

17 July 2008

United Nations Children's Fund

Revised country programme document

Niger

Summary

The draft country programme document (CPD) for Niger was presented to the Executive Board for discussion and comments. The Board approved the aggregate indicative budget of \$84,672,000 from regular resources, subject to the availability of funds, and \$80,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2009 to 2013.

*Basic data**(2006 unless otherwise stated)*

Child population (millions, under 18 years)	7.5
U5MR (per 1,000 live births)	198
Underweight (% moderate and severe, 2007)	41
Maternal mortality ratio (per 100,000 live births)	650*
Primary school attendance (% net, male/female, MOE statistical yearbook 2006-2007)	56/40
Primary schoolchildren reaching grade 5 (% , 2004)	65
Use of improved drinking water sources (% , 2006)	46**
Use of adequate sanitation facilities (% , 2006)	13**
Adult HIV prevalence rate (% , 2006)	0.7***
Child labour (% , children 5-14 years old, 2006)	38y
GNI per capita (US\$)	260
One-year-olds immunized against DPT3 (%)	39
One-year-olds immunized against measles (%)	47

* 1,800 per 100,000 live births is a 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for under-reporting and misclassification of maternal deaths. See <http://www.childinfo.org/areas/maternalmortality/>.

** MICS/DHS 2006 data for the water and sanitation indicators are 41.4% and 8.4%, respectively.

*** MICS/DHS 2006 data.

The situation of children and women

1. Niger, landlocked and in the heart of the Sahel, has a population of 13 million, of which 46 per cent is under 15 years old. The country is ranked 174 out of 177 on the Human Development Index. Despite progress in reducing child mortality, almost one child out of five dies before reaching age five. Both acute and chronic malnutrition rates remain high despite notable reductions since the nutrition crisis in 2005. This is mainly because of poor access to health care, inadequate dietary intake and weak feeding and care practices.

2. Sixty-three per cent of the population lives below the poverty line. Economic growth has averaged 3.9 per cent in the period 2002-2006. The Government has recently prepared a new Accelerated Strategy for Development and Reduction of Poverty for 2008-2012. The harmonization of the national legal framework with the Convention on the Rights of the Child is well advanced, although budget allocations in favour of children and women, as recommended by the Committee on the Rights of the Child, are not well implemented. Despite progress in macroeconomic and social sectors, Niger is not on track to achieve the Millennium Development Goals.

3. Lack of quality data and analysis on children's and women's rights, as well as insufficient knowledge and skills at all levels concerning human rights and resulted-based approaches, are constraints for national development programmes. The decentralization policy, implemented since 2005 with the establishment of 265 municipalities, offers an opportunity for strengthening the performance of basic social services, although the capacity of local authorities and technical staff in

planning, monitoring and evaluation and community participation, requires much strengthening.

4. One key achievement is the reduction of under-five mortality rate, from 274 to 198 per 1,000 live births from 2000 to 2006. Global acute malnutrition was reduced from 15 per cent in 2005 to its present level of 11 per cent, and chronic malnutrition decreased from 50.1 per cent in 2005 to 36.5 per cent in 2007. Malaria, acute respiratory infections and diarrhoea are the most important direct causes of under-five mortality. A main determinant is the low performance of health services in terms of access, utilization and quality. As an example, the coverage of three doses of combined diphtheria/pertussis/tetanus vaccine increased only from 28 per cent in 2000 to 39 per cent in 2006. Another determinant is the marginal improvement in family practices and behaviours for child survival and development at the household level, although some notable improvements were observed in the percentage of children sleeping under mosquito nets, which increased from 17 per cent to 55 per cent over the same period. The rate of exclusive breastfeeding remains at only 13.5 per cent. The rate of access to safe drinking water is 41.4 per cent, and only some 30 per cent in rural areas. Access to adequate sanitation is only 8.4 per cent nationally, according to the 2006 Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS).

5. The maternal mortality ratio has shown no significant improvement and remains among the highest in the world, at 643 per 100,000 live births. Rates of access to prenatal and post-natal care are only 46 and 33 per cent, respectively. Only 33 per cent of deliveries are assisted by trained staff. The HIV/AIDS prevalence rate among adults is 0.7 per cent, but only 16 per cent of young men and 13 per cent of young women aged 15-24 know about methods to prevent sexually transmitted diseases. The Joint United Nations Programme on HIV/AIDS estimates that 46,000 children were orphaned or rendered vulnerable because of AIDS in 2006.

6. The net enrolment rate for primary school reached 48 per cent in 2006-2007, compared to 46 per cent in 2005-2006. Improvements in gender equity in education remain weak due to early marriage of girls and cultural and religious constraints. The parity index in primary school is 0.7. Only 12 per cent of women are literate, compared to 28 per cent of men, and only 1.6 per cent of children aged 3-5 benefited from pre-school education in 2006.

7. The percentage of children registered at birth dropped from 45 per cent in 2000 to 32 per cent in 2006 due to low performance of civil registration services and rapid population growth. Child trafficking and violence against women are major concerns. Some 38 per cent of children 5-18 years old are victims of child labour. Implementation is limited of a legal and operational framework for the protection and care of orphans and vulnerable children, including children in conflict with the law.

8. The country is prone to emergencies, including drought, nutritional crises, disease outbreaks such as cholera and meningitis, and recurrent flooding. The impact of these emergencies is exacerbated by the low level of preparedness of families, communities and public services. An internal conflict started in 2007 in the northern part of the country, which is tied to concerns about revenues from the exploitation of the natural resources of Niger, as well as to inter-ethnic tensions. This has led to a situation of increased insecurity and limited population displacement as well as socio-economic stagnation in this region.

Key results and lessons learned from previous cooperation, 2004-2008

Key results achieved

9. The UNICEF-supported programme of cooperation contributed directly to the reduction of under-five child mortality. This is attributable to an investment in high-impact interventions implemented at scale such as two measles vaccination campaigns, regular vitamin A supplementation, increases in the provision of and use of Long-Lasting Insecticide-Treated Nets, anti-malarial drugs, oral dehydration salts, and zinc, as well as the promotion of exclusive breastfeeding. A large number of government staff received training in technical areas such as the Integrated Management of Childhood Illnesses (IMCI) and essential obstetric care. UNICEF supported the establishment of services for the prevention of mother-to-child transmission (PMTCT) of HIV covering all 42 districts in the country, which increased PMTCT coverage from 1 per cent to 11 per cent between 2003 and 2007.

10. The treatment and care of some 900,000 acutely malnourished children since 2005 has been ensured primarily through UNICEF support and partnership with the Government and more than 20 non-governmental organizations (NGOs). The treatment of severely and acutely malnourished children at household level using ready-to-use-therapeutic foods has been widely implemented. Severe acute malnutrition decreased from 1.8 per cent in 2005 to 0.8 per cent in 2007.

11. The programme of cooperation also contributed to increasing access to clean water in targeted rural areas through the installation of water systems and water points, which covered the needs of an estimated 230,000 people. The promotion of home latrine construction and hygiene practices covered 6,750 households and 102 schools. Hygiene and sanitation interventions contributed to the response to recurrent localized cholera epidemics and to the decline of the prevalence of dracunculiasis, from 174 to 14 cases during 2004-2007.

12. A major achievement was the elaboration of a national policy on girls' education, which is now funded by several donors. The programme of cooperation supported the establishment of community-based school management committees in 602 schools in 12 municipalities and ensured the rehabilitation of classrooms for some 16,000 children. School kits were provided for an average of 150,000 pupils per year. In targeted rural areas, the girls' net primary enrolment rose to 43 per cent, compared to the national average of 39 per cent. UNICEF supported the development of a national strategy for integrated early childhood development, including community-based pre-school services, and directly supported access to such services for 2,200 children aged 3-6.

13. Support to child protection-related policies resulted in the adoption of a national policy on birth registration, the adoption of a national action plan to combat sexual exploitation of children, and a national juvenile justice programme. UNICEF has supported the preparation of an overall legal code to protect child rights. A law concerning the legal age of marriage was drafted, although it has yet to be passed. Female genital cutting (FGC), sexual exploitation and harassment, slavery, and child exploitation have also been made illegal. Some 1,000 key actors have been trained each year on international human rights conventions, civil status and birth registration, and care and support for orphans and vulnerable children. UNICEF also promoted the sensitization of communities, including traditional and religious

leaders, concerning early marriage, violence and discrimination against women, child labour, child trafficking and exploitation. A major achievement has been the reduction in the FGC rate, from 5 per cent to 2.2 per cent between 1998 and 2006, attributable mainly to intensive work at village level in affected communities. Eleven legal protection committees in eight of the country's nine regions were established, and reintegration services for children in conflict with law were established in all regions. Another result was the establishment of 10 juvenile courts. The previous programme of cooperation had made a significant contribution to the collection and analysis of data and information on the situation of children and women in the country. A DHS was carried out in 2006 and finalized in 2007 with the support of UNICEF, the United States Agency for International Development and other donors. The data support advocacy to ensure the inclusion of the rights of children and women into national policies and strategies, including the 2008-2012 Poverty Reduction Strategy Paper.

14. There has been a substantial increase in the international and national attention paid to major children's issues. More than \$70 million of other resources was mobilized in 2004-2008. Child survival and development issues were included as priorities in the revised National Policy on Communication for Development. On average, 45 per cent of the programmes broadcast by the 14 regional media partners of UNICEF focuses on child survival and development issues. The participation of 400 young people in promoting their rights was strengthened by facilitating their access to media spaces and artistic expression and by reinforcing their capacities in peer-education activities, emphasizing HIV/AIDS prevention.

Lessons learned

15. The need for strengthened emergency preparedness became apparent with the onset of the 2005 nutrition crisis and is now included in all programmes and projects. With respect to nutrition, emergency response has focused on children affected by acute malnutrition. However, the impact of curative intervention, while essential, had limited impact on the incidence of overall malnutrition. The midterm review recommended devoting more attention to the prevention of child malnutrition, particularly at community and family levels.

16. While the performance of basic social services improved in targeted areas, through the implementation of low-cost, high-impact interventions, routine and survey data showed that key family practices and behaviours had not adequately evolved in favour of child survival, development and protection. The 2009-2013 country programme will, therefore, provide greater support at the community level through programme communication for behavioural change and the promotion of essential family practices, while continuing to support service provision and capacity-building.

17. An external evaluation in 2007 ascertained the need to strengthen the gender-based approach to programming across the country programme. A series of recommendations for applying the gender-based approach will be implemented progressively in 2009-2023 concerning advocacy, communication, social mobilization, capacity-building, data collection and analysis, budgeting, participation, and the promotion of national ownership of the approach.

The country programme, 2009-2013

Summary budget table*

Programme	<i>(In thousands of United States dollars)</i>		
	Regular resources	Other resources	Total
Child survival	33 700	42 700	76 400
Basic education	16 100	16 000	32 100
Promotion of child rights and child protection	9 500	9 600	19 100
Planning, monitoring, evaluation and social policy	8 600	4 200	12 800
Advocacy communication	8 600	6 400	15 000
Cross-sectoral costs	8 172	1 100	9 272
Total	84 672	80 000	164 672

* Additional emergency funds may be received through the Consolidated Appeal Process.

Preparation process

18. An analysis of the overall situation, challenges and constraints of Niger was carried out during preparation of the Poverty Reduction Strategy Paper (PRSP) on which the 2009-2013 United Nations Development Assistance Framework (UNDAF) is based. A number of joint Government-United Nations meetings were held during the preparation of the UNDAF and included civil society, international partners and donors. At the Joint Strategy meeting, held in November 2007, the main priorities of the UNDAF were identified. A technical meeting between Government Ministries and UNICEF was held in February 2008 to define the strategies and content of the 2009-2013 country programme and its contribution to the UNDAF, taking into account the recommendations of the Committee on the Rights of the Child.

Goals, key results and strategies

19. The overall goal of the country programme is to contribute to poverty reduction and achievement of the Millennium Development Goals concerning child survival, development, protection and participation, focusing particularly on reducing the under-five mortality rate (U5MR) and child malnutrition, increasing primary-school enrolment, particularly for girls, and preventing abuse, violence, exploitation and neglect of children.

20. The country programme will contribute to the achievement of the following key results by 2013:

(a) reduction of U5MR to 113 per 1,000 live births, and maternal mortality to 490 per 100,000 live births;

(b) reduction of underweight prevalence to 25 per cent and reduction of acute malnutrition prevalence by at least 30 percent from the level in 2007 (11,2%), in accordance with national objectives;

- (c) eradication of poliomyelitis;
- (d) access to improved drinking water sources increased to 64 per cent;
- (e) intake of 100 per cent of children (boys and girls) in the first year of primary school;
- (f) access to the sixth grade of the primary cycle increased to 79 per cent for 12-year-old children, and specifically 70 per cent for girls;
- (g) HIV prevalence among youth halted at its current level of 0.4 per cent;
- (h) reduction of HIV transmission by 30 per cent from mother to child;
- (i) average age of marriage for girls increased to 18 years;
- (j) birth registration rate increased to 50 per cent.

21. The main strategies will be the following: (a) reinforcing the legal and strategic framework in support of children, and strengthening partnerships with the Government, international partners, civil society and the media to ensure the realization of child rights; (b) continuing the development and scaling-up of high-impact, low-cost interventions for child survival, development, protection and participation, based on such innovative strategic approaches as the Accelerated Child Survival and Development package and the child- and girl-friendly school concept; (c) enabling communities and families to actively participate in the management of basic social services; (d) empowering families with knowledge to implement key family-level practices and behaviours for child survival, development and protection; (e) supporting the provision of essential social services in targeted municipalities; and (f) building capacity to prevent and effectively manage emergency situations affecting the situation of children and women.

22. The country programme will be national in its scope, although high-impact multi-sectoral interventions will be supported by all programmes in 12 selected municipalities in Maradi, Zinder, Agadez and Tahoua regions, and in four extremely poor neighbourhoods in the cities of Niamey, Maradi, Zinder and Tahoua. The scaling-up of those interventions in additional municipalities will be discussed and planned on an annual basis in coordination with national and international partners, and as part of national sector development plans and the Medium-Term Expenditure Framework.

Relation to national priorities and the UNDAF

23. The country programme is based on the national goals and priorities identified in the PRSP, and in sector-specific plans and strategies of the Government, and contributes directly to the key results areas of the UNDAF concerning governance and human development, population and basic social services expansion, reduction of vulnerability and the respect and application of human rights and principles of gender equity and equality. The country programme's preparation has also been closely linked to the preparation and finalization processes of the PRSP and the UNDAF as well as an analysis of the situation of children and women, currently being finalized. The country programme will address national priorities specifically in the areas of health, nutrition, safe water supply, sanitation and hygiene promotion, basic education, child protection and programme communication.

Relation to international priorities

24. The country programme and its structure are also guided by the priorities of the UNICEF medium-term strategic plan for 2006-2009. HIV/AIDS will be mainstreamed and is therefore addressed in each programme component.

25. The programme also derives from the provisions of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approaches are consistent with the Millennium Development Goals and the Millennium Declaration, endorsed by the Government. The programme also addresses the priority areas identified in the goals of the outcome document of the United Nations General Assembly Special Session on Children, *A World Fit for Children*; the African Union Resolution and Commitment on Accelerating Child Survival; the global partnership on Maternal and Newborn Survival; the Abuja Declaration, the Harmonization for Health in Africa mechanism; and the Catalytic Initiative To Save A Million lives. The programme also supports the implementation of the recommendations of the Paris Declaration on Aid Effectiveness and the Rome Declaration on Harmonization.

Programme components

Child survival

26. In support of the 2005-2010 National Health Plan, this programme will prioritize large-scale, high-impact interventions to reduce infant, child and maternal mortality. Integrated community-based interventions in selected municipalities will also be further developed, documented and scaled up.

27. The programme includes four projects. The child health project will support the implementation of a package of low-cost, evidence-based high-impact preventative and curative interventions, both at health district and community level. The project will also support the elaboration of a revised Medium-Term Expenditure Framework for the health sector, based on bottleneck identification, costing and budgeting to insure adequate funding for scaling up child survival interventions. The project will contribute to poliomyelitis eradication and the elimination of maternal and neonatal tetanus and towards raising vaccination coverage rates to 95 per cent for measles and to 80 per cent for DPT3. The project will support the expansion of the use of Long-Lasting Insecticide-Treated Nets for malaria prevention. Eighty per cent of the country's health posts will be provided with artemisinin-based anti-malaria drugs, oral rehydration salts with low osmolarity, zinc and medicines and supplies for management of diarrhoea and acute respiratory infections. Health post and health centre staff will continue to be trained on IMCI.

28. The maternal/neonatal health and HIV/AIDS project will support the implementation of integrated pre- and post-natal interventions and essential and emergency obstetric and neonatal care, along with PMTCT services, and the treatment, care and support for children infected by AIDS. The project will contribute towards increasing the percentage of child births assisted by trained personnel from 13 per cent to 40 per cent and provide support so that the health system can cover 70 per cent of expected caesareans. The project will contribute to

improving access to PMTCT services for 60 per cent of women using health services.

29. The nutrition project will focus on support to health services and communities through a strong partnership with national and international NGOs for community-based prevention, surveillance and treatment of maternal and child malnutrition. The objective will be to reduce global acute malnutrition **rate and maintain it permanently and nationwide below the critical level of 10** per cent, **as well as reduce** chronic malnutrition to 25 per cent. The project will support the strengthening of capacities for referral and correct management of cases of acute malnutrition. Operational research, policy development, training and the provision of supplies and equipment for improved infant feeding, anaemia control, multi-micronutrient supplementation for pregnant women, vitamin A supplementation, and the reduction of iodine deficiency through universal consumption of iodized salt will also be supported.

30. Lastly, the water, hygiene and sanitation project will support national strategies for improved access to drinkable water, improved hygiene and sanitation and protection of the environment. It will directly support communities to ensure, for 60 per cent of the population, drinkable water access and sanitary means of excreta disposal according to national standards; the availability of clean water in schools and health services; as well as the prevention of water-borne diseases such as dracunculiasis, cholera and other diarrhoeal diseases.

Basic education

31. This programme will contribute to the national objectives of increasing the gross enrolment rate from 57 per cent to 94 per cent, and increasing girls' gross enrolment from 47 per cent to 90 per cent; and to increasing the number of young people able to use basic life skills, emphasizing reducing vulnerability to HIV/AIDS. The programme includes two projects.

32. The access to education project has several aims: (a) increase the gross entry rate up to 100 per cent for boys and girls; (b) increase the number of pupils by 50 per cent, and the gender index parity from 0.7 to 0.9 in 1,000 target schools; (c) offer a second chance for education through non-formal opportunities for 16,000 children aged 9 to 15; and (d) improve school readiness for a target group of 40,000 children aged 3-6 through 300 rural community-based early childhood centres. This will be achieved through (a) support to evidence-based analysis and advocacy for promotion of girls' schooling at national level; (b) promotion of a Girl Child-Friendly School set of standards, and (c) the provision of basic learning and teaching supplies in the targeted municipalities. The quality of education project will aim to ensure the quality of formal and non-formal education and the completion of the primary education cycle, especially by girls, as well as the improvement of youth knowledge and practices concerning life skills, including HIV/AIDS prevention. The project will support the revision of national education curriculum and the training of teachers and community agents working in kindergartens and in non-formal education, with a particular focus on life skills, health and environmental education.

Promotion of child rights and child protection

33. This programme will contribute to the national goal of ensuring a protective environment for children against violence, exploitation and abuse, with the following main expected outcomes: (a) an improved legal and policy framework for protection of all children, in line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; (b) institutions and service providers, at national, regional and community level, capable of protecting children against violence and exploitation, including trafficking, abuse, and being deprived of primary caregivers.

34. The programme will include two projects. The promotion of rights project will focus on technical support and advocacy for the ratification of relevant international conventions, and harmonizing national laws and policies related to children's and women's rights with these conventions. The project will contribute to increasing the birth registration rate from 32 per cent to 60 per cent and will advocate the adoption of a legal age of marriage of 18, for boys and girls. The child protection project will support the development of guidelines and community-based mechanisms for risk prevention and protection of children deprived of primary caregivers, and the development of regulatory frameworks for alternative care. The project will aim to ensure that 100 per cent of children have access to juvenile justice, that at least 50 per cent of orphans and vulnerable children have access to protection services, and that the FGC rate will decrease to less than 1 per cent.

Planning, monitoring, evaluation and social policy

35. This programme comprises two projects. The social policy project aims to ensure that national social policies and development programmes are conceived and implemented in harmony with the principles and provisions of the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women, following results-based and human rights-based approaches. The programme will also aim to support national budget preparation and allocation to address child and women's rights and priorities based on bottleneck identification, costing and budgeting. Studies on child poverty will be undertaken and support subsequent reviews, revisions and enrichment of the Accelerated Strategy for Development and Reduction of Poverty. The planning, monitoring and evaluation project provides assistance to the Government to develop participatory child-friendly local development plans and budgets, the latter in conformity with the Government's decentralization policy. The project will also support the monitoring and evaluation of the Strategy and the periodic undertaking of DHS and/or MICS to measure the progress of Niger towards achieving the Millennium Development Goals and national goals and targets.

Advocacy and communication

36. The programme has the following main expected outcomes: (a) civil society aware of children's and women's rights and actively engaged for their realization; (b) youth demanding and actively involved in the realization of their rights; and (c) communities and families enabled to act in favour of child survival, development and protection.

37. The programme includes three projects: The advocacy and mobilization project will help to increase knowledge and information on children's and women's

rights by building strong and effective partnerships with the Government, media, NGOs, leaders and civil society in general. International media and donors will be instrumental in maintaining resource mobilization at a high level. The child and youth participation project will promote an environment that allows the full mobilization and participation of young people, will build the capacity of children and youth and strengthen their involvement in rights promotion through the media, sports, arts and culture. The behaviour and social change project will facilitate the adoption of essential family practices in favour of child survival, development and protection in targeted communities through participatory approaches, use of mass media, social marketing and interpersonal communication.

Cross-sectoral costs

38. These costs will cover management and support of the country programme, particularly the costs of operations such as warehousing and logistics, staff in operations and recurrent costs of two zone offices, as well as some of the operational expenses of the main office. Administrative costs and the availability of adequate human resources to support country programme implementation will be ensured.

Major partnerships

39. Partnerships with government, national and international partners at policy and strategic levels will continue to be implemented as part of the Accelerated Strategy for Development and Reduction of Poverty national coordination mechanism. The harmonization of the UNDAF cycle with the national planning calendar will improve coordination between the United Nations system and the Government and encourage United Nations joint programmes. Collaboration between UNICEF and the World Food Programme will continue to be particularly close under the Ending Child Hunger and Undernutrition Initiative. The Government and UNICEF will build on their longstanding partnerships with NGOs and civil society-based organizations in addressing children's and women rights, particularly at community level. The media will continue to be an important ally in mobilizing public opinion and political will.

40. Several donor Governments are major partners: the Governments of Belgium, Canada, Denmark, France, Germany, Japan, Luxembourg, Norway, Spain, Switzerland, the United Kingdom and the United States, as well as the European Commission. In addition, relationships with several National Committees for UNICEF, and through them partnerships with the private sector and other donors, will continue to be reinforced. These partnerships are expected to continue to provide significant funding support. Partnership with the World Bank is expected to grow as the latter develops its country assistance strategy, which is expected to include a large number of projects in the social sector.

Monitoring, evaluation and programme management

41. The implementation of the integrated monitoring and evaluation plan for 2009-2013 and the utilization of *NigerInfo*, which will be operational at national and regional levels, will provide reliable analytical information and disaggregated data on children and women. National capacities on planning, monitoring and evaluation will be reinforced at all levels of programme implementation. National capacities

will be strengthened in the use of the marginal budgeting for bottlenecks tool for planning and management of interventions in health and nutrition.

42. The Ministry of Foreign Affairs will assume the overall coordination of the country programme and will delegate to line Ministries the coordination of the different programme components. A joint UNDAF annual review will assess programme performance in relation to the UNDAF and allow readjustments if needed. A joint UNDAF midterm review will be held in 2011.
