

**REDUCING STUNTING IN
CHILDREN UNDER FIVE
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A COMPREHENSIVE
EVALUATION OF UNICEF'S
STRATEGIES AND
PROGRAMME PERFORMANCE**

NIGER COUNTRY CASE STUDY

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Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance – Niger Country Case Study

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March 2017

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This report for India constitutes part of a global evaluation titled “*Reducing Stunting in Children Under Five Years of Age: A Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance*” which includes six country case studies. The Niger case study report was prepared by an independent consultant Pepe Monroy from ICF. Krishna Belbase, Senior Evaluation Officer, EO led and managed the overall evaluation process in close collaboration with the UNICEF Nigeria Country Office where Fitsum Assefa was the lead counterparts. Abdoulaye Seye, Evaluation Specialist in the EO, supported the management of the evaluation including inputs to quality assurance.

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ACKNOWLEDGEMENTS

This case study report is the result of the commitment, efforts and contribution of a large number of individuals and institutions. The Evaluation Office and the team team wishes to thank the many colleagues who gave freely of their time for this evaluation, including staff from UNICEF, the Government of Niger, UN agencies and the many International and National NGOs. In particular, we are grateful to Fitsum Assefa, Viviane Van Steirteghem, Thi Minh Phuong Ngo, Ngarambe Ruty Adama N'diaye, and Mediatrice Kiburente in the CO for their support and contributions during the course of the evaluation.

Most importantly, we would like to thank all the children, women, members of various committees and community groups and local leaders who shared their experiences and contributed important insights to this evaluation. Thanks to Celeste Lebowitz, Evaluation Office, for formatting the final report

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ACRONYMS

3N	3N Initiative, Nigeriens Feed Nigeriens
C4D	Communication for Development
CLTS	Community Led Total Sanitation
CO	Country Office
CPAP	County Programme Action Plans
CPD	Country Programme Document
CREN	Nutritional Recovery Centres Network
CSO	Civil Society Organisation
EO	Evaluation Office
DHS	Demographic and Health Survey
DPEM	District Plan to Eliminate Malnutrition
ECD	Early Childhood Development
IECD	Integrated Early Childhood Development
FAO	Food and Agriculture Organisation of the United Nations
GoN	Government of Niger
iCCM	Integrated Community Case Management
IMCI	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
KII	Key Informant Interviews
LQAS	Lot Quality Assurance Sampling
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MTR	Mid-Term Reviews
NGO	Nongovernmental Organisation
PNSN	Politique National Multisectorielle de Securite Nutritionelle
RAA	Regional Analysis Reports
REACH	Renewed Efforts Against Child Hunger and undernutrition

RDT	Rapid Diagnostic Test
RO	Regional Office
ROMPS	Regional Office Operations and Management Plans
SAM	Severe Acute Malnutrition
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SP	Strategic Plan
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children’s Fund
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme
WHA	World Health Assembly
WHO	World Health Organisation

EXECUTIVE SUMMARY

Background

Approximately 156 million of the world's children under the age of 5 are stunted, with an estimated 80% of these children concentrated in only 14 countries. Stunting jeopardises child survival and development by contributing to child mortality, morbidity, and disability, including impaired or multisectoral physical growth and cognitive development. In recent years, the global nutrition community has increased its focus on stunting. Developments in science have supported the causal relationship between stunting and short-term childhood development, as well as with long-term intergenerational effects on families. These relationships highlight the critical importance of nutrition during the first 1,000 days between a woman's pregnancy and her child's second birthday, a period associated with risks of irreversible effects. In addition, research has provided evidence identifying effective, cost-efficient, and scalable interventions to address stunting. Concurrently, the international community working to reduce stunting has recognised lessons learnt and models to support multisectoral approaches to improvements in nutrition.

Case Study and Approach

Given the global commitments, the United Nations Children's Fund (UNICEF) contracted with ICF to conduct an evaluation of UNICEF stunting reduction efforts. The evaluation is the first formal, global attempt to assess UNICEF's global strategies and country programme performance in reducing stunting among children under 5. The evaluation consists of three related studies: a desk review of documents from 24 globally representative countries, in-depth case studies of UNICEF's stunting reduction efforts and activities in six countries (which is the focus of this report), and a global synthesis of UNICEF efforts.

Country selection took into account the range of country contexts where stunting is widely prevalent, giving attention to development settings and to contexts affected by fragility and humanitarian emergencies. Niger has a high stunting prevalence with no change over the last 20 years —the most recent figures show a stunting prevalence of 45%. The country was selected for a case study to explore the situation of a high stunting burden coupled with high severe acute malnutrition rates and emergency context.

The case study addresses three UNICEF objectives:

1. Assess the **relevance**, **appropriateness**, and **coherence** of UNICEF's country strategies and plans to address stunting in young children.
2. Assess the **effectiveness**, **efficiency**, and **sustainability** of UNICEF's country programmes in addressing stunting in young children, with particular attention to less-reached, disadvantaged, and vulnerable groups, and draw lessons on **equitable** progress in reducing stunting in various programme contexts.

3. Assess UNICEF's **leadership, guidance, and technical support**, as well as the adequacy of UNICEF staffing and institutional **capacity** to respond to the lead role the organisation is expected to play at the field level in contributing to the sustainable and equitable reduction of stunting.

Key Conclusions

Conclusion 1: UNICEF Niger has invested in identifying key bottlenecks and understanding the context of stunting in Niger, which has resulted in formulating a relevant and coherent approach to stunting reduction.

UNICEF Niger invested in an in-depth review and bottleneck analysis, and they adapted their nutrition programme based on the results of these activities. These processes were a key driver of their success in developing a robust approach to improving child nutrition that is reflective of national contextual factors, the global evidence base and global guidance from UNICEF.

Conclusion 2: UNICEF Niger has been effective in generating political commitment for stunting reduction, but commitment needs to be translated into programme actions.

UNICEF Niger led the development of Niger's first multi-sectoral nutrition security strategy, the National Multisectoral Policy for Nutrition Security (*Politique Nationale Multisectorielle de Sécurité Nutritionnelle* or PNSN), a key indicator of progress towards reducing stunting. Leadership and leveraging partnerships to reduce stunting are among UNICEF Niger's strongest comparative advantages. Three factors have driven its ability to leverage partnerships: (1) a high degree of technical expertise that is trusted by government and nongovernment partners, (2) generation and use of high-quality data, and (3) the ability to facilitate coordination among sectors.

Nutrition focal points have been identified within each ministry, and an action plan for implementing the PNSN and investment case are under development, which should improve commitment to and coordination for stunting prevention. However, national capacity around multisectoral nutrition interventions remains extremely limited, so UNICEF's plan for enhancing capacity warrants more attention and resources.

Conclusion 3: UNICEF Niger is internally planning and implementing multisectoral actions that should reduce stunting but are struggling to achieve effective coordination.

UNICEF's nutrition programme is primarily focused on nutrition-specific interventions, and the country programme and Strategic Note for Nutrition reflects this. There is a number of interventions in the health and WASH programmes relevant to stunting that are being implemented, but their specific contributions to stunting are not strongly reflected. Stakeholders feel that joint planning and implementation for truly multisectoral stunting interventions has been a struggle.

Conclusion 4: Niger has been plagued by humanitarian emergencies that have necessitated attention of UNICEF.

Wasting has been highly prevalent in Niger over the last decade, and much nutrition funding and attention has understandably been given to treating severe acute malnutrition rather than holistically preventing stunting. UNICEF's work in the Diffa region for emergency response, and the Zinder and Maradi populations, targets populations more at risk for severe acute malnutrition and severe stunting. Though funding for UNICEF Niger did not decline significantly over the evaluation period, funding may not be sufficient to address both prevention and treatment.

Recommendations

1. Promote and support concrete processes that help clarify roles and responsibilities of strategic partners within and outside the United Nations, especially in the areas of nutrition-sensitive programming and multisectoral approaches to reduce stunting.
2. Leverage UNICEF Niger role as facilitator of the 3N coordination body to advocate for input and buy-in from key ministries on the investment case and action plan, which are underway. Once developed, the investment case will be a key tool for identifying resources for implementing stunting interventions.
3. Assess capacity gaps and needs. Mobilise partners and leverage UNICEF's niche in the area of upstream work to further expand/diversify capacity building activities. In particular focus on the concept of stunting as a multi-sectoral issue and how to operationalise interventions to prevent stunting, especially at the subnational level.
4. Internally, continue to build staff capacity around integrated approaches. Incorporate accountability across sections to improve collaboration and cooperation toward better results-orientation to reducing stunting and use them as the basis in assessing the achievement of country programme targets
5. A focus on behaviour change may help address some of the challenges that UNICEF Niger has faced. Consider borrowing lessons learnt from other countries around nutrition-related campaigns.
6. Funding needs for both prevention and treatment are substantial. Continue advocacy for scaling up prevention through use of improved data, including data on cost effectiveness analyses.

1. Introduction

1.1 About This Report

This country report was developed to provide evidence of UNICEF Niger’s accountability, effectiveness, and organisational learning and to advance its work to reduce stunting among young children in Niger. The report includes six major chapters that discuss the results of the Niger case study component of the Comprehensive Evaluation of UNICEF’s Strategies and Programme Performance. The first chapter provides an overview of the problem of child stunting and the scope and approach of the case study. The second chapter provides an overview of the global evaluation methodology, while the third chapter discusses the Niger case study methodology. UNICEF Niger’s approaches to the problem of stunting are presented in chapter 4. The fifth chapter presents the findings of the case study evaluation. Chapter 5.1 discusses evaluation findings related to the relevance, appropriateness, adequacy, and coherence of UNICEF Niger’s strategies and plans to reduce child stunting. Chapter 5.2 presents the effectiveness of country programmes to address stunting with respect to upstream work, capacity development, nutrition-specific and nutrition-sensitive interventions, and addressing stunting in emergency situations. The efficiency of management and programme operations are presented in Chapter 5.3. Sustainability and the scale-up of promising strategies are presented in Chapter 5.4, while Chapter 5.5 presents an assessment of UNICEF’s leadership and collaboration with partners as they relate to stunting reduction. Chapter 5.6 describes equity issues related to child stunting and UNICEF’s work, and Chapter 5.7 summarises the evaluation findings related to programme knowledge use, data generation, and knowledge dissemination. Finally, Chapter 6 presents recommendations for UNICEF Niger’s future work in child stunting reduction.

1.2 Global Context

Approximately 156 million of the world’s children under the age of 5 are stunted.¹ Stunting, or low height for age, results from chronic undernutrition, frequent infections, and other conditions that reduce absorption of important nutrients. Stunting is most likely to occur within the first 1,000 days, the period from conception through the child’s first two years of life.² Stunting is associated with suboptimal mental and physical development, having long-term impact on

¹ WHO; de Onis, M., & Branca, F. (2016). Childhood stunting: a global perspective. *Maternal and Child Nutrition*, 12(Suppl 1), 12–26.

² World Health Organisation. (2013). *Global Nutrition Targets 2025: Stunting Policy Brief*. Geneva: World Health Organisation.

intellectual functioning, school performance, future earnings, risk of obesity, and risk of chronic diseases.³ These effects are often irreversible, even with improvements in nutrition after age 2.⁴

In 2008, *The Lancet* published an important series on maternal and child undernutrition that concluded that more than a third of child deaths and 11% of the total disease burden worldwide were due to maternal and child undernutrition.⁵ The series characterised nutrition as a desperately neglected aspect of maternal and child health and played a key role in garnering the attention of the global development community to nutrition, especially to the first 1,000 days, the critical period of vulnerability from pregnancy to a child's second birthday. The series quantified the prevalence and consequences of stunting specifically, bringing much-needed attention to the link between chronic undernutrition and development.

The Scaling Up Nutrition (SUN) movement was launched soon thereafter to address *The Lancet's* characterization of the international architecture to deal with undernutrition as “fragmented and dysfunctional.”⁶ Several UN agencies joined together in 2008 to form the Renewed Efforts Against Child Hunger and undernutrition (REACH) to assist governments of countries with a high burden of child and maternal undernutrition in accelerating the scale-up of food and nutrition actions.⁷ The World Health Assembly (WHA) endorsed stunting as a key indicator for monitoring maternal, infant, and young child nutrition in 2012.

1.3 UNICEF's Focus on Stunting

With a greater focus on and understanding of the long-term consequences of chronic undernutrition, UNICEF and other international actors shifted their emphasis from efforts to reduce the prevalence of underweight to the prevention of stunting among children.⁸ UNICEF prioritised stunting reduction in its SP 2014–2017. The SP 2014–2017 includes Outcome 4: Nutrition: “improved and equitable use of nutrition support and improved nutrition and care priorities,” and the corresponding six output statements (Exhibit 1). Impact Indicator 4a measures the “number of children under 5 years who are moderately and severely stunted” and aligns with the WHA Global Nutrition Target 2025 for stunting, which calls for a 40% reduction in the number of children under 5 who are stunted. These commitments require UNICEF to work in an integrated manner across sections, including nutrition, health, WASH, early childhood development, education, and social protection to reduce stunting. Concurrently, UNICEF has increased its funding and investment in nutrition, health, WASH, education, and social

³ International Food Policy Research Institute. (2015). *The Global Nutrition Report 2015: Actions and accountability to advance nutrition and sustainable development*. Washington, DC: International Food Policy Research Institute.

⁴ UNICEF. (2013). *Improving Child Nutrition: The achievable imperative for global progress*. New York; UNICEF.

⁵ Maternal and Child Undernutrition. (2008, January). *The Lancet* Web site. Retrieved from: <http://www.thelancet.com/series/maternal-and-child-undernutrition>.

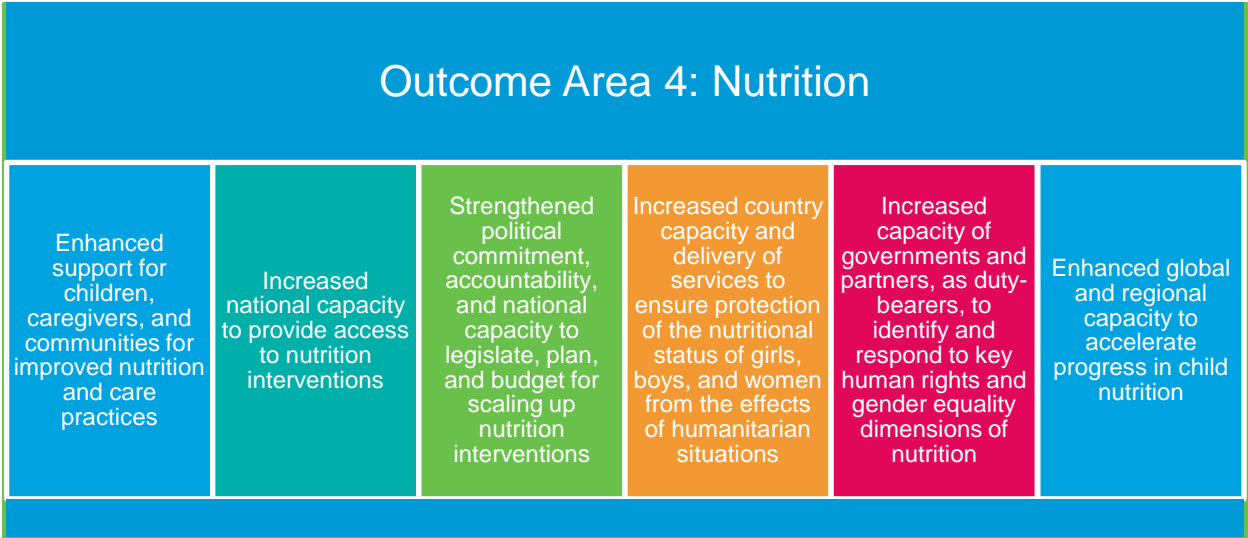
⁶ The history of the SUN movement. Scaling Up Nutrition Web site. Retrieved from: <http://scalingupnutrition.org/about-sun/the-history-of-the-sun-movement/>.

⁷ About REACH. REACH Web site. Retrieved from: <http://www.reachpartnership.org/about-reach;jsessionid=00D3C0DC189D15E77CBF2447CF2EF026>.

⁸ World Health Organisation. (2013). *Global Nutrition Targets 2025: Stunting Policy Brief*. Geneva: World Health Organisation.

protection. In 2015, UNICEF developed its Approach to Scaling Up Nutrition, which more clearly articulates “malnutrition’s multifactorial aetiology” and the importance of coordination across sectors to achieve optimal and sustainable impact towards the reduction of stunting. Although this document has not been formally adopted by UNICEF’s Executive Board, it serves as an important resource for country offices (COs).

Exhibit 1. Nutrition Outputs in the UNICEF Strategic Plan 2014–2017



1.4 Need to Assess UNICEF’s Strategies and Performance

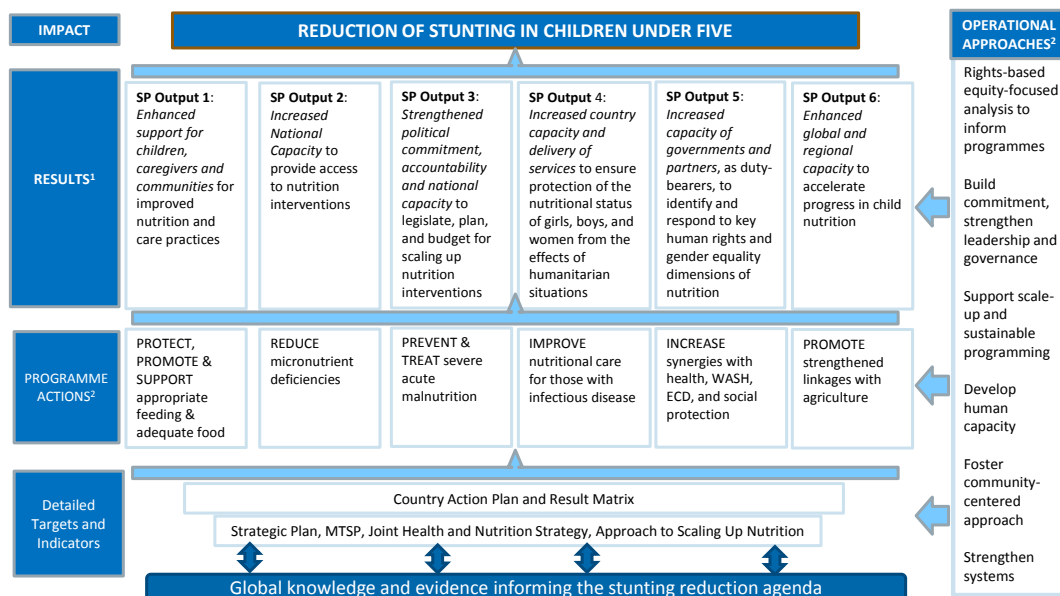
Given these global commitments, UNICEF’s Evaluation Office (EO) commissioned a corporate-level external evaluation of UNICEF efforts to reduce stunting, produce concrete policy and programmatic evidence, and inform future global strategies and country programmes. The purpose of the comprehensive evaluation is to provide evidence to enhance UNICEF’s accountability, effectiveness, and organisational learning, as well as advance its work to reduce stunting among young children. The evaluation is the first formal, global attempt to assess UNICEF’s global strategies and country programme performance in reducing stunting among children under 5. The evaluation was independently managed by the UNICEF Evaluation Office.

2. Global Evaluation Methodology

2.1 Methodological Approach

The evaluation uses a theory-based approach that examines UNICEF efforts to reduce stunting through nutrition-specific and nutrition-sensitive action (see Evaluation Framework in Exhibit 2). The evaluation explores the relevance, appropriateness, and coherence of UNICEF's global strategic plans; global and regional support; country programmes and plans; the effectiveness, efficiency, and sustainability of country programmes; and UNICEF's leadership, guidance, and technical support at all levels. The evaluation also considers the extent to which UNICEF engages across sectors to reduce stunting, both internally and externally. The full evaluation methodology is presented in Annex 1.

Exhibit 2. Evaluation Framework



¹UNICEF Strategic Plan 2014-2017; ²UNICEF's Approach to Scaling Up Nutrition (2015)

2.2 Evaluation Components

The global evaluation consists of three components: a desk review of 24 countries,⁹ case studies in 6 countries,¹⁰ and a global synthesis. Each evaluation component is described in Exhibit 3 below.

⁹ Desk review countries considered were Bangladesh, Bolivia, Burundi, Cambodia, Ecuador, Egypt, Ethiopia, Ghana, Guatemala, Haiti, India, Indonesia, Kenya, Madagascar, Mali, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Rwanda, Somalia, Sudan, Tajikistan, Timor Leste, Turkmenistan, Uganda, Vietnam, and Yemen.

¹⁰ Case study countries considered were Cambodia, Haiti, India, Mozambique, Rwanda, and Niger.

Exhibit 3. Evaluation Components

Desk review of 24 countries

The desk review is used to assess UNICEF's work at the country level and will include a mix of countries from all UNICEF regions and various contexts where stunting has decreased significantly and where it has remained stagnant. The desk review evaluates the translation of global strategies to country strategies and action plans and will investigate if relevant outputs from the Strategic Plan are aligned with country plans and priorities are being sustainably achieved.

Case studies of 6 countries

The case studies provide a more detailed analysis of country programmes and provide greater depth in interpreting the evaluation questions. In particular, the country case studies will allow for a better understanding of subnational situations, strategies, and programmes; operations across organisational levels (subnational, national, regional, global); and relationships with other stakeholders in stunting reduction.

Global synthesis

The synthesis of global findings builds on evidence from the desk review and country case studies to identify outputs being achieved from a global perspective and to provide a comprehensive picture of UNICEF leadership efforts to shape the agenda and drive sustainable results for stunting reduction at a global level.

The global evaluation uses a mix of qualitative and quantitative data and analytical methods to assess UNICEF's strategies and programme performance for the period 2010–2015. Data were aggregated and triangulated to track common themes, trends, and patterns across key evaluation questions. Both qualitative and quantitative data were used, but the qualitative data received more weight in the interpretation of findings.

2.3 Country Selection

Desk review countries were selected to provide a comprehensive picture of UNICEF programming globally while prioritizing countries with a high stunting burden. The evaluation team primarily considered current stunting prevalence and change in stunting prevalence but also considered variations in geographic region; WASH indicators; UNICEF programmatic approaches; and UNICEF funding for nutrition programming, poverty, gender equality, emergencies, and political situations.

Case study countries were selected to explore successful and less successful programmes in varying contexts. Although they are intended to represent diverse program implementation circumstances and outcomes, the selected case study countries are not intended to represent all UNICEF stunting reduction programmes globally. One case study was conducted in each region with the exception of the Middle East and North Africa regions, where no case studies were conducted, and the East and Southern Africa regions, where two case studies were conducted. Consideration was also given to country office staff capacity and willingness to participate in a case study.

Niger was selected as the case study country for the West and Central Africa region because it has one of the highest stunting prevalences in the region. The country also represents an opportunity to explore stunting reduction in the context of multiple humanitarian crises including food insecurity and malnutrition, population movement, epidemics, and natural disasters.

3. Niger Case Study Methodology

This case study examines UNICEF Niger's efforts to address stunting at the national and subnational levels. It considers the extent to which the country programme and related plans support the effective implementation of programme actions at the national and subnational levels, and the alignment and achievement of outputs to improve nutrition.

This report provides an overview of stunting among children under age 5 in Niger and findings from the case study in seven areas:

1. Relevance, appropriateness, adequacy, and coherence of strategies and plans
2. Effectiveness of the country programme in addressing stunting
3. Efficiency of management and operations
4. Sustainability and scale-up
5. Leadership and leveraging partnerships
6. Equity and reach of disadvantaged children
7. Knowledge/data generation, management, and use

This report provides conclusions and recommendations for strengthening UNICEF Niger's approach to reducing stunting. It may also be useful to other UNICEF country offices interested in adopting parts of UNICEF Niger's approach.

3.1 Data Sources

The Niger case study relied on four data sources:

1. Document review of UNICEF-provided documents
2. Secondary quantitative data
3. Key informant interviews (KIIs) with UNICEF Niger staff and relevant external stakeholders
4. CO and external stakeholder survey data

3.1.1 Document Review

The qualitative assessment was informed by documents gathered by the UNICEF EO, Regional Office, and Niger CO, as well as publicly available documents extracted from UNICEF Web sites. Documents for the case studies included UNICEF Country Programme Documents (CPDs), annual reports, situational analysis, and Mid-Term Reviews (MTRs) for the years 2010–2015. In addition, the evaluation team reviewed Regional Office Operations and Management Plans (ROMPs), Regional Analysis Reports (RARs), and global strategic documents related to stunting reduction. A complete list of documents reviewed for the Niger case study is in Annex 2.

3.1.2 Secondary Quantitative Data

The Niger Demographic & Health Surveys (DHS) conducted in 2006 and 2012 serve as the primary source of secondary quantitative data. The DHS are nationally and regionally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. As a proxy for resources, UNICEF shared funding information related to overall and nutrition-related programming for Niger's CO.

3.1.3 Key Informant Interviews

Twenty-five KIIs were conducted during a five-day period in July 2016 by one ICF evaluation team member. The evaluator worked with the Niger CO to identify key informants, who included UNICEF Niger technical staff and leaders, national and subnational policymakers and programme coordinators, donors, other UN agencies, and nongovernmental organisation (NGO) partners. A full list of KII respondents is in Annex 3.

Interviews were primarily conducted in the Niger CO in Niamey. Although Niamey does not have the highest stunting prevalence in Niger, it was selected for the subnational field visit because the CO is located in Niamey, making a visit more feasible.

3.1.4 Country Office and External Stakeholder Survey

To supplement data collected through document review, KIIs, and secondary data, the evaluation team developed two Web-based survey instruments. Survey questions included a mix of predetermined and open-ended responses across the evaluation subjects. The first Web-based survey was sent to UNICEF COs in all evaluation countries. A second survey was administered to external stakeholders identified by CO staff.

3.2 Data Analysis

The evaluation used thematic analysis to systematically review and sort data according to a framework informed by the programme logic and research questions. As issues, patterns, and themes were identified during the review, the evaluation team expanded the framework to incorporate them into the analysis. Interpretation of the data proceeded along with development of the thematic framework and included the identification of associations among, and explanations for, observed phenomena.

The evaluation used triangulation to provide confirmation of patterns or findings and the identification of important discrepancies across sources of information:

- Triangulation was used to reconcile findings across the multiple sources of data.
- For the interviews and surveys, triangulation was used to identify agreement and discrepancies in responses within and across the individuals' roles.

- Qualitative and quantitative data collected were triangulated to respond to evaluation questions.

Additional information related to the coding and analysis of the KIs and documents is in Annex 1.

3.3 Case Study Limitations

The evaluation has made best efforts to triangulate information to follow the agreed-upon evaluation framework and respond to evaluation questions. However, in some cases, information was not available to assess some questions. Case studies were limited to a one-week period in the country and thus primarily focused on the national-level programme. Furthermore, key informants responded to each evaluation subject according to their knowledge and experience with UNICEF in that specific area. Therefore, the depth of information collected in the KIs varies across evaluation subjects and respondents. The evaluation team triangulated data from other sources to address these limitations of the qualitative data.

Despite these constraints and limitations, the evaluation team addresses the evaluation questions and provides the most accurate findings and recommendations from them as possible.

The time period for this evaluation is 2010–2015. As the evaluation is formative and forward-looking, the evaluation primarily considers UNICEF Niger’s 2014–2018 country programme, with an emphasis on changes made at the midpoint of the programme in 2016 after the introduction of a Strategic Note for Nutrition.

4. UNICEF Niger Programme Overview

4.1 Overview of Stunting in Niger

4.1.1 Background and Recent Trends

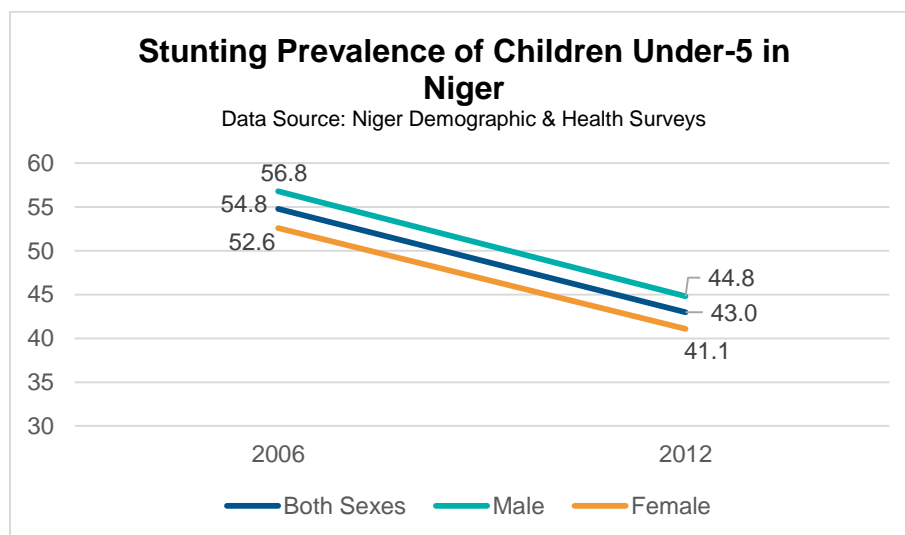
Niger is one of the poorest countries in the world with minimal government services and insufficient funds to develop its resource base. The UN ranked Niger as one of the least developed countries in the world in 2016¹¹ due to multiple factors such as food insecurity, lack of industry, high population growth, weak educational sector, and few prospects for work outside of subsistence farming and herding. The country has experienced significant political instability, and is facing increased security concerns on its borders from various external threats, including violent extremism in northeastern Nigeria.¹²

¹¹ United Nations Committee for Development Policy, UN, May 2016.

¹² CIA Factbook: <https://www.cia.gov/library/publications/the-world-factbook/geos/ng.html>

Niger has one of the highest stunting rates in the world, ranked 128 out of 132 countries.¹³ Niger is one of only 13 countries in the world in which less than 50% of children 6-59 months of age avoid stunting, wasting, or both.¹⁴ Between 2006 and 2012, the prevalence of stunting decreased (see Exhibit 4), from 54.8% to 43.0%.¹⁵ Further, the overall number of children under five has almost doubled since 1992 as a result of high population growth, meaning that over 1.5 million children in 2015 were stunted.

Exhibit 4. Trends in Stunting in Niger from 2006 to 2012



There are regional disparities in the prevalence of stunting. Maradi and Zinder experience the highest prevalence of stunting while Dosso, Niamey, and Agadez the lowest.¹⁶ While social inequalities have an impact on the prevalence of stunting (the poorest segments of the population concentrate the highest prevalence of stunting), high prevalence is also found among wealthy households. It is estimated that 35% of children under age 5 belonging to the wealthiest 20% of the country are affected by chronic malnutrition.¹⁷

In Niger, drivers of malnutrition include frequent food security crises, high prevalence of diseases with implications of undernutrition (such as malaria), the status of women in society, the practice of child marriage, short durations between consecutive children, inadequate access to health services, social inequalities, and rapid population growth.¹⁸ Only 6% of children in Niger are accessing a minimum acceptable diet. Limited access to drinking water and open defecation (estimated at 73%¹⁹) are likely major contributors to the prevalence of stunting. It is

¹³ From Promise to Impact: Ending Malnutrition by 2030.

¹⁴ <http://data.unicef.org/wp-content/uploads/2016/06/130565-1.pdf>

¹⁵ *Situation Nutritionnelle au Niger*. Ministère de la Santé Publique, Juillet 2015.

¹⁶ *Situation Nutritionnelle au Niger*. Ministère de la Santé Publique, Juillet 2015.

¹⁷ Idem

¹⁸ *Niger Country Programme Document 2014-2018*. UNICEF, 2013.

¹⁹ Joint Monitoring Programme, 2015

estimated that acute malnutrition affects over one million children under age 5 yearly, of which approximately 400,000 suffer severe acute malnutrition (SAM).²⁰ Further, data illustrate that 27% of children are born underweight, which is often linked to the health and nutritional status of the mother.²¹

A humanitarian crisis has further complicated the situation. Since 2015, there has been a humanitarian emergency in the Diffa region, where large populations from Nigeria migrated following attacks by Boko Haram. Displacements persisted throughout the year due to frequent attacks, and now 202,458²² Nigerian refugees live in the country. The 2015 humanitarian situation in Niger was dominated by the need to provide treatment to children suffering from SAM.²³

4.1.2 Government Strategies

In 2011, the government of Niger (GoN) joined the SUN movement and developed its 3N Initiative, *Nigériens Feed Nigériens (les Nigériens nourrissent les Nigériens)*. 3N is a multisectoral programme linking different initiatives under a common framework aiming to strengthen the agriculture sector while building resilience to food crises and improving nutritional status.²⁴ 3N is overseen by a High Commissioner with a governance mechanism at both the municipal and national levels. The MOH chairs the multisectoral committee of the 3N Initiative's fourth strategic area (*Programme Strategique 4 or CMPS4*) focused on improving the nutrition status of Nigériens.

In 2016, the government launched the National Multisectoral Nutrition Security Policy (*Politique nationale multisectorielle de securite nutritionelle* or PNSN), which features eight commitments that parallel eight integrated approaches to address malnutrition and stunting. The PNSN focuses on the engagement of various stakeholder groups in the fight against malnutrition. It acts as a common framework for programmes and activities to recognise, protect, and achieve the right to nutrition security for all. It identifies roles and responsibilities for the management and coordination of stakeholders, including donors, technical providers, civil society, and the private sector.²⁵ An action plan and budget were planned as next steps.

In addition to the PNSN, the Government of Niger has developed the following key national policies and strategies that have implications for stunting:

²⁰ Niger Situation Analysis, January–February 2017.

²¹ Idem.

²² Niger Situation Analysis, January–February 2017.

²³ Niger Annual Report 2015.

²⁴ <http://scalingupnutrition.org/sun-countries/niger/>

²⁵ The Minister of Health Launches Niger's first multisectoral nutrition strategy. (2016, February). <http://reliefweb.int/report/niger/minister-health-launches-niger-s-first-multisectoral-nutrition-strategy>

- *National Health Sector Development Plan*²⁶: The main objective is to ensure the quality of health services to the population, particularly to vulnerable groups. This plan was updated in 2016.
- *National Contingency Plan*²⁷: The plan is developed on an annual basis taking into account lessons learnt from previous crisis events to strengthen prevention and management systems.
- *Rural Development Strategy*²⁸: This strategy was devised in 2003 to reduce poverty in rural areas. It allocates one of its 23 programmes specifically to reducing household vulnerability, preventing, and managing crises.

4.2 UNICEF Niger Country Programme

UNICEF's country-specific strategies are organised in three- to five-year country programmes that are outlined in a Country Programme Document (CPD). At the beginning of the evaluation period, Niger's strategy was organised in the Country Programme 2009-2013.²⁹ The process of development of the Country Programme 2014–2018 started in 2011 and was finalised in 2013.³⁰ The Country Programme 2014–2018 is divided into six components that target action at the strategic and operational levels and seek to ensure a linkage between humanitarian action and development. The six programmatic components are (1) child survival; (2) nutrition; (3) education; (4) child protection; (5) communication for development; and (6) social policy, planning, monitoring, and evaluation.

4.3 UNICEF Niger Approach to Stunting

Nutrition was a standalone programmatic component of the 2014–2018 country programme, with three concurrent goals of preventing chronic malnutrition, managing acute malnutrition, and reducing micronutrient deficiencies. Stunting is included as a progress indicator, setting a target prevalence in the UNDAF of less than 32% by 2018.³¹ The country programme also sets targets for acute malnutrition (from a baseline of 18 to a target of less than 10), as well as anaemia (from a baseline of 70 to a target of 50).

UNICEF Niger's current approach to stunting reduction—as identified through CPDs, KII data, and survey data—is further summarised below, organised by the global strategic plan outputs relevant to Niger.

2014-2016 Approach to Stunting Reduction

²⁶ *Plan de Développement Sanitaire 2011 – 2015*. République du Niger: Ministère de la Santé Publique, 2011.

²⁷ *Plan National de Contingence Multi-Risque Niger 2013*. Government of Niger & UNDP, 2013.

²⁸ *Stratégie de Développement Rural*. Gouvernement du Niger, 2003.

²⁹ Niger country programme 2009-2013.

³⁰ Niger Annual Report 2013.

³¹ http://www.unclearn.org/sites/default/files/niger_undaf.pdf

Strengthened political commitment and national capacity to legislate, plan, and budget for scaling up nutrition interventions

Upstream work is key to ensuring that the national development agendas prominently feature stunting. Relevant actions for upstream work outlined in global guidance documents include advocacy, support for the development of national policies, and guidance development on how to implement, monitor, and evaluate nutrition programmes.

UNICEF planned that public structures and civil society organisations in charge of nutrition would benefit from a normative framework and enhanced capacities for planning, coordinating and managing interventions in the nutrition sector. This would be done through the adoption of the PNSN and continued advocacy for Niger's active participation in the SUN movement.

UNICEF planned to continue close collaboration with the MOH and the Ministry of Population and to establish partnerships with the Food and Agriculture Organisation of the United Nations (FAO), WFP and the Ministries of Water Resources, Agriculture and Education to strengthen the resilience of vulnerable households for nutrition.

Increased national capacity to provide access to nutrition interventions

Relevant actions for capacity building usually include training of national governments and partners on leadership, programme implementation and management, and provision of technical guidance and training to strengthen human resources for nutrition.

There are elements of increasing national capacity within the plans for enhanced capabilities mentioned above, but these are more high-level within the aim of adopting the PNSN rather than provision of direct training.

Enhanced support for children, caregivers, and communities for improved nutrition and care practices

Addressing stunting requires a multisectoral approach, which includes delivery of nutrition-specific and nutrition-sensitive interventions. Nutrition-specific interventions address the immediate causes of undernutrition, such as inadequate dietary intake, and some of the underlying causes, including feeding practices and access to food. Nutrition-sensitive interventions can address some of the underlying and basic causes of malnutrition by incorporating nutrition goals and actions from a wide range of sectors.³² UNICEF Niger's overall goal related to stunting was to enhance capacities among vulnerable populations and targeted communities for the prevention of chronic malnutrition among young children.

Support of Nutrition-Specific Service Delivery Approaches

UNICEF Niger's approach to nutrition-specific services was to focus on access to micronutrients and deworming for children under 5, pregnant and breastfeeding women.

³² https://www.unicef.org/eapro/Brief_Nutrition_Overview.pdf

Support of Nutrition-Sensitive Service Delivery Approaches

UNICEF Niger's approach to nutrition-specific services was to focus on diversified diet for children under 5, pregnant and breastfeeding women. It also included:

- Increasing access to services for the treatment and prevention of illnesses such as malaria, diarrhoea, and respiratory infections
- Supporting WASH programming using community-led total sanitation
- Supporting quality antenatal, delivery and postnatal services to pregnant women and their newborns

Communication for development was included as a cross-cutting issue used to achieve all programme results and to support improvements in nutrition.

Increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys, and women from the effects of humanitarian situations

UNICEF planned to enhance capacities at national and sub-national levels for effective nutrition response during emergencies. Supporting the treatment of severe acute malnutrition was also a significant part of the country plan, which specifically named PLWHIV and people in emergencies as target populations for receiving quality treatment of SAM. While the evaluation notes that this is not a stunting prevention activity, it is a necessary and important nutrition activity, especially to address the Sahel Nutrition crises. Stakeholders indicated that emergency programming focused on the Diffa region, including SAM treatment and cholera prevention.

2016-2018 Approach to Stunting Reduction

In response to the midterm review of the 2014-2018 country programme, UNICEF Niger modified its approach to nutrition based on an in-depth review and bottleneck analysis to assess the progress made, develop lessons learnt, and identify a strategic direction. This modified approach is outlined in the Strategic Note for Nutrition,³³ which addresses recommendations from the MTR, as well as the historic evidence of challenges in acute and chronic malnutrition in Niger, to develop a theory of change to guide its approach moving forward.³⁴ These proposed revisions prioritise scaling high-impact multisectoral preventive and curative nutrition interventions as well as creating a favorable environment for nutrition.

Strengthened political commitment and national capacity to legislate, plan, and budget for scaling up nutrition interventions

³³ Note Stratégique Nutrition Niger.

³⁴ Idem.

The 2016-2018 approach retains the focus on enhancing national capacity to plan, coordinate and manage nutrition interventions, but it adds a component of creating an enabling environment for nutrition. To do so, UNICEF Niger planned to complete the following activities:

- Support quality data collection and knowledge production
- Develop evidence-based capacities and provide technical support for policies, action plans, budgeting, workplans and monitoring nutrition interventions
- create demand for a nutrition-sensitive and specific policy, accountability framework, and scale up of nutrition services and interventions using evidence-based advocacy and communication
- Creating synergies among UNICEF sections to impact nutrition
- Support sectoral platforms and multisectoral coordination

Creating a plan of action and investment case for the PNSN was intended to help identify financing mechanisms for nutrition across sectors and advocate for its implementation.³⁵

Increased national capacity to provide access to nutrition interventions

Again, there are elements of increasing national capacity within the plans for creating an enabling environment mentioned above, but these are more high-level within the aim of adopting the PNSN rather than provision of direct training.

Enhanced support for children, caregivers, and communities for improved nutrition and care practices

In the Strategic Note for Nutrition, UNICEF shifted from focusing on chronic malnutrition generally to targeting IYCF and other care practices among caretakers, specifically including fathers. UNICEF planned to gradually support 22 of the 44 health districts, targeting the *communes de convergence*³⁶ and those with the capacity required for the establishment and monitoring of a community network.

Vitamin A supplementation, deworming, folic acid supplementation for pregnant women, and promotion of iodised salt was targeted at national level. Home-based food fortification and iron and folic acid supplementation for adolescent girls is targeted at *communes de convergence*. UNICEF Niger retained the focus on micronutrient supplementation but eliminated deworming, and shifted from diet diversity generally to food fortification services.

Increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys, and women from the effects of humanitarian situations

UNICEF eliminated the specific call-out of PLWHIV and those in emergencies in their approach to SAM treatment, but added a prevention component.

³⁵ Ibid.

³⁶ *Communes de convergence* is a 3N initiative that aims to build resilience in target communities now rather than waiting for emergencies to subside.

5. Evaluation Findings

5.1 Relevance, Appropriateness, Adequacy, and Coherence of Strategies and Plans

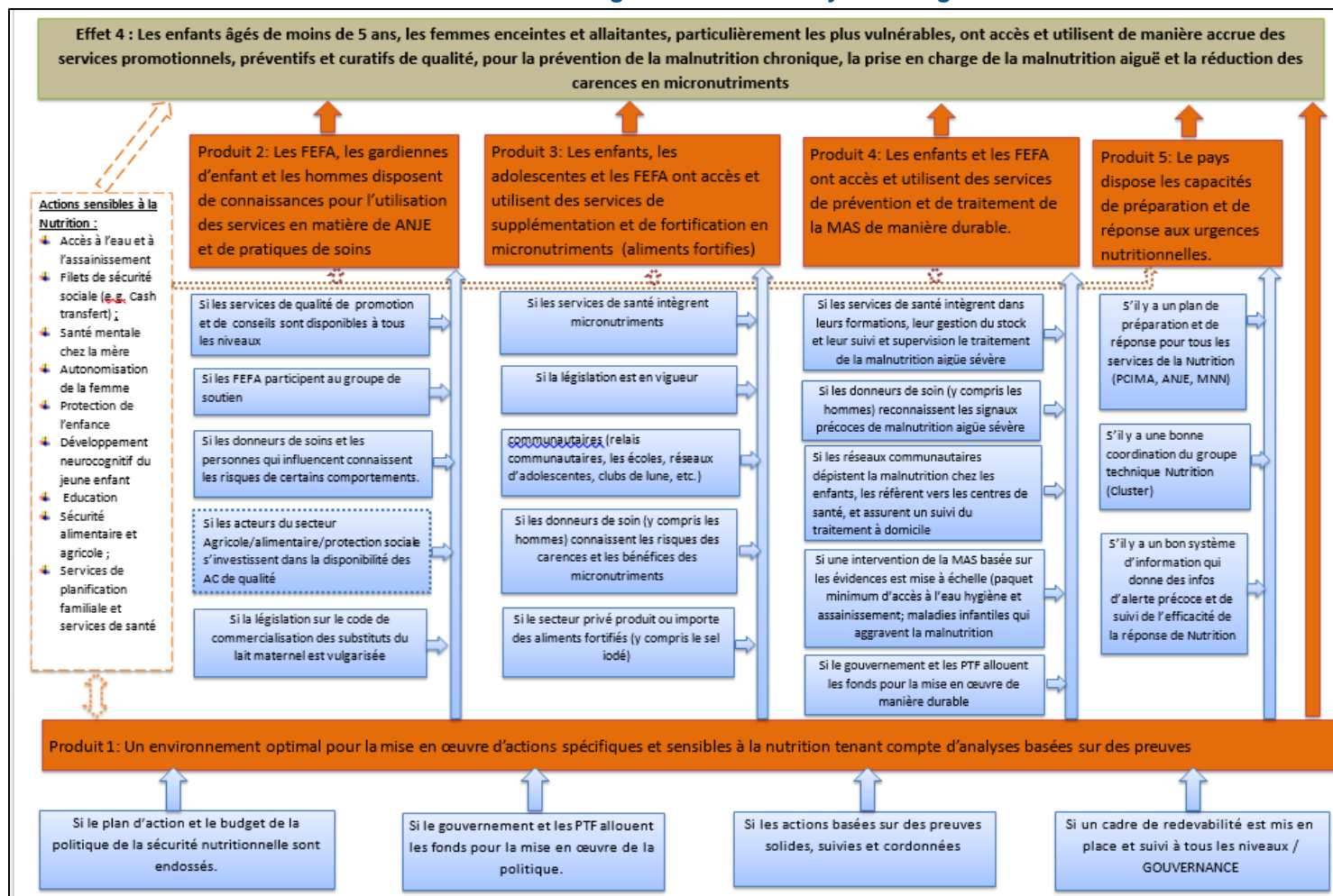
This chapter explores the evaluation question: How relevant, appropriate, adequate, and coherent are UNICEF's country programme strategies and actions to reduce stunting?

5.1.1 Relevance to Country Context and Needs

UNICEF Niger relied on the findings from the MICS 2012 to inform the 2014–2018 country programme. Since September 2012, UNICEF Niger has invested in monthly situation reports that provide updates on the programme response to the humanitarian crises in the areas of education, nutrition, health, WASH, and child protection. These reports also include national admission rates, performance indicators of treatment, and supply issues related to SAM treatment in therapeutic feeding centres. Also, in 2015, a national situation analysis of nutrition was conducted by the MOH with the support of UNICEF. Several of the contextual factors identified in the situation analyses were noted in the summary of situation of children and women in the Strategic Note for Nutrition.

UNICEF Niger has recently developed a theory of change for nutrition, shown in Exhibit 6, which describes four pathways for preventing chronic malnutrition, treating acute malnutrition, and reducing micronutrient deficiencies for children and women. The pathways serve as important guiding principles for focusing on community education, access to micronutrient supplementation, implementation of SAM treatment, and capacity to respond to humanitarian crisis.

Exhibit 6. UNICEF Niger Nutrition Theory of Change³⁷



³⁷ Strategic Note for Nutrition.

The evaluation finds that the proposed 2016–2018 approach to stunting reduction guided by this theory of change is more responsive and relevant to the context of the country than the previous approach in the 2014–2018 country programme alone. In Annex 6 the evaluation team presents key contextual factors and evidence of whether they were adequately addressed by UNICEF Niger’s approaches to stunting reduction. The newer approach (based on the Strategic Note for Nutrition) more comprehensively addressed contextual factors, such as high national stunting prevalence, incorporating nutrition into emergency preparedness and response, building on improvements seen in sanitation, addressing cultural practices for IYCF, pregnancy and time between births, and increasing vulnerable populations’ access to nutrition and WASH services/interventions in the Diffa region.

The 2014-2016 and 2016-2018 plans for reducing stunting are both comprehensive, multi-sectoral, and address key contextual factors. However, the plans are not specific enough to be effective. Further, more could be done to elaborate how upstream efforts will result in change in communities.

The evaluation also noted one possible gap in the 2016-2018 approach. Evidence of repeated crises related to food insecurity in Niger is well documented, pointing to a need for linkages to agriculture.³⁸ However, UNICEF removed the focus on dietary diversity in favor of food fortification. This may have been intentional, allowing other actors (namely FAO and WFP) involved in implementation of the PNSN to focus on their niche of agriculture, in which case, it would still be helpful to outline how these sectors will work together. However, stakeholders indicated that the Ministry of Agriculture does not have a direct relationship with UNICEF at the national level, and only occasionally interacts at the regional level through decentralised units.

5.1.2 Alignment with National Strategies

UNICEF Niger’s current approach to stunting is aligned with the multisectoral conception of the PNSN. UNICEF Niger helped activate the 3N committee as the highest level nutrition coordinating body, and co-presides the CMPS4 steering committee. UNICEF has struggled to align its nutrition programming with other national strategies for two reasons:

- UNICEF’s primary partner for nutrition has been the Ministry of Health, but until now, there has been little nutrition programming within the National Health Sector Development Plan. This is expected to change with the action planning for PNSN, using the 3N Initiative as a tool to coordinate action.
- Other national plans, including the National Contingency Plan and the Rural Development Plan, also lack nutrition programming, so UNICEF has been less involved in these.

³⁸ Niger Annual Report 2015.

There is a feeling among stakeholders that UNICEF still operates on its own to various extents rather than acting within government strategies. An alternative understanding of this is that government has not fully appropriate initiatives that have been initiated by UNICEF, such as the 1,000 days approach, which is considered “the UNICEF approach,” according to stakeholders.

5.1.3 Alignment with Global Strategies

The 2014–2016 country programme was generally aligned to UNICEF’s 2006–2015 Health and Nutrition Strategy in that it included joint health and nutrition actions, and it was aligned with the WASH Strategy 2006–2015. It was also aligned to the Midterm Strategic Plan 2006–2013 in that it prioritised young child survival and development, particularly through addressing SAM.

UNICEF Niger’s 2014–2018 country programme reflects global strategies outlined in the Strategic Plan 2014–2017 and the Approach to Scaling Up Nutrition in the following ways:

- The Strategic Plan 2014–2017 is a move towards adopting an integrated approach to reduce stunting. Niger’s current approach to stunting is also multisectoral, but stakeholders did note that sections within UNICEF have struggled to truly integrate their efforts (explored further in Chapter 5.3). Further, the Plan supports intentional geographic multisectoralism in the *communes de convergence*.
- The Approach to Scaling Up Nutrition links 10 conditions to interventions for addressing childhood stunting and wasting. Niger’s situation analysis showed nine of these 10 conditions (see Annex 4). The 2016-2018 country programme included at least one suggested intervention for each condition.
- The global theory of change for nutrition that is included in the Strategic Plan 2014–2017 is generally reflected in UNICEF Niger’s Nutrition Theory of Change.

Overall, UNICEF Niger stakeholders reported that they balance global guidance with the evidence gathered in situational analyses to prioritise programmes for the unique situation of Niger. For example, the situation analysis of 2015 and the Strategic Note for Nutrition identified populations in the municipalities of Maradi and Zinder as vulnerable groups. To meet their needs, UNICEF Niger prioritised community IYCF interventions in rural districts.

5.1.4 Conclusion

UNICEF Niger has made concerted efforts to move towards more integrated approaches to stunting reduction, in line with the country context and national and global strategies and thinking.

The country programme balances the focus on national policies with the provision of support to build capacity and provide key nutrition services. Advocacy for national policies focuses on developing a plan to coordinate the strategies and actions that the MOH and other sectors can take. The scope of nutrition-related capacity building, as well as support of service delivery significantly increased in the proposed plan as outlined in the Strategic Note for Nutrition,

including support for multiple nutrition-specific interventions (notably, IYCF, iron folate supplementation, promoting the use of iodised salt, micronutrient supplementation, advocacy to prevent the use of milk substitutes), and the inclusion of parents as a core part of stunting reduction efforts. The balance between nutrition-specific and nutrition-sensitive interventions is appropriate for the context. Gaps in the new current country programme related to linkages to agriculture were relatively minor.

5.2 Effectiveness of the Country Programme in Addressing Stunting

This chapter begins with an analysis of Niger’s progress in reducing stunting in children under age 5 and related indicators. The analysis of effectiveness focuses on four main Strategic Plan output areas relevant for Niger: (1) strengthened political commitment, accountability, and national capacity to legislate, plan and budget for scaling up nutrition interventions; (2) increased national capacity to provide access to nutrition interventions; (3) enhanced support for children, caregivers, and communities for improved nutrition and care practices; and (4) increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys, and women from the effects of humanitarian situations. As per the evaluation framework, the analysis considers both nutrition-specific and nutrition-sensitive interventions included within the Niger programme, and in view of the scope of the evaluation the analysis, focuses on the 2014–2016 approach to stunting.

5.2.1 Changes in Performance of Stunting Indicators

National stunting prevalence decreased from 2006 to 2012. Annex 6 presents indicators that were included in UNICEF Niger’s results matrices. Although the stunting prevalence did not decline, UNICEF Niger reported progress in the following indicators:

- Appropriate complementary feeding
- The quality of complementary foods and the practice of complementary feeding
- Percent of rural households practicing open defecation
- Percent of rural households treating drinking water
- Percent of rural households with access to improved sanitation
- Prevalence of diarrhoea, pneumonia, and malaria
- Coverage of antenatal care and skilled birth attendance

Indicators for iron folate supplementation showed minimal improvement and stakeholders indicated that quality of the micronutrient supplementation requires review.

5.2.2 Achievements towards Addressing Strategic Plan Outputs

This section provides an analysis of UNICEF Niger's 2014–2018 programme towards the four relevant outputs of UNICEF's Strategic Plan. Additional evidence is presented in Annex 6, organised by country programme component.

Strengthened political commitment and national capacity to legislate, plan, and budget for scaling up nutrition interventions

Stakeholders reported that UNICEF Niger was a key player in the development of the PNSN. UNICEF Niger contributed to strengthening political commitment and national capacity to legislate and plan for scaling up nutrition interventions. UNICEF Niger has further helped strengthen the commitment of individual ministries to address malnutrition through its work on with the 3N coordinating body. However, more work is needed to effectively leverage membership in the SUN movement to further strengthen political commitment for nutrition. The Strategic Note for Nutrition outlines steps to garner further support for the PNSN and the SUN movement by developing multisectoral action plans and an investment case. Though nutrition focal points have been identified within each Ministry, the action plans and investment case were not elaborated upon in the Strategic Note for Nutrition or by the stakeholders because both are still under development.

Other examples that contribute to the evidence of effectiveness in building national capacity to legislate and plan for scaling up nutrition interventions include the following.

- **Salt regulations:** After extensive discussion between UNICEF Niger and the GoN beginning in 2011, a ministerial decree specifying the conditions of production, import and marketing of salt in Niger was signed by the Government in 2014.
- **Immunization:** UNICEF continued support for the national strategy of universal coverage and including a national budget for vaccine procurement improves the sustainability of immunization programmes.
- **WASH:** UNICEF is involved in the multisectoral planning between the Ministry of Health and the Ministry of Water Resources. This coordination is expected to inform the theory of change specific for WASH, a plan of action, and the inclusion of nutrition-related interventions in WASH programming.

One area for further improvement is in national capacity to budget for scaling up nutrition, which is limited substantially by the overall funds available for nutrition but stakeholders reported it is improving.

Increased national capacity to provide access to nutrition interventions

Stakeholders reported that they conducted capacity building of health centres on nutrition, training of service providers and their managers in several technical interventions (IYCF, micronutrients and treatment of SAM), and facilitated supportive supervision. UNICEF Niger standardised training materials, taking into account the UNICEF's global materials on community IYCF. With support from UNICEF Niger, a pool of national trainers and health

workers on IYCF formed. In addition, UNICEF Niger developed an implementation guide for the new home food fortification strategy for children 6 to 24 months.

UNICEF Niger played a key role in the capacity building for the MOH's integrated community case management (iCCM). UNICEF successfully supported the MOH to convene a regional forum for participants from Burkina Faso, Ethiopia, Mali, and Togo to share their experiences and best practices in operationalizing iCCM.

However, despite considerable focus on developing and advocating for the PNSN, national capacities to actually implement interventions are extremely limited and should be a focus moving forward. Although there are nutrition focal points within each ministry, stakeholders indicated that there is still much capacity building needed to develop action plans, especially for nutrition-sensitive interventions.

Enhanced support for children, caregivers, and communities for improved nutrition and care practices

UNICEF Niger had mixed success in supporting the delivery of nutrition services:

- **IYCF:** In June 2015, the Lot Quality Assurance Sampling (LQAS) survey suggested an improvement in exclusive breastfeeding to 64.6% in infants under six months of age in eight districts that implemented preventative nutrition packages. However, mass media campaigns for breastfeeding and complementary feeding, supported by UNICEF, were not effective and needed to be revised to fit the local context.
- **Micronutrient Deficiencies:** UNICEF Niger helped implement two campaigns for the supplementation of Vitamin A, with coverage of 98% for children under age 5. For iron folate supplementation for pregnant women, the coverage reached only 25% in 2015.
 - **Iron Folate Supplementation:** Stakeholders indicated that coverage of iron folate supplementation was lower than expected, which may be due to supply issues or service delivery issues within community- or health-settings.
- **WASH:** During the evaluation period, UNICEF improved access to clean water through the installation of standpipes and boreholes. UNICEF partners in the Diffa region supported the construction of latrines, raised awareness on hygiene, and distributed hygiene kits. Linkages with schools for WASH implementation were also strong.

Increased country capacity and delivery of services to ensure protection of the nutritional status of girls, boys, and women from the effects of humanitarian situations

As noted above, Niger continues to experience crises in food insecurity, nutrition, epidemics, population displacement, as well as hazards. The socio-political and security dynamics in the region have led to refugees from Mali, Nigeria, and Libya displaced to refugee camps in Niger. In this context, UNICEF has directed much of its resources towards treating SAM rather than stunting. There is evidence of success in several areas around systematizing the treatment process for SAM. In two years (2014–2016), UNICEF supported the treatment of 685,060 children in 2015 in CRENI facilities, of those, 45.6% were from the Diffa region. Stakeholders felt UNICEF's support for tracking admission rates, performance indicators for treatment (using

the SPHERE minimum standards), and supply of SAM treatment (including RUTF and essential medicines), were critical to ensuring that children with SAM were not only identified but also treated. Overall, it is clear that UNICEF was instrumental in increasing the number of children with SAM who were successfully treated across the country in in-patient and outpatient facilities. Evidence of UNICEF Niger's effectiveness also includes the following:

- UNICEF Niger successfully encouraged regular monitoring of admission trends of SAM nationwide to track the progress of preventive efforts and assess if the current stock of medications (i.e., RUTF) sufficiently met the population needs.
- UNICEF Niger worked with the government and other partners by building their capacity on Community Led Total Sanitation (CLTS) and advocating for a strong rural sanitation agenda. Also there were successes in increasing access to improved sources of drinking water and education for those affected by the humanitarian crises in the Diffa region,³⁹ as well as those in Maradi, Zinder, and Tillabery.

5.2.3 Challenges

UNICEF and external stakeholders talked about several challenges in addressing stunting in Niger. These included limited funding for longer term, stunting preventing interventions with resources currently available mainly from a single donor to work in only 17 out of 260 municipalities. Other challenges include lack of government systems and capacities to scale up, manage and deliver community and facility based interventions' and limited human resource capacity both within UNICEF's nutrition section and among implementing organisations. Limited internal capacity is exacerbated by the necessity of supporting a large scale SAM programme which results in limited staff resources being available for stunting prevention.

5.2.4 Conclusion

UNICEF Niger experienced successes in each of the four key outputs of the Strategic Plan.

It was successful in strengthening political commitment by supporting the development of the PNSN and is currently developing a plan of action and an investment case for nutrition programming with several ministries. However, challenges related to overall national resource allocation for nutrition-related sectors were significant.

The evaluation team also identified gaps in increasing national capacity to provide access to nutrition interventions. Transforming political commitment into funded interventions has been a challenge. Though the PNSN is a strong step in the right direction, further capacity building is needed for government partners around the multisectoral nature of stunting.

³⁹ Unicef.org/appeals/niger.htm

UNICEF Niger was successful at enhancing support for improved nutrition care and practices. Key behaviour changes such as reduction in open defecation were seen for WASH, especially in rural areas that were the focus of efforts, but IYCF campaigns were less successful in influencing behaviour change.

UNICEF Niger devoted most of its resources to the treatment and monitoring of treatment for SAM within emergency response. While treating SAM is necessary, important and viewed by many as a first step in improving nutrition, it may not be sufficient to significantly impact stunting at a population level.

5.3 Efficiency of Management and Operations

This chapter addresses the evaluation question: Are UNICEF's management and operations approaches and resources adequate and efficiently used for its stunting reduction strategies and programmes?

5.3.1 Utilization of Available Resources to Achieve Programme Outputs

Staff

The UNICEF Niger CO has four international nutritionist specialists on staff, one of which serves the Maradi and Zinder regions. There are also two NOCs and four NOBs: one NOB is a national representative, one works in Maradi and Zinder regions, and two support nutrition-related activities in the Diffa region. One international cluster coordinator and one supplies specialist provide technical assistance. In addition, consultants support activities in Zinder and Tahoua, and permanent staff based in Niamey frequently visit other regions. The CO stakeholder felt that its main need was to support recruiting and hiring new staff. The stakeholders indicated that the national and select international staff had limited technical and managerial capacity, and that identifying new hires was difficult because of language requirements (i.e., French speaking) and lack of long-term contracts. For example, advertisements for a position in Zinder have failed to deliver the right candidate.

Staff capacity is a challenge for working on stunting in several additional ways:

- Staff report needing training in policy work as UNICEF moves away from direct service delivery.
- Staff have gaps in knowledge and skills related to the design of evidence based interventions and approaches; analysis and interpretation of nutritional status and programme data; operations research; and documenting results.
- Staff also request support for working together in integrated and multisectoral manner and supporting partners to do the same.

UNICEF Niger was successful in integrating staff outside of the nutrition section into the CO's efforts to address stunting in multiple areas, including planning stages, monitoring and

evaluation framework development, implementation, measurement of nutrition-sensitive indicators, reporting and dissemination, and policy development/advocacy. However, stakeholders noted that this process can be challenging because of competing demands and inability of some of the sections to participate in relevant forums to influence policy and practice, as well as issues around joint planning and supervision across multiple sectors.

Funding

The overall UNICEF funds for Niger modestly declined from \$55.2 million in 2012 to \$54.7 million in 2015. Over the same time period, nutrition programme funds also decreased from \$17.5 million to 16.9 million, accounting for 3.2% and 3.1% of the total funds respectively.⁴⁰ In addition, as described further in section 5.4, the only funding specific to stunting reduction is currently provided by the European Union and there is uncertainty on the future availability of funding.

Reports of overall funds indicate shortfalls in WASH and education, which can have a significant impact on stunting over the evaluation period. In the same period, funding for the treatment of SAM significantly increased, but nutrition-specific interventions for stunting, including Vitamin A supplementation, nutrition intervention packages, and community-based nutrition treatment declined. Niger CO reported the shortfall to address stunting was between 60 and 79% in 2013, and 40 to 59% in 2014-2016. CO stakeholders indicated that since 2013 the top three unfunded areas since essential to addressing stunting were expansion of nutrition specific interventions (specifically, IYCF, micronutrient supplementation to mothers and adolescents, and promotion and supporting food fortification strategies); community led total sanitation and assessment and analysis.

Given the emergency and humanitarian needs in Niger, stakeholders found it difficult to balance between humanitarian actions and development activities, and to secure the infrastructural investments for programming focused on chronic malnutrition. However, others indicated that the emergency during the evaluation period occurred in the Diffa region, which is only a small part of the country, and it does not need to detract from the focus or funding for chronic nutrition. One solution which is already in place is to capitalise on emergency programming that can be adapted to address chronic malnutrition, such as behaviour change interventions. Stakeholders indicated they are currently developing a business case for the action plan for the PNSN that goes beyond UNICEF's budget to include multisectoral partners.

Institutional Arrangements

Lastly, stakeholders described institutional arrangements as problematic. UNICEF sections indicated that their budgets are developed by identifying relevant activities with their partner ministries. Although UNICEF sections can have joint planning, broader joint action between ministries can be challenging in the absence of intersectoral platforms between ministries.

⁴⁰ Expenditure files provided by UNICEF.

5.3.2 Conclusion

Although UNICEF Niger has not experienced significant declines in nutrition funding, availability if future funding is uncertain and ongoing nutrition crises warrant development of solutions for efficient implementation of programme actions. Developing the investment case and identifying financing mechanisms for nutrition based on the PNSN policies is one of these solutions. In addition, UNICEF Niger experienced challenges both in terms of insufficient quantity of staff and gaps in relevant knowledge and skills. UNICEF was successful in integrating staff outside of nutrition section, into multiple aspects of country efforts to address stunting. However, competing demands on staff time and internal coordination presented challenges to this integration.

5.4 Sustainability and Scale-Up

This chapter answers the evaluation question: Is there evidence that UNICEF's strategies and programmes to reduce stunting are likely to be sustained or scaled up?

5.4.1 Sustainability

UNICEF Niger is primarily addressing the sustainability of stunting reduction efforts by building the economic argument for the government to own nutrition-specific and nutrition-sensitive interventions, and developing a multisectoral action plan to ensure nutrition programming is present across all sectors.

UNICEF Niger's approach to capacity building has changed significantly in the last decade. Before 2010, UNICEF was funding government salaries as a form of capacity building. It now focuses on institutional and individual capacity building, primarily through advocacy, knowledge generation and dissemination, and direct training/technical assistance for government staff conducted in various fora but primarily in the Technical Working Group on Nutrition. The evaluation team found that institutional capacity building was proposed for not only the MOH, but also for the Ministry of Water Resources and the Ministry of Population. For example, during the evaluation period and more recently, UNICEF heavily supported the government SAM programme, the PNSN, and the 3N initiative. It also supported costing the plan of action for the PNSN to generate increased understanding of how much progress will actually cost. Changes in the government structures are also expected to affect sustainability. Government stakeholders indicated that the government was shifting from a project-focused approach to a programme approach, which means that development agencies will not have projects funded, but will instead need to align with a government strategy. This potentially has long-term benefits for planning and monitoring indicators, but stakeholders indicated that the government is not yet prepared for this transition.

There are four notable challenges to sustainability:

- **Funding:** Government resources may not be adequate to meet the needs outlined in the Strategic Note for Nutrition as UNICEF Niger does not have predictable funding for stunting prevention. Lack of additional and predictable funding is likely to limit the replication of stunting specific programmes in 17 municipalities currently implemented with the support from the European Union funding. There is also a risk of not continuing various nutrition specific interventions that are at scale (vitamin A supplementation, deworming, IYCF) if funding is not available. While the exercise of costing PNSN may improve understanding of the cost of interventions, the PNSN is still largely unfunded.
- **Capacity:** The capacity and infrastructure for health and nutrition services both at facility and community level are very weak and are unlikely to sustain interventions which are currently heavily supported by NGOs and UNICEF. In addition, so far, capacity building efforts seem to focus mostly on government staff at the national level, but internal stakeholders identified limited subnational capacity and infrastructure as barriers.
- **Programming:** Stakeholders indicated the need for forward thinking about transition from project-focused approaches, with a one- to two-year lifespan, to a programme approach that requires ownership and coordination through the government. They indicated that it can be challenging to sustain the effects of their programmes when funding is granted only for short periods of time.
- **Partners:** Stakeholders reported that UNICEF is in the early stages of imparting the importance of sustainability to government partners and nongovernmental organisations (NGOs). The development of the business case is an opportunity to seek integrated solutions across sectors and partners.

5.4.2 Scale-Up

UNICEF Niger has been successful in operating at scale in its SAM treatment and other health interventions. The real-time monitoring system for SAM can also enhance capability to scale up. UNICEF also supports government in working at scale. It is supporting a budget exercise for the action plan of the PNSN to identify cost-effective interventions that can be implemented at significant scale to reduce the national burden of malnutrition.

However, there are several notable challenges to the scale-up:

- **Funding:** Internal and external stakeholders all agreed that funding would be the most significant challenge to scaling up interventions to address stunting, exacerbated by political and nutrition emergencies. Stakeholders also indicated that nutrition has not been adequately considered and prioritised in the MOH planning thus far.
- **Intentionality:** The Strategic Note puts forth the need to activate Niger's role in the SUN movement. UNICEF Niger's presence on the ground could be clarified as it relates to scale-up, specifically how models that are designed to reach the most vulnerable populations in the communes or the regions can be scaled and/or used to show strong evidence to government on the effectiveness of interventions.

- **Capacity:** Human resources, weak government systems, and lack of implementing partners throughout the country are among significant barriers to scale-up.

5.4.3 Conclusion

UNICEF Niger has considered sustainability and scale-up when designing and implementing its country programmes, through its individual and institutional capacity building of multiple national structures. Scale-up has focused on balancing upstream policy work with maintaining and learning from their on-the-ground presence. Long-term funding predictability, the overall level of funding, lack of capacity and weak systems are the primary challenges to both sustainability and scale-up. UNICEF Niger could play a stronger role for scale-up at the national level, but convergent health, WASH, and nutrition programming within the communes seems to show significant promise for generating lessons and models for scale-up.

5.5 Leadership and Leveraging Partnerships

This chapter assesses the evaluation question: Is UNICEF effective in leading and leveraging partnerships to reduce stunting? Below, an overview of the types of partnerships and leadership activities that UNICEF conducts is presented, followed by successes and challenges experienced during the evaluation period.

5.5.1 Types of Partnerships and Leadership Activities

UNICEF Niger has had a leadership role in the following groups:

- National technical working group on Nutrition
- CMPS 4/3NI Multisectoral high-level coordinating platform
- REACH/UN – SUN network
- Nutrition cluster and the nutrition technical working group

5.5.2 Successes

UNICEF's most important success in leveraging partnerships has been the adoption of the PNSN – UNICEF was the clear leader in formulating this policy. A key driver of their success was taking a strong stance in elevating the mandate for the PNSN above any certain ministry. UNICEF engaged REACH as the platform for policy development because it was an existing mechanism for multi-agency and multisectoral coordination.

UNICEF Niger has excelled at facilitating and furthering national partnerships to advance the nutrition agenda, especially as the coordinator for the multisectoral PNSN policy. The PNSN policy and the move towards developing an action plan and investment case has helped UNICEF prioritise nutrition within government sectors.

Also, the partnerships created under the convergence municipalities approach facilitate joint programming to address malnutrition. For example, WFP and UNICEF Niger have addressed malnutrition through coordinated interventions for malnourished children delivered through health centres.⁴¹

Stakeholders from NGOs indicated that UNICEF supports the implementation of stunting reduction strategies for all NGOs. Partners implement programmes that are conceptualised by UNICEF Niger, and they intervene in the field with orientations provided by UNICEF. NGOs also indicated that UNICEF shows leadership in the cluster coordination meetings, and shares findings about the nutritional data, both national and regional, as well as the evolution of the IYCF strategy and its implementation.

UNICEF Niger works with both local and international partners to implement interventions to address stunting. Expansion of nutrition-specific and nutrition-sensitive interventions requires collaboration with the MOH, and multisectoral coordination involves partnerships with the 3N Initiative. Renewed Efforts Against Child Hunger and Undernutrition (REACH) has served as a platform for the collaboration of UNICEF, WFP, Food and Agriculture Organisation of the United Nations (FAO), and WHO to develop a joint plan for the elaboration of the PNSN such that each agency can add unique value to the nutrition programming. The European Union has provided significant funding for stunting prevention interventions, treatment of SAM, and capacity development. Other agencies that are important partners include the global fund, academic institutions, regional and global research institutes, food producers and importers, agencies dealing with climate change, United Nations Development Programme (UNDP), and the World Bank.

By establishing effective partnerships with donors and NGOs, UNICEF Niger is able to mobilise resources and expand high-impact interventions to address stunting. Leadership focus on integrating nutrition results in all UNICEF sections, especially health and WASH, has also helped strengthen stunting programmes. According to stakeholders, UNICEF plays a crucial role in coordinating nutrition components within a global framework, conceptualizing stunting reduction programmes, and providing leadership as part of the nutrition cluster.

5.5.3 Challenges

There are a few challenges to improving UNICEF's leadership and leveraging of partnerships:

- There are opportunities for UNICEF to lead other UN agencies on nutrition. This is understandably difficult for three reasons:
 - There is overlap in mandates among UNICEF and other UN agencies. The main point of overlap is with WFP, stemming from issue around who is responsible for moderate acute malnutrition.
 - Other UN organisations in Niger are not as well funded.

⁴¹ Niger Annual Report 2015

- Most other agencies do not have nutrition expertise or advocates.

That said, partnerships among UN agencies still represent an important opportunity to work multisectorally. They are more likely to be successful when roles and responsibilities are clearly defined. Strong partnerships have the potential to mobilise funding.

- There are opportunities for increased partnership with other development partners as well. Greater attempts to participate in bilateral learning may be beneficial. Stunting reduction efforts would likely benefit from joint advocacy efforts, translating what each organisation has learnt into proposals for government stakeholders.
- Government officials and NGOs at the subnational level could greatly benefit from additional capacity building exercises for nutrition, as well as greater consideration for how to support nutrition within their policies and mandates. This capacity building should specifically address stunting.

In addition, UNICEF Niger identified a number of potential partners essential to addressing stunting reduction that are not part of the current partnerships and platforms to contribute to country programme efforts to reduce stunting. These included several government ministries (e.g., Ministry of Modernization, Ministry of Community Services, and Ministry of Finance); the Global Fund; public health and nutrition departments at select academic institutions; international agencies with programming related to climate change and environment; and food producers and importers (for fortified flour, oil and salt).

5.5.4 Conclusion

Leadership and leveraging partnerships to reduce stunting are among UNICEF Niger's strongest comparative advantages. Three factors have driven its ability to leverage partnerships: (1) a high degree of technical expertise that is trusted by government and nongovernment partners, (2) generation and use of high-quality data, and (3) the ability to coordinate and facilitate engagement for multisectoral involvement. UNICEF has been successful at convening partners to work on stunting, but it could play a stronger role in improving coordination mechanisms and capacity for stunting prevention among other UN agencies that do not have nutrition-specific expertise, development partners that are also working on stunting, and subnational actors.

5.6 Equity and Reach of Disadvantaged Children

In its mission statement, UNICEF states that it is committed to ensuring special protection for the most disadvantaged children—victims of war, disasters, extreme poverty, and all forms of violence and exploitation, and those with disabilities. Considerations of equity are particularly important in Niger, as many stakeholders felt that Niger's classification as a middle-income country masks stark inequality. This chapter identifies the disadvantaged groups in Niger and assesses the evaluation question: Are UNICEF's strategies and programmes to reduce stunting equitable and effective in reaching disadvantaged children, including children with disabilities?

5.6.1 Approach to Reaching Vulnerable Populations

The Strategic Note for Nutrition specifies reaching disadvantaged children who are most vulnerable to stunting is to focus health, WASH, and nutrition interventions. It identifies children living in rural areas, and those within the regions of Maradi and Zinder as vulnerable groups. Recent surveys indicated a higher prevalence in chronic malnutrition within the Maradi and Zinder regions. Data are clear around several of these groups:

- **Children living in poorer areas:** Stunting prevalence for children in the lowest wealth quartile was much higher compared to those in the richest (45% versus 35%). The Strategic Note for Nutrition highlights that sociocultural beliefs have a strong influence on the types of foods consumed, impacting stunting rates.
- **Children living in rural areas:** The prevalence of chronic malnutrition in rural areas is much higher within rural areas compared to urban (52% in rural versus 32% in urban). The Strategic Note for Nutrition highlights that poor coverage by WASH interventions within rural areas (only 7%) may account for this difference. Also, children delivered in the home are more likely to experience chronic malnutrition (60% versus 44%), which may be likely in a rural setting.

Data are less clear and in fact conflicting for other populations that stakeholders identified as vulnerable. Several stakeholders stated that girls showed greater vulnerability, but a recent 2016 survey found no difference in chronic malnutrition among boys except in two regions with higher malnutrition rates.

5.6.2 Successes

- External stakeholders felt that UNICEF's approach to equity was strong and a high priority. Stakeholders noted successes in policy support, evidence generation, and support for activities in specific vulnerable provinces.
- As the country programme has focused on rural populations, the campaign for micronutrient supplementation through Vitamin A, deworming, IYCF, and nutrition packages has been expanded to rural areas. At least 20 districts within Niger receive more than 50% coverage.
- Issues of equity and gender are addressed in the PNSN as some of the guiding principles. Nutrition programming along the lines of gender and equity are an expected outcome following the development and implementation of the PNSN action plan and investment case.

5.6.3 Challenges

- Overall challenges to addressing stunting in vulnerable populations include the lack of infrastructure to provide high-impact interventions to scale, lack of prioritization by

government, limited government and donor funding, and strong cultural/traditional behaviours that limit optimal utilization of services.

- UNICEF Niger has significantly expanded its campaigns to a national level, but also needs to balance the programming with other UN agencies and the 3N initiative to focus on the convergence of communes approach to target vulnerable households

5.6.4 Conclusion

Evidence is clear that stunting disproportionately affects children who are poorer and who live in rural areas, but that there are pockets of other vulnerable children in the Maradi and Zinder regions. UNICEF Niger's current strategies and programmes are designed to reach disadvantaged children in the Maradi and Zinder region, but have also expanded the campaigns to the national level. UNICEF Niger also provides full coverage for nutrition-specific interventions in the humanitarian context in the Diffa region.

5.7 Knowledge/Data Generation, Management, and Use

This chapter explores the evaluation question: Does UNICEF generate and use knowledge and data sufficiently and appropriately to realise its stunting reduction strategies and programmes? Below, we present an overview of knowledge and data generation activities that UNICEF Niger conducted, followed by a summary of successes, including an assessment of how effective these activities have been and challenges for knowledge and data generation.

5.7.1 Knowledge and Data Generation Activities

During the evaluation period, UNICEF was successful at conducting the following knowledge and data generation activities:

Data Generation

- UNICEF Niger funded periodic assessments using the DHS/MICS as well as annual SMART surveys.
- UNICEF Niger supports the SMART and DHS surveys in partnership with the National Institute of Statistics annual data collection conducted by the National Institute of Statistics.
- Decentralised monitoring of coverage and utilization in 17 communes using LQAS.

Knowledge Generation

- UNICEF Niger collaborated with the National Institute of Statistics to conduct a national study on socio-economic and demographic indicators to track progress on the MDG goals.
- UNICEF Niger elaborated the multisectoral nutrition security policy, using evidence generated by UNICEF and its partners over the past 10 years.

- UNICEF Niger supported the elaboration on the National Plan for the Promotion of Interventions in favour of Adolescents in Niger.
- LQAS reported coverage, utilization of interventions disaggregated by commune, by 71 health facility catchment areas.

5.7.2 Successes

Ongoing use of monitoring data to track nutritional status and services, including real-time monitoring of the SAM interventions, is a clear success. Stakeholders felt that UNICEF Niger was playing a very prominent role in knowledge generation within the nutrition sector in Niger, particularly updating SAM guidelines. Design and implementation of decentralised monitoring of coverage and utilization using LQAS allowed UNICEF Niger to rapidly classify high- or low-performing districts using 53 nutrition indicators, and identify bottlenecks.

It has also been successful in generating data that are used by other partners. UNICEF Niger continued to collect data from NGOs, including programme monitoring information combined with more standardised data collected in the health centres. Stakeholders indicated that UNICEF supported the integration of systems collecting nutrition data, and the dissemination of simplified messages related to nutrition to support decision-making.

5.7.3 Challenges

Knowledge Gaps

Stakeholders felt that the low capacity for data collection, management, and analysis at the national level led to minimal or no information collected about nutrition outputs related to nutrition-sensitive and nutrition-specific interventions, as well as national nutrition outcomes. They indicated that conclusions about the determinants of stunting, impact of nutrition interventions on stunting, or strategies for achieving optimal nutrition, cannot be gathered from the current health management information systems in a timely manner. Stakeholders also indicated there was no early warning system to trigger an alert, and that data collection within the local health system was limited. Stakeholders indicated that UNICEF's efforts to support the MOH for data-driven decision making is challenging because of the lack of a platform to systematically collect nutrition-related information.

5.7.4 Conclusion

UNICEF Niger provides the technical expertise in terms of data collection and analysis, and informs the evidence-base for nutrition policy. It also provides the evidence of relationships between nutrition status and WASH indicators to motivate investment in the WASH section and possibly other sections. UNICEF Niger helps with the capacity building by collaborating with national entities, such as the National Institute of Statistics and using its monitoring system as a

starting point for the development of national systems to track national indicators. However, knowledge gaps exist for coverage and service utilization data for nutrition interventions.

6. Recommendations

1. Promote and support concrete processes that help clarify roles and responsibilities of strategic partners within and outside the United Nations, especially in the areas of nutrition-sensitive programming and multisectoral approaches to reduce stunting.
2. Leverage UNICEF Niger role as facilitator of the 3N coordination body to advocate for input and buy-in from key ministries on the investment case and action plan, which are underway. Once developed, the investment case will be a key tool for identifying resources for implementing stunting interventions.
3. Assess capacity gaps and needs. Mobilise partners and leverage UNICEF's niche in the area of upstream work to further expand/diversify capacity building activities. In particular focus on the concept of stunting as a multi-sectoral issue and how to operationalise interventions to prevent stunting, especially at the subnational level.
4. Internally, continue to build staff capacity around integrated approaches. Incorporate accountability across sections to improve collaboration and cooperation toward better results-orientation to reducing stunting and use them as the basis in assessing the achievement of country programme targets
5. A focus on behaviour change may help address some of the challenges that UNICEF Niger has faced. Consider borrowing lessons learnt from other countries around nutrition-related campaigns.
6. Funding needs for both prevention and treatment are substantial. Continue advocacy for scaling up prevention through use of improved data, including data on cost effectiveness analyses.

ANNEXES

Annex 1

Global Evaluation Methodology

Detailed Evaluation Methodology

Quantitative methods

Purpose

The quantitative parts of the evaluation identified the trends and differences in stunting rates and inequities during the study period (2010-2015) across geographic, social, political, demographic, and environmental factors. It analysed correlations among stunting trends and other observed characteristics as informed by the data and the qualitative analysis.

Data Sources

Secondary Data

The trend analysis relies primarily on the Demographic Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS) and will be supplemented by other data provided by UNICEF (HQ and country), country-level data (such as country nutrition surveys and routine information system data), and other sources of publicly available information (e.g., academic data and studies) that is relevant to the particular level of analysis, especially where disaggregated data (e.g., subnational) may be required. Secondary data will be used to as part of the triangulation process to validate findings contribute to exploration of the appropriateness of UNICEF's country programmes and global and regional strategies.⁴²

Data Management and Analysis

The primary method of quantitative analysis will be descriptive. For secondary data analysis, the focus will include changes in stunting burden and prevalence over the course of the evaluation (2010-2015). Descriptive analyses will include measures of central tendency (mean, median) and spread (standard deviation, range) for continuous variables and frequencies for categorical variables.

Correlations between stunting and identified variables will also be explored at the global, regional, and country levels. If correlations and/or previous qualitative findings suggest that further exploration may be meaningful, additional quantitative analyses, such as t-tests, ANOVA, or regression analysis may be utilised if an appropriate methodology can be determined and the appropriate data (i.e., variables, data size, and data quality) are available. Further categorization will be identified as a result of the initial examination of the data and the qualitative evaluation and may vary by country.

All quantitative analysis will be conducted using Stata software.

⁴² For fragile settings (both natural and man-made), Famine Early Warning (FEW) and other surveillance sentinel data may be important in assessing responsiveness to early warning systems and may be potential data sources for this evaluation.

Qualitative methods

Purpose

The qualitative assessment will be used to validate and elucidate contextual factors for differences in trends that will be identified and triangulated by the quantitative analysis. The findings will be used to formulate evidence-based recommendations for improving UNICEF's accountability for its performance and results and to guide effective action towards sustainable stunting reduction in the coming years.

Data Sources

Document Review

The qualitative assessment was informed by documents provided by UNICEF and will include policy, strategy, and evaluation reports at all levels (country, regional, global). Country documents for the evaluation of Niger included UNICEF Country Programme Documents (COUNTRY PROGRAMME), annual reports, national County Programme Action Plans (CPAP), and MTRs for the years 2010 to 2015. In addition, the evaluation team reviewed Regional Office Operations and Management Plans (ROMPs) and Regional Analysis Reports (RARs), and global strategic documents related to stunting reduction. Publicly available documents for review have been extracted from UNICEF websites. The ICF evaluation team has been working with the EO, ROs, and COs to collect additional documents for review.

Key Informant Interviews

Key Informant Interviews (KIIs) were conducted at the global, regional and country levels. Key staff from HQ, ROs, and selected COs were interviewed during the inception phase to ascertain regional and country programme highlights. The evaluation team conducted KIIs with UNICEF Regional Nutrition Advisors during the inception phase. Findings from the interviews informed the inception report and will be utilised during the desk review to better target document and data collection and to better inform and target the questions being asked in case study countries.

During the implementation phase, interviews were conducted at the country level with UNICEF-Niger staff including local-level personnel involved in managing and supporting UNICEF programmes, representatives and/or deputies, and programme managers and advisors at various levels. National policy makers and programme coordinators (including subnational staff) were also interviewed. Additional KIIs were conducted with external experts and stakeholders, and staff of other UN agencies and organisations that contribute to and partner in relevant sectors at the global and national levels.

Data Management and Analysis

Qualitative analysis is an iterative process. Through coding and text retrieval, data moves from abstract (thick description) to drawing concrete conclusions and developing targeted recommendations. This method adopts the emic perspective in which participants relate personal narratives. Through individual stories, evaluators identify patterns of meaning that evolve into targeted and specific insights and recommendations.

The interviewers responsible for the KIIs and the individuals identified to review the collected documentation were designated as coders. If more than one interviewer was present during a KII, the individual tasked to take notes was designated as the primary coder and the interviewer acted as a secondary coder, to review and refine the primary coder's results. For each of the KIIs, the case study interviewer or notetaker typed up the notes and used the recordings to corroborate the notes. All notes were coded using qualitative data analysis. The seven Evaluation Areas were used as the "deductive" or *a priori* codes. Multiple codes were applied to the same text excerpt from the notes if the segment conveyed multiple concepts that should be captured. Similarly, as documents were reviewed, codes were mapped onto information that addressed an aspect of the seven identified evaluation questions.

During coding, the evaluation team employed a rating-scale rubric of measures corresponding to select indicators to score elements of the document, including the DAC criteria of relevance, effectiveness, efficiency, and sustainability as applicable, and cross-cutting areas of leadership, equity, and knowledge management and use.

The evaluation team noted any emerging themes from the documents and KIIs. These themes were aggregated conceptually and transformed into "inductive" codes. For example, ICF may develop a new code if careful readings of the notes point to discussions across multiple participants about standardization of cross-collaboration across programme areas being important to implementation. Subcodes were developed and linked to these main deductive and inductive codes to capture different nuances of the central themes. Based on the notes and conversations with each of the coders, the task lead drafted definitions and exclusion/inclusion criteria for each code.

Data analysis proceeded in two steps. First, coders constructed focused queries in the qualitative data management software ATLAS.ti, to retrieve specific text segments. To accomplish this task, team members developed lists of questions that speak to different components of the evaluation questions. Examples include:

What are the activities that the Niger Country Office identify as key to reducing stunting?

What national priorities inform the Niger Country Programme?

These team-generated questions were transformed into queries readable by the data management software. Team members read the various outputs, notating themes or patterns that develop. They also developed new questions that arose from the data and transformed them into new queries. Team members involved in the queries met regularly to share findings and discuss analysis strategies. The cycle of question creation, output, theme notation, and team analysis discussion was repeated until the study's research questions are satisfactorily answered. In addition, the team used other analytic tools to examine inductive themes (e.g., exploring which codes tend to co-occur) and whether any patterns emerge through these networks. For example, by looking at the data points where evaluation areas intersect, themes may emerge. Thus, for the report, findings may be obtained by combining retrieved segments from the deductive inquiries with the patterns that arise through the inductive networks.

Annex 2

Documents Reviewed

The following documents were reviewed as part of this case study:

- Project Appraisal Document: Safety Net Project in Niger. World Bank, 2011
- *Plan de Développement Sanitaire 2011–2015*. République du Niger: Ministère de la Santé Publique, 2011
- Plan National de Contingence Multi-Risque Niger 2013. Government of Niger & UNDP, 2013
- *Situation Nutritionnelle au Niger*. Ministère de la Santé Publique, Juillet 2015.
- Stratégie de Développement Rural. Gouvernement du Niger, 2003
- Stratégie de Développement Rural: Plan d'Action. Gouvernement du Niger, 2006
- Niger: Poverty Reduction Strategy Paper. IMF Country Report No. 13 / 105, 2013
- Niger: Country Programme Document 2014–2018. UNICEF, 2013
- Summary Results Matrix: Government of Niger–UNICEF Country Programme, 2014–2018. UNICEF, N.D.
- UNICEF Annual Report 2013– Niger. UNICEF, N.D.
- UNICEF Annual Report 2015– Niger. UNICEF, N.D.

Annex 3

Key Informants

The evaluation expresses our thanks to all of the key informant interview respondents who participated in the evaluation:

Idrissa Chipkao

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Fitsum Assefa

Rapsida Ramadou Madougou

Erambel Iba Abdoulaye

Abduel Kaser

Zezi Dade Moutardi

Pacifique Ngarambe Ruty

Arnaud Anahore

Mediatrice Kiburente

Annex 4

UNICEF's Simplified Schematic

ADDRESSING CHILDHOOD STUNTING AND WASTING

IF SITUATION ANALYSIS SHOWS THESE CONDITIONS:

THEN CONSIDER THESE INTERVENTIONS:

FOOD

Inadequate quality of complementary foods

- Micronutrient supplementation
- Nutrition education and counselling
- Fortified and supplemental/specialized foods (including iodized salt)

Chronic or significant seasonal food shortages

- Fortified and supplemental/specialized foods
- Social protection programmes
- Community management of acute malnutrition programmes
- Nutrition surveillance system
- Promotion of linkages with agriculture

CARE

Inadequate breastfeeding

- Breastfeeding counselling and support through community- and facility-based contacts
- Intensive capacity development for health and nutrition workers
- Early childhood development interventions, nurturing family care practices and responsive feeding
- Baby Friendly Hospital Initiative
- Control of the marketing of breast milk substitutes
- Maternity protection in the workplace

Inadequate complementary feeding

- Education and behaviour change communication
- Early childhood development interventions, nurturing family care practices and responsive feeding
- Multiple micronutrient powders for home fortification of complementary foods

Poor hygiene and sanitation

- Intensive WASH interventions (behaviour change and communication and supplies for hand washing with soap at critical times, safe disposal of faeces; open-defecation free communities; construction, management and use of latrines/toilets; access to adequate, safe water)
- Improved safety of complementary foods

HEALTH

High prevalence of diarrhoea and pneumonia

- Oral rehydration solution and zinc supplementation
- WASH interventions
- Vitamin A supplementation
- Nutrition counselling for the adequate care of sick children
- Treatment of SAM

**IF SITUATION ANALYSIS
SHOWS THESE CONDITIONS:**

THEN CONSIDER THESE INTERVENTIONS:

HEALTH (cont.)

**High prevalence
of HIV/AIDS**

- As part of community management of acute malnutrition programmes, providerinitiated HIV testing and counselling
- National guideline development for infant feeding in the context of HIV
- Voluntary, confidential testing and treatment and infant feeding counselling for pregnant women
- Nutritional support

**High prevalence of
malaria**

- Intermittent preventative treatment and promotion of insecticide-treated bed nets for pregnant women (in high-malaria areas)
- Insecticide-treated bed nets for children <24 months (in high-malaria areas)
- Behaviour change and communication
- Nutrition counselling for the adequate care of sick children

**High prevalence of
parasitic infections**

- Deworming for pregnant women
- Deworming for children 6–59 months
- WASH interventions
- Nutritional support

**Insufficient coverage
of antenatal care or
skilled birth attendant**

- Health interventions (promotion of healthy practices and appropriate use of health services during the continuum of care)

Annex 5

Evidence Matrix for Relevance

Contextual Factor	How Factor is Addressed in the Stunting Reduction Plan	Rating
GENERAL CONTEXTUAL FACTORS		
1. With a population of 16.3 million people, Niger has a high rate of fertility and rapid population growth. As a result, the country experiences widespread poverty, exacerbated by socioeconomic inequalities, and gender disparities.	The objective of the UNDAF 2009–2013 plan addresses the need to implement sustainable development and improve food security for vulnerable populations, equal access to social services, and the development of infrastructures.	Addressed
2. Insecurity in the neighbouring countries, as well as the terrorist threat in the country, creates constant migration movement which results in food insecurity and human rights violations.	In the context of recurring crises, the programme focuses on integrating flexibility and an emergency-response segment into the various programmatic components to improve the emergency response to a variety of issues including nutrition.	Addressed
CONTEXTUAL FACTORS RELATED TO NUTRITION		
3. In total, 48% of the population, about 7 million people, has been affected by moderate and severe food insecurity, with more than 16% of children suffering from acute malnutrition in 2010.	The country 2014–2018 programme which align with the country priority shifted significantly with more emphasis on nutrition which will become a standalone component. In its efforts to combat chronic malnutrition, the programme will also support implementation of multisectoral and large scale integrated interventions during the 1,000-day window from the start of a woman's pregnancy until the child's second birthday.	Addressed
4. Acute malnutrition is high.	The Programme for Integrated Management of Acute Malnutrition (IMCI), implemented in Niger since 2005 under the partnership with UNICEF Niger has three types of Nutritional Recovery Centres Network (CREN). These networks of 2,070 centres have taken care of 1,661,998 severe malnutrition cases and 1,918,781 moderate malnutrition cases from 2011 to 2015.	Addressed
5. According to the DHS 2012 survey, of the 83% of pregnant women going for their first prenatal service, only 28.6% received iron and folic acid supplementation for the recommended duration.	Country Programme advocates for the promotion and equal access to prenatal and postnatal services.	Addressed
6. High prevalence of micronutrient deficiency among children.	The fortification of complementary foods with micronutrient powders started in Niger in 2014 under the leadership of the MOH and in partnership with UNICEF programme. The powder is formulated to preserve the taste and colour of local foods and has proven effective in combating various micronutrient deficiencies. This project is implemented in six departments and 54 Health Centres. Currently, it covers 23,000 children aged 6 to 23 months and offers interesting prospects for scaling up.	Addressed

Contextual Factor	How Factor is Addressed in the Stunting Reduction Plan	Rating
7. Close births and inadequate food practices contribute to persistent malnutrition at a level of great concern.	The programme promotes birth spacing and protection of young girls from early marriage to improve the nutritional status of children and mothers. It also strengthens the prevention and management of malnutrition among adolescents and women in childbearing age.	Addressed
8. The national situation analysis indicated that less than one in four children (23%) is exclusively breastfed.	An IYCF campaign was included	Addressed
CONTEXTUAL FACTORS RELATED TO EQUITY		
9. Despite the progress made, poor access to water and sanitation negatively influence the nutritional and health status of the mother and child.	The programme mobilises technical and financial resources to provide access to drinking water to the most deprived and disadvantaged area. Sanitation and clean drinking water reduce the risks of infectious disease which is the major cause of motility in children.	Addressed
10. Children's rights not protected.	The most vulnerable population group (women and children) are better protected from abuse, violence and discrimination by a legal and political framework favourable to the realisation of their right to clean water, access to food, and equal access to education.	Addressed
11. High degree of gender disparities in education.	Access to basic education and human rights empowers women to make rational decisions about the well-being of mothers and newborns. It also is an opportunity to promote behaviour change and greater awareness of sociocultural practices that impede education. For girls especially, limited access to education leads to inequality in access to health care, nutrition, and clean drinking water among the most disadvantaged children.	Addressed
12. Reduce mortality rate for children under age 5, as well as the maternal mortality rate.	Under the programme, children under age 1 year will benefit from increased prevention of preventable disease, better health management systems, increased access to immunization services against the major diseases; also, malnourished children will benefit from improved care at the community and health facilities level, while pregnant women will have better access to preventive and essential care for the survival of mothers and newborns.	Addressed
13. HIV/AIDS prevalence ranges from 0.8% overall to 1.7% among pregnant women. They have limited access to HIV counselling and testing during prenatal consultations, and many health care needs of pregnant women and HIV-positive children are not yet met.	Providing treatment and alternative nutrition to pregnant women with HIV reduces the prevalence of children born with HIV. Also broadcasting information on national media about HIV and nutrition help women make informed decision.	Addressed

Annex 6

Assessment of the Adequacy of UNICEF's Niger Approach to Stunting

Does the Situation Analysis Show These Conditions?		How did UNICEF Niger Address in 2009–2013 Country Programme?	Interventions Not Included in 2014–2018 Country Programme	2012 Rates	Evidence of Effectiveness During Evaluation Period at National Level?
FOOD					
In Niger, malnutrition is a recurring problem and constitutes a real public health issue that affects children under age 5 years, especially those aged 6–23 months, and also affects pregnant and lactating women.	Yes. The most recent national survey on nutrition conducted July–August 2014 showed overall acute malnutrition rates were 14.8%, 2.7% for severe acute malnutrition and 45.5% for chronic malnutrition.	<ul style="list-style-type: none"> Strengthen the capacities of health workers to deal adequately with cases of malnutrition. Reduce the mortality rate of children under age 5 from 130.5 / 1,000 in 2010 to 198/1,000 2006. Reduce the stunting rate in the country. 	<ul style="list-style-type: none"> Implement multisectoral and large-scale integrated interventions during the 1,000-day window from the start of a woman’s pregnancy until the child’s second birthday. Strengthen the promotion and counselling on children nutrition, and coaching of key actors. The programme will be divided into six components for efficiency reason: (1) Child survival, (2) Nutrition, (3) Education, (4) Protection, (5) Communication, and (6) Social policy. 	More than 46,000 annual child deaths are estimated to be linked to under nutrition.	Yes
In Niger, less than 1 in 4 children (23%) is exclusively breastfed.	Yes. Limited acceptance of exclusive breastfeeding (giving only breast milk without adding water or other fluids and food) is a serious problem to the	<ul style="list-style-type: none"> Promote behaviour- change activities aimed at improving infant and young child feeding practices. Advocate for exclusive breastfeeding. Support pre- and neo-natal care for women. 			Unable to assess

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nutritional security of children.				

Does the Situation Analysis Show These Conditions?		How did UNICEF Niger Address in 2009–2013 Country Programme?	Interventions Not Included in 2014–2018 Country Programme	2012 Rates	Evidence of Effectiveness During Evaluation Period at National Level?
FOOD (continued)					
Chronic or significant seasonal food shortages	<p>Yes. The 2008-2013 SMART surveys show that global acute malnutrition has remained above the alert threshold of 10% and exceeds the emergency threshold of 15%.</p> <p>Estimated at 14% on average over the period 2008–2013, the rate of acute malnutrition increases considerably due to the effects of the food crisis, reaching 17% in 2010 and 15% in 2012.</p>	<ul style="list-style-type: none"> • Fortified and supplemental/specialized foods. • Social protection programmes. • Community management of acute malnutrition programmes. 	<ul style="list-style-type: none"> • Nutrition surveillance system. • Promotion of linkages with agriculture. • Scale-Up Nutrition and Renewed Efforts Against Child Hunger and under-nutrition • (REACH) platforms. • Strengthen the resilience of communities, particularly in rural and disadvantaged areas. 	<ul style="list-style-type: none"> • The programme contributed to the care of 398,326 children under age 5 years suffering from stunting, which is 106% of the expected number of children. 	Yes

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ENVIRONMENT					
Drought floods and insecurity	Niger faces various risks related to climatic and environmental factors. Climate shocks and drought remain the main risks in frequency and impact. Between 1980 and 2012, Niger suffered 10 episodes of drought, of which eight resulted in a notorious food deficit.	<ul style="list-style-type: none"> • Provide food and water assistance during drought. • Help communities to be more resilient in their environment. • Provide essential assistance quickly as possible during nutritional emergency. 	<ul style="list-style-type: none"> • Effectiveness of emergency response in time of crisis. • Improved monitoring of rainfall and the level of the Niger River, for an early warning in the event of flood. • Promote disaster risk reduction, adapting to climate change and strengthening peace • A partnership with FAO, WFP, the Ministries of Water, Agriculture, and Education to strengthen the resilience of vulnerable households. • Address insecurity in neighbouring countries (Libya, Nigeria, Mali) that create an influx of migrants and refugees. 		Unable to assess
CARE					
Inadequate breastfeeding and limited access to information	Yes. Niger data show that food and economic security alone cannot guarantee a good nutritional status, as chronic	<ul style="list-style-type: none"> • Breastfeeding counselling and support through community- and facility-based contacts. • Increase the population access to information on their rights and the use of social 		<ul style="list-style-type: none"> • In Niger, less than 1 in 4 children (23%) is exclusively breastfed. 	Yes but gaps remain

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	malnutrition is also a serious problem among children from the richest families, where 35% of children suffer from chronic malnutrition.	<p>services via audio-visual programmes and press articles.</p> <ul style="list-style-type: none"> Intensive capacity development for health and nutrition workers. 	<p>* Inclusion in this column does not imply that these interventions should or should not have been included, they are listed here as a reference.</p>		
Low coverage in micronutrients supplementation and food fortification in Niger	Yes. According to the DHS 2012 survey, of the 83% of pregnant women going for their first prenatal service, only 28.6% receive iron and folic acid supplementation for the recommended duration.	<ul style="list-style-type: none"> Education and behavior change communication. Multiple micronutrient powders for home fortification of complementary foods. Micronutrient supplementation. 	<ul style="list-style-type: none"> Promoting food diversification and enhancing the value of local products. Nutrition will become a stand-alone programmatic component. 	<ul style="list-style-type: none"> Provide technical and financial support for the promotion of infant and young child food in 1,500 villages in 32 counties. Between 2010 and 2012, supported the establishment of 800 nutritional rehabilitation centres. 	Yes
The lack of access to health services.	Niger data suggest that the precarious nutritional status of infants and young children is directly linked to	<ul style="list-style-type: none"> Support the completion of a comprehensive mapping of the health system under the responsibility of the MOH with the geographical location of health facilities. 			Yes

Does the Situation Analysis Show These Conditions?		How did UNICEF Niger Address in 2009–2013 Country Programme?	Interventions Not Included in 2014–2018 Country Programme	2012 Rates	Evidence of Effectiveness During Evaluation Period at National Level?
	the lack of access to health services during pregnancy and childbirth. Thus, chronic malnutrition is higher (60%) among children born at home without the assistance of a qualified person than among children born in health facilities (44.5%).	<ul style="list-style-type: none"> • Children less than 1 year of age, have increased access to vaccination services against the main diseases. • Continue to support the national strategy of free health care by continuing to provide • generic essential drugs 	* Inclusion in this column does not imply that these interventions should or should not have been included, they are listed here as a reference.		
Poor hygiene and sanitation	Yes. Coverage in water and sanitation infrastructures (especially the availability of toilets) is low in Niger, with large disparities between rural areas (7%) And	<ul style="list-style-type: none"> • Intensive WASH interventions (behaviour change, communication, and supplies for hand- washing with soap at critical times, safe disposal of faeces; open defecation–free communities; construction, management, and use of latrines/toilets; access to • adequate, safe water). 		<ul style="list-style-type: none"> • Niger is far from its 2015 targets to provide 80% access to clean water and 50% access to sanitation. 	Yes

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	urban areas (65%).				
Birth rate	Yes. A short space between births is an important risk factor for the health and nutritional status of mothers and children. In Niger, 66% of mothers give birth again after less than one year recovery period from previous births.	<ul style="list-style-type: none"> • Promote behaviour-change activities aimed at practicing birth control. • Promote equal access to education for girls. • Promote birth spacing and protect young girls from early marriage to improve the nutritional status of children and mothers. 			Unable to assess
Access to clean water	According to the 2012 DHS-MICS report, only 11% of households in the whole country and 52% of urban households have access to an improved on site water source.	<ul style="list-style-type: none"> • Provide clean water sources to nutritional recovery centres. • Contribute to the rehabilitation of clean water sources in areas affected by floods. • The programme has also contributed to improving access to clean drinking 	<ul style="list-style-type: none"> • Promote adequate methods of water treatment necessary to improve access to drinking water in rural areas. 		Yes

Does the Situation Analysis Show These Conditions?		How did UNICEF Niger Address in 2009–2013 Country Programme?	Interventions Not Included in 2014–2018 Country Programme	2012 Rates	Evidence of Effectiveness During Evaluation Period at National Level?
	Also, only 17% of households use an appropriate water treatment method.	water in targeted rural areas through the installation of water supply systems for the needs of an estimated population of 230,000 people.	* Inclusion in this column does not imply that these interventions should or should not have been included, they are listed here as a reference.		
HEALTH					
High prevalence of diarrhoea and pneumonia	Yes. Diarrhoeal rates were estimated at 25.5% and acute respiratory infection rates at 23.5% in 2010.	<ul style="list-style-type: none"> • WASH interventions. • Zinc supplementation. • Intake of rehydration oral salts. 	<ul style="list-style-type: none"> • Vitamin A supplementation. • Nutrition counselling for the adequate care of sick children. 	<ul style="list-style-type: none"> • Pneumonia management increased to 62% and treatment for pneumonia and diarrhoea increased to 62% and 56% respectively to 56% from 2009 to 2012. • As part of the free care initiative, the programme provided more than 800,000 treatments for diarrhoea and 255,000 kits for prenatal consultations. 	Yes
High prevalence of anaemia	According to the results of the 2012 DHS-MICS, anaemia affects	<ul style="list-style-type: none"> • Regular Iron supplementation. 		<ul style="list-style-type: none"> • 8 out of 10 children, are suffering from a severe form of anemia, 	Yes but gaps remain

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	almost half of women in reproductive age (46%) and more than two-thirds (73%) of children under age 5 have anaemia, indicative of iron deficiency, a major nutrient associated with survival, growth and development.	<ul style="list-style-type: none"> • Provide better access to preventive and essential curative care for the survival of the mother and new born for pregnant women. 		which affects 83% of children aged 6–59 months.	
High prevalence of growth retardation	Yes. One in two children under the age of 5 years (45.3%) is under-sized for their age, a sign of chronic malnutrition.	<ul style="list-style-type: none"> • regular Vitamin A supplementation. • The promotion of exclusive breastfeeding. • Provide the ready-to-use therapeutic foods for home treatment of children suffering from wasting and stunting. 		<ul style="list-style-type: none"> • As 2013, 42.5% children have experienced growth retardation. • In Niger, more than a quarter of children (27%) are born with low birth weight. 	Yes but gaps remain

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High prevalence of HIV/AIDS	Yes HIV/AIDS prevalence ranges from 0.8 per cent overall to 1.7 per cent among pregnant women. Pregnant women have limited access to HIV counselling and testing during prenatal consultations, and many care needs of pregnant women and HIV-positive children are not met.	<ul style="list-style-type: none"> • Priority will be placed on preventing mother-to-child transmission of HIV and providing paediatric care to infected and affected children in 42 districts in the country. • Prevention of mother-to-child transmission sites will be expanded to all medical facilities in the country. • The partnership with the Joint United Nations Programme on HIV/AIDS will be strengthened to ensure interventions are complementary. • Provide mass –media coverage on HIV. 	*Many of these <i>are</i> included in the 2014–2018 Country Programme. Inclusion in this column does not imply that these interventions should or should not have been included, they are listed here as a reference.	<ul style="list-style-type: none"> • The HIV / AIDS prevalence rate is down from 0.7% in 2006 to 0.4% in 2012. 	Yes
High prevalence of malaria	Yes. Reduce the prevalence of malaria in children under age 5 years from 32% to 16%.	<ul style="list-style-type: none"> • Increase in the supply of long-lasting insecticide-treated mosquito nets. • Increase in the use of antimalarial drugs. • Behaviour change and communication. 		<ul style="list-style-type: none"> • As part of the free care initiative, the programme has provided more than 3 million doses for the treatment of malaria in children under age 5. 	Yes

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			*Many of these <i>are</i> included in the 2014–2018 Country Programme. Inclusion in this column does not imply that these interventions should or should not have been included, they are listed here as a reference.	<ul style="list-style-type: none"> Malaria management increased by more than 78%, of which 58% was confirmed by the Rapid Diagnostic Test (RDT), according to SNIS data. 	
High prevalence of parasitic infections and preventable diseases	Niger is facing recurring epidemics of cholera, meningitis, and the resurgence of vaccine-preventable diseases, such as measles, pertussis, and diphtheria. In 2012, 5,284 cases of cholera were recorded in Niger, with rate 2.1% in fatality, which is higher than the WHO standard.	<ul style="list-style-type: none"> WASH interventions. Vaccination against measles. Eradication of poliomyelitis. 	<ul style="list-style-type: none"> Deworming for pregnant women. Deworming for children age 6–59 months. Nutritional support. 	<ul style="list-style-type: none"> Children in Niger are still facing high prevalence infection (53% of acute respiratory infections, 51% diarrhoea and 50% fever). 	Yes

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Education					
Inequality in access to education	Yes. It is clearly demonstrated that maternal education is one of the factors linked to a better nutritional status of the child. In Niger, 80% of women aged 15–45 have no formal education, and only 9% have reached secondary or higher education.	<ul style="list-style-type: none"> • Advocate for the enrolment of all children in the first year of primary school. • Support teacher's professional training to improve the quality of education. • Promote gender equal access to school. • Develop a national education policy for girls. 	<ul style="list-style-type: none"> • The interventions will be in three main areas: (1) strengthening system management and steering capacities, (2) improving access to and keeping children in school, and (3) upgrading the quality of learning and teaching conditions. • The scholarship programme for girls in rural colleges will also be strengthened in 2014, with a target of 1,000 scholarships. 	<ul style="list-style-type: none"> • Help improve access to education by doubling the preschool enrolment rate, with a 3% annual increase in primary school enrolment and completion rates. • Provide more than 3 million textbooks. • Support 500 girls of 16 rural colleges in high-dropout regions. 	Yes
Promote women's and children's rights	Yes. Gender disparities in education, children's rights, and children's protections are major handicaps in Niger.	<ul style="list-style-type: none"> • Promote outreach to local communities, including traditional leaders and religious leaders about violence and discrimination against women, child labor, and trafficking. • Advocate for the increase of the average age of marriage for girls to 18. 	<ul style="list-style-type: none"> • Ensure the full realisation of the rights of children in the Niger and a reduction of disparities, with the aim of achieving equity. • Help to strengthen civil registry services. 		Yes

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		<ul style="list-style-type: none"> • Promote the inclusion of children’s and women’s rights in decision making. • Speak out regarding violence against women. • Advocate for abolition of female genital mutilation. • Promote the development of a comprehensive legal code on the protection of children’s rights. 	<p>*Many of these <i>are</i> included in the 2014–2018 Country Programme. Inclusion in this column does not imply that these interventions should or should not have been included, they are listed here as a reference.</p>		

