United Nations Children’s Fund
Executive Board
Second regular session 2022
6–9 September 2022
Item 4 (a) of the provisional agenda*

Draft country programme document**

Niger

Summary

The draft country programme document (CPD) for the Niger is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of $113,845,000 from regular resources, subject to the availability of funds, and $258,930,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2027.

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* E/ICEF/2022/22.
** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 14 June to 5 July 2022. The final CPD will be posted to the Executive Board web page in English and French six weeks in advance of the 2022 second regular session and in the other designated languages four weeks in advance.
Programme rationale

1. Buoyed by a peaceful political transition and prudent economic management, the poverty rate of the Niger fell from 50.6 per cent in 2011 to 41.4 per cent in 2020.\(^1\) Despite several large-scale oil and mining projects, the country’s economy relies heavily on subsistence agriculture and pastoralism, which are disrupted by droughts, frequent flooding and insecurity.

2. Estimated at 26 million people in 2022, the population is young and predominantly rural, with 47 per cent under the age of 14 years\(^2\) and 83 per cent living in rural areas.\(^4\) Patriarchal and hierarchical gender relations characterize the country’s regions. Women and young people have little involvement in family decisions, which limits their access to social and economic services, hinders their survival and development, and affects their ability to adapt to crises and shocks.\(^5\)

3. Although poverty has declined, inequality persists, as the progress made has been lost owing to a combination of many vulnerabilities.\(^6\) While two thirds of the country is a desert, it also experiences high population growth,\(^7\) accelerating natural disasters, the effects of climate change and significant insecurity in the cross-border regions of the central Sahel. In these regions, the sporadic intervention of authorities reduces the availability of essential social services, increases populations’ fragility and accentuates the marginalization of vulnerable persons.\(^8\)

4. Governance issues in social sectors and dysfunctional budgetary mechanisms are compounding these challenges.\(^9\) A low tax burden (11.7 per cent of gross domestic product), volatile uranium and oil prices and a heavy dependence on foreign assistance (30 per cent of the national budget) are constraining budget allocations to all social sectors, except education. In 2022, the share of the national budget allocated to health, water and education will reach 7.1 per cent, 9.3 per cent and 19.6 per cent, respectively.\(^10\)

5. The health situation of children is gradually improving. Between 2017 and 2021, infant and child mortality rates decreased from 61.9 and 121.9 to 45.6 and 77.5 per

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\(^4\) World Bank, World development indicators.


\(^8\) World Bank, *Niger Economic Update: Maximizing public expenditure efficiency for rebuilding better*.

1,000 live births, respectively.\textsuperscript{11} With 81 per cent of children under 1 year of age having received three doses of the diphtheria/pertussis/tetanus vaccine in 2020,\textsuperscript{12} children are now dying primarily from birth defects, malaria, diarrhoeal disease and respiratory infections. Regional disparities remain; in 2021, only 44 per cent of births took place in an urban health facility.\textsuperscript{13} This is due to a lack of health centres, their uneven geographic distribution and their poor provision of equipment, qualified personnel and water and sanitation facilities. The sector continues to be weakened by insecurity, widespread poverty, recurrent governance and budget allocation issues and low community awareness of child-friendly actions.

6. Between 2010 and 2020, the prevalence rate of HIV and AIDS declined from 0.4 per cent to 0.2 per cent in people aged 15–49 years, while the rate of mother-to-child HIV transmission increased from 14 per cent to 27 per cent.\textsuperscript{14}

7. In 2021, for children under 5 years of age, the rate of stunting was 43.5 per cent, and wasting was 12.5 per cent, with Maradi, Tahoua and Zinder the regions most affected. Approximately 72 per cent of children under 5 years of age and 59 per cent of women of childbearing age are anaemic, and 76 per cent of children aged 6–23 months do not consume five food groups per day. Only 28 per cent of children are exclusively breastfed until 6 months of age.\textsuperscript{15} The main causes are inadequate case management of malnutrition, insufficient access to nutritious food, water and sanitation, early pregnancy, difficulties associated with sector governance, a recurrent lack of national investment and a lack of awareness among parents of good nutritional practices.

8. Between 2017 and 2020, access to drinking water increased from 46.1 per cent to 46.9 per cent, with disparities between rural (39 per cent) and urban (86 per cent) areas. Access to basic sanitation is low, and open defecation is widely practised, with a prevalence of 68 per cent (79 per cent in rural areas).\textsuperscript{16} This is due to a recurring lack of investment, the absence of an accountability framework and insufficient community knowledge about the impacts of poor hygiene practices.

9. The number of children enrolled in school has increased, but enrolment and attainment rates have barely changed. Between 2017 and 2019, the net enrolment rate fell from 7.5 to 6.1 per cent in preschool education, from 65.1 per cent to 58.2 per cent in primary education and from 20.1 per cent to 24.3 per cent in secondary education.\textsuperscript{17} The access rate for the first year of primary and secondary school is 91 per cent and 67 per cent, respectively, in urban areas, compared with 54 per cent and 26 per cent, respectively, in rural areas. This situation stems from challenges associated with resource utilization and governance and is reflected in the insufficient number of schools, lack of equipment and textbooks, inadequate teacher training and parents’ preference for child labour and sending boys to school. In


\textsuperscript{13} National Institute of Statistics (Institut National de la Statistique), \textit{National Fertility and Under-Five Mortality Survey}.


\textsuperscript{15} National nutrition survey conducted using the Standardized Monitoring and Assessment of Relief and Transition (SMART) methodology, 2021.


\textsuperscript{17} United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics, \url{http://uis.unesco.org/en/country/ne}.
conflict-affected areas, the situation is exacerbated by the closure of schools and the lack of teachers.

10. More than 36 per cent of children under 1 year of age are not registered,\textsuperscript{18} 10 per cent of those aged 10–17 years report having experienced gender-based violence,\textsuperscript{19} and 76 per cent of girls were married before the age of 18 years.\textsuperscript{20} The extent of the issues of children in conflict with the law, children on the move, children exploited while begging or children experiencing social distress in conflict-affected areas is unknown. This situation is the result of an inadequate institutional framework, a lack of specialized services, difficulties in ensuring coordination between the sectors involved in child protection and a socioeconomic context in which families use child marriage, child labour and child begging as survival strategies.

11. Lessons learned from previous programme evaluations and reviews indicate the need to rebalance support by placing more focus on: (a) interventions that promote sustainable and resilient development, particularly those that benefit women and young children, while maintaining agility in responding to emergencies and taking into account the nexus approach; (b) strengthening governance capacities at the national and subnational levels to accelerate the reduction of inequalities; (c) increasing the production and use of evidence-based information for more effective targeting of support by UNICEF and its partners; and (d) strengthening advocacy and partnerships to mobilize more resources to extend the reach of basic social services at a faster rate.

Programme priorities and partnerships

12. Guided by the lessons learned from the previous programme, UNICEF will focus its support on two main areas. The first area will contribute to achieving national coverage of social services, including immunization, birth registration, education and essential protection services focused on child marriage. It will include capacity-building for ministries and research institutes on the production and use of data on inequality and social policy effectiveness. The second area will focus on resilience-building, the nexus approach and emergency preparedness and response in Zinder and regions affected by cross-border conflicts (Diffa, Maradi, Tahoua and Tillabéry). UNICEF will contribute to the availability of a comprehensive package of basic services for these populations, including health, nutrition, education, water and sanitation, child protection and social protection. It will include capacity-building for local development teams as well as for community resilience.

13. UNICEF will maintain its capacity to respond to humanitarian emergencies based on the UNICEF Core Commitments for Children in Humanitarian Action and the division of responsibilities defined by the Inter-Agency Standing Committee.

14. The country programme stems from the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023–2027 and the recommendations made to the country by the various human rights treaty bodies. The programme components build on UNSDCF outcome 3 on human capital, which is aligned with Niger national priorities, the United Nations Integrated Strategy for the Sahel, the Sustainable Development Goals and the African Union Agenda 2063. The programme approach takes into account two UNICEF plans: the Strategic Plan, 2022–

\textsuperscript{18} Ministry of the Interior, Child Registry, 2021.
\textsuperscript{19} National Institute of Statistics (Institut National de la Statistique) and United Nations Population Fund, \textit{National Survey on Gender-based Violence (Enquête Nationale sur les Violences basées sur le Genre)}, 2021.
\textsuperscript{20} Demographic and Health Surveys Program, \textit{Demographic and Health Survey with Multiple Indicators of Niger EDSN-MICS-IV}, 2012.
2025 and the Gender Action Plan, 2022–2025. It is guided by strategic analyses and prioritization conducted jointly by UNICEF and the Government with the participation of young people.

15. The vision of the programme is that all girls and boys, from birth through adolescence, survive, thrive, learn, develop to their full potential, are protected from all forms of violence and exploitation, and thus contribute to positive social change in their communities.

16. This vision will be achieved if the most vulnerable children and adolescents, especially those affected by humanitarian emergencies and migration: (a) use high-impact health and HIV interventions; (b) use quality nutrition and food services and benefit from good nutrition practices; (c) adopt good hygiene practices and access and use safe water and basic sanitation services; (d) have access to quality education and training that ensures the acquisition of basic skills; (e) are protected from violence, exploitation, abuse and child marriage; and (f) benefit from social policies and social protection that facilitate their socioeconomic inclusion. The vision implies that these conditions have been met, as long as political and institutional stability are maintained, the national economy recovers from the effects of the coronavirus disease 2019 (COVID-19) pandemic, the implementation of development initiatives is not affected by the crisis in the central Sahel, and systems and populations are resilient to shocks and crises.

**Every child survives and thrives**

17. In line with Niger national priorities, UNICEF, in partnership with the World Health Organization (WHO), the World Bank, the United Nations Population Fund and Gavi, the Vaccine Alliance, will contribute to the implementation of universal health coverage, focusing on the community component.

18. At the national level, the programme will support: (a) the revision of budgetary mechanisms to accommodate programmes for children and adolescents; (b) the strengthening of district team capacities in areas such as strategic planning, intersectoral coordination and training supervision; and (c) the development and deployment of a national strategy to promote social norms and behaviour change that is conducive to good community health. To increase the proportion of children under 1 year of age who have received the diphtheria/pertussis/tetanus vaccine to 95 per cent and to reduce the gaps between districts, the health sector supply chain and logistics will be strengthened, for example, by making agreements with the private sector and introducing innovative distribution solutions.

19. In the regions of Maradi, Tahoua, Tillabéry and Zinder, UNICEF will increase the availability of integrated management of childhood illness services by training personnel and providing them with equipment and medicines. The focus will be on neonatology and the prevention of mother-to-child transmission of HIV and AIDS. UNICEF will support the introduction of digital innovations such as mHealth, RapidPro and the electronic register of integrated management of childhood illness consultations to reduce dropout rates and improve follow-up of community services. Cross-border collaboration will be strengthened to improve the management of epidemics and programmes for populations on the move.

**Every child has access to a nutritious diet**

20. UNICEF, in partnership with the World Food Programme, the Food and Agriculture Organization of the United Nations and the World Bank, will contribute to the reduction of chronic and acute malnutrition rates by providing support adapted
to cross-border issues and adopting multisectoral strategies that contribute to addressing the determinants of malnutrition, such as access to health care, food variety, water and sanitation, security and aspects related to marital status and the low level of education of mothers.

21. The programme will support authorities in the management and prevention of malnutrition, an issue of national importance. It will also support them in their efforts to increase the rate of exclusive breastfeeding of children under 6 months of age to 50 per cent. UNICEF will support the revision of the National Nutritional Security Policy 2016–2025, the production of data to mobilize additional funds, the conduct of nutrition monitoring surveys, the strengthening of intersectoral coordination encompassing nutrition, health, water and sanitation, the production of fortified foods and the development and implementation of a programme to promote social norms and behaviour change with a particular focus on factors concerning the status of mothers.

22. In regions experiencing a nutritional emergency, UNICEF will support the implementation of a package of integrated activities provided by community platforms in the form of high-impact nutritional interventions combining both prevention and treatment activities.

23. UNICEF will contribute to the strengthening of national nutritional emergency preparedness and response capacities by improving monitoring and warning systems and the management of food security stocks.

**Every child lives in a safe and sustainable environment**

24. To support the implementation of the National Water and Sanitation Policy, the programme will contribute to improving the access of vulnerable populations to basic drinking water and sanitation services and their resilience to climate change, in partnership with WHO and the World Bank.

25. UNICEF will contribute to the reformulation of the Water, Hygiene and Sanitation Sector Programme 2016–2030 (Programme Sectoriel Eau, Hygiène et Assainissement 2016–2030) and the strengthening of the sector’s governance and accountability framework. It will also contribute to the development of communal investment and management plans for water, sanitation and hygiene (WASH) services, as well as the development of the national water and sanitation information system and an early warning system for drought and floods.

26. To sharply reduce the prevalence of open defecation to 37.8 per cent of the population, UNICEF will support the implementation of a national sanitation marketing campaign based on community dialogue, the promotion of low-cost family latrine models and the development of communication tools on essential social norms and family practices.

27. In the regions of Maradi, Tahoua, Tillabéry and Zinder, UNICEF will help to improve a sustainable access to infrastructure and the implementation of climate change resilience models. In line with the other programme components and in partnership with communes and the Government, the service offer will be improved in communities, schools and health centres by constructing solar-powered multi-village water supply systems and gender-specific latrines, meeting the needs of selected populations.
**Every child learns**

28. In support of the [Education and Training Sector Transition Plan for the Education and Training Sector 2020–2034 (Plan de transition du secteur de l’éducation et de la formation 2020–2034) and in partnership with the Global Partnership for Education, the World Bank, the partners of the Education Sector Common Fund (Fonds Commun du Secteur de l’Education), the private sector and United Nations agencies, UNICEF will contribute to increasing enrolment rates, reducing the proportion of children aged 13–16 years who are out of school from 57 per cent to 47 per cent and improving the quality of educational achievements.

29. At the national level, UNICEF will initiate policy dialogue on education sector issues and participate in efforts to improve its performance. Curricula will be revised into life skills-based learning tools adapted to children, especially girls and nomadic, disabled, displaced, migrant and refugee children. Drawing on lessons learned from the COVID-19 pandemic and post-conflict and post-disaster population movements, UNICEF will help to strengthen the resilience of education services by accelerating school connectivity, developing a new digital learning platform and implementing a social mobilization strategy targeting children who have dropped out of school to encourage them to re-enrol.

30. In the regions of Agadez, Diffa, Dosso, Maradi, Tahoua, Tillabéri and Zinder, UNICEF will support local teams to develop their capacities in planning, risk analysis and the development of mitigation measures. UNICEF will work with the Ministry of Education to focus on using a multisectoral approach including nutrition and water and sanitation. This work will include training teachers in nutrition education, installing water points and latrines and launching environmental preservation projects in schools.

**Every child is protected from violence and exploitation**

31. In line with the United Nations Legal Identity Agenda and the various national policies and plans on civil registration, child protection and justice for children, UNICEF will contribute to increasing the proportion of children registered before the age of 1 year from 64 per cent to 89 per cent, as well as to reducing violence, exploitation and child marriage, in partnership with the United Nations Population Fund, the Office of the United Nations High Commissioner for Refugees, the International Organization for Migration and the European Union.

32. UNICEF will support the modernization and expansion of civil registration services through scaling up the interoperability of civil registration services and health and social protection services. It will also support the implementation of national standards for the notification, management and referral of cases of child survivors of violence, the revitalization of coordination mechanisms and the revision of legislation governing the age of marriage. UNICEF will contribute to the production of data on the poorly monitored issue of children subjected to trafficking, exploitation and begging.

33. In the regions of Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillabéri and Zinder, UNICEF will support the establishment of protection services for development and humanitarian contexts by strengthening the capacity of coordination and care teams through logistical and technical support, including the expansion of local child protection committees.

34. UNICEF will support the development and implementation of strategies to promote social norms and behaviour change to accelerate the reduction of child marriage, child labour and child begging. These strategies will focus on social
transformation, gender equality, adolescent participation and positive masculinity. They will rely on coalitions of religious and traditional leaders, community radio stations and children’s groups at the national and subnational levels.

**Every child lives free from poverty**

35. In partnership with the United Nations Development Programme, the World Bank, the International Labour Organization and WHO, UNICEF will support national efforts to make national solidarity and socioeconomic inclusion priority areas for development.

36. UNICEF will support the authorities in charge of social protection, socioeconomic inclusion, decentralization and public finance reform policies through technical assistance: (a) to strengthen national child rights monitoring systems and child poverty analyses; and (b) to build the capacity of sectoral ministries, local authorities, members of the National Assembly and civil society organizations in monitoring public expenditure on children. In the priority intervention areas, UNICEF will strengthen the capacities of the local authorities, focusing on planning, participatory budgeting and mobilizing and diversifying resources for children.

37. Given the recurrent shocks and persistent inequalities in the Niger, particularly those exacerbated by the COVID-19 pandemic and climate change, UNICEF will contribute to increasing the proportion of children covered by a social safety net mechanism from 6.5 per cent to 15 per cent. This will be achieved by contributing to the reform of the social protection system through solidarity, mutuality, free basic social services and child- and adolescent-sensitive adaptive social safety nets in development and humanitarian emergency contexts.

**Programme effectiveness**

38. This component will prioritize quality, equity-focused programming and evidence-based monitoring for results-based management. UNICEF will support interventions with gender-sensitive approaches to reduce the causes of exclusion of girls and women. This will be achieved by producing and using disaggregated data and establishing mechanisms to encourage women’s participation in the management of projects in their communities. This component will also cover the promotion of social norms and behaviour change, knowledge management and accountability to beneficiary populations. UNICEF will focus on partnership-building and high-level advocacy.
Summary budget table

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every child survives and thrives</td>
<td>16 348</td>
<td>49 645</td>
<td>65 993</td>
</tr>
<tr>
<td>Every child has access to a nutritious diet</td>
<td>16 617</td>
<td>35 065</td>
<td>51 682</td>
</tr>
<tr>
<td>Every child lives in a safe and sustainable environment</td>
<td>8 830</td>
<td>48 205</td>
<td>57 035</td>
</tr>
<tr>
<td>Every child learns</td>
<td>11 400</td>
<td>45 839</td>
<td>57 239</td>
</tr>
<tr>
<td>Every child is protected from violence and exploitation</td>
<td>11 800</td>
<td>34 288</td>
<td>46 088</td>
</tr>
<tr>
<td>Every child lives free from poverty</td>
<td>6 000</td>
<td>20 944</td>
<td>26 944</td>
</tr>
<tr>
<td>Programme effectiveness</td>
<td>42 850</td>
<td>24 944</td>
<td>67 794</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>113 845</strong></td>
<td><strong>258 930</strong></td>
<td><strong>372 515</strong></td>
</tr>
</tbody>
</table>

Programme and risk management

39. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization’s programme and operations policies and procedures.

40. The Ministry of Land Use Planning and Community Development will coordinate the planning and monitoring of the programme with the support of sectoral ministries and devolved services. UNICEF subnational offices will collaborate with local counterparts in the preparation of subnational workplans and their monitoring.

41. As a member of the United Nations country team, UNICEF will co-lead the programme management team and the UNSDCF outcome 3 areas and contribute to the other outcome areas. UNICEF is the cluster lead for education and WASH, the Child Protection Area of Responsibility and the nutrition sector. UNICEF will continue its collaboration with public and private donors while diversifying its resource mobilization strategy for the programme.

42. Limited room in the national budget, the inconsistent capacity of national and subnational institutions in management and implementation, and security and natural hazards are risks that may compromise the achievement of programme results. UNICEF will monitor these risks and implement appropriate mitigation measures, including the use of the harmonized approach to cash transfers, monitoring missions and the establishment of a reporting and grievance mechanism.

Monitoring, learning and evaluation

43. UNICEF, together with United Nations agencies, will strengthen national capacities to monitor the situation of children by supporting studies and the functioning of national information systems. UNICEF will collaborate with research
organizations and the National Institute of Statistics to regularly collect and analyse survey data, including the multiple indicator cluster survey. UNICEF will support the Niger in the preparation of its next periodic report on the implementation of the Optional Protocols to the Convention on the Rights of the Child.

44. To regularly assess progress towards the expected results and to make any adjustments deemed necessary, UNICEF will support the National Institute of Statistics and statistical departments of the social sectors to produce reliable and disaggregated data.

45. UNICEF will conduct evaluations as part of the budgeted evaluation plan for accountability and learning purposes. UNICEF will continue to work with the Ministry of Planning and the Niger Monitoring and Evaluation Network (Réseau Nigérien de Suivi Evaluation) to build national evaluation capacity and promote policy and programme evaluation.
## Annex

### Results and resources framework

**Niger – UNICEF country programme of cooperation, 2023–2027**

### Convention on the Rights of the Child: Articles 1–54

### National priorities: Economic and Social Development Plan 2022–2026, outcomes 1 and 2 (being finalized in May 2022)

### United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF: 3

### Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5

<table>
<thead>
<tr>
<th>UNSDCF outcomes</th>
<th>UNICEF outcomes</th>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
</tr>
</thead>
</table>
| Outcome 3: By 2027, populations, including women, children, adolescents, young people and special needs groups, have more inclusive, equitable and enhanced access to quality basic social services, decent employment, social protection and protection. | 1. By 2027, the most vulnerable children, adolescents and women have increased and equitable access to high-impact health and HIV interventions in development and humanitarian contexts. | Percentage of children aged 0–11 months who have received the diphtheria/pertussis/tetanus vaccine*<sup>a</sup>  
B: 81%  
T: 95%  

Percentage of live births attended by skilled health personnel (at home and in a facility)  
B: 39%  
T: 60% | UNICEF and World Health Organization (WHO) estimates of country immunization coverage | Health services in the regions of Maradi, Tahoua, Tillabéry and Zinder offer children, adolescents and women an integrated package with high-quality impact.  
Quality immunization services are available.  
Central and decentralized services have the tools and knowledge to scale up quality integrated continuing health services. | **Ministry of Health**  
WHO  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Gavi, the Vaccine Alliance  
World Bank  
United Nations Population Fund (UNFPA) |
<p>| | | | | | <strong>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</strong> | <strong>RR</strong> | <strong>OR</strong> | <strong>Total</strong> |
| | | | | | | | <strong>16 348</strong> | <strong>49 645</strong> | <strong>65 993</strong> |</p>
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<tbody>
<tr>
<td>2. By 2027, the most vulnerable children, adolescents and women increase their use of quality essential nutrition services and benefit from good nutritional care and practices, including a more diverse diet in development and humanitarian contexts.</td>
<td>Outcome 3</td>
<td>Number of children aged 6–59 months with severe acute malnutrition admitted for treatment B: 424 171 T: 330 000</td>
<td>Ministry of Health</td>
<td>The Government has better capacity to improve nutrition governance in a multi-system environment. Quality nutritional services for children, adolescents and pregnant women are available. Nutrition service providers and community-based organizations are better equipped to facilitate care practices and optimal nutrition for children, adolescents and pregnant women.</td>
<td>Ministry of Health Food and Agriculture Organization of the United Nations World Food Programme World Bank</td>
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<td></td>
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<td>Percentage of children aged 0–5 months who are exclusively breastfed B: 28% T: 50%</td>
<td>Standardized Monitoring and Assessment of Relief and Transition (SMART) survey Multiple indicator cluster survey (MICS)</td>
<td></td>
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<tr>
<td>3. By 2027, populations, particularly those living in vulnerable communities, increase their use of climate-resilient drinking water and basic sanitation services and adopt good hygiene practices in development and</td>
<td>Outcome 3</td>
<td>Percentage of the population using basic drinking water services B: 47% T: 52%</td>
<td>MICS WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)</td>
<td>Climate-resilient basic drinking water supply and sanitation infrastructure is available in vulnerable communities. Service providers and civil society organizations have increased capacity to facilitate good hygiene</td>
<td>Ministry of Water and Sanitation Ministry of Education Ministry of Health WHO World Bank</td>
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<td></td>
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<td>Percentage of the population practising open defecation</td>
<td>JMP Progress on Household Drinking Water,</td>
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Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) 

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<tr>
<td>Outcome 3</td>
<td></td>
<td>B: 68% T: 37.8%</td>
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<td></td>
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<td>Proportion of out-of-school children and adolescents aged 13–16 years B: 57% T: 47%</td>
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<td></td>
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<td>Completion rate of primary education and secondary education B: primary 60.9% (girls: 56.7%); secondary 18.5% (girls: 14.4%) T: primary 64% (girls: 58%); secondary 25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of students at the end of primary education who reach the minimum threshold in reading and mathematics B: 30% (in reading) and 22.5% (in mathematics)</td>
</tr>
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</table>
| Outcome 3        | 5. By 2027, girls and boys, as well as adolescents, especially the most vulnerable and those affected by humanitarian crises, are protected from violence, exploitation and child marriage in development and humanitarian contexts. | Percentage of women aged 20–24 years married before the age of 18 years  
B: 76%  
T: 70%  
Percentage of children under 1 year of age whose births have been registered  
B: 64%  
T: 89%  | MICS  | National child protection systems providing services at the central, regional and local levels have strengthened their capacities to plan, coordinate and implement the existing legal framework and plans, policies and programmes.  
Child protection services and stakeholders at the national, regional and local levels have strengthened their capacity to record vital events and to prevent, detect, report, refer, monitor, respond to and document cases of child abuse, exploitation and marriage.  
Communities and their leaders, adolescents, civil society and the media in the regions of Diffa, Maradi, Tahoua, Tillabéry and Zinder have increased capacity | Ministry for the Empowerment of Women and the Family  
UNFPA  
Office of the United Nations High Commissioner for Refugees  
International Organization for Migration  
European Union | 11 800  
34 288  
46 088 |
### UNSDCF outcomes

#### Outcome 3

6. By 2027, children and adolescents benefit from social policies and social protection measures that promote their socioeconomic inclusion in development and humanitarian contexts.

<table>
<thead>
<tr>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of the national budget implemented for social sectors</td>
<td>Ministry of Finance reports</td>
<td>The Government, local authorities, civil society organizations and young people have increased capacity to mobilize public resources and innovative financing, and to efficiently implement and account for budgets allocated to social sectors. Planning and decentralization authorities at the national and subnational levels have the capacity and data to develop and implement policies and programmes to reduce child poverty and vulnerability in a participatory manner. National and subnational institutional social protection stakeholders have increased capacity to develop and implement social</td>
<td>Ministry of Finance, Ministry of Planning, Ministry of Spatial Planning and Community Development, Ministry of Employment, Labour and Social Protection, National Institute of Statistics, United Nations Development Programme, International Labour Organization, WHO</td>
</tr>
<tr>
<td>Proportion of children living in multidimensional poverty</td>
<td>Ministry of Planning and reports from the National Institute of Statistics</td>
<td>Ministry of Employment, Labour and Social Protection and Ministry of Planning reports</td>
<td></td>
</tr>
</tbody>
</table>

*Proportion of children covered by social nets is 6.5% (2017) and 15%.

<table>
<thead>
<tr>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
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<td>-----------------------------------------------</td>
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<td>6 000</td>
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<tr>
<td>UNSDCF outcomes</td>
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<tr>
<td>Outcome 3</td>
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</tbody>
</table>

| Total resources |                                                                 |                                                                 |                                                                 |                                                                 |                                                                 | 113 845 258 930 372 515 |

*Outcome indicator aligned with the UNSDCF indicator.*