Niger

Country programme document 2014-2018

The draft country programme document for Niger (E/ICEF/2013/P/L.6) was presented to the Executive Board for discussion and comments at its 2013 annual session (18-21 June 2013).

The document was subsequently revised, and this final version was approved at the 2013 second regular session of the Executive Board on 6 September 2013.

unite for children

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Basic data†
(2011, unless otherwise stated)

Child population (millions, under 18 years, male/female)	4.6/4.4
U5MR (per 1,000 live births)	125
Underweight (%, moderate and severe) (%, male/female, urban/rural, poorest/richest)	39 40/37, 44/39, ../..
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	590[a]
Use of improved drinking water resources (%, 2010)	49
Use of improved sanitation services (%, 2010)	9
One-year-olds immunized against DPT3 (%)	75[b]
One-year-olds immunized against measles (%)	76[b]
Primary school enrolment/attendance (net %, male/female, 2010)	64/52
Survival rate to last primary grade (%, male/female, 2010)	71/67
HIV prevalence rate among adults (%), 15-49 years, male/female	0.8
HIV prevalence among pregnant women (%)	..
Child labour (%, 5-14 years, male/female, 2006)	43/43
Birth registration (%, under age of 5, 2006) (%, male/female, urban/rural, poorest/richest)	32[c] 32/31, 71/25, 20/67[c]
GNI per capita (United States dollars)	360
Child population (millions, under 18 years, male/female)	4.6/4.4
U5MR (per 1,000 live births)	125

† Additional data on women and children as well as detailed methodological notes on estimates can be found at www.childinfo.org.

[a] The figure reported in the table above is the adjusted maternal mortality rate calculated by the United Nations Interagency Group for the establishment of maternal mortality estimates. The estimate reported at the country level is 648 deaths per 100,000 live births (2006), as indicated in the 2006 population and health survey/multiple indicator cluster survey.

[b] The figures reported in the table above on immunization are interagency estimates prepared by the World Health Organization (WHO) and UNICEF. The data are disaggregated by gender as follows: DTC3 male 68 per cent and female 71 per cent, as indicated in the 2010 child survival survey for the Niger; measles male 68 per cent and female 69 per cent, as indicated in the 2010 child survival survey for the Niger.

[c] The data are different from the definition of the standard indicator.

Summary of the situation of children and women

1. With a population of 16.3 million people, 80 per cent of who live in rural areas and 57 per cent of who are children, the Niger ranks 186th out of 187 countries surveyed in the 2011 Human Development Report. It has a high rate of fertility (7.6 children per woman nationwide and 8.1 in rural areas), rapid population growth (3.3 per cent per year) and insufficient economic growth (2.1 per cent) to satisfy social demand. As a result, the country experiences widespread poverty (59.5 per cent in urban areas and 63.9 per cent in rural areas), exacerbated by socioeconomic inequalities, gender disparities and various crises, including floods, locust infestations, recurring food crises and desertification. The main causes of inequality

include living in rural areas, being female, poverty, vulnerability to natural disasters, food insecurity and a nomadic way of life.

2. Insecurity in neighbouring countries (Libya, Nigeria, Mali), with an influx of migrants and refugees, as well as the terrorist threat in the country have led to an increase in spending in defence and security to the detriment of the social sectors. However, the outlook for an economic recovery seems bright, owing to oil and mineral exports, which are expected to double between 2011 and 2016.

3. Child mortality fell by 6 per cent per year between 2006 and 2012 (2012 demographic and health survey/multiple indicator cluster survey for the Niger), exceeding the threshold needed to achieve Goal 4 of the Millennium Development Goals by 4.3 per cent. Nonetheless, maternal and neonatal mortalities remain high, especially in rural areas, owing to early pregnancies and the high rate of fertility, in a context where more than two thirds (71 per cent) of deliveries take place without medical assistance. The insufficiency and uneven distribution of resources, dependence on external financing, isolation of some communities and a nomadic way of life limit equitable access to quality health services. The insufficient availability of essential medicines and water outlets in health facilities, technical weaknesses and delays in seeking care inhibit the use of these services.

4. The high level of chronic malnutrition (46 per cent but reaching 50 per cent in Maradi and Zinder) and the rate of acute malnutrition, which constantly exceeds the alert threshold (10 per cent) and the emergency threshold (15 per cent) during years of food insecurity, increase the risk of morbidity and mortality and compromise the growth and development of young children. Micronutrient deficiencies are a major public health concern in the Niger, where more than 7 out of 10 children suffer from anaemia. Infant and young child feeding practices are still inadequate; only 23 per cent of newborns are breastfed exclusively and the quality of supplementary feeding meets the standard for only 3 out of 100 children. The main causes are recurring food insecurity, inadequate family and community care, insufficient use of health services exacerbated by poverty, social inequalities and population growth. Limited access to drinking water and open defecation are also aggravating factors.

5. HIV/AIDS prevalence ranges from 0.8 per cent overall to 1.7 per cent among pregnant women and exceeds 20 per cent among female sex workers. Pregnant women have limited access to HIV counselling and testing during prenatal consultations, and many care needs of pregnant women and HIV-positive children are not met, likely owing to inadequate knowledge of means of prevention, limited availability of antiretroviral medication and limited access to quality care.

6. Despite ongoing improvements in school enrolment rates, the performances are insufficient to meet Goal 2 of the Millennium Development Goals and reduce disparities in enrolment rates between boys and girls (88 per cent versus 71 per cent), and between children living in the cities and those living in rural areas (108 per cent versus 71 per cent). These inequalities are primarily due to inadequacies in allocation of resources, lack of classrooms and qualified teaching staff, persistent sociocultural practices that impede education, especially for girls, and poverty and food insecurity, which limit access to education for the most disadvantaged children. The rapid increase in the number of school-age children, which is expected to double between 2010 and 2020, is a major challenge for the provision of quality educational services to all children.

7. In the Niger, children are exposed to various forms of abuse and violence. The rate of childbirth registration remains low (32 per cent), especially in rural areas (25 per cent), and nearly three quarters of working boys and girls perform work that is harmful for their development. Early marriage, which affects more than 75 per cent of young girls, is a major problem for the protection of children, especially in rural areas. Their protection is also hampered by other factors, including inadequate mechanisms for coordination and consultation with communities and children, insufficient availability and use of protection services, maintenance of traditional practices that promote early marriage and child labour. The resistance of certain pressure groups to the passage of laws, including certain provisions of the Convention on the Elimination of All Forms of Discrimination against Women that promote gender equality, is a major impediment to the protection of young girls and implementation of the Convention on the Rights of the Child.

Key results and lessons learned from previous cooperation 2009-2013

Key results achieved

8. Substantial results were recorded thanks to effective mobilization of resources, for both the regular programme and the emergency component. The rate of child mortality in the Niger fell by 6 per cent per year between 2006 and 2012, surpassing the rates recorded in neighbouring countries. That performance was attributable to the promotion of essential family practices, combating of malnutrition, and reduction of financial and geographical barriers to access to health services.

9. In its response to the nutritional crises that occurred between 2010 and 2012, the programme supported the establishment of a network of more than 800 nutritional rehabilitation centres, which provided care to more than one million children suffering from severe acute malnutrition. The policy of integrating efforts to tackle malnutrition, which is encouraged and supported by UNICEF, has laid the groundwork for the extension of these gains over time. Emergency response has been effective thanks to early and joint planning, good coordination within clusters where UNICEF has played a key role, and effective mobilization of resources under the Consolidated Appeal Process.

10. The programme also helped to improve access to education, with a doubling of the preschool enrolment rate and a 3 per cent annual increase in primary school enrolment and completion rates.

11. The results of the programme evaluation show that, in the area of child protection, improvement of the institutional framework with the creation of civil registry departmental divisions, the training of judges and the establishment of a minors' squad are essential gains for a systemic approach to child protection. Community-based interventions in the areas of essential family practices, community-led total sanitation and protection contributed to increased awareness and behavioural changes, which augur well for the rights of the child. The programme contributed to the adoption of a national social protection policy and the development of operational strategies, such as the transfer of funds in emergency situations.

Lessons learned

12. The mid-term review showed that, in the context of recurring crises, implementation of the regular programme while ensuring effective response to emergencies requires (a) integration of an emergency segment into the various programmatic components; and (b) flexibility and strengthening of synergies in programming, regular monitoring and development of strategic partnerships, in order to improve the emergency response alert and coordination system, and documentation of and building on lessons learned in order to harmonize interventions.

13. According to the results of the programme evaluation, implementation of community interventions must be based on (a) involvement of State services and local elected officials in order to build on experiences and ensure a sense of ownership and sustainability through the involvement of other partners in the sector; (b) mobilization and empowerment of communities to start changing norms and behaviours and create an environment conducive to their dissemination; and (c) implementation of coordination and consultation mechanisms connecting the various actors, as in the case of community-led total sanitation, essential family practices and child protection.

The country programme, 2014-2018

Summary budget table

	(In thousands of United States dollars)		
Programme components	*Regular resources*	*Other resources*	*Total*
Child survival	18 000	35 675	53 675
Nutrition	15 500	22 702	38 202
Education	15 500	22 500	38 000
Child protection	10 000	9 600	19 600
Communication for development	10 000	7 100	17 100
Social policy, planning, survival and evaluation	11 000	2 250	13 250
Intersectoral	14 078	5 000	19 078
Total[a]	**94 078**	**104 827**	**198 905**

[a] Based on the amounts mobilized over the past few years; other resources and emergency funds of $20 million to $30 million are expected annually, representing $100 million to $150 million for five years, not included in the above total.

Preparation process

14. The process started in 2011 during the programme mid-term review, with the participation of government partners, the United Nations system, civil society, children and communities. In 2012, updating of the situation analysis and evaluation of the programme strategies using an equity-based approach guided the definition of the strategic vision and fuelled internal discussions and consultations with the regional office at the time of the strategic reflection. The programme strategic orientations are aligned with the national priorities of the Economic and Social

Development Plan 2012-2015 and the United Nations Development Assistance Framework (UNDAF) 2014-2018. They were validated by the Government and civil society actors.

Programme components, results and strategies

15. The new programme aims to ensure the full realization of the rights of children in the Niger and a reduction of disparities, with the aim of achieving equity. It will ensure that gains are consolidated through the scaling up of successful interventions and strengthening of synergies with the United Nations system and other partners, in order to implement a package of measures that would help to improve the resilience of vulnerable communities. Most of the interventions will be carried out nationwide, with an emphasis on the regions of Agadez, Diffa, Maradi, Tahoua and Zinder. Girls, people living in rural areas, the poorest and nomads, who have been identified as the most disadvantaged, will be the priority target.

16. Each programme component will operate at the strategic and operational levels and will include an emergency segment, in accordance with the Core Commitments to Children in Humanitarian Action, in order to address crises and disasters while ensuring a linkage between humanitarian action and development.

17. The programme will be divided into six components, with the following results: **Child survival**: (a) children under 5 years of age and pregnant women, particularly the most vulnerable, benefit more from quality high-impact interventions for the prevention and management of maternal and childhood illnesses; (b) pregnant women, adolescents and children have access to and make greater use of quality preventive and curative care services for an AIDS-free generation; and (c) children, particularly the most vulnerable, have improved access to drinking water and adequate sanitation facilities in schools, health centres and communities for the prevention of illnesses. **Nutrition**: children under 5 years of age and pregnant and breastfeeding women, particularly the most vulnerable, have access to and make greater use of quality promotional, preventive and curative care services for the prevention of chronic malnutrition, management of acute malnutrition and reduction of micronutrient deficiencies. **Education**: school-age children, especially girls, children living in rural areas and vulnerable children have access to and make greater use of quality basic education services. **Child protection**: the most vulnerable children and adolescents are better protected from abuse, violence and exploitation. **Communication for development**: leaders, communities, families and young people adopt norms and behaviours that are more favourable for the survival, development, protection and participation of children. **Social policy, planning, monitoring and evaluation**: the rights of children, particularly the most vulnerable, are better reflected in national and local development policies, strategies and programmes, as well as in the allocation and use of public resources.

18. The main programme strategies will be built around a human rights- and gender-based approach: the focus will be on the participation of communities, children and young people, and specific interventions will target the most disadvantaged. They will consist in capacity- and system-building, delivery of services and communication for development. Each component will include an advocacy and strategic partnership element and a community element to improve access to and use of services provided. Priority will be given to reducing inequalities and improving the resilience of households, communities and systems.

19. Resilience will be operationalized through six pillars: (a) reducing the prevalence of chronic malnutrition; (b) improving access to basic social services; (c) promoting social and behavioural change; (d) implementing the social protection policy; (e) operationalizing risk prevention and response mechanisms (disaster risk reduction, adapting to climate change and strengthening peace); and (f) strategic partnership.

Child survival

20. The programme will rely on strategic partnerships developed with the United Nations system (World Health Organization, United Nations Population Fund, World Bank), the Global Alliance for Vaccines and Immunization, the Global Fund and other health partners, to help implement the sectoral approach and speed up progress toward improving the mobilization and optimal use of resources. It will aim to reduce disparities and improve the resilience of the most disadvantaged.

21. Gains made in reducing child mortality will be consolidated and the programme will focus more on reducing maternal and neonatal mortalities. The programme will support application of the Monitoring Results for Equity System in the national health information system, reform of the national supply and distribution system, revision of free health care implementation mechanisms, and development of a new package at the health post level. Mass campaign efforts will be intensified with continued distribution of insecticide-treated bed nets and an expanded immunization programme to eliminate neonatal tetanus, control measles and eradicate poliomyelitis. Scaling-up of the child survival strategy will help to improve the way in which the main child killer diseases (diarrhoea, pneumonia and malaria) are handled at all levels, especially at the community level. To combat maternal and neonatal mortalities, the emphasis will be on refocused prenatal consultation and strengthening of emergency obstetrical and neonatal services. The newborn care package will be expanded in first-aid and reference health facilities (newborn units) as well as in the community.

22. Priority will be placed on preventing mother-to-child transmission of HIV and providing paediatric care to infected and affected children. Prevention of mother-to-child transmission sites will be expanded to all medical facilities in the country and prevention of mother-to-child transmission will be systematically integrated into refocused prenatal consultation and emergency obstetrical and neonatal services. The partnership with the Joint United Nations Programme on HIV/AIDS will be strengthened to ensure interventions are complementary.

23. The water, hygiene and sanitation component will strive to develop the sectoral approach within the framework of the Sanitation and Water for All partnership. Implementation of the national planning for results initiative will help to improve intersectoral coordination, strategic planning and monitoring and evaluation. Given the low rate of access to drinking water for rural communities and the high rate of equipment failure (19 per cent), the programme will support the establishment of a reliable infrastructure monitoring and evaluation system. The programme will contribute to the scaling-up of community-led total sanitation, installation of drinking water outlets, latrines and hand-washing equipment in schools and health centres in target areas, and promotion of hand-washing. Low-cost bore holes will be drilled in eligible communities.

Nutrition

24. Nutrition will become a stand-alone programmatic component. It will aim to consolidate the gains made in the management of acute malnutrition by continuing to implement the policy of integrating acute malnutrition into public entities and strengthening the capacities of beneficiaries and the coordination capacities of central, regional and departmental entities. In its efforts to combat chronic malnutrition, the programme will support implementation of multisectoral and large-scale integrated interventions during the 1,000-day window from the start of a woman's pregnancy until the child's second birthday. The focus will be on improvement of recommended infant and young child feeding practices, vitamin A supplementation and de-worming, and home-based food fortification.

25. The programme will work in collaboration with the Government, particularly in the context of the 3N ("Nigeriens Nourish Nigeriens") Initiative and with the Scale-Up Nutrition and Renewed Efforts Against Child Hunger and undernutrition (REACH) platforms. A partnership will be developed with the World Food Programme (WFP) and the World Health Organization (WHO) for the management of acute malnutrition, as well as with various non-governmental organizations (NGOs) for community interventions. Collaboration with the national crisis prevention and management system and national and international NGOs in emergency response will be strengthened. A partnership will be established with the Food and Agriculture Organization of the United Nations (FAO), WFP and the Ministries of Water Resources, Agriculture and Education to strengthen the resilience of vulnerable households. Building on the gains achieved in the handling of the food and nutritional crisis of 2012, during which water, sanitation and hygiene in nutrition and psychosocial stimulation were integrated into the management of severe acute malnutrition, collaboration with the water, sanitation and hygiene, health and child protection sectors will be strengthened, in order to speed up improvement of the nutritional status of young children.

Education

26. The interventions will be in three main areas: strengthening system management and steering capacities, improving access to and keeping children in school, and upgrading the quality of learning and teaching conditions. The programme will support implementation of the sectoral approach by becoming more involved in coordinating the partnership framework and steering the Education and Training Sectoral Plan for 2013-2020. The programme will be implemented in line with the Global Partnership for Education and key partnerships, such as the joint school feeding strategy with WFP, FAO and UN-Women, the goal of which is to keep girls in school and reduce the school dropout rate related to food insecurity.

27. To improve access to and keeping of children in school at a time when the school-age population is increasingly rapidly, the programme will help to ensure that school supplies and infrastructure are available and to develop inclusive and alternative education models. It will work to reduce disparities through interventions that facilitate the enrolment of girls, children in rural communities and children with special needs. The quality of education will be improved by modelling approaches that aim to strengthen institutions for the training of teachers and the provision of educational support in the community. Basic standards of quality and equity will be

adopted and implemented. The programme will participate in the promotion of education for peace and in emergency response.

Child protection

28. This component will help to strengthen civil registry services in the 266 municipalities and to put in place a package of services for the protection of children and adolescents against abuse, violence and exploitation. It will strengthen the legal, institutional, community and family environment for better exercise of rights. The programme will continue to support State and non-State institutions to ensure that their legal and institutional frameworks are aligned with international conventions. The advocacy partnership with the National Assembly, civil society and the United Nations system will be strengthened. The programme will continue to support implementation of the systemic child protection approach.

29. It will support protection initiatives at the community level and will work in collaboration with schools, NGOs and community organizations to eliminate abuse, violence and exploitation of children, particularly adolescent girls. To improve prevention and care for at-risk children and adolescents or victims, the technical capacities of social action and justice partners will be reinforced and preventive and judicial education services as well as social services at the court level will be developed..

Communication for development

30. This new cross-cutting component will be responsible for coordinating, integrating and modelling interventions designed to promote social and behavioural change. It will continue to support the scaling-up of current community approaches (community-led total sanitation, protection, essential family practices). It will target families and households to adopt positive behaviours, as well as adolescents as development actors and agents of change. The life skills and decision-making abilities of adolescents will be strengthened. The leadership and organizational skills of communities will be improved to make it easier for communities to participate in decision-making processes and to enhance their resilience.

31. At the institutional level, the programme will support development of the skills of decentralized technical services, community officials, media outlets and entities representing youth. Alliances and strategic partnerships will also be created or strengthened with the media, pressure groups, local leaders and elected officials in the field of social norms and youth participation. Partnerships will also be developed with the United Nations system for the prevention of HIV among adolescents and for peacebuilding.

Social policy, planning and monitoring

32. This cross-cutting component will help to place the rights of children at the centre of national policies and financial reform agendas while strengthening local development. The programme will support the national strategic planning system to ensure that the rights of the child and equity are better reflected in the social and economic development programme and sectoral policies, as well as implementation of reforms for budgetary efficiency and efficacy. Support for implementation of the national social protection policy will help to reduce children's vulnerability and to strengthen family resilience. Decentralization will be supported by putting in place

decentralized models based on the strengthening of equity in programme focus areas and implementation of the transfer of jurisdiction and resources to municipalities.

33. The programme will work to improve and manage knowledge on the situation of children and women in order to advocate children's rights and the formulation of public policies. It will also support the scaling-up of the Monitoring Results for Equity System by strengthening sectoral information systems, including in the areas of health, education and child protection; developing partnerships with the National Statistics Institute, sectoral ministries and research institutions, in order to strengthen monitoring mechanisms at the local level and elimination of bottlenecks that impede the effectiveness and impact of interventions; and building national monitoring and evaluation capacities with a view to institutionalizing evaluations.

Intersectoral

34. The intersectoral component covers programme management and support needs, including human resources, advocacy and resource mobilization, procurement, logistics, operation of zone offices, and administrative costs and operational expenses.

Relationship with national priorities and the United Nations Development Assistance Framework

35. The programme is perfectly aligned with the national priorities of the 2012-2015 economic and social development programme, the 3N Initiative and sectoral policies and programmes, reflecting the Government's commitment to achieve the Millennium Development Goals and to combat poverty and vulnerability. The programme will contribute to the achievement of three strategic results of UNDAF 2014-2018: (a) resilience (food and nutritional security, environmental management, prevention and management of risks and catastrophes); (b) social development and human capital; and (c) promotion of governance, peace and security.

Relationship with international priorities

36. The programme is guided by the principles of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the document entitled "A world fit for children" and other international human rights treaties. It is in line with international orientations related to the Millennium Development Goals, the Millennium Declaration, the medium-term strategic plan, the "A Promise Renewed" commitment and the development agenda beyond 2015. It will help to implement the principles of the Paris Declaration on Aid Effectiveness.

Major partnerships

37. The programme will strengthen existing partnerships with the Government, national and international NGOs, technical and financial partners and donors, in order to maximize both the overall and the sectoral results. Partnerships with national and local entities (communities, youth associations, local authorities, the media and the national private sector) will play a key role in the areas of social and community change and advocacy in respect of children's rights. The programme will also contribute to the effective functioning of the clusters in order to put up a coordinated and multisectoral response to emergencies.

38. Within the United Nations system, the partnership strategy will be adopted for the implementation of UNDAF and the "Delivering as one" guidelines. The programme will participate in the development of joint initiatives with United Nations agencies on priority topics such as resilience, combating HIV/AIDS, tackling maternal and neonatal mortalities, social protection and promotion of children's and women's rights.

Programme monitoring, evaluation and management

39. The steering committee will coordinate the programme under the auspices of the Ministry of Planning, with the participation of ministries involved in implementing the programmatic components. That coordination will be in line with the national mechanisms for monitoring the economic and social development programme.

40. An equity-based, participatory monitoring and evaluation system will be set up to monitor disparities and bottlenecks and guide decision-makers to ensure that they take appropriate corrective measures. Surveys, studies, evaluations and strengthening of monitoring and evaluation at both the national and the community levels called for in the Integrated Monitoring and Evaluation Framework will help to provide quantitative and qualitative data for the monitoring of all programme components. Additional data are expected to be collected in 2013 to provide information on the frame of reference for all indicators contained in the results matrix. Continuous analysis of the situation of children and women, evaluation of the main components using the equity-based approach, and the mid-term review scheduled for 2016 will guide implementation of the programme and documentation of lessons learned. DevInfo will be used to promote better use of data for decision-making. Rapid evaluations of humanitarian situations and implementation of the harmonized approach to cash transfers are among the priorities. These activities will help to strengthen the UNDAF monitoring and evaluation system and national programmes.