

## Niger

### Update on the context and situation of children

Despite economic progress in recent years, the development of Niger, which ranked last on the 2020 Human Development Index, remains constrained. National poverty remains structurally high at 42%, while the number of poor people increased to 9 million people (95% in rural areas) (ECVMA 2018-2019). Extreme poverty (US\$1.90 per day) decreased slightly to 41.4% in 2019 (World Bank Niger Spring Update, 2020). Despite significant achievements for system level change towards the Sustainable Development Goals (SDGs), progress remains insufficient to meet targets by 2030 (Second National Voluntary Review report 2020). 2020 economic growth is expected to slow down to 1.2% against 5.9% in 2019 (IMF), while budget deficit increased to 5.8%, further limiting the country's fiscal space. In response to multidimensional crises, the Government chose to prioritize spending on health a 71% increase compared to 2019, reaching 10% of the total budget, education, a 17% increase compared to 2019, and flagship social protection measures.

Niger experienced two waves of the COVID-19 pandemic, with the Niamey region recording 73% of the country's recorded cases and 52% of deaths. The Government developed a National Response Plan to address the COVID-19 pandemic. The first wave (March to July) recorded a higher lethality, while the continuous strengthening of screening services allowed for a five-fold increase in the number of people tested for the second wave (September onwards). With 3,327 recorded positive COVID-19 cases (29% women, 8% children) and a total of 104 deaths (case fatality 3.12%), Niger reported among the lowest number of recorded deaths from COVID-19 in Sub-Saharan Africa, however health workers were disproportionally affected by the epidemic (18% of total cases) and the specific case fatality ratios were among the highest, exposing relative weaknesses in the health system (Africa CDC Dec 2020; WHO Afro Situation Report). COVID-19 restriction measures resulted in disrupted livelihoods and lower remittances, affecting approximately 5.6 million people during the lean season (Early Warning System April 2021 SAP estimates). Seasonal migration patterns were also disrupted, affecting the most vulnerable groups who were unable to migrate and resorted to negative coping strategies for their livelihood (REACH 2021).

While parliamentary, municipal and the first round of presidential elections peacefully unfolded in 2020, the country continued to be affected by the deepening crisis in the Central Sahel region, characterized by worsening cross-border security, escalating governance tensions and population displacements. Security threats and complex emergencies affected an increasing number of communities in Niger hindered the provision of vital services for vulnerable children, particularly in border regions of Tillabéri, Tahoua and Diffa.

In 2020, 3.7 million people (2 million children) were estimated to need humanitarian assistance, an increase by 800,000 from previous estimates (2020 Humanitarian Response Plan, July revision), with many of them in hard-to-reach areas with limited humanitarian access. The growing number of internally displaced persons, refugees and migrants (298,458 IDPs, 229,905 refugees) increased the vulnerability of host communities, with Tillabéri and Tahoua being the most affected regions (UNHCR Map of Population of Concern, December 2020). Exceptionally heavy flooding, affecting over 633,000 people (compared to 259,000 in 2019), highlighted the country's vulnerability to climate-related threats.

Despite challenges posed by the COVID-19 epidemic, Niger managed to overall maintain previously observed coverage of essential services in most sectors. Vaccination coverage was maintained at 97% in 2020, however, decreased coverage for some sparsely populated districts contributed to a national decrease in health districts with a minimum of 80% immunization coverage (from 97% in 2019 to 82%

in 2020). Infant mortality rate continues to decline, but the reduction in neonatal mortality remains slow (UN Maternal Mortality Estimation Inter-agency Group 2020). Antenatal consultation rates decreased slightly from 38% in 2019 to 35% in 2020, however assisted deliveries increased from 34% to 40%. The prevalence of HIV in pregnant women remained generally low in Niger (0.9%), with mother-to-child transmission estimated at 14.4%. Niger eliminated maternal and neonatal tetanus and maintained wild poliovirus free status, while an outbreak of nine vaccine-derived poliovirus cases was effectively managed.

Niger has one of the highest rates of stunting in the Sahel region, affecting 45.1% of children. High rates of global acute malnutrition were exacerbated by COVID-19 and increased to 12.7%, compared to 10.7% in 2019. The prevalence of severe acute malnutrition (SAM) was estimated at 2.6%, surpassing the WHO emergency threshold of 2%, and was particularly severe in Diffa, Agadez, Zinder and Tahoua with a SAM prevalence near or above 3%. Micronutrient deficiencies remained widespread and Infant and young child feeding (IYCF) practices remain non-optimal, with only 21.1% of infants exclusively breastfed and 13.8% of young children having access to dietary diversity.

Access to safe drinking water and basic sanitation remained low as progress continues to be offset by population growth and hindered by hydrogeological constraints, climate change and weak operational and maintenance mechanisms. According to the UNICEF/WHO Joint Monitoring Programme (JMP 2019), 65.2% of the population have improved water sources. The open defecation estimated at 68% (JMP 2019) remained unchanged.

The closure of 20,000 schools due to COVID-19 restriction measures affected 3.8 million children, in addition to the 2.5 million children already out-of-school. Security threats to schools were also prominent in Diffa, Tahoua and Tillabéri, impacting 304 schools and 24,944 students (11,934 girls). These unprecedented challenges highlighted the lack of quality data and the importance of resilience to external shocks, leading to the development of the National Strategy of Reducing the Vulnerability of the Niger Education System which includes the promotion of distance learning and improved data management.

Civil registration services continued to operate effectively in 2020, leading to the birth registration of 396,892 additional children (49.32% of births compared to 47% in 2019). Children without appropriate care, however, including children on the move, were particularly vulnerable. By the end of 2020, 665,918 children were in need of protection (53% girls) (Humanitarian Needs Overview 2021), a 27% increase due to population movements. Due to overlapping crises, children's vulnerability to abduction, forced marriage, sexual exploitation and being recruited into armed groups continued to be very high.

## Major contributions and drivers of results

As the COVID-19 pandemic exacerbated chronic vulnerabilities and the impact of multiple and overlapping crisis on the lives of women and children, UNICEF strived to quickly mobilize support for the national COVID-19 response and other emergencies, while not losing focus on modelling, promoting and upscaling high-impact strategies to accelerate results for children in a sustainable manner. Given COVID-19 and the electoral period, less focus was placed on strategy and policy development, and more on resilience of service delivery systems and capacities. UNICEF invested in designing and implementing a multi-year, cross-sectoral resilience approach piloted in nine municipalities, and cross-sectoral approaches in support of key results for children. Within the COVID-19 national response plan, UNICEF provided technical and financial support to the

government to ensure the continuity of access to social services as education, child protection, nutrition and to scale-up the national safety net programme to mitigate the social and economic impacts of the COVID-19 crisis on the most vulnerable population, with a special focus on children and women needs. UNICEF responded to the multisectoral humanitarian needs of 618,140 people (491,595 children), 82% of the overall HAC target. For UNICEF Niger's COVID-19 response, risk, communication and community engagement (RRCE), WASH, Health and Nutrition sectors achieved or surpass 100% of their targets while due of funding gaps, Education and Child Protection reached about 60% of their targets.

In the area of maternal and child health, UNICEF's support to the Ministry of Health led to an investment case for Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) for mobilizing additional resources through the Global Financing Facility over the next 10 years. UNICEF provided substantial input on the definition of health package and operational approaches as part of Niger's Universal Health Coverage strategy.

UNICEF worked to accelerate progress towards the **key result for children on immunization and SDG 3.2**. UNICEF's supported the Ministry of Health to improve supply and demand for immunization services, contributing to maintaining the national pentavalent-3 vaccine coverage at 97%. Long-term investments in cold chain management contributed to an increase in the Effective Vaccine Management score from 66% in 2014 to 83% in 2020, while focus on improving access to immunization for hard-to-reach children led to a reduction of the pentavalent drop-out rate from 7% in 2019 to 5.8%. High-level advocacy to secure funding for vaccine procurement resulted in a 24% increase in budget allocation to vaccines. As part of the "Last Mile" strategy to improve distribution and availability of essential medicines at end-user level, supply monitoring and support resulted in no DTP or polio stock outs nationally, however three districts had a short stock-out of inactivated polio and tetanus vaccines.

To address causes of neonatal death, UNICEF supported the implementation of the Possible Severe Bacterial Infections treatment approach scaling up the approach in two additional districts, achieving a cure rate of 94% in the targeted districts. UNICEF supported community health approaches to ensure effective case-management of child killer diseases in 42 targeted health districts, resulting in 95% of villages covered by community health workers. Innovative community approached increased knowledge of pregnant women on their HIV status to 92% (compared to 72% at national level).

UNICEF was one of the first responders to the COVID-19 outbreak, assisting the Ministry of Health in each of the technical groups for COVID-19, of which UNICEF co-led Communication, Infection Prevention and Control (IPC)/WASH, and Logistics. UNICEF worked closely with the Ministry of Health to swiftly develop the National Response Plan to address the COVID-19 pandemic, as well as national and regional coordination. Services offered by community health providers helped to maintain access to health services but also to promote measures of prevention and community control of the COVID-19 pandemic. Integrated community case management of childhood illnesses was implemented in emergency in six health districts registering population displacements (Diffa and Tillabéri), leading to the resuscitation of 668 newborns, 13,990 under five children treated through mobile clinics and 9,456 children treated by community health workers.

In the area of Nutrition, UNICEF actions supported the shift towards addressing prevention in addition to treatment of acute malnutrition. UNICEF provided technical and financial support to the government of Niger for the evaluation of the 2017-2020 action plan of the National Nutrition Security Policy, paving the way for the development of the 2021-2025 action plan. UNICEF also supported nutrition coordination through its support to the Nutrition Technical Group (NTG) and the revitalization of the UN SUN Network.

UNICEF continued to work towards accelerating the **key result for children on stunting and SDG**

**2.2**, envisioning that girls and boys under the age of 5 receive high impact nutrition services to prevent stunting. In 2020, UNICEF supported the Government to implement its national agenda on stunting reduction through multisectoral partnerships, high-level advocacy, resource mobilization and implementation of high-impact nutrition interventions during the first 1,000 days and throughout the lifecycle.

UNICEF supported the promotion of improved IYCF practices at community and health facility levels, and continued to scale up home fortification with micronutrient powders as part of an integrated IYCF strategy for improving the quality of children's diets. The number of health districts implementing home fortification with UNICEF support rose from 14 in 2019 to 20 in 2020, reaching 109,435 children aged 6-23 months.

UNICEF provided life-saving vitamin A supplementation (VAS), reaching 5,431,678 children 6-59 months with a vitamin A dose (89.6% coverage). In the context of COVID-19, UNICEF addressed gaps in VAS coverage by providing support to the Ministry of Health in delivering VAS through routine immunization services and other post-natal platforms, reaching 835,222 children aged 6-23 months.

UNICEF continued to support the Government in the scaling-up of severe wasting treatment, including by increasing UNICEF-supported centres providing severe wasting treatment services increased from 1,060 in 2019 to 1,162. In response to the Covid-19 pandemic, UNICEF worked closely with the Government of Niger and partners to ensure the continuity of essential nutrition services at health facility and community level, and implementation of adapted modalities for curative and preventative nutrition interventions.

In the area of WASH, UNICEF supported the Government's efforts for **safe water, sanitation and hygiene promotion, decentralization and ending open defecation** through an improved enabling environment, including sector planning and monitoring, coordination and governance and service delivery, in line with Niger's National Water Hygiene and Sanitation Programme (PROSEHA 2016-2030) and SDG 6. UNICEF's assistance to the Government and continuous advocacy resulted in the review of five regional ODF plans, and reinforced political will to scale up the ODF municipalities approach and accelerate ending open defecation through the national campaign for ODF regions by 2022.

UNICEF support the implementation of the municipality-wide WASH approach in 16 municipalities (160% of 2020 target), resulted in the certification of seven additional ODF municipalities reaching 826,742 people, and the triggering of six additional municipalities. Through UNICEF's cross-sectoral support, 49,535 pupils (21,300 girls) and 73 healthcare facilities benefited from water supply and/or separate latrines, surpassing annual key results targets. Menstrual hygiene and health activities were promoted in 300 additional schools, contributing to improved learning conditions. UNICEF also supported access to safe water for 62,247 people through the construction of climate resilient water supplies.

As WASH cluster lead, UNICEF coordinated assistance to populations affected by humanitarian crises. UNICEF's direct support enabled 166,514 to gain access to safe drinking water, including 38,747 people through the construction and rehabilitation of water supply systems 85,965 people to sanitation facilities and 321,986 people reached with hygiene promotion activities.

Leveraging the WASH/IPC response for COVID-19, UNICEF supported the Government on developing the IPC strategy, protocols and priority activities including training of health workers, improving access to WASH services, and awareness-raising in communities and case management

healthcare facilities and isolation centres, to reduce the risks of contamination and spread of the pandemic and to improve the conditions and environment of care delivery.

In the area of education, UNICEF supported the Government to generate evidence regarding social demand for education, allowing the start of an institutional dialogue about the vision of education in Niger considering the communities' perceptions, the requirements of sustainable development and need to strengthen social cohesion, as a contribution to the upcoming development of the education sector plan.

Following the Ministry for Primary Education's 2019 Declaration committing the country to raise pre-school enrolment to 20% by 2030 (SDG 4.2), UNICEF advocated for a more ambitious plan for the National Early Learning Strategy with diversified options for pre-school provision, especially for rural areas, rather than relying solely on the formal schooling system. UNICEF also supported development and implementation of the National Strategy for Accelerating the Education and Training of Girls and Women (SNAEFF).

**In its effort to accelerate KRC #4 on learning outcomes**, UNICEF interventions mobilized additional funding which allowed 360,833 children, including 183,597 girls, to enroll in school and receive individual learning materials (exceeding the planned 45,000). Given the high proportion of primary school students lacking basic literacy and numeracy skills, UNICEF contributed to a capacity building programme for School Management Committees to help children catch up on their foundational numeracy and literacy skills, using the Teaching at the Right Level (TARL) approach, which benefitted 2,351 children (including 1,284 girls). UNICEF also helped the Government to implement a national catch-up programme which included students' assessments in both subjects. UNICEF partnered with Handicap International to support the inclusion of 5,158 children with disabilities in the education system.

As part of the COVID-19 response, UNICEF leveraged significant resources and developed operational guidelines to support the safe reopening of schools across Niger, 3,042 schools of which (15%) directly supported by UNICEF hosting 454,869 students. Collaboration with WASH, Health and Communication for Development sectors supported the safe reopening of schools. 4,000 adolescent girls were equipped for menstrual hygiene management. As Education cluster co-lead, UNICEF supported the continuity of learning for 56,382 students (including 27,494 girls) affected by humanitarian situations.

In the area of child protection, UNICEF's advocacy led to the inclusion of children on the move in the National Policy on Migration (2020-2035), the SOPs for case management of vulnerable children, and the inclusion of alternatives to detention in the upcoming child protection policy.

UNICEF contributed to the **key result and SDG 5.3 on ending child marriage** through the implementation of the second phase of the Global Programme to End Child Marriage, the Spotlight initiative and the resilience programme, supporting 43,885 adolescent girls with prevention and care interventions to address child marriage, including scaling-up of the community-based child protection approach.

UNICEF continued to support child protection services and provided care to 27,321 children (including 10,335 girls) at risk and/or victims of abuse, violence and exploitation (167% of 2020 target), and continued its support to One Stop Social Welfare Shops to ensure emergency and temporary care for children on the move. The community mechanism played an important role in the prevention and management of cases, including in emergency situations, and was strengthened with the creation of 528 child protection committees.

UNICEF's humanitarian response supported 31,601 children (16,383 girls) with psychosocial support

in child friendly spaces and through the family approach due to COVID-19. UNICEF provided technical support and guidance to the Regional Directorates for child protection and the local NGOs to respond to the COVID-19 pandemic, including protection response for 10,252 talibés children living in the streets and children on the move in the regions.

As the COVID-19 crisis brought to the fore structural inadequacies in the social protection system. UNICEF partnered with the World Bank and WFP to support the development of a national COVID-19 emergency cash transfer programme designed to reach 432,000 vulnerable households through the national safety net programme, resulting in a ten-fold increase in scale compared to Niger's regular cash transfer programme, and an enhancement of nutrition and child protection sensitivity of the system.

Fostering the role of adolescents and youth as actors of change, UNICEF supported regional authorities in four regions, as well as 17 municipal authorities to open spaces for youth inclusion in policymaking at different levels, by convening about 300 people including 228 youth (118 girls), government authorities, religious and traditional leaders, civil society organizations and local media to agree on a mutual accountability framework based on shared responsibilities with specific targets to be monitored during 2021. In parallel, 4,106 adolescents and youth were empowered through direct or peer training in key thematic areas that enabled them to actively take part in their communities' development, peacebuilding and emergency response. A mapping of youth formal and informal associations was conducted in nine municipalities in the regions of Maradi, Zinder, Tahoua and Diffa, including a capacity assessment exercise which will lead to a comprehensive capacity development programme for youth associations and civic groups to boost social activism. These actions paved the way for inter-generational dialogue in these communities. 78 multi-actors inter-generational dialogues were held, 21 public audiences were held reaching over 5,000 people, along with community radio shows exposing over 3,000,000 people to message of peace and youth leadership.

Young people became agents of change also in COVID-19 response. Youth NGOs led a door-to-door campaign on COVID-19 with 2,000 youth (35% girls) volunteers and 40 local leaders. Banners with information on preventives measures were used in over 500,000 households reaching directly 2,812,666 people (26% women and 34% children - 77% out of school). The UNICEF-supported youth engagement platform (*Muryar Matassa*) was also an effective tool to build capacity for young reporters and give appropriate and truthful information to young people.

UNICEF also worked to enhance operational effectiveness, as well as quality of programming and capacity-building in emergencies, planning monitoring and evaluation and communication for development.

In emergency response, UNICEF, responsible the Rapid Response Mechanism (RRM) supply chain, provided stocks to meet the vital needs of the affected populations through procurement of 13,837 NFI kits, 4,100 shelter kits, 410 construction kits and 1,834 baby NFI kits. Based on the successful implementation of RapidPro, including for assessing the impact of the COVID-19 pandemic, five additional regions were included for the education component. UNICEF worked closely with the Government for flood response and preparedness through capacity building and funding multi-sector emergency response capacities.

UNICEF used innovative strategies to address social and behavior change. To respond to Covid-19, a chatbot Whastapp was launched, which helped the country to collect feedback, questions and concerns. All collected information was sent to the MoH and respective Covid-19 coordination mechanism for analysis and response, which informed many further Covid-19 related interventions. Efficient management in procurement and ICT services was pivotal in supporting programming interventions, as well as country office preparedness and resilience, in the context of the COVID-19 pandemic.

UNICEF also invested in strengthening the capacity of staff members to drive results for children, by promoting capacity building particularly on management skills, on finance systems and procedures, on zero tolerance policies on sexual exploitation and abuse (SEA) and fraud, as well as on the business for

results approach, including the development of a private sector engagement strategy which will be implemented in 2021.

## UN Collaboration and Other Partnerships

UN partnerships were crucial to achieve results for children in 2020. UNICEF's partnership with WFP was enhanced with a growing number of regions and municipalities covered through joint cross-sectoral actions on wasting prevention and treatment, resilience, and school health and nutrition, including a joint programme on adaptive social protection in the context of COVID-19. UNICEF continued to work with the UNFPA and UNWOMEN in the fight to violence against women and girls, through the Global Programme to End Child Marriage, and with UNDP, UNWOMEN and UNFPA on the Spotlight Initiative to End Violence against Women. The GenU Youth Challenge in partnership with UNDP reached over 7,000 young people, laying the foundations for a joint approach to youth and innovation. UNICEF and the International Organization for Migration (IOM) collaborated to establish the national SOPs on case management of vulnerable children including children on the move.

UNICEF leveraged partnerships for children also through coordination of UN development activities by leading the UNDAF M&E group and the UNDAF result group on education and protection, and by contributing to coordination of humanitarian activities, leading the Education and WASH Clusters, Nutrition Technical Group and the Child Protection Area of Responsibility. By taking the lead to revitalize the UN SUN Network with WHO as co-lead, FAO and WFP, UNICEF contributed to strengthening the humanitarian-development nexus for nutrition, with a focus on prevention, in collaboration with the Global Nutrition Cluster (GTN).

Partnerships with the World Bank were critical to promote at-scale results for children, including for the scaling up of funding for child protection committees, for the foundational numeracy and literacy initiative (FLN), and for coordination of implementation of the Plan for Community Health. By facilitating a UNICEF, GAVI and World Bank platform on vaccine financing, UNICEF helped ensure the uninterrupted availability of vaccines. UNICEF also worked with the World Bank to support the Ministry of Finance with tools for budget transparency and analysis for social sectors ministries, and the National Statistical System.

UNICEF supported sector-based approaches through participation in the Education, Health and WASH sector basket funds. UNICEF's evidence-based advocacy for the municipality-wide WASH approach resulted in Government's adoption of the ODF municipality approach and the release of resources from the sector basket fund to scale up the approach in three regions in 2021.

UNICEF emphasized the establishment of partnerships with local organizations, traditional leaders and communities, including during periods of movement restrictions due to COVID-19 and other access constraints, and with youth organizations and groups, involving more than 200 youth associations and youth groups in programme activities.

Critical to achievement of results was the flexibility of donor governments to allow reprogramming of funds, as well as donor contributions to UNICEF's Regular Resources and Thematic Funds. These flexible funds enabled UNICEF to address the most pressing needs children and women faced, as well as to adapt interventions to ensure continuous delivery of services. Private sector contributions through National Committees helped respond to critical needs in emergency contexts for COVID-19 and underfunded programme areas.



## Lessons Learned and Innovations

The COVID-19 pandemic exacerbated vulnerabilities and highlighted gaps in national systems, thus confirming the relevance of the ongoing transition to a systems-strengthening approach for the Niger-UNICEF programme. The pandemic also presented opportunities for innovation, as well as strengthening of existing approaches to include response measures.

Programme adaptation and anchoring policy response and implementation in local government and community systems was key to ensuring continuity of essential services delivery.

The COVID-19 pandemic demonstrated the fragility of Niger's health system. With health services expected to increase the capacity of their laboratories, the GeneXpert coverage plan, designed with technical support from UNICEF for TB and HIV diagnosis, helped solve the COVID-19 diagnostic problem by decentralizing testing, making the health care system more resilient. Delays in vaccine procurement was another major challenge, and UNICEF's support to strengthening the logistic information and management system proved instrumental to improving immunization supply chain capacity and ultimately increasing routine immunization coverage. For nutrition interventions, the pandemic offered the opportunity to innovate by adopting selected features of the simplified protocols for management of severe wasting; by strengthening routine VAS through immunization platforms; and by enhancing cross-sectoral programming with the WASH sector. COVID-19 fostered a greater awareness regarding innovation in Education, hence UNICEF initiated a dialogue with the Government around Giga support in Niger to scale up school connectivity. At the same time, UNICEF started policy dialogue regarding distance learning as an opportunity for out-of-school youth to gain marketable skills.

Access was a major obstacle for development and humanitarian programming in 2020 due to **movement restrictions** resulting from COVID-19 mitigation measures, as well as the movement restrictions imposed by national authorities due to deteriorating security situation. The prohibition of gatherings and severe restrictions on field missions resulted in a new way of working based on ICT, but also an enhancement of partnership arrangements with implementing partners and third-party monitoring. UNICEF worked closely with the Humanitarian Country Team to formulate the humanitarian access strategy, but given the extremely challenging context this will remain a priority for 2021. To maintain strong donor relations, UNICEF pioneered "virtual field visits" as a new advocacy tool. UNICEF also innovated in its **engagement with youth and communities** as exemplified by the global "Coping with COVID-19" initiative, whereby adolescent girls were provided a virtual platform to express their points of view on matters that affect their future.

The implementation of innovative **cross-sectoral approaches** was key to achieving results in 2020 and building resilience, including for COVID-19 response.

Innovation was spearheaded around a participatory design approach, convening key stakeholders around common agendas using inclusive and participatory mechanisms to empower youth and women to action, facilitating mutual accountability and shared responsibility frameworks around local development goals. This was exemplified through the participatory research on the social demand for education, and during the design workshop on participatory local governance and social accountability with pilot municipalities. At community level, UNICEF supported the creation of over 12,000 community surveillance committees for social behavior change, community surveillance of COVID-19 alerts and infection prevention, linking with local and regional health authorities. Building on this experience, a sustainable Community Engagement Model was developed and will be implemented starting in 2021 at the heart of resilience-building efforts, to ensure the link between municipal authorities, communities and the populations.

Important lessons learned were documented beyond COVID-19 adaptations and innovations, particularly in the domain of wasting, data quality, and child protection. The evaluation of the community-based management of acute malnutrition (CMAM) programme in Niger confirmed the



possibility to scale up services for **wasting** treatment through the national health system while maintaining quality services. Despite nearly 100% of health facilities offering CMAM services, case coverage remained low (<50%), highlighting the need for further decentralize the CMAM programme and continued advocacy on prevention. Existing weaknesses in **data quality**, including monitoring and coordination mechanisms, were apparent in the significant shortfalls of socioeconomic data to monitor progress towards national goals, as well as the lack of timely and reliable humanitarian data. RapidPro was highlighted, as also indicated by the evaluation of the Diffa pilot, as an invaluable tool for UNICEF and the Government to support data gathering for humanitarian assistance to children in hard-to-reach areas, specifically during COVID-19 and rising insecurity.

In child protection, encouraging results of the pilot project on collaboration between justice, protection and education actors to support children in contact with the law demonstrated a need for synergy and opened the discussion for a comprehensive national child protection policy. In addition, involving communities in the care of these children brought them closer to the judicial world and improved understanding and acceptance for access to justice for children.

Based on the progress and lessons learned in 2020, in the final year of the Niger-UNICEF country programme (2019-2021), UNICEF will focus its attention on holistic, resilience-focused humanitarian and development programming integrating COVID-19 response, including the effort to make COVID-19 immunization a reality in Niger. This includes promoting the accountability and performance of basic social services through support to decentralization; enhancing participation and ownership through holistic community-based approaches; and promoting adolescents and young people as actors of change for the development of Niger. UNICEF will further strengthen its approach to resilience by improving evidence building on cross-sectoral approaches, integrating a risk-based approach, and will consolidate investment in the scaling up of the social safety net started in the COVID-19 context. Enhanced partnerships with IFIs for upstream advocacy on priority spending in social sectors, including a strong focus on wasting prevention, will be prioritized. UNICEF will continue to accelerate implementation of innovative approaches for multisectoral approaches to enhance quality of education, connectivity and skills training, as well as specific multi-sectoral and evidence-based approaches for out-of-school adolescent girls. Implementation of the private sector engagement strategy developed in 2020 will be key to broaden the pool of partners, advocate for child rights, gain allies and access innovations.