

UNICEF Niger Country Programme 2004 – 2007



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**Strengthening
Partnerships to improve
the lives of children and women**

Niger is one of the poorest countries in the world. More than one in five children dies before the age of five. Malnutrition, unsafe drinking water, insufficient access to safe water and hygiene and the lack of access to sanitation and basic health services are the underlying causes of deaths in children under 5 years due to preventable illnesses such as malaria, diarrhoea, respiratory infections and malnutrition. In the fight against poverty, UNICEF is working with partners to improve children's chances of survival and development.

UNICEF's goal for the Country Programme 2004 – 2007 is to reduce poverty in Niger by improving the living conditions of children and women. UNICEF is working to achieve significant key results by 2007. Each component of the Country Programme is working to bring down mortality rates among young children, babies and expectant mothers. The components are:

- Health/Nutrition
- Basic Education
- Child Protection and Rights Promotion
- Community Development
- Communication

UNICEF is focusing on improving the lives of children in their early years, and accelerating opportunities for all children, especially girls, to go to school.

Each Programme components is strengthening UNICEF's partnerships with governments, NGOs, community-based organizations, local and traditional leaders, families, children and young people who share the same vision, values and commitments to the rights of every child. In a country with deeply rooted customs and tremendous challenges to development, UNICEF is using a blend of traditional and modern, institutional as well as grassroots approaches to build on the measurable progress that has already been made to initiate change and improve lives.

Success stories



The foundation for sustainable development

Responding to basic needs of the poorest of the poor in Niger, UNICEF has created a **Community Development** programme that applies the experience of over two decades of saving and improving young lives in Niger.

The first lesson emphasises that sustainable development involves all levels within the community: traditional and religious leaders, government and technical experts, local authorities and the people who live in the targeted villages, to identify needs, set priorities and agree on an action plan.

Building community-level capacity and expertise is essential for communities to take ownership of projects and ensure that the benefits endure and multiply over the long term. UNICEF has two zone offices, one in the north and one in the south, that are directly involved in the work and coordination among people in communities, partners and donors.

A second lesson recognises the importance of an integrated approach to development. In carrying out activities to promote health, education, good nutrition and food security, clean water, civil society, children and women's rights and economic self-reliance, UNICEF recognises that the benefits in any one area contributes to the positive and accelerated progress in another.

UNICEF works with communities to carry out child survival and development activities in 345 village clusters within 12 of the poorest districts. During the Programme 1999 – 2003, in these targeted village clusters, UNICEF's community-based interventions have contributed to improve development indicators in health, nutrition and education at a rate exceeding the national average. Today, over 35% of Niger global population lives in UNICEF intervention zones. Best practices identified in these targeted interventions will serve as models in creating sustainable national development policies and strategies.

Tradition and culture: Paths to child survival and human rights

Reaching a poor and mostly illiterate populations dispersed in a vast land with few modern communication systems is a huge development challenge in Niger.

However, Nigerien society is united by rich, deeply-rooted traditions. Recognising this as an opportunity, UNICEF signed an accord with the Association of Traditional Chiefs of Niger (ACTN) which enlisted 218 chiefs as major allies in child protection and survival. Traditional Chiefs, who strongly influence their communities' opinions and attitudes, are working with UNICEF to change conservative and harmful attitudes and practices in crucial areas such as immunisation, girls' education, early marriage and female genital mutilation.

Taboo subjects like HIV/AIDS and progressive ideas such as the children and women's rights have now

entered public discussion. At traditional events such as the Cure Salée, an annual festival that attracts nomadic communities in one location, UNICEF has immunised tens of thousands of hard-to-reach children against polio, tuberculosis, measles and other potentially fatal childhood diseases. There is an ever-growing demand for girls' education and women's income generating activities. UNICEF supported-community radios report on important development and health issues and invite discussion among villagers.

This unique innovation to overcome challenges to communication for development has allowed UNICEF to finally reach remote and often resistant communities. Donor support and a strong advocacy are still need to ensure sustainability of these innovative approaches that recognise the opportunities to advance the rights of children and women that lies within the culture and traditions.

Working for concrete results 2004 – 2007: Strategies and expected impacts

To achieve the goal to improve the lives of children and women, UNICEF is working closely with other UN agencies to coordinate strategies to support Niger's national development priorities outlined in its Poverty Reduction Strategy Paper. UNICEF activities focus on the three of national priorities that are to improve food security, universal access to basic services, good governance and a more equitable growth. Directly related to these national priorities are UNICEF's expected key results by 2007 to reduce mortality rates among:

- Children under five to 180/1,000.
- Infants to 82/1,000
- Pregnant women to 450/100,000.



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The devastating problem of child mortality in Niger

Preventable illnesses such as malaria, diarrhoea and pneumonia claim the lives of young children already weakened by malnutrition, the exposure to contaminated water, and the lack of health facilities.

Between 1990 and 2006 UNICEF helped reduce the mortality rate of children under five years old from 320 to 198 deaths per 1,000. Despite this significant progress, this means that one in five children still do not live beyond their fifth birthday –one of the highest child mortality rates in the world.

UNICEF aims at bringing down the mortality rate of children under five years old to 180/1,000 by 2007.

The death rate among babies under 12 months has been reduced from 191 to 81/1,000 between 1990 and 2006. By 2007, UNICEF aimed at contributing to bring this rate down to 82/1,000.

Pregnancy-related deaths must also come down. In Niger, only 7% of women have access to contraception. On average, each woman has seven children. Only 46% receive prenatal counselling during their pregnancies and only 17% of women give birth attended by a skilled professional. Between 1995 and 2006, the death rate among pregnant women fell from 920 to 648/100,000. UNICEF aims at reducing this rate to 450/100,000 by 2007.

UNICEF's **Health and Nutrition** Programme is helping to reduce mortality rates among the most vulnerable groups by strengthening the capacity of health structures, at the national and local level, to deliver and manage basic health services. It is also providing technical expertise to partners in policy and strategy development to plan and monitor health-promotion activities and is fully involving communities in planning, carrying out and taking ownership of health projects.

The Health/Nutrition programme is working with partners and communities to make improvement in four priority areas: child survival, nutrition, and reproductive health and the fight against HIV/AIDS. By 2007, UNICEF aims at extending the integrated management of childhood illnesses (IMCI) from 12 to 31 health districts (out of 42 at the national level). UNICEF is aiming at increasing national vaccination coverage to 80% to protect more children from polio, measles, diphtheria, whooping cough, tetanus and tuberculosis. The World Health Organisation, the U.S Center for Disease Control, Rotary International, Helen Keller International, the Nigerien Red Cross and the Government of Japan are some of the main partners working with the Health/Nutrition program to wipe out polio.

Chronic malnutrition, which today affects 43% of children under five in Niger is addressed through campaigns such as vitamin A supplementation, monitoring standards of iodised salt, establishment of community cereal banks and women's income generating activities and promotion of exclusive breastfeeding and complementary feeding for young children. Community-based child growth and development monitoring programmes run by UNICEF-trained women volunteers are being expanded across the country. This has proved to be an efficient way to prevent episode of acute malnutrition and more importantly deaths by ensuring the timely identification of malnourished children and providing mothers with the tools and support they need to better care for their children.



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Every child has the right to immunization and preventive care (vaccines, vitamin and mineral supplements), regardless of him being located in a remote underserved area. In 2006, the national immunisation coverage rate for DPT3 is 39,3%, and for measles is 47%. During the period of 2004-2007, UNICEF is aiming at expanding coverage to 80 % and wipe out polio.

UNICEF is working to ensure that the current rate of HIV/AIDS infection, less than 1% among 15 to 49 year olds, does not increase. HIV/AIDS infection rates vary significantly among regions and social groups. Sex workers carry a 25% infection rate. UNICEF is supporting programmes to help prevent mother-to-child transmission, promote voluntary counselling and testing and enable communities to provide assistance to people living with the virus, including widows and orphans. By 2007, the programme aims at bringing at 90%

the percentage of HIV-positive mothers that receive the full package of antiretroviral treatment and counselling and ensuring that at least half of the orphans and vulnerable children, including children affected or orphaned by HIV/AIDS, are able to access quality social services, in UNICEF intervention zones.

Girls' education is at the center of the **Basic Education** programme's contribution to fight poverty. The gender gap in education is not only an affront to the dignity and human rights of girls but also an obstacle to national development. Investments in girls' education have proven efficient: girls are enabled to reach their full potential and to realize their rights as children and later as women. As mothers, they can better ensure their children's well being. Economic productivity increases and poverty diminishes. UNICEF is working to raise girls' enrolment rate from 36.5% in 2003 to 55% by 2007 nationally. In addition to improving achievement rates and reducing the number of drop-outs at primary school, the programme is working to strengthen non-formal education systems, i.e. by restructuring the curriculum of traditional Koranic schools (centres of Arabic and religious instruction) to include early learning programmes that improve school readiness and child development. This is a major innovation towards attaining the 2007 goal to increase access to early childhood programmes by 10%. Activities in the non-formal education sector are also aiming at increasing the national literacy rate from 17% to 28%.



Almost half the population in Niger is less than 15 years old. In 2003-2004, only 55.2% of children attend primary school, (for girls this rate is 45.9%). Changing traditional attitudes towards girls and women is part of the effort to increase the percentage of girls in school to 55% nationally by 2007.

To achieve these results, the Basic Education programme is using a number of other strategies, including lowering the cost of access to education by providing basic school supplies to children in the poorest areas. The programme is supporting the creation of adequate learning environments that promote an equitable access to quality education. This means adapting curricula to address the special needs of young children, and especially of girls and fostering adequate training of teachers. The fight against HIV/AIDS will be brought to the classroom in a two-pronged effort that makes information available to teachers to protect themselves and to educate students and parents and train peer counsellors. Finally, UNICEF is taking an important step in introducing community management of schools which involves all relevant local actors in the community in the planning and carrying out of education activities.

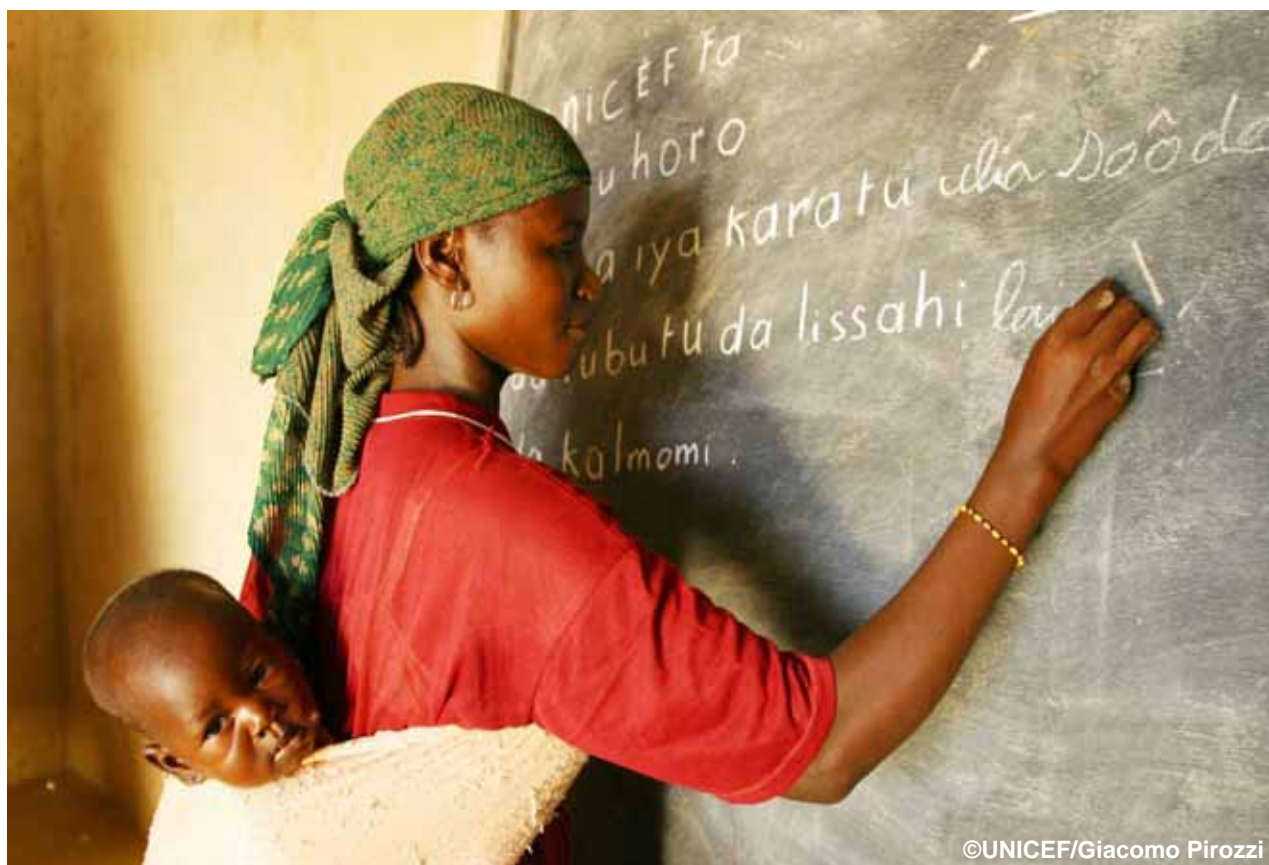
The **Child Protection and Rights Promotion** programme consists of several activities within its focus areas of legal protection, promotion and rights, and capacity development for child protection. First, the programme is working to adopt a Child Protection Code that will notably penalize sexual and economic exploitation of children, fight harmful practices such as early marriage and female genital mutilation, and protect orphans and vulnerable children, particularly those affected by HIV/AIDS. The programme aims at bringing national legislation in line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. It supports the formulation and implementation of a national policy on integrated early childhood development. Some measurable goals that the programme is working towards include: raising the national birth registration rate from 40% to 60% and ensuring that at least 80% of children in conflict with the law have access to alternative measures to imprisonment.

The programme also supports the development of an information database that will help the government and partners to establish and monitor child protection standards. The pilot project underway in the northern and southern parts of the country is meant to be expanded to include a population of 3.6 million people in 12 districts living in extreme poverty.

Two unique strategies characterise the work of the Child Protection and Rights Promotion programme. A special emphasis is given to the participation of young people in identifying key themes on child protection, analysing the situation in the area of child rights and formulating ways to advance the rights of children. Also, the programme focuses on the most vulnerable children, particularly girls and adolescents, and promotes their participation in the identification of problems and the development of innovative and concrete solutions through community-based pilot activities.

The **Community Development** programme is building on achievements and lessons learned over the past country programme implementation (see page 2: "The foundation for sustainable development"). This programme is building on concrete steps that are necessary to ensure sustainable development, for example, making programming decisions at community level. The decentralisation process also means making communities more self-reliant in operating and managing projects. The Community Development programme is improving access to basic social services by supporting government partners at national and regional levels in service delivery in targeted communities. On the basis of community-inspired action plans, specific activities such as literacy and income generating projects will focus on women and girls.

The Community Development programme is working towards concrete results within its 12 districts of intervention. By 2007, the vaccination coverage will increase to 90%. To combat malaria, 90% of children and 80% of pregnant women will be sleeping under treated mosquito nets. Sixty percent of girls will be attending school – a rate 5% higher than the objective set nationally. In targeted areas, food insecurity will go down. Children will be protected in schools and child protection services improved. The rate of parent-to-child HIV transmission will be reduced.



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Less than one in ten women in Niger can read and write. Literacy is essential for women to break out of the cycle of poverty. The rights, equality and empowerment of women are especially important to healthy child development and to building healthy families, communities and nations.

In the Water, Hygiene and Sanitation sector, UNICEF works alongside the Government and with NGO partners and local communities across Niger to support the installation and maintenance of improved water systems and increase access to safe drinking water and sanitation in villages. UNICEF provides cemented wells and boreholes equipped with hand pumps, latrines and wastewater containment, disposal systems as well as water and sanitation kits. UNICEF is also working to increase the number of schools equipped with latrine and water points and to promote good hygiene practices by including hygiene education in the school curriculum. In addition, UNICEF supports awareness raising and behavioral change in hygiene and related waterborne diseases through diverse channels such as radio programs, involvement of traditional leaders and local authorities.

Between 2004 and 2005, UNICEF has supported the construction and rehabilitation of forty-four boreholes and twenty-eight cemented wells. In 2006, UNICEF Niger is allocating over US\$2 millions to provide 120,000 people (60,000 women and 24,000 children under the age of five) with better access to drinking water and adequate sanitation.

The **Communication** programme supports all the other programme areas in advocacy work, resource mobilisation and visits from current and potential donors. Innovative strategies such as using tradition and culture as entry points to spread messages and change harmful, long-held beliefs on child survival and human rights (see page 2, "Tradition and culture: Paths to child survival and human rights") are complimented by activities to attract national and international attention to development challenges that face Niger, and strengthening the local media's role in the movement to bring about positive behavioural changes and attitudes in communities. Tools that are being developed at grass roots include the development of rural radio and increasing the availability of published materials on health, education and child protection in local languages.

UNICEF Niger responds to emergencies

Food and Nutrition Crisis – Since 2005, UNICEF has mounted an ambitious programme of nutritional rehabilitation for children of Niger. Through a network of more than 900 nutritional rehabilitation centers, the intervention, conducted in partnership with the Government, WFP and more than 20 NGOs, has enabled the treatment of more than 325,000 children under five in 2005, more than 382,000 children under 5 in 2006 and is expected to treat 370,000 children in 2007.

Avian Flu - Since the first case of Avian Flu was confirmed on February 27, 2006, UNICEF is supporting the communication strategy of the Government to prevent the spread of the epidemic and respond to new outbreaks and a possible pandemic.

UNICEF-Niger would like to thank donors whose support save and improve young lives in Niger:

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