

Niger

Part 1: Situation update in the country

The year under review marked the final year of the 2014–2018 UNICEF Niger programme cycle, as well as development of the new country programme for 2019–2021, aligned with the Government’s economic and social development plan (2017–2021) and the United Nations Development Assistance Framework (UNDAF) 2019–2021. Thus 2018 offered an opportunity to take stock of successes and failures and to reassess goals and strategies, considering the overlapping challenges faced by children in Niger.

Some positive trends emerged in 2018, with a potential impact on the well-being of Nigerien children and women and achievement of the Sustainable Development Goals (SDGs). Niger strengthened its accountability to rights-holders in 2018 when it reported to treaty bodies on its implementation of the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, and African Charter on the Rights and Welfare of the Child. Several recommendations were issued, mainly focused on measures needed to improve the status of women and girls.

The country continued its modernization efforts, with wide-ranging initiatives to address systemic issues. This was particularly visible in the health sector. Reform of the national procurement and supply management system advanced with strategic planning on strengthening governance, distribution and storage capacity, with a focus on the last mile, which is critical to deliver quality services for the most vulnerable children. The health information system is also evolving, with the introduction and gradual scale-up of the district health information system platform (DHIS-2), which will facilitate decision-making and management of health services at all levels. Civil registration is also undergoing major changes, with revisions to the legal and policy framework validated in 2018 and due for adoption in 2019, paving the way for a computerized system facilitating birth registration.

The decentralization process continued, with concrete steps towards delegation of competencies and resources to the municipal level, beginning in the education and water sectors. While implementation of the reform began slowly, this policy development on decentralized management nevertheless constitutes an important opportunity to better reflect communities’ priorities in development plans, and to strengthen local ownership, agency and accountability, bringing lasting change for the most vulnerable children.

Another positive trend in 2018 was the spirit of partnership that prevailed among technical and financial partners in some key sectors. With the common goal of strengthening government ownership and capacities and ensuring efficient use of funds, donors are increasingly supporting sector-wide approaches. Beyond the health basket fund, which is well-established as the preferred financing mechanism for several multilateral, bilateral and UN entities, other sectors have followed suit. In the WASH sector, a basket fund became operational in 2018 with

approximately US\$24.5 million mobilized by the Governments of Denmark and Luxembourg. Other partners, including UNICEF, plan to join in 2019. Likewise, the education basket fund started to operate, with France, Luxembourg, Switzerland and UNICEF providing US\$14 million. These basket funds help strengthen equity in access to services, as they cover the entire country, compared with other programmes that tend to target specific geographic areas.

An important development on the policy front was the adoption of a National Nutritional Security Policy and Action Plan, regarded as a crucial opportunity to trigger a step-change in the country's approach to tackling the severe malnutrition situation, and thus contributing to progress towards the regional key result for children (KRC) on stunting prevention, in line with SDG2. There was also a strong consensus among technical and financial partners on helping national authorities to maintain two sensitive and interlinked issues – girls' education and child marriage – at the top of its agenda. Following the establishment of a legal framework, through the signature in December 2017 of a presidential decree to protect and support girls' education, partners sustained their advocacy, including at high-levels, contributing to the development of a national strategic plan to end child marriage (2019–2021) and informing a review of the education and training sector plan and Niger's request for the upcoming Global Partnership for Education (GPE) grant to ensure progress towards SDG4, with a focus on girls. The plan to end child marriage promises to provide a platform for multi-sectoral government action to address the staggering prevalence of child marriage, and thus advance toward the regional KRC on child marriage, in line with SDG5.

Other developments indicated continuing challenges to achieving results for children in Niger. In 2018 the country faced data quality issues with serious consequences for national policy planning and decision-making. The 2017 Demographic and Health Survey (DHS) could not be published in 2018 due to severe quality issues, resulting in a lack of updated national baseline data to monitor progress on implementation of the 2017–2021 national economic and social development plan and on its SDG commitments (the last DHS survey was in 2012). Despite significant investments, sectoral information systems continue to face severe quality issues, hampering consistent monitoring of progress towards the SDGs.

Recent data often points to stalled or very slow progress on social indicators. For instance, regarding SDG2, both wasting and stunting prevalence in children have been stagnating above serious or critical levels for over a decade, including in years with no significant food crisis. The National Nutrition Survey conducted in October 2018 shows no improvement compared to 2012, with a prevalence of 15.0 per cent for global acute malnutrition (GAM), 3.2 per cent for severe acute malnutrition (SAM) and 47.8 per cent for stunting; the two most highly populated regions (Maradi and Zinder) are the most affected. The survey conducted in Diffa Region depicts a situation comparable to 2017 (13.9 per cent GAM and 2.5 per cent SAM in 2017, and 12.6 per cent GAM and 2.4 per cent SAM in 2018). However, the situation deteriorated among children in refugee camps, dropping to 2016 levels, as also occurred in Maine Soroa and N'Gourti health districts, where GAM prevalence was above the 15 per cent critical level and SAM prevalence was 4.3 per cent and 1.7 per cent, respectively.

Similarly, regarding SDG 6 the WHO/UNICEF joint monitoring programme (JMP) showed that access to safe drinking water and basic sanitation remains very low in Niger. Only 46 per cent of the population has access to at least basic water supply services (JMP 2017) with significant urban/rural disparities (89 per cent vs. 36 per cent). The open defecation (OD) rate is estimated at 71 per cent (JMP 2017) compared to 76 per cent at end-2013.

Despite marked improvement in primary and secondary school enrolment since 2016, the education sector faces many challenges related to both access and quality, affecting progress toward SDG 2. Access at all grade levels remains low; 53 per cent of children aged 7-to-16 do not attend school (56.3 per cent girls, 50.1 per cent boys). Even when they are in school, only about 8 per cent of children in the last year of primary school reach the appropriate threshold for reading and mathematical skills. Vocational and technical education do not attract many out-of-school young people. The system remains highly unequal, with inequalities related to gender, place of residence and income for the completion of basic education.

Discriminatory social and gender norms continued to be identified as a source of significant challenges for children and adolescents. Niger ranks 151 of 160 countries on the 2017 United Nations Development Programme (UNDP) gender inequality index, and is among the eight countries in West Africa identified as having very high levels of gender discrimination (OECD 2018). Women and girls have limited opportunities to thrive, in a context where child marriage and early pregnancy remain widespread.

The already fragile context in Niger, which now ranks 189th of 189 countries on the UNDP human development index, was aggravated by chronic and sudden-onset humanitarian crises, coupled with a volatile security environment. In 2018 over 2.3 million people needed humanitarian assistance because of food insecurity, malnutrition, conflict and population displacement, epidemics and natural disasters. Armed conflict continued to affect the Lake Chad basin, including Diffa Region, resulting in the presence of 249,813 internally displaced persons (IDPs), refugees and returnees in 2018. Armed conflict also affected Tillabery and Tahoua regions along the borders with Mali and Burkina Faso, where attacks by non-state armed groups grew in intensity and scale compared to 2017. The first population movements in the region were registered in January 2018, rapidly reaching over 50,000 people by the end of the year, when 18 of 63 departments were under a state of emergency.

Children were particularly impacted by the deteriorating security situation, both as direct victims of armed groups and as rights-holders with diminished access to timely, quality social services. While there were fewer large-scale attacks in Diffa in 2018 than in 2017, civilian kidnapping has become frequent. The security situation also hampered the delivery of health, nutrition and education services. In Tillabery Region, where many schools are located in zones affected by insecurity and five attacks directly targeted schools, more than 30 schools had to temporarily suspend classes, depriving children of learning opportunities.

Niger also faced health epidemics in 2018: a large-scale cholera outbreak (3,822 cases, 78 deaths in four regions), measles (4,605 cases, 20 deaths nationwide), meningitis (1,496 cases, 115 deaths nationwide), and circulating vaccine-derived polio virus (13 cases in two regions, and 1 death). In addition, floods affected 200,000 people nationwide, with over 120,000 people affected in Dosso and Agadez regions. Finally, Niger continued to be a transit country for migrants, including migrant children. There was also an increase in arrivals of asylum-seekers, including 756 children of which 452 were unaccompanied and 228 were transferred from detention centres in Libya.

Deteriorating security affected budget allocation to social sectors, although efforts were made to maintain social spending. In 2018 expenditures to address cross-border security threats represented 12.2 per cent of public expenditures. Budgets to social sectors remain wholly insufficient to increase the coverage of services in keeping with the pace of population growth (3.9 per cent per annum) while improving service quality. Budget allocations to the health

sector were particularly low (6.5 per cent), and significant increases in education spending over the past decade have shown particularly poor internal efficiency. Budget allocations for child protection remain minimal. While the Government is intent on raising tax revenue, in 2018, increased taxation mandated by the 2018 Finance Law triggered significant social discontent, leading to regular citizen demonstrations in Niamey. A significant number of civil society leaders were arrested.

In addition, capacity among national partners continued to raise challenges in funds utilization, including external funds, which represented 29 per cent of total allocated resources to social programmes in 2017 (34 per cent of external funds were spent between 2012–2015). Spending was particularly constrained in public administration in 2018 due to a 2017 public finance reform initiated by the Ministry of Finance, which led to the creation of a centralized bank account for all public institutions in 2018. The measure, while intended to boost accountability and improve public finance management, was implemented with insufficient planning and clarity, so that funds from Government entities at different levels were suddenly withdrawn from existing commercial bank accounts, with no alternative spending mechanism. This situation lasted several months and had not been fully resolved by end-year. This severely constrained the capacity of partners and UNICEF to support social programmes, particularly at the decentralized level.

PART 2: Major results including in humanitarian action and gender, against the results in the country programme documents

Achievements in 2018 contributed towards producing the results and meeting performance targets jointly agreed with the Niger Government in the integrated results and resources framework of the CPD 2014–2018, the standard against which country office performance is measured. However, the non-publication of the 2017 DHS resulted in lack of end-of-cycle data in some areas of work and hence constrained UNICEF's capacity to measure its performance against some targets.

Goal area 1: Every child survives and thrives

In 2018 UNICEF continued to support Government efforts to reduce maternal and child mortality, in alignment with the health sector development plan 2017–2021 (HSDP) and with outcome 3 of the UNDAF.

As per its 2014–2018 CPD, UNICEF contributed to the following health outcome: children under five years of age and pregnant women, particularly the most vulnerable, increasingly benefitted from quality, high-impact interventions for the prevention and management of maternal and childhood illnesses, including in emergency situations. UNICEF focused its efforts on five outputs: facility-based maternal and child health, community health, immunizations, health system strengthening and emergency health.

In 2018 the Ministry of Health (MoH), supported by UNICEF and others, developed a new strategic plan on reproductive, maternal, neonatal, child and adolescent health, which will be key for mobilizing resources, including through the health basket fund.

Advances were recorded in maternal and neonatal health. Coverage by basic emergency obstetric and neonatal care facilities increased from 21 per cent in 2014 to 44 per cent in 2017,

and 66 per cent of facilities provided essential newborn care and resuscitation in 2017, compared with 19 per cent in 2014 (UNFPA EmOC surveys 2014 and 2018). Building on comparative advantages, UNFPA supported maternal health and UNICEF new-born care. In Maradi and Zinder regions, UNICEF built the capacity of 120 health workers on new-born resuscitation through low-dose high-frequency training, and supported kangaroo mother care. Of 4,381 babies hospitalized in Maradi and Zinder mother and child referral centres, 886 were pre-term with low birth weight, and 286 received kangaroo care. In addition, to improve infant infection management, Niger started piloting a new WHO directive on managing potentially serious bacterial infection, with UNICEF support.

Seasonal malaria chemoprevention campaigns, coupled with malnutrition screening, took place in 61 of 72 districts in 2018, with funding from UNICEF and other partners. Of a target of 4 million children aged 3-59 months old, 3.9 million received the first dose and 3.6 million children received the medicine during the four consecutive rounds, contributing to 13,608 fewer malaria cases compared to 2017. Over 3.5 million children were screened for malnutrition monthly, and 30,000-to-35,000 children per round were found to suffer from SAM and referred to a health facility for treatment.

Key milestones were reached in institutionalizing community health, including development of a national community health strategic plan. Integrated community case management (iCCM) of child illnesses was scaled up, with varying coverage, in 27 of the country's 72 districts, with support from UNICEF, the Global Fund to Fight AIDS, Tuberculosis, and Malaria and other partners. As of late 2018, approximately 5,650 community volunteers were providing curative, preventive and promotional health services to 590,380 children in villages located more than five kilometres from a health facility. Community health worker data was integrated in the DHIS2 Scale-Up Roadmap 2019-2021, with technical and financial support from UNICEF. In addition, UNICEF is piloting the use by community health workers of a mobile phone tool, mHealth, to strengthen quality of care, data collection and medicine replenishment. Sustainability however remains a challenge, as financial incentives for community health workers are currently covered by donors.

UNICEF continued to support immunization, which was repositioned as a KRC and integrated with other essential services as part of an "immunization-plus" platform. While Niger was certified in 2016 as having stopped transmission of wild poliovirus, in 2018 circulation of vaccine-derived poliovirus type 2 was confirmed in three districts of Zinder region. An outbreak response was undertaken in 30 districts across four at-risk regions, with UNICEF support for both the health response and social mobilization. Niger maintained certification for maternal and neonatal tetanus elimination, and a plan to sustain this status was being finalized in late 2018, with UNICEF technical support. According to WHO/UNICEF estimates, penta-3 vaccination coverage increased from 69 per cent in 2016 to 81 per cent in 2017. UNICEF support included vaccine and consumable procurement services (totalling US\$3,064,617, purchased by the Niger Government, excluding GAVI funds), as well as extensive technical assistance for quality routine immunization, especially through cold chain optimization, effective vaccine management and improved planning.

Niger's measles outbreak response reached 158,285 children from nine months to 14 years of age nationwide (November 2018), with UNICEF financial and technical support, and 52,249 people aged two-to-29 years were vaccinated against meningitis. UNICEF provided technical assistance to facilitate access to the International Coordination Group. Moreover, UNICEF provided emergency assistance in Diffa and Tillabery regions, including through mobile clinics

(reaching 6,788 children) and iCCM in emergencies (reaching 1,288 children).

During 2018 UNICEF continued to support Government efforts to combat HIV and AIDS, in alignment with the HSDP and UNDAF outcome 3.

As per its 2014–2018 CPD, UNICEF Niger also sought to contribute to ensuring that pregnant women, adolescents and children have access to and make greater use of quality preventive and curative care services, for an AIDS-free generation. UNICEF efforts focused on two outputs: prevention of mother-to-child transmission of HIV (PMTCT) and health system strengthening.

In reaction to a suspected rising prevalence of sexually transmitted diseases among key population groups, the MoH brought together existing services into a newly created national programme to combat HIV and AIDS, other sexually transmitted diseases and hepatitis. This opened new opportunities to strengthen HIV and AIDS programming in Niger. Working closely with WHO, UNICEF continued to support national efforts to scale-up testing and antiretroviral treatment to improve PMTCT results by training health workers. As a result, testing was available in 96 per cent of health facilities.

However, in 2018 only 10 per cent of HIV-exposed infants received a biological test within two months of birth, due to limited access to molecular biology equipment. In response, UNICEF advocated for the use of GeneXpert point of care machines, which were available in 12 laboratories throughout the country but not used for HIV testing, and provided reagent and training for 24 laboratory technicians. This resulted in testing for HIV-exposed infants becoming available at the regional level.

UNICEF also continued to support government efforts to tackle malnutrition, in line with Niger's HSDP and UNDAF outcomes 1 and 2.

UNICEF contributed to the following outcomes laid out in its country programme document: children under five, pregnant and lactating women, particularly the most vulnerable, have access to and make greater use of quality promotional, preventive and curative services for the prevention of chronic malnutrition, management of acute malnutrition and reduction of micronutrient deficiencies. UNICEF focused on five outputs: strengthening systems and the enabling environment, promoting infant and young child feeding (IYCF), micronutrient supplementation, SAM treatment and humanitarian preparation and response.

Adoption in 2018 of the multi-sectoral national policy for nutrition security (PNSN) and its action plan was a key development, signalling Government commitment to support the nutrition agenda. This was a result of persistent advocacy by UNICEF, other UN agencies and development partners, as well as extensive UNICEF support to the Nigeriens Nourish Nigeriens initiative, a government entity.

To contribute to progress toward the KRC on stunting prevention, IYCF interventions were implemented in 46 of 72 districts across 8,052 villages (43 per cent of 18,647 villages nationally), through a multi-partner initiative. An end-line survey in 17 of these municipalities demonstrated an increase in exclusive breastfeeding (from 15.5 to 55.6 per cent) but only limited progress on minimum dietary diversity (from 5.4 to 7.4 per cent).

Coverage of Vitamin A supplementation and deworming continued to depend on polio

vaccination campaigns, with coverage of over 100 per cent of the target for the first round. However, integration with the polio campaign was not possible for the second round, due to constraints related to blocked bank accounts (linked to the creation of a single Government account). The high operational cost of a standalone campaign did not allow national distribution of vitamin A and deworming, and the second round covered only five of eight regions, negatively impacting the usually high coverage of this intervention. UNICEF supported the campaigns through supply provision, funding for operational costs and technical support.

During 2018 UNICEF supplied iron-folate for 183,658 pregnant women (40 per cent of national target) in 27 of Niger's 72 health districts and partnered with the WFP to supplement 36,679 adolescent girls, alongside blanket feeding distribution during the lean season. UNICEF continued to advocate for prioritization and budgeting of Government resources for iron/folic acid supplementation for women as a high-impact nutrition intervention.

As of November 2018, 354,008 children aged 0-59 months who suffered from SAM– including 62,179 with medical complications – were admitted to the national treatment programme, representing 93 per cent of the 2018 estimated SAM burden (380,166). Of these children 89.2 per cent were cured, 2.6 per cent died and 6.6 per cent defaulted, surpassing global minimum quality standards. UNICEF provided critical support to the national programme through provision of supplies, technical and financial assistance and support for admission data compilation and analysis.

Further to the large-scale screening undertaken in the seasonal malaria chemoprevention campaigns discussed above, UNICEF partnered with the MoH, WFP and NGO ALIMA to scale up the use by mothers of the mid-upper arm circumference (MUAC) measurement approach, targeting all women of childbearing age (800,000 women) in one of the highest caseload regions (Maradi). By December 2018, seven of nine health districts had been covered and more than 680,000 women of reproductive age trained on how to use MUAC, detect oedema and made aware of effective IYCF practices.

During 2018 UNICEF technical support helped to strengthen nutrition coordination mechanisms at both central and sub-national levels, leading to improvements, particularly in nutrition situation monitoring and analysis, advocacy for nutrition and bridging humanitarian and development actions, with a focus on prevention activities and system-strengthening in emergency areas.

Goal area 2: Every child learns

UNICEF continued to support Government efforts to ensure access to quality education, in line with Niger's Education and Training Sector Plan (ETSP) (2014–2024) and UNDAF outcome 3.

As per its 2014–2018 CPD, UNICEF contributed to the following outcome: 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. UNICEF focused on four outputs: access to quality education, education in emergencies, system strengthening and raising demand for education.

UNICEF continued to play a key role in 2018 in improving education services to ensure equity and quality. UNICEF support, including outreach activities, provision of learning materials and

diversification of education services (alternative education, skills training centres), reached over 415,100 children, representing 8.4 per cent of all children aged 7-to-16. This work included the provision of education and/or training services for 4,500 particularly vulnerable children (children with disabilities, out-of-school children and youths). UNICEF also worked with the French Development Agency and the World Bank to prepare the Ministry of Secondary Education to implement the “proximity middle school” model to expand lower-secondary education and reduce gender and geographic disparities.

To improve education quality (KRC 3), UNICEF supported the Ministry of Primary Education to develop a national learning assessment plan to ensure that pupils’ learning outcomes are regularly checked and remediation measures implemented. Additionally, UNICEF supported the training of 1,137 headmasters in pedagogical and administrative leadership, as well as 20,350 teachers (27 per cent of the teaching force at primary level) in mathematics, gender-based approach and violence prevention. UNICEF supported innovative learning approaches and skills training, including distance coaching for teachers as well as self-learning drills for out-of-school children in Diffa Region, resulting in students gaining 19 percentage points in mathematics over three months.

Access to education was particularly constrained in Diffa, Tillabery and Tahoua. As the education cluster lead, UNICEF advocated for implementation of the safe schools declaration that Niger endorsed in 2015. Through financial and technical support, UNICEF ensured continuity of education for 24,036 children and youths, including 9,780 newly enrolled children (6,599 girls) affected by emergencies (as of October 2018). UNICEF also strengthened linkages between humanitarian and development interventions through training 465 teachers on preparation for and implementation of conflict- and disaster-risk reduction plans, to ensure that teachers are equipped to work in situations of insecurity.

In 2018 UNICEF Niger continued to assume the role of co-lead of the education sector. At the upstream level, UNICEF was designated as the partner agency for the GPE grant to accompany the ETSP mid-term review. UNICEF initiated eight sectoral studies to orient the ETSP review toward SDG4. This process has brought together the six ministries of education under the coordination of the prime minister’s office. It also revealed weaknesses in education statistical data. In addition to improving data quality, UNICEF continued to press for equity in access, especially for girls; quality of education; and achieving the humanitarian-development nexus. In addition, UNICEF’s participation in the education sector basket fund enabled strong advocacy on key issues such as decentralization, gender equality and education in emergencies.

Evidence-generation supported by UNICEF in 2018 served to influence policy dialogue, especially during the ETSP review. A study on the profile and causes for children not attending school highlighted the magnitude of the phenomenon in Niger, paving the way for strong action to include out-of-school children in upcoming GPE funding. A comparative study on interventions to promote girls’ education informed the ongoing review of the national policy on girls’ education and training.

In addition to regular support to the production, publication and dissemination of annual statistical bulletins for primary and secondary educations, UNICEF spearheaded innovation to improve timeliness and data quality, through RapidPro (this SMS-based system was used to monitor enrolment and drop-out in emergency schools in Diffa Region), EduTrack (an SMS-based system for education statistics) and ‘data must speak’ (to improve effective data

utilization). These innovations are expected to support the ongoing decentralization process by allowing communities, municipalities and regional actors to access digestible data on the situation at their schools.

To foster greater demand for education, UNICEF Niger also worked at the community level, focusing on menstrual hygiene management, preventing and managing violence and girls' education. Some 3,468 people were trained on menstrual hygiene management in 2018, including 500 members of school management committees and mothers' associations, 2,000 girls and 968 boys in 120 schools in Maradi, Zinder and Tahoua regions. In addition, 2,200 school management committees (target: 2,500) were also trained to manage and reduce violence in and around schools, and on the importance of girls' education.

Goal area 3: Every child is protected from violence and exploitation

UNICEF continued to support government efforts to strengthen child protection systems, in line with Niger's child protection policy 2014–2018 and UNDAF outcome 3.

As per its 2014–2018 CPD, UNICEF contributed to the following outcome: by 2018, children and adolescents, particularly the most vulnerable, are better protected against abuse, violence and exploitation. UNICEF focused on six outputs: system strengthening, child protection services, justice for children, civil registration, community-based approaches and child protection in emergencies.

Among advances at the upstream level, the political and legal framework for civil registration was strengthened through revisions of the policy and law governing the sector, with UNICEF support. This represented a key step forward toward system reform and modernization and increased birth registration. UNICEF continued to play an important role in ending child marriage through technical support to the Ministry of Women's Advancement and Child Protection, awareness-raising and dialogue with relevant actors (including NGOs and traditional and religious leaders), resulting in the development of a national strategic plan to end child marriage supported by UNICEF and the United Nations Population Fund (UNFPA). Some 3,856 adolescent girls were reached through the ongoing community-based approach to end harmful practices. Thanks to joint advocacy by the European Union capacity building mission to the Sahel and UNICEF, a unit for women's and children's protection was created within the national gendarmerie.

UNICEF also supported capacity building of child protection actors to ensure quality care and services. Departmental child protection directorates opened in seven new departments, extending coverage to 59 of the country's 67 departments, and 120 new social workers were deployed to replace 31 staff assigned to other ministries and expand the workforce in all regions. UNICEF trained 40 social workers, including 24 new staff, on child protection and case management. Social workers reached 5,623 child victims of violence and those on the move (42 per cent girls), including all 131 unaccompanied Nigerien children expelled from Algeria.

In the justice sector, 75 justice actors were trained on justice for children. Forty-four newly appointed heads of children's brigades were trained on child protection, focusing on child-friendly interviews and processing cases of children in contact with security forces. Around 500 children in contact with the law benefited from improved services, thanks to UNICEF-supported training of judicial and social services.

UNICEF Niger continued to support civil registration. Thanks to its sustained advocacy, the Government paid the large salary backlog to civil registrars, thus revitalizing the system. In addition, 976 civil registration officers, including 60 women, were trained (70 per cent of 2018 target) and 444 centres were monitored, with logistical support from UNICEF. This contributed to 289,727 children obtaining birth certificates in the first half of 2018.

The ongoing community-based approach to child protection in Maradi, Zinder and Tahoua regions expanded to 46 of the 48 targeted municipalities in 2018. Child protection committees were able to: delay/cancel 165 cases of child marriage; address 1,282 cases of abuse; and ensure that 385 children, including 104 girls, resumed school. Some 3,856 adolescent girls participated in the programme, which helped empower them as actors of social change.

UNICEF continued to address child protection risks in regions affected by humanitarian crises, despite difficult access to certain areas. Financial and technical support from UNICEF to regional child protection directorates and NGOs (COOPI, PLAN, and ANTD) resulted in 6,491 children (including 1,085 in Tillabery) benefiting from psychosocial support and 69 new unaccompanied children being referred to the Diffa Regional Child Protection Directorate, which also supported more than 200 children placed in temporary families in 2016 and 2017. UNICEF supported training for 180 host families in Tillabery and Tahoua regions to ensure adequate temporary care for unaccompanied children while family tracing was ongoing. Forty-four children suspected of/associated with armed groups (36 with Boko Haram and eight with groups in Tillabery) were released from the anti-terrorist unit to transit centres in Niamey; 33 of these children were reunited with their families. Moreover, UNICEF supported UNHCR's emergency transit mechanism project; 83 unaccompanied refugee children were placed in Government-run transit centres.

UNICEF also contributed to sectoral coordination, through its leadership of the child protection sub-cluster. The sub-cluster supported the translation of six child protection minimum standards in humanitarian settings into domestic, context-specific standards, which were then launched by the prime minister. It also carried out the child survivor initiative, which will strengthen the expertise of gender-based violence and child protection actors in Diffa. The 'CPIMS + / Primero' case management system is being rolled out to improve data and case management of all child protection issues – first in emergency settings, but with a planned roll-out to the whole country, as a major contribution to the humanitarian/development nexus.

Goal area 4: Every child lives in a safe and clean environment

UNICEF Niger continued to support government efforts to increase access to safe water and sanitation and to promote hygiene, in line with Niger's national water hygiene and sanitation programme (2016–2030), and UNDAF outcome 3.

As per its CPD, UNICEF contributed to the following outcome: 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. UNICEF focused on four outputs: water supply, sanitation and hygiene, enabling environment and WASH in emergencies.

Despite significant shortfalls in financing for the WASH sector, the national water supply guide was updated in 2018 and the Government and partners constructed 118 piped systems and installed hand-pumps and improved access to safe water in rural areas for 751,000 people,

among whom 20,609 received direct UNICEF support. The programme focused on WASH-in-schools (an underfinanced area) and connected 34 schools to piped systems, thereby improving the learning environment for 11,136 children (4,795 girls, 6,341 boys).

Because OD remains widespread, UNICEF focused on improving access to sanitation in rural areas through community-led total sanitation (CLTS). UNICEF supported the Government and its partners to develop a national CLTS implementation guide and a synthesized booklet on the national open defecation-free (ODF) roadmap. UNICEF also supported the development of training materials on hygiene and sanitation, mainly on community-led total sanitation but also covering water safety and menstrual hygiene management. Trainers from 30 government entities and NGOs were then taught how to scale up community led total sanitation. During 2018 some 157 communities with 99,223 inhabitants – including 19 communities/sites with 29,696 people in humanitarian situations– were triggered, of which 63 (26,870 residents) were certified as open defecation free.

Moreover, Bagaroua Municipality (Tahoua Region), where UNICEF had implemented community-led total sanitation in previous years, became the first municipality in Niger to reach ODF status, providing a safe environment for 89,735 people in 129 villages.

As part of its continuous advocacy for rural sanitation, UNICEF supported the launch of the 'one parliamentarian, one ODF municipality' initiative and country preparations for the AfricaSan meeting and the Mahatma Gandhi international sanitation conference, which helped strengthen political will for sanitation. UNICEF also focused on leveraging efforts, and successfully advocated for the newly created WASH sector basket fund to support CLTS implementation in 600 communities during 2018.

With support from partners, including UNICEF, in 2018 the Minister of Water and Sanitation validated the monitoring and evaluation operationalization manual and launched a baseline survey of key indicators for the national water hygiene and sanitation programme, with support from the National Statistics Institute and other agencies.

UNICEF also moved forward with the conceptualization of a municipality-wide WASH approach, to support effective management of competencies transferred by the central Government as part of the decentralization process. The model includes municipal-wide CLTS for equity in sanitation access; support for water point management and safety; and municipal capacity strengthening for evidence-based planning, implementation and monitoring, as well as for mobilization and transparent management of resources generated by water tariffs. UNICEF and 10 municipalities signed memoranda of understanding to operationalize this approach.

As WASH cluster lead agency, in 2018 UNICEF Niger coordinated efforts by the Government and partners to provide populations affected by humanitarian crises with access to safe drinking water and basic sanitation. As a result, 747,433 people in humanitarian situations gained access to safe drinking water, among whom 350,434 received UNICEF direct support. UNICEF also continued to extend the water supply network in Kidjandi area, to provide permanent access to safe drinking water for the remaining neighbouring sites and villages currently served through water trucking – in the spirit of the humanitarian/development nexus, and with the goal of ending water trucking in Diffa Region in 2019.

UNICEF Niger also helped the country respond to the cholera outbreak. It coordinated the response and played a critical role in resource mobilization, partnering with five NGOs and

building the capacity of key actors to overcome the epidemic. As of November 2018, a total of 385,007 people in affected health districts had been reached with UNICEF direct support.

Goal area 5: Every child has an equitable chance in life

UNICEF continued to support government efforts to develop child-responsive policies and resource allocation, in line with Niger's ESDP 2017–2021, and UNDAF outcome 4.

In line with its CPD, UNICEF Niger contributed to the following outcome: 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. UNICEF focused on three outputs: public policy and finance for children, local governance and information systems and evaluations.

Fiscal space remained constrained by a structurally low taxation base and by rising defence expenditures due to the deteriorating cross-border security environment. However, with advocacy by UNICEF and development partners, the policy environment became more favourable; key social programmes were prioritized as part of Niger's 2035 sustainable development and inclusive growth strategy (SDDCI 2035) and the ESDP (2017–2021), notably in the areas of girls' education, child health and nutrition and women's empowerment in rural areas. Targets for support of local planning and governance in favour of children were largely met; seven regions and 31 convergence municipalities elaborated child-sensitive development plans.

The enabling environment for greater social budget accountability progressed with the BOOST initiative led by the Ministry of Finance, with technical support from UNICEF and the World Bank. BOOST makes budget data available to the wider public through a web-based platform.

Progress was made toward creating an enabling environment for youth empowerment and participation. In 2018 a national study on the aspirations of youth and the effectiveness of youth policies in Niger, conducted by the Government with UNICEF support (leveraging other partnerships), triggered a multi-stakeholder process for youth-inclusive, participatory policy-making and planning at central and decentralized levels. A multi-sectoral government roadmap called 'words of youth', seeking to promote youth empowerment and entrepreneurship, was developed by participating youths and stakeholders from all regions. The roadmap will be implemented, with oversight by the prime minister's office, through a multi-stakeholder platform of key central ministries, regional and local authorities, youth organizations and civil society actors.

As part of its work on strengthening information systems and prospective analysis, UNICEF supported a North-South partnership with the Vienna-based International Institute for Applied Systems on prospective scenario-building and prospective analysis, with shared leadership by the Ministries of Planning and Population and the National Statistics Institute. Education-focused scenarios brought to light the role of education and the importance of investing in girls' education to accelerate the country's demographic transition.

With UNICEF support, the ESDP 2017–2021 monitoring and evaluation system was reinforced by updating the national socioeconomic database, including the definition of metadata for SDG indicators, and the capacity of database administrators, both at central and decentralized levels, to generate data for decision makers was strengthened.

Cross-cutting issues

Gender

In line with UNICEF's global Gender Action Plan 2018–2021, UNICEF Niger pursued its efforts to mainstream gender equality issues in its programmatic work

The interlinked issues of girls' education and child marriage continued to be a focus of attention by UNICEF and partners. UNICEF engaged actively to sustain national momentum created in 2017 for promoting girls' education. Community awareness-raising and mobilization reached 2,200 school management committees at both the primary and secondary level, with a focus on gender-based violence, girls' education and child marriage. Some 3,856 adolescent girls were equipped with knowledge and skills to address gender issues.

At the institutional level, capacity-building efforts around gender-based violence reached 35 girls' education focal points for primary and secondary education. A total of 20,350 teachers benefited from training on gender-based approaches and violence prevention. Moreover, advocacy by UNICEF Niger and other partners resulted in the inclusion of girls' education as one of the key priorities for all education sector partners during 2018. UNICEF also supported evidence-generation, with a comparative analysis of girls' education interventions to inform the ongoing review of the national policy on girls' education and training.

To influence policy UNICEF, UNFPA and other partners supported the Government to develop a national strategic plan to end child marriage. Taking stock of the current UNFPA-UNICEF joint programme to end child marriage, the plan adopts a multi-sectoral approach to empower girls.

UNICEF was the technical lead for the rapid response mechanism (RRM) in the area of supplying non-food items (NFIs) during 2018. As a result, gender issues were mainstreamed into the RRM: consultations with households during multi-sectoral assessments included separate focus groups for women/girls, and men/boys; RRM committees for each activity included equal numbers of women and men; women/girls and men/boys were both consulted about distribution sites; NFIs were distributed to women for their households; separate distribution lines provided preferential access for the most vulnerable, including pregnant women and women with disabilities; and NFI kits included menstrual hygiene items.

Humanitarian situations

As described above, UNICEF Niger provided integrated humanitarian assistance in several sectors (health, nutrition, WASH, education, child protection and NFI distribution) for displaced people in Tillabery, Tahoua and Diffa regions, and responded to vulnerabilities and needs related to other crises nationwide.

UNICEF participated in the RRM, partnering with the Ministry of Humanitarian Action, United Nations Office for Coordination of Humanitarian Affairs, WFP and four NGOs to bring rapid assistance to families affected by forced displacement. UNICEF provided technical leadership and guaranteed the supply chain for NFIs. During 2018 the RRM carried out multi-sectoral assessments in areas affected by new population movements and delivered NFIs, food security, WASH and protection assistance to more than 44,259 people. UNICEF provided NFI

assistance to 2,600 flood-affected families, through the RRM in Diffa and with Government partners in another four regions.

UNICEF Niger also contributed to strengthening the humanitarian/development nexus. In Diffa, emergency water supply was replaced with longer-term infrastructure, and water trucking is close to coming to an end. Temporary learning spaces in selected areas are being replaced with a type of shed that can form the basis for hard structures when the situation normalizes. UNICEF support for the national SAM treatment programme provided a basis for nutritional response in emergency areas and contributed to strengthening national systems.

Risk-informed programming was also a focus, with two risk assessment analyses and the building of contingency stocks in all sectors to respond to sudden emergencies. Preparedness initiatives included two stand-by partnerships, which helped UNICEF maintain its response to displacement. In addition, a priority strategy in education-in-emergencies was the training of teachers on psychosocial support, conflict and disaster risk reduction, benefiting 26,349 children in Diffa and Tillabery.

Other cross-cutting work

UNICEF supported the Government's efforts to promote positive social norms and inclusive dialogue with all stakeholders, in line with the ESDP 2017–2021 and outcome 3 of the UNDAF.

As per its 2014-2018 Country Programme Document, UNICEF contributed to the following outcome: 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. UNICEF's work focused on three outputs: community engagement, youth participation and dialogue with leaders.

UNICEF continued to support community dialogue to trigger social and behavioural change. A large network of community volunteers, including community health workers and members of youth associations, in four regions promoted positive practices to enhance children's health and welfare and boost demand for social services. Key messages were amplified through community radio and networks (including official village criers and informal groups). Some 160 local radio stations produced interactive programmes providing information on services and encouraging behaviour change, while also providing space for feedback on disruption and quality of services, thus creating mechanisms for keeping service providers accountable.

To help youth organize and be heard, UNICEF supported youth platforms in 26 municipalities. These included 44 youth peace brigades, which promote a culture of peace and mediate community conflicts, and 19 youth dialogue structures, to help young people of both sexes participate in municipal decision-making. A total of 1,600 youth, including 320 girls/women, were active in these 63 platforms in 2018. While an assessment has not yet been carried out, initial observations point to a potential for these platforms' to exert positive influence social norms. In addition, UNICEF Niger supported training on life skills, leadership, associative activities, civic education and the culture of peace for 2,213 youths (30 per cent girls/women) to strengthen self-esteem and promote full community engagement.

UNICEF continued to work closely with 573 traditional and religious leaders to promote positive social norms. These leaders, who strongly influence communities, helped spread information on service availability and promote behaviour change linked to health, nutrition, education and

child protection. They relied on the comprehensive argument on children's rights based on the Koran developed by UNICEF and the Islamic Council in 2017. This approach has started to bear fruit, in 2018 the first high-level traditional leader (from Tahoua Region) banned early marriage in his constituency.

In 2018 UNICEF Niger also enhanced advocacy and increased the visibility of children's rights. UNICEF actively participated in international public advocacy initiatives, which helped raise the country profile at the global level. This also enabled UNICEF to expand its leadership and reshape its model of engagement with stakeholders in the country. By adapting global campaigns to the local context, UNICEF not only expanded its reach but also created common ground with decision-makers, who appreciated the change of narrative and the intent to highlight Niger's strengths and opportunities.

Enhanced engagement with media at country level helped UNICEF Niger to create greater awareness about key children's and women's issues. Twenty public events were covered by national media, and 12 programmes on the work of UNICEF and its partners were broadcast on national television. UNICEF also organized its first-ever media competition on children's rights. In addition, UNICEF Niger's online supporters doubled in 2018; with a 60,000 monthly reach and 10,000 monthly engagement.

UNICEF also strengthened its youth-led advocacy efforts in 2018, including participation in the regional Africa Dialogue and #KidsTakeOver initiatives. The African Development University and UNICEF initiated a series of #ActivateTalks, bringing together young people, innovators and thought-leaders to showcase solutions for issues confronting youth. This TED talk-inspired advocacy tool was supported by 52 digital influencers to spread the messages nationwide and reached an estimated 3 million people through social media. UNICEF also supported the national competition 'e-Takara' to promote co-creation of solutions that can deliver at-scale results for young people. E-Takara selected 33 technology-based youth projects that address various challenges. UNICEF also partnered with the National Football Federation to organize a national tournament for young girls, which generated conversation around gender stereotypes.

UNICEF Niger is increasingly focusing on innovation to achieve results for children, and piloted both technology-based and non-technology-based innovations. In education, a distance-coaching programme was piloted in Niamey to support teachers and school directors. The positive results encouraged scaling-up of the approach in the emergency context of Diffa Region. UNICEF also piloted tablet-based education in 10 schools across the country, as well as radio education programming and other resilient education-in-emergencies approaches.

Data-generation initiatives, including DHIS2, mHealth, RapidPro, EduTrack, and CPIMS+/Primer, were launched to enhance the use of evidence for programming and advocacy. Particular focus was placed on innovative data collection and utilization. Community health workers were supplied with mobile phones and software to improve their performance and collect better data on community case management of child illness. In Diffa Region, the SMS-based RapidPro system supported real-time collection of data for WASH, child protection and education services.

UNICEF continued to seek to simplify business processes to support efficiency gains, for example by establishing 45 long-term agreements, including 10 shared by the UN system. Cost savings were considerable: at 42 per cent on connectivity costs and 60 per cent on drinking water costs. In addition, UNICEF Niger improved connectivity at all offices by working closely

with local internet providers to secure and prioritize links between UN agencies in the country.

Part 3: Lessons learned and constraints

Seven major lessons learned from the 2014–2018 programme cycle were documented and taken into account in the new country programme.

- 1) Development programmes need to take into account the time needed to address the structural causes of problems affecting children and be rooted in better understanding of governance systems and of the aspirations of individuals and communities.
- 2) To address social norms and practices that are detrimental to children's well-being, programme and social mobilization approaches need to be anchored holistically in communities and their diverse contexts.
- 3) Given the country's vast population of children, adolescents and youth, children and young people need to be brought to the centre of national policies and decision-making processes.
- 4) Investments in basic social services need to account not only for coverage, but also the quality of service delivery.
- 5) Support provided to systems at the central and community levels should be linked to decentralized structures for more sustainable results.
- 6) To obtain more sustainable results, it is important to move away from a humanitarian logic leading to substitution in terms of service provision in a development context;
- 7) Progress toward equity must be closely monitored, as approaches to reducing deprivation affecting the greatest number have been accompanied instead by a widening of social inequalities.

A review of implementation of the localization approach utilized by the UN system and by UNICEF during the previous cycle showed that various bottlenecks affected the sustainability of investments undertaken by UN agencies. Activities remained scattered geographically within the same municipality and implementation modalities varied across agencies (direct execution, NGO contracting, budget support). Weak ownership of the approach by municipal actors resulted in low financial contributions from municipalities to annual action plans.

Looking forward, efforts at decentralized levels will be channelled in such a way as to strengthen the decentralization process underway in education, health, water and environment, with an emphasis on support for: (1) inclusive planning and quality information systems at central and decentralized levels, (2) social accountability mechanisms at decentralized levels, (3) and capacity building of municipalities as they begin to handle their newly transferred responsibilities.

As part of development of the new country programme, UNICEF Niger streamlined a new participatory, bottom-up, human rights-based programming approach to strategic visioning and planning. The approach proved highly instrumental to steering UNICEF toward a new way of working and provided a number of lessons that will inform UNICEF's modus operandi in the future. Although this approach was complex to operationalize, it enhanced UNICEF's credibility and trust by partners and provided an important learning curve for UNICEF staff and partners about embedding the human rights-based approach in planning.

The new planning method helped to establish an environment where introspective learning could take place with external partners, most prominently during a strategic moment of

reflection with more than 100 partners (involving central and decentralized authorities, traditional and religious leaders, civil society and the media). As a result, significant paradigm shifts could be identified and are now reflected in the new country programme document. The country office is shaping a new method for developing rolling work plans, based on the human rights and bottleneck approaches, and of monitoring the removal of key bottlenecks during the programme cycle. The human rights and bottleneck planning approach requires significant facilitation and monitoring skills. Next steps include ensuring that UNICEF Niger can truly engage and build the capacity of partners to monitor progress through shared theories of change during annual reviews and at the end of the programme cycle.

Regarding partnerships, UNICEF's involvement in basket funds in the health, WASH and education sectors enabled greater leveraging of resources and partnerships to strengthen systems and influence policy dialogue. Regarding winning support for the cause of children, an important lesson learned was the need to transition from traditional advocacy to positioning UNICEF as an enabler of a societal dialogue, in partnership with key social actors and influencers, to promote community-based organizations (e.g., informal youth associations or students'/parents associations) as agents of change and mobilizers at the community level.

Regarding the challenge of achieving sustainable results at scale in the challenging context of Niger (characterized by rapid demographic growth and increased fragility due to rising cross-border security threats), modelling in targeted areas has shown potential that will be exploited through scaling up, with equity and ownership as basic principles.

An important challenge emerged in 2018, as Niger was confronted with an array of data issues during the year. The 2017 DHS could not be published due to quality issues, leaving the country without recent baseline data to monitor progress on the 2017–2021 social and economic development plan or the SDGs. Significant data quality issues persist across social sectors' information systems. Key lessons learned include the need to: (1) enlarge the production of data to more actors in academia and the private sector, in addition to national data providers; (2) instil a results-based approach in data production and dissemination among concerned actors; (3) ensure coordinated efforts among financial and technical partners to influence data governance issues.

These lessons learned constitute the basis of the new CPD 2019–2021 and accompanying theories of change. The new results framework includes a new outcome dedicated to 'adolescents and social norms' and to support for positive changes in behaviour and social norms favourable to adolescents and youth, particularly girls, in their communities and families. The new outcome will also seek to promote their voices and agency in key planning and decision-making arenas. The social inclusion outcome will build on the ongoing focus on public finance and decentralization reforms, to promote inclusive planning and budgeting and bottom-up accountability mechanisms in the education, health and water sectors and strengthen capacities for quality, integrated data collection and user-friendly data analysis and dissemination in support of the country's central and decentralized statistical systems. The results structure of sectoral programme components (health, nutrition, WASH, education and child protection) include three outputs, each dedicated to removing priority bottlenecks affecting the enabling environment, the demand for and supply and quality of basic social services for children and adolescents.

Key shifts embodied in the new CPD include a strategic shift from a predominantly service-delivery mode to more important investments in systems-strengthening and capacity-building,

including in humanitarian contexts, and implementing the basic principles of equity, accountability and ownership across all intervention design at central, decentralized and community levels.

While taking prompt action, together with national authorities, to investigate the loss of supplies along the distribution chain between health districts and beneficiaries,, the office committed to risk-mitigation measures that will be maintained and strengthened in 2019, such as: participation in the redesign process of the national supply chain, implementation of the monitoring/tracking software TrackIt and training for districts and health centres in its use and recruitment of private firms for third-party monitoring.

During 2018 information and communication technology (ICT) proved useful in tackling specific challenges linked to emergencies. For example, UNICEF deployed Thuraya phones to allow responders in localities without GSM coverage to report and send real-time alerts to a RapidPro application in the WASH, nutrition and education sectors in Diffa Region. UNICEF Niger played an active role in UN ICT team activities; the common Internet connection is constantly monitored and optimized, migration to digital VHF was completed in all the country providing innovative ways of communication and devices tracking for staff security. Looking forward, UNICEF will continue to focus on technological advances and innovations to implement the new 2019–2021 country programme.

END/