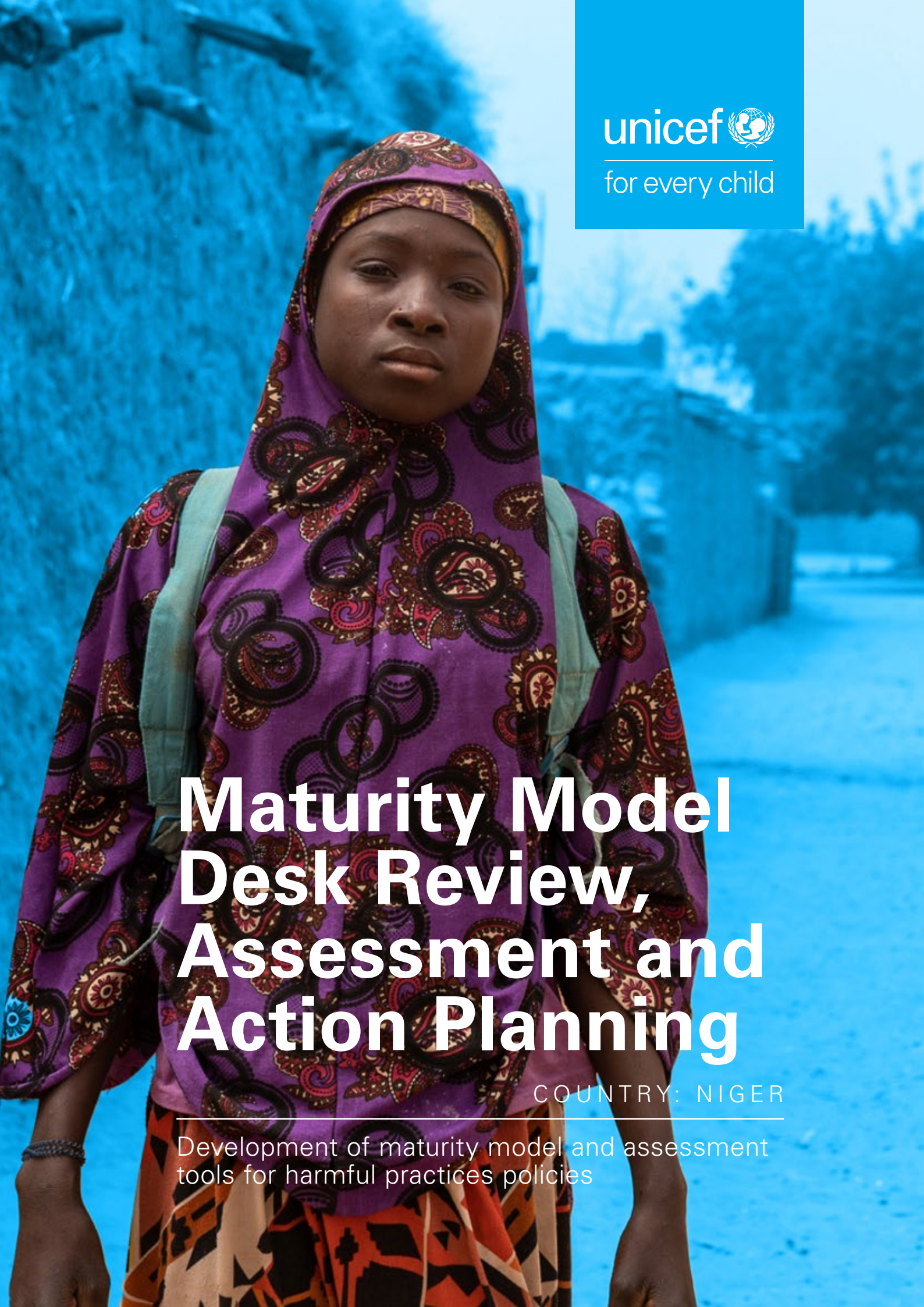

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: NIGER

Development of maturity model and assessment tools for harmful practices policies

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Acknowledgment

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For more information about the tool, please contact Joseph Mabirizi(jmabirizi@unicef.org)

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List of acronyms

FGM/C Female genital mutilation/cutting
GPECM Global Programme on the Elimination of Child Marriage
JPFGM UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation
UNFPA United Nations Population Fund
UNICEF United Nations Children's Fund

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I. Background

Child marriage is a harmful practice which affects Niger more than anywhere in the world. Despite the efforts of the authorities and partners, the rate of child marriage has hardly changed in 20 years. There are no signs of progress towards the Sustainable Development Goals (SDGs) target to end child marriage by 2030 and the prevalence is expected to remain at today's levels unless more action is taken. According to the demographic health survey (DHS) of 2012,[1] 76 percent of women aged 20 to 24 were married before the age of 18 and one girl in four is married before the age of 15. The median age at marriage increased from 15.1 years in 1992 to 15.5 years in 2006 and 15.7 years in 2012. While child marriage affects all parts of society, children in rural areas are more affected than those in urban areas. Girls with more education are less exposed than those who have had little or no schooling. In addition, the poorer the family is, the more girls are exposed to this practice. The median age of marriage for girls (15.7 years) is around nine years earlier than for boys (24.6 years), due to social, cultural, and economic reasons.[2] In Niger, the Civil Code sets the minimum age of marriage for girls at 15 years, and boys at 18 years. However, as the majority of unions are conducted under customary law, this has a limited effect on incidences of child marriage. FGM/C has been illegal in Niger since June 2003, with penal sanctions for offenders. There was a significant drop in FGM rates, from 5.6 per cent to 2.2 per cent, between 1998 and 2006. The current prevalence for women (15-49 years) is 2 per cent, according to the DHS (2012). As a result, there is limited focus on FGM. Harmful practices services do not refer to FGM, and mainly focus on the elimination of child marriage.

Purpose

This report aims to accelerate progress towards the SDG target of eliminating harmful practices.A draft maturity model, or framework, for harmful practices, with articulated benchmarks, was developed for review and feedback from country-leve! stakeholders. The model provides an integrateci strategy for measuring processes, systems, services and information, based on a public policy management (PPM) approach.[3] It is intended to complement and augment the Global Partnership Framework on Elimination of Child Marriage (GPECM) and the Joint Partnership on the Abandonment of Female Genital Mutilation (JPFGM). Based on the draft maturity model and assessment tools, rapid assessments were conducted in 12 countries[4] to measure the level of maturity of their processes, systems and services to eliminate harmful practices. Draft action plans were developed based on identified actions (short, medium and long-term), to inform existing national action plans and advocacy strategies. Subsequently, a desk review was conducted and the draft maturity model was completed and prototyped. This report presents the draft findings. This reflects the inception stage of sensitizing country level stakeholders on the potential utility of a comparable maturity model to accelerate action for change across 12 countries. It is against this background that a desk review was conducted, the draft maturity model was completed and prototyped, and the draft findings of this country level report are shared. This reflects the inception stage of sensitizing country level stakeholders on the potential utility of a comparable maturity model to accelerate action for change across 12 countries.

II. Methodology

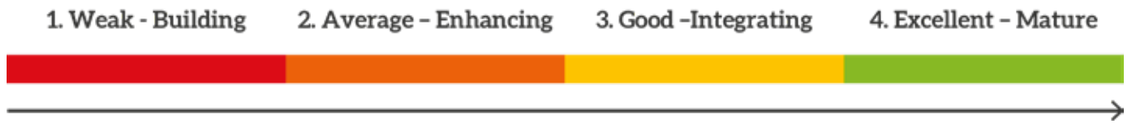
The desk review comprises core documents shared by the country including various documents such as laws, policies, strategies, guidance and standards, monitoring and evaluation reports which touch on the topic of harmful practices. Furthermore, competency frameworks from other countries are included to provide insight into the format, methodology and content of harmful practices frameworks that have been developed in other contexts. The findings of the review will be included in an Appendix to complement the findings of this desk review and will help to inform the strengths and gaps in harmful practices programming.

The desk review was completed by using several key questions or 'lenses' defined by the six operational/ functions areas and sub-domains of the draft maturity model on harmful practices. The questions posed to answer these goals include the following:

- 1. What is the effectiveness of government structures, including coordination across government departments, between centralization levels, and between formal and informal actors?
- 2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?
- 3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?
- 4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?
- 5. What is the availability and access to prevention and response services for women and children most-at-risk of harmful practices?
- 6. What is the effectiveness of data collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and the review of the draft completed maturity model are organized according to the above six areas, which relate to the model's intermediate outcome areas. Where information was limited or gaps were identified, this is mentioned. Each of the six areas comprises a number of sub-domains. For example, the governance and coordination structures area includes three sub-domains: political commitment, coordination structures, and national action plans. Each one is rated in the maturity model from 1 to 4.



Governance and coordination structures

Measurement standard for mature rating: The country has a strong political commitment to eliminate harmful practices, with a high-level declaration that spells out its commitments. There are national multisectoral coordination structures in place, with an institutionally mandated lead, which meets routinely. A plan of action sets clearly defined targets aligned to national statistics frameworks.

A1. Political commitment: There is strong political commitment to ending child marriage, with the Government having issued a public declaration at presidential level. However, the work is mainly at a national level, and there are gaps in terms of raising awareness about the importance of eliminating harmful practices at the community level. Since 2015, harmful practices are no longer taboo subjects in Niger. The President of the Republic has made several official speeches in which he has advocated for the elimination of child marriage. However, although the Government has a strategy to end child marriage, there is no concomitant budget allocation for implementation.

A2 Coordination structures: Coordination for the elimination of harmful practices is weak on the government side. In 2016, to guarantee the participation and support of all Nigerian and international actors, the Ministry for the Advancement of Women and Child Protection established a committee to coordinate national action to end child marriage. However, the committee has not been operating revitalized. The final evaluation of the national strategic action plan to end marriage noted this fact and recommended creating an operational coordination mechanism. There is an active stakeholder platform led by NGOs, and a ministry in charge of coordinating interventions to end harmful practices to the health and well-being of women and girls. However, this ministry has neither the staff nor the budget to fulfil its mandate adequately. Regional and departmental child protection committees operate in all eight regions in the country. These regional committees normally meet every three months and hold a biannual meeting where the action plan is reviewed. The committees have clear roles and responsibilities for committees are clear, and access to planning and monitoring tools.

A3 National plan of action: National policies and strategies address certain aspects of child marriage. These include the National Policy on Nutritional Security, which addresses early pregnancy; the National Gender Policy; and the National Strategy for the Prevention and Management of Gender-based Violence and its action plan[5], which addresses child marriage as one of its strategic pillars and includes an action plan to reduce early pregnancies. There is also a National Action Plan for the elimination of child marriage, endorsed by the Government, which expired in 2021. Steps are currently being taken to renew it. Harmful practices, including FGM, are not included in the plan.

Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	2,1	A1: Political commitment	2,7
		A2: Coordination structures	2,7
		A3: National Action Plans	1

Policy and legislative framework

Measurement standard for mature rating: Laws and policies exist to specifically protect women and girls, including the most at-risk, from harmful practices. These are implemented and enforced at national and sub-national levels, and routine monitoring and review mechanisms are in place to ensure that laws are in line with international human rights standards.

B1. Legislation, policies and implementation mechanisms for harmful practices: Niger has ratified the majority of international agreements relating to the rights of women and children. However, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is subject to significant reservations, and the implementation of, and compliance with, national laws remain an issue. The Civil Code sets the age of marriage at 15 years for girls, and 18 years for boys. However, most unions take place under customary law, so the Civil Code does not apply. If a woman decides to divorce, she must repay the dowry. A national human rights commission, set up in accordance with United Nations standards, monitors human rights violations. The commission has branches in the eight regions of the country. There is also a National Ombudsman, which offers services to victims, but access for the most marginalized groups remains challenging. Laws, translated into eight local languages, prohibit the practice of FGM, but these are not universally applied, and FGM continues to take place covertly. A 2022 analysis of the legislative framework relating to the protection of women and girls from gender-based violence highlighted the need for legal reform. The Niger Penal Code contains some provisions that can be used to protect and safeguard children, but there are significant gaps – particularly around protecting children from harmful practices. Legislation on FGM does not refer to access to surgical repair and medicalization of the practice.

Name of Country	Overall Score	Sub-Domains	Specific Score
Policy and Legislation	2	B1: Legislation, policies and implementation mechanisms for harmful practices	2

Engagement and participation

Measurement standard for mature rating:

An independent complaints mechanism accepts complaints by or on behalf of women refused or receiving harmful practices services, and replies within a stipulated timeframe. Civil society organizations are extensively engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting on harmful practices. Further support comes from government-supported engagement forums for women, youth and children and community-based protection mechanisms that engage with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

C1. Independent complaint mechanism: Independent structures exist to receive complaints and support victims of violence, exploitation, and abuse. These include the national human rights commission, as well as the Mediator of the Republic. However, their accessibility to the most vulnerable remains limited as their local branches stop at the regional level.

C2. Civil society engagement, including women and children: Significant progress has been made in improving consultation among stakeholders. In November 2021, Niger hosted the African Union Girls Summit, which discussed harmful practices in Niger. In February 2022, a zero-tolerance of FGM campaign took place, as well as a donor round table. An active elimination of child marriage platform, involving more than 60 organizations, was involved in the development of the strategic plan. The Spotlight initiative initiated an NGO reference group which has a participatory monitoring system. This facilitates opportunities for NGOs, including women and children, to express their views on the interventions.

C.3 Community-Based mechanisms for harmful practices prevention: There have been several capacity-building workshops for journalists on the protection of victims. A guidance document is currently being developed. There are village child protection committees (VCPCs), supported by NGOs, but they face challenges with funding and their coverage is limited.

Name of Country	Overall Score	Sub-Domains	Specific Score
Engagement and participation	2,8	C1: Independent complaint mechanism exists for children and women	4
		C2: Civil society engagement, including women and children	3,3
		C3: Community-based mechanisms for harmful practices prevention	2

Financing and human resources

Measurement standard for mature rating:

Adequate financial resources have been allocated by the Government and its partners, with the Government meeting the majority of the costs. The funding is provided on time and is accessible to the relevant sectoral ministries, and regular reviews of allocation take place. Routine capacity building is provided to key stakeholders with supportive supervision services on harmful practices with significant sustained coverage.

D1. Financing of harmful practices services: While the Government provides funding for human resources, there is no budgetary allocation for the elimination of harmful practices. The donor-funded Spotlight Initiative donor-funded) and GPECM are distributed amount various implementing partner ministries. Challenges exist, particularly around limited literacy levels, the vast size of the country and the predominately young population.

D2. National budget establishment: There is an estimate of the minimum operating budget required for child protection services, but this was not considered when drawing up the national state budget. During budget discussions, the directors of services at the national level are usually consulted, but identified needs are usually discounted in favour of other priority areas.

D3. National budget execution: There is no allocated budget for the elimination of harmful practices. Though for most cases the voted budgets are in any case released late, and the fourth quarter is often not despite planned allocations.

D4. National budget amount: There is no designated budget for the elimination of harmful practices. Service delivery is primarily financed through development assistance funding.

D5. National budget monitoring and review: No efforts are made to track harmful practices funding. Budget reviews usually take place one to two years late, which does not allow time for the necessary corrective actions from year to year.

D6 Human resources: Following a 2022 assessment of the social service workforce for child protection in west Africa, including Niger, efforts are being made to strengthen the workforce. Training modules on harmful practices have been developed for various professional bodies (police, social services, justice, civil status) for continuing education and have been integrated into the curricula of the respective schools.

Name of Country	Overall Score	Sub-Domains	Specific Score
Financing & HR	1,4	D1: Financing of harmful practices services	1,4
		D2: National budget establishment	1,6
		D3: National budget execution	1,5
		D4: National budget amount	1
		D5: National budget monitoring and review	1,5
		D6: Human resources	2,7

Access to services

Measurement standard for mature rating:

Clearly defined and gender-responsive standard operating procedures (SOPs) or protocols for the elimination of harmful practices are regularly reviewed and revised to adapt to the emerging situation. There is an excellent awareness of harmful practices among policymakers. Government-led and funded prevention and response services, including integrated case management and referral services, are accessible at national and sub-national level, and are user-friendly and gender-responsive.

E1: Availability of standard operating procedures and/or protocols for harmful practices services: Standard operating procedures exist for the management of cases of victims of GBV (Sub-cluster GBV) and for the care of children in emergency situations (sub-cluster child protection). However, their effectiveness is constrained by a lack of adequate financial resources.

E.2 Understanding and articulation of harmful practices systems: There is increased attention to understanding and responding to harmful practices, but coverage is limited. Formal awareness- raising campaigns to eliminate harmful practices are mainly supported by implementing partners who are funded by donors. They are provided at the national level, and to a limited degree at the local level, depending on the NGO's geographical coverage. There is a strategic national action plan to end child marriage, but the coordination of partner interventions is limited.

E3: Modelling, testing and scaling of harmful practices services: There is some modelling and testing of prevention and response related to harmful practices services but mostly funded by partners and donors. Currently, partners initiate and experiment with approaches. The Government has issued a decree to establish child protection committees at all levels with a mission to eliminate child marriage. But, despite this strong commitment, the Government has not allocated a budget to support the functioning of these committees. An effort to mobilize funds has been made with the World Bank, which has financed the establishment of child protection committees in 50 of the country's 266 municipalities.

E4: Availability of harmful practices services, case management and referral systems: Gender- responsive and inclusive SOPs for GBV case management and multisectoral referral systems have been formalized. There are multifunctional and listening centres for the care of GBV survivors in four regions. The government lead ministry has signed a document and developed SOPs within the framework to operationalize these centres. The Juvenile justice law legislated for juvenile judges in all courts, but this does not focus on harmful practice issues.

Name of Country	Overall Score	Sub-Domains	Specific Score
Access to Services	2,3	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	2
		E2: Understanding and articulation of harmful practices system	2,5
		E3: Modelling testing and scaling of harmful practices services	2
		E4: Availability of harmful practices services, case management and referral systems	2,5

Data collection, monitoring and evaluation

Measurement standard for mature rating:

Administrative data systems exist as part of a broader national statistics system, which regularly generates gender- and age-disaggregated data on harmful practices. This includes information on hard-to-reach populations. Data is regularly used for policy, planning and monitoring of programmes. Data security and governance mechanisms, such as legislation, ensure confidentiality. Harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys, which inform the design of prevention and response service interventions. Data is centrally coordinated by the national statistics offices with relevant ministries and agencies.

F1: Administrative data systems and monitoring to routinely generate data on harmful practices: There is a system in place for the Ministry to collect administrative data through its decentralized services. Indicators cover all sectors of child protection, including harmful practices. All data are disaggregated. A Child Protection Information Management System (CPIMS+) has been introduced in emergency-affected areas and is now being scaled up. The Government shared guidance on using the system, with a definition of each indicator, methods of calculation, and periods of collection. Implementers have been trained in the use of the system. Since Niger has a low prevalence of FGM (2 per cent according to the 2012 DHS), there is no FGM data collection system in place. However, in areas with a high prevalence of FGM, health centres collect information during prenatal and postnatal consultations, which is recorded in their registers. Social services collect information on incidences of child marriage. There is a civil registration system, but it does not provide disaggregated information. The computerization of this system has recently commenced.

F2: Data security and governance: There are limited safeguards around data security and governance, and no specific legislation on data collection, but official data for the country must normally be validated by the National Institute of Statistics. There is a law on the protection of personal data.

F3: Research and surveys: Surveys include the DHS, MICS and a 2021 national survey on fertility and mortality of children under five years old. The last DHS was in 2012.

Name of Country	Overall Score	Sub-Domains	Specific Score
Data collection, monitoring and evaluation	2,2	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,5
		F2: Data security and governance	1
		F3: Research and surveys	3

IV. Prioritization of actions for Niger

Governance & Coordination

A1 Political commitment.

Rating: 2.7

Short Term (1-2 yrs)
- Scale up sensitization of harmful practices at community level.
- Maintain momentum by producing and disseminating life stories, and reports to highlight advances and challenges in eliminating harmful practices
- Take the opportunity of the development of a new national strategic budgeted plan with clear financing sources including the part of the Government. What was not in the plan that is in the long term

Medium Term (2-5 yrs)
- Advocate for legal reform to harmonize the legal age of marriage for girls and boys.
- Continue maintaining momentum
- Support advocacy for gender-responsive budgeting

Long Term (5+ yrs)
- Continue advocacy for legal reform to harmonize with CRC and CEDAW
- Advocate for gender-responsive budgeting

A2 Coordination structures.

Rating: 2.7

Short Term (1-2 yrs)
- Continue support for the recruitment of social workers in areas where United Nations agency interventions converge
- Provide support and accompany the establishment of a national coordination mechanism in accordance with the recommendations of the final evaluation of the strategic national action plan to end child marriage
- Continue supporting committees and reinforce their capacity to plan and monitor the child protection situation, including harmful practices
- Continue supporting the organization of quarterly meetings of regional and departmental child protection committees
- Continue supporting committees to plan and monitor the child protection situation

Medium Term (2-5 yrs)
- Continue advocacy for more social workers, increased budget, and the implementation of recommendations from the social services workforce mapping exercise
- Continue support to operationalize the national mechanism
- Advocate for budget lines at national and local level to support child protection committees' activities
- Revitalize the national coordination committee to end child marriage in order to accelerate the development of an action plan and to promote dialogue and coordination of actions between the parties (state authorities, opinion leaders, humanitarian and development actors, civil society, girls and boys, communities).

Long Term (5+ yrs)
- Continue advocacy for budget and staffing

A3 National Action Plans.

Rating: 1

Short Term (1-2 yrs)
- Renew the new national action plan (NAP) for the elimination of child marriage
- Advocate for the alignment of the timeline of the new NAP to 2030
- Ensure the new plan captures that harmful practices are a violation of human rights

Medium Term (2-5 yrs)
- Look at amending the plan of action to include harmful practices such as . FGM

Long Term (5+ yrs)
- Advocate for budget allocation for the implementation of the NAP

Policy and Legislation

B1 Legislation, policies and implementation mechanisms for harmful practices.

Rating: 2

Short Term (1-2 yrs)
- Continue advocacy for legal reform to prohibit child and forced marriage
- Popularize the results of the 2022 study on the legal framework for the protection of women and girls. There is an opportunity to revise the Penal Code, which will make it possible to introduce new texts in accordance with the recommendations of the study
- Continue advocacy on the decentralization of the national human rights commission to local level
- Continue to support dissemination of the law against FGM
- Disseminate findings from GBV study

Medium Term (2-5 yrs)
- Support drafting the law to prohibit child marriage
- Continue advocacy for law reform to better protect women and girls
- Continue advocacy and technical support for a substantial legislative reform that is more protective of children

Long Term (5+ yrs)
- Adoption of child code

Engagement and participation

C1 Independent complaint mechanism exists for children and women.

Rating: 4

Short Term (1-2 yrs)
- Advocate to decentralize existing institutions which receive complaints

C2 Civil society engagement, including women and children.

Rating: 3.3

Short Term (1-2 yrs)
- Continue supporting the participation of organizations members of the ECM platform
- Plan to organize a meeting around International Day of Girls on 11 October
- Continue to support the creation of platforms to end child marriage in the two remaining regions (Tillabéry and Agadez)
- Make the national committee operational to ensure better monitoring

Medium Term (2-5 yrs)
- Support monitoring of the implementation of the recommendations of the African Girls Summit

C3 Community-based mechanisms for harmful practices prevention.

Rating: 2

Short Term (1-2 yrs)
- Advocacy for local budget to support VCPCs
- Accelerate and finalize the journalist guidelines for reporting on harmful practices

Financing & HR

D1 Financing of harmful practices services.

Rating: 1.4

Short Term (1-2 yrs)
- Ensure the next action plan specifies the budget and identifies the Government's budget commitment
- Advocate for the Government's contribution to be more visible in the budget of the next strategic action plan to end harmful practices
- Advocacy for Government budget line by the Ministry
- Advocacy for gender budgeting

Medium Term (2-5 yrs)
- Continue advocacy

Long Term (5+ yrs)
- Ongoing advocacy for government allocation to harmful practices

D2 National budget establishment.

Rating: 1.6

Short Term (1-2 yrs)
- Advocacy for budget line in the Government's national budget
- Provide technique support and lobbying to prioritize child protection

D3 National budget execution.

Rating: 1.5

-

D4 National budget amount.

Rating: 1

Short Term (1-2 yrs)
- Continue advocacy for national budget allocation for the elimination of harmful practices

D5 National budget monitoring and review.

Rating: 1.5

Medium Term (2-5 yrs)
- Continue advocacy for national budget allocation

D6 Human resources.

Rating: 2.7

Short Term (1-2 yrs)
- Undertake an evaluation after 10 years of integration of the module at the police school and five years at the training school for magistrates
- Organize advocacy meetings with decision makers (parliamentarians, Prime Minister's advisers) to share assessment recommendations

Medium Term (2-5 yrs)
- Develop training modules for health workers

Access to Services

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services.

Rating: 2

Short Term (1-2 yrs)
- Generalize the use of standard operating procedures in all situations

E2 Understanding and articulation of harmful practices system.

Rating: 2.5

Short Term (1-2 yrs)
- Design and implement a national behaviour change communication campaign
- Take advantage of the development of the new strategic national action plan for coordinated implementation

E3 Modelling testing and scaling of harmful practices services.

Rating: 2

Short Term (1-2 yrs)
- Continue to support the set-up of child protection committees to cover the 266 municipalities

Medium Term (2-5 yrs)
- Ongoing advocacy for sustained funding for effective service delivery scale-up models

E4 Availability of harmful practices services, case management and referral systems.

Rating: 2.5

Short Term (1-2 yrs)
- Support the implementation of multifunctional centres in the four other regions
- Continue to support capacity-building for judges assigned to
- Advocacy for budget and human resources juvenile courts, and advocate that they also

Medium Term (2-5 yrs)
- Advocate for courts to provide user-friendly access to justice for victims of harmful practices

Data collection, M&E

F1 Administrative data systems and monitoring to routinely generate data on harmful practices.

Rating: 2.5

Short Term (1-2 yrs)	• Continue providing the Government with technical assistance to strengthen decentralized administrative data collection system
Medium Term (2-5 yrs)	• Generalize the collection in all health centres and advocate for the collected data to be used

F2 Data security and governance.

Rating: 1

Short Term (1-2 yrs)	• Continue supporting the scaling up of CPIMS+ • Advocate for financial and technical support
Medium Term (2-5 yrs)	• Advocate for legislation for data collection

F3 Research and surveys.

Rating: 3

Short Term (1-2 yrs)	• Populate data on harmful practices from the 2021 survey on fertility and mortality of children

Appendix A: Desk review

No. 1 Country brief

Name of document:

UNICEF-UNFPA, Country Profile 2021: UNFPA-UNICEF Global Programme to end Child Marriage, https://www.unicef.org/media/128371/file/Country-profile-Niger-2021.pdf

Country context: There are 4.8 million child brides in Niger, 2 million of whom were married before the age of 15. Currently, the prevalence of child marriage (marriage before the age of 18) among girls stands at 76 per cent, which is the highest in the world by far.

There are no signs of progress in eliminating the practice to meet the SDG target to end child marriage by 2030, and the prevalence is projected to remain the same as today's levels until there are signs of improvement.

Some challenges, lessons learned and next steps: There is a lack of follow-up on commitments made during public declarations in communities and villages. Currently, the child protection services unit in charge of monitoring and following up public declarations is understaffed and under-resourced. This is affecting the implementation of village action plans to end child marriage.

Positive masculinity terminology is a poorly perceived concept in the context of Niger.

There are difficulties in finding expertise at the national level to carry out surveys. Attempts to work with the National Institute of Statistics have not been successful because of the high cost that the institute proposed to help collect, process and disseminate data on gender-based violence annually.

No. 2 Statistical overview

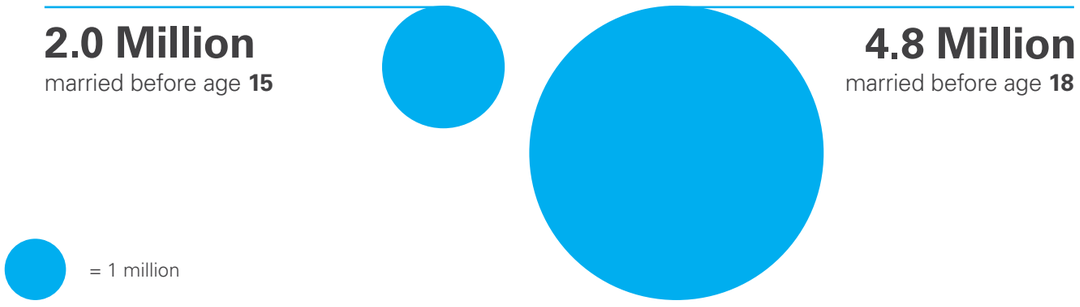
Name of document:

UNICEF, Child Marriage country profile, 2022, https://data.unicef.org/resources/child-marriage-country-profiles/.

76 per cent of women aged 20 to 24 years were first married or in union before the age of 18 years, and 28 per cent before 15 years

Current levels of child marriage

Burden of child marriage: Number of girls and women of all ages who were first married or in union before ages 15 and 18



No. 3 Annual report

Name of document:

UNFPA-UNICEF Global Programme to End Child Marriage: Annual results report for 2021 for Mozambique (draft).

Includes an update on the programme status reflecting on the country context, a summary of significant achievements in 2021, changes to the country's programme strategy and components, and a section on innovative approaches. Also identifies partnerships and joint UNFPA-UNICEF work and reflects on how key principles are being applied, such as via human rights, 'leave no one behind' and gender transformative approaches. The document also highlights key programme challenges and support needed and provides details on achievement of results.

Programme performance is measured around the global partnership output and outcome performance metrics based on the immediate outcome categories in the results framework. These categories include:

- Empowerment of adolescent girls: Enhanced knowledge, education and life-skills, and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health, and financial literacy, including in humanitarian contexts.
- Community engagement and transformation: Adolescent boys, families, traditional and religious leaders, community groups and other influencers demonstrate more gender-equitable attitudes and support for girls' rights.
- Strengthening systems: Increased capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated, high-quality programmes and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.
- Social protection and partnerships: Increased capacity of national and sub-national social protection, poverty reduction, and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts.
- Policies and legislation: Enhanced capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage.
- Data and evidence generation and use: Increased capacity of governments and NGOs to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons,
- Programme effectiveness and efficiency,

Since 2012, the country has not been able to conduct a quality Demographic and Health Survey (DHS) to collect comparable data. Nevertheless, with funds from the spotlight initiative, UNFPA supported a survey on the extent and determinants of GBV in Niger using the same methodology as the DHS (DHS) where a 63.6 per cent rate of women married before the age of 18 emerged in the 20-24 age group. The evaluation was able to measure the qualitative impact of community engagement interventions through focus groups and interviews.

Impact on the empowerment of women and girls: Women surveyed said they saw changes in men's approach to decision-making and saw more space for themselves to get involved in decision-making (around child marriage). In addition, men have become more sensitive to the health and well-being of children (especially adolescent girls) and the continuity of girls' education. For them, this is a step in the right direction for a change in behaviour to occur.

To update GBV data and feed into strategies, a national survey on gender-based violence was conducted in 2021. The main results are: the overall lifetime prevalence of GBV is 29 per cent, of which 38.2 per cent in women and 16.3 per cent in men, while in the last 12 months prior to the survey, the overall prevalence of GBV is 4.8 per cent, or 7.8 per cent in women and 2 per cent in men.

The practice of excision persists in 0.7 per cent of women who reported having been circumcised. It is more common in the Niamey region (2.4 per cent).

No. 4 Assessment report

Name of document:

GPECM, Joint Assessment of adaptations to the UNFPA-UNICEF Global Programme to end child marriage in light of COVID-19, 2021, www.unicef.org/media/111236/file/Child-marriage-COVID-19-assessment.pdf

The assessment was conducted from April 2021 to July 2021 and included all 12 programme countries and all implementation levels (global, regional, national and community). The assessment analyses the global programme response, mitigation and protection measures adopted during the COVID-19 pandemic, and the extent to which interventions were continued as planned, adjusted or postponed. Opportunities and challenges related to programme adjustments were considered in the analysis and recommendations. The assessment questions were organized around three criteria: relevance, effectiveness and coherence.

Findings included:

- Relevance: COVID-19 has reconfirmed the validity of the Phase II theory of change (ToC): no needs outside the scope of the global ToC were identified and the drivers of child marriage were still relevant ,although some of them had gained relevance.
- Effectiveness: Most country offices endeavoured to maintain contact with the adolescent girls targeted under the global programme through digital platforms or mass media and through community-based partners, committees, volunteers and networks. However, the adoption of virtual technologies raised concerns regarding the quality of these approaches and their ability to influence adolescent girls' agency or gender and social norms. Several learnings from the adjustments to the pandemic have the potential to shape future programming. These include i) the use of virtual methods, allowing larger reach (with some caveats); ii) the need for multi-pronged approaches in programmes aimed at changing gender norms or developing skills; and iii) flexibility in adjusting programming and reallocating budgets.
- Coherence: Overall, the process of adjusting the global programme to COVID-19 restrictions was coherent both internally, within agencies, and externally, between agencies.

Key recommendations include:

- The global programme should advocate for governments to continue developing aligned multisectoral policies, legal instruments and budgeted strategies to end child marriage, with a focus on addressing the various drivers of child marriage at national, sub-national and local levels, and seeking improved harmonization between sectors. The global programme should reinforce its efforts to reach the most vulnerable and marginalized adolescent girls, boys and their families through policy advocacy and programming that targets them specifically.
- The global programme should continue to develop complementary multichannel approaches to reach target populations based on country specifics and context.
- The global programme should continue advocacy and systems strengthening with governments with a view to maintaining access to essential services for adolescent girls and boys in contexts of heightened vulnerability, including in humanitarian crises.
- The global programme should articulate further its strategy to leverage social cash transfer programmes and other forms of income-generation opportunities for adolescent girls and their families, since these are a key tool to prevent child marriage.
- While the theory of change remains valid, the global programme should adjust its results framework and indicators, as well as further support country offices for monitoring, data generation and analysis, in order to reinforce evidence-based programming.

No. 5 Evaluation report

Name of document:

UNFPA-UNICEF, Global Programme to Accelerate Action to End Child Marriage, 2019, www.unicef.org/sites/default/files/2019-06/GP-2019-Evaluation.pdf

The report presents the findings of the evaluation of the first phase of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the United Nations Population Fund (UNFPA) and UNICEF. It is implemented in 12 countries in four regions with multiple partners and stakeholders at the national, regional and global levels.

Some of the key findings and conclusions include:

- The programme is well aligned with global and regional frameworks and commitments to end child marriage
- The application of the GPECM has been responsive to local contexts and has been adapted in each country, although only a few countries have formally adapted the theory of change
- The widespread acknowledgement that child marriage impinges on children's rights and welfare provides a strong foundation and rationale for the ending child marriage agenda
- Despite efforts to target high-prevalence areas and reach the most vulnerable people, interventions have not yet reached the most remote areas in many instances, including many of those that are furthest behind
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities. It reached nearly 5.5 million girls by mid-2018, far exceeding the programme's objective to reach 2.5 million girls by the end of 2019
- Outcome 2 – Country offices have significantly expanded community outreach, reaching approximately 11.5 million individuals with information related to ending child marriage in the first half of 2018, significantly more than in 2016 and 2017 combined
- Outcome 3 – Country offices have increased targets for girls' access to health and protection services every year of the GPECM and have collectively exceeded targets each year
- Outcome 4 – UNFPA and UNICEF have worked collaboratively at the highest levels to support governments to develop and implement national/state action plans to end child marriage
- Outcome 5 – GPECM investments in research and data have contributed to building a stronger evidence base on child marriage, although tracking has not offered an indication of data quality and usability to date

Some of the key recommendations include:

- Prioritize normative leadership
- Expand framework for country contextualization (theory of change)
- Consolidate and strengthen the evidence base and knowledge management
- Define and monitor jointness, convergence and complementarity
- Strengthen and contextualize monitoring and reporting systems Invest in human resources
- Strengthen the programme
- Find funds

No. 6 Assessment Tool

Name of document:

UNICEF, Child Protection Systems Strengthening: Approaches, benchmarks and interventions, 2021, www.unicef.org/documents/child-protection-systems-strengthening .

The Child Protection System Strengthening Maturity model developed by UNICEF elaborates the priorities, processes, and results to be achieved in each phase of child protection system strengthening. It also provides comprehensive benchmarks to effectively manage investments and results in systems strengthening. The benchmarks are defined by the "intermediate outcomes", and defined by benchmarks or "sub-domains". This assessment tool was completed by 155 UNICEF country offices, including Namibia, in December 2021. It serves to measure the level of maturity of child protection systems strengthening. UNICEF has developed detailed and summary guides on the benchmarking tool, which will be adapted for the Namibian context.

This tool will be used as the primary framework to benchmark the level of maturity of the Namibian Child Protection System, and to identify priority actions for improvement. The intermediate outcomes identified in the tool include:

- Legal and policy framework
- Governance and coordination structures
- A continuum of services
- Minimum standards and oversight mechanisms
- Human, financial and infrastructure resources
- Mechanisms for child participation and community engagement
- Data collection and monitoring systems

No. 7 Global policy document

Name of document:

OECD, Building Blocks for Policy Coherence for Development, 2009, www.oecd.org/gov/pcsd/44704030.pdf

To meet the challenge of building strong child protection systems while building a global partnership for development, governments need to ensure that their policies are supportive of, or at least do not undermine, their development policies. In other words, there needs to be policy coherence for development (PCD), which exploits positive synergies and spillovers across public policies to foster development. The document states that PCD "entails the systematic application of mutually reinforcing policies and integration of development concerns across government departments to achieve development goals along with national policy objectives". [6]

Progress towards policy coherence is understood as a three-phase cycle: i) setting and prioritizing objectives; ii) coordinating policy and its implementation, and iii) monitoring, analysis and reporting. These three phases are also known as critical building blocks. The document presents nine lessons from the three phases of the cycle to promote PCD.

No. 8 Briefing note

Name of document:

Save the Children, Child Marriage in Niger, 2017, www.savethechildren.org.uk/content/dam/global/reports/advocacy/child-marriage-niger.pdf

'Child marriage' refers to a formal or informal union in which at least one of the parties is under 18 years of age. This harmful practice affects Niger more than anywhere in the world; and the rate varies considerably between regions. Despite the efforts of the authorities and partners, the rate of child marriage has barely changed in 20 years. According to the DHS Niger- 2012 survey, 76 per cent of women aged 20 to 24 were married before the age of 18. One girl in four is married before the age of 15 and the median age at marriage increased from 15.1 years in 1992 to 15.5 years in 2006 then 15.7 years in 2012.

Child marriage affects all areas of society. However, children in rural areas are more affected than those in urban areas; girls with more education are less exposed than those who have had little or no schooling. In addition, the poorer the family is, the more likely it is for girls to be exposed to this practice. The median age of marriage for girls (15.7 years) is around nine years earlier than that for boys (24.6 years), due to social, cultural and economic factors.

Determinants of child marriage include:

- Legal aspects: In Niger, family law has several sources: the Civil Code, customs and international legal instruments. The Civil Code sets the minimum age of marriage at 18 years for boys and 15 years for girls, but the majority of unions take place under customary law. An amendment to the Civil Code to raise the minimum age of marriage for girls to 18 would be an important step, but on its own is not sufficient to drive true behavioural change. Furthermore, there is a legal vacuum concerning sanctions that can be imposed in the event of marriage before the legal age. Judges have no means to annul a marriage if a girl takes legal action.
- Sociocultural: Child marriage in Niger is also linked to gender inequality and the status of women in society. Child marriage is also often viewed as a means of reducing the financial burden for parents with modest incomes, and can be perceived as a source of income.

No. 9 Demographic health survey

Name of document:

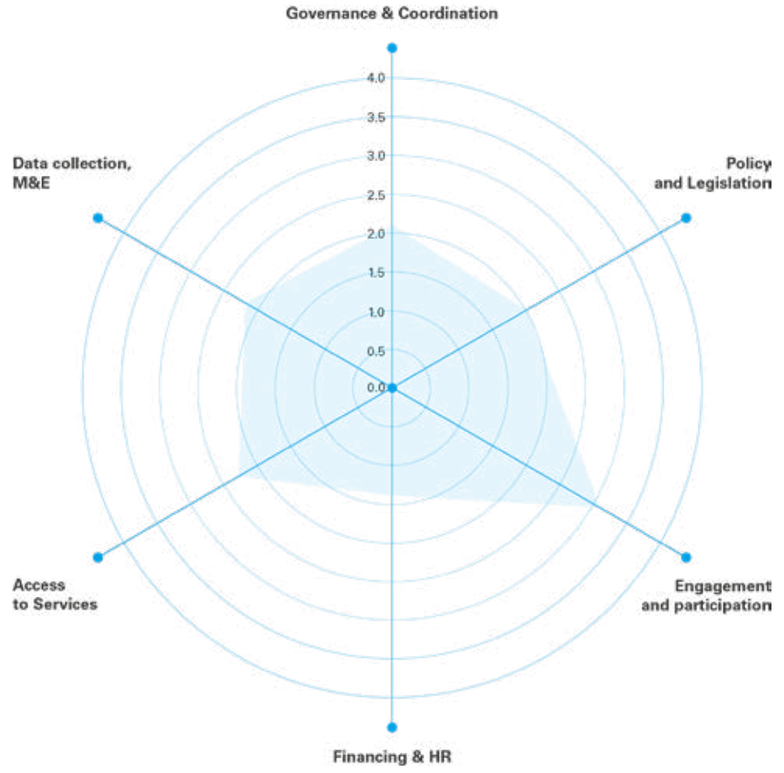
Institut National de la statistique, République du Niger, Enque^te De´mographique et de Sante´ et a` Indicateurs Multiples, 2012, https://dhsprogram.com/pubs/pdf/FR277/FR277.pdf

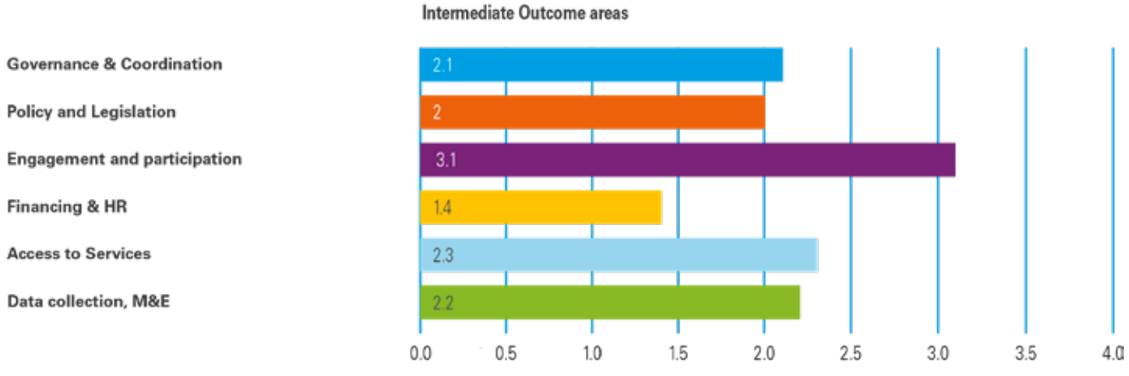
- Percentage of women (15-49 years) excised: 2 per cent

Appendix B: Country data visualization Niger

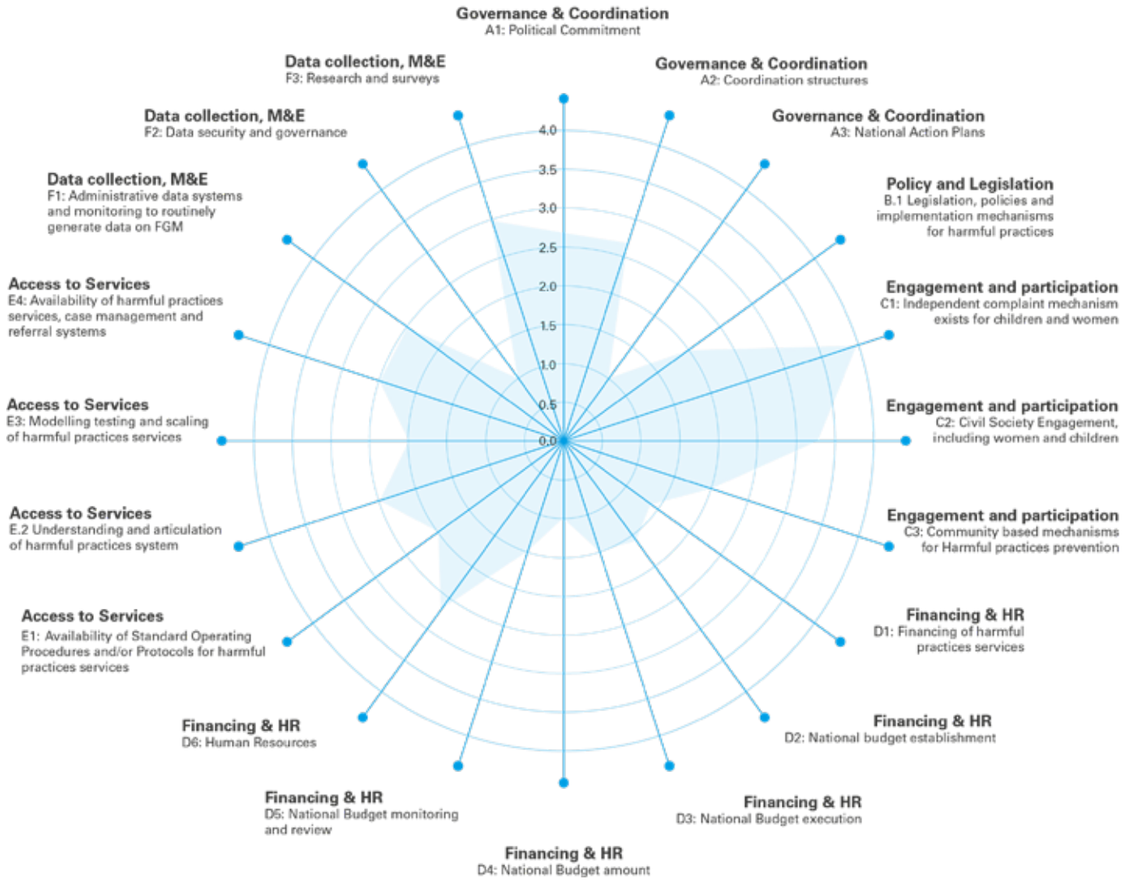
Name of Country	Overall Score	Sub-Domains	Specific Score
Governance & Coordination	2,1	A1: Political commitment	2,7
		A2: Coordination structures	2,7
		A3: National Action Plans	1
Policy and Legislation	2	B1: Legislation, policies and implementation mechanisms for harmful practices	2
Engagement and participation	3,1	C1: Independent complaint mechanism exists for children and women	4
		C2: Civil society engagement, including women and children	3,3
		C3: Community-based mechanisms for harmful practices prevention	2
Financing & HR	1,4	D1: Financing of harmful practices services	1,4
		D2: National budget establishment	1,6
		D3: National budget execution	1,5
		D4: National budget amount	1
		D5: National budget monitoring and review	1,5
		D6: Human resources	2,7
Access to Services	2,3	E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services	2
		E2: Understanding and articulation of harmful practices system	2,5
		E3: Modelling testing and scaling of harmful practices services	2
		E4: Availability of harmful practices services, case management and referral systems	2,5
Data collection, monitoring and evaluation	2,2	F1: Administrative data systems and monitoring to routinely generate data on harmful practices	2,5
		F2: Data security and governance	1
		F3: Research and surveys	3

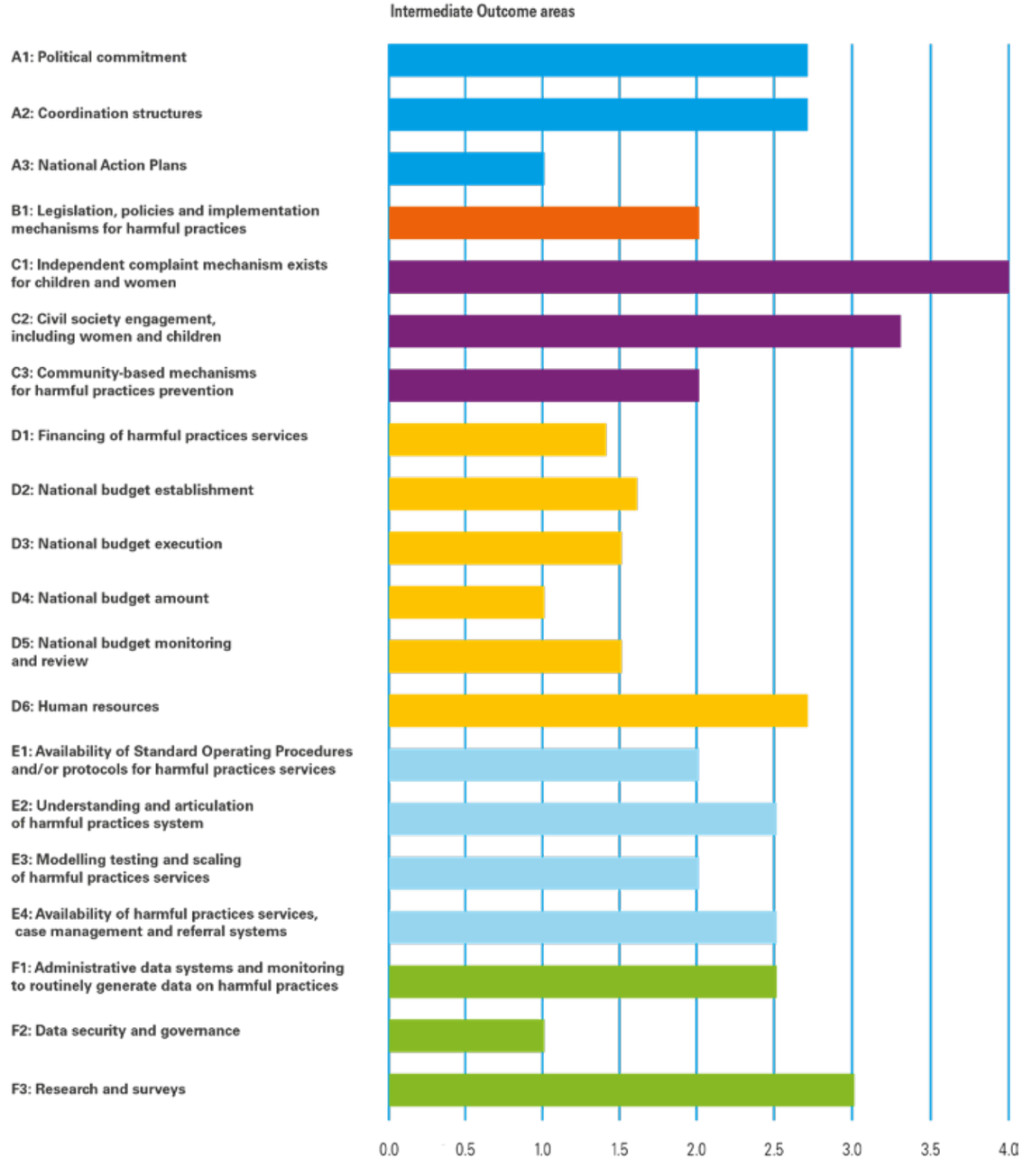
Intermediate Outcomes Summary





Sub-Domains Summary





Endnotes

1 https://dhsprogram.com/pubs/pdf/FR277/FR277.pdf

2 Source: Save the Children (2017). "Child marriage in Niger. Retrieved from here

3 The PPM approach formulates and influences public policy through a policy cycle which consists of five major stages: agenda setting; formulating and legitimation of goals and programmes; programme implementation; evaluation and implementation; and decision about the future of the policy and programme. Source: Ripley, Randall B., 'Stages of the policy process' in Daniel C McCool, Public Policy Theories, Models, and Concepts: an anthology, Prentice Hall, 1995, https://perguntasaopo.files.wordpress.com/2012/02/rypley_19851995_stages-of-the-policy-process.pdf

4 These include Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, Niger, Sierra Leone, Uganda and Zambia.

5 Ministry for the Advancement of Women and Child Protection, 2017

6 OECD, Policy Framework for Policy Coherence for Development, 2012 Working paper 1

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: NIGER

Development of maturity model and assessment tools for harmful practices policies

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