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for every child

Covid-19 Diaries

SPECIAL EDITION

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A YEAR OF PANDEMIC

No One is Safe

Until Everyone Is Safe



unicef 
for every child

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UNICEF IN ACTION

COVID-19 continues to spread, claiming lives and threatening livelihoods around the world. While fewer children are dying or falling sick, COVID-19 is without doubt a child rights crisis – with the knock-on effects of the pandemic threatening progress for an entire generation.

Throughout the crisis, UNICEF in Niger has been working with partners to reach children and their families with vital health; nutrition; education; water, sanitation and hygiene (WASH); gender-based violence and social protection services.



Reception of the 355,000 doses of COVID-19 vaccines at the Niamey International Airport on 14 April 2021
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MORE THAN 355,000 DOSES OF COVID-19 VACCINES SHIPPED BY COVAX ARRIVE IN NIGER

More than 355,000 doses of COVID-19 vaccines shipped by COVAX arrived in Niamey, Niger on 14th April 2021. This batch is part of a first wave that will continue in the coming weeks. A total of 1,596,000 doses are expected to arrive in the country through this mechanism.

The vaccine doses were received at Niamey international airport by the Minister of Public Health, Population and Social Affairs, Dr Illiassou Idi Mainassara, accompanied by members of the COVAX Facility – GAVI, CEPI, WHO and UNICEF – in addition to the United Nations Resident Coordinator in Niger and the ambassadors of the European Union and its member states, the Ambassador of the United States, the Ambassador of the United Kingdom, the Representative of the World Bank - whose funding enabled manufacturing, transport and distribution of the vaccine or support the implementation of the vaccination campaign in Niger.

«The Government of Niger has placed the vaccines to the top of its priorities to protect its population, in a global context where the pandemic continues to wreak havoc. These first doses of vaccines will primarily target the frontline workers such as health workers, teachers and those at greatest risk

of contracting the disease,» said Dr Illiassou Idi Mainassara, Minister of Public Health, Population and Social Affairs.

With the support of its partners, including GAVI, WHO, the World Bank, USAID and UNICEF, the Ministry of Health will support the health personnel and social mobilizers to carry out the campaign in the country.

«While vaccines are important, respecting barrier gestures - including handwashing, wearing masks and physical distancing - remains the best way to stem the spread of the pandemic,» recalled Dr Illiassou Idi Mainassara.

COVAX is co-led by the Gavi Alliance, the Coalition for Innovations in Epidemic Preparedness (CEPI) and WHO. It aims to provide at least 2 billion doses of vaccines that have received the WHO Emergency Use Authorization (EUL) by the end of 2021.



While vaccines are important, respecting barrier gestures - including handwashing, wearing masks and physical distancing - remains the best way to stem the spread of the pandemic





HE M. Eric P. Whitaker, US Ambassador to Niger: «The US government has injected \$ 2 billion into this global effort and plans to add \$ 2 billion more. Supporting Niger's efforts in the fight against COVID -19 through the COVAX facility is a testament to our long-standing public health cooperation and partnership with Niger, which we have built over more than 60 years. Beating the pandemic is a global challenge, and the United States are working both internally and abroad to stop the spread of the disease.»



HE Dr. Denisa-Elena IONETE, Ambassador of the European Union in Niger: «The arrival of these first doses of vaccines through the COVAX mechanism, testifies to international solidarity in the fight against the COVID-19 pandemic. If the vaccine is available today, it is because the partners mobilized to support the research and development of the vaccine from the start of the pandemic, a year ago, and now are funding the provision of 3 billion doses vaccine for 20% of the population of 92 low- and middle-income countries, including Niger.

This global collaboration is supported by Team Europe, i.e. the European Union, its member states and the European Investment Bank together, which contribute to this initiative with more than 2.2 billion euros. In addition, Team Europe also contributes to global initiatives to strengthen health systems in these countries, notably through funding from the GAVI Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and also through the financing of projects and programs in the health sector.»

HE Ms Catherine Inglehearn, Ambassador of the United Kingdom: «No one is safe until we are all safe. Concerted international action is the only way to end the pandemic. This is why we are backing COVAX's commitment to the Anticipated Market (AMC) with funding of £ 548 million, so that as many people as possible can be protected from COVID-19, prioritizing most vulnerable populations, including those in hard-to-reach areas. We have supported the development of the AstraZeneca vaccine, medical treatments and tests, and their distribution in developing countries with additional funding of £ 829 million. We also help fund the GAVI Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are proud to see the positive impact of these programs in Niger.»



Ms. Louise Aubin, United Nations Resident Coordinator in Niger: 'Let us recognize that today we are living an historic moment, as we have taken an important step in the fight against Covid-19 in Niger. This is the place for me to express my sincere thanks to the Nigerien government for the efforts made to accelerate the reception of the first batches of COVAX vaccines to protect the most-at-risk populations.'



Ms Joelle Dehasse, Representative of the World Bank: «The arrival of this new batch of COVID-19 vaccines through the COVAX initiative is an excellent news for Niger. The deployment of these vaccines will ensure better protection for vulnerable groups, strengthen the country's resilience and revive economic activities more quickly. In this context, World Bank funding support will allow the government to distribute vaccines and strengthen immunization systems.»

UNICEF IN ACTION

UNICEF is leading efforts to procure and supply COVID-19 vaccines for 171 countries on behalf of the COVAX Facility in what is likely be the world's largest and fastest ever procurement and supply of vaccines.

In parallel, UNICEF is working to secure access to safe injection equipment and cold chain equipment, and to support country readiness efforts for roll-out of a COVID-19 vaccine, recognizing that securing access to vaccines alone won't be sufficient to protect those at highest risk of infection such as front line health workers, on whom UNICEF relies on to deliver life-saving health programmes.

As well as leading the procurement and supply of COVID-19 vaccine, UNICEF, together with WHO and other partners, is co-leading global efforts to ensure countries are ready to introduce and deploy the vaccine. This includes helping countries to strengthen their cold and supply chains, training health workers, and working with communities in addressing misinformation and building trust in vaccines and in the health systems that deliver lifesaving vaccines.



Aboubacar Sanda, Sultan of the region of Zinder and active member of the Association of Traditional Chiefs of Niger got his first dose of COVID-19 vaccine

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BUILDING TRUST IN COVID-19 VACCINE WITH TRADITIONAL LEADERS' SUPPORT

To increase the uptake of COVID-19 vaccine in the country, UNICEF is supporting traditional and community leaders to drive the campaign against vaccine hesitancy in the country.

The COVID-19 vaccination rollout commenced in some of the high-risk regions of Niger. To increase the uptake of COVID-19 vaccine in the country, UNICEF is supporting traditional and community leaders to drive the campaign against vaccine hesitancy in the country.

"We want to help dispel myths by being vaccinated first" says Aboubacar Sanda, Sultan of the region of Zinder and active member of the Association of Traditional Chiefs of Niger.

Beyond getting the vaccine, many have taken up the mantle of encouraging their communities to get vaccinated.

"We must work together with government to remove the myth and dispel the conspiracy theories around the vaccination. There is so much disinformation peddled by some individuals about this vaccine. We agreed to embark on awareness campaign to deal with this" explains Aboubacar.

"Leaders should lead by example in spreading the positive information about the COVID-19 vaccine. Religious and traditional actors are well-positioned to respond and communicate information and teachings to their communities in times of crisis" he says.

Traditional leaders like Aboubacar have administrative authority at the community level and work closely with religious leaders. These two groups are the most respected in both households and communities.

Since the start of the pandemic in Niger, they have played an essential role in sensitizing communities. They inspire other leaders to take action, spread the message, and help contain the pandemic. This is why UNICEF works with the Association of Traditional Chiefs of Niger (ACTN) to support communities in the fight against COVID 19 and its harmful effects.

"Our approach to structured engagements with traditional leaders has been focused on sharing information and raising awareness about the benefits of vaccination to protect communities about the spread of the deadly COVID-19 disease," explains Dorina Andreev-Jitaru, UNICEF Chief of Communication for Development and Social Change.

In Niger, traditional and religious actors have deep and trusted relationships with their communities and connections to disadvantaged and vulnerable members.

As such, they are particularly well placed to address inequity related to societal factors – such as social norms, behaviours and practices that affect access to services or fuel discrimination and deprivation – and thus facilitate efforts towards the realization of the rights of the most disenfranchised.

«Due to their moral influence, traditional leaders can influence thinking, foster dialogue and set priorities for their communities," says Dorina Andreev-Jitaru.



We must work together to remove the myth and dispel the conspiracy theories around the vaccination. There is so much disinformation peddled by some individuals about this vaccine.



UNICEF's "Stronger with breastmilk only" campaign got a boost last year when Safiath, a popular artist in Niger, produced a song to support its awareness raising efforts.

© Courtesy Photo - Safiath



SAFIATH HELPS SPREAD THE WORD THAT VACCINES ARE SAFE AND EFFECTIVE

UNICEF is very pleased to announce that world-renowned artists from Africa Angelique Kidjo, Calema, Cobhams Asuqo, Magic System and Safiath are joining us to promote confidence in COVID-19 vaccines.

A month after the start of the historic roll-out of COVID-19 vaccines in several West and Central African countries and other parts of the world – and record levels of vaccine misinformation – it is more important than ever to amplify the message that vaccines are safe and effective. Vaccines save lives.

"We have a critical window of opportunity to raise awareness of the importance of COVID-19 immunization efforts, to combat misinformation and address vaccine hesitancy," said UNICEF Regional Director for West and Central Africa, Marie-Pierre Poirier. "Rumours and misinformation literally cost lives by discouraging people to seek vaccination, the best tool available to avoid contracting and spreading deadly vaccine-preventable diseases, including COVID-19. I applaud the commitment of national governments, and of these talented artists and influential community members, who are calling for everyone to support COVID-19 immunization efforts."

"I am here to tell you that vaccines save lives. As a child, I was vaccinated and I will get immunized against COVID-19 when the vaccine becomes available to me," said Benin-born singer and UNICEF Goodwill Ambassador, Angelique Kidjo in a video to be released and promoted on social media today. In May last year, Angelique Kidjo re-recorded Miriam Makeba's 1967 hit song 'Pata Pata', to spread information about COVID-19, and reached hundreds of millions of people, including in remote communities around the world. Kidjo's version was heard on more than 100 radio stations across Africa, as well as in the USA and Europe.

"Vaccines are among the greatest advances of modern medicine. Since the late 18th century, they have reduced the scourge of diseases such as polio, measles and smallpox, saving millions of lives. Yet today a few people want to convince you that they are dangerous. I'm here to tell you that vaccines save lives. As a child, I was vaccinated and I will get immunized against COVID-19 when the vaccine

becomes available to me. And, alongside with UNICEF, I want equitable access to vaccines in Africa Because the only way out of this pandemic for any of us, is to ensure vaccinations are available for all of us," said singer Safiath. UNICEF's "Stronger with breastmilk only" campaign got a boost last year when Safiath, a popular artist in Niger, produced a song to support its awareness raising efforts.

"As Nigerians and as Africans, we have gone through too much to let this virus hold us back and endanger our futures that we are fighting so hard to make better. We need to do whatever we can to safeguard our future," said Cobhams Asuquo, award-winning Nigerian musician and producer. "Vaccines have been saving the lives of Nigerian and children for many years – and we have to make sure they continue to. Thanks to vaccines, I know that my children will not have to suffer from polio, measles or smallpox. Thanks to vaccines, I know that I will not end up in the hospital with COVID-19 – leaving my family on their own. That is because vaccines work. They save lives." In 2020, UNICEF Nigeria Ambassador Cobhams Asuqo produced the song "We Go Win (COVID)" to fight rumours and misinformation on Covid-19.

"We have two choices: either we stay idle and let the virus destroy what we built, or we stand up and use the vaccines as a weapon against Covid-19. Together, we are stronger," said Fradique Mendes Ferreira from the band Calema, who was appointed UNICEF Sao Tome e Principe Ambassador, together with his brother, António Mendes Ferreira.

«COVID-19 vaccines present a real opportunity for us to get back to normal. For the art world, which has been severely impacted by the crisis, the vaccine is giving us hope that we'll soon be able to reconnect with our fans. I encourage everyone, even those who are not yet sure about it, to get vaccinated in order to support health authorities' efforts to fight back against the pandemic» said A'salfo from music sensation band Magic System in Côte d'Ivoire.

COVID-19 HEALTH RESPONSE : WHAT HAS BEEN ACHIEVED SO FAR ?

The speed with which the COVID-19 pandemic has spread around the world and its severity have demonstrated the fragility of health systems. Niger was confronted with the low diagnostic capacity of its health services and the lack of infrastructure, equipment and human resources for effective case management of people with severe cases of COVID-19. This reaffirmed the importance of strengthening the health system in order to achieve universal health coverage.

In mid-March 2020, UNICEF provided intensive technical support to the Ministry of Health to rapidly develop its national response plan for COVID-19, which required the mobilization of all health actors. Coordinating the actors was a first challenge the Ministry of Health faced. UNICEF provided strong facilitation to structure and strengthen functionality of the national coordination of the response.

Six committees were put in place to provide operational strategies, the SOPs and operational plans for COVID-19 response in Niger; the six committees included Surveillance, Case Management and Care, Laboratory, Infection Prevention and Control, Risk Communication and Community Engagement, and Supply/Logistics. UNICEF's Health programme was integrated in all committees and was the team leader in three of the six committees, namely Infection Prevention and Control, Risk Communication and Community Engagement, and Supply/Logistics. UNICEF's expertise in Water, Sanitation and Hygiene (WASH) and Communication for Development (C4D) interventions was also represented in the six committees to provide technical assistance.

The COVID-19 pandemic highlighted the importance of investing in resilient health systems that can screen, diagnose, treat people and break chains of transmission. The World Bank and UNICEF worked closely with the Government and other partners to step up the response and contain the spread of the COVID-19 virus in the country. Through its logistics platform, UNICEF supported the delivery of critical emergency supplies to fill some of the gaps and needs of the health response to the COVID-19 pandemic through a US\$3 million tripartite agreement with the Nigerien Ministry of Health with funding provided by the World Bank.

In April 2020, UNICEF undertook a reprogramming of its annual plan, to ensure it would include support to the national response plan as well as to postpone or modify activities that were no longer possible or relevant in the context of the COVID-19 epidemic. Funding from the rescheduling of the annual plan enabled the following actions:

- Strengthened epidemiological surveillance and response to COVID-19 through training of 95% of frontline health workers and auxiliaries (1,913 people) on infection surveillance and prevention and control;
- The provision of GeneXpert devices that contributed to the decentralization of screening and the increase in coverage of screening services by 75% (from 4 to 19 sites), the training of all 115 samplers from 8 regions, the provision of 10,000 GeneXpert tests and swabs, and purchase of 2,200 COVID-19 tests for the polymerase chain reaction

(PCR) and 5,000 GeneXpert tests for COVID-19;

- The provision of 10 tents for the organization of the sorting system in 40% of the identified hospitals of the country (General Reference Hospital Niamey, National Hospital Amirou Boubacar Diallo Niamey, Regional Hospital Diffa);
- The management of 3,327 cases through the training of 150 frontline health workers across the 8 regions on surveillance and care;
- Equipping 50% of oxygen concentrator support centres (17), and the provision of 10 hospitals with 21,000 FFP2 masks for frontline workers;
- Establishment of mobile teams that enabled the home care of more than 90% of patients classified as mild COVID-19 cases;
- The setup of 12,435 Alert Committees at community level to monitor eventual cases and following contact's cases in liaison with the nearest health facility;
- Improved functioning of the different government commissions in charge of coordinating and adapting the response plan, through the purchase and provision of computers, projectors, printers and white board equipment.

During the response implementation, UNICEF was committed to fostering the continuity of all health services within a COVID-19 context. UNICEF advocated for continued funding, which led to the World Bank financing the procurement of routine vaccines, the Central Emergency Response Fund (CERF) and the German Federal Ministry of Economic Cooperation and Development (BMZ) financing contributed to continued access to essential health care and nutrition services for women, children and vulnerable communities, including COVID-19 case management, epidemiological surveillance and healthcare provision.

UNICEF supported regional directorates to establish coordination structures and facilitate the decentralization of response activities. Faced with movement restrictions, and to ensure better coordination with the operational level, UNICEF co-funded the installation of video conference rooms in the eight regions of the country. These facilities allowed for regular contact and exchange between the national coordination team and the regional teams.

CHWs performed an essential role in humanitarian crisis situations, particularly in the context of the response to the COVID-19 pandemic. The services offered in the communities by the community health care providers helped to maintain the usual access to health services but also to promote measures of prevention and community control of the epidemic. 10,020 community surveillance committees (including CHWs) were created, and these committees collected and followed up on feedback received from communities. They ensure awareness, provide people with the lifesaving information they need to protect themselves and others from the virus, and ensure communication between health authorities and communities. More than 15 million people were reached in communities.

REIMAGINING HEALTH FOR EVERY CHILD

The health of women and children in Niger continued to be confronted by important challenges of access and quality of care, which were further exacerbated by the outbreak of the COVID-19 pandemic. In March 2020, the first cases of COVID-19 were recorded in Niger which dramatically impacted the planned activities and achievement of results.

The annual plan 2020 underwent significant reprogramming to include UNICEF support to the national response plan to COVID-19 as well as to reschedule activities that became to be implemented in 2020. In addition, severe flooding and insecurity also impacted the well-being of 2 million children who were in need of humanitarian assistance.

Notwithstanding this challenging context, important support was provided to health system strengthening. Immunization coverage of children under one year of age remained at high levels with 97% coverage for pentavalent vaccine and 97% measles vaccine at national level. 82% of districts had at least 80% of children 0-11 months vaccinated with three doses of diphtheria, tetanus, pertussis (DTP)-containing/Penta vaccine. Niger interrupted wild poliovirus transmission, eliminated maternal and neonatal tetanus, and successfully responded to measles and vaccine derived polio virus circulation outbreaks.

These important results were achieved through a significantly improved vaccine management. An external study showed an effective vaccine management score of 83% compared to 66% in 2014. Supply at utilization point was also improved with no stock outs of DTP/Penta, Polio (OPV – oral polio vaccine and IPV – inactivated polio vaccine) and Tetanus Toxoid vaccines at district level. Immunization strategies to reach underserved children (remote areas, nomadic population, urban settings) were also operationalised.

At national level, UNICEF worked closely with the Ministry of Health and partners to develop the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) investment case for the Global Financing Facility (GFF) platform and is planned to be completed in 2021.

Community health development remained a major priority and support was provided to the extended network of community health workers in 42 (of 72) health districts. In addition, two districts participated in a pilot for mobile technology (m-Health), deployed to further improve the quality of services at community level and to capture important community data.

At operational level, support went to essential neonatal care (Potentially Severe Bacterial Infections - PSBI approach) that was extended from four to seven health districts in 2020, increasing the number of health centres that have integrated the PSBI approach from 179 in 2019 to 270 in 2020. In Maradi region, the pilot in six health districts on last mile distribution of essential drugs and commodities was continued.

Throughout the year, UNICEF provided significant support to the national COVID-19 response plan at national and



sub-national levels. Moreover, and also as part of its emergency response, UNICEF provided medical support to the populations affected by the record level flooding as well as to the many children hit by the malaria epidemic around September and October. UNICEF also responded to measles outbreaks in two health districts and to circulating vaccine-derived poliovirus type-2 outbreaks in four regions.

UNICEF continued to strengthen its partnerships to achieve progress towards its Health programme objectives: i) Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and World Bank were key partners for advancing community health development; ii) The GAVI alliance supported advocacy for greater national responsibility for vaccine procurement, cold chain equipment optimization and ensuring vaccine coverage; iii) World Bank, French Muskoka Funds and Bill and Melinda Gates Foundation provided key resources for scale-up of reproductive, maternal, newborn and child health; iv) overall health system support via the Health Basket Fund; and v) health system extension and construction of health centres with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA).

In 2021, UNICEF will accelerate the scale-up of access to quality neonatal care, as well as the PSBI and Last Mile approach to generate evidence. Innovative approaches to funding mechanisms for vaccine coverage and digital technologies for gathering health data will also be explored further. Finally, UNICEF will continue its support to the COVAX facility.



Soraya, an 11-year-old student in Grade 5, is excited to see her friends again after a long unexpected break.
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EDUCATION : HOW IT FEELS TO BE GOING BACK TO SCHOOL?

In Niger, the closure of about 20,000 schools for three months affected more than 3.5 million children, in addition to the 2.5 million children already out-of-school.

Being back to school is always full of emotions. Thousands of Nigerien children returned to school, many excited to be reunited with their classmates after months of break due to the new coronavirus.

“My school was closed because of the coronavirus a few months ago. I was too scared because it is a disease that has killed a lot of people,” says 11-year-old Soraya

Soraya, an 11-year-old student in Grade 5, is excited to see her friends again after a long unexpected break. On her first day, she was surprised to see that the rules in her school had changed. She had to maintain a one-meter distance between her friends and had to wash her hands and use hand sanitisers in front of her classroom. The new rules were not just for the students, but for staff and teachers as well.

“I am so happy to meet again my friends, my teacher and all my classmates.” She said.

In Niger, support from the Government

of Canada, The Global Partnership for Education and Education Cannot Wait, has been pivotal to ensure children’s safe return to school.

The majority of schoolchildren on their schools as a place where they can interact with their peers and seek support. The longer schools remain closed, the longer children are cut off from these critical elements of childhood.

UNICEF has been working alongside education authorities, national artists and communities to support the school reopening.

More than 18,000 handwashing kits, with soap, have been procured for 3,400 primary and lower secondary schools with UNICEF support.

UNICEF has supported the ministries of Primary and Secondary Education to develop COVID-19 guides for the teachers, which include guidance on how to integrate COVID-19 related topics into lesson plans.



In Niger, support from the Government of Canada, The Global Partnership for Education and Education Cannot Wait, has been pivotal to ensure children’s safe return to school.



In 2020, COVID-19 pandemic has deeply affected the education system in Niger and considerably slowed the implementation of the education programme. The closure of about 20,000 schools for three months affected more than 3.5 million children, in addition to the 2.5 million children already out-of-school. In this particular context, UNICEF focused its advocacy efforts and interventions to minimize the impact of COVID-19 on children's learning, and directly supported the safe reopening of 3,042 schools (15% of schools), hosting 454,869 students. UNICEF also restructured its commitment to building foundational literacy and numeracy skills, reinforce the data management system, and contextualize innovative solutions.

Niger continued to be confronted with a combination of acute and chronic humanitarian crises due to a host of structural causes, natural disasters, recurring epidemics and insecurity. Although facing numerous challenges, Niger continued to make significant progress at policies and systems level in key social sectors with potential impact towards achieving the Sustainable Development Goals (SDGs). However, persistent bottlenecks affecting the national statistical system's capacity to produce quality data continue to hinder monitoring child-related SDG indicators. Despite these structural challenges, the number of children enrolled in school continued to grow, with a primary gross enrollment rate of 73% in 2020 against 70% in 2019. While there is an urgent need for investments in quality education, there is also the pressing need of ensuring access to education for the 2.5 million children and adolescents who were already out of school prior to the COVID-19 pandemic.

At policy level, UNICEF continued chairing the Education Partners Group, in close cooperation with the European Union as co-chair. UNICEF's role was pivotal in ensuring the high-level dialogue, consensus and enhanced partnership framework and resource mobilization necessary to support the Government's renewed strategic vision for the education sector. UNICEF along with education sector partners played a strategic role in supporting the ministries of education in

developing of a new Education and Professional Training Transitional Sector Plan (PTSEF 2020-2022) an important development as it defines the necessary foundations for the country can effectively improve access to quality education. The signed education and training sector partnership framework remain the inclusive and effective policy dialogue platform between Government and all education partners.

UNICEF support, in partnership with the World Bank, also led to the development of the national strategy for pre-school, thus acknowledging the importance of pre-school education to quality learning outcomes. In addition, UNICEF supported the education sectors ministries in the implementation of the endorsed Girls' and Women's Education and Training National Strategy with multi-annual action plan.

UNICEF worked to strengthen statistical capacities in the education sector, including The Data Must Speak and Connect My School initiatives. The first is aimed to achieve increased equity in access to education and improved learning outcomes by making available and maximizing the usefulness of existing education data. The second is aimed to support children across five regions in learning tablet-based mathematics and French lessons, increasing their scores by almost 50% at the primary level.

UNICEF was able to raise the Government's awareness and the collaboration with the European Union around the need for a coherent and efficient Education Management Information System (EMIS) system, including through RapidPro and Data Must speak to allow an in-depth analysis of educational inequities and progresses, communication and advocacy skills particularly on politically sensitive subjects, high-level political advocacy, and very strong and coordination and mediation skills.



UNICEF focused its advocacy efforts and interventions to minimize the impact of COVID-19 on children's learning, and directly supported the safe reopening of 3,042 schools, hosting 454,869 students.

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M. Aboubacry Tall, UNICEF Representative a.i. and HE M Ouhoumoudou Mahamadou, Prime Minister of the Republic of Niger at the reception ceremony of the 355,000 doses of COVAX vaccines.
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COVID-19: A THREAT TO PROGRESS AGAINST CHILD MARRIAGE

The COVID-19 pandemic is profoundly affecting the everyday lives of girls: their physical and mental health, their education, and the economic circumstances of their families and communities. Changes like these increase the likelihood of child marriage, and over the next decade, up to 10 million more girls will be at risk of becoming child brides as a result of the pandemic worldwide. Questions and answers with Aboubacry Tall, UNICEF Representative a.i. on the situation in Niger.

Due to the pandemic, more children are at risk of child marriage. What's the situation in Niger?

Niger has the highest rate of child marriage in the world. Before the pandemic, already 3 in 4 girls are married before their 18th birthday. In some areas, the rates are even higher: in the region of Maradi, 89% of girls are married as children. In countries facing humanitarian crises like Niger, the COVID-19 pandemic has created significant additional pressure on an already overburdened health and social service delivery systems and exacerbating vulnerabilities in affected populations.

For more than two months, the Government has put in place a series of restrictions and social distancing measures including school and mosque closures, movement restrictions, curfew and nationwide state of emergency. During that times, the pandemic has profoundly affected the everyday lives of girls: their physical and mental health, their education, and the economic circumstances of their families and communities.

We are still assessing the impact of Covid-19 on children but we all now that changes like these put girls at higher risk of becoming child brides, according to empirical literature and theory on the drivers of child marriage.

What are the reasons for child marriage and why do parents decide to marry off their children at a young age?

Niger is home to 5 million child brides. Of these, 1.9 million married before age 15. Child marriage persists because of multiple factors including poverty, low levels of education and social norms to which families feel pressured to conform.

Poverty is a major driver of child marriage in Niger, bringing with it the hope of economic prosperity and an increase in social status for both girls and their parents. Upholding social and religious traditions, including the fear of dishonour from pregnancy outside of marriage is also a major driver, as the instability caused by civil unrest and natural disasters.

The link between education and the prevalence of child marriage is particularly evident in Niger: 81% of women aged 20-24 with no education and 63% with only primary education were married or in union at age 18, compared to only 17% of women with secondary education or higher.

Why is the number of children being married increasing due to the pandemic?

Restrictions have all led to a drop in economic activity, the loss of livelihoods, and household poverty. The resulting economic insecurity may limit the ability of parents to provide for their children. Worsening household income may cause some adolescents living in especially difficult circumstances to view child marriage as the best option available to them.

Child marriage can be a boon to a household's income in communities where a bride price is paid by the groom's family to the bride's family. Less time in school may also cause families to perceive lower returns to girls' education. We continue to assess the situation but we all now that changes like these put girls at higher risk of becoming child brides

What does early or forced marriage mean for children?

This harmful practice denies girls the opportunity to develop to their full potential, with far-reaching ripple effects. Girls who marry are not only robbed of their childhood. They are often socially isolated – cut off from family and friends – and discouraged or prohibited from attending school or finding a job. The pressure to become pregnant once married can be intense, even though girls' young bodies are not yet ready to give birth. Nor are girls usually equipped with the skills and maturity they need to become good mothers.

Early pregnancies put young mothers' lives at risk and threaten the survival and health of their babies. Complications from pregnancy and childbirth are one the leading cause of death among adolescent girls in Niger. Infants of adolescent mothers are also more likely to have low birth weight, which can have a long-term impact on the child's health and development. Pregnancy also undermines the adolescent girl's development because it stops her growth and negatively affects her nutritional status. Child marriage has detrimental effects not only on girls and their families. It erodes the well-being and prosperity of whole societies, for generations. Ending child marriage can preserve a girl's childhood, promote her right to an education, reduce her exposure to violence and abuse, and contribute to breaking cycles of poverty that are passed down from one generation to the next.

Why are girls more affected than boys?

Child marriage is the result of entrenched gender inequality, making girls disproportionately affected by the practice. While education and poverty can influence child marriage rates, deep-rooted gender norms play a larger part in the likelihood of girls being forced into early marriage as well as choices about their fertility and continued access to education. In Niger, parental choices are mainly driven by tradition, and gender norms confine girls to a position of obedience and submission to men. There is a clear division of roles between women and men within marriage. Men are the main providers, both in financial and sexual terms. A man has to serve his wife's financial and physical needs. Women have to take care of the children and household chores. Women have to obey their husbands in every aspect of life. Women are primarily valued for their role as procreators and household managers.

In Niger, education for girls is essentially seen as traditional and religious education. The responsibility for this education lies first and foremost in the hands of the family. A girl's education is mainly conceived of as traditional and religious teaching, to be administered within the home environment. Formal education is less seen as a priority in a girl's path towards becoming a socially respected woman.

What happens to the children after their marriage?

Young girls who are married are a uniquely vulnerable, though largely invisible group. They are often required to perform heavy amounts of domestic work, are under pressure to demonstrate their fertility, and are responsible for raising children while they are still children themselves. Married girls and child mothers have limited power to make decisions, are generally less able to earn income, and are vulnerable to multiple health risks, violence, abuse and exploitation. Due to the difference in age and maturity with their typically adult partners, child brides are not in a position to effectively discuss contraceptive use; therefore, they face a greater risk of sexually transmitted infections and unwanted and frequent pregnancies.

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What about violence and sexual exploitation – and how far is this an issue?

Child marriage is internationally recognised in law as a form of gender-based violence. Both are human rights violations. Child marriage puts girls and women at increased risk of sexual, physical, and psychological violence and related outcomes throughout their lives. The greater the age difference between girls and their husbands, the more likely they are to experience intimate partner violence. Men who marry very young girls may hold traditional masculine ideologies, and because of this be more likely to abuse their wives. Child brides are also often given away or sold by families that undervalue women. By the time they marry, young girls may have internalized harmful beliefs. They are more likely, for example, to believe that husbands can be justified in beating their wives. According to latest studies conducted in Niger, more than 6 in 10 women think that man has reasons to batter his own wife.

We're talking about a serious human rights violation. And yet, little seems to be done to address child marriage – or not?

Given the strength of the social bonds that bind communities together, the norm that sustains child marriage has proven difficult to unravel. But it cannot withstand the force of collective action and social evolution. Our work is to accelerate its inevitable demise. Ending child marriage requires work across all sectors and at all levels. It requires us to understand the complex drivers behind the practice in different contexts and adapt our interventions accordingly.

UNICEF works across sectors to support strategies that address child marriage. We support the development of laws and policies, and work to strengthen systems which make enforcing child marriage prohibition laws more feasible. We also work with communities and adolescent girls to address the social norms that allow child marriage to perpetuate. Over the past years, thanks to the Global Programme support, more than 115,000 adolescent girls benefitted from child marriage prevention and care interventions.

UNICEF supported the process leading to the institutionalization of child protection committees, a major achievement in addressing child marriage and promoting positive social norms that protect children's rights. UNICEF worked to shift social norms on child marriage and gender-based violence by actively involving traditional leaders, media, communities and children themselves. This gives us confidence in the sustainability of interventions.

Much has been achieved, but much more needs to be done.



For Aicha, at only 13 years old, this was the first time she had made a long trip like this one. Earlier this year she left Niger for Burkina Faso, with her mother Hawa, hoping to find work in the neighboring country.

'I was wounded in my knee while escaping from a violent attack. At one point, we could not continue running. I remember seeing my mother fall to the ground with exhaustion' she explains

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COVID-19 HAS DEEPENED THE CRISIS FACING **MIGRANT CHILDREN** IN NIGER

As borders in the region remain closed in an effort to contain COVID-19, children on the move through Niger have been left at even greater risk of harm, caught between the homes they have fled and an uncertain future.

Mounting attacks on civilians. Natural disasters. Health emergencies. Poverty. The issues prompting young people and their families to flee crisis-ridden areas of sub-Saharan Africa are numerous. But so are the challenges they face when they do: perilous journeys marked by the threat of detention, human trafficking, sexual exploitation, and discrimination.

As borders in the region remain closed in an effort to contain COVID-19, children on the move through Niger have been left at even greater risk of harm, caught between the homes they have fled and an uncertain future.

Sharing a border with Algeria, Chad, Libya and Mali, the Agadez region of Niger is a transit hub for migrants and refugees fleeing volatile security and economic situations in parts of sub-Saharan Africa. The number of young people passing through Agadez was already on the rise, but the threat of coronavirus in the region has pushed it even higher.

Ibrahim and Mohamed, both 17 years old, travelled from their home country of the Gambia, through Senegal and Mali, to the Agadez region. On the way, they were robbed, arrested and tortured. "Returning home isn't an option," Ibrahim says. They now wait in Agadez, hoping to be smuggled to Libya or Algeria – and onwards to Europe.

For many migrants trying to flee sub-Saharan Africa, all roads lead through Agadez. "Tourists have stopped coming [here]," says Mohamed, the guardian of the Old Mosque of Agadez. "The migration business is the alternative."

Once the trade capital of West Africa, Agadez today is "the gateway to the Sahara Desert", a hub for smugglers and human traffickers who prey on unaccompanied children and young people desperate for food, shelter and security. Many

of these children have fled instability and uncertainty in countries like Algeria and Libya, only to face dehydration and starvation, extortion, torture, sexual violence, exploitation and forced labour along their journeys.

Traveling on dusty roads and in the scorching heat, many en route to Europe don't make it off the continent, getting as far as Libya before being returned to Agadez.

Groups of women and children fleeing the harsh economic conditions in the Zinder region of Niger travel through Agadez to Algeria. Lacking food, water and other essentials, children take to the streets, begging passers-by for food for themselves and their families. No longer in school, these children are at significantly heightened risk of exploitation.

Zeinabou and her sister Haua 17, left their family behind when they travelled to Algeria. But after months of living on the streets and sheltering in cramped conditions with other migrants, they were repatriated in Agadez, where Haua gave birth to a son.

Haua and Zeinabou's father, Issa, explains he had no choice but to send them to Algeria in search of a better life. "I fell sick. The drought hit the harvest on the farm... If we had enough to cover the family's basic expenses and my medicines, I would never have decided to send my daughters away," he says. "I lost two of my children during the famine of 2005. I don't want that to happen again."

Halima* also fled the conflict in Darfur, hoping to start a new life. After arriving in Libya she was raped. Three years on, she is in Agadez, raising a son who her husband rejects. "I love my son," she says. "But I never want him to know that his real father raped me."

Abdul* is seeking asylum in Agadez after fleeing the conflict in Darfur with a group of friends in 2018. They were hoping to make it to Europe but were abducted by armed men in Libya. "They killed one of my friends and took the rest of us to a house with fields and forced us to work. It was hell," Abdul says. He has given up on trying to reach Europe.

Amina*, 17, from Darfur, dreams of going back to school. She fled Chad after the refugee camp where she and her family lived was attacked by gunmen. "They destroyed everything. I saw them rape young girls. So, my family left," she says. "We went to Libya where we worked for four years. When the conflict started again, we fled to Niger."

Hassane* says he has thought about leaving Niger to try to find work. But family separation and possible detention are deeply traumatic experiences for children. So, for now, Hassane is staying with his family in Agadez, where he makes jewellery.

"The youth of our city are going into exile, putting their lives at risk. They belong here, at school," says Monsieur Garba, the mayor of the town of Tanout, which connects the migrant routes between the Zinder and Agadez regions.

"My place is in school," agrees Rakia, 14. She says that improving her reading and writing skills will help her in the future and that the idea of "the trip" scares her.

Children on the move are those who migrate within their countries or across borders. Children move for many reasons – to seek protection and a better life, and to reunite with family. Some children migrate with their families, while others move alone because of conflict, natural disaster or other deprivations. Some are left in their countries of origin when their caregivers migrate in search of opportunities or protection.

Thanks to the support from the Foreign, Commonwealth, and Development Office (UK) the RDPP NA Programme, the Italian Agency for Development Cooperation, UNICEF France, and the EU - UNICEF is helping migrant children have access to support education and protection.

REIMAGINING PROTECTION FOR EVERY CHILD

Although facing numerous challenges, Niger continued to make significant progress at policies and systems level in key social sectors with potential impact towards achieving the Sustainable Development Goals (SDGs). However, persistent bottlenecks affecting the national statistical system's capacity to produce quality data continued to hinder monitoring child-related SDG indicators.

Despite these structural challenges, the national child protection systems continued to address the needs of children, with a particular focus on the most vulnerable. New and complementary ways of working were found, and more investments were made towards capacity building for actors in contact with children and the community while applying COVID-19 prevention measures. This was key to improving assistance to partners, provide appropriate responses to reduce the risk for children in need of protection, and maintain the momentum of community engagement for child protection.

Consequently, child protection services continued to provide care for vulnerable children. A total of 27,321 (including 10,335 girls and 16,986 boys) children at risk and/or victims of abuse, violence and exploitation were reached, well beyond the 2020 expected target of 15,521 children. Additionally, 396,892 children benefited from civil registration services. Finally, new care services for victims of gender-based violence in some target municipalities served more than 2,000 affected children in Maradi and Zinder regions.

Progress was made in assisting children on the move. A national policy on migration was validated, training modules for social workers and child protection committees were developed, and services to children on the move were delivered through four 'One-stop Social Welfare Shops' (OSSWS) established in the Agadez region. A referral mechanism between stakeholders from several regions was implemented to facilitate the support and return of children to their communities and families. In addition, street children and/or talibés children were targeted for integration in the social safety net to mitigate the impact of COVID-19.

In regard to justice for children, a pilot initiative to provide care for 500 children in conflict with the law and the implementation of alternatives to detention was successfully completed in three regions (Maradi, Zinder and Niamey). Furthermore, innovative care includes psychosocial and legal support to the children, at the same time providing them with opportunities to acquire life skills through adapted and adaptive training.

During the same period, the community mechanism, which plays an important role in the prevention and management of cases, including in emergency situations, has been improved to strengthen the management of child protection issues with the creation of over 250 new child protection committees at village level. In addition, the preliminary results of a regional evaluation on community engagement to end child marriage confirmed the relevance of the community-based child protection approach. 45,085 adolescent girls in target regions had increased capacities and skills to protect themselves and their peers from the practice of child marriage. Knowledge gained and the ability of girls to act individually and collectively contributed to the annulment or postponement of several cases of child marriage.

The weakness of national capacity in child protection services and poor coordination remained major challenges. Several interventions are underway to address this situation such as increased partnership with civil society, advocacy towards the Government and collaboration with the World Bank for staff recruitment. The development of a service package with an integrated referral system is key to ensure intersectoral synergies.

In 2021, UNICEF continues to strengthen the legislative and policy frameworks in support of child protection. Specifically, UNICEF will support the finalization of the National Child Protection Strategy, the scale-up of the Child Protection Information Management System and strengthening community-based child protection mechanisms for the most vulnerable children.



More than 420,000 children have been treated for Severe Acute Malnutrition in 2020 in Niger
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AMIDST THE COVID-19 PANDEMIC, UNICEF ENSURES **CONTINUITY OF LIFE-SAVING CARE** FOR MALNOURISHED CHILDREN IN NIGER

In 2020, UNICEF continued to support Government efforts towards reducing all forms of undernutrition in Niger in line with the National Multisectoral Policy for Nutrition Security.

In Niger, the prevalence of stunting is estimated at 45.1% according to the 2020 national nutrition survey, implemented with UNICEF's support, based on the SMART (Standardized Monitoring and Assessment of Relief and Transitions) methodology. This reflects a stalled situation over the past 10 years with significant geographical variations. Likewise, child wasting represents a major concern, with Global Acute Malnutrition (GAM) prevalence above 10% (12.7% in 2020 as compared to 10.7% in 2019) and Severe Acute Malnutrition (SAM) prevalence reaching 2.6%. In addition, the survey revealed a stagnated trend in the practice of exclusive breastfeeding, with 21% of infants aged 0-5 months exclusively breast-fed.

In 2020, UNICEF continued to support Government efforts towards reducing all forms of undernutrition in Niger in line with the National Multisectoral Policy for

Nutrition Security. At policy level, UNICEF contributed to strengthening national capacity for multisectoral coordination and resource mobilization. For instance, UNICEF supported the "Nigeriens Nourish Nigeriens" initiative (i3N) to conduct the evaluation of the implementation of the 2017-2020 Action Plan of the National Nutrition Security Policy (PNSN), which will pave the way for the development of the 2021-2025 Action Plan of the PNSN.

In August 2020, UNICEF in collaboration with the World Health Organisation (WHO) and Alive and Thrive, supported the Government in the launch of the "Stronger with breastmilk only" initiative, which specifically aims at increasing the proportion of infants aged 0-5 months who are exclusively fed with breast milk. A national communication and advocacy strategy for the roll-out of the initiative has also been developed and is currently being finalized.

« UNICEF continued to support Government efforts towards reducing all forms of undernutrition in Niger in line with the National Multisectoral Policy for Nutrition Security. »

Furthermore, UNICEF conducted an in-depth evaluation of the national treatment programme for children suffering from Severe Acute Malnutrition (SAM) over the period 2010-2019. The results of this evaluation were presented and discussed to the Government stakeholders and partners and follow up on the recommendations of the evaluation is ongoing. One of the recommendations includes continued advocacy for the effective implementation of the national roadmap for the gradual transition of financing by the Government of the national SAM treatment programme. The roadmap has been adopted by the Government in September 2020, but the actions and commitments included in the roadmap have not yet materialized.

Through a network of 1,162 health facilities, 424,477 children with SAM (80% of the revised annual target for COVID-19, covering the period January to December 2020), including 49,401 (12%) with medical complications, received quality treatment and care. In order to reduce the incidence of SAM, the UN Network of the Scaling up Nutrition (SUN) Movement in Niger has developed an action plan for the prevention and treatment of child wasting, under the lead of UNICEF. This action plan prioritizes multi-sectoral interventions in line with the National Nutrition Security Policy and has a focus on prevention of child wasting while also ensuring access to quality treatment and

ensuring continuum of care for those children affected by SAM. The plan is currently being finalized together with the Government.

As the second round of the Vitamin A Supplementation (VAS) campaign was impacted by the COVID-19 context and could not be organized, increased emphasis was put on strengthening the delivery of VAS and deworming through routine health services. UNICEF supported the Government in developing a national operational plan for the transition to routine VAS delivery.

UNICEF continues to scale up interventions across the lifecycle to improve the quality of complementary feeding of young children and to fight against micronutrient deficiencies and low birth weight. These interventions include home fortification through the provision of micronutrient powders to improve the complementary feeding of children 6-23 months, support to iron folic acid supplementation of pregnant women through antenatal care as well as iron folic acid supplementation of adolescent girls through different delivery platforms.

UNICEF and the Government of Niger will continue their efforts to support the implementation of the National Nutrition Security Policy, to promote multisectoral action and to put nutrition high on the political agenda.



Through a network of 1,162 health facilities, 424,477 children with SAM, received quality treatment and care.





In 2020, more than 586,000 people in rural areas benefitted from improved water sources through the construction or reinforcement of 293 water supply infrastructures resilient to climate change.

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IMPROVING ACCESS TO SAFE WATER AND SANITATION AND PROMOTING GOOD HYGIENE PRACTICES IN TIMES OF COVID-19

UNICEF in collaboration with donors and sector partners continued to support the Government of Niger and municipalities in improving access to safe water and sanitation and accelerating the adoption of good hygiene practices.

UNICEF prioritized and implemented in line with the objectives of Niger's National Water Hygiene and Sanitation Programme (PROSEHA) for the 2016-2030 period, and outcome 3 of the United Nations Development Assistance Framework (UNDAF).

Sector coordination and governance remained strong at national and sub-national levels, including in humanitarian situations despite the COVID-19 context, thanks to government and donor consultation and coordination meetings and the quality of the political dialogue, the strength of the national WASH Cluster and regional technical groups, that all contributed to the validation and dissemination of guiding documents for the sector.

In 2020, Niger was hit by the COVID-19 pandemic. The Government, supported by UNICEF and other partners, developed a preparedness and response plan and enforced several measures to reduce the risk of COVID-19 transmission.

UNICEF played a key role in the development and implementation of this national strategy, Standard Operating Procedures (SOPs) and Infection Control and Prevention (IPC) activities, among others by supporting the training of more than 1,500 health workers and hygienists, leading the construction of water supply systems and latrines, and providing essential hygiene items.

Although the COVID-19 emergency slowed down implementation on the ground, the sector made substantial progress in improving access to WASH services. UNICEF in particular contributed to the validation of the Water Supply Guide and the Hygiene and Sanitation Policy, the operationalization of the regulatory authority for the water sector, the creation of the National Committee for the Management of Water Safety. Furthermore, UNICEF contributed to the strengthening of governance of the sector. The sectoral coordination mechanisms have remained solid thanks to the high quality of the political dialogue between the Government and its partners.

In 2020, more than 586,000 people in rural areas benefitted from improved water sources through the construction or reinforcement of 293 water supply infrastructures resilient to climate change. This included 62,247 people in 86 localities (32,368 female and 29,879 male) who gained access to safe drinking water as a result of UNICEF's direct support, thanks to the construction/rehabilitation of 13 solar powered or hybrid multi-villages piped

system and 7 autonomous water stations. To ensure the quality of works, UNICEF contracted private firms for spot checks in addition to the Regional Directorates of Water and Sanitation. Systematic physicochemical and bacteriological testing was conducted by the Regional Directorates of Water and Sanitation to guaranty the safety of the water prior to consumption. Furthermore, for each piped system a water users' associations with women in decision making positions was setup and trained to ensure a social watch on the quality and continuity of the services.

As a result of UNICEF's support, 188 schools with 49,535 students (21,300 girls and 28,235 boys) benefitted from newly constructed separate latrines (140 schools) and water supply (54 schools), including 6 schools benefitting from both facilities. Also in 2020, and largely as part of the WASH/IPC response to COVID-19, UNICEF reinforced WASH in healthcare facilities (HCF). Based on the needs assessment, a total of 73 HCFs benefitted from separate latrines (57 HCFs) and water supply (41 HCFs), including 25 HCF benefitting from both facilities.

« More than 586,000 people in rural areas benefitted from improved water sources through the construction or reinforcement of 293 water supply infrastructures resilient to climate change »



Thank You!

UNICEF is funded entirely by voluntary contributions. UNICEF would not be able to deliver critical response to the Covid-19 pandemic without the sustained commitment, efforts, and the generous contributions received from committed partners. We thank all our funding partners for their support and look forward to continued collaboration to ensure a better future for all children in Niger.



Norwegian Ministry of Foreign Affairs



From the People of Japan



BRITISH EMBASSY



Government of the Netherlands



Federal Ministry for Economic Cooperation and Development



Humanitarian Aid and Civil Protection

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