



Monthly Report

**January-February**

**2010**

UNICEF Niger

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This report highlights UNICEF's actions in Niger in November and December 2009. It covers programmes throughout the country. This report does not summarise every activity undertaken. Instead it provides a sample of UNICEF's programming achievements and constraints in working in Niger.

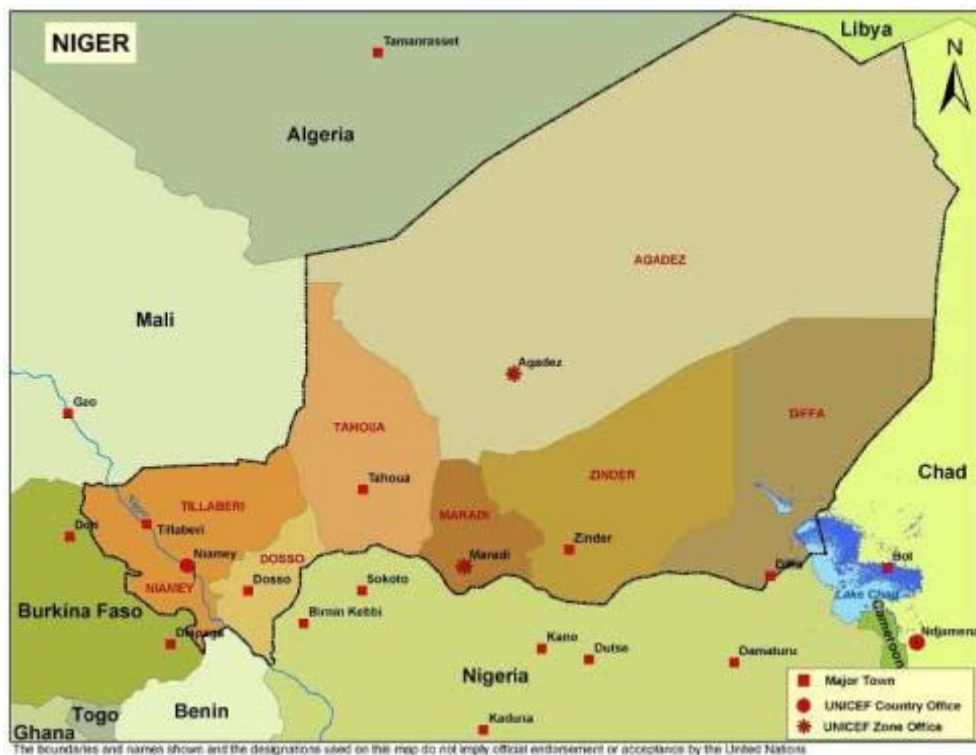
## Table of Acronyms

Acronym	Description
ACH	Action Against Hunger
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
CAP	Consolidated Appeals Process
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CIDA	Canadian International Development Agency
CRC	Convention on the Rights of the Child
ECHO	European Commission's Humanitarian Aid Office
EPF	Essential Family Practice
ERF	Emergency Response Fund
GDP	Gross Domestic Product
ICRC	International Committee of the Red Cross
MBB	Marginalized Budgeting for Bottlenecks
MSF	Médecins sans Frontières
NIDs	National Immunization Days
NFIs	Non-Food Items
NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PDDR	Disarmament, Demobilization and Reintegration Programme
SEJUP	Educational, Preventive and Judiciary Service
SGBV	Sexual and Gender-Based Violence
SITAN	Situation Analysis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	UN Country Team
UNICEF	United Nations Children's Fund

## Summary - main UNICEF activities in Jan-Feb. 2010

On February 18 a military coup ousted President Tandja who had been clinging to power beyond his second mandate that was supposed to end in December 2009.

A nutritional crisis is looming, with more than half of nigerien households insecure. A national response plan is being finalized.



We are pleased to inform you that Akhil Iyer, Representative of the Niger Country Office until December 2009, has been appointed Deputy Director of EMOPS in New York.

Guido Borghese, Deputy Representative, is Officer in Charge.

## Country Summary

Niger has a population of approximately 14 million inhabitants, of which eighty-four per cent live in rural areas. Demographic growth is one of the world's highest with a rate of 3.2 per cent, and almost 50 per cent of the population is under 15 years of age. Poverty is widespread, profound and chronic. Its causes include natural, demographic, political and economic factors that present significant challenges to poverty reduction. 59.5 per cent of Nigeriens live below the poverty line. In rural areas, the incidence of poverty is 63.7 per cent and it affects women especially.

The vicious circle of under development is further aggravated by an 88 per cent<sup>1</sup> illiteracy rate of women and by their early marriage followed by early and closely spaced pregnancies, with an average woman giving birth to seven children.



In rural areas, women are especially affected by the incidence of poverty @UNICEF Niger/2007/Pirozzi

The main handicaps to the development of the country are (i) climate conditions and their impact on rural development, (ii) vulnerability due to the absence of economic diversification, (iii) high population growth (3.3 per cent p.a.), making Niger one of the countries with the highest fertility rate in the world (7.1 children per women, leading to the population doubling every 21 years), (iv) low levels of literacy and education, (v) the size of the country, added to the fact that it is landlocked, which both lead to high transport costs and raise the issues of

providing the essential needs of the population, (vi) and weak capacity in institutions and across sectors.

### Health

Despite an important reduction of mortality rates for children under five years of age (from 274/1,000 live births in 2000 to 198/1,000 live births in 2006), the health and nutrition indicators remain alarming. The infant mortality is at 81 per 1,000 live births, while maternal mortality rate is 648 per 100,000 live births.



Fewer than 65% of children under one year of age are immunized @UNICEF Niger/2007/Pirozzi

Malaria, acute respiratory infections and diarrhoeal illnesses – often exacerbated by malnutrition - cause most child deaths in Niger.

This is attributable to poor access to health care, lack of access to water and poor hygiene as well as to inadequate dietary intake and weak feeding and care practices.

Immunisation rates among children have also improved, thanks to mass immunisation campaigns, but they are still too low to provide adequate protection. Fewer than 65% of children under one year of age are immunized against tuberculosis, tetanus, diphtheria, pertussis, polio and measles.

Limited access and insufficient utilisation of health services added to the unfavourable socio-economic status of women are key factors to the high maternal and neonatal mortality rate. In 2006, only 46 per cent of pregnant women received antenatal care.

Nearly 70 per cent of women gave birth without the presence of a skilled attendant and only 29,7 per cent gave birth at a health facility. Women in Niger face a one in seven lifetime risk of dying during pregnancy or from birth-related complications compared to one in 8,000 in the industrialized world.

<sup>1</sup> DHS-MICS 2006

Access to health care is estimated at 50 per cent of the population.

During 2006 and 2007, the Government has progressively implemented the removal of user fees for under-five child care, antenatal care, caesarean section operations and family planning.

This major change in policy has had an enormous impact on financial access to health. Utilisation of services doubled or tripled for children. The major risk linked to this new strategy is the difficulty of the government to cover the costs of this measure, specifically essential drug availability and accessibility. Another constraint is the extra burden on limited human resources in health facilities.

### Education

Educational indicators, although on the rise, are among the lowest in the world with a gross enrolment rate at 68 per cent (compared to 63% in 2007/2008) and an 18 point disparity between girls (59 per cent) and boys (77 per cent) in 2008-2009.



Just over one third of girls complete the primary cycle @UNICEF Niger/2007/Pirozzi

Of those children who actually enrol in school, more than half drop out; 48 of students and 38 per cent of girls actually complete the primary cycle. The education system faces enormous challenges in terms of access, quality, and achievement.

### Water and Sanitation

In Niger, the national coverage rate for drinking water is 54 per cent, and 87 per cent of the population does not have adequate latrine facilities with wide disparity between urban (57 per cent) and rural (94 per cent) areas. Poor sanitation and hygiene have a serious impact especially on child health.

Diarrhoeal disease, often caused by the consumption of contaminated water, is one of the main causes of death among children under five years. In some areas, ground water contains fluoride, which causes bone deformation and mottling of teeth in the population. Cholera is still endemic in some regions.



More than 90% of children are deprived of at least one right essential to their wellbeing. @UNICEF Niger/2009/P.Holtz

### Protection

A large majority of girls (34 per cent) are married before the age of 15, and 57 per cent of children between the ages of 5 and 14 work.

Child trafficking and violence against women and children are major concerns. 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.

### Core Country Data

Data from DHS-MICS 2006 unless otherwise stated

Indicator	Value
Population estimates for 2010	15,200,000
Human Development Index Rank (2009)	183 of 183
Infant Mortality Rate (per 1,000)	81
Child <5 Mortality Rate (per 1,000)	198
Maternal Mortality Rate (per 100,000)	648
Fertility rate (no of children per WCBA)	7.1
Life expectancy at birth	58
People living on below US\$1/day (2005 QUIBB Survey)	62.1%
Global Acute Malnutrition (U5) 2009 Nutritional Survey	12.3%
Global Chronic Malnutrition (U5) 2009 Nutritional Survey	39.3%
Children fully immunized against 6 diseases covered by the EPI (U2)	29%
Population using improved drinking water sources	46%
Marriage before age 15 (girls)	37%
HIV overall prevalence	0.7%
Women aged 15-49 years who are victims of FGM/C	2.2%
Primary School Enrolment (net) MoE Statistics Year 2007/08	59%
Primary School Enrolment for girls (net) MoE Statistics Year 2007/08	50.5%

## Humanitarian Overview

### Nutritional Situation

This year again rainfall was inadequate both in term of quantity of rains as well as in its distribution pattern, compromising food production and animal husbandry in many regions of the country.

In 2008, Niger adopted the new WHO growth standards and is progressively implementing the new criteria for admitting malnourished children in treatment programmes. These new standards allow for more children to be selected and treated before their condition deteriorates, resulting in an expected 3 to 4 fold increase in the number of severely acutely malnourished children to be treated in 2010.

In December 2009, average food prices for cereals were 20-28% above those of the previous five years, according to the national Information System on Food Markets.

### Official data and situation analysis

The food production in 2009 shows a gap of 119.700 tons for the four most common cereals, and 411.000 tons if you also consider rice and wheat<sup>2</sup>.

When combined with current malnutrition rates (12.3% of children suffer from global acute malnutrition, and 2.1% are severely malnourished<sup>3</sup>) and the vulnerability of households (58% of households in Niger are considered to be food insecure<sup>2</sup>), the nutritional situation in Niger is worrying, especially in the regions of Diffa and Zinder.

The U.S.-funded Famine Early Warning Systems Network warned that 2.7 million people this year would be "extremely food insecure", a term covering stages from missing meals to malnutrition and. Another 5.1 million of Niger's estimated population of 14 million would have under two months of food supplies after the lowest per capita cereal production for 20 years, it added.

All these indicators show a situation worse than in 2009, raising concerns for the coming year. The lean period will probably start much earlier in 2010 than



@Unicef Niger/2009/P.Holtz

in previous years, and will impact more people. This, combined with the already precarious nutritional situation of children and the adoption of WHO standards, make us expect a sharp increase in the number of children to be treated for malnutrition.

As of February 28, 2010 already 24.700 children (according to WHO standards) had been admitted for treatment of severe malnutrition in therapeutic feeding centers.

### National Response

The Nutrition Cluster, led by the Directorate for Nutrition agreed on the following main interventions:

- Prevention of malnutrition through a blanket feeding operation targeting 500.000 children aged 6-23 months old in areas where vulnerability rates are particularly high
- Management of 310.000 new cases of moderate acute malnutrition in children aged 6-59 months old
- Treatment of severe acute malnutrition targeting approximately 378.000 new cases in children aged 6 to 59 months old.

### Funding

The needs for UNICEF-supported interventions have been estimated to some 21 million US\$, of which approx 8 million US\$ have been received. A gap of 13,058,069 US\$ remains.

<sup>2</sup> Evaluation of the 2009 agricultural campaign and final results, Ministry of agricultural development, February 2010

<sup>3</sup> June 2009 National Nutrition and Child Survival Survey

## Political Summary

On February 18, renegade soldiers stormed the Presidential Palace in a military coup that ousted President Tandja.

The junta, which is called the Supreme Council for the Restoration of Democracy (SCRD) and includes several officers involved in the 1999 coup, has suspended the country's constitution and has dissolved all institutions, broadcasting that putsch leader Salou Djibo will retain executive and legislative powers until a new constitution is adopted and elections are held.

The coup followed a year of political tension and uncertainty in Niger. President Tandja grew increasingly unpopular since an August referendum that changed the constitution to expand his powers and give him another three years in office. When Niger's constitutional court and parliament said the referendum was illegal, President Tandja replaced them with new judges and new lawmakers who backed his new government.

The Economic Community of West African States (ECOWAS) suspended Niger because of what it called President Tandja's unconstitutional rule.

Niger has experienced long periods of military rule since independence from France in 1960. In 1999, date of the last coup, the president was killed, but civilian rule was restored within a year.

In public opinion, Tandja had lost touch with reality, ignoring some problems the country had to face, including a possible nutritional crisis. At the end of January the government warned that 2.7 million people, or a fifth of the population, were facing food shortages because of poor rains.

The European Union had suspended development aid and the US imposed sanctions. Speculations were going that the state would soon not be able to pay public servants, leading to tensions in society.

Regional diplomats had been trying to negotiate a power-sharing agreement that would have allowed President Tandja to stay in office while an interim government organized new elections. Talks collapsed few days before the February coup.

On March 2, a 20-member Government led by Prime Minister Mahamadou Danda was appointed, whose main task will be to prepare for democratic elections.

Danda, 59, served as information minister in the transitional government that followed Niger's last coup in 1999, when the army ousted the president and organized elections soon afterwards. Since then he has worked at the Canadian Embassy in Niamey as a political advisor. He studied political science in France. He was a member of the former ruling party, MNSD, but he considers himself "apolitical".

The 20-member Government includes five women and five military. Among civilians, the junta chose technocrats without political affiliations or who have been resident outside the largely desert nation, which means they will be probably less sensitive to political and Islamic pressure.

No member of the junta will run for president, Salou Djibo said. Renegade soldiers overthrew President Mamadou Tandja on Feb. 18 in a popular coup after the aging leader refused to step down after his mandate expired in December.

Five Government members are familiar with the UN system.

### Opportunities for UNICEF

The new foreign minister, Toure Aminatou Maiga, was until her appointment Niger's ambassador to the United States, while the new interior minister, Cisse Ousmane, was recalled from Chad. He has previously been chief of police. Both are familiar with the UN System, the latter having worked in UN peacekeeping and post-conflict projects.

The trade and industry Minister Hamid Hamed worked on a study for the UN on macro-evaluation and the HACT approach.

Pr Nouhou Hassan (public health minister) and Mrs Taboukaye Aminata Boureima (communication minister) have previously been involved in the implementation of the UNICEF Country Programme.

### The rights of women and children

While it is normally difficult for the Parliament to adopt texts relative to the right of women and children due to the reluctance of many parliamentary (one out of two parliamentary in 93 and 97 were illiterate, and there was only one women out of 83 members in 2000), transition periods in Niger have usually been favorable to the ratification of such texts.



@Unicef Niger/2009/P.Holtz

In 1999 the transitional government had adopted, among others, the CEDAW and the ordinance relative to juvenile jurisdiction, while the Parliament in 2007 rejected the Maputo protocol.

The current transitional Government is seen as an opportunity to lift those of the five reserves to the CEDAW which were made null and void by laws adopted between 2003 and 2006. Also it would be a good moment for the adoption of a Code of the Child which has been in waiting since 2006, and for the adoption of a law protecting girls at school.

### Nutrition

The Nutrition Cluster led by the Directorate of Nutrition has agreed that approximately 378,000 new cases of severe acute malnutrition will be registered over the next 12 month, if current level of food insecurity remains unchanged. The nutrition and food security actors recognize that the last political events offer a window of opportunity to address these issues, usually perceived as highly sensitive in Niger. Addressing the nation on state television on Feb 28, Djibo said all means were urgently being deployed to tackle the famine, which "threatens the existence of millions of Nigeriens in virtually all regions".

Food has always been a deeply political topic in Niger. Five years ago, Niger faced a food crisis after crops were devastated first by locusts, then by drought, leaving a third of the country facing starvation. Foreign governments and aid groups rushed in food. Media coverage of the episode enraged Tandja, who lashed out at humanitarian agencies and opposition parties for allegedly fabricating "false propaganda" for political and

economic gain. Several aid groups were expelled.

### Reducing acute malnutrition in the Niger

Unacceptable levels of malnutrition due to drought, recurring food crises, poor feeding practices and inadequate access to health services have plagued the Niger for years. In 2005, nutrition surveys documented the prevalence of global acute malnutrition (severe and moderate acute malnutrition combined) above emergency thresholds of 15 per cent in several regions, triggering a major emergency response by the Government and the international community.

One result was a significant drop in prevalence to 10 per cent in 2006.



@Unicef Niger/2009/P.Holtz

A vital component of the successful effort was a shift to programming approaches that allowed for many more affected individuals to be treated. A decentralized, community-based approach to treating acute malnutrition was used for the first time. Children with severe acute malnutrition were treated in their homes using ready-to-use therapeutic food. Moderate acute malnutrition was treated with a range of products, including the traditional fortified

blended flour as well as an oil-based ready-to-use supplementary food. Some partners also expanded nutrition treatment programs to include prevention of acute malnutrition through the large-scale distribution of supplementary food products.

The number of facilities in the Niger where treatment for severe acute malnutrition was provided jumped from 75 in 2005 to 800 in 2010. The increased demand for therapeutic and supplementary food products prompted creation of a local production facility that is increasingly meeting the demand.



@UNICEF Niger/2007/Pirozzi

Although significant progress has been made since 2005 in the Niger's ability to effectively treat severely acutely malnourished children through the community-based approach, the prevalence of acute malnutrition remains high.

The challenge is to scale up such preventive practices as breastfeeding and improving complementary feeding, which would significantly improve child nutrition and contribute to lowering the numbers of children with moderate or severe acute malnutrition.

**Sources:** *Community-based Management of Severe Acute Malnutrition: A joint statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund, WHO, WFP, SCN and UNICEF, Geneva, Rome and New York, May 2007; and 'Humanitarian Action Niger', UNICEF, New York, June 2006.*

## Programme Updates

### Survie

#### Health Development Plan

The National Health Development Plan (or Plan de Développement Sanitaire, PDS) for 2005-2010 is coming to an end. The process leading to drafting of

a new plan for 2011-2015 started with an evaluation of the previous plan by the Government and multilateral partners to discuss the indicators that will highlight constraints and shortfalls.

A steering committee and a technical committee have been set up for the drafting of the new PDS, which will follow the results based approach to achieve the MDGs relative to health in 2015 and its Mid Term Expenditure Frame.

Partners, of which UNICEF, are actively involved in the works of the different committees to ensure that child survival is taken into account in all steps (from the situation analysis to the identification of strategies that take into account high impact interventions on the health of children). This last stage will help define the orientations of the districts and regions.

This decision process which started in December 2009 will be ongoing until December 2010, and will integrate all stakeholders including at district, regional and national level.

## Protection

A child protection forum was held on February 9-11 in Niamey. All participating stakeholders, from national stakeholders as well as from NGOs and UNICEF Niger, [regional office](#) and Ivory Coast, were to outline a national vision on the issue of child protection in Niger and to identify implementation strategies to address this issue, while defining the role and responsibilities of each stakeholder.



@UNICEF Niger/2007/Pirozzi

In conclusion, the main recommendations made were:

- ▶ towards the Government: to make child protection a national priority through:
  - the quick adoption of revised texts,

- the creation of a National Council on child protection,
- the allocation of adequate funds,
- the integration of data collection on child protection in national surveys,
- set up a data and data collection system,
- invest in research on child protection

► towards the Ministry in charge of child protection :

- institutionalize foster families to take care of children at threat,
- make a mapping of child protection stakeholders,
- coordinate and control activities at regional level,

### UNICEF and partners transforming lives of children through improved schools in Niger

By Bob Coen

GARIN GUIZO, Niger , 10 March 2010 – As dawn breaks in this rural village in southern Niger, the daily routine begins the same way it has for generations. Eleven-year-old Zhara lights the fire, warms a pot of water and sweeps the family yard.

Until recently, such tasks would have been just the start of a long day of chores for a girl like Zhara. But today, she – along with all of the village’s children – is going to school, an example of the exciting trend of increasing access to education in this West African nation.



"I want to become a nurse and my friend a teacher". UNICEF Niger/2007/Pirozzi



@UNICEF Niger/2007/Pirozzi

### Education is the key

"We're really happy to go school. We want to do well and succeed," says Zhara. "I want to become a nurse and my friend a teacher."

Child-friendly schools – and girl-friendly schools, like the one Zhara is attending – are the cornerstones of an initiative by UNICEF to transform not only education, but age-old practices here as well.

Niger is one of the world's poorest countries, and it has one of lower rates of primary gross enrolment rates – only 77 per cent of boys and 59 per cent of girls of primary school age are enrolled. A large majority of girls in this rural part of the country are married before the age of 18, and they end up giving birth to an average of seven children.

One in five of those children will die before the age of five due to easily preventable diseases. Education is key to changing this cycle.

"By giving girls the chance to go to school, we help them avoid underage marriages and forced marriages, which are fairly common around here," says UNICEF Niger Communication Officer Adamou Matti Dan Mallam. "They also learn about health and maternity issues, and other practical things that can have a real impact in their everyday lives."

### IKEA's support

Improving access to education in countries like Niger is a massive effort, and UNICEF relies on the support of dedicated partners to help girls like Zhara see a better future.

Home furnishing retailer IKEA is one such partner. As UNICEF's largest corporate donor, IKEA – through the company's philanthropic arm, the IKEA Social Initiative – has donated more than \$16 million to UNICEF and its partners, supporting a total of 40 projects in more than 20 countries since 2003.

Thanks to its fundraising activities in 2009, like the 'soft toy' drive that IKEA has been running in its stores from New York to Stockholm, is supporting UNICEF's Schools for Africa campaign in six countries, including Niger.

The funds have already helped schools train teachers, purchase classroom supplies, construct new buildings and provide safe water and basic sanitation for boy and girl students.

### Community involvement

An important feature of the child-friendly schools approach is community involvement. Parents, village elders and children themselves are all encouraged to participate in running their schools. The school management committee at Zhara's school has been embraced by the whole village of Garin Guizo.

Teacher Hamissou Saoude explains: "They are proud to see their children going to school ... and at home, the children are even teaching their parents what they're learning in the classroom."



@UNICEF Niger/2010/JOP

On a hot day in February, the entire village turns out to thank IKEA for its support and to celebrate the achievements of not only the children but the community as a whole. The school has truly become the centre of village life, and everyone here has begun to recognize the benefits of education.

"We used to have to travel to the city just to have a letter read... Now I wait for the day when one of the girls of our village will become a government minister," says village chief Ali Katoumbe.

Such changes in attitude are not lost on Zhara. "If boys can go to school to learn and succeed, why can't I do the same?" she asks.

With the support of partners like IKEA, and with the participation of the communities themselves, UNICEF is helping bring about real change in Niger – one school at a time."



Guidan Guizo school during a French grammar lesson @UNICEF Niger/2010/JOP

## Funding Requirements

UNICEF Niger is seeking to raise a total of US\$ 55 million in Other Resources (supplementary funding) over the 2009-2013 period. Presently, funding is urgently needed for its water, sanitation and hygiene (WASH) and child protection programmes in particular.

Moreover, UNICEF Niger's requirements for humanitarian action in 2010 amount to more than US\$19 million to respond mainly to the worsening nutrition situation in Niger as well as cholera and meningitis epidemics and other emergencies.

### Contributions (US\$) Received in January/ February 2010

Sector	Donor	Contributions received in 2009
Nutrition	MDG-Funds	917,823
Nutrition	EPF	2,000,000
Nutrition	CERF	1,000,000
WASH	Swiss Committee Evian/Volvic	13,837
WASH	US Fund/ Conrad Hilton	267,700
WASH	French Committee (3 <sup>rd</sup> installment)	334,250
Child Protection	Executive Director	384,000
Child Protection	Spanish Committee	67,157
Education	Dubai Cares (2 <sup>nd</sup> installment)	577,000
Education	German Committee / SFA	144,578

### Nutrition:

The needs have been estimated to some 21 million US\$, of which approx 8 million US\$ have been received. A gap of 13,058,069 US\$ remains:

	Quantities	US\$
RUTF (Plumpynut) - (boxes	160,000	10,400,000
Plumpy'Doz (MT)	125	625,000
Drugs and other supplies		718,069
<b>TOTAL Supplies</b>		<b>11,743,069</b>
Operational Costs Blanket Feeding		500,000
Service providers capacity strengthening		75,000
Additional Human Resources		180,000
UNICEF staff		210,000
Increase intake capacity of therapeutic feeding centers		250,000
Support to nutritional surveillance and Nutrition Survey		100,000
<b>TOTAL operational costs</b>		<b>1,315,000</b>
<b>GRAND TOTAL</b>		<b>13,058,069</b>

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