



## Economic and Social Council

Distr.: Limited  
10 July 2012

Original: English

**For discussion**

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### United Nations Children's Fund

Executive Board

**Second regular session 2012**

11-14 September 2012

Item 6 (c) of the provisional agenda\*

### Summary of midterm reviews of country programmes

#### West and Central Africa region

#### *Summary*

This regional summary of midterm reviews of country programmes conducted in 2011 was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1). The Executive Board is invited to comment on the report and provide guidance to the secretariat.

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\* E/ICEF/2012/15.



## Introduction

1. During 2011, three countries in the West and Central Africa region conducted midterm reviews of country programmes: Benin, the Republic of the Congo and Niger. The three countries are emblematic of the region's complexity and face formidable challenges in reaching the Millennium Development Goals with equity. In Benin, stability was shaken by a series of strikes in the health and education sectors, putting at peril promising improvements in the situation of women and children. Rapid economic growth in the Republic of the Congo is marked by widening inequalities, and in Niger economic growth has not kept pace with the swelling social needs of a rapidly growing population.

2. In all three countries, child mortality rates continue to decrease but maternal mortality rates are stagnating and neonatal mortality remains problematic. Disasters and humanitarian crises are recurrent and large scale. Both Benin and the Republic of the Congo have recently experienced some of the worst floods in recent decades, and the Republic of the Congo had outbreaks of polio and measles in 2010. Niger remains exposed to nutrition crises due to regular climatic shocks and persistent, chronic food insecurity.

3. Improvements have been noted in primary school enrolment and gender parity, but completion rates are not improving as fast, and quality of education remains an issue. Gender gaps in access to education and health services in Niger remain alarmingly wide. Child rights continue to be violated, and a climate of impunity persists due to the lack of a juvenile judicial system. In Benin and the Republic of the Congo, child trafficking and violence against children remain serious concerns.

4. The three countries belong to the first wave of nations that made a strategic shift towards equity-focused programming. This means that their country programmes must look beyond national averages, seek out the most deprived populations and work to narrow inequities in outcomes. The goal is to accelerate the decline in child and maternal mortality, achieve primary universal education and protect children from violence, exploitation and abuse. The shift is based on a clearer understanding of the scope and nature of deprivations and inequities in accessing and using basic social services. Equitable results are sought based on (a) increasing budgetary and legislative analysis and policy dialogue; (b) improving operational capacity to provide services; and (c) removing geographic, financial and sociocultural barriers in the use of services and adoption of appropriate behaviours and practices.

5. Related to this shift is the mandate to improve the country programme orientation to results. This requires establishment of robust monitoring systems to assess programme progress towards achievement of outcomes and reduction of child deprivations, so that interventions can be adjusted.

6. The midterm reviews were also an opportunity to reposition UNICEF strategically in the countries in line with the United Nations Development Assistance Framework (UNDAF) and the poverty reduction strategies. The exercise was coordinated by the planning ministries with the participation of line ministries responsible for social sectors. In Benin and the Republic of the Congo, a Strategic Moment of Reflection preceded the midterm review.

## Midterm reviews

### Benin

#### Introduction

7. The midterm review of the 2009-2013 country programme reviewed progress towards achievement of expected outcomes with a focus on effectiveness, efficiency, relevance, sustainability and quality of the strategies of the five programme components. The review was based on a participatory process involving several steps: preparation of an equity-focused situation analysis, review of programme performance, a Strategic Moment of Reflection, sector reviews and a final formal meeting chaired by the Minister of Development, Economic Analysis and Forecasting.

#### Update of the situation of children and women

8. Economic growth in Benin fell by nearly half in 2009. The effects continued in 2010 and affected the volume of social expenditure. The situation was compounded by the worst flooding in 50 years, affecting about two thirds of the country. Since 2008, Benin has also suffered continuous strikes in the vital social sectors of education and health, leading to closure of several health facilities and schools.

9. In 2010, some 40.3 per cent of rural children under the age of five were poor, compared to 29.6 per cent of children under five living in urban areas. Significantly, there is a positive correlation between household poverty and child mortality, and a negative correlation between mother's educational level and child mortality. The most important severe deprivations affecting children are untreated diarrhoea, non-registration at birth, lack of access to media and non-enrolment in education. In 2010, over one third of children under age 18 years (37 per cent) were considered poor in terms of deprivation (living with at least one of seven severe deprivations); however, this marks an improvement over the figure of 45.4 per cent for 2006.

10. Child mortality, estimated at 125 per 1,000 live births in 2006, has been declining since 1996, when it was 167 per 1,000. However, this improvement seems insufficient to reach the target of 65 per 1,000 live births needed to achieve Millennium Development Goal 4 in 2015. Repeated strikes in the health sector could jeopardize this progress. Underweight rates have stagnated (the figure was 18.4 per cent in 2006, compared to 16.6 per cent in 2009). Disparities by income level are significant, and chronic malnutrition remains high at 43 per cent in 2006, compared to 37 per cent in 2008.

11. Concerning the right to education, significant progress has been made in recent years. Although 17.1 per cent of children aged 7-17 years never attended school in 2010, this is an improvement over the figure of 28.7 per cent in 2006. In 2010, the gross enrolment rate at primary level was 110.6 per cent and the net enrolment rate was 90.3 per cent. The major challenges relate to retention, completion (64 per cent overall, and 57 per cent for girls, in 2010) and quality (one in three children cannot read in *cours moyen deuxième année* (CM2)).<sup>1</sup> Although increasing, the gross

<sup>1</sup> CM2 in the francophone system is the equivalent of 5th grade primary school in the Anglophone system.

enrolment rate for preschool is still low (10.3 per cent in 2010 against 7.1 per cent in 2007).

12. Violations of child rights continue and laws are not sufficiently applied. Major violations include violence in schools, particularly against girls (10.8 per cent as opposed to 0.7 per cent for boys), and child labour (34 per cent in 2009, of which 10 per cent are victims of trafficking). Benin has only one juvenile judge. As a result, in 2007-2008, 100 per cent of children in custody did not receive a trial; in 2010, the figure was 98.8 per cent. In November 2010, nine children's judges were appointed, so it should now be possible to reduce the number of children in prison, particularly the number of children in pre-trial custody, and the duration of detention.

### **Progress and key results at midterm**

13. Several results achieved between 2009 and 2011 illustrate the strategic vision behind the country programme. For the child survival and development component, UNICEF contributed to preparation of the national Health Development Plan 2009-2018 and the November 2010 signing of the International Health Partnership (IHP+) compact to support the implementation of the Plan and to accelerate progress towards the Millennium Development Goals. Technical support was also provided to develop mechanisms for monitoring and implementation of the IHP+ compact and to prepare health development plans for 5 of the 11 health intervention zones. In addition to health systems strengthening, the programme contributed to improvements in health information management and the provision of health and nutrition services. DPT3 coverage reached 97 per cent in 2010, up from 92 per cent in 2009. No cases of wild polio virus have been reported since April 2009, thanks to 10 national polio campaigns in 2009 and 2010. Neonatal tetanus has also been eliminated. Latrines are present in 89 per cent of health centres; 80 per cent have access to safe water and 81 per cent to hand-washing devices, achieving the target of 80 per cent.

14. In education, UNICEF supported development of the national policy for integrated development of young children. It was subsequently validated and submitted to the Cabinet for adoption. The national strategy for accelerated primary education to support the ten-year education sector development plan has been put into effect. Through UNICEF support, more than 10,000 community teachers received training, and 105,415 students in 455 schools affected by flooding received emergency education assistance.

15. The child protection component supported the development and adoption of decrees to implement the law against trafficking adopted in December 2009. The CHILDPRO database is functional nationally and in 6 of the country's 12 departments. Among boys and girls identified as victims of trafficking and economic exploitation, 85 per cent have received support.

16. The social policy programme component completed a social budget analysis, social protection mapping and a feasibility study for a social transfer programme. It led to the creation of an interministerial platform for social protection. Updated data on children and mothers are now available at national level through support provided to BenInfo database updates.

### Resources used

17. During 2009-2011, the total planned budget (regular and other) was \$60,007,500, of which \$54,191,282 (90.3 per cent) was funded. At the time of the midterm review, \$39,919,772 had been requisitioned. Expenditures totalled \$36,424,550, of which \$18,072,949 was for child survival, \$7,996,506 for education, \$5,111,934 for child protection, \$1,537,816 for social policy, \$1,019,942 for advocacy and partnerships, and \$2,685,403 for programme support. Despite successful fundraising — illustrated by the mobilization of 95 per cent of the other resources ceiling at the time of the midterm review — the programme faced shortfalls of 138 per cent for child survival and 14 per cent for social policies.

### Constraints and opportunities affecting progress

18. Key constraints in achievement of results are the low absorption capacity of line ministries; lack of attention given to some categories of vulnerable children, including disabled children and children from pastoral<sup>2</sup> communities; repeated strikes, which sometimes shut down services in vital social sectors; poorly functioning coordination structures for child protection; insufficient baseline data and reliable national statistics in child protection; inadequate enforcement of laws; and delays in developing certain legal texts.

19. It is clear from the evaluability analysis conducted as part of the midterm review that more needs to be done with regard to mainstreaming gender issues and addressing socioeconomic disparities. It is also clear that measurability of results remains relatively weak, with some indicators lacking targets and others failing to fulfil “SMART” (specific, measurable, attainable, relevant and timely) criteria.

20. Major opportunities during the first half of the cycle included the motivation of community health workers as a result of the performance-based financing mechanism; involvement of local councils; appointment of nine juvenile judges; increase in police officers specialized in juvenile court; signing of the health Compact; existence of institutional and community child protection mechanisms, including at municipal level; and operationalization of the Strategic Plan sector on food and nutrition for scaling up nutrition interventions.

### Adjustments made

21. The midterm review recommended the following adjustments to the country programme:

(a) The water, sanitation and hygiene sector will focus on identifying strategic partnerships and mobilizing resources, rather than on operational interventions, and will concentrate on hygiene and sanitation. Construction of water points in schools will be left to others better equipped in that area.

(b) The child survival and development programme will focus on prevention of mother-to-child transmission (PMTCT) and care for children infected with HIV. It will no longer intervene directly in prevention or provision of youth services as UNICEF does not have a clear comparative advantage in HIV prevention in secondary schools.

<sup>2</sup> Specifically rural children who work with animals and take care of cattle (“*enfants bouviers*” in French).

(c) New priorities were defined for the education programme, such as support for educational planning in municipal development plans and enrolment of underrepresented groups such as child herders and children with disabilities.

(d) Child protection will move from targeted interventions towards the building and strengthening of child protection systems at both national and decentralized levels (local child protection plans in districts and communes). Preventing violence and abuse against children, especially the most vulnerable, will be emphasized.

(e) A number of job descriptions for programme and support staff were reviewed to ensure that skills matched revised programmatic needs.

## **Republic of the Congo**

### **Introduction**

22. The midterm review for the 2009-2013 Republic of the Congo-UNICEF country programme took place between May and August 2011 under the leadership of the General Directorate of the Ministry of Planning, supported by an interministerial committee. It consisted of an update of the situation analysis, conducted in parallel with the performance analysis of programmes. A Strategic Moment of Reflection was also organized with the participation of the regional office.

23. The review involved the participation of ministries responsible for social sectors plus the National Commission to Fight against AIDS, United Nations agencies (including the International Monetary Fund and World Bank), technical and financial partners, civil society organizations, community-based and faith-based organizations, and the private sector.

### **Update of the situation of children and women**

24. In 2010, the Republic of the Congo became the 28th country to reach its completion point under the Initiative for Heavily Indebted Poor Countries. The initiative reduced the country's debt burden by approximately \$1.9 billion, according to the World Bank. However, despite these advantages, the likelihood of achieving the Millennium Development Goals by 2015 is slim because of high levels of poverty and inequality. The rural population, constituting 42 per cent of the population, and ethnic minorities, including indigenous peoples, have been largely excluded from the country's economic growth.

25. The Republic of the Congo reported nearly 500 cases of polio in 2010, resulting in 150 deaths, as well as measles outbreaks. The prevalence of HIV/AIDS appears to have declined nationally, from 5.3 per cent in 2005 to 4.1 per cent in 2009. However, HIV prevalence is more than twice as high among adolescent girls aged 15-19 (1.9 per cent) as boys (0.8 per cent). For young people aged 20-24, prevalence is five times higher among women, at 2.9 per cent, against 0.6 per cent in men.

26. Access to safe drinking water improved from 58 per cent in 2005 to 71 per cent in 2010, although this average hides disparities. The risks of exposure to waterborne diseases such as diarrhoea and cholera remain high, given low access to

safe water and sanitation facilities, particularly in rural and peri-urban areas, and inadequate hygiene practices.

27. The efficiency of the education system remains a major challenge, as evidenced by high rates of repetition (24 per cent) and dropout (23 per cent) in 2010. As a result, 53 per cent of children aged 6-17 years are in fact deprived of access to quality education.

28. Nineteen per cent of Congolese children are not registered at birth. Indigenous children have less access to health care, education and welfare and are subject to discrimination and exclusion. The phenomenon of child trafficking remains a concern.

### **Progress and key results at midterm**

29. The programme supported the Government in developing policy and sectoral strategies, including a poverty reduction strategy and a national policy for social action. It also helped to build national capacity in budgeting (through support for preparation of the medium-term expenditure framework in the social ministries) and in monitoring public expenditure (through a feasibility study for a public expenditure tracking survey in the health sector). In addition, the programme produced evidence that fed into the policy dialogue on social development through preparation of several studies: a white paper on social protection (together with Maastricht University), a study on social policies and a study on funding social sectors in the new economic environment of the Republic of the Congo.

30. UNICEF supported implementation of the National Health Development Plan through preparation of a national road map to accelerate the reduction of maternal, newborn and child mortality. In the expanded programme on immunization (EPI), the programme focused on reducing geographic disparities and the number of low-performing districts, which were more than half of districts in 2010. The integration of some key interventions into the EPI and the Mother and Child Weeks has improved access to essential inputs. Vitamin A coverage among children and post-partum women increased from 86 per cent to 90 per cent in 2009 and from 94 to 102 per cent in 2010.

31. The number of treated mosquito nets distributed has increased from 167,700 in 2007 to 770,000 in 2010. The goal is to achieve full national coverage of children under 5 and pregnant women. More than one third (38 per cent) of pregnant women have received access to intermittent preventive treatment of malaria. Access to artemisinin-based combination therapies, oral rehydration and zinc treatment was provided for 29 per cent of children under 5 years in 2010. The programme also contributed to scaling up of services for PMTCT and paediatric care. This included integration of HIV testing and care of HIV-positive pregnant women in health facilities, thereby increasing the percentage of structures offering integrated PMTCT and paediatric services from 24 per cent in 2009 to 50 per cent in 2010.

32. The essential package of nutrition interventions and guidelines and instructions for its implementation were adopted. The country programme also supported formulation of the national policy on water and sanitation and initiated implementation of the community-led total sanitation approach in 20 pilot villages. It was subsequently extended to the departments of Pool and Plateaux.

33. A parental education programme to promote comprehensive care of young children was piloted in seven community centres in rural and peri-urban poor areas across six departments. It is now attended by 386 children (235 girls) aged 3 to 5 years. In terms of education access and equity, the national strategy for including the most vulnerable children remains to be developed. The main achievements relate to promotion of the “ORA” schools approach,<sup>3</sup> which is designed to introduce indigenous children to the formal educational programme to facilitate their integration in regular schools. In 2011, 2,169 children (650 girls) were attending, against 1,543 in 2009, with an average success rate of transition to formal primary school of 67 per cent. The programme also provided technical and financial support for development of the education strategy. UNICEF continued to support the child-friendly/girl-friendly approach through 33 model schools in 6 counties, benefiting at least 13,000 students (5,600 girls).

34. UNICEF supported the passage of two child protection laws: the Child Protection Act (2010) and the Act for the Protection and Promotion of the Rights of Indigenous Peoples (2011). The programme also supported capacity building of workers for case management of children living on the street and developed data management tools for monitoring and evaluation. Regarding child trafficking, support was provided for case management and rehabilitation of trafficked children; for strengthening local capacity for coordination and participatory programming; and for a bilateral agreement between the Republic of the Congo and Benin. Regarding children from ethnic minorities, the programme contributed to an essential package of interventions in health, education, birth registration and information on HIV/AIDS. A national plan of action for changing social norms was elaborated to promote non-discriminatory attitudes towards indigenous people.

#### **Resources used**

35. During 2009-2010, the total planned budget (regular and other resources) was \$16,715,600. Expenditures totalled \$14,609,870 (87.4 per cent), of which \$6,369,587 was for child survival; \$4,868,485 for education; \$1,071,815 for child protection; \$1,588,894 for planning, communication and HIV coordination; and \$711,089 for programme support. In addition, \$4,340,189 was spent on response to refugees from the Democratic Republic of the Congo in 2009 and on polio and measles outbreaks in 2010.

#### **Constraints and opportunities affecting progress**

36. Lack of evidence represented an important constraint during implementation of the programme. Implementation of both the Demographic and Health Survey and ECOM (Congolese household survey) was delayed, resulting in a lack of recent data necessary to complete a thorough and equity-focused situation analysis. Monitoring and evaluation remain weak, limiting the ability to benefit from experiences and hampering effective advocacy for strategic adjustments and scaling-up of promising initiatives.

37. Delays in the disbursement of funds by government counterparts resulted in the cancellation of some activities (e.g. vaccination campaigns) and disruptions in the supply of essential inputs. These logistical difficulties and high costs for

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<sup>3</sup> ORA is the French acronym for *Observer, Réfléchir, Agir* (observe, think and act).

delivering inputs to their final recipients were exacerbated by low supply management capacity nationally and locally, which further delayed implementation of interventions.

38. Humanitarian assistance for refugees from Democratic Republic of the Congo in the department of Likouala and the response against polio and measles epidemics demanded the participation of the entire country office in 2010 and 2011, contributing to delays in implementation of regular programme activities.

39. At the United Nations system level, not all thematic groups established in the UNDAF have been fully operational. This limited the scope of joint policy dialogue and advocacy in certain sectors and delayed the midterm review of the UNDAF.

40. The elaboration of the Strategy Paper for Growth, Employment and Poverty Reduction (2012-2016) by the Government represents an important opportunity to move the social development agenda forward.

41. The establishment of management committees and community development structures at local level is a major entry point for strengthening decentralized planning, mobilizing local resources and promoting development of community capacity for effective participation in development activities.

42. The strengthened partnership with the International Monetary Fund and the World Bank is an opportunity for UNICEF to enhance its policy dialogue role. It also provides UNICEF with access to a closed circle of agencies involved in drafting the national budget. This will facilitate alignment around common objectives and concerns for children and will support a plea for pro-child social budgets.

43. Joint programming within the United Nations provides an opportunity to advance the Delivering as One agenda by increasing resources and improving the efficiency of the United Nations system in the development of the Republic of the Congo.

#### **Adjustments made**

44. The midterm review highlighted the importance of producing a high-quality situation analysis focused on equity and to mainstream equity programming in national programmes, including the social protection pillar of the poverty reduction strategy, to accelerate achievement of the Millennium Development Goals.

45. At the same time, it will be necessary for the country programme to support strengthening of basic social services in communities while simultaneously focusing on their empowerment. This will be aided by implementation of strategies to eliminate bottlenecks (geographical, financial, cultural, gender related, among others) in the supply of and demand for services. Evidence of the impact of interventions in communities will then be fed into policy dialogue at upper levels to better influence decision-making.

46. Given the ongoing formulation of a national policy for social action, it will be necessary to ensure a consistent articulation with and integration of efforts towards strengthening of child protection in the child-centred components of the national social protection system and related operational framework under development.

47. The country programme will continue to build alliances within the United Nations system and among other technical and financial partners for more effective technical support and mobilization of resources. It is also important for UNICEF to position itself on sectoral reform and to push the Government towards adoption of the sector-wide approach in health and education. Finally, UNICEF should develop a strong partnership with local research institutions for documentation and evaluation of the country programme.

## **Niger**

### **Introduction**

48. The midterm review of the Niger country programme took place from March to June 2011, and took stock of progress achieved, assessing the relevance of strategies and interventions. The reviews took place under the leadership of the steering committee of the Niger-UNICEF Programme of Cooperation, chaired by the Secretary General of the Ministry of Planning and Community Development. Five technical groups were formed, one for each of the country programme components, and technical meetings were set up to analyse achievements and implementation strategies. An official meeting with government counterparts took place in June 2011 to validate the content of the report and its recommendations. The final report was shared and approved by the steering committee.

49. The midterm review began with a desk review of surveys and evaluations conducted since 2009 and a participatory analysis of the main results achieved. It also assessed the relevance, efficiency and sustainability of the strategies adopted. It focused particularly on equity, human rights and results-based management.

50. Other agencies from the United Nations system were involved in this process, along with technical and financial partners, non-governmental groups and civil society organizations. It is worth noting that, for the first time in the context of a midterm review in Niger, children and young people participated through discussion forums. Their contributions were fully taken into account in the report.

### **Update of the situation of children and women**

51. Though poverty has decreased slightly since 2009, two thirds of the people of Niger still live below the poverty line. Over 80 per cent of the population lives in rural areas, where the incidence of poverty is the highest and affects women and children especially hard. The regions with the highest levels of poverty are Maradi (73.4 per cent), Tahoua (71.7 per cent) and Dosso (66.9 per cent). Food insecurity in 2010 resulted in a serious nutrition crisis, especially for young children and pregnant and lactating women.

52. The Nigerian economy depends heavily on agriculture and is vulnerable to climate hazards. Economic growth remains too low to satisfy the swelling social needs of the population, which is growing 3.3 per cent annually. Public spending on social sectors has increased from 40 per cent in 2008 to 44 per cent in 2010, with a notable increase of almost 30 per cent for education. However, the social protection budget remains very low, around 2 per cent, despite the growing vulnerability of populations.

53. Niger experienced important political changes between 2009 and 2011. A political crisis in 2009 led to a military coup in February 2010. On 7 April 2011, the

country's military junta officially handed power over to the newly elected President, Issoufou Mahamadou. So far, the President has shown a strong commitment to key development challenges such as fighting food insecurity and malnutrition and improving access to basic social services.

54. There is a significant risk that the country will not achieve most of the Millennium Development Goals. The maternal mortality rate has stalled for the past 20 years. Though the under-five mortality rate has fallen 34 per cent since 2005 in both urban and rural settings, it remains high. Malaria, respiratory infections and diarrhoea are the main direct causes of under-five mortality, as well as acute malnutrition, which is directly or indirectly responsible for 50 to 60 per cent of under-five deaths. Over half of the population has no access to safe water supply (52 per cent nationally, 61 per cent in rural areas), and given the inadequate access to proper sanitation, four out of five are forced to practice open defecation (79 per cent nationally, 91 per cent in rural areas).

55. Access to education has improved but the gender gap is still significant, particularly in rural areas, and the quality of education also remains an issue. The violation of women's and children's rights is common, often entrenched in existing social and cultural norms and practices.

56. The country has adopted (or is in the process of adopting) a number of laws and policies supporting the promotion and realization of children's and women's rights. These include the social protection policy, upcoming national framework for child protection, youth policy (2011-2015) and adoption of the new health development plan (2011-2015). The Government has ratified the Convention on the Elimination of All Forms of Discrimination against Women but expressed reservations on five articles.

### **Progress and key results at midterm**

57. Important progress has been made in child survival in Niger, as reflected in the 34 per cent decrease in child mortality between 2006 and 2010. Coverage for the BCG and pentavalent vaccines increased 15 percentage points from 2008 to 2010; progress for measles coverage has been slower, with an increase of 3 percentage points. The national coverage for all three packages of the continuum of care (prenatal consultations and obstetric care, EPI+ and IMCI+) has expanded, particularly in rural areas. Around 60 per cent of medical centres now provide PMTCT services. The main remaining challenges relate to neonatal and maternal care.

58. The prevalence of malnutrition remains high, though access to treatment and quality of care have improved. During the food and nutrition crisis of 2010, UNICEF and its partners provided treatment to 330,448 children affected with severe acute malnutrition, reaching 86 per cent of the expected caseload. Meanwhile, UNICEF kept investing in prevention activities and in strengthening health system capacity to manage malnutrition. Little progress has been made in water and sanitation over the past two years. However, implementation of community-led total sanitation has shown promising results; it has been adopted by the Government as the main sanitation strategy in rural areas.

59. Niger is accelerating efforts to achieve universal access to primary education (Millennium Development Goal 2). The gross enrolment rate reached 73 per cent in

2009/2010, and the target is 92 per cent by 2012/2013. However, the completion rate, at 49 per cent, is not improving as fast and still lags far behind the target of 75 per cent for 2012/2013. Disparities in access to education remain important, especially for girls and in rural areas. The quality of education is still a significant issue. Over 80 per cent of teachers are currently on short-term contracts with little job security and few career opportunities. Most of them lack both pre-service and in-service training. Only 25 per cent of schools have access to sanitation facilities and 15 per cent have access to water.

60. Results achieved in research action zones, where pilot strategies are being implemented, are appreciably higher than national averages in terms of enrolment and reduction of disparities. Following the child-friendly/girl-friendly school approach, these strategies emphasize teacher training and a participatory model of school management. The highest impact activities will be included in the national education plan in a progressive scaling-up process.

61. One of the main achievements of the child protection programme has been introduction of a systemic approach, based on a mapping and analysis of the current protection system. Some important legislation and policies for the promotion of children's and women's rights have been adopted since 2009. However, key texts such as the Personal Status Code and the Children's Code are yet to be adopted. Adoption of the Children's Declaration by eight political leaders, including the Head of State and the President of the National Assembly, is a key opportunity to advocate for children's rights. Prevention, education and judicial care services for vulnerable children have been considerably strengthened through the development of national guidelines and standard norms, as well as training of stakeholders. Through the protection cluster, UNICEF also supported populations affected by emergencies, specifically through psychosocial support and services for prevention of abuse, violence and exploitation.

62. Over the past two years, the communication programme has increased the visibility of child survival and development issues in Niger and mobilized partners and donors, including in the context of emergencies. For instance, funds were mobilized in the context of the 2010 food and nutrition crisis. Access to information on basic social services has improved through the diffusion of articles and television and radio programmes covering health issues, including HIV/AIDS. Involving children and young people in advocacy and social mobilization has become a key strategy for the programme. Adoption of the youth policy and creation of the National Youth Council have encouraged dialogue with the Government, communities and the media. This has encouraged young people to take part in key advocacy campaigns, such as the "your vote, your future" campaign linked to the recent presidential election.

63. The promotion of key family practices has shown promising results. Exclusive breastfeeding has increased from 4.4 per cent in 2008 to 26.9 per cent in 2010, with the objective of 60 per cent by 2013. The proportion of mothers of under-five children who wash their hands with soap has increased from 35 per cent in 2009 to 40 per cent in 2010. Strategic partnerships are being developed to scale up these initiatives.

64. Children's and women's rights are better positioned in national and sectoral policies, both at national and decentralized levels, with a focus on the most vulnerable. This is due to formation of strategic partnerships for monitoring the

development and poverty reduction strategy, production of a national guide for elaboration of community development plans and elaboration of the social protection policy. Production of a guide for implementation of the medium-term expenditure framework, in collaboration with the Ministry of Economy and Finance, will allow a better allocation of resources for child survival and development, taking into account the most vulnerable populations. Finally, development of the NigerInfo database and a number of surveys, including the nutrition and mortality survey, have provided reliable data for monitoring progress of the country programme against the Millennium Development Goals and the national development and poverty reduction strategy.

65. In September 2009, UNICEF responded to the floods in the Agadez region by providing support to 15,400 under-five children and 39,750 women in four districts. During the 2010 food and nutrition crisis, UNICEF co-coordinated, with the Government, the response of non-governmental organizations, United Nations agencies and technical and financial partners. The health system capacity to treat severe acute malnutrition was more than doubled, to 822 health centres compared to 350 in 2008, and over 330,000 children were treated.

66. Due to the efficient coordination of the emergency response, a major humanitarian crisis was avoided. However, reaching the most vulnerable populations remains an important challenge in the context of emergency interventions.

#### **Resources used**

67. During 2009-2011, the total budget was \$208,781,000 (regular, other and emergency other resources). Expenditure totalled \$149,737,000, of which \$100,050,000 was for child survival; 20,497,000 for education; \$8,050,000 for child protection; \$5,826,000 for monitoring and evaluation and social policy; \$7,500,000 for advocacy/communication; and \$7,814,000 for programme support. As of the midterm review, 115 per cent of planned 2009-2011 regular resources have been funded, along with 102 per cent of other resources (125 per cent for child survival, 114 per cent for education, 74 per cent for advocacy and communication, and 41 per cent for child protection).

#### **Constraints and opportunities affecting progress**

68. The lack of reliable data and monitoring systems makes it hard to assess the efficiency of interventions, particularly in child protection and communication. Implementation of programmes was affected by the prevalence of insecurity in some regions, due to terrorist activities by Al-Qaida in Islamic Maghreb, significant population movements and increased banditry resulting from the conflict in Libya.

69. The decentralization process is an opportunity to strengthen the focus on children and women in regional and community development plans. It is also worth noting that since the coup d'état of February 2010, which marked the end of the Tandja government, the political environment has become more conducive to combating malnutrition. This has opened the way for a long-awaited analysis of the structural causes of malnutrition in Niger.

70. The development of strong partnerships with the Government, other United Nations agencies and non-governmental organizations, and the efficient

coordination of technical and financial partners, has accelerated progress in several sectors in dealing with the food and nutrition crisis.

71. The adoption of an intersectoral approach to programming, particularly in child protection, has provided an opportunity for more collaboration and greater efficiency in implementation of the country programme. This approach has also shown promising results in promoting key family practices.

72. The equity agenda has allowed a stronger focus on the most vulnerable communities, both for long-term development and in the context of emergencies.

73. Strong donor interest in nutrition, juvenile justice and community-based approaches, especially key family practices and community-led total sanitation, has allowed the country programme to move forward quickly on these issues.

### **Adjustments made**

74. The midterm review recommended the following adjustments to the country programme:

(a) Communication for development will support implementation of key programme strategies, specifically the accelerated strategy for child survival and development, community-led total sanitation, development of child-friendly/girl-friendly schools and efforts against violence and harmful practices. These initiatives will be based on reinforcing the links between campaigns and community-based approaches, strengthening interpersonal communication and counselling skills, and strengthening the knowledge for practices component.

(b) Changes in the situation of children and women will be better documented through regular updates based on available data. This will include survival and nutrition surveys, SMART surveys, and the EDSN/multiple indicator cluster survey. This information will support advocacy for more equity-sensitive policies and programmes.

(c) UNICEF will strengthen its procurement and supply systems to avoid stock-outs and logistical and procurement systems problems, based on the experience of other countries in the region and on lessons learned at the organizational level.

(d) The child survival programme will concentrate on the areas where the least progress has been made. In malnutrition, the focus will be on prevention and on promotion of appropriate infant and young child feeding practices. UNICEF will strengthen efforts to combat neonatal and maternal mortality, emphasizing interventions in communities. Finally, water, sanitation and hygiene interventions will be more closely monitored, and progress indicators will be included in survival and mortality surveys.

(e) The education programme will focus on scaling up the child-friendly/girl-friendly school approach. It will emphasize areas where people are the most vulnerable, while also working to reduce disparities in research action zones.

(f) The child protection programme will be closely linked to implementation of the national social protection policy. This will ensure a focus on the most vulnerable children, linked to the new systemic approach for child protection in Niger. UNICEF will focus on the development of a community approach to child

protection, defining a strategy for scaling up pilot initiatives in this field. The programme will also strengthen the data collection and information systems on child protection, which is one of the main weaknesses of the system, and will give priority to interventions in support of registry offices.

(g) Participation of young people and children will have to become more systematic in advocacy efforts, as well as in the elaboration and evaluation of policies and strategies of relevance to them.

(h) Data collection and evaluation capacity of partners will be strengthened, and thematic evaluations will be conducted particularly to serve the most vulnerable populations.

## Conclusion

75. During the first half of the cycle, the country programmes of Benin, the Republic of the Congo and Niger contributed to systems strengthening in health, education and protection for improved provision of services. They also increased their engagement in policy dialogue and national, decentralized and sectoral planning processes. Important contributions were made to improve data availability (through nutrition and mortality surveys and Demographic and Health Surveys) and accessibility (in Benin and Niger) to aid monitoring of progress towards the Millennium Development Goals and national poverty reduction strategies.

76. Significant strides were also made in improving access to and demand for services through establishment of social protection systems and promotion of changes in sociocultural behaviour and practices. In the face of emergencies, the country programmes provided humanitarian response during polio and measles outbreaks in the Republic of the Congo, floods in Benin and the nutrition crisis in Niger.

77. Despite the progress made towards the Millennium Development Goals, notably in reducing child mortality and increasing access to education, increasingly evidence indicates that reaching all the Goals by 2015 remains challenging for all these countries. This is because progress has failed to reach the most vulnerable.

78. The delays experienced in implementing the country programmes highlighted the continued low supply management capacity nationally and locally and the frequency of disruptions in supplies of essential inputs. Moreover, it has become clear that to realize the rights of children and women it is not enough to ensure access of vulnerable populations to basic social services. Just as important is strengthening local responsibility, accountability and participation in managing and monitoring development activities. Finally, the capacity to address barriers and bottlenecks continues to be stymied by problems of reliability and timeliness of administrative and survey data, given low budgets and technical capacities for data management at decentralized levels.

79. Building on the progress made and lessons learned during the first half of the country programme cycles, UNICEF will continue to fine-tune the equity focus. Partnerships with United Nations agencies and the World Bank will be strengthened for continued policy dialogue, advocacy, resource leveraging and sectoral reform for more equity-sensitive policies and programmes. Evidence building and implementation of strategies to eliminate bottlenecks (geographical, financial,

cultural, gender) in the supply of and demand for services will be major thrusts of the programmes.

80. On the supply side, the focus will be on reaching the most vulnerable and reducing disparities in service coverage by systems strengthening. This will include strengthening supply management capacity at national and local levels. On the demand side, exploiting the ongoing decentralization process, key strategies will be improving provision of basic social services in communities and ensuring community participation in development activities (such as performance-based financing of health workers and community-based child protection systems) as well as strengthening preventive approaches, such as communication for development, social protection and nutrition. Documenting the piloting of innovative approaches focused on the more vulnerable populations, such as child-friendly/girl-friendly schools, will also be important. This evidence will be fed into the national policy dialogue for future scale-up. The monitoring and evaluation function will be strengthened to improve monitoring of results for equity.

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