues. Conversations that were once held in mosques were moved to village assemblies that were more inclusive for youth and women. Some 1,030 community facilitators were trained to mobilize communities twice a month to engage in dialogue on girls’ education, child marriage prevention, immunization, peace-building and social cohesion. Participation reached 87,344 community members, of whom 52 per cent were women.

The convergence municipalities approach promoted equity not only through access to services and support, but also through capacity building and reinforcement of local ownership for local development. Municipalities themselves began investing more of their own resources to ensure lasting results for all members of the communities. The percentage of total funding that municipalities contributed to the convergence municipalities approach more than doubled over the course of the approach (from 3 per cent in 2013 to 7 per cent in 2017). Several municipalities also took a leading role in planning and budgeting exercises, further strengthening ownership for resilience.

The convergence municipalities approach led to lessons learned on the size and scope of the approach, as well as the evaluation of its impact:

- Large municipalities posed challenges to coordination and reaching all members at community levels in a way that maximized both equity and cost-efficiency;
- Lack of evidence posed a challenge for evaluating progress and scaling up efforts.

To address lessons learned, a common fund was established in 2017–2018 (US$159,000) that will allow regional and central actors to initiate coordinated activities more quickly and efficiently. A capitalization study will identify key results and lessons learned to inform future work. A mechanism of accountability at the municipality level and a community resilience measurement system will also be developed.

In order to enhance its support to resilience building for municipalities, UNICEF Niger signed a tripartite agreement with WFP and the German Society for International Cooperation in August 2017. The agreement aims to empower and mobilize local actors, strengthen accountability and
dialogue between elected representatives and communities, and lay the institutional foundations for good governance of local development (e.g., diagnosis, planning, implementation, and monitoring and evaluation). This agreement will be conducted in an equitable and participatory manner – emphasizing consultation, transparency and mutual commitment.

**Strategic Plan 2018–2021**

The preparation of the new Country Programme 2019–2021 provides the opportunity for UNICEF Niger to align its strategy and activities with the UNICEF Strategic Plan 2018–2021.

In order to gather the necessary data and analyses on areas of focus for the Strategic Plan, the integrated monitoring and evaluation research plan 2017–2018 will study the following areas to better understand trends and emerging issues:

- Assessment of the impact of climate change on girls and boys in the Niger;
- Mapping of the geographic areas most vulnerable to food insecurity, recurrent shocks and conflicts, as well as comparison of these areas with data on the availability of essential services; and
- Assessment of the impacts of mixed migration flows on children in the Niger.

It was decided that the 2018 situation analysis of children and women in the Niger will apply a life cycle approach in order to inform long-term planning for achieving results for children. Evaluations of past and ongoing programmes implemented with UNICEF Niger support (e.g., community management of acute malnutrition, girls’ education, support to the national free health care initiative) will also provide evidence on whether existing strategies should be scaled up as part of the new country programme.

Following the key elements of the Strategic Plan, UNICEF Niger will conduct analyses for each sector on: the results to be achieved by UNICEF Niger and partners (‘what’); the groups of children who will be reached (‘who’); the change strategies necessary for the achieving results (‘how’); and the internal factors that support the change strategies and the achievement of results (‘enablers’). The sectoral strategic notes and the strategic moment of reflection will be structured to reflect the new strategic and programmatic directions of the Strategic Plan.

In order to monitor and evaluate progress towards the Strategic Plan at country level, UNICEF Niger provided significant financial and technical support to the Niger’s 2017 Demographic and Health Survey, which will allow for the collection of baseline measures for several of the SDG indicators, as well as the new UNICEF Niger country programme.

UNICEF Niger has selected four key results for children that will contribute to the eight regional key results. The key results will align UNICEF Niger’s programming not only with the Strategic Plan, but also to other country programmes in the region, the African Union Agenda 2063 and the SDGs. A monitoring and accountability framework drawing from the Strategic Plan will measure these concrete results for children over the next four years. UNICEF Niger will also incorporate integrated activities relating to the emerging themes identified by the region into its country programme (such as adolescence, children on the move and the impact of climate change on children).

**Emerging areas of importance**

Two issues emerged in 2017 with important implications for UNICEF Niger programming: the increase in the number of migrant and refugee children originating in – or transiting through – the Niger, and the signing of a presidential decree in December 2017 raising the age of compulsory education for girls to 16 years.
**Migrant and refugee children.** The migrant and refugee issue involves four main areas of work. First, the Niger is a transit country for West African migratory flows, mostly towards Algeria and Libya. From January to October 2017, the International Organization for Migration (IOM) flow monitoring recorded 3,800 children under 18 years transiting through the Niger with the intention of eventually entering Europe.

Second, the Niger has also been a source country for migrants, primarily travelling to Algeria and, to a lesser extent, Libya. The governments of the Niger and Algeria signed an agreement for the repatriation of migrants of the Niger in 2017 and Algeria repatriated 6,799 migrants including 1,855 children to the Niger according to IOM. In 2017, UNICEF Niger finalized a standard operating procedure in partnership with IOM, Save the Children and the Ministry of Women’s Empowerment and Child Protection to ensure that all actors involved in the return and reunification of unaccompanied minors in convoys operate in coordination with one another.

UNICEF Niger also conducted a study to further understand the reasons for frequent migration from Kantché in the Zinder region (south), which accounted for 96 per cent of repatriated migrants from Algeria. This study allowed the development of a government-led plan to address these causes which has been adopted by United Nations agencies and NGOs. UNICEF Niger also partnered with the Ministry of Women’s Empowerment and Child Protection in Zinder and Agadez (north) to implement family tracing and reunification services, temporary care for unaccompanied minors and identification support for 137 unaccompanied minors.

Following the 2017 European Union-Africa Summit, the Niger accepted its role as a transit country for up to 15,000 refugees from Libya – mostly from Eritrea and Somalia– under the responsibility of the United Nations High Commissioner for Refugees (UNHCR). In December 2017, 67 children (including five girls) were hosted in three transit centres. UNICEF Niger provided temporary care, psychosocial support and counselling.

Finally, UNICEF Niger, in partnership with the Ministry of Women’s Empowerment and Child Protection and IOM, provided family tracing and reunification services for 14 unaccompanied minors from the Niger who were identified in neighbouring countries.

**Girls’ education.** The second emerging issue has been the prioritization of girls’ education in the new National Economic and Social Development Plan (Plan de Développement Economique et Social or PDES) 2017–2021, and the signing of a presidential decree raising the compulsory schooling age to 16 years. UNICEF Niger’s lead of the thematic group on education allowed UNICEF to play a key role in advocating for this decree and to place the focus on the empowerment of women and girls from a cross-sectoral perspective that will help reduce child marriage and adolescent pregnancy.

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### Summary notes and acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ACTED</td>
<td>Agency for Technical Cooperation and Development</td>
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<tr>
<td>CEPPPP</td>
<td>Centre Social de Prévention, de Promotion et de Protection (Social Center for Prevention, Promotion and Protection of the Child)</td>
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<td>CISP</td>
<td>International Committee for the Development of Peoples</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>COOPI</td>
<td>Cooperazione Internazionale</td>
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<td>DCT</td>
<td>direct cash transfer</td>
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<td>DHIS</td>
<td>District Health Information System</td>
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UNICEF Niger’s capacity development approach includes reinforcing key areas, working alongside actors and transferring skills and ownership for sustainable results.

UNICEF Niger supported the Government and partners to develop a national community-led
total sanitation (CLTS) roadmap and regional action plans to end open defecation by 2030; a national CLTS implementation guide; and tools for scaling up the approach.

In 2017, the CLTS database developed and managed by UNICEF Niger was transferred to the Ministry of Water and Sanitation for establishing baselines and monitoring the functionality of water points. Responsibilities for water supply and sanitation in rural areas were also transferred to municipalities, with a view to improving sustainable WASH services for underserved communities.

UNICEF Niger developed training to prevent newborn deaths and build capacity at the Maradi regional health centre. Twenty health workers (doctors, nurses, midwives) were given training on essential newborn care and then shared this knowledge with 64 health workers (nurses, midwives) from 44 maternity wards. These health workers received hands-on training in emergency obstetrical care and follow-ups in-person and by phone. Based on the successful experience in Maradi, the approach was expanded to Diffa and Zinder in late 2017.

Village child protection committees trained by UNICEF Niger reached 22,697 people directly (30 per cent women, 27 per cent adolescent girls) through educational sessions on child marriage, health, education, protection and rights. Village-wide talks on these issues reached 63,122 people. Through the sessions, 229 cases of child marriage and 1,072 potential female genital mutilation cases were prevented through direct mediation with parents. The committees also withdrew 420 children from heavy work and sent them to school and established religious schools within villages to avoid sending children away for Koranic studies.

Evidence generation, policy dialogue and advocacy
UNICEF Niger has continued to strengthen evidence generation in support of policy dialogue and advocacy.

In nutrition, UNICEF Niger supported the elaboration of an action plan based on the national multisectoral policy for nutrition security adopted in 2016. In addition, a cost-effectiveness analysis of the many interventions included in the action plan was conducted to help decision-makers prioritize the most effective interventions. The results suggest that maintaining current intervention coverage would not decrease the Niger’s high rates of stunting and wasting and that the number of stunted and wasted children would increase by approximately 4 per cent annually. Implementing the action plan interventions has the potential to accelerate the reduction of the under-five mortality rate and reduce stunting prevalence from 42 to 38 per cent (2017–2021), though the overall number of stunted children would not decrease given high population growth. The analysis also simulated the combined effects of the action plan and the national family planning strategy, demonstrating a potential 33 per cent reduction in the number of stunted children by 2025 and highlighting family planning as a critical nutrition-sensitive intervention. The Government has retained the analysis findings for the 2018 action plan launch, and nutrition is also for the first time a strategic component of the PDES 2017–2021.

In health, UNICEF Niger supported the development of an investment case that enabled MOH (MOH) to strengthen the community health component and mobilize approximately US$4.5 million over the next three years through the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Islamic Development Bank, and China’s South-South Cooperation Fund on Climate Change. Similarly, the investment case was used for advocacy leading to the adoption of the Reference Guide on Community Development Relay by Ministerial Decree in October 2017.
UNICEF Niger continued to foster strategic partnerships with sister agencies, civil society organizations, media and members of Parliament to advance children’s rights in the Niger.

UNICEF Niger partnered with the World Health Organization (WHO) and a network of health-focused NGOs to support the MOH’s Immunization Directorate to advocate with parliamentarians on the importance of immunization for saving the lives of children under 5. Parliamentarians subsequently committed to increase the budgetary line for health and the purchase of vaccines during the 2018 financial review.

UNICEF Niger continues to be active in the joint United Nations initiative to strengthen resilience and build on synergies between agencies in 35 convergence municipalities.

UNICEF Niger also contributed US$1.4 million to the Health Basket Fund for the Niger in 2017 (total amount US$21,646,000), which enabled close collaboration with health and nutrition partners, as well as the promotion of key areas of intervention. UNICEF Niger was also able to integrate UNICEF priorities into annual district action plans, including through the implementation of coordination meetings, supervision of community health workers, training and supervision for neonatal care and improvements to cold chain equipment in health centres.

UNICEF Niger supported the realization of a roundtable on 20 July 2017 in collaboration with the Prime Minister’s Office and the ministries of primary and secondary education. The roundtable resulted in a milestone step to advance gender equity in the Niger through the identification of 10 commitments to promote girls’ education, signed by the Government, the education sector partners including civil society organizations, NGOs, traditional chiefs and parents’ associations.

**External communication and public advocacy**

UNICEF Niger engaged in external communication activities to promote awareness on key issues impacting women and children in the Niger. The communication strategy focused on increasing the use of video for external communication and public advocacy.

In February 2017, a UNICEF goodwill ambassador travelled to Diffa to highlight the ongoing crisis in the Lake Chad Basin as a result of Boko Haram attacks. In July 2017, a taekwondo world champion of the Niger, became UNICEF Niger’s first goodwill ambassador.

In 2017, UNICEF Niger began using 360-degree technology to create more compelling content to highlight the key issues affecting children. The first video highlighted the day-to-day life of a young girl living in the Zinder region and how better access to water improved conditions for her, her family and her community. The video served as communication and fundraising material for UNICEF France.

UNICEF Niger developed a website offering a 360-degree visit, including photos, audio and video of the various activities implemented to prevent malnutrition in children and women in the Niger as part of a large, multiyear project financed by the European Union. The website was shared across UNICEF Niger’s Facebook and Twitter accounts and shown at the celebration of Europe Day in Niamey on 9 May 2017.

UNICEF Niger maintained its presence on Facebook, Twitter, YouTube and Tumblr, sharing programme activities and human interest stories to increase its presence and online community engagement. In 2017, UNICEF Niger’s Facebook and Twitter accounts reached an audience of 10,000 followers each, and an Instagram account was created. Through photos and videos,
UNICEF Niger participated in several international awareness campaigns such as #ENDViolence, #InternationalChildrensDay and #ForEveryChild.

**South-South cooperation and triangular cooperation**

UNICEF Niger has promoted South-South cooperation through sharing best practices in WASH and health.

In collaboration with the UNICEF West and Central Africa Regional Office (WCARO) and UNICEF Headquarters in New York, UNICEF Niger developed a capitalization poster of the Niger's experience in implementing the menstrual hygiene management (MHM) pilot project. This was shared in a virtual conference in August 2017 with participation from five countries in Africa, East Asia and Latin America to promote knowledge-sharing among countries implementing MHM. This experience was developed in partnership with the ministries in charge of education and their decentralized services, the municipal authorities, 100 pilot schools and a national social marketing NGO.

UNICEF Niger promoted and participated with MOH, the Ministry for Community Development, and NGOs in the Institutionalizing Community Health Conference in Johannesburg, South Africa, in March 2017. The main objective of the conference was to share the experiences of the 24 countries that participated and to promote state-of-the-art experiences in the field of community health.

In October 2017, UNICEF Niger participated in a meeting to disseminate the results of the Rapid Access Expansion Programme projects organized by WHO. UNICEF Niger exchanged knowledge, good practices and lessons learned with the other four sub-Saharan African countries implementing the programme.

**Identification and promotion of innovation**

UNICEF Niger continued to foster and strengthen its culture of innovation to achieve results for children, especially in the areas of communication and information management.

The Niger received certification for polio eradication in 2016, but recent polio outbreaks in northern Nigeria have put the Niger at risk of relapse. In order to support polio response, the information rate for parents requires improvement – particularly to prevent new cases. UNICEF Niger collaborated with WHO, the Niger’s Immunization Directorate, Rotary International, and Orange Niger (a mobile phone company) in developing and validating an integrated communication plan (2017–2021) for a polio vaccination campaign using short message service (SMS) technology.

In addition, UNICEF Niger implemented a new and innovative partnership for reaching parents and children in urban areas by working with more than 160 motorcycle taxi drivers who received training to provide information and public awareness on vaccination to their passengers.

These two innovative approaches helped to increase parents' information rates; surveys conducted among parents showed that their information rate increased from 75 per cent to 83 per cent (2016–2017).

In the area of information management, UNICEF Niger implemented a mobile health delivery system in four districts. This innovation aims to help community relays and primary health workers and improve data transfer to avoid drug stock-outs. In addition, TrackIt for supply
monitoring was further enhanced to address issues of quality and fraud and facilitate end-user monitoring.

**Support to integration and cross-sectoral linkages**

UNICEF Niger aims to strengthen cross-sectoral linkages in order to maximize the impact of its work and achieve lasting results for children.

As a part of the cross-sectoral and regional Children of Peace project, which is set in the Diffa region affected by the Lake Chad Basin crisis, UNICEF Niger supported the launch of a radio education programme in July 2017, in collaboration with the Diffa Regional Directorate for Primary Education and six local radio stations. The programme offered mathematics and reading courses as well as awareness raising on child protection issues for out-of-school children. Teachers in 32 primary schools and community-based child protection volunteers benefited from trainings in psychosocial support and conflict and disaster risk reduction; they also developed school emergencies preparedness plans.

UNICEF Niger promoted community-based kindergartens in rural areas, opening an additional 160 centres in 2017 (for a total of 720 UNICEF-supported centres). Caregivers received information on the varied physical, social and developmental needs of young children. Training was given to preschool teachers on parental engagement for nutrition, psychosocial support and stimulation, and teachers reached 75,000 caregivers with this information on early child development.

Recognizing interlinkages between malaria and malnutrition, UNICEF Niger continued supporting the coupling of seasonal malaria chemoprevention (SMC) with malnutrition screenings. The combined action of partners reached 2,620,300 children aged 3–59 months with the first administration of malaria preventive treatment. For four months, 2,520,876 children were covered by monthly administrations. Children were screened for malnutrition during the lean season, and 66,209 of them were referred to health centres for treatment.

At the policy level, UNICEF Niger’s advocacy and technical support, in partnership with NGOs and donor partners, resulted in the stronger inclusion of nutrition in the Health Sector Development Plan (2017–2021) and the inclusion of nutrition and its cross-sectoral linkages for the first time in the PDES 2017–2021.

**Service delivery**

UNICEF Niger's service delivery strategy is to ensure the scaling-up of evidence-based interventions and model new initiatives. In 2017, UNICEF Niger continued to support proven interventions at various delivery points (systems, population and community).

In 8 out of 17 municipalities, 15,079 trained community volunteers (4,265 added in 2017) and 5,621 mother-support groups (2,422 established in 2017) provided community IYCF counselling and support in 35 per cent of the 18,647 villages countrywide. This community-based service delivery started in 2015; the progress was regularly measured using the LQAS methodology: the proportion of children aged 6–23 months who consumed at least four food groups the day before increased from 4 per cent in 2015 to 46 per cent in 2017 in the eight municipalities.

Through population-based service delivery, UNICEF Niger supported the vaccination of children aged 0–11 months in 63 of the 72 targeted districts (88 per cent): 717,188 children were vaccinated for measles and 724,119 received diphtheria-tetanus-pertussis coverage.
UNICEF Niger is delivering a new model for skills training for youth in the Diffa region. Twelve skills training centres were established and supported by UNICEF Niger with construction, equipment (materials and solar panels) and competency-based and hands-on approaches to training (based on training materials developed by the Ministry of Vocational and Technical Education with the support of UNICEF). Almost 1,150 youth (41 per cent girls) received skills training during the 2016–2017 school year, preparing them to enter the job market. To enhance the results, UNICEF Niger plans to pilot a one-year preparatory class to teach basic literacy and numeracy skills to prepare youth to begin their training at the skills training centres.

**Human rights-based approach to cooperation**

UNICEF Niger advocated for the protection of the rights of children suspected of association with Boko Haram, approximately 95 of whom have been arrested in the Niger since 2015. On 15 February 2017, the Government signed a protocol with the United Nations for the systematic release of children deprived of liberty for alleged association with Boko Haram. According to the agreement, children should be systematically brought to the Ministry of Women’s Empowerment and Child Protection for psychosocial support, medical screening, family tracing and reunification, following the Convention on the Rights of the Child and the Paris Principles and related commitments.

As per the protocol, all children suspected of association with armed groups must be transferred to child protective services and not to detention centres, as was previously the case. Fifty-nine children (including one girl) were released and transferred to transitory care facilities under the supervision of the Ministry of Women’s Empowerment and Child Protection with financial support from UNICEF Niger. Children received psychosocial support and participated in activities such as sewing, carpentry, basic numeracy and literacy, sports and dance. Fifty children were then reintegrated into their communities (as of 30 November 2017).

The protocol also created avenues for further advocacy with the Ministry of Justice for the release of seven children who remain in the juvenile facility in Niamey and 20 children in Kollo prison on the outskirts of Niamey. UNICEF Niger continues to advocate for the rights of children as part of the inter-ministerial committee for children suspected of association with armed groups.

**Gender equality**

UNICEF Niger identified three targeted priorities for the current programme cycle: 1) promoting gender-responsive adolescent health; 2) advancing girls’ secondary education; and 3) ending child marriage.

UNICEF Niger supported a roundtable on girls’ education in July 2017, in collaboration with the Prime Minister’s office and the ministries of primary and secondary education. The roundtable resulted in the signature of 10 commitments to promote girls’ education by the Government and education partners, including civil society organizations, NGOs, traditional, religious and community leaders and parents’ associations. On 5 December 2017, this led to the Government’s adoption of a decree for the protection of the girl-child in school, with the objective of guaranteeing access and retention of girls in school until age 16.

In order to address a barrier to girls’ equitable access to education, UNICEF Niger implemented a menstrual hygiene management pilot project in 104 schools, where 4,300 girls received kits and training to prepare them for MHM at school.

In collaboration with UNICEF Niger and the United Nations Population Fund (UNFPA), the
Government is also implementing a national action plan for ending child marriage as part of the global campaign. UNICEF Niger supported the Government’s implementation of the community-based child protection approach and media campaign through the broadcast of a radio drama on adolescent girls’ rights and empowerment, which was implemented across three regions, where 90 per cent of young women are married before the age of 18. The initiative also reached 7,325 adolescent girls through educational sessions held in 230 villages where child protection committees were established to manage cases; 3,365 cases, including 229 child marriage cases, were successfully managed and 614 children (243 girls) returned to school.

**Environmental sustainability**

The Niger is particularly vulnerable to climate variability and climate change given its arid climate, leading to recurring droughts, erratic rains and floods and large-scale soil erosion. This significantly affects the livelihoods (agriculture, pastoralism) and water resources of populations in impacted areas, particularly women and children.

In 2017, UNICEF Niger conducted the following climate change mitigation programming initiatives:

- UNICEF Niger installed solar panels to provide energy to 12 vocational training centres and two social welfare centres built to strengthen the provision of basic social services in the Diffa region as part of a multisectoral programme funded by the European Union. In addition to its environmental benefits, solar energy is also more sustainable for these government-operated structures as the operational budget is limited. The vocational training centres, however, were also fitted with generators to be used intermittently for energy-intensive practical activities such as welding.

- A pilot project, amounting to US$49,715, for the processing of plastic waste in the Diffa region to produce construction materials (pavers, bricks, slabs, etc.) began in October 2017. This pilot project, conducted in partnership with a local environmental NGO, the municipality of Diffa, the regional directorate of water and sanitation and a local youth association for environmental protection, contributes to the sanitation of the city of Diffa and surrounding municipalities. The project will provide income for 16 members of the youth association and will benefit to the population of Diffa in general.

- UNICEF Niger installed 154 solar refrigerators for integrated health centres across five regions where electricity levels are insufficient as part of the national plan on cold chain optimization.

In order to better understand the impacts of climate change in the Niger, UNICEF Niger initiated a study to inform the sustainable provision of water and sanitation services. The study will analyse existing policies, frameworks and funding, as well as existing practices and technologies for adaptation to climate variability and climate change. The study will result in effective and shared strategies to address the current and future impacts of climate variability and change on water resources and an action plan for the implementation of WASH investments for climate resilience.

**Effective leadership**

The country management team reviewed, on a monthly basis, UNICEF Niger’s financial resources management, fundraising levels and draft proposals, donor reports preparation and submission, assurance plan implementation, supply plan implementation and the progress of the staff survey action plan. The necessary recommendations were then made to improve UNICEF Niger’s performance management. Each country management team meeting ensured that previous recommendations were implemented and followed up on accordingly.
UNICEF Niger was audited in May 2017. The following areas for improvement were identified: allocating a higher level of priority to financial spot-checks and programme visits directed towards high-risk partners; quality assurance of the annual work plans so that all indicator targets have been regionalized to ensure enhanced results-based management and the development of a verification mechanism for all indicators documented in the annual report to ensure that sources are reliable and accurate and that the results reported are consistent across the various sections of the Country Office Annual Report; ensure efficient monitoring of supplies planning and distribution to reduce delays in the release of non-prepositioned supplies to end users; expand and work with all partners to agree on specific activities and tasks to be funded and implemented on a quarterly basis. Most of the actions to address these recommendations were taken and reported to the auditors by the year’s end.

As the annual management plan was being developed, the risks and mitigation measures were identified, along with responsible staff, and attached to the plan for follow up. The following actions have been taken to mitigate the risks: a central stabilizer was installed to secure the information and communications technology (ICT) equipment in Niamey (south); the business continuity plan sites were tested twice and all equipment was functioning correctly; the ready-to-use therapeutic foods stock check was done at district, facility and community levels to ensure proper storage and usage of supplies.

Financial resources management

Contribution management, budget control and other office performance indicators were part of the standing agenda of the country management team and programme meetings. UNICEF Niger utilized 99.24 per cent of allocated Regular Resources (RR), 94.37 per cent of Other Resources Regular (ORR) and 99.17 per cent of Other Resources Emergency (ORE). Six months before grant expiration, sections were requested to update implementation plans and prepare for full utilization. US$183,797.68 of grants expiring remained unutilized. The country management team also followed up on grant expenditure before financial closure.

Internal deadlines were established for donor reporting; 100 per cent of donor reports were submitted within the deadlines and with the required quality.

For assurance activities, out of 191 recommended programme monitoring visits and 103 financial spot-checks, 241 visits and 100 spot-checks, as well as 12 audits, were completed.

Two standard operating procedures were issued on reinforcing due diligence and a paperless environment tin order to clarify the implementation of UNICEF policies.

The direct cash transfers (DCTs) outstanding for over six months represented 4.5 per cent, which is below the acceptable threshold. This was attributed to regular country management team meetings and reminders to implementing partners. A task force was established to monitor DCT and changes in payment modalities.

Funds utilization versus allocation was as follows:

- ORE: US$23,055,971 utilization / US$23,249,812 allocation (99.17 per cent utilization);
- ORR: US$18,734,999 utilization / US$19,853,357 allocation (94.37 per cent utilization);
- RR: US$25,456,417 utilization / US$25,650,883 allocation (99.24 per cent utilization);
The performance scorecard in the inSight portal showed good performance in quality assurance, financial management, people management, partnership management and programme management. Bank reconciliations were submitted on time.

**Fundraising and donor relations**

UNICEF Niger continued to work closely with resource partners, the media and the public at large to advocate for children’s rights and mobilize resources. Donor visits were facilitated to showcase results achieved for children, highlight remaining gaps and document ongoing country activities with photos and videos. UNICEF Niger continued to expand its social media presence – a key vehicle for recognizing support provided by resource partners.

Project proposals and donor reports underwent rigorous internal quality control, and the country management team systematically reviewed compliance with internal donor report deadlines. In 2017, all 41 donor reports were submitted on time.

In 2017, UNICEF Niger was able to raise US$22.8 million ORR programmable funding (excluding recovery costs), corresponding to 117 per cent of the planned amount for the year (US$19.5 million), as well as US$18.5 million in ORE programmable funding (not including funds carried over from 2016), equivalent to 50 per cent of the US$37 million HAC appeal.

UNICEF Niger’s top 10 resource partners in 2017 were:

1. European Commission: US$10,414,830
2. Norway: US$9,096,592
4. Italy: US$4,021,148
5. The United States Agency for International Development (USAID)/Food for Peace: US$2,717,838
7. The United States of America’s Bureau of Population, Refugees and Migration: US$1,583,333
9. United Kingdom: US$866,394
10. Japan: US$655,000

UNICEF Niger actively promoted the use of inSight as a key tool for optimal contributions management. From 2016 to 2017, inSight users grew from 111 to 134 and the number of hits grew from 7,591 to 10,915.

**Evaluation and research**

UNICEF Niger completed two independent and objective evaluations in 2017 which informed programme activities: 1) the final evaluation of the juvenile justice protection support programme; and 2) a comprehensive evaluation of UNICEF Niger’s strategies and programmes to reduce stunting in children under 5 years of age.

As part of UNICEF’s strategy to strengthen sectoral information systems, support was provided to the National Institute of Statistics (NIS) to strengthen the quality of nutrition data collected in the 2017 Demographic and Health Survey, to the Statistics Directorate of the Ministry of Education for 2016 education statistics directories and to MOH to improve the national Health
Management Information System (HMIS).

Support was provided to NIS to strengthen coordination mechanisms and improve data access to the public through NigerInfo – a database of key socio-economic country indicators. Updates were made to include indicators for monitoring the PDES 2017–2021 and the SDGs. A national workshop funded by UNICEF Niger validated a roadmap on: 1) improving human resources and technical competencies; 2) harmonizing data collection methods and tools across all national statistical systems; 3) finalizing of metadata for the national plan and SDG indicators; and 4) strengthening statistical systems including annual data collection planning based on data needs, quality assurance mechanisms at all levels and adequate tools for data dissemination.

As UNICEF Niger’s country programme document enters its final year of implementation, the Integrated Monitoring and Evaluation Research Plan 2017–2018 was designed to support data collection for the situation analysis of children and women and the preparation of the Country Programme 2019–2021 to be developed in 2018.

**Efficiency gains and cost savings**

As reported in 2015 and 2016, UNICEF Niger continued to register efficiency gains and cost savings from 28 established long-term agreements (LTAs), which have been expanded to include emergency supplies and the use of joint field offices and common services with other United Nations agencies in Agadez and Diffa regions.

The United Nations’ shared mobile phone network developed last year, which allows agencies to operate internally at no cost, led to savings of approximately US$20,500. Since the common contract signed this year between United Nations agencies and a local Internet provider allowed connection via fibreoptic cable, the megabyte price decreased from US$1,174 to US$677 (a 42 per cent decrease). For 2017, this led to US$40,214 in cost savings.

UNICEF Niger continues to benefit from 60 per cent gains due to its LTA for drinking water, and these benefits have expanded to one field office, which is now supplied with water from Niamey.

**Supply management**

UNICEF Niger procured US$18,491,655.78 worth of supplies and services, consistent with 2016 procurement activities (6 per cent increase).

Nutrition represented 58 per cent of overall procurement. Other main categories of supplies were polio vaccines (13 per cent) and pharmaceuticals for children under 5 years (9 per cent). Local procurement was the main source (61 per cent), comprising mostly locally produced SAM treatment. Vaccines and pharmaceuticals were sourced internationally for standardization and quality assurance.

A survey was launched to explore local market potential and develop decentralized procurement mechanisms for field offices. LTAs were established to facilitate local purchases, including for emergency responses.

UNICEF Niger supported the Government for the deployment of operational and deviation plans with cold chain equipment optimization platform support, conducting formative logistics supervision.
The Government’s vaccine and injection material procurement decreased 50 per cent due to budget constraints. To avoid stock shortages, UNICEF Niger advocated for MOH to settle unpaid invoices and increased access to capital through the Vaccine Independence Initiative.

UNICEF Niger launched a pilot approach using LTAs with regional private transporters for nutritional teams and essential medicines in Maradi (143 health centres) to improve the Government’s distribution management from transport hubs to final destinations, avoiding stock shortages at decentralized health facilities.

UNICEF Niger applies the logistics management supporting software TrackIt, which was enhanced in 2017, to gather information on end-user monitoring (quality assurance, quantity control).

<table>
<thead>
<tr>
<th>Procurement of UNICEF Niger, including for other country offices (US$)</th>
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<tbody>
<tr>
<td>Procurement for office</td>
<td>18,491,655.78</td>
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<tr>
<td>Programmatic supplies</td>
<td>13,723,337.38</td>
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<tr>
<td>Via programme (a)</td>
<td>13,723,337.38</td>
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<tr>
<td>Operational supplies (b)</td>
<td>771,590.67</td>
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<tr>
<td>Services (c)</td>
<td>3,996,727.73</td>
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<tr>
<td><strong>TOTAL (a+b+c)</strong></td>
<td><strong>18,491,655.78</strong></td>
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<tr>
<th>Supplies and services received (US$)</th>
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<tr>
<td>Programmatic supplies</td>
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<td>Via regular procurement services (a)</td>
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<td>Via GAVI Alliance (b)</td>
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<td>Via programme (c)</td>
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<td>Services (e)</td>
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<tr>
<td>International freight (f)</td>
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<td><strong>TOTAL (a+b+c+d+e+f)</strong></td>
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<tr>
<th>Supplies managed in controlled warehouse(s) (US$)</th>
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<tr>
<td>Prepositioned (a)</td>
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<tr>
<td>Other (b)</td>
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<td><strong>TOTAL (a+b)</strong></td>
<td><strong>18,726,880.13</strong></td>
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<tr>
<td>Organization</td>
<td>Emergency latrines</td>
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<td>------------------------------------------------</td>
<td>--------------------</td>
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<tr>
<td><strong>CHILD PROTECTION</strong></td>
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<td>Cooperazione Internazionale (COOPI)</td>
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<td>COOPI</td>
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<tr>
<td><strong>WASH</strong></td>
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<tr>
<td>Action Against Hunger</td>
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<td>Agency for Technical Cooperation and Development (ACTED)</td>
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<td><strong>TOTAL</strong></td>
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**Security for staff and premises**

In Diffa region, militants affiliated with Boko Haram continued to pose a direct threat to the United Nations presence and restricted access for programme implementation.
In Agadez region, an increase in the violence and the frequency of criminal incidents, occurring mainly along regional roads, was recorded.

During 2017, the following actions were taken to reinforce the security of staff and premises and facilitate UNICEF Niger programme activities:

- Four Safe and Secure Approaches in Field Environments training sessions were organized for all staff working in high-risk areas;
- Two fire warden training sessions and four guard force training sessions were organized, covering all UNICEF Niger offices;
- The closed-circuit television system was upgraded in UNICEF Niger’s Niamey office and Maradi field office;
- One safe room was established in the Maradi field office;
- One guest house was established in the Diffa field office;
- Perimeter security was reinforced in UNICEF Niger’s Niamey office;
- Physical protective equipment (body armour, helmets) was acquired for operations in Tillabéri region;
- First aid kits were acquired for all offices.

The remaining action to be finalized in 2018 is renewal of the electrical cabling in the Niamey office, which was recommended through an electrical diagnostic that took place in 2016.

**Human resources**

The Programme Budget Review (May 2017) approved 24 position changes (22 new posts, one upgrade, one transfer). Positions established in the new, full-fledged Diffa field office aimed at increasing UNICEF Niger’s profile to strengthen its position in a complex emergency nexus development environment.

Regarding ongoing recruitments, 51 were completed and 30 remain; 101 consultants were recruited to provide necessary expertise. The gender balance shows 32 per cent women staff compared to 68 per cent men. Sixty-six per cent staff originate from programme countries and 34 per cent from donor countries.

RR funds were used to bridge the funding gaps for 76 ORR-funded positions. Reversal transactions are being made to adjust the funding source.

The completion rate for the 2017 individual work plans was 93 per cent.

Training sessions and reminders through country management team meetings encouraged open, regular discussions and the sharing of performance management system tools in order to enhance staff capacities and performance. UNICEF Niger’s learning and development plan contributed to this objective, with 136 requests approved out of 169. Of these, 75 were completed (55 per cent).

The 2017 Global Staff Survey results for UNICEF Niger revealed three areas for improvement: personal empowerment; work-life balance; and career and professional development. A collective action plan was drafted and led by the staff association and shared for 2018 implementation and monitoring by the joint consultative committee and the country management team.
Effective use of information and communication technology

UNICEF Niger implemented one local area network in the Diffa field office, which enhanced effectiveness and efficiency within UNICEF Niger by connecting the field office to the UNICEF network. This included Voice over Internet Protocol; secure wireless Internet; and better connection for partners, visitors or consultants working with UNICEF Niger.

Office automation was reinforced with the deployment of an in-house database for mail and DCT tracking. The automation of the workflow has reduced the ICT footprint by streamlining the tracking of DCT processes.

UNICEF Niger is active in United Nations ICT Team activities, which assist in strengthening coherence and optimizing costs. A common Internet connection contract was signed in 2017, which connects all United Nations offices in the Niger to fibre optic Internet at a competitive rate.

The Diffa field office began a RapidPro SMS-based initiative to monitor UNICEF Niger humanitarian actions and real-time alerts in the nutrition and education sectors. The Niamey Country Office also collaborated with field offices to setup ICT services in emergencies.

For programming, UNICEF Niger funded an application to manage the civil registration and vital statistics database and collaborated with partners to implement the ICT infrastructure. Smartphones and open data kits were used to map UNICEF interventions and conduct a survey in Diffa region (districts, internally displaced persons sites and refugee camps). In addition, UNICEF Niger collaborated with MOH and a local mobile provider to issue an SMS campaign promoting polio vaccination.

Programme components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1  D’ici à 2018, des ressources humaines, matérielles et logistiques de qualité pour assurer United Nations suivi et une mise en œuvre de qualité du programme sont disponibles.

Analytical statement of progress
In 2017, UNICEF Niger was able to raise US$22.8 million ORR programmable funding (excluding recovery costs), corresponding to 117 per cent of the planned amount for the year (US$19.5 million), as well as US$18.5 million in ORE programmable funding (not including funds carried over from 2016), equivalent to 50 per cent of the US$37 million HAC appeal.

In terms of resource utilization, 99.24 per cent of allocated RR (US$25,456,417 out of US$25,650,883), 94.37 per cent of ORR (US$18,734,999 / US$19,853,357) and 99.17 per cent of ORE (US$23,055,971 / US$23,249,812) were utilized. Targets for assurance activities were largely met with 241 visits and 100 spot-checks (out of 191 recommended programme monitoring visits and 103 financial spot-checks respectively), as well as 12 audits were completed. DCTs outstanding for more than six months represented just 4.5 per cent, which is below the acceptable threshold. Mechanisms put into place included regular CMT meetings, reminders to implementing partners, the establishment of a task force to monitor DCT and changes in payment modalities. The performance scorecard in the inSight portal showed good performance in quality assurance, financial management, people management, partnership management and programme management. Bank reconciliations were submitted on time.

In terms of supplies and logistics, UNICEF Niger procured US$18,491,655.78 of supplies and
services (a 6 per cent increase compared with 2016). Nutrition represented 58 per cent of overall procurement, polio vaccines represented 13 per cent and pharmaceuticals for children under 5 years represented 9 per cent. Local procurement was the main source (61 per cent), comprising mostly locally produced SAM treatment. Vaccines and pharmaceuticals were sourced internationally for standardization and quality assurance. UNICEF Niger launched a pilot approach using LTAs with regional private transporters for nutritional items and essential medicines in Maradi (143 health centres), to improve the Government’s distribution management from transport hubs to final destinations, avoiding stock shortages at decentralized health facilities. In order to strengthen decentralized procurement mechanisms for field offices, LTAs were established to facilitate local purchases, including for emergency responses, based on a local market survey.

Efficiency gains and costs savings were obtained through 28 established LTAs, expanded to include emergency supplies, and the use of joint field offices and common services with other United Nations agencies in Agadez and Diffa regions. The United Nations shared mobile phone network led to savings of approximately US$20,500. Since the common contract signed this year between United Nations agencies and a local Internet provider allowed connection via the fibre optic cable, the megabyte price decreased from US$1,174 to US$677 (a 42 per cent decrease). For 2017 this led to US$40,214 in cost savings.

The field office in Diffa was fully established and staffed to strengthen UNICEF’s capacity to support the Government’s efforts in favour of children at upstream and operational levels in a complex emergency environment. There were 24 position changes (22 new posts, one upgrade, one transfer) approved, mainly for the newly established Diffa field office. Fifty-one recruitments were completed. The staff gender ratio was 32 per cent female. Sixty-six per cent of staff members originate from programme countries and 34 per cent from donor countries.

**OUTPUT 1** Stewardship of financial resources creates the conditions to pursue country operations.

**Analytical statement of progress**


Six months before grant expiration, sections were requested to update implementation plans and prepare for full utilization. US$183,797.68 of grants expiring remained unutilized. For assurance activities, 241 programme monitoring visits and 100 spot-checks (out of 191 and 103 recommended respectively), as well as 12 audits, were completed. Two standard operating procedures were issued on reinforcing due diligence and a paperless environment. DCTs outstanding for more than six months represented 4.5 per cent (below the acceptable threshold). The performance scorecard in the inSight portal showed good performance in quality assurance, financial management, people management, partnership management and programme management. Bank reconciliations were submitted on time.

**OUTPUT 2** Human resources have the capacities, skills, morale and motivation to support country operations.

**Analytical statement of progress**
In May 2017, 24 position changes (22 new posts, one upgrade, one transfer) were approved, mainly for the newly established Diffa field office. Fifty-one recruitments were completed and 30 are pending; 101 consultants were recruited to provide necessary expertise. The gender balance shows 32 per cent women. Sixty-six per cent of staff members originate from programme countries and 34 per cent from donor countries. The completion rate for the 2017 individual work plans was 93 per cent. Out of 169 staff requests for capacity development, 169 were approved by the UNICEF Niger learning and development plan and 75 were completed (55 per cent).

As a follow-up to the 2017 Global Staff Survey results for UNICEF Niger, which identified three areas for improvement (personal empowerment; work-life balance; and career and professional development), a collective action plan led by the staff association was drafted and shared for implementation and monitoring by the joint consultative committee and country management team during 2018.

OUTCOME 2 Programme effectiveness

Analytical statement of progress
The audit in May 2017 enabled UNICEF Niger to improve its processes in several areas: greater focus was granted to financial spot-checks and programme visits directed at high-risk partners; rolling work plan indicators were regionalized to take into account regional specificities and enhance the ownership of partners at regional level; and non-pre-positioned supplies were released to end-users.

OUTPUT 1 Programme coordination

Analytical statement of progress
In 2017, UNICEF Niger continued the process (which started in 2015) of decentralized planning, implementation and monitoring of rolling work plans, in collaboration with regional decentralized technical services and authorities and with the technical assistance of UNICEF Niger’s field offices. Mid-year and annual reviews were conducted following a bottom-up process starting from multisectoral reviews focusing on results and targets at the regional level, followed by sector performance reviews at the central level. Ownership by government partners was enhanced thanks to redefined terms of reference for sectoral and ministerial focal points, nomination of focal points for all sectors and updating of the two decrees setting up the technical monitoring committee and the steering committee of the Niger-UNICEF Programme of Cooperation. UNICEF Niger continued its engagement on joint UNDAF implementation, including support to the preparation of the new UNDAF.

OUTPUT 2 Advocacy / communication: D’ici 2018, les ressources sont mobilisées pour la mise en œuvre du Programme et les Urgences

Analytical statement of progress
The communication strategy focused on increasing the use of video for external communication and public advocacy. In February 2017, a UNICEF goodwill ambassador travelled to Diffa to highlight the ongoing crisis in the Lake Chad Basin as a result of Boko Haram attacks. In July 2017, the Niger’s taekwondo world champion, became UNICEF Niger’s first goodwill ambassador.
In 2017, UNICEF Niger began using 360-degree technology to create more compelling content to highlight the key issues affecting children. The first video highlighted the day-to-day life of a young girl living in the Zinder region and how better access to water improved conditions for her, her family and her community. The video served as communication and fundraising material for UNICEF France.

UNICEF Niger developed a website offering a 360-degree visit, including photos, audio and video of the various activities implemented to prevent malnutrition in children and women in the Niger as part of a large, multiyear project financed by the European Union. The website was shared across UNICEF Niger’s Facebook and Twitter accounts and shown at the celebration of Europe Day in Niamey on 9 May 2017.

UNICEF Niger maintained its presence on Facebook, Twitter, YouTube and Tumblr, sharing programme activities and human interest stories to increase its presence and online community engagement. In 2017, UNICEF Niger’s Facebook and Twitter accounts reached an audience of 10,000 followers each, and an Instagram account was created. Through photos and videos, UNICEF Niger participated in several international awareness campaigns such as #ENDViolence, #InternationalChildrensDay and #ForEveryChild.

OUTCOME 3 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 2017, MOH adopted a new Health Sector Development Plan (2017–2021). The associated monitoring and evaluation plan is currently under development, and an implementation manual and compact with health sector partners is planned for 2018.

The national Health Basket Fund remains the preferred financing mechanism for some bilateral (France and Spain) and multilateral (GAVI Alliance, UNFPA and UNICEF) partners. The World Bank joined the Health Basket Fund in 2017 and the Global Fund is planning to join in 2019.

Governance in the health sector remains challenging due to a limited institutional capacity to address humanitarian and development priorities. The sector remains underfunded with only 5.58 per cent allocation as a share of the total national budget in 2017 and overall stagnation since 2010 when it peaked at 8.52 per cent, averaging 6.85 per cent since. The Niger’s health financing remains largely inequitable, with large out-of-pocket expenditures and costs as major barriers to accessing healthcare. The effective implementation of the free healthcare policy was constrained by flaws in pre-payment and reimbursement mechanisms. Thus, health facilities were unable to replenish supply stocks.

Procurement and supply management (PSM) remains weak, which negatively impacts healthcare access, utilization and quality. In 2017, MOH undertook a reform of the national PSM system to integrate and optimize currently fragmented and inefficient PSM chains. The HMIS is evolving with the introduction and gradual scale-up of the District Health Information System platform (DHIS-2). The establishment of the system is underway, with infrastructure procurement and installation, staff capacity building and tools adaptation. Data entry is gradually going live, albeit at limited scale and frequency.
The universal distribution of long-lasting insecticidal nets improved the coverage trend for children under 5 years old sleeping under mosquito nets from 69 per cent to 87.4 per cent. Nationally, access to SMC coupled with malnutrition screening funded by the Global Fund, UNICEF, the World Bank and others, reached 2,620,300 children aged 3–59 months with the first administration of malaria preventive treatment. The number of children covered for four months with four monthly administrations was 2,520,876 – about 400,000 more children than in the previous year.

The emergency obstetric care survey 2017, conducted across 289 health facilities, reported a total of 107 functioning facilities (51.9 per cent compared with 49 per cent in 2015). Only basic emergency obstetric care availability improved; comprehensive emergency obstetric care coverage dropped from 92.1 per cent in 2015 to 85.4 per cent in 2017 due to rapid population growth and health coverage stagnation. To reduce maternal mortality, death audits were organized: of the 1,354 maternal deaths reported in 2016, 59 per cent were audited. WHO, the United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen), UNFPA and UNICEF Niger launched the television series ‘C’est la vie’ to raise awareness and promote maternal and child health.

National data for malaria, diarrhoea and pneumonia treatment are unavailable. However, the LQAS 2017 conducted in 17 convergence municipalities revealed improvements in diarrhoea treatment: 71 per cent of children received adequate treatment with zinc and oral rehydration salts (compared with 65 per cent in 2016 and 45 per cent in 2015).

In 2017, following the participation of the Niger delegation at the Institutionalizing Community Health Conference in Johannesburg, South Africa, stakeholders committed to strengthening the community health system. Ministerial councils then adopted the community participation document and the reference guide for community health workers that validates the payment of US$18 for the community health workers by the Government and partners in June and October 2017, respectively. The Ministry of Public Health created the coordinating committee for community health interventions to improve synergy among stakeholders, including UNICEF Niger.

A national integrated community case management (iCCM) situation analysis was conducted as a basis for the development of the iCCM scaling-up strategic plan, which is being finalized in partnership with WHO, UNICEF Niger and MOH. The mapping of health areas, villages and community health workers was completed with technical assistance from UNICEF Niger in 19 out of 72 districts and will be extended to all districts in 2018 with the Global Fund’s support. Advocacy efforts carried out through an investment case for community health allowed for the mobilization of resources from the malaria grant of the Global Fund, the Islamic Development Bank and China’s South-South Cooperation Fund.

During 2017, meningococcal vaccine was successfully introduced in the routine expanded programme on immunization. The Niger maintained its certification for maternal and neonatal tetanus elimination, which was obtained in 2016. Five rounds of polio supplementary immunization activities, including two national immunization days and three subnational immunization days, were organized. The independent monitoring in April 2017 showed that less than 3 per cent of children were not immunized, compared with approximately 5 per cent during the March 2017 national immunization days. Increased efforts are needed for coverage and quality for routine immunization. The post-introduction evaluation of the second dose of measles is around 40 per cent (administrative data). This year, strengthening outreach activities and...
integrating private health facilities into immunization activities was a priority. The immunization equity analysis was conducted in priority districts to adapt guidelines for better micro-planning at decentralized levels.

In 2017, the Niger experienced its first outbreak of hepatitis E (2,106 cases; 38 deaths). The country also experienced a non-A meningitis outbreak (3,374 cases; 216 deaths) and a measles outbreak (1,473 cases; five deaths). Efforts were deployed by the health sector and partners to respond to the humanitarian crises in Diffa and Tillabéri regions (over 200,000 internally displaced people, returnees and refugees – mostly children and women).

**OUTPUT 1** By 2018, targeted health facilities offer a 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**

In order to promote sustainable improvement in newborn survival in basic emergency obstetric care settings, UNICEF Niger emphasized human resources capacity building combined with an enabling environment in the three regional mother and child health centres in Maradi, Zinder and Diffa. The ‘low dose and high frequency in-situ training’ approach, in line with the Every Newborn Action Plan, was adopted. UNICEF Niger supported MOH in improving the quality and quantity of services of these mother and child health centres by adding a neonatal and kangaroo mother care unit and transforming them into an internship setting for newborn care providers. In these three centres, UNICEF Niger supported training in essential neonatal care, qualified staff recruitment and motivation, supply of basic resuscitation kits and pedagogical tools, and improving the environment for services delivery through rehabilitation, water and sanitation infrastructures and furniture. Close supervision of trained providers and in-situ refresher training were supported for basic emergency obstetric care settings.

In 2017, 124 service providers acquired skills in neonatal resuscitation through active training and internship in the three regional mother and child health centres, leading to improvement in neonatal resuscitation capacity from 60 per cent in 2015 to 69.4 per cent in 2017 in the Maradi centre; from 59 to 60.3 per cent in the Zinder centre; and from 67 to 75 per cent in and the Diffa centre. The limited improvement in Zinder can be explained by the delay in implementing the intervention. The neonatology units in Maradi and Zinder recorded 3,440 newborns in nine months – 1,266 were admitted to intensive care for preterm, infection and low birth weight. Among those babies, 124 were treated with the kangaroo mother care method. The fatality rate in the Maradi Mother and Child Health Centre is 70.6 per 1,000, which is lower than the rate of the National Referral Maternity in Niamey (75 per 1,000).

Findings from the 2017 UNICEF-supported LQAS conducted in 17 convergence municipalities show improvement in antenatal care, with 91 per cent of mothers receiving one visit and 62 per cent completing at least four antenatal visits (58 per cent in 2016). The same trend was observed for intermittent preventive treatment, with 51 per cent of these women receiving at least three doses of intermittent preventive treatment against malaria (29.7 per cent in 2016). In these municipalities, 67 per cent of mothers reported that they delivered with the assistance of qualified staff (compared with 54 per cent in 2016 and 46 per cent in 2015); this is higher than 39.06 per cent reported by administrative data at the national level.

Eighty-eight per cent of children aged 0–59 months slept under mosquito nets the night before the survey (76.4 per cent in 2016). For those children who tested positive for malaria, 82 per
cent of them received adequate treatment. In convergence municipalities, joint partner efforts including UNICEF Niger, the Global Fund and the World Bank in SMC reached 389,320 children. Among those children, 330,783 were directly supported by UNICEF Niger and received four administrations of SMC preventive treatment (463,881 targeted). The main challenge for 2018 is the availability of funding for medicines and operating costs for SMC scale-up, as planned in the national plan.

**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**

Good progress was achieved towards scaling up iCCM, with coverage increasing from two to six regions (Dosso, Maradi, Diffa, Tahoua, Tillabéri and Zinder), six to 19 districts, and 18 to 75 municipalities between 2016 and 2017. Based on an operational partnership with the health and municipalities teams, 93 per cent of functioning community health workers were providing an iCCM comprehensive package to children under 5 in villages over five kilometres from health facilities. From January to November 2017, more than 80,000 children under 5 years were managed by the community health workers. These results were achieved through several activities.

At the central level, an investment case was developed to mobilize resources. As a result of this effort, funds from the Government of China, the Global Fund and the Islamic Development Bank were mobilized. As part of the iCCM sustainability roadmap, a national plan for scaling-up iCCM over the period 2018–2021 is being finalized. Meetings with key stakeholders, including UNICEF Niger, WHO, Catholic Relief Services, World Vison and MOH, were organized to increase their buy-in in favour of community-based interventions. In June, a technical committee was established by ministerial decree to coordinate them. At regional and district levels, the approaches included the operational planning of iCCM activities, the development of training plans, the recruitment of community health workers in a democratic way and increasing awareness of communities on iCCM. In terms of capacity building, the cascade training approach resulted in 795 trainers at regional and districts level and 3,424 community health workers trained on iCCM. Moreover, after a needs assessment, medical equipment, including medicines, were procured and provided for community health workers.

To improve the sustainability of the support provided to the community health workers, an innovative pilot experience was tested: through a partnership between UNICEF Niger and the Niger Agency of Volunteering for Development, 20 volunteers were trained and equipped to supervise community health workers in four districts of the region of Maradi. In addition, 16 United Nations volunteers coached community health workers in seven districts of the regions of Maradi, Tahoua and Zinder.

In 2017, 13 data management tools were reviewed based on an updated version of the iCCM guide and introduced at the community level to improve the HMIS’s collection and transmission of data.

High-level technical support was provided to analyse the situation of supply chains and HMIS at community level and identify actions for their integration into the national system as part of national supply chain reform and DHIS-2 scale-up.
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
In 2017, UNICEF Niger continued to participate in health sector coordination mechanisms, providing technical and financial support. Through the health sector partners group, UNICEF Niger contributed to information sharing and partners’ alignment. Consultations focused on the new Health Sector Development Plan (2017–2021) and the upcoming monitoring and evaluation plan and compact. The Health Basket Fund was catalytic for key stakeholder convergence, harmonization and coordination. UNICEF Niger contributed financial resources (US$1.4 million) and participated in strategic partnerships with Basket Fund partners to strengthen MOH leadership and efficiency for service delivery and health system strengthening interventions, as per the annual work plan.

UNICEF Niger participated in policy dialogue and technical support for the ongoing PSM reform focusing on national ownership, integration and efficiency. With support from other health sector partners (the World Bank, the Global Fund and UNFPA), foundational milestones were reached. These included the completion of an institutional and organizational audit of the National Office for Pharmaceutical and Chemical Products and a diagnostics study of the current PSM chain with options review and business plan development. As a member of the technical committee for PSM and the ad-hoc committee for the diagnostics study, UNICEF Niger contributed to situation analysis, technical support and policy dialogue. A senior consultant was recruited and a joint mission was held with UNICEF WCARO participation to develop an action plan for PSM. Opportunities were identified for partners’ convergence and harmonization and will be promoted as part of the reform process.

As a national technical committee member, UNICEF Niger supported the ongoing DHIS-2 scale-up process, focusing on planning and coordination with the Global Fund. The system is progressively becoming functional: data entry was initiated in some locations but was not systematic, and reports were generated on a trimester rather than a monthly basis. UNICEF Niger is working with the Global Fund to identify technical assistance needs for DHIS-2 system scale-up and is supporting the development of functional linkages between the DHIS-2 platform and community-based health services. For now, community health workers have started recording data and generating monthly reports for entry into the DHIS-2 platform at the facility level. However, while the two data streams (community-generated and facility-generated) are being merged, disaggregation is an important pre-requisite for community health programme management, including visibility.

Furthermore, UNICEF Niger continued to support decentralized monitoring to improve evidence-based service delivery and health system management in seven out of 21 targeted health districts. This involved use of a standardized methodology that includes data collection in primary healthcare facilities (integrated health centres), feedback on district and municipality performance and corrective action planning. However, information on continuous monitoring and associated impact is largely unavailable. A 2018 review will assess the effectiveness of existing decentralized monitoring activities.
UNICEF Niger supported effective free healthcare policy implementation through the procurement and distribution of essential medicines. Lack of policy implementation monitoring and traceability concerns led UNICEF Niger to conduct an evaluation of its strategic approach in this domain. Terms of reference were validated and the evaluation is scheduled for early 2018.

**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**
As in previous years, Niger suffered from several epidemic outbreaks in 2017, including meningitis, hepatitis E and measles. As of mid-November, 1,472 cases of measles had been reported, with five deaths in the country.

Vaccine responses were organized to control these outbreaks, with 93,897 children aged 9 months to 14 years vaccinated throughout the country with the support of UNICEF Niger through pre-positioned vaccines at the Directorate for Surveillance and Response to Epidemics. Overall, UNICEF Niger strengthened emergency preparedness and response activities through active participation in the National Health Cluster and the National Committee for Outbreak Control.

Throughout the Niger, 3,374 cases of meningitis were recorded in 2017; in order of frequency: meningo C, meningo X, W-135 and pneumococcus. A total of 470,837 people aged 2–20 years were vaccinated (with UNICEF Niger support) following the outbreak, which primarily affected the regions of Niamey, Maradi, Dosso and Tahoua.

The year 2017 saw the occurrence of an outbreak of hepatitis E in the Diffa region, revealed by the occurrence of maternal and postpartum deaths at the Diffa Mother and Child Health Centre with symptoms of jaundice and signs of hepatic failure. There were 2,078 cases and 39 deaths, mostly among women who were pregnant or post-partum. In order to control the epidemic, an investigation, epidemiological surveillance and case management were carried out with the support of UNICEF Niger in coordination with communication and WASH activities.

Although the Niger remains at risk of cholera, only one cholera case was recorded in 2017 in the Tillabéri (Kollo) region. Due to the preventive measures taken, this case did spread further. UNICEF Niger supported the Directorate for Surveillance and Response to Epidemics to pre-position cholera medications in hotspot districts (the Niger’s cholera gateways).

As part of relief activities for internally displaced populations in the Diffa region, UNICEF Niger contributed to the provision of essential medicines for the treatment of common diseases in 52 health centres and mobile clinics. At the end of October, 24,153 children under 5 years had used health services (malaria-only data, pneumonia and diarrhoea data were not available), and 6,674 had benefited from mobile health services.

Major challenges hindering emergency preparedness and response activities include physical access constraints due to persistent insecurity and hard-to-reach communities, as well as a limited body of evidence on the quality and impact of mobile clinics.
**OUTPUT 5** By 2018, health facilities offer effective vaccination services using fixed (15 km) 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**

The Niger has subscribed to the five-year cold chain equipment optimization platform (2017–2021). This plan focuses on improving storage capacity and refrigerator coverage at peripheral levels, as central and regional levels currently have sufficient capacity. Based on the inventory carried out with UNICEF Niger support throughout the country, a deployment operational plan was developed and served as a basis for cost estimation towards equipment installation during year one. The availability of reliable country-level data is one of the challenges that the Niger is addressing through the ongoing vaccination coverage survey.

However, for several years, there has been a constant gap of more than 20 points between the administrative data and the WHO-UNICEF joint reporting form estimates. A plan for improving immunization data quality is being developed. As part of this initiative, a workshop on the revision of vaccination target populations was organized with the participation of MOH and NIS with UNICEF Niger’s technical assistance. The workshop’s recommendations will feed into the plan to improve immunization data quality and enhance the collaboration between MOH and NIS.

In addition, a supply chain data analysis was completed in collaboration with UNICEF’s Supply Division that revealed significant data inadequacy. For instance, health districts do not systematically utilize the stock management tool, and divergences are observed between data presented in stock records and in the data vaccine document management tool. The analysis resulted in the development of a dashboard with key indicators for monitoring of the immunization supply chain. Improvement in vaccine management will require resource mobilization for capacity building of service providers at health district and health facility levels. As efforts can be hampered by the lack of disbursement of funds by the Government for the purchase of vaccines, in 2017, there was a stock-out of yellow fever and pentavalent vaccines at the national level for approximately two months, though this stock-out did not affect the regional and operational levels.

To minimize the risk of vaccine stock-outs at the national level, UNICEF Niger supported the Government to develop the Vaccine Independence Initiative plan to increase its financial commitment ceiling for vaccine purchase from US$660,000 to US$1.2 million. There were also weaknesses in the availability and quality of micro-plans at health facility and health district levels. Following the immunization equity analysis in seven health districts conducted with technical assistance from UNICEF Niger, guidelines on the Reach Every District approach adapted to the Niger context will be developed and made available at the health district level to improve health activity planning. This may help to reach underserved communities and thus reduce the number of unvaccinated or inadequately vaccinated children.

It is noted that there are regions of the Niger with persistent insecurity (Diffa, Tillabéri) where children are not being vaccinated. This increases the risk of outbreaks of vaccine-preventable diseases, including polio, meningitis and measles, across the country. Other partners, including WHO, GAVI Alliance, the Bill & Melinda Gates Foundation, Doctors Without Borders and Save the Children International, supported immunizations and contributed to improved results for children during the year.
OUTCOME 4 S Women who are pregnant, 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
In 2017, MOH and the National AIDS Commission developed two main HIV/AIDS strategic documents following a bottleneck analysis exercise. The bottleneck analysis exercise was carried out with the participation of development partners and aimed to accelerate the performance of the epidemic response, with an expected 75 percent reduction of new infections and AIDS-related deaths by 2023.

The coverage of the prevention of mother-to-children transmission (PMTCT) services remained good, with 919 functioning PMTCT sites over 954 integrated health centres. The contribution of all partners (UNICEF, the World Bank and the Global Fund) enabled 115 B+ option sites to operate, extending the coverage of B+ option sites to 59.2 per cent nationwide (compared with 47 per cent in 2016).

In collaboration with UNFPA and MOH, 400 additional female mediators (in charge of home visits, antenatal care and PMTCT follow-up) were recruited and trained in Maradi (health district of Mayahi) and Zinder (health districts of Mirriah and Matameye). A total of 19,964 women were reached by the mediators, including 6,207 referred to antenatal consultation.

In Diffa humanitarian settings and as part of the Joint United Nations Team on HIV workplan, 1,517 people were reached with HIV prevention information, including 63 pregnant women referred to PMTCT services. In the same region, 2,425 HIV-positive persons are receiving antiretroviral therapy, among them 1,480 women, including 51 adolescents.

The MOH budget allocated to HIV/AIDS services is limited to human resources and operational costs. Funding gaps remain significant and the performance of services remain poor despite complementary funding from partners.

The performance assessment of the 2013–2017 HIV programme highlighted significant shortcomings in the PMTCT response, as children accounted for more than 40 per cent of new infections. Key bottlenecks have included the dysfunctional diagnostic system for children at decentralized levels and insufficient interventions at the community level.

According to MOH administrative data, during the first semester of 2017, only 51.6 per cent of women who attended antenatal care services received voluntary counselling and testing (292,629 women tested out of 566,672 women). Of the 696 women who tested positive during an antenatal care visit, 577 (83 per cent) accessed antiretroviral prophylaxis and treatment. However, only 184 of them gave birth with the assistance of qualified staff and only 88 per cent of their children seen in consultation benefited from antiretroviral prophylaxis. This performance is very low, given that the estimated number of HIV-positive pregnant women and exposed children is 2,966 (target estimation tool). The assessment of the HIV programme resulted in the development of the new Elimination of Mother-to-Child Transmission Plan 2018–2020.

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
In 2017, the number of HIV-positive pregnant women in need of PMTCT was estimated at 2,966. Only 696 pregnant women were detected to be positive, which represents only 46.9 per cent PMTCT coverage. The high burden of infants infected each year reflects the low performance of the programme. In 2017, MOH and the National AIDS Commission validated the PMTCT acceleration plan, which includes the ‘test and treat’ strategy as a means to reinforce the response.

In 2017, MOH experienced a lack of administrative data on PMTCT caused by the shifting of routine administrative data management to DHIS-2. Therefore, there is a gap in updated information or partial data collected.

In response to long-standing funding gaps, UNICEF Niger continued its support to PMTCT interventions at district and regional levels with the following results achieved in 2017. The B+ option PMTCT was scaled up with 115 additional sites (26 in Tahoua region with UNICEF support and 89 in Agadez, Dosso and Tillabéri with Global Fund support. This brought the total number of sites offering B+ option to 565 and the total number of midwives and nurses trained on antiretroviral therapy prescription (task shifting) to 1,495 nationwide (including an additional 78 trained in Tahoua in 2017). Quality assurance was strengthened with 246 PMTCT sites supervised by district management teams in the 24 convergence municipalities of Maradi, Zinder, Dosso, Tillabéri and Agadez regions. The contribution of 50 female community mediators supported by UNICEF in 17 convergence municipalities of Maradi, Tahoua and Zinder were assessed for potential scale up. Finally, in order to accelerate the prevention of HIV among youth, UNICEF Niger supported sensitization, counselling and testing campaigns in Zinder, Maradi, Tillabéri and Dosso regions and during the festival of pastoralists (Cure Salée) in Agadez. More than 20,000 teenagers and young people were targeted in each region.

OUTCOME 5

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

Analytical statement of progress

During 2017, sector coordination improved thanks to strong leadership and engagement in the sector’s consultation meetings between the Government and donors, resulting in the adoption of two key policies, the National Water, Hygiene and Sanitation Programme 2016–2030 and the National Integrated Water Resource Management Plan.

By adopting the National Water, Hygiene and Sanitation Programme 2016–2030 and the National Integrated Water Resource Management Plan, the Government and partners set a clear vision for the development of the WASH sector for the coming years with growing consideration of the incidence of climate change, variability of water resources and the sustainability of WASH services. With a view to reducing inequalities in access to water countrywide, a basket fund was created to enable the Government and donors to jointly fund WASH infrastructures in underfunded regions.

The trend of constructing multi-village, small-scale water supply piped systems managed by private operators continued in 2017, confirming the orientation of the Government and major WASH sector partners (the governments of Denmark, Luxembourg and Switzerland, the European Union, the World Bank, the African Development Bank, French Development Agency, and UNICEF Niger) in favour of this type of infrastructure in areas with hydrogeological constraints.
UNICEF Niger supported the organization of regional quarterly WASH coordination meetings and reinforced its contacts and discussions with the WASH parliamentarian network to strengthen advocacy for greater allocation of the government budget to rural sanitation. This resulted in the intention to launch an initiative in 2018 in which one parliamentarian will commit to support one municipality to achieve ODF status.

At the national level, 46 per cent of the population has access to basic water supply services (at least) and 10 per cent have access to limited services, according to the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) 2017. There are significant disparities between urban (89 per cent at least basic services and 8 per cent limited services) and rural (36 per cent at least basic services and 10 per cent limited services) areas and among regions and municipalities. Challenges in extending the coverage of water infrastructure include critical hydrogeological constraints, the poor quality of ground water at shallow depth in parts of the country requiring high-yield drilling and the high costs of constructing water supply infrastructure.

Concerning sanitation, the Niger’s progress in tackling open defecation remains slow. The open defecation rate is currently estimated at 71 per cent according to the JMP 2017 update, compared with 76 per cent in 2013. UNICEF Niger supported the Government and partners to develop a national CLTS roadmap and regional action plans aiming at ending open defecation in the Niger by 2030. In addition, UNICEF Niger supports the development of a national CLTS implementation guide and harmonized tools to aid the scaling-up of this approach.

Monitoring and evaluation for the WASH sector remain weak in the Niger. There are discrepancies between JMP estimates and data from the Ministry of Water and Sanitation. The information and monitoring system on water and sanitation in the Niger is still not fully functional.

UNICEF Niger provided support to improve the quality of data in 2017 in Diffa region with a pilot project exploring the use of RapidPro for real-time monitoring of the functionality of water points. The CLTS database developed and managed by UNICEF Niger was transferred to the Ministry of Water and Sanitation during 2017. The government inventory and geolocation of all existing water points provides baseline data to monitor the functionality of the water points.

In 2017, responsibilities for water supply and sanitation in rural areas were officially transferred to municipalities. The decentralization of competencies and resources in the WASH sector provides the policy framework to support municipalities and communities in local planning, implementation, monitoring and evaluation of WASH interventions with a view to improving sustainable WASH services for underserved communities.

As WASH cluster lead agency, UNICEF Niger coordinated the Government’s and partners’ efforts to provide populations affected by humanitarian crises with safe drinking water and basic sanitation. A total of 335,425 people gained access to safe drinking water as a result of the joint response, including the displaced population in Diffa region and those affected by floods and hepatitis E outbreaks, against a target of 692,996 set by the WASH cluster (as of October 2017). UNICEF Niger provided support to control the outbreak of hepatitis E in 75 per cent of health districts in Diffa region; the outbreak affected 2,125 people and resulted in 38 deaths, mostly of pregnant women. The deterioration of the security situation in Tillabéri and Tahoua regions bordering Mali raises the fear of an additional humanitarian crisis in the coming years.
For this purpose, a contingency plan was developed by the WASH cluster and UNICEF Niger prepared standby agreements with implementing NGOs.

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

**Analytical statement of progress**

A total of 9,972 (4,933 female and 4,739 male) additional people gained access to safe drinking water as a result of UNICEF Niger’s support thanks to the construction or rehabilitation of water points in 21 communities, systematic physicochemical and bacteriological testing of the water and the training of 105 members of management committees and 42 repairmen. Next steps are for UNICEF Niger to support the Government’s water safety initiatives by piloting municipal and community water safety plans before scale-up at the national level.

In 2017, the Government and the 49 beneficiary municipalities accepted all of the water supply construction works realized in 2016 (14 water supply networks, 271 boreholes equipped with hand pumps and 38 wells, which fit all technical requirements, benefiting 124,317 people. From 2014 to 2017, a total number of 436,595 people gained safe drinking water against a 2018 target of 500,000 people.

In order to minimize hydrogeological and technical constraints met during the water infrastructure construction phase, technical and social feasibility studies were conducted by private consultancy firms in 35 convergence municipalities during 2017 for the construction or rehabilitation of 20 small-scale piped systems, 14 boreholes equipped with hand pumps, 40 cemented wells and connection of 45 school and 14 health centres and inventory of access to WASH services in integrated health centres. The results of these studies will help to prepare the bidding documents and contracting arrangements with construction firms in the first quarter of 2018.

Regarding WASH facilities in schools, in 2017, 103 schools with 30,529 pupils (13,785 girls and 16,744 boys) were supported. This included 12 schools connected to piped systems, 33 schools benefiting from 113 blocks of separated latrines and 58 schools equipped with handwashing devices and soap. UNICEF Niger supported a pilot project on MHM in schools, which was implemented in close coordination with the Government with the objective of developing a national WASH in Schools guide including MHM. UNICEF Niger supported group discussion with parents, religious and community leaders in addition to media communication and debates and training of teachers and pupils on MHM in 220 primary and secondary schools, with a total of 8,883 young girls benefiting from reusable MHM kits.

Through UNICEF support, a total of 12 health centres gained access to improved WASH facilities, including 10 gaining access to safe water and six benefiting from 10 washing areas with separated latrines.

**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**
Since the introduction of the CLTS approach in the Niger in 2009, a total of 1,549 villages were certified ODF by the end of 2016 out of the 3,675 triggered. The open defecation rate estimated at 71 per cent (JMP 2017) remains very high and more than 14 million people still practice open defecation. To reach an ODF Niger by 2030, at least 2,200 communities should be certified annually. The absence of a clear vision and national strategies and orientation documents to end open defecation as well as limited financial resources and technical implementation capacities limited the scale-up of CLTS.

During 2017, UNICEF Niger supported the Government and WASH partners to provide the sector with harmonized documents and tools for ending open defecation. This included the participatory development and validation of a national CLTS roadmap ‘Niger ODF by 2030’, regional CLTS action plans and the development of a national CLTS implementation guide with harmonized tools, verification protocols and a post-ODF strategy expected to be validated by the end of January 2018.

In 2017, UNICEF Niger advocated for more funding in favour of CLTS. Partners such as the French Development Agency and the governments of Denmark and Luxembourg plan to release funds for CLTS as of 2018. Consultations with the WASH parliamentarian network were reinforced, resulting in an initiative to be launched during the March 2018 Parliament session, in which one parliamentarian will commit to support one municipality in achieving ODF status.

At the operational level, follow-up activities continued in 2017 in 72 communities triggered in 2016. In total, 63 new communities with 45,929 inhabitants were triggered. A total of 66 communities (including 20 communities triggered in late 2016) were certified, resulting in 49,184 additional people living in ODF communities. As an innovation, UNICEF Niger supported the Government and two implementing NGOs to trigger CLTS in emergency contexts in 23 communities, including sites for internally displaced persons and hosting villages in Diffa region and in cholera hotspots in Dosso region. The involvement, ownership and empowerment of the affected populations in emergency situations were very strong and 83 per cent of them (19 communities) became ODF, offering a strong alternative to emergency latrines built by humanitarian actors with very weak ownership of beneficiaries.

Good hygiene practices, especially handwashing with soap or ash, were systematically promoted through CLTS, as well as WASH in 433 schools (including MHM for 220 schools in four municipalities) and WASH-in-nutrition activities. In addition, household water treatment was promoted through WASH-in-nutrition and WASH-in-emergencies activities.

**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**
During 2017, the Government adopted the National Water, Hygiene and Sanitation Programme and the National Integrated Water Resource Management Plan developed in 2016 with the support of partners and with a growing consideration of the incidence of climate change, variability of water resources and the sustainability of WASH services.

For the operationalization of the National Integrated Water Resource Management Plan, UNICEF Niger supported the Government and partners to recruit a consultancy firm to assess the impacts of climate change on water resources and on the sustainability of WASH services. The recommendations of this assessment will help the WASH sector in the planning,
construction, rehabilitation and operational phases of climate change-resilient WASH infrastructures and the promotion of climate-sensitive management of water resources.

During 2017, sector coordination improved thanks to strong leadership and engagement in the sector’s consultation meetings between the Government and donors, resulting in the adoption of key policies and the creation of a basket fund to reduce unequal access to water countrywide. The good quality of the 2017 sector review and the strong commitment of the Government to restore the financial balance of the national water supply company contributed to strengthening the sector.

Monitoring and evaluation remains weak in the Niger for the WASH sector. The information and monitoring system on water and sanitation in the Niger is still not fully functional. The inventory and geolocation of all existing water points done by the Government as part of the decentralization of competencies and resources in the WASH sector in 2017 provide baseline data for the monitoring of the functionality of water points and the strengthening of operation and maintenance mechanisms.

From this perspective, the final report of the study on the causes of the malfunctioning of hand pumps validated by the Government and partners with the support of UNICEF Niger provides the sector with an action plan for the rehabilitation of non-functional hand pumps and for future construction. UNICEF Niger also supported a sustainability check whose preliminary findings highlighted the good quality and functionality of water supply infrastructure realized through the Accelerating Sanitation and Water for All programme funded by the United Kingdom’s Department for International Development.

The WASH sector is confronted with a significant financing shortfall. Untapped taxation potential from tariffs generated from small-scale piped systems has been identified and the harnessing of this potential will allow municipalities to set up water and sanitation municipal services and fund the development of infrastructure. Challenges to the successful decentralization of WASH services include weak capacities to effectively manage contracts with private operators. In support of the update of the national water supply guide, UNICEF Niger initiated the analysis of delegated management of small-scale piped systems.

In 2017, UNICEF Niger also provided support to improve the quality of data in Diffa region with a pilot real-time monitoring of the functionality of water points using RapidPro. The CLTS database developed and managed by UNICEF Niger was also transferred to the Ministry of Water and Sanitation.

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

**Analytical statement of progress**

In 2017, the Niger was affected by four main crises (population movements, floods, epidemics and the nutrition crisis). The humanitarian situation in the Diffa region remained a concern due to insecurity related to the Boko Haram attacks. Access to safe water and basic sanitation remained a priority in the Diffa region with a progressive emphasis on the construction of more structured and sustainable multi-usage WASH systems, including high-yield drilling and the construction or extension of small-scale piped systems, in addition to manual drilling, water trucking and low-yield mechanical drilling.
As cluster lead agency and provider of last resort, UNICEF Niger supported the coordination of humanitarian WASH organizations and interventions at the national level and in the Diffa region. In 2017, the functionality of the WASH cluster, comprising 99 partner organizations, government institutions, NGOs, donors and United Nations agencies, improved thanks to its internal mechanisms (strategic orientation committees, crisis management sub-groups) and the active participation of its members in the Humanitarian Needs Overview and Humanitarian Response Plan process and in preparedness and response to the various crises.

In 2017, 166,954 people affected by the Boko Haram attacks and subsequent insecurity were assisted in the Diffa region against a target of 151,719. With UNICEF Niger support, 50,000 of these beneficiaries gained access to safe drinking water through the construction or rehabilitation of water facilities (boreholes, small-scale piped systems) and 17,266 people gained access through water trucking.

Diffa region faced an outbreak of hepatitis E in 2017 with 2,125 cases and 38 deaths. The implementation of a strong and coherent multi-actor response plan facilitated an effective response. The hepatitis E response and cholera prevention activities, including access to safe drinking water through household water treatment and promotion of handwashing with soap or ash, reached 133,000 people in Diffa region.

Cholera prevention and preparedness activities reached 9,134 additional people outside of the Diffa region, mainly through a CLTS-in-emergencies approach as a post-cholera intervention to prevent new outbreaks.

The Niger faced severe floods in 2017. In addition to heavy rains, rising water from the Niger River caused major floods in the regions of Dosso, Niamey and Tillabéri. UNICEF Niger supported the coordination of the response to the floods. As of October 2017, 25,004 people were assisted through the distribution of water treatment products, awareness-raising activities, cholera prevention activities and the disinfection of contaminated wells. In addition, construction work in Dosso and Tillabéri regions (rehabilitation of 40 damaged wells and one borehole and construction of three standpipes) benefited 23,500 people affected by floods.

In close collaboration with the WASH cluster, UNICEF Niger recruited a private firm to provide technical assistance to the Government and humanitarian actors in 2018 during the phases of conception, construction and operation of WASH infrastructure and to develop a rehabilitation action plan. In addition, a pilot initiative of real-time monitoring of the functionality of 263 water points through RapidPro was launched and is expected to be fully operational by March 2018.

OUTCOME 6 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 the reduction of micronutrient deficiencies.

Analytical statement of progress
With technical and financial support from UNICEF Niger, a Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey on nutrition was conducted in Diffa, an emergency-affected region. The regional average of 13.9 per cent of global acute malnutrition (GAM), exceeding the 10 per cent global 'alert' threshold, and 2.5 per cent SAM, above the 2 per cent 'critical' threshold, remain concerns. The situation nevertheless improved among
children in displaced sites (from 13.6 per cent GAM and 2.4 per cent SAM in 2016 to 8.9 per cent GAM and 1.7 per cent SAM in 2017) and refugee camps (from 12.3 per cent GAM and 1.6 per cent SAM in 2016 to 6 per cent GAM and 0.7 per cent SAM in 2017).

A significant improvement was also noted in two remote districts (N’Gourti and N’guigmi) that recorded critical levels of GAM and SAM in 2016 (more than 15 per cent GAM and more than 2 per cent SAM). The national status on stunting, wasting, obesity, anaemia prevalence and coverage for key nutrition interventions and practices will be updated using new Demographic and Health Surveys (DHS) data collected with technical and financial support from UNICEF Niger.

IYCF interventions are currently implemented in 30 districts covering 6,567 villages (35 per cent of 18,647 villages nationally). While an update is not yet available at national level, IYCF indicators were updated in 17 municipalities, where a comprehensive package of preventive nutrition interventions was expanded since 2014 with UNICEF Niger’s support in partnership with NGOs and European Union funding. The data for the 17 municipalities, using the LQAS methodology demonstrate rapid improvements in IYCF indicators, including exclusive breastfeeding and minimum acceptable diet. About 54 per cent of infants under the age of 6 months in Diffa region were reported as exclusively breastfed, with the highest rate reported in camps for displaced persons (71.8 per cent) followed by refugee camps (65.9 per cent) and Diffa district (65.8 per cent). Refugee and displaced sites also reported the highest prevalence of minimum acceptable diet (37.3 per cent and 32.9 per cent, respectively), suggesting the effectiveness of IYCF services supported by UNICEF Niger and NGOs targeting these vulnerable populations.

Given the high prevalence of GAM and SAM in the Niger, typically at levels above emergency thresholds (10 per cent and 2 per cent, respectively), the full national burden of SAM is financed mainly by humanitarian funding through appeals in the Humanitarian Response Plan and the HAC. However, only 4 per cent (11,880 children) of the total number of children affected by SAM at the national level (309,175 children) were located in a humanitarian context (Diffa region). As in preceding years, data on the number of children admitted in nutritional treatment centres show that 100 per cent of children estimated to be affected by SAM were reached by nutritional interventions.

However, recent global scientific findings indicate that the number of SAM-affected children annually may be underestimated by two to five times. This may be the case for the Niger as its very high theoretical coverage appears unlikely given widespread geographic, social and economic barriers to access and utilization of health and nutrition services. Indicators showing the effectiveness of SAM treatment (88 per cent cure, 1.3 per cent death, 5.7 per cent default rates) surpassing global minimum standards were maintained. UNICEF Niger’s technical, financial and supplies support in collaboration with 10 NGOs was critical for the national SAM programme.

As in previous years, the coverage of vitamin A supplementation continued to depend on polio vaccination campaigns. However, in 2017, the second round of the vaccination campaign was limited to high polio burden districts. In addition, the high cost of such campaigns and limited operational capacity did not permit the distribution of vitamin A in areas not covered by the vaccination campaign. Thus, coverage of the second dose of vitamin A and deworming did not attain the usual high coverage of more than 90 per cent. Discussions are ongoing to find sustainable ways to maintain vitamin A supplementation coverage outside of vaccination campaigns.
Even though iron/folic acid is on the essential drug list and is one of the low-cost, high-impact interventions, it is not prioritized and budgeted by the Government. Although UNICEF Niger supplied 21 (out of 72) districts with iron folate in 2017, a significant proportion of women who were pregnant failed to receive iron folate supplementation during antenatal visits, indicating missed opportunities. A promising strategy involving a partnership between the public and private sectors was developed to increase access to iodized salt, with the goal to improve the extremely low proportion of households accessing adequately iodized salt in the Niger (reported as only 6 per cent in 2015).

Sustainability and scaling-up of UNICEF-supported service delivery could be disrupted by poor governance, the absence of predictable public or alternative financing mechanisms, weak horizontal and vertical coordination and weak systems and capacities at all levels. The five-year European Union funding was instrumental for modelling and expanding preventive interventions and helped catalyse the initiation of community-based integrated management of communicable illnesses (IMNCI), though this funding ends by mid-2018. Contributions from the governments of Germany, Italy and Spain, the European Union, ECHO, and USAID/Food for Peace have been obtained or are planned. However, a significant funding gap in maintaining current level of interventions supported by UNICEF Niger is predicted for 2018.

Translation of the national multisectoral nutrition security policy into a costed plan of action and investment case is expected to facilitate financing, prioritization and coordination of nutrition-sensitive and nutrition-specific actions in the Niger. In 2018, UNICEF Niger and partners will invest in strategic advocacy to ensure mobilization and allocation of resources as part of PDES 2017–2021 financing. Planned in-depth evaluation and analysis of community-based management of acute malnutrition, IYCF and micronutrient interventions are expected to strengthen capacity for evidence-based decision making.

**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**
UNICEF Niger’s technical support to the Nigeriens Nourish Nigeriens Initiative and partnerships with United Nations agencies (WFP, FAO and WHO) resulted in the elaboration of a multisectoral nutrition security plan of action, cost-effectiveness analysis of the plan and development of a nutrition investment case, validated in June 2017, and projection analysis of the synergistic effects of the nutrition security plan of action and the national family planning action plan on reducing the prevalence and number of malnourished children. The nutrition security plan of action, along with the various analyses, served as a tool for advocacy, leveraging, prioritization and targeting of nutrition actions.

UNICEF Niger advocacy and technical support, in partnership with NGOs and donor partners, resulted in the inclusion of nutrition in PDES 2017–2021 as well as the Health Sector Development Plan (2017–2021) – a significant evolution from previous versions expected to influence the further positioning of nutrition and resource mobilization.

The national high-level, multisectoral coordination mechanism of the Nigeriens Nourish Nigeriens Initiative is currently undergoing a revision and discussions are ongoing on the revitalization of the Scaling Up Nutrition movement in the Niger. Consultations and coordination
with multiple sectors at the technical level continued and the Nigeriens Nourish Nigeriens Initiative, with UNICEF support, facilitated the development of a costed plan of action and cost effectiveness analysis.

With technical and financial support from UNICEF Niger, the annual nutritional status monitoring in Diffa – an emergency context– was conducted in line with the SMART methodology. National nutritional status data were collected by NIS through DHS with UNICEF technical and financial assistance.

A UNICEF-led annual progress evaluation using LQAS was conducted in November 2017 for the third time in 17 project municipalities benefiting from a comprehensive package of nutrition and health interventions. As in preceding years, the results of the analysis were used to identify corrective actions for indicators not showing expected progress. A national capacity development plan was drafted in partnership with MOH and the Liverpool School of Tropical Medicine towards anchoring data collection capacity on LQAS within MOH and other relevant institutions and as one of the affordable tools for monitoring and evaluation of processes and outcomes of interventions.

UNICEF Niger continued to provide technical support to facilitate the weekly reporting of SAM admissions. Additional support to MOH resulted in the improvement of timelines and the quality of monthly SAM treatment reporting by MOH, providing more complete information, including performance indicators used in 2017 annual reporting, as opposed to extrapolation of treatment outcomes from the first half of the year, which was what was done in previous years.

HMIS tools revised with UNICEF Niger’s technical assistance in previous years (including nutrition data) were distributed for use. However, this did not improve the availability of data given the multiple challenges faced by ongoing initiatives to improve the timeliness and quality of data in the health sector. MOH plans to upgrade the HMIS to an online system with support from the European Union, the Global Fund, the Common Fund for MOH and the Belgium corporation.

**OUTPUT 2** By 2018, pregnant and lactating women and all caretakers of children, including fathers, have knowledge of and apply infant and young child feeding practices and other essential care practices.

**Analytical statement of progress**
A total of 30 districts (42 per cent of districts nationally) have at least 50 per cent of their community volunteers trained in community IYCF. This coverage cannot be directly compared with reports of previous years, as administrative restructuring in 2017 resulted in significant changes in the number of districts, from 44 in 2016 to 72 in 2017.

With UNICEF Niger’s technical and financial support to MOH and in collaboration with NGO implementing partners, the country currently has 15,079 trained community volunteers (4,265 community volunteers trained in 2017) and 5,621 mother support groups (of which 2,422 were established in 2017) providing community IYCF counselling and support in 6,567 villages (35 per cent of 18,647 villages nationally).

To facilitate quality IYCF counselling during newborn, vaccination, inpatient and outpatient services, trainings were provided to 974 health workers in 303 health centres and 318 health posts with UNICEF Niger’s technical and financial support. The Early childhood development
stimulation component was integrated into IYCF training materials used for inpatient facilities and 40 health workers were trained as trainers to expand the training. To advance the Baby-Friendly Hospital Initiative agenda, UNICEF Niger supported the Nutrition Directorate to conduct an assessment in four regions covering 40 hospitals, which revealed that no hospital met Baby-Friendly Hospital Initiative standards. As a step forward, 175 nurses were trained on the Baby-Friendly Hospital Initiative in six maternity hospitals.

The community IYCF project in 17 communes and its associated resources were one of the most important catalysts for progress in the IMNCI agenda in the Niger (reported under results for UNICEF’s health programme): 1,266 IYCF counsellors and community volunteers meeting criteria were integrated into the total workforce of 4,265 IMNCI agents providing curative, promotional and preventive services. Full integration of nutrition in IMNCI training, supervision tools, standard supplies and overall operationalization of the initiative was achieved, providing an element of sustainability for community IYCF services. However, the quality and content of training in IMNCI material does not cover the full skills and knowledge covered by standard community IYCF materials. This may affect the effectiveness of community IMNCI agents in providing comprehensive IYCF counselling.

LQAS data show rapid changes in access to and utilization of services as well as in knowledge and practices in the 17 rural municipalities targeted with a package of high-impact nutrition interventions since 2014, particularly for exclusive breastfeeding and minimum acceptable diet. These results will be further verified with an in-depth evaluation of the project and verification of the IYCF results.

With technical support from UNICEF Niger and a participatory process, a national decree for regulating marketing of breastmilk substitutes was revised and technically validated in August 2017. The process of adoption by the Government is still pending and will require further advocacy efforts (jointly with WHO).

A partnership cooperation agreement with six NGOs was instrumental for the implementation and success of IYCF interventions. Agreements expire in early-to-mid 2018 due to the end of the European Union grant with no alternative financing available to UNICEF Niger and NGOs to continue the needed partnership.

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

Analytical statement of progress
With UNICEF Niger technical, financial and supplies support (including an in-kind contribution from the Canadian International Development Agency), the first doses of vitamin A supplementation and deworming were provided during a national polio campaign and achieved high coverage (99.8 per cent). However, only half of targeted children (51 per cent) received the second dose during a polio campaign which was localized only in 29 high-risk districts. Outreach activities supported by UNICEF Niger in 15 additional districts increased the coverage of the second dose to 65 per cent. Lack of funding and the high cost of the campaign constrained coverage in the remaining 28 districts. More sustainable, less costly approaches are being explored.

The home-based complementary food fortification using micronutrient powders approach implemented in 17 municipalities reached 84,536 children aged 6–23 months in 14
municipalities, as compared with 72,789 children in 12 municipalities in 2016. Annual assessment (LQAS 2017) suggested that 60.5 per cent of targeted children accessed micronutrient powders (against a project target of 80 per cent). Mothers of 57 per cent of children aged 12–36 months received micronutrient powders for the recommended six-month period and 54 per cent reported compliance with recommended intake (one sachet per day). The project is providing critical experience and modelling of this high-impact intervention and facilitated its inclusion in the national nutrition security plan of action.

With no budget allocated by the Government for the supply of iron folate, iron folate was supplied by UNICEF Niger in 21 out of 72 districts, with a quantity sufficient to cover 298,160 women who were pregnant (32 per cent of the annual target). Data collected in 17 municipalities suggest that even where iron folate was available, and when 98 per cent of mothers of infants 0–5 months received iron folate supplements once during their last pregnancy, only 25 per cent received the supplement for the minimum recommended period of four months (9 per cent in 2015 and 24 per cent in 2016). Sixty-two per cent of mothers had four antenatal visits, suggesting missed opportunities to provide this service. Almost all mothers who received the supplements (84 per cent) consumed it as recommended, indicating good compliance (LQAS 2017). Health workers do not promote iron folate at all antenatal care contacts owing to the lack of familiarity and high turnover of trained staff in project municipalities.

With WFP and MOH, UNICEF Niger supported the distribution of iron folate supplements for 21,290 adolescent girls. This distribution was integrated with food and cash assistance provided to vulnerable families during the lean season. Despite its small scale, the initiative brought lessons related to communication and operationalization of iron folate supplementation to adolescents, which informed the definition of the national adolescent health guidelines.

UNICEF Niger’s technical support and advocacy to relevant ministries, regional authorities and the private sector led to a feasibility study for the establishment of an iodized salt production industry in the Niger. Private sector partners were identified. A roadmap supported by all stakeholders is under development with the aim to start local iodized salt production in Agadez region in the first half of 2018.

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

Analytical statement of progress

The full national scale-up of SAM treatment, which was first achieved in 2013, was maintained in 2017. All 922 health facilities, including 44 hospitals, continued to provide SAM treatment as a routine service. UNICEF Niger supported the national programme caseload through supplies, supportive supervision and training. Ten NGOs (directly funded by ECHO) supported the day-to-day implementation and operation of SAM treatment, collectively targeting 190,913 children with SAM (62 per cent of the national caseload). A total of 298,848 children with SAM were admitted by the end of October, including 50,817 (17 per cent) children who had medical complications, who received treatment in inpatient facilities or hospitals. The total admissions by the end of October represented 97 per cent of SAM cases (309,175) and 110 per cent of the inpatient facility caseload (46,376).

The SAM burden is likely to be underestimated due to limitations in current guidance on estimating SAM incidence, as evidenced in recent studies suggesting a two to five times higher incidence multiplier than currently used in the Niger to estimate the national caseload annually.
The proportion of children treated in inpatient facilities (17 per cent) is significantly higher than the estimated burden for medical complications and compared with global experience (5–10 per cent) may indirectly suggest underestimation of the SAM burden.

As in previous years, performance indicators surpassed global and national minimum standards with cure, death and default rates of 88.1 per cent, 1.3 per cent and 5.7 per cent, respectively. Disaggregation of treatment performance by health facility was not possible based on the data available at the national level. While aggregate data mask discrepancies among facilities, such high levels of performance on average would not be possible without a significant number of facilities performing well.

Initiated with UNICEF Niger’s support in 2016, SAM screening is now integrated into national SMC, which covered 44 out 72 districts in 2017. Over 2.2 million children were reached with monthly screening during the lean season (July–October), of which 26,519, 21,067 and 18,623 SAM cases were identified in July, August and September, respectively, suggesting a steady decline in the pool of SAM children. This decline is likely linked to referrals and access to treatment. NGOs conducted screening in four additional districts, and UNICEF supported five additional districts with screening through routine services (e.g., IMNCI). With the aim of expanding screening in a sustainable way, UNICEF Niger initiated a partnership with the MOH, WFP and ALIMA to scale up the innovative approach of ‘MUAC-by mothers’ (MUAC stands for mid-upper arm circumference), targeting all families (800,000 women) in one of the highest caseload regions (Maradi).

Decline in humanitarian resources is a major concern. UNICEF Niger’s regular resources covered 24 per cent of national supply needs in 2017 and helped prevent critical stock-outs. Projection analyses show the detrimental effects that interrupting SAM treatment can have on mortality and malnutrition rates. UNICEF Niger continued to advocate with the Government and development partners for continued support for SAM prevention and treatment. Integration of screening with various health and nutrition services and innovative approaches are expected to reduce costs. The high cost of supplies (estimated at about US$20 million per year) are particularly concerning, given past government budget trends and global financial constraints affecting development and humanitarian partners.

**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**

UNICEF’s support to the Directorate of Nutrition of the Ministry of Public Health contributed to strengthening the Nutrition Technical Group (nutrition cluster) towards coordinated nutrition interventions. This coordination mechanism facilitated the participation of a large number of partners (over 35 cluster agencies) in the elaboration of the national multisectoral plan of action and cost-effectiveness analysis for the national nutrition security policy. A cluster coordination performance monitoring exercise revealed the need to continue to strengthen coordination mechanisms both at national and decentralized levels.

As of the end of October, in Diffa region, 11,880 children under 5 suffering from SAM, including 1,380 children with medical complications, were admitted to outpatient and inpatient facilities, representing 81.8 per cent of the estimated annual caseload in this region. Community-based management of acute malnutrition programme performance indicators exceeded minimum
standards (more than 75 per cent cured, less than 15 per cent defaulted and less than 10 per cent died): 92.3 per cent of admitted children were cured, 2.3 per cent defaulted and less than 1 per cent died.

Monthly mid-upper-arm circumference screening integrated with the seasonal malarial prophylaxis campaign conducted during the lean season (also a high malaria transmission period) reached 112,855 children aged 6–59 months in Diffa region and identified and referred a total of 3,605 SAM children during this period. In addition, mass vitamin A supplementation and deworming integrated with a vaccination campaign reached 203,424 (92 per cent of those targeted for vitamin A) and 206,099 (103 per cent of those targeted for deworming) during the first dose and 202,121 (96 per cent of those targeted for vitamin A) and 171,671 (86 per cent of those targeted for deworming) during the second dose.

Community- and facility-based IYCF interventions reached 102,519 infant-mother pairs, including 67,347 located in camps for displaced persons. The SMART survey (2017) conducted in Diffa region reported a significantly higher proportion of infants and young children being optimally fed (proportion of exclusively breastfed and minimum acceptable diet) where services were implemented in displaced sites, refugee camp and Diffa district centre, providing further evidence of the successful expansion of IYCF services. UNICEF Niger’s overall technical assistance to coordination, supplies provision and supportive supervision influences all nutrition interventions in Diffa together with a few NGOs supporting the day-to-day implementation.

In November 2017, UNICEF Niger launched an SMS-based technology (RapidPro) in Diffa to facilitate real-time monitoring of SAM admissions and supplies status with interactive and feedback features. Furthermore, the nutritional situation was monitored though an annual SMART survey.

The humanitarian contingency plan was updated considering recent and impending humanitarian crises involving districts bordering Mali (in Tahoua and Tillabéri regions).

There was adequate humanitarian funding for operations in Diffa throughout 2017. The tense security situation continued to pose significant access constrains, limiting the expansion of nutrition interventions in remote districts of Diffa where there were no implementing partners.

The Government’s capacity to coordinate and lead nutrition interventions in Diffa needs to be strengthened, especially in remote districts with greater needs. High turnover of government and NGO staff poses a further challenge for capacity development.

OUTCOME 7 By 2018, school-age children, particularly girls, children who live in rural areas and vulnerable children, have access to and make greater use of quality basic education services.

Analytical statement of progress
In 2017, access to primary education in the Niger continued to grow, with 2,773,348 children (45.5 per cent girls) enrolled in primary education (compared with 2,611,352 children, 45.2 per cent girls, in 2016). This represents a gross enrolment rate of 76.7 per cent (76.2 per cent in 2016). However, the level of girls’ education (primary gross enrolment rate 72.2 per cent) remains significantly below that of boys (primary gross enrolment rate 81 per cent) and is even lower for vulnerable children.
Access to preschool services improved with the number of kindergartens increasing from 2,659 in 2016 to 2,750 in 2017. Nevertheless, coverage remains low: less than 8 per cent of children are enrolled in preschool (3.7 per cent rural versus 28.2 per cent urban). In lower-secondary education, access increased to a gross enrolment rate of 36.4 per cent (compared with 34.2 per cent in 2016) but with a stagnating gender gap index of 0.7.

UNICEF Niger advocated on critical issues, especially on equitable access to quality education. As the co-lead of the education sector in the Niger (with the European Union), UNICEF Niger plays a key and active role in the different sector coordination mechanisms within the framework of the local education group (LEG).

At the upstream level, UNICEF Niger took a leading role in organizing a roundtable on girls’ education in July, resulting in a list of 10 commitments signed by the Government, cooperating partners, civil society representatives and traditional, religious and community leaders - representing a first for the Niger. This led to the adoption by the Government of a decree in December 2017 for the protection of the girl child in school to guarantee access and retention until age 16. Further advocacy in coordination with the other sector partners is still needed to ensure comprehensive understanding of the decree and its application, especially among religious organizations and communities.

At the same time, evidence generation supported by UNICEF Niger in 2017 is expected to influence the future policy decisions of the ministries of education. The study on the ‘proximity college’ model outlines a five-year implementation plan to increase access to lower secondary education, especially in rural areas. UNICEF Niger supported another study on the profiles of out-of-school children and the underlying causes of this phenomenon, which will lead to better-informed responses to out-of-school children by the ministries of primary education, secondary education and vocational training. The recommendations of the comparative analysis study on interventions to promote girls’ education will inform the national strategy on girls’ education in 2018 and support the renewed national priority on girls’ education. Finally, the pre-reading and pre-mathematics booklets developed by the Ministry of Primary Education with UNICEF Niger’s support will serve to improve the quality of pre-primary education.

At the downstream level, UNICEF Niger promoted community-based kindergartens in rural areas, opening an additional 160 centres in 2017 and bringing the total number of UNICEF-supported centres to 720. To boost community demand and appreciation, the training provided for preschool teachers included a parental engagement component, reaching 75,000 caregivers with information about the nutrition, psychosocial and stimulation needs of young children. However, many parents still struggle to cover the costs of preschool, which is not free in the Niger.

Despite the general increase in access to primary and lower secondary education, the percentage of out-of-school children in the Niger remains among the highest in the world (around 35 per cent for primary school-aged children). To further increase access to learning opportunities for vulnerable children and youths, UNICEF Niger supported the concerned ministries and regional directorates through the provision of non-formal education, vocational skills training, nomadic education and Koranic schools, as well as inclusive education, directly benefiting over 8,600 children. This support will further inform the country’s future responses to the challenge of out-of-school children.

The quality of education remains a major concern, especially in primary education. An evaluation of 60,000 contractual teachers in 2017 revealed significant gaps in the competencies
and knowledge levels of practicing teachers (only one third of teachers achieved the mean score), confirming teachers’ low competencies as one of the key causes of children’s low learning achievements (less than 7 per cent of Grade 6 pupils attain the sufficient competency level). In response to this evaluation, the Government dismissed over 8,100 teachers who either did not possess proper documents or score the minimum acceptable level, further increasing the gap between demand for and supply of qualified teachers. Simultaneously, the Ministry of Primary Education devised a roadmap to improve quality education, including a one-month remedial training of 8,300 teachers in the lowest achievement group, supported by the Global Partnership for Education fund and UNICEF Niger. UNICEF, in collaboration with an NGO partner, also piloted an innovative initiative to improve quality, which included early grade reading assessment followed by a remedial learning camp and local language education.

Conflicts and emergencies continue to pose challenges to education in the Niger. As the education sector cluster coordinator, UNICEF Niger, with partners, supported almost 25,000 children in emergency settings to access basic education at all levels. This included the provision of temporary learning shelters for 10,000 children and learning kits for 20,000 children (51 per cent girls). Particular attention was given to the Diffa region, where several schools and teachers have suffered attacks, and UNICEF Niger introduced a radio education programme in literacy and numeracy. To support planning and coordination, which is often challenged by the lack of reliable and timely data, UNICEF Niger introduced a cross-sectoral platform through RapidPro in 261 schools in Diffa to enable the real-time collection of data and the reporting of urgencies.

The final year of the country programme will reinforce the concentration on pre-primary schooling, girls’ education, education quality and innovative approaches to improving education services. This includes the utilization of technology to support the continuous professional development of both teachers and school managers.

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
The Diffa region, affected by the Lake Chad basin crisis, faced additional challenges in 2017. This included two attacks against school premises in May and the assassination of a school director in October. This situation created a sense of fear and insecurity among teachers, causing some teachers to discontinue their work in affected zones and the closure of four schools.

In 2017, UNICEF Niger, as the education cluster coordinator, supported the Government by contributing to the capacity development of the Diffa Regional Directorate for Primary Education (DREP) and the local education working group through an information management platform to enhance response planning and implementation. In October 2016, the education cluster established a taskforce on ‘safe schools’, co-led by the DREP and UNICEF Niger and facilitated by Save the Children and Plan International. In collaboration with this task force, UNICEF Niger supported evidence collection and documentation of attacks on schools to inform regional and global advocacy.

At the field level, UNICEF Niger support allowed 24,947 children (11,871 girls) out of an estimated 111,843 to access schooling by October 2017. The co-led emergency response has
allowed 1,851 preschool children (928 girls) as well as 9,575 primary school children (4,883 girls) to access education through the construction and equipment of temporary learning spaces through NGO partnerships. At the same time, 20,604 children (10,508 girls) benefited from the provision of school kits and textbooks. Regarding out-of-school children and youths, 2,453 children aged 9–14 (1,056 girls) accessed 65 emergency alternative education centres and 322 youths (212 girls) attended skills training courses.

A radio education programme was launched in late July as a part of the Children of Peace project, in collaboration with DREP, six local radio stations and UNICEF Niger. The programme offers mathematics and reading courses and discussion of child protection issues to children who are out of school. Thirty-two community-based child protection agents in 32 primary schools have benefited from trainings in psychosocial support, conflict and disaster risk reduction and developing school emergency preparedness plans.

Another major challenge faced by the Diffa region is the quality of education. After the assessment of contractual teachers by the Ministry of Education, 783 teachers out of 2,940 were dismissed in Diffa. In support of DREP’s efforts, UNICEF Niger built the capacities of 239 school directors (out of 262 schools) in areas such as school management and mathematics and French instruction. In addition, 172 parents benefited from capacity development in school management, peace-building and addressing gender-based violence. UNICEF Niger will continue to support the capacity development of DREP, including through initiatives supporting school mapping and data management, such as the implementation of RapidPro.

With regard to the Dosso and Tillabéri regions, UNICEF Niger’s response reached 1,195 children (490 girls) affected by floods through the establishment of 10 temporary learning spaces and the rehabilitation of four classrooms.

Furthermore, in four regions affected by the fodder deficit, UNICEF Niger supported 9,337 students (4,202 girls) through the provision of NFI to their host families and schools.

**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**

National coordination of the education sector progressed during 2017, particularly in terms of planning and monitoring. Nominated as a co-lead (with the European Union) in the education sector in April, UNICEF Niger took an active leadership role in different sector coordination mechanisms within the framework of the local education group. Significant progress was made by the group on advocacy for equitable access to – and quality of – education.

At the upstream level, in 2017 UNICEF Niger provided technical support to the education sector analysis process in preparation for the upcoming revision of the Education and Training Sector Plan in 2018. UNICEF Niger also provided input on the education components of the country’s PDES 2017–2021. Evidence generation on key issues affecting the education system was completed with UNICEF support. This included a study on the ‘proximity college’ model, outlining a five-year implementation plan that will begin in early 2018 and support increased access to lower secondary education, especially in rural areas; a study on out-of-school children to analyse the profiles and causes of children being out of school as well as suggested responses; and a comparative analysis study on interventions to promote girls’ education.
The education sector is one of the four sectors that will be decentralized by the Government. As part of the decentralization and reform of the education sector, UNICEF Niger and partners supported the ministries of education to translate the national Education and Training Sector Plan into regional sectoral plans for education and training. The governance, steering and planning thematic group of the local education group, composed of the ministries’ representatives and the sector partners, has been actively working on the realization of this regional plans concept: during 2017, the regional committees were assembled and prepared to commence work in 2018 with the participation of communities strongly involved through school management committees and regional education councils. The group has already prepared the terms of reference and roadmap, which will be presented and adopted during the joint sector review in January 2018.

To reinforce the education system, UNICEF Niger continued to support the data collection and production of statistical yearbooks for primary and secondary education at national and regional levels, improving the timeliness of the production of annual statistical bulletins. In terms of logistics, the programme supported the Ministry of Primary Education (by providing 46 motorcycles) and the Ministry of Secondary Education (by providing eight vehicles and 60 motorcycles) to strengthen the educational monitoring of schools and thereby improve the quality of education.

**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**

While progress was made in reducing the gender gap in education, challenges continue, with the gender parity index still at 0.83. To address this, UNICEF Niger took a leading role in supporting the ministries of education to organize a roundtable on girls’ education in July 2017. This resulted in 10 commitments to girls’ education endorsed by the Government, cooperating partners, civil society organizations, traditional leaders and parents’ associations, which constitutes a milestone step in advancing gender equity. Following this, UNICEF Niger significantly contributed to a legal framework for the protection of girls’ education, which was adopted in the form of a presidential decree in December. At the downstream level, a pilot with UNICEF Niger’s WASH section supplied 7,300 girls with menstrual hygiene kits and training in 224 schools.

Advances were made in the provision of early childhood services. UNICEF Niger supported the Ministry of Primary Education in the elaboration and validation of pre-reading and pre-mathematics booklets. A further 160 community kindergartens, with 160 trained teachers, were opened with UNICEF Niger support, benefiting 15,215 children (7,428 girls) with national preschool services. Training for the community kindergarten teachers included a parental education component, focusing on aspects of stimulation, feeding and nutrition, and supporting the psychosocial development of the young child.

A government-initiated evaluation of teacher competencies revealed significant gaps in teacher quality. UNICEF Niger took several measures to support teachers, including a strong financial contribution to the one-month remedial training for 10 per cent of over 8,000 teachers falling into the lowest achievement group of the evaluation and the provision of 110 directors’ manuals. With NGO partners, UNICEF Niger supported a pilot to improve education quality, including
early grade reading assessments followed by a holiday learning camp and mother-tongue education. Support via the quality and equity basic standards approach continued, with training provided to 519 teachers in 100 schools on differentiated pedagogy. The provision of class kits to 148 lower secondary and 2,712 primary schools also facilitated children’s learning.

Children with nomadic backgrounds and children with special educational needs remain disadvantaged in the Niger. By supporting fact-finding missions and providing technical assistance, UNICEF Niger actively contributed to the ministry-led working group to develop a model for nomadic education. UNICEF Niger is preparing to pilot the model in the Maradi region from January 2018. Advancing inclusive education, UNICEF Niger worked with the ministry to revise and update sign-language manuals, with training and distribution scheduled for 2018. A pilot project to support 4,200 children with disabilities will be undertaken to evaluate the implementation of the national inclusive education strategy.

UNICEF Niger also provided 5,253 vulnerable children and youths with access to non-formal education services by supporting 50 Koranic schools and creating 12 alternative education centres in Diffa with the European Union. The construction and equipping of 12 skills training centres gave over 2,150 youths an opportunity to develop their vocational skills, and enabled an additional 1,217 youths to access short-term practical training. A remaining challenge is ensuring the integration of these youths into the labour market. UNICEF Niger is exploring options, including start-up professional kits.

**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**
While progress was made in reducing the gender gap in education, challenges continue, with the gender parity index still at 0.83. To address this, UNICEF Niger took a leading role in supporting the ministries of education to organize a roundtable on girls’ education in July 2017. This resulted in 10 commitments to girls’ education endorsed by the Government, cooperating partners, civil society organizations, traditional leaders and parents’ associations, which constitutes a milestone step in advancing gender equity. Following this, UNICEF Niger significantly contributed to a legal framework for the protection of girls’ education, which was adopted in the form of a presidential decree in December. At the downstream level, a UNICEF Niger’s WASH section pilot project supplied 7,300 girls with menstrual hygiene kits and training in 224 schools.

Advances were made in the provision of early childhood services. UNICEF Niger supported the Ministry of Primary Education in the elaboration and validation of pre-reading and pre-mathematics booklets. A further 160 community kindergartens, with 160 trained teachers, were opened with UNICEF Niger support, benefiting 15,215 children (7,428 girls) with national preschool services. Training for the community kindergarten teachers included a parental education component, focusing on aspects of stimulation, feeding and nutrition, and supporting the psychosocial development of the young child.

A government-initiated evaluation of teacher competencies revealed significant gaps in teacher quality. UNICEF Niger took several measures to support teachers, including a strong financial contribution to the one-month remedial training for 10 per cent of over 8,000 teachers falling into the lowest achievement group of the evaluation and the provision of 110 directors’ manuals.
With NGO partners, UNICEF Niger supported a pilot to improve education quality, including early grade reading assessments followed by a holiday learning camp and mother-tongue education. Support via the quality and equity basic standards approach continued, with training provided to 519 teachers in 100 schools on differentiated pedagogy. The provision of class kits to 148 lower secondary and 2,712 primary schools also facilitated children’s learning.

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OUTCOME 8 By 2018, children and adolescents, particularly the most vulnerable, are better protected against abuse, violence and exploitation.

Analytical statement of progress
In 2017, multiple crises affected more than 689,000 people, including approximately 365,000 children (2018 Humanitarian Needs Overview). A protocol between the Government of the Niger and the United Nations system in the Niger on children alleged to be associated with armed and terrorist groups was signed on 15 February 2017. The process enabled the release and care of children who were suspected of association with armed groups and held in Niamey prison. The issue of migration has taken on a new dimension with the evacuation of refugees and migrants from Libya to transit countries, including the Niger. Following the 2017 European Union-Africa Summit, the Niger accepted its role as a transit country for up to 15,000 refugees in Libya – mostly originating from Eritrea and Somalia – under UNHCR responsibility.

Currently, there are 202 people in this category, 110 of whom are unaccompanied children. Transits centres were established or strengthened to care for refugee children. In December 2017, 67 children, including five girls, were hosted in three transit centres supported by UNICEF Niger. In total, 425,000 children were reached by child protection services, including 21,998 children affected by the Boko Haram crisis in the Diffa region.

Child protection services
A major area of progress for child protection services was the creation of social centres for the prevention, promotion and protection of the child (centres social de prévention, de promotion et de protection or CEPPPs). These were established by ministerial decree as a first step towards realizing the reforms needed to better address child protection issues. These centres organized in three divisions (Protection Service, Social Assistance Service and Communication Service for
Behaviour Change) are operational in the Diffa region, where model CEPPP spaces providing quality and confidential services for children and their families were constructed with UNICEF and European Union support. CEPPPs in other regions have only one division covering the child protection component owing to lack of human resources.

Birth registration
The rate of timely birth registration declined from 65 per cent in 2016 to 53 per cent in 2017. This was due to the non-payment of fees to agents at registration centres, leading to some of them stopping birth registration. Nevertheless, civil registration remains a government priority, as evidenced by the Law of Finance 2018 passed in December 2017 which allocated more funds to civil registration. In 2017, the Government adopted the National Strategic Plan for the Improvement Of Civil Registration, aiming to make the system universal, continuous and free nationwide. In 2017, UNICEF Niger and the European Union contributed to the implementation of this strategic plan with the signature of a financing agreement of approximately US$13.4 million for the period 2017–2020. However, significant funding gaps remain for the implementation of the strategic plan (US$39 million or 57 per cent of the total budget).

Child marriage and female genital mutilation/cutting
The latest data available on child marriage (24 per cent of girls married before the age of 15) and female genital mutilation/cutting (2 per cent) are from DHS 2012. The situation will be updated with DHS 2017 to be released in 2018. In 2017, the Government demonstrated its commitment to tackle child marriage and female genital mutilation/cutting through a pledge, made by the President of the Niger during the high-level meeting of the African Union campaign, to end child marriage and develop an action plan. A multi-actor, multisector child marriage coordination national committee was established and the Government is supporting the development of a national plan of action to end child marriage.

At the operational level, development partners continued to support a community-based approach to child protection to tackle social norms underpinning child marriage and female genital mutilation/cutting. In 2017, a cumulated total of communities in 444 villages (including 150 communities in 2017) out of 794 target villages (or 56 per cent of the target) made a public declaration of abandonment of harmful practices against women and children, which include child marriage.

Response to humanitarian crises
As child protection sub-cluster coordinator, UNICEF Niger and partners provided socio-recreational activities to an average of 10,359 children (5,386 girls) in 62 child-friendly spaces, including 14 dedicated exclusively to adolescents. A total of 201 separated and unaccompanied children (115 girls) have benefited from alternative care. A task force on identification, documentation, alternative care, research and family reunification as well as individual follow-up on separated and unaccompanied children is operational and standard operating procedures have been developed and validated in this regard. Thanks to the ECHO HIP fund, the Child Protection Information Management System will be set up in 2018, with training on case management for child protection actors.

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
The year 2017 was marked by the scaling-up of services resulting from the reforms that had been taken by the ministry in charge of child protection since 2015. In May 2017, Decree No. 027 was signed, enabling the creation, attribution, organization and operation of the CEPPPs in all regions. However, CEPPP is only being piloted with two fully operational services in the Diffa region with UNICEF support, due to a lack of human resources and budget. With strong advocacy and technical support from UNICEF Niger, the Government engaged in social reform that was translated into the completion of central level reform including the appointment of a new general director and three other central directors to fill the three divisions of the Department of Child Protection. Five additional staff were assigned to the national child protection department.

Capacity-building continued with the training of five newly appointed child protection staff and 12 facilitators and their supervisors from Diffa region to take over the management of the two childcare areas, which started their activities in October 2017. To ensure the sustainability of capacity-building actions for child protection staff, 14 national trainers were trained and acquired the capacity to replicate training based on the modules developed in 2015–2016 with technical support from UNICEF Niger. The monitoring system established in 2016 operated as planned in 2017.

Every month, child protection services sent data on the cases that were followed and managed to the regional-level unit, which compiled and sent the data to the Ministry of Child Protection at the central level. Every regional unit conducted two supervisory visits to all services under their responsibility using the supervision tool developed to assist them in collecting timely qualitative information and providing constructive feedback to the social workers.

Intersectoral coordination remains a challenge. The case management of children suspected of association with the Boko Haram sect illustrated the need to set up an intersectoral coordination mechanism as planned in the child protection policy. UNICEF Niger worked closely with the three main ministries involved (child protection, justice and interior) to reinforce intersectoral collaboration. This resulted in the establishment of an inter-ministerial committee for the development of a related protocol between the Government of the Niger and the United Nations system. The establishment of a child protection coordination committee composed of various sectors (e.g., justice, social, education, health, labour, NGOs) will be the main objective of the third national forum on child protection in 2018. The information system for child protection services requires strengthening. The main obstacles faced by the child protection system are: lack of human resources in terms of number, contractual status and educational background, as well as extremely low allocations from the government budget. Intersectoral coordination is also weak and the establishment of a national multisector multi-actor is key.

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
In 2017, UNICEF Niger continued to support the Government to increase access to quality services for vulnerable children. All 52 child protection services at regional and departmental levels benefited from technical and financial support. This contributed to assisting 5,580 children (34.83 per cent girls). Among these children, 49.34 per cent were confirmed child protection cases (this figure was 42 per cent for girls). Among the confirmed cases, 26 per cent were child victims of abandonment or were separated or unaccompanied, 12 per cent were victims of neglect, 10 per cent were victims of abuse, 6 per cent were victims of sexual abuse, 7 per cent
were victims of trafficking, 9 per cent were victims of child marriage and 23 per cent were engaged in risky behaviours.

Child protection services reached 3,058 children (23 per cent girls), and 7,341 children benefited from various services, including family mediation, tracing and reunification, psychosocial support, referral to a juvenile judge, emergency placement and emergency medical care. A total of 1,075 were referred to other sectors (social welfare, health, vocational training, etc.). Social workers conducted 598 social surveys as part of case management to find durable care solutions for children. The 100 social workers undertook 8,190 home visits to children and/or to their families. During routine activities in the centres, street visits, and interventions at the police juvenile station, in prisons, at health centres and in educational centres, 11,093 children were identified as at risk.

The number of child protection services increased from 50 to 52, thanks to the appointment of two district directors and the establishment of services in two districts. The provision of quality services for children increased as a result of training for 26 staff (14 trainers and 12 facilitators in DREP), as well as the following actions: 1) introduction of the case management process; 2) development and implementation of a communication plan to raise awareness on available services among the public and key actors, including local traditional, religious and administrative authorities and representatives of the police, justice, education and health sectors, in order to increase case reporting; 3) networking with other services (e.g. 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 in the case data collection system; and 8) provision of office equipment and a motorcycle to all child protection services and the replacement of vehicles for four child protection regional directorates. The main challenge of the social welfare sector remains the shortage of human resources.

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
In 2017, the Government’s focus was on the implementation of the juvenile judiciary protection national policy and plan of action, adopted in 2015 as part of the national justice policy. UNICEF Niger provided technical support to the Ministry of Justice and partners to ensure that cases involving children are managed in a child-friendly manner, in accordance with norms and standards.

To improve the conditions of detention and the case management of minors detained, 54 prison guards from 17 prisons out of 37 were trained on child protection issues in order to fulfill their role as child protection referents within their penitentiaries. These prison guards acquired knowledge on the development of the child and appropriate skills and behaviour to interact with a child in conflict with the law.

A special case management for youth in detention and pursued for terrorist association was set up through a specific agreement protocol between the Government and the United Nations.
system, signed in early 2017. More than 90 children were detained and pursued for terrorist association; 67 were released and sent to social services rehabilitation centres. Alternatives to detention were implemented in Niamey with the participation of several social workers from the Ministry of Social Affairs and Ministry of Justice. These alternatives should be extended to a national level by the community services law (31 March 2017). The application decree is in process.

With regard to capacity building and ensuring a better coverage of knowledge for justice for children actors, UNICEF Niger supported the development of modules on child rights and protection that were integrated into pre-service training for new recruits of all security and defence forces (police, national guard, gendarmerie and army) and in-service training for all personnel assigned to juvenile police units. In this last case, all 26 members of countryside squads and 24 members of the social sector of the army were trained on child protection issues. Basic and specialized modules were developed and validated 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 the 65 juvenile police units was conducted. The results will assist in identifying priority actions in reinforcing the capacity of the police to handle children’s cases. Data collection, referral system, mediation and specific operations will be improved to ensure better protection for children facing the police. Case management will be harmonized with other stakeholders.

An official decision increased the number of juvenile police units (75 police units by the end of 2017) and assigned a person to focus on children. This was the result of long-term advocacy by UNICEF Niger and its partners. It will reduce turnover, ensure that this specific service functions better and improve territorial coverage.

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

**Analytical statement of progress**

In 2017 a major focus was the launch of the Reinforcement Plan for Civil Registration. Having taken stock of the results of the assessment of civil registration and vital statistics conducted in 2016, the Government adopted the 2017–2021 Strategic Plan to enhance civil registration and vital statistics nationwide. UNICEF and the European Union signed a funding contribution of US$13.4 million to support the implementation of the reform of the civil status system. Activities continued in community sensitization on the importance of declaration of birth, death and marriage events, capacity building of newly appointed staff and on-the-ground monitoring.

In response to the outcomes of the 2015 evaluation of the Support to the Reinforcement Plan for Civil Registration, efforts focused on ensuring that the backlog of birth certificates issued but not collected by parents was cleared. This bottleneck only exists in some urban centres. Although specific data are not available, monitoring by UNICEF Niger staff and civil registration regional directors’ reports shows that the backlog had disappeared in four regions and was reduced significantly in the remaining four regions. By mid-year, 317,321 births (53 per cent of expected births) were registered within the required legal timeframe (one month in rural areas, 10 days in urban areas). Legal declarations by a judge were issued to 37,279 children without birth certificates during mobile court sessions (90 per cent of the 2017 target). In addition, 116,216 declarations were issued by the court in response to specific requests.
Civil registration committees were established in 3,646 villages (95 per cent of the 2017 target), which increased overall coverage from 62 to 70 per cent nationally. Demand for civil registration services was created through awareness raising on the importance of registering vital events, which was conducted in 3,646 villages, reaching 440,779 people. Partnerships were established by the Regional Civil Registration Directorate and the Departmental Civil Registration Office with 69 local radio stations (70 per cent of the 2017 target) and broadcasters trained in the production and dissemination of messages on the importance of vital events registration. The effectiveness of civil registration services was enhanced through the training of 2,691 civil registration agents (95 per cent of the 2017 target).

At the national level, a detailed mapping of human and material resources and civil registration and vital statistics data collection were finalized by the Ministry of Interior with UNICEF support. This information will serve as a basis for the establishment of a database as part of an improved information management system. The participation of the delegation from the Niger in the fourth Civil Registration and Vital Statistics Conference in Nouakchott, Mauritania, offered an opportunity to increase understanding of the challenges faced by other countries and the importance of having a unique database on civil registration and identification (unique identification). Major constraints remained the non-payment of remuneration to village civil registration agents by the Government and irregular payments of salary and transport allowances to municipality civil registration officers. Fortunately, the high levels of staff motivation enabled services to continue, although the situation is unsustainable over the long-term.

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

**Analytical statement of progress**

The reinforcement of the community-based child protection mechanisms proved to be efficient in addressing social norms. UNICEF Niger and UNFPA’s joint programme to end child marriage is ongoing, and has contributed to strengthening and scaling-up village child protection committees. Learning from past successful experiences, the community-based approach was strengthened and extended to 250 new villages in 23 municipalities in 2017. The approach is a cornerstone of the child protection system at the local level and targeted 220 villages in Maradi and Zinder regions where there are high levels of child marriage (89 per cent in Maradi and 87 per cent in Zinder, compared with 76 per cent nationally) and 30 villages in the Tillabéri region with a high prevalence of female genital mutilation (12 per cent).

Expansion and training of village child protection committees is one of the responses developed by UNICEF Niger and partners to promote positive practices. Village child protection committees were able to directly reach 22,697 people (30 per cent women, 27 per cent adolescent girls, 27 per cent men and 16 per cent adolescent boys) in educational sessions held three times per week on child marriage, child health, education, protection and children’s rights. A total of 63,122 people were reached indirectly through participation in village-wide talks on issues covered during the educational sessions. After one year of intervention, each village made a public declaration of abandonment of harmful practices. In 2017, communities in 150 villages made a public declaration of abandonment of harmful practices against women and children. This represents 64 per cent of the total 2018 target villages.
Village child protection committees’ educational sessions were able to prevent 229 cases of child marriage through direct mediation with parents. The committees also prevented 1,072 potential cases of female genital mutilation; withdrew 420 children from heavy work detrimental to their development and sent them back to school; and established religious schools within villages to avoid the practice of sending children to other towns or to Nigeria for Koranic studies, where they would be at risk of being forced into begging or abused by unscrupulous religious teachers. The committees also provided community care to 72 neglected or extremely vulnerable children cared for by the community and helped 614 children return to school.

Major constraints related to the status of women and girls are tied to the high illiteracy rates and generally low levels of education. This hinders substantial change in social norms that are keeping girls and women in an inferior position in which they have little space to express their points of view. The implementation of this approach offers women and girls an opportunity to express themselves on topics that affect their well-being. Hence it is necessary to continue and extend the approach in many more villages to reach a critical mass of agents of change in the Niger.

**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**

From January 2017 to November 2017, an average of 10,359 children (5,386 girls), with a cumulative attendance of 113,057 children, participated in psychosocial activities in 62 child-friendly spaces, including 14 spaces dedicated exclusively to adolescents. Some 250 separated and unaccompanied children (115 girls) were identified and 201 of these children were provided with alternative care in transit families while the rest remained in spontaneous host families. These children benefited from individual follow-up sessions conducted by social workers and family tracing services that have so far reunified 12 children with their families.

On 15 February 2017, the Government of the Niger signed a protocol with the United Nations for the systematic release of children deprived of liberty for alleged association with Boko Haram. According to the agreement, children will be systematically transferred over to the Ministry of Women’s Empowerment and Child Protection for psychosocial support, medical screening and family tracing and reunification in line with the Convention on the Rights of the Child.

UNICEF Niger and its partners set up transit and orientation centres in Niamey that provided temporary care to 67 children, including one girl. Advocacy for the release of the remaining 37 children in detention is ongoing. At the end of December 2016, the Government of the Niger urged members of the armed group Boko Haram to surrender to the authorities in exchange for support for their reintegration. From January to April 2017, 161 people surrendered to the Nigerian authorities. The group includes 34 dependent children, aged 6 months to 10 years, who came with their mothers, and 28 boys and four girls aged 12–17 years. The children were accommodated in a reception centre in Goudoumaria (in the Diffa region) where UNICEF Niger, in partnership with the Regional Directorate for Child Protection, has been providing material and psychosocial support.

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 capacity of child protection actors in Diffa and in Niamey was strengthened through training on child protection in emergencies, case management, separated and unaccompanied children identification, documentation, family tracing, alternative care and reunification and child protection information management. A task force on identification, documentation, alternative care, tracing and family reunification established standard operating procedures that have been developed and validated by members of the child protection sub-cluster. The implementation process of the Child Protection Information Management System + / Primero is being rolled out. This tool is essential as the quality of prevention and response to child protection issues depends on the availability and use of the data.

OUTCOME 9 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
As of 2017, the Government of the Niger rolled out a community engagement and community dialogue intervention model across 7,467 villages (40 per cent of 18,647 villages nationwide). The model is focused on the engagement of governmental service providers (in the sectors of health, education, protection, nutrition, water and sanitation) and community and religious leaders at village level to create positive changes in individual and collective behaviour and social norms benefiting children’s rights.

With 80 percent of the population living in rural areas and still largely governed by traditional rules and religious morality, the engagement, mobilization and commitment of traditional and religious leaders play a crucial role in the success of community-based interventions. Attempts at social norm change in the Niger continue to be hindered by religious conservatism, including within the political sphere. Girls’ education and child marriage are sensitive issues, closely observed and monitored by conservative and religious lobbies. Interpretations of Islamic text by certain lobbies claiming to protect ‘true and authentic’ Islamic values has contributed to maintaining the status quo on the status of women and blocked significant engagement from stakeholders on addressing the issues of girls’ education and child marriage. Children, girls, adolescents and youth and women lack access to information and services and do not participate in decision-making on issues that concern them.

The need to address social norms detrimental to the sustainable economic and social development of the Niger was inscribed as a priority axis 1 of development in the new PDES 2017–2021, together with programmes aimed at enhancing youth participation and gender equity.

In 2017, based on the lessons learned in 2016, a pilot initiative was tested across five convergence municipalities to promote community engagement and dialogue conducted by 1,030 religious leaders on girls’ education, child marriage prevention, peace and social cohesion building. This innovative experience was carried out in partnership with the largest Islamic association in the Niger, which gathers at least 36 moderate Islamic associations across the country and provides an opportunity to bring the strategy to scale.

Social dialogue was encouraged through the broadcasting of the radio programme ‘Haské Maganin Duhu’ in the Kanuri language on community radios and the animation of 74 listening
clubs across the Diffa region with the objective of sensitizing and promoting dialogue and debates among families, communities and leaders on the issue of child marriage and investing in girls using a culturally accepted medium. Several initiatives were implemented by the Ministry of Youth and the Ministry of Vocational Training in support of youth empowerment during 2017. However, considering the large number of out-of-school children and youth, they remain small-scale and are almost entirely supported by external donors. Youth issues continue to be addressed through the lens of security rather than through a vision seeking their well-being and social, political and economic empowerment. Nonetheless, issues faced by the youth are increasingly the focus of policymakers (as in the new PDES) and donors.

Drawing on lessons from the failure of the previous immunization communication plan (including polio vaccination), which did not address issues of behaviour and norms in a systematic way and was not budgeted, in 2017, MOH developed the Integrated Communication Plan 2017–2021 together with a budget plan in support of the implementation of the multiyear immunization planning, advocacy and communication (PPAC) plan 2016–2020, with significant technical assistance from UNICEF Niger.

The Demographic and Health Survey 2017 to be analysed in 2018 will provide evidence on behaviour and social norm changes related to existing community engagement strategies.

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
In 2017, key communication activities supported by UNICEF Niger included the regular production and broadcasting of articles in the national media (articles in newspapers, programmes and journalistic reports, interviews and debates, on television and radio) totalling 540 media contents (photo, video and audio products, written articles). To fuel social engagement, a digital strategy incorporating new technology, innovation and strong visuals was rolled out. A new approach in creative storytelling was implemented with the creation of a video in virtual reality. These contents were disseminated through UNICEF Niger’s digital platforms, which reached 525,800 people on Twitter and 852,346 people on Facebook.

UNICEF Niger supported the translation and the diffusion of the radio programme ‘Haské Maganin Duhu’ in the Kanuri language on community radios as well as the animation of 74 listening clubs across the Diffa region with the objective of sensitizing and promoting dialogue and debates among families, communities and leaders on the issue of child marriage and investing in girls using a culturally accepted medium.

In Diffa region, 279 young girls and boys were informed and engaged in the promotion of rights among their peers.

Seven innovative media products (using virtual reality video, camera drones and GoPro camera) were broadcasted on UNICEF Niger and UNICEF France’s digital platforms in support of fundraising with the French National Committee for UNICEF.

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

Behaviour changes were observed regarding child health and nutrition with key child nutrition indicators on food diversity and adequacy showing particularly strong progress as documented by the LQAS survey implemented in 17 convergence municipalities (as reported under output 4 of outcome 3). Several communication strategies implemented across multiple channels and programmes and coordinated with key stakeholders were utilized.

In 2017, the MOH developed the Integrated Communication Plan 2017–2021 together with a budget plan in support of the implementation of the multiyear immunization plan PPAC 2016–2020, with significant technical assistance from UNICEF Niger. The ICP was developed in a participatory manner involving stakeholders at central, regional and district level, civil society organizations, religious and community leaders, development partners and donors. For the first time, focus groups were organized in all regions to gather qualitative information on perceptions, behaviour and social norms with regard to vaccination. Regional health directorates developed a communication plan for the scale-up of the iron and folic acid supplementation strategy with UNICEF support.

To strengthen routine immunization across 26 priority health districts in the Lake Chad Basin region, an integrated communication plan was developed, taking into account local perceptions, behaviour and social norms. New cases of refusal of vaccination were observed in urban areas of Maradi and Niamey. Though they were resolved through the refusal management committee, their occurrence calls for investigation into the root causes of refusal in the changing urban context of the Niger.

Under the leadership of MOH, 4,362 community volunteers in 19 health districts within the 35 convergence municipalities were trained on the promotion of key family practices and conducted home visits. Among them, 3,438 community volunteers living in villages over 5 kilometres from health centres were trained on implementing curative and promotional activities. In addition, NGOs and community volunteers received training for the promotion of key family practices and adequate IYCF targeting vulnerable households during the lean season in 540 villages and 27 municipalities, supported by WFP, FAO and UNICEF Niger.

To reinforce community dialogue and interpersonal communication, 53 community radios were mobilized by the Ministry of Communication and MOH with technical assistance from UNICEF Niger to participate in mass communication campaigns focused on handwashing, complementary foods, multiple micronutrients and postnatal consultations. The radio spots were broadcasted in 528 villages in 25 municipalities, including 20 convergence municipalities (out of 255 municipalities).

Awareness raising activities and debates on child malnutrition issues and behaviour change were reinforced through 500 female radio listening clubs equipped with solar radios established in villages exhibiting the highest rates of malnutrition in Maradi, Zinder and Tahoua regions. During five polio campaigns, 6,440,940 children were vaccinated, including 40,277 children in refugee camps and internally displaced persons sites in Diffa. These results were achieved thanks to the mobilization of 21,371 decision-makers, 224 traditional chiefs, 6,500 community volunteers and 201 community, public and private radio stations, which contributed to building awareness in their communities.
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 peace-building.

Analytical statement of progress
In 2017, two different approaches were used to build capacity for youth. The first approach was the training of 1,700 youth on life skills, peace-building, citizenship and community life with the involvement of the Ministry of Youth and Sports. A pilot group of 47 individuals received training on communication techniques to develop messages promoting peace and community engagement that were disseminated through ‘fadas’ (traditional youth associations based on age groups), community events and community radios, reaching over 20,915 people. Messages were disseminated in local languages (Hausa, Arabic and Tamashaq) in six targeted and vulnerable municipalities that are facing problems related to youth violence (Zinder, Tahoua and Agadez).

The second approach is based on the training of teachers (173) in vocational school and technical centres (overseeing the training of 1,500 students) in 12 municipalities of Diffa region on life skills and peace-building. A national guide on peace-building, conflict management, and citizenship promotion was developed in three local languages (Hausa, Kanuri and Fulfulde) under the leadership of the Ministry of Youth and Sports and in partnership with the ministries of education and communication. In 2018, the dissemination of this national guide needs to be pursued and scaled up progressively.

In addition, 1,384 out-of-school adolescents developed skills in vocational training centres across 18 municipalities (12 in Diffa region and six in Tahoua, Zinder and Agadez) received training in participatory planning involving youth and the revision of the Municipality Development Plan with the objective of creating greater accountability on the part of municipality representatives and the participation of young people. This resulted in the insertion of specific activities geared towards youth inclusion in the Municipality Development Plan, with these activities accounting for an average 19.5 percent of the municipal budgets of the six municipalities of Zinder, Tahoua and Agadez.

In 2017, 137 platforms (conflict management taskforce, communal mediators networks, youth associations groupings and youth associations) were created within 35 convergence municipalities and 12 other municipalities. The platforms aim to better structure youth associations and promote their active participation in peace-building, community engagement and development. The platforms have reached 98,767 youth to date.

In the Niger, young people face a variety of problems, mainly the lack of basic social services (health, education) and lack of job opportunities. In addition, other factors such as the lack of spaces for leisure and expression exacerbate young people’s frustration in part accounts for the phenomenon of youth-perpetrated violence in urban centres such as Zinder.

Regarding youth engagement in peace-building, lessons learned so far reveal that building the communication techniques of young girl and boy leaders for conflict management allowed them to become active facilitators in the process of seeking peaceful solutions based on dialogue and social mediation. In addition, intra-youth and inter-generational dialogues were effective in building bridges between youth, traditional and religious leaders and local authorities, thus strengthening social cohesion and peace in urban centres (Zinder and Tahoua).
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
Thanks to UNICEF Niger’s partnership with the Association of Traditional Chiefs of Niger and the Islamic Association of Niger, as of 2017, 337 additional villages reached the standards for the so-called model village. UNICEF Niger supported the shift to a measurable definition of model villages (45 per cent of girls enrolled in school, 90 per cent of children under 2 are up to date in their vaccinations, 80 per cent of children under 2 years are registered in the civil registry). The tightening of standards explains the drop in the number of model villages compared with 2016 (486 villages).

In 2017, a major change in strategy was piloted in five convergence municipalities, including shifting away from preaching and sermons in mosques that tended to exclude youth and women towards community dialogue at village assemblies. Some 1,030 community facilitators were trained to mobilize communities twice a month on girls’ education, child marriage prevention, immunization, peace-building and social cohesion. This allowed greater participation of women and young girls. Advocacy and community dialogue sessions reached 87,344 people, of whom 52 percent were women.

In 2017, UNICEF Niger supported the National Islamic Association to develop a new guide integrating Islamic traditional statements (hadith) and Koranic verses used by the trained community dialogue facilitators at village assemblies in five municipalities. This approach stemmed from lessons learned in 2016, where religious arguments broke out on girls’ education, child marriage prevention and its incompatibility with Islam. The strengthening of the religious argumentation for girls’ rights using Koranic verses made it possible to put an end to doubts regarding hadiths and allowed greater acceptance of these issues among the population during debates at community assemblies.

This pilot initiative, which spans five convergence municipalities, has demonstrated its effectiveness and should be scaled up gradually in 2018 and beyond. However, this constitutes a major challenge given the large number of municipalities in the country (255), the socio-economic and cultural specificities of the eight regions, as well as the partnerships and funding required to create a substantial impact.

In 2017, to sustain the results obtained in model villages, UNICEF Niger’s support helped 50 community platforms (village committees, communal committees, communal advisory committees, communication committees for child survival) in five municipalities in Dosso, Tillabéri, Maradi and Zinder regions promote community participation in local planning decisions and the protection of the rights of the child. These committees are platforms of exchange and channels of communication and dialogue between the communities and the municipality executives, as well as with the decentralized services of the State. These platforms include community-based mechanisms to monitor their status as model villages, which will help other villages to meet the required criteria. They also contribute to conflict prevention and social cohesion within communities. This initiative started in 2017 and will need to be scaled up by 2018 and beyond.

OUTCOME 10 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
The Niger’s 2035 Sustainable Development and Inclusive Growth Strategy and five-year PDES II 2017–2021 were finalized in 2017 with technical support from UNICEF Niger and development partners. Owing to advocacy efforts from UNICEF and development partners, key issues affecting children were addressed in the evaluation of the PDES I and the final PDES II, notably in the areas of girls’ education, child health and nutrition and women’s empowerment in rural areas. However, critical child protection issues (violence, sexual and gender-based violence, child labour and exploitation) remain largely unaddressed. As a result, SDG indicators pertaining to early childhood development, violence and child labour were not prioritized.

Although child poverty does not feature in the PDES II, SDG target 1.2.2 (on multidimensional poverty) was chosen as one of the key results indicators, offering opportunities to monitor multidimensional child poverty. Further advocacy is required to advance child protection issues (violence, child exploitation) and youth empowerment as key medium- and long-term development priorities. Given the Niger’s extremely rapid population growth (3.9 per cent per annum as per the 2012 population census), the capacities of ministries for prospective planning and scenario building needs strengthening. Budget allocations to the social sectors remained significantly constrained. In 2016, budget execution was impacted by shortfalls in revenue collection (by 0.8 per cent of gross domestic product as of the end of December 2016 as per International Monetary Fund data) owing to unfavourable trends in commodity sectors and economic problems in neighbouring countries (Libya and Nigeria). These unfavourable trends persisted into 2017 and were compounded by new cross-border security challenges on the Malian border.

Continued fiscal consolidation proposed in the PDES 2017–2021 and the International Monetary Fund-approved Economic Orientation Document 2016–2020, together with rising defence expenditures, continue to constrain budget allocations to social sectors. Allocations to the health sector were particularly low (5.58 per cent in 2017 as a share of total national budget in 2017) and declined in absolute value for the education sector by 21 per cent between 2014–2015. Budgets allocated to child protection remained minimal (0.16 per cent of total approved budget or US$5.2 million in 2016).

The public finance reform aiming at increasing the transparency and efficiency of government spending progressed significantly during 2017, with all ministries adopting the new ministerial outcome-oriented budget programme format in line with West African Economic and Monetary Union guidelines. As a result, the Government’s medium-term expenditure plan 2018–2020 and all ministerial 2018 budgets were prepared on a programme basis. The shift to budget programmes supported by international financial institutions and development partners including UNICEF Niger will help address critical governance and capacity issues signalled by the 2016 public finance evaluation.

The transfer of competency and resources from central to local authorities in the sectors of education, health, water and environment was officially launched in September 2017. Quadrennial (2018–2021) plans to operationalize the transfer were drafted for each sector, with US$851 million and US$102 million needed to implement the decentralization in the four sectors to municipalities and regions, respectively (about US$3 million for each of the eight regions and US$800,000 for each of the 255 municipalities annually).

Gaps in the technical capacity of municipalities to handle their new responsibilities (number of staff in quantity and quality) are critical concerns. Moreover, governance at municipal level is
characterized by limited mobilization of local resources, inefficient public spending and weak accountability mechanisms, compounded by weak technical supervision and support from the Decentralization Ministry.

Since the enactment of the National Social Protection Policy in 2011, the lack of allocated government resources, frequent changes in leadership between ministries (social protection was attributed to the Ministry of Employment during 2017) and high government staff turnover hampered progress toward the establishment of an integrated social protection floor, despite development partners' efforts.

During 2017 a methodology was agreed to establish a unified social register. A total of 629,994 children benefited from a government cash transfer programme (Filets Sociaux), principally with funding from the World Bank. Data for other government cash transfers are not yet centralized and cannot be counted. An impact evaluation of the Niger’s main cash transfer programme with assessment of key accompanying measures benefiting children (behaviour changes in nutrition, health, psychosocial stimulation and child protection) conducted with support from UNICEF Niger and partners found positive impacts on exclusive breastfeeding, complementary feeding, disease prevention, healthcare seeking, handwashing and psychosocial stimulation.

Significant steps were taken to strengthen the Niger’s multisectoral statistical system with the objective of monitoring the country’s progress towards the SDGs and the results set in the PDES 2017–2021. The national multisectoral database NigerInfo was updated and positioned at the centre of the monitoring of PDES result indicators. UNICEF Niger provided technical support to the NIS to strengthen information flows between the central, sectoral and regional databases and establish synergies among ministerial stakeholders. This process involved and helped build the capacity of all directorates of statistics of line ministries, the Ministry of Planning, regional directorates of planning, all 24 database managers in ministries, database managers in all eight regions and directors of studies and programming as main users of the national multisectoral information system. The National Strategy for the Development of Statistics 2017–2021 opened up opportunities to strengthen the national monitoring system and will be supported by the World Bank-funded project to improve the capacity and performance of public services, with UNICEF support.

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
The Niger’s 2035 Sustainable Development and Inclusive Growth Strategy, National Gender Policy and five-year PDES II 2017–2021 were finalized during 2017 with technical support from UNICEF and development partners. Regional consultations to prepare region-specific priority action plans for the PDES were conducted for the first time in the history of policy development planning in the Niger with technical and financial support from UNICEF Niger. This involved the participation of decentralized technical services and civil society organizations representing youth, women and the media. Key issues affecting children were addressed in both the evaluation of the PDES I and the final PDES II, with advocacy, technical and financial support from UNICEF Niger, notably in the areas of girls’ education, child health and nutrition and women’s empowerment in rural areas. Nevertheless, critical child protection issues (violence, sexual and gender-based violence, child labour and exploitation) remained marginalized in policy discussions. This resulted in SDG indicators pertaining to early childhood development,
violence and child labour to be excluded from the list of indicators prioritized by the Government. SDG target 1.2.2 on multidimensional poverty was chosen as one of the key result indicators of PDES II, offering opportunities to monitor multidimensional child poverty.

UNICEF Niger, in partnership with the World Bank and USAID, supported the Unit for the Analysis of the Performance of Governmental Policies based at the Prime Minister’s office in reviewing the effectiveness of the Government’s multisectoral policies on youth, using participatory methods involving youth in all regions. The work is ongoing and is expected to result in revised policies for the social, political and economic inclusion of youth.

In line with the West African Economic and Monetary Union public finance reform, key staff members in all ministries at the central level were trained to prepare programme-based budgets with technical and funding support from international financial institutions. Social sector ministries finalized their medium-term results-based programme budgets with transparency and accountability mechanisms to be put in place starting in 2018, including annual performance reports to be produced every year in front of Parliament. Further capacity-building is required to help social sectors’ ministry staff, previously trained in using the medium-term expenditure framework tool (with UNICEF support), to shift to using the new programme budget tool, in line with the West African Economic and Monetary Union public finance reform. A key challenge will be to ensure the quality of medium-term sectoral planning and budgeting at the central level and the effective implementation and performance reporting of plans and budgets at the decentralized level. According to the evaluation of the PDES I (2012–2016), with just 34 per cent of external funds spent over the period 2012–2015, the absorption capacity of ministries remains a key bottleneck. A partnership with UNICEF Niger, the World Bank and the Ministry of Finance is underway to support capacity development in budget programmes at decentralized levels.

OUTPUT 2 By end 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 2017, the United Nations convergence municipality approach entered its fourth year of implementation. In 2017, all seven regions and 31 out of 35 convergence municipalities (including five in 2017) had child-sensitive regional development plans and municipal development plans, respectively, in line with child-sensitive regional and municipal development plan guidelines developed by the Ministry of Community Development and Territorial Management with the support of the General Directorate for Decentralization and DGDCT, UNICEF Niger and other decentralization partners.

Thirty-two out of 35 convergence municipalities signed annual action plans with United Nations agencies with an average budget of approximately US$1 million per municipality. The percentage of realization of annual action plans is 58.6 per cent. Nine convergence municipalities (out of 11 targeted) contributed more than 5 per cent of their budgets to the annual action plans. Continued weaknesses in the monitoring framework do not allow UNICEF Niger to assess that lasting impact that activities conducted since 2014 have had on the resilience of communities. A capitalization and lessons learned study and an exit strategy will be conducted by the United Nations Inter-Agency Working Group on Resilience in 2018.
A most significant event was the official notification in September 2017 of the transfer of competency and resources from the central Government to local authorities in four sectors: education, health, water and environment. Key concerns for the successful decentralization of services in the health, education and water sectors include significant gaps in the capacity of municipalities to handle their new responsibilities in terms of the quantity and quality of technical staff, compounded by weak accountability mechanisms at local and regional level (less than 20 per cent of municipalities complied with deadlines for filing their management account). Despite the support of development partners, the capacity of the national agency of finances and investments for municipalities to collect funding remained poor (only US$931,000 per year for the 255 municipalities and seven regional councils). A key challenge to a successful decentralization process will be coordinating the support of multiple actors (elected officials, communities, decentralized technical services of the State, development partners, NGOs and local civil society organizations to improve the governance of local development.

In an effort to strengthen accountability mechanisms at decentralized levels, UNICEF Niger steered a partnership between UNICEF, WFP and the German Society for International Cooperation to support the Ministry of Community and Land Development, the Ministry of Decentralization, the Ministry of Finance and HC3N to capitalize and harmonize existing participatory planning, participatory budgeting and citizen accountability instruments used in various communes across the country. By the end of 2017, eight mayors in the regions of Tahoua, Maradi and Zinder signed pledges to use such guidelines in 2018. UNICEF Niger, the German Society for International Cooperation and WFP joined advocacy efforts to motivate local policymakers to support the scale-up of accountability mechanisms in line with public finance reform (budget programme).

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
In parallel with the PDES II 2017–2021 process, the Niger adopted its second National Strategy for the Development of Statistics 2017–2021 with the aim of ensuring the availability of statistical data in quantity and quality that is reliable, relevant, accessible and responsive to users’ needs. With the technical and financial support of development partners, including UNICEF Niger, the national information system was strengthened by 1) updating the indicator database using newly gathered socio-economic data; and 2) including indicators and baseline data for the monitoring of PDES II and SDG indicators prioritized by the Government of the Niger. The capacity of a critical mass of 35 data managers and statistical directors from line ministries and all eight regions was strengthened through hands-on training (supported by UNICEF) resulting in revised and updated databases, including metadata for newly inserted indicators.

To strengthen the national coordination of data collection and data management mechanisms, UNICEF Niger supported NIS to conduct a diagnostic exercise with the participation of statistics directors from all ministries. The aim was to confirm the readiness of the Niger’s statistical system to monitor the implementation of PDES II in terms of the quantity and quality of human resources, ICT equipment and relevant software. Data collection mechanisms (tools, methodology, information flow) and dissemination plans were also reviewed. A roadmap with
specific actions will be implemented as part of the NIS 2018 annual work plan with support from development partners including UNICEF.

UNICEF Niger contributed to the overall National Strategy for the Development of Statistics process in collaboration with the members of the statistical support group for development partners. Lack of funding for statistical activities and uncoordinated support from development partners remained key issues that contributed to weakening the NIS that need to be jointly addressed by statistical support group members to optimize limited resources available to the Niger’s statistical information systems.

A key activity for the NIS was the collecting data for the DHS2017, which will provide baseline data to monitor the PDES II and the Niger’s SDG commitments. UNICEF Niger provided significant financial and technical support, with a particular focus on improving the quality of data on child and women’s nutritional outcomes. For the first time, household survey data were collected using tablets. Training and experience obtained should help improve the quality of data for subsequent household surveys.

In support of the Niger’s Strategy for Sustainable Development and Inclusive Growth 2035, approved in 2017, UNICEF Niger signed a collaboration agreement with the International Institute for Applied Systems Analysis based in Vienna, Austria, to strengthen the Government’s capacity for prospective planning through long-term scenario building and to guide policy choices in the education sector. A steering committee composed of the Ministry of Planning, the Ministry of Population, the ministries in charge of education and the NIS was created thanks to UNICEF Niger advocacy. In a country where extremely rapid population growth (3.9 per cent per annum) poses acute development planning challenges, this initiative aims to address weaknesses in the institutionalization of prospective planning due to inter-ministerial coordination issues and strengthen the positioning of prospective analysis within the overall information system.

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