**UNITED NATIONS** **E**

# Economic and Social Council

Distr.
LIMITED

E/ICEF/1999/P/L.10
28 October 1998

ORIGINAL: ENGLISH

UNITED NATI0NS CHILDREN'S FUND
Executive Board
First regular session 1999
19-22 and 25 January 1999
Item 6 of the provisional agenda*

## COUNTRY NOTE**

## The Niger

SUMMARY

The Executive Director presents the country note for The Niger for a programme for the period 2000 to 2004.

## SITUATION OF CHILDREN AND WOMEN

1. The Niger, a large, land-locked, desert country situated in the Sahel region, with a population of 9.8 million inhabitants, of whom about 60 per cent live below the poverty line, is among the least developed countries, with a gross national product of US$200 per capita (1996). While the rate of population growth remains high (3.4 per cent annually), the median rate of economic growth has only been 1 per cent annually for the last ten years. Servicing foreign debt absorbs 40 per cent of the Government's revenues. The democratization process remains to be consolidated, although peace is returning to the northern part of the country. The Niger ratified the Convention on the Rights of the Child in 1990, but the Convention on the Elimination of All Forms of Discrimination against Women has not yet been ratified. The Niger's legal system is dualistic, combining modern and customary law.

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* E/ICEF/1999/2.

** An addendum to this report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

2. Child survival in the Niger remains a major concern. According to the 1998 Population and Health Survey, the infant and child mortality rates fell from 318 to 274 per 1,000 live births between 1992 and 1998 and the infant mortality rate is estimated at 123 per 1,000 live births. The main causes of death among children remain malaria, acute respiratory infections (ARI), diarrhoea, measles and meningitis. National immunization coverage is stagnant (BCG vaccine: 47 per cent; measles: 35 per cent). Over all, 15 per cent of children have insufficient birth weight and at least one out of three children under five suffers from acute malnutrition. Access to drinking water (48 per cent) and adequate sanitation systems (17 per cent) remains limited. A dramatic reduction of more than 90 per cent in the number of cases of dracunculiasis has been recorded since the 1991 national survey. The HIV seropositive rate among the general population is estimated at 2 per cent. The rate of maternal mortality (1,200 per 100,000 live births) remains very high and is mainly related to the persistence of multiple and too closely spaced pregnancies, a high incidence of anemia, and very limited access to qualified emergency delivery care.

3. Gross school enrolment ratios are very low and there are great disparities between boys and girls (39 and 19 per cent, respectively, for 1997) and between departments. The drop-out and repeat rates at the end of the primary cycle are 39 and 30 per cent, respectively. The illiteracy rate remains very high (70 per cent for men and 85 per cent for women).

4. Social indicator levels contrast with the effort being made: from 1984 to 1994, 15 per cent of Government expenditures and 12 per cent of official development assistance funds have been devoted to basic social welfare services. Risk analyses in the areas of health and nutrition show a great disparity between districts and point to large families and households headed by women as being among the groups most at risk to suffer the direct effects of food insecurity. Growing economic hardship and a loss of social cohesion contribute to the increasing phenomenon of women and children requiring special protective measures.

## LESSONS LEARNED FROM RECENT PROGRAMME EXPERIENCE

5. Based on activities in progress, the mid-term review made the following recommendations: (a) the integration and geographical convergence of activities; (b) the establishment of a conceptual framework conducive to community empowerment; (c) the intensification of women’s participation; and (d) increased cooperation with the other partners. In addition, the high turnover among managerial staff and logistical problems have been identified as major constraints in the implementation and effectiveness of the programme.

6. Implementation of the Bamako Initiative has helped revitalize 214 out of the 356 health centres, 40 per cent of them with the assistance of UNICEF. In certain health areas, this strategy resulted in doubling vaccine coverage and has now become the model adopted by the Government for general use, but quality of care and community participation must be improved. The community-based nutritional programme, which has made it possible to better manage nutritional problems, needs to be strengthened.

7. Demand for the establishment of modern water points remains high, but the management and maintenance system for existing installations is not yet operating entirely satisfactorily. With regard to hygiene and sanitation, the construction in targeted areas of 550 low-cost SANPLAT latrines in schools and family concessions (with communities co-financing 60 per cent of the total cost) achieved encouraging results and should be extended.

8. In the area of primary school enrolment, practical and productive activities and increased parent participation have been emphasized. From 1995 to 1997, targeted schools in the programme experienced an increase from 27 to 43 per cent in the enrolment of girls. It will now be important to support effectively the reforms called for by the new educational policy in order to meet the growing demand for access, maintenance and quality. Functional literacy activities, community empowerment and access to micro-credit have shown that with more information and better preparation, women are able to overcome socio-cultural resistance and improve their lives.

9. Some of these activities were carried out with the support of various donors in an integrated and multisectoral manner within the framework of integrated programmes for the department of Maradi. This made it possible to test and validate an innovative participatory approach to community development (mostly by means of village development committees, village action units and "radio-clubs").

## PROPOSED COUNTRY PROGRAMME STRATEGY

10. The cooperation programme for 2000 to 2004, takes into account the principles of the Convention on the Rights of the Child and the World Summit for Children, the priorities of the Government of Niger, the national strategy note, the mid-term review, and complementarity with the other partners. The goal of the programme is to promote integrated development targeting child survival and based on the exercise of children's and women's rights. Its objectives are: (a) to help reduce infant mortality by 15 per cent, under-five mortality by 20 per cent and maternal mortality by 15 per cent; and (b) to facilitate community access, particularly that of children and women, to the basic knowledge required for the full enjoyment of their rights. To accomplish this goal, the emphasis will be on delivery and access to quality services through a holistic approach fostering greater interrelation between health, nutrition, and hygiene and sanitation programmes. The knowledge and skills of community workers will be reinforced in order to enable them to deal with basic requirements more effectively. All these activities will be supported by advocacy and social mobilization activities targeting programme goals and undertaken in active partnership with United Nations agencies, bilateral and multilateral cooperation organizations, non-governmental organizations and associations.

11. The country programme will consist of four programmes: health and nutrition; basic education; basic services integrated into the rural environment; and social and communications policies. Some sectoral programme activities, such as policy development, institutional support and national programme support, will be carried out at the national level while others will

be concentrated in integrated grass-roots action packages in the areas of activity of the integrated basic services programme. An integrated monitoring and evaluation plan will be developed to more effectively assess the implementation and impact of all the programmes, at both the national and local levels, and to prepare for emergencies. An integrated communications plan and a resource mobilization plan will likewise be developed.

12. The "health and nutrition" programme will contribute to: (a) reducing mortality caused by diseases targeted in the expanded vaccine programme, malaria, ARI and diarrhoea; (b) reducing micronutrient deficiencies and the prevalence of protein-calorie malnutrition; (c) reducing maternal mortality; (d) reducing water-borne diseases and diseases caused by water-borne fecal matter; and e) eradicating dracunculiasis. The main elements of the strategy are: (a) support of health policy reforms, including managing the health system, implementing the Vaccine Independence Initiative permanently, an integrated approach to dealing with childhood diseases, improving the quality of health care, and strengthening community-based growth monitoring; and (b) support of national programmes having a direct impact on reducing infant and maternal mortality.

13. The goal of the "basic education" programme is to help achieve: (a) a gross primary school enrolment rate of 42 per cent overall and 35 per cent for girls; and (b) a literacy rate of 22 per cent for women and girls. The availability and quality of basic education will be enhanced by updating and strengthening national educational policies, revising curricula, training teachers and reinforcing the planning, monitoring and evaluation systems. Apprenticeship and skill-acquisition activities will be developed within a flexible functional literacy framework.

14. The goals of the "basic services integrated into the rural environment" programme are to promote integrated and participatory social development at the community level in the areas of health, nutrition, basic education and functional literacy for women, hygiene and sanitation and social communication. The programme will target at-risk populations in the six districts with the highest infant and child mortality rates. The programme will be used to implement, as well as to validate and document, sectoral programme strategies and will provide feedback in the elaboration of national policies. It will help revitalize health and nutrition services and establish a standard for emergency delivery care. It will improve the operation and quality of educational infrastructures and of the water supply and sanitation infrastructure. Pursuant to the decentralization process now under way, the programme will make it possible, using an integrated, multisectoral and synergistic approach, to better meet the needs expressed at the community level and foster a more rational use of resources. It will continue and build on the lessons learned from the Maradi Project. General resources will make it possible to initiate activities in each targeted district; supplementary funds and effective cooperation with the other partners will make it possible to expand activities.

15. The goals of the "social policies and communication" programme are to give impetus to: (a) a dialogue on social policies at the national level (reforms and sectoral policies, implementation of the 20/20 Initiative); and (b) developing behaviours favourable to child survival, development, protection

and participation. Particular attention will be given to children and women in need of special protection.

ESTIMATED PROGRAMME BUDGET

Estimated Programme Cooperation Funding, 2000-2004 a/

(In thousands of United States dollars)

| | General Resources | Supplementary Funding | Total |
|---|---|---|---|
| Health and Nutrition | 7 000 | 3 000 | 10 000 |
| Basic Education | 3 000 | 2 500 | 5 000 |
| Integrated Basic Rural Services | 8 000 | 7 500 | 15 000 |
| Social Policies and Communication | 2 945 | 500 | 3 445 |
| Total | 20 945 | 13 500 | 34 445 |

a/ These are indicative figures only and are subject to change once aggregate financial data are finalized.

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