



unicef 
for every child

NIGER

ANNUAL REPORT 2017



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Exercice 13
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Credits

Supervision: Félicité Tchibindat, Representative
Coordination: Lalaina Fatratra Andriamasinoro, Juan Haro
Content & graphic design consultant: Tamara Sutila
Photography: ©UNICEF Niger
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THE REP'S NOTE

2017 was a challenging year for children in Niger. Their survival, development and well-being continued to be threatened by acute and persistent humanitarian emergencies, rapid population growth, climate change, and long-standing social inequalities.

However, the Government of Niger made progress in building an enabling environment for children's rights and providing basic social services. The Government's five-year Economic and Social Development Plan was finalized in 2017 with technical support from development partners. Key issues were addressed in the national plan, most importantly girls' education, child health and nutrition, and women's empowerment in rural areas.

As UNICEF, we maintained our commitment to saving children's lives, protecting their rights and helping them achieve their full potential. In 2017, our efforts led to significant results for children and we are happy to share these in the following report. To mention a few, UNICEF and development partners were able to:

- Advocate strongly for children's right to education, leading to the Government's signature of the '10 Commitments to Promote Girls' Education', and a presidential decree to raise the age of compulsory education for girls to 16 years;
- Influence the Government to sign a protocol with the United Nations (UN) for the systematic release of children deprived of liberty for alleged association with Boko Haram;
- Strengthen the enabling environment to tackle the country's high levels of malnutrition by supporting the development of a multi-sectoral nutrition plan of action;

- Reach more than 2.6 million children under 5 or 91 per cent of the target with preventative malaria treatment, an intervention that also combined malaria prevention with screening for severe acute malnutrition. More than 316,000 children were treated for severe acute malnutrition across the country, exceeding the initial target of 309,000 children;
- Mobilize a cumulative total of 444 (including 150 communities in 2017) out of 794 villages – 56 per cent of the target – to publically declare an end to harmful cultural practices against women and children, including child marriage.

As we move forward in 2018, UNICEF will continue to work closely with the Government, UN agencies, NGOs, civil society, private sector, communities and families to put children at the centre of humanitarian assistance and development efforts. We strongly believe that every child in Niger deserves to thrive, learn, and grow up in safety and peace, and we all need to come together to make this happen.

With my sincere thanks,



Félicité Tchibindat
UNICEF Representative in Niger



NIGER AT A GLANCE

- Niger is a landlocked country of 1.27 million square kilometres situated in the heartland of the Sahel region. It has an estimated population of 21.5 million.
- Niger's population is 50 per cent female and 80 per cent rural. More than half of its population – 58.2 per cent – is children below 18 years.
- About 48 per cent of children live under the monetary poverty line and 75 per cent of young children under the age of 5 are deprived from three or more essential social services.
- Despite its vast territory and underexploited natural resources, Niger remains among the poorest countries in the world in terms of GDP per capita (US\$907 PPP).
- Niger, which ranked second-last on the 2016 Human Development Index, sees its development constrained by several factors: climatic conditions that hinder rural development; vulnerability due to the absence of economic diversification; high population growth; gender equality issues; low levels of literacy and education; and the size and landlocked nature of the country, which obstruct the provision of essential goods and services to the population.





- The government's ability to invest in social and economic infrastructure is constrained by the country's low taxation base (below 18 per cent of GDP) as well as rising defense and security expenses due to the worsening security environment.
- Niger's security environment has significantly deteriorated owing to heightened insecurity in neighbouring countries (Mali, Libya and Nigeria) affecting the North-West and South-East regions of Niger. In 2017, 2.2 million people needed humanitarian assistance.
- Since 2011, extremist armed groups have been responsible for significant violence against civilians in the regions of Diffa and Tillabéri, and along the border with Mali in Tahoua region. In 2017, 248,000 people in Diffa (equivalent to 37 per cent of the region's population) were forcibly displaced. Between February 2015 and August 2017, 450 civilians were killed, wounded or kidnapped.
- Niger is also a hub for trafficking and smuggling activities between sub-Saharan and northern Africa, including human trafficking of migrants and smuggling of fuel, weapons, and drugs.



For every child, SURVIVAL AND DEVELOPMENT

A MOTHER LEARNS TO PREVENT MALNUTRITION WITH HER SECOND CHILD

In the middle of Maradi region, Dadin Tamro village, located in Mayahi commune, is like any other village in Niger. Huts, a school, a water point, livestock, granaries, and a population of farmers and stockbreeders are its salient features. Yet, the villagers here are leading a food and nutrition revolution for mothers and young children. This has resulted in women being able to carry their pregnancies to full-term and children growing up in good health.

Three identical huts stand in the middle of the village – the homes of Moussa's wives. Moussa is a farmer and the village's mobile phone repairman. While the sounds of a grinding pestle permeate the village, Moussa's third wife, Balaraba, comes out of the last hut with a broom in her hand. Close to her, a small boy plays with a football. This is Zaharadine, Balaraba's second child. "He is only 22 months old, but he is so intelligent and almost never gets sick. I even wanted to enroll him at school, but I still have to wait," she says proudly.

Balaraba explains that Saminou, her first child who is now 3 years old, did not have the best start in life like Zaharadine. A wife at the age of 15, Balaraba fell pregnant with Saminou a few months after her marriage. When Saminou was born, she wasn't prepared for her role as a mother. She had only had three antenatal consultations and found herself alone with her newborn. Baby Saminou's health quickly deteriorated and he became malnourished. "I was not well informed about what to do, and that penalized me a lot," she says.

Baby Saminou was treated for moderate acute malnutrition. Unknowingly, Balaraba was carrying her second child during that time. The pregnancy was a real

surprise for her. "I told an elder that when I'm hungry, I feel something moving in my belly. She told me that I was definitely pregnant and that I needed to go to the health centre. When I arrived at the health post, the nurse confirmed my pregnancy," says Balaraba.

Since 2013, UNICEF, with the support of the European Union (EU), has been working with the Government of Niger to improve the nutritional status of children under 5 and the health of mothers in 17 communes in the regions of Maradi, Zinder and Tahoua. The focus is on the first 1,000 days of a child's life, from conception to age 2.

When Balaraba went for the first antenatal visit during her second pregnancy, the health worker, who had been trained by the UNICEF and EU-supported programme, was able to provide her with the right support and information. "He told me everything I needed to know to keep myself and my baby healthy before vaccinating me against tetanus and giving me iron, folic acid, and anti-malaria tablets."

Back in the village, a community support group that follows up on young mothers and women of childbearing age gave Balaraba the guidance she needed to have a safe and healthy pregnancy.

After her fourth antenatal consultation, she gave birth to Zaharadine at the village health post. "Right after delivery, the health worker asked me to clean my breasts with soap and water and then put my baby on the breast," says Balaraba. She followed the advice and continued to exclusively breastfeed Zaharadine for the next six months.

Balaraba has now become a role model for other women in the village. She is a member of one of the four women's support groups that meet once a week to discuss exclusive breastfeeding practices, hygiene, and health care and to

conduct demonstrations on what to cook for children over the age of six months who need complementary foods. “When I talk to the women, they listen to me because I’ve


had both experiences,” she explains. “If I had the chance to know better when I was pregnant with Saminou, he would have not suffered from malnutrition.”



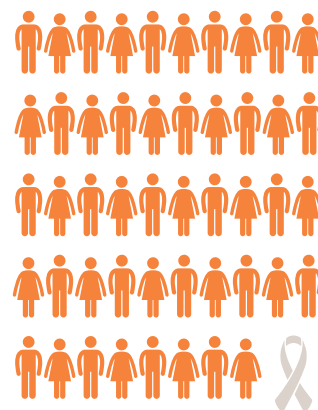
Health

 **1 out of 8** children
does not live to their fifth birthday.

 **1 in 20** children
dies in their first year of life.

 **1 in 42** children
dies in their first
month of life.

 **1 in 187** women
risks maternal death.



Around **48,000** people
live with HIV and AIDS in Niger.

Source: Demographic and Health Survey 2012.


Key results for children

Although child survival has improved in Niger over the past years, it still remains high. Little progress has been made to reduce maternal mortality. UNICEF is working with the Government, UN agencies and other partners to improve the health of vulnerable children and women, through cost-effective and high impact health interventions.

Upstream support

- UNICEF helped to strengthen the health sector in 2017, providing US\$1.4 million to the Health Basket Fund, and supporting the development of the new Health Sector Development Plan (2017–2021) and the Monitoring and Evaluation Plan and Compact.
- UNICEF and the Global Fund continued to support the scale up of the district health information management system (DHIS-2). A key focus was to improve data collection and reporting at community- and facility-levels, and timely data entry into the DHIS-2 platform.
- UNICEF, WHO and a network of health-focused NGOs supported the Immunization Directorate at the Ministry of Health to advocate the importance of immunization for child survival among parliamentarians. Parliamentarians subsequently committed to increasing the budget for health and the purchase of vaccines during the 2018 financial review.



A photograph of a smiling man, Dan Araou, sitting on a patterned mat in a rural setting. He is wearing a light pink traditional garment over a white t-shirt. To his left is a large, open blue metal box, likely for medical supplies. In front of the box are several small boxes of medicine and some papers. Behind him is a wall made of mud bricks, and the roof above is made of dry branches and leaves. The scene is brightly lit, suggesting daylight.

“Respiratory problems, diarrhea and malaria are the most common form of sickness among children in our village. After being sensitized by UNICEF, I receive my patients at home, diagnose them and offer them medicine and treatment. Before, the children had to walk far with their mothers to reach the nearest health centre.”

Dan Araou, community volunteer in Tsagé’s village, Maradi region.

Service delivery

- Neonatal resuscitation capacity in three regional Mothers and Child Health Centres improved from 60 to 69.4 per cent, 59 to 60.3 per cent and 67 to 75 per cent in 2015 and 2017 for Maradi, Zinder and Diffa centres, respectively. This was achieved through staff training, recruitment of qualified staff, supply of basic resuscitation kits and upgrades to centre's infrastructure, including the provision of water and sanitation.
- Findings from the 2017 UNICEF-supported Lot Quality Assurance Sampling (LQAS) survey conducted in 17 municipalities shows improvement in antenatal care with 91 percent mothers who received one visit, and 62 percent who completed at least four antenatal visits (58 per cent in 2016). The same trend was observed for Intermittent Preventive Treatment (IPT) with 51 per cent of these women receiving at least three doses of IPT to protect against malaria (29.7 per cent in 2016). In these municipalities, 67 per cent of mothers reported that they delivered with assistance of qualified staff (compared to 54 per cent in 2016 and 46 per cent in 2015).
- UNICEF, in collaboration with the Global Fund and WHO, supported the scale-up of the Integrated Community Case Management (iCCM) programme. Programme coverage increased from two to six regions (Dosso, Maradi, Diffa, Tahoua, Tillabery and Zinder), six to 19 districts, and 18 to 75 municipalities between 2016 and 2017.
- A monthly average of 2.5 million children were covered by monthly administrations of anti-malaria prevention for four months during the seasonal malaria chemoprevention (SMC) programme.
- UNICEF installed 154 solar refrigerators in integrated health centres in five regions with low levels of electricity, as part of the national plan on cold chain optimization. The plan focuses on improving vaccine storage capacity and refrigerator coverage at peripheral levels.

- Meningococcal vaccine was successfully introduced in the routine Expanded Programme on Immunization. The country maintained its certification for maternal and neonatal tetanus elimination, which was obtained in 2016. Five rounds of polio supplementary immunization activities, including two national immunization days (NIDs) and three sub-national immunization days were organized. Independent monitoring in April 2017 showed that less than 3 per cent of children were not immunized, compared to 5 per cent during the March 2017 NIDs.
- The coverage of Prevention of Mother-to-Children Transmission (PMTCT) services remained good with 919 functioning PMTCT sites across the country. With support from UNICEF, The World Bank and the Global Fund, 115 Option B+ sites were able to provide services to women living with HIV and AIDS, extending the coverage of the sites from 47 per cent in 2016 to 59.2 per cent in 2017.

Working with communities

- Close to 20,000 women were reached by female mediators, recruited and trained with support from UNICEF and UNFPA in Maradi and Zinder regions to provide home visits and follow up on antenatal care and PMTCT. More than 6,000 of the women were referred to antenatal care, including HIV services.
- UNICEF, WHO, the Niger Immunization Directorate, Rotary International, and ORANGE Niger (mobile phone company) developed a communication plan (2017–2021) to support polio vaccination using SMS technology. In addition, more than 160 motorcycle taxi drivers were trained to provide information on immunization to their passengers. These two innovative approaches helped to increase parents' information rate; surveys conducted among parents showed that their information rate increased from 75 per cent to 83 per cent between 2016 and 2017.

Nutrition

More than **4 out of 10** children under 5 are stunted.



10%

Global acute malnutrition is consistently above the 10 per cent 'alert' level.



70%

More than 70% of children under 5 are anemic.



90%

More than 90% of households do not use adequately iodized salt.



Source: Demographic and Health Survey 2012

Key results for children

Malnutrition is a major threat to children's health and development in Niger, with high levels of micronutrient deficiencies, chronic malnutrition and global acute malnutrition. While supporting the development of a multi-sectoral nutrition response in Niger, UNICEF also focuses on improving infant and young child feeding at community level, preventing and treating severe acute malnutrition, providing micronutrient supplements to mothers and young children and home-based fortification of complementary food.

Upstream support

- To improve the national enabling environment for nutrition, UNICEF supported the development of a multi-sectoral nutrition plan of action and the inclusion of nutrition in the national social and economic development plan for 2017–2021.
- The Nutrition Technical Group, which coordinates nutrition interventions in Niger, was strengthened in 2017. The coordination mechanism brought together more than 35 nutrition cluster agencies to work collaboratively on the national multi-sectoral nutrition plan of action and an analysis of the cost-effectiveness of the National Nutrition Security Policy.

Service delivery

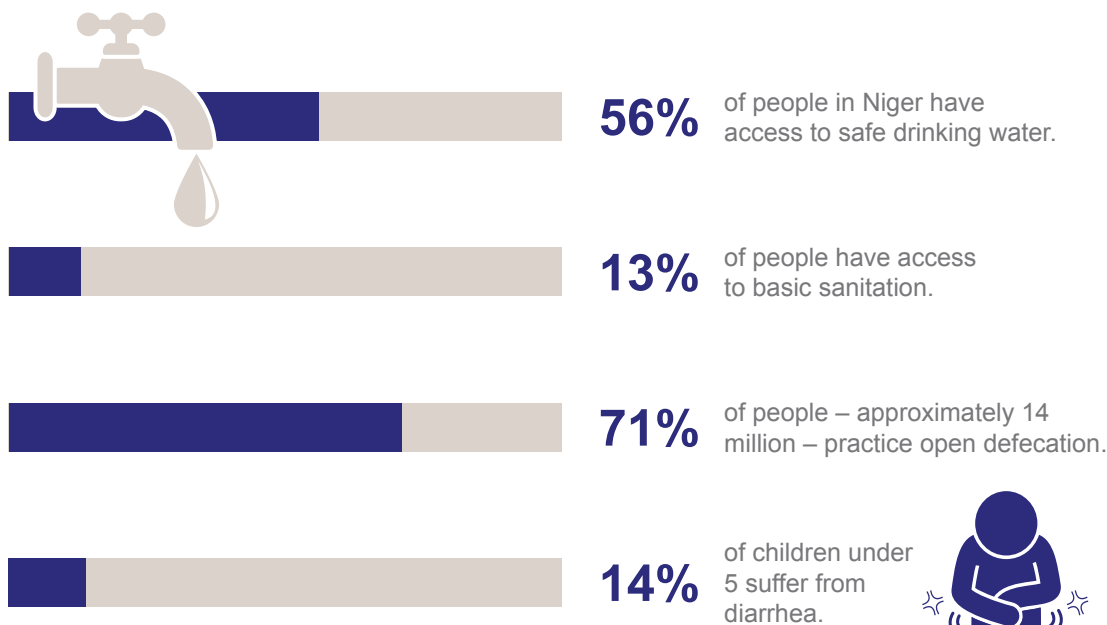
- Interventions to improve infant and young child feeding (IYCF) among internally displaced and refugee families improved significantly. The percentage of babies who were exclusively breastfed for six months rose to 54 per cent in Diffa region as a whole, with the highest rate reported in IDP camps at close to 72 per cent.
- UNICEF continued to support nationwide treatment for severe acute malnutrition. Nutritional and medical supplies were provided to 878 of out 922 health facilities and all 44 hospitals, enabling them to treat more than 316,000 children with severe acute malnutrition, exceeding the initial target of 309,000 children. As in previous years, treatment was highly successful, with the cure rate at 92.5 per cent, the death rate at 1.3 per cent and defaulter rate at 5.9 per cent.
- Screening for severe acute malnutrition is integrated into the national seasonal malaria chemoprevention (SMC) programme. During the 2017 SMC campaign, an average of 2.5 million children were screened on a monthly basis during the lean season. This led to more than 66,200 cases of severe acute malnutrition identified during a three-month period.
- Vitamin A supplementation is provided during polio vaccination campaigns. In 2017, the second round of polio vaccination was limited to high polio burden districts, and the second dose of Vitamin A and deworming did not reach the usual high national coverage of 90 per cent. The Government, UNICEF and other partners are discussing sustainable ways to maintain the coverage of Vitamin A supplementation outside vaccination campaigns.
- With technical and financial support from UNICEF, a nutrition Standard Monitoring and Assessment of Relief and Transition (SMART) survey was conducted in Diffa. The crisis-affected region recorded global acute and severe acute malnutrition rates of 13.9 per cent and 2.5 per cent. There were, however, improvements among children in displaced and refugee camps, with malnutrition rates dropping between 2016 and 2017, thanks to the efforts of the Government of Niger and humanitarian agencies to prevent and treat malnutrition.

“Our plot of land doesn’t give enough crops to feed us through the year.”

19-year-old Aicha’s son Nazirou was treated from severe acute malnutrition at the intensive nutritional rehabilitation centre in Dakoro Hospital in Maradi region. Aicha and her family have been negatively affected by the effects of climate change in the rural areas of Niger.



Water, sanitation and hygiene



Source: Joint Monitoring Programme 2017 and Sustainable Development Goals baseline; Demographic and Health Survey 2012



Key results for children

Surrounded by the vast Sahara desert, Niger experiences intense droughts, poor soil conditions and the gradual spread of the desert. Access to public services like safe drinking water and sanitation is limited. UNICEF supports the Government and municipalities to improve access to safe drinking water, hygiene and sanitation for vulnerable families and children, and to reduce the country's high levels of open defecation.

Upstream support

To help the Government meet its ambition of an open defecation free Niger by 2030, UNICEF supported the development of a national Community-led Total Sanitation (CLTS) road map. Regional action plans for CLTS were validated in October 2017. In addition, UNICEF supported the development of a national CLTS implementation guide. These processes permitted to strengthen the capacities of the national directorate of sanitation as well as of the eight regional directorates of water and sanitation.

Service delivery

- In 2017, close to 10,000 people gained access to safe drinking water through the construction and rehabilitation of water points in 21 communities, water testing, and the training of 105 members of management committees and 42 repairmen. More than 436,500 people have gained access to safe drinking water between 2014 and 2017.
- More than 30,500 students in 103 schools were provided with access to safe drinking water and adequate sanitation, including hand washing facilities and soap.
- UNICEF supported a pilot project on Menstrual Hygiene Management (MHM) in schools, which will be used to inform a national WASH-in-schools guide that includes MHM. Through this project, UNICEF supported the training of teachers and pupils on MHM in 220 primary and secondary schools, with more than 8,800 young girls benefitting from reusable MHM kits.
- UNICEF helped to bring improved WASH facilities to 12 health centres. Of these, 10 centres gained access to safe water and six were equipped with latrines and washing areas.
- The CLTS programme continued to move towards an open defecation free (ODF) Niger. In 2017, 66 communities – including 20 communities triggered in late 2016 – were certified, improving the lives and health of an additional 50,000 people now living in ODF communities.
- A UNICEF-supported survey of water points, management systems and sanitation practices in ODF certified villages, under the DFIF-funded ASWA 2013–2016 programme, revealed that 88 per cent of the water points were functional; 82 per cent of breakdowns were fixed within a maximum of three days, and 91 per cent of the households visited during the study had at least one latrine.
- UNICEF emergency WASH support led to 70,000 people affected by the Lake Chad Basin crisis gaining access to safe drinking water; 133,000 people at risk of

Hepatitis E benefitting from household water treatment and hygiene promotion; and 48,500 flood-affected people reached with clean drinking water through the construction and rehabilitation of wells, boreholes and standpipes, and disinfection of contaminated wells.



Since the introduction of the Community-led Total Sanitation (CLTS) approach in Niger in 2009, 1,549 out of 3,675 triggered villages were certified open defecation free (ODF) by the end of 2016. To reach a Niger ODF by 2030, at least 2,200 communities need to be certified annually.

For every child, LEARNING

THE POWER OF EARLY CHILDHOOD DEVELOPMENT

The children sit on the carpeted floor, listening intently to their teacher, Fatimata. “One, two,” the children repeat. “Three, four,” they count with their fingers. They are engaged in the lesson, and eagerly move to work at the UNICEF-supplied circular table when instructed by Fatimata, grabbing chalk and proudly showing their work to each other.

The community-based kindergarten in Agadez, in central Niger, has been running for seven years. More than 60 children attend, ranging from 3 to 6 years. Over half of the children are girls. “The community overall is supportive of the kindergarten, as the benefits to the children are clear,” Fatimata says. “They then arrive in Grade 1 much better prepared. They have advanced motor skills, are able to work together, and have basic numeracy and literacy, which greatly helps them in primary school.”

Fatimata, whose youngest is amongst the group of children at the kindergarten, has attended several training sessions in early childhood development. The trainings have given her valuable skills and knowledge, including on nutrition for pre-school children, which she now shares with the community.

The children receive a meal each day at the kindergarten, paid for from community contributions. “Unfortunately, there are still some parents who do not fully understand the value of early childhood education,” she says, “And when you ask them for a contribution [equivalent to US\$0.44] many are either reluctant or unable to pay. However, the children want to come and convince their parents to let them!” she adds with a laugh.

The kindergarten is attached to a primary school located in a peri-urban area of Agadez, where most of the community are nomadic herders or have small informal businesses. One of the mothers, Mariama, explains how happy she is that her children are in pre-school. “Often it is the children who remind me that we have to wash our hands before eating,” she smiles: “It is important for our children to learn these skills, and this kindergarten has taught us much. However it is not always easy to find the money to contribute towards the running costs. I have four school-aged children.”

Since 2012, UNICEF has supported the establishment of 719 community-based kindergartens by providing material such as age-appropriate desks and chairs, toys, chalkboards and chalk, carpets and mattresses, as well as training for teachers, school management committee and parents associations.

In Niger, fewer than 8 per cent of children have access to pre-schools, depriving them of extremely important development opportunities during their formative years. Support from partners is critical in this regard, and the contribution that the Government of Denmark provided in 2017 for UNICEF’s education programme in Niger was particularly helpful, as it gave UNICEF the flexibility to invest in strategic, underfinanced interventions such as early childhood education – an incomparable window of opportunity to boost a child’s development in Fatimata’s kindergarten and in many more throughout the country.



Basic education



Only **14%** of women can read and write, compared to **42%** of men.



72% of girls are enrolled in primary schools compared to **83%** of boys (gross enrollment rates).



34% of children are enrolled in lower-secondary school – **31%** for girls and **42%** for boys.



8% of young children are enrolled in pre-schools – **4%** in rural areas and **28%** in urban areas.



Key results for children

With many girls and boys unable to complete basic education, a low literacy rate for both men and women, and a high population growth rate, Niger faces some of the most formidable education challenges in the world. UNICEF is working with the Government of Niger and partners to increase access to basic education, especially for girls, and improve the quality of education.

Upstream support

- A milestone in gender equality in education was achieved in 2017. The Government, cooperating partners, civil society, traditional leaders and parents' associations endorsed the '10 Commitments to Girls' Education'. This led to a legal framework to protect

girls' education, which was supported by UNICEF, and adopted as a presidential decree in December. UNICEF co-leads the education sector in Niger, in collaboration with the European Union.

- UNICEF is accompanying the Education Sector Analysis process and closely supporting the upcoming revision of the Education and Training Sector Plan in 2018. UNICEF also provided inputs to the education components of the country's Economic and Social Development Plan 2017–2021.
- UNICEF conducted research on out-of-school children, girls' education and lower secondary education in rural areas in 2017. The studies recommended ways to increase educational access for excluded or disadvantaged groups of children and will be used to inform future policy decisions in education.



“I was in fourth grade in Nigeria, and I’m happy and proud to be able to continue my education despite everything.”

After a day of listening to lessons broadcast on radio, Kana, 16, does revision at her shelter in the Elhadj Menari camp for internally displaced people in Diffa. She fled Nigeria when her village, Baga, was attacked.

Service delivery

- Advances were made in the provision of early childhood development (ECD) services. UNICEF support helped in opening 160 community-based kindergartens, with trained teachers, benefitting more than 15,000 young children. In addition, the Ministry of Primary Education developed and validated pre-reading and pre-maths booklets for use in ECD programmes.
- Teaching quality was improved for more than 8,300 out of 60,000 evaluated teachers who scored low in teaching competencies during a government-led evaluation. They were provided with a one-month remedial training course. Moreover, UNICEF supported a pilot to improve education quality, including early grade reading assessments (EGRA), followed by holiday learning camps and mother-tongue education. More than 500 teachers in 100 schools were trained in differentiated pedagogy, and the provision of class kits to 148 lower secondary and 2,712 primary schools also facilitated children’s learning.
- By supporting fact-finding missions and providing technical assistance, UNICEF actively contributed to developing a model for nomadic education, which will be piloted in 2018. Sign-language manuals were revised, with training and distribution scheduled for 2018. A pilot project to support 4,200 children with disabilities will be used to evaluate the implementation of the national Inclusive Education Strategy.
- More than 5,200 vulnerable children and youths gained access to non-formal education and vocational training through 50 Koranic schools and 12 alternative education centres in Diffa region. UNICEF is exploring ways to integrate young people into the labour market, including the provision of start-up professional kits.
- Girls’ education was strengthened in 224 schools through a pilot that provided 7,300 girls with menstrual hygiene kits and training on MHM. Negative attitudes towards menstruation have a detrimental impact on girls’ well-being and school attendance and it needs to be addressed.

For every child, PROTECTION

A SECOND CHANCE AT NORMAL LIFE

The heavy prison door has barely closed on me when I am surrounded by children. Smiling, shaking my hand, they ask, "Are you ok? And the heat?". Despite the cramped detention conditions, I am struck by their attention and kindness. Maybe because UNICEF represents their hope for an exit?

The situation of children associated with armed groups and forces is a sensitive issue worldwide, and one which UNICEF and its partners in Niger pay particular attention to. For the first time in the country, the Government and the UN system has signed a memorandum of understanding for the systematic release of children deprived of liberty for alleged association with Boko Haram. Children who have been abducted or recruited by armed groups need to be seen primarily as victims and protected from further harm.

The memorandum is an important step forward and paves the way for concrete solutions for children and teenagers in need of a future. In two years, more than 100 children have received assistance from child protection service providers, in partnership with the Judiciary. Each child has a different story: some have been caught by Nigerien security forces, others have escaped from Boko Haram, and a handful have returned to their families on their own.

The phone rings. Some of the children are going to be released. Their faces light up, the prospect of a normal life turns now into a reality. The children will be taken to the capital, Niamey, where they will stay for up to three months at the Transit and Orientation Centre, supported by UNICEF in partnership with the Ministry of Child Protection. With the help of a multi-disciplinary team at the centre, the children will get psychosocial intervention,

vocational training and educational support to prepare them for reintegration back into their communities. The aim is to restore confidence in the children, to help them heal emotionally and to give them the skills to contribute constructively to society.

Nearly a thousand kilometers away, in the far south-eastern corner of Niger, on the border with Nigeria, the communities from which the children originate are being prepared for their return. It is vital that families and communities are adequately sensitized so that they do not reject or stigmatize the children. This is one of the most complex steps in the reintegration process, and will have a lasting impact on the welfare and future of the children.

UNICEF works with national, local, and community leaders to reach consensus on children's status as victims and on their rights to protection. Family mediations are essential so parents can accept their children back home without fear, anger or judgment. Psychosocial monitoring is essential, both for the victims and for the families. Giving the children vocational skills also benefits their communities as a whole, facilitating reintegration.

But the process is fragile, and the children walk a fine line between acceptance or rejection by their communities. There is a valid concern that the children will return to armed groups. Yet, forgiveness is possible when parents truly understand the depth of suffering their children have undergone and are able to be empathetic. Explaining the realities of the conflict and its consequences for the most vulnerable is a priority if we want to relieve affected families from distress.



Child protection



Just over **6 in 10** children have their births registered in Niger.

92% of births are registered in urban areas compared to **60%** in rural areas.

3 in 4 girls are married before the age of 18.

8 in 10 children aged 2–14 in Niger are disciplined harshly at home.

60% of women condone domestic violence, believing that there are times when a man is justified in hitting his wife/partner

2% of girls undergo female genital mutilation/cutting.

Source: Demographic and Health Survey 2012.

Key results for children

Violence, abuse, and exploitation are daily realities for children and women in Niger. To be protected from harm and danger, children need to benefit from a comprehensive child protection system that addresses the full spectrum of risks they face. In Niger, UNICEF is working with the Government of Niger, civil society organizations, communities and other partners to strengthen all components of the child protection system.

Upstream support

- To improve birth registration in the country, as well as the registration of other vital events such as deaths and marriages, UNICEF and the European Union are supporting the Government to reform the Nigerian civil registration system. In 2017, the Reinforcement Plan for Civil Registration (PAREC) was launched to modernize the civil registration system.

Child marriage is very prevalent in Niger, and in regions such as Maradi and Zinder, the rate escalates to 89 and 87 per cent. In other parts of the country such as Tillabery, female genital mutilation/cutting (FGM/C) also threatens the health and well-being of girls.





Service delivery

- By mid-year, more than 317,000 births (53 per cent of expected births) were registered within the required legal timeframe (one month in rural areas and 10 days in urban areas). Legal declarations by a judge were issued to more than 37,000 children without birth certificates during mobile court sessions. In addition, 116,216 declarations were issued by the court in response to specific requests.
- Civil registration committees were established in 3,646 villages, which increased overall coverage from 62 to 70 per cent nationally. The committees helped to raise awareness of the importance of registering vital events, reaching more than 440,700 people. Improving public awareness and support for vital events registration was also strengthened by training broadcasters from 69 local radio stations and around 2,700 civil registration agents.
- Two fully operational Centres for the Prevention, Promotion and Protection of Children (CEPPP) were piloted in Diffa region, with UNICEF support. CEPPPs are a crucial part of the social welfare reforms undertaken by the Ministry of Child Protection and provide child protection services to vulnerable children and families.
- UNICEF continued to provide technical and financial support to all 52 child protection services at regional and departmental levels. More than 3,000 children – many of whom were victims of abandonment, neglect, abuse, trafficking, and child marriage – were reached by child protection services.
- More than 7,300 children countrywide benefited from various services including family mediation, tracing and reunification, psychosocial support, referral to a juvenile judge, emergency placement, and emergency medical care.
- 100 Ministry of Child Protection social workers undertook more than 8,000 home visits to children and/or to their families. More than 11,000 children were identified as 'at-risk' during routine activities in centres,

prisons, health centres, educational facilities, police stations, and during street visits.

- To improve the prison conditions and case management of detained minors, 54 prison guards from 17 out of 37 prisons were trained on child protection issues and how to appropriately treat and interact with children who are in conflict with the law.
- Special case management for detained children and adolescents associated with armed groups was set up through a specific agreement protocol between the Government and the UN system, signed in early 2017. More than 90 children were detained and pursued for association with armed groups in 2017. Of these, 76 were released and sent to social services rehabilitation centres.
- To improve the capacity of justice for children actors, UNICEF helped to train 26 members of countryside squads and 24 members of the army's social sector wing on child protection issues. An official decision increased the number of Juvenile Police Units to 75 by the end of 2017, and each unit was assigned a person specialized in dealing with children.

Working with communities

- To change address social norms and practices that violate children's rights, UNICEF supported the establishment of 250 new Village Child Protection Committees in 23 municipalities. The committees were able to directly reach more than 22,500 people through educational sessions held three times per week on child marriage, child health, education, protection and children's rights. Communities in 444 out of 794 target villages made public declarations to end harmful practices against women and children, which includes child marriage.

“My father was not able to pay for my school, so that is why I left. If I stayed I would become a bad boy, smoking and drinking. So I decided to go to Libya or Europe, to have a good life and help my family that I left behind.”

Omar left his home in Sierra Leone in December 2017, and today he waits for his fate with other migrants and refugee children, some of whom have been in limbo in Agadez for over 12 months.

Strategic communication

Key results for children

UNICEF's communication and public advocacy helps to build awareness, knowledge and engagement around child rights among the general public, policy makers, and the media.

UNICEF helped to create greater awareness of the difficulties facing Nigerien children and how it was addressing these challenges. This was done by engaging with UNICEF Global Goodwill Ambassadors and celebrities, donors and UNICEF officials, UNICEF National Committees and international and local media houses. UNICEF appointed its first-ever National Goodwill Ambassador in the country, helping to put children on the national horizon.

High-end quality media materials were regularly produced and widely disseminated among donors and international partners. The country office strengthened its online and social media presence while partnerships with key media helped to spread key messages on CRC nationally.

- UNICEF Goodwill Ambassador, Orlando Bloom, travelled to Diffa to highlight the humanitarian crisis in the Lake Chad Basin where Boko Haram violence has caused huge population displacements. UNICEF France Goodwill Ambassador, Oxmo Puccino, also visited Niger to create greater awareness of the situation of children in the country.
- Abdoulrazak Issoufou Alfaga, Niger's Taekwondo World Champion, was appointed Niger's first UNICEF Goodwill Ambassador promoting children's rights.
- UNICEF also actively participated in various international public advocacy initiatives to raise the profile of the country at global level and the voice of children at national levels (UNICEF #KidsTakeOver).

- More than half a million people were reached on Twitter and more than 850,000 on Facebook through UNICEF's digital strategy, which involved new technology, innovation and strong visuals to tell compelling stories about children and women in Niger.
- UNICEF supported the broadcast of the community radio programme Haské Maganin Duhu in Diffa region, which tackles child marriage and advocates for investments in girls. Seventy-four listening clubs in Diffa were mobilized to discuss issues that affect girls.
- Innovative media products – using virtual reality video, camera drones and GoPro camera – were broadcasted on UNICEF Niger and UNICEF France's digital platforms in support of fundraising with the French National Committee.



Communication for Development

Key results for children

UNICEF works with the Government, religious bodies, communities, women, adolescents, young people and community medias to shift attitudes and promote positive social and behavior change.

Working with communities

- More than 4,300 community volunteers in 19 health districts from the 35 convergence municipalities were trained to promote Key Family Practices (KFP) through home visits.
- More than 6.4 million children were vaccinated during five polio campaigns, including 40,000 children in refugee camps and IDP sites in Diffa region. These results were achieved thanks to the mobilization of more than 21,000 decision-makers, 224 senior traditional chiefs, 6,500 community volunteers and 201 community, public and private radio stations.

Partnering with the media

- To reinforce community dialogue and interpersonal communication, 53 community radios broadcast programmes on hand-washing, complementary child feeding, multi-micronutrients, and postnatal care in 528 villages in 25 municipalities, including 20 convergence municipalities.
- 500 female radio listening clubs, established in villages with the highest rates of malnutrition in Maradi, Zinder and Tahoua regions, benefited from broadcasts and discussions on how to prevent and seek treatment for child malnutrition.

Developing young people

- Adolescent and youth development was promoted by training adolescents and young people in life skills, peace-building, citizenship, and participatory planning. Young people also helped to develop annual municipal budgets in six municipalities.



- 1,700 adolescents and young people in all regions of Niger – 100 per cent of the target – were trained to be peer educators in life skills, peace-building, citizenship, and community life.
- To curb youth violence in six municipalities, messages on peace and community engagement were disseminated through *fadas* (traditional youth associations), community events and community radios, reaching more than 20,900 people.
- 173 teachers in vocational schools and technical centres in 12 municipalities of Diffa region were trained in life skills and peace-building, and will cascade the training to 1,500 students.
- 1,400 out-of-school adolescents in 18 municipalities were trained in participatory planning. This helped to include specific activities for young people in municipality development plans.
- 137 community youth platforms, created in 35 convergence municipalities, reached more than 98,700 young people with peace-building activities and community engagement.

Mobilizing traditional and religious leaders

- Thanks to UNICEF's partnership with the Association of Traditional Chiefs of Niger and the Islamic Association of Niger, 337 additional villages in Tillabery, Dosso, Maradi, Zinder and Tahoua regions reached the standards for 'model villages', bringing the total number of model villages to 730 since 2016. Model villages have at least 45 per cent of girls enrolled in school, 90 per cent of children under 2 fully vaccinated and 80 per cent of children under 2 with birth registration.
- To sustain the results achieved in model villages, UNICEF helped 50 community committees in five municipalities in Dosso, Tillabery and Maradi and

Zinder regions to promote community participation in local planning and the protection of the rights of the child.

- An initiative was piloted in five convergence municipalities to promote community engagement and dialogue on girl's education, child marriage prevention, peace and social cohesion building. More than 1,000 religious leaders were involved in the discussions. This innovative experience was possible through partnership with the largest Islamic association in Niger, and has the potential to bring the strategy to scale.

Social policy and advocacy

Key results for children

Niger faces several challenges to its development due to its landlocked position, high population growth, drought, chronic food insecurity, low levels of education and an absence of economic diversification. Children and women carry the burden of poverty, disease, malnutrition and illiteracy. This is why UNICEF rallies behind the most disadvantaged children and families, ensuring that their rights are fully recognized in national and local policies, strategies, programmes and public resources.



- Niger's 2035 Sustainable Development and Inclusive Growth Strategy, National Gender Policy and five-year Economic and Social Development Plan for 2017–2021 were finalized with technical support from development partners. As result of advocacy efforts by UNICEF and its partners, key issues affecting children were addressed in the new development plan, notably in the areas of girls' education, child health and nutrition and women's empowerment.
- In 2017, the UN convergence municipality approach – where UNICEF interventions in health, nutrition, water and sanitation, education and child protection complement the work of other UN agencies to build the resilience of vulnerable communities – entered its 4th year of implementation. All seven regions and

31 of the 35 convergence municipalities had child-sensitive regional development plans and municipal development plans. Thirty-two of the 35 convergence municipalities signed annual action plans with UN agencies, with close to 60 per cent of the action plans realized.

- To strengthen government accountability at decentralized levels, eight mayors in Tahoua, Maradi and Zinder regions signed pledges to use guidelines on participatory planning, participatory budgeting and citizen accountability in 2018.
- Niger adopted its second National Strategy for the Development of Statistics (2017–2021). The strategy aims to provide quality, relevant, reliable and accessible statistical data. With support from UNICEF and other partners, the national information system was strengthened and 35 ministry data managers and statistical directors and all eight regions were trained in the revised and updated databases.

- UNICEF supported the National Institute of Statistics (NIS) to assess the readiness of Niger's statistical system to monitor the implementation of Economic and Social Development Plan (2017–2021). A roadmap with specific actions will be implemented as part of the NIS 2018 annual work plan with the support of UNICEF and other partners.

- A key activity for NIS was collecting data for the Demographic and Health Survey (DHS) 2017, which will provide baseline data to monitor the Economic and Social Development Plan (2017–2021) and Niger's Sustainable Development Goals commitments. UNICEF provided significant financial and technical support, with a particular focus on improving the quality of data on child and women's nutritional outcomes. For the first time, household survey data were collected using tablets.

Humanitarian response

2 million people¹ in Niger affected by natural disasters, the Lake Chad Basin crisis², epidemics, food insecurity and population displacement.

More than 250,000³ persons internally displaced persons (IDP), refugees and returnees in Diffa region due to Boko Haram violence.



7 departments In southwestern Niger, increased vulnerability of people in seven departments due to the worsening security situation.



More than 316,000 children under 5 affected by the national nutrition crisis.

¹Humanitarian Response Plan Niger 2017, OCHA

²The Lake Chad Basin crisis refers to the humanitarian consequences of the Boko Haram conflict affecting 4 countries around the Lake Chad

³Diffa Regional Directorate for Civil Registration, October 2017

Key results for children

In partnership with the Government, local and international NGOs, UNICEF provides an integrated humanitarian response in health, nutrition, WASH, education and child protection to IDP, refugee and returnee children and families in Diffa region, who have been affected by the Lake Chad Basin crisis since 2015.

Support to children affected by other crises includes treatment for severe acute malnutrition nationwide; provision of non-food items, water, hygiene, sanitation and education emergency services to children and families affected by floods nationwide, emergency support to contain disease outbreaks such as measles, and emergency support to the education system to respond to the consequences of a fodder deficit on school attendance in several regions.

WASH in emergencies

- With support from UNICEF, 57,000 people affected by Boko Haram violence in Diffa region gained access to safe drinking water through the construction/rehabilitation of boreholes and small-scale piped systems, and more than 17,000 people through water trucking.
- More than 47,000 people in Diffa region were reached by the Community-led Total Sanitation programme, which helps communities build, use and maintain their own latrines and end open defecation.



Bridging the humanitarian-development divide

In the wake of the World Humanitarian Summit in 2016, one of the 'new ways of working' is to provide humanitarian and development assistance concurrently, so that crises are more likely to end sooner and less likely to repeat themselves. In Niger, one example of this is sustainable water access for IDP communities in Diffa region, who have been affected by the Lake Chad Basin Crisis for three years.

After years of providing expensive water-trucking services to Kidjani displacement site, 70 km from Diffa town, UNICEF was able to mobilize enough resources, in collaboration with NGO ACTED, to invest in a long-term and cost-effective solution: a

piped water supply system that provides sustainable access to safe water to more than **20,000** people.

The infrastructure included **14,680** linear meters of water network and **41** drinking fountains, and is managed by four trained water management committees. It is a multi-village system that connects three settlements in the area: Malam Djowori, Kidjandi, and Garana.

Water trucking costs US\$3,600/day, equivalent to around US\$1.3 million/year whereas the construction of the new piped system was budgeted at US\$ 1.47 million. To reduce operating costs, small piped systems can be powered by solar energy, increasing efficiency and reducing carbon emissions.

UNICEF received 62% of its US\$37 million 2017 Humanitarian Action for Children (HAC) appeal.

- Niger faced severe floods in 2017. To stop the spread of diseases, more than 56,000 people benefitted from the distribution of water treatment supplies, cholera prevention activities and the disinfection of contaminated wells. In addition, rehabilitation of damaged wells in Dosso and Tillabery regions brought clean water to 23,500 people affected by floods.
- In 2017, Diffa region experienced an outbreak of Hepatitis E with 2,145 cases and 39 deaths. The implementation of a swift and coordinated response plan helped to contain the epidemic. Thousands were protected from the disease through water treatment and promotion of hand washing with soap or ash.
- UNICEF provided technical support and 5,000 non-food item kits to the three NGOs implementing the Rapid Response Mechanism in Diffa. The project assesses the acute vulnerabilities of forcibly displaced communities and provides fast WASH support and non-food items, including hygiene kits for girls and women.

HIV in emergencies

- More than 1,500 people in Diffa region were reached with HIV prevention information, including 63 pregnant women referred to PMTCT services. In addition, more than 2,400 HIV-positive individuals were provided with antiretroviral therapy – of these, 1,480 were women and 51 adolescents.

Health in emergencies

- More than 48,000 children aged 9–59 months were vaccinated against measles in Diffa region, including more than 17,000 refugees and internally displaced children.
- More than 30,000 children under 5 were able to access health services in the 48 health facilities in Diffa

region. UNICEF supported the services with essential medicines to treat children with malaria, diarrhea and respiratory infections.

- More than 7,400 children in Diffa region benefitted from health services through mobile health clinics supported by UNICEF.

Nutrition in emergencies

- In response to the national nutrition crisis, 99 per cent of the more than 316,000 children under 5 with severe acute malnutrition were treated, including more than 11,000 in Diffa region.

Education in emergencies

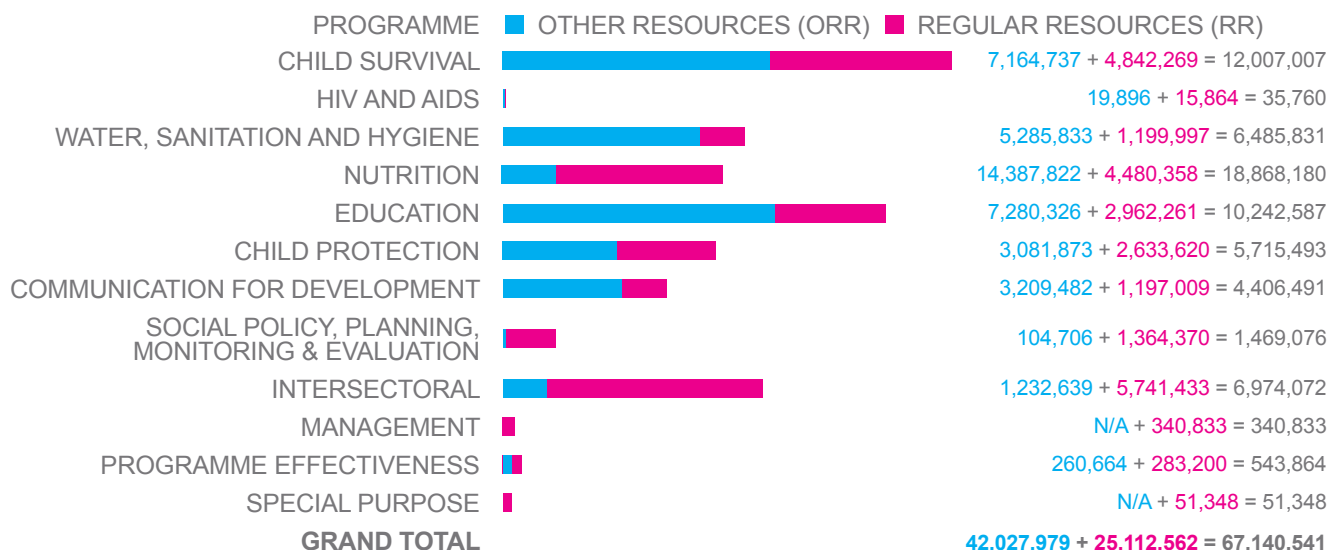
- Attacks on education continued in Diffa region in 2017, with two schools damaged in May and a school director killed in October. Four schools were closed as fearful teachers decided to stop working. Despite the violence, UNICEF and the Government of Niger and were able to support access to education for more than 26,000 children at all levels by October 2017. This included the provision of temporary learning shelters for 12,000 children and learning kits for more than 30,000 children.
- To provide educational access to out-of-school children in Diffa region, an innovative radio education programme broadcasted literacy, numeracy and child protection sessions to children's listening groups.

Child protection in emergencies

- To help children recover from displacement and trauma, almost 10,000 children affected by the conflict in Diffa were reached with psychosocial activities in 62 child-friendly spaces, including 14 spaces dedicated exclusively to adolescents.
- Out of the 260 separated and unaccompanied children identified in 2017, 201 were provided with alternative care in transit families while the rest remained in spontaneous host families.
- 76 children allegedly associated with Boko Haram, including one girl, were released and cared for in a transit and orientation centre, set up in Niamey with support from UNICEF and its partners.

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PROGRAMME BUDGET, 2017, US\$



THANK YOU TO OUR DONORS

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For further information, please contact:

UNICEF

Niger Country Office





P.O. Box 12481

Niamey, Niger

Telephone: +22720727100

Email: niamey@unicef.org

www.unicef.org/infobycountry/niger.html

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