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### United Nations Children's Fund

Executive Board

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Item 9 (a) of the provisional agenda\*

### Short-duration country programme document

#### Niger

#### *Summary*

The short-duration country programme document for Niger is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$14,354,000 from regular resources, subject to the availability of funds, and \$15,000,000 in other resources, subject to the availability of specific purpose contributions, for 2008.

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\* E/ICEF/2007/8.



## **The situation of children and women**

1. In Niger, where 62 per cent of the population live below the poverty line, children and women are faced by many challenges. The critical issue during the 2004-2007 country programme cycle has been the nutritional crisis that affected some 800,000 children under five years of age. Despite the effective national response to the crisis, malnutrition remains a major threat to the survival of children in Niger. Data from the nutritional survey in November 2006 show a slight improvement compared with the same period in 2005: the rate of acute malnutrition decreased from 15 per cent in 2005 to 10 per cent and of chronic malnutrition from 50 per cent in 2005 to 44 per cent in 2006.

2. Although the under-five mortality rate (U5MR) is still high, there have been important improvements in the last five years, which have seen U5MR decrease from 274 to 198 per 1,000 live births. Malaria, acute respiratory infections and diarrhoea are the most important causes of under-five mortality. The main determinants are low access to and utilization of health services and little improvement in family practices at the household level. During the same period, coverage of three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) increased from 28 to 39 per cent, and the percentage of children sleeping under mosquito nets from 17 to 55 per cent. However, the rate of exclusive breastfeeding remains at 13.5 per cent, and the rate of access to safe drinking water decreased from 46 to 41 per cent.

3. The maternal mortality ratio is among the highest in the world at 643 per 100,000 live births. This is due largely to low rates of access to prenatal (46 per cent) and post-natal (33 per cent) care, and only 33 per cent of deliveries are assisted by trained staff. Niger's low HIV/AIDS prevalence rate among adults has stagnated at 0.7 per cent. Only 16 per cent of young men and 13 per cent of young women aged 15-24 years know methods to prevent sexually transmitted diseases. The rate of utilization of voluntary counselling and testing services by pregnant women is 2 per cent (versus 0.7 per cent in 2000). According to the Joint United Nations Programme on HIV/AIDS, an estimated 46,000 children were orphaned because of AIDS in 2006, compared to 23,000 in 2005.

4. The net enrolment rate for primary school reached 46 per cent in 2005-2006 compared to 44 per cent in 2003-2004. Due to inadequate numbers of classrooms and teachers, entry into the first year of primary school is organized every two years in rural areas. Improvements in gender equity in education remain weak due to early marriage of girls and cultural and religious constraints. The parity index in primary school is 0.7. Only 15 per cent of women are literate, compared to 43 per cent of men. The percentage of children registered at birth dropped from 45 per cent in 2000 to 32 per cent in 2006 due to low performance of civil registration services and their inability to deal with the high fertility rate (500,000 new births each year), and the limited availability of birth registration services. Child trafficking and violence against women are major concerns for the realization of children's and women's rights in Niger.

5. One of the main political changes during the 2004-2007 programme cycle was the launch of the decentralization policy in 2005, with the establishment of 265 municipalities. This policy, which currently is being implemented successfully,

offers an opportunity for strengthening and improving service delivery in health and education.

## The country programme, 2008

### Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	5 045	7 500	12 545
Basic education	2 200	2 300	4 500
Child protection	1 441	1 500	2 941
Integrated basic services	2 131	2 200	4 331
Planning, evaluation and communication	1 900	1 300	3 200
Cross-sectoral costs	1 637	200	1 837
<b>Total</b>	<b>14 354</b>	<b>15 000</b>	<b>29 354</b>

### Reasons for the one-year extension of the country programme

6. The decision to prepare a one-year programme for 2008 was based on the conclusions of the mid-term review in October 2006 and the recommendations of the 2006 review of the United Nations Development Assistance Framework (UNDAF). The main reason is to align the UNDAF cycle with the ongoing revision of the national poverty reduction strategy (*stratégie de réduction de la pauvreté* (SRP1)) and the preparation of the new strategy (SRP2). This will ensure that the recommendations and priorities identified by the review of SRP1 will serve as the strategic foundation for the preparation of the UNDAF for 2009-2013 and the subsequent UNICEF country programme.

7. The main goal of the short-duration programme for 2008 remains the same: to assist the Government of Niger, as part of the national poverty reduction strategy and sectoral development programmes, to progress towards achievement of the Millennium Development Goals concerning child survival, development, protection and participation, focusing particularly on reducing U5MR and child undernutrition, increasing primary-school enrolment, particularly for girls, and reducing the number of child victims of abuse, violence, exploitation and neglect.

8. The pertinence of the 2004-2007 programme has been confirmed by the experience of the 2005 nutritional crisis, the preliminary results of the SRP1 review and the recommendations from the country programme mid-term review, with supporting data from the demographic and health survey and third multiple indicator cluster survey carried out in 2006. The one-year programme is an extension of the previous programme, with some minor amendments resulting from the mid-term review: the refocusing of the geographical coverage on 12 communes and four urban neighbourhoods to follow the national decentralization strategy; the reformulation of the integrated basic services programme into two components, for community-based development and water, sanitation and hygiene (WASH); and the

reinforcement of the nutrition component to ensure a shift from emergency response to a more sustainable approach.

9. The strategic priorities for 2008 will be: (a) ensuring the survival of children, especially those under immediate threat from acute malnutrition; (b) continuing the development and scaling-up of high-impact, low-cost interventions for child survival, development, protection and participation, based on such innovative strategic approaches as accelerated child survival and development (ACSD) and child- and girl-friendly schools; (c) reinforcing the legal and strategic framework in support of children; and (d) strengthening partnerships with the Government, international partners, civil society and the media to ensure the realization of child rights. The country programme will continue to have a national scope and use innovative strategic approaches in 12 selected communes in Maradi, Zinder, Agadez and Tahoua regions, and in four extremely poor neighbourhoods in the urban areas of Niamey, Maradi, Zinder and Tahoua.

### **Programme components**

10. The **health and nutrition** programme includes three components, on: (a) child survival, focusing on implementation and scaling-up of a package of high-impact interventions, support at policy and strategy levels for strengthening the health system, including emergency preparedness, and national efforts for polio eradication and measles control; (b) nutrition, which will continue to ensure the treatment of children affected by acute undernutrition, while reinforcing the sustainability of nutrition recuperation services and promoting community-based prevention activities, in order to ensure a progressive shift from a nutritional emergency to an integrated and sustainable approach to prevention and treatment of undernutrition; and (c) reproductive health and the fight against HIV/AIDS, which will reinforce the performance of maternal care services, particularly at the referral level, and prevention of mother-to-child transmission of HIV and paediatric care for children infected and affected by HIV.

11. The **basic education** programme includes: (a) the primary education component, which aims to increase school enrolment, particularly for girls, by promoting and scaling-up strategies to ensure the availability of and access to quality basic education services according to the child- and girl-friendly schools model, including life-skills programmes and HIV/AIDS prevention at school; and (b) the non-formal education and childhood development component, which will continue to support the implementation of the national early childhood development policy, particularly through increased intersectoral coordination and community participation, as well as the development and implementation of a national policy on non-formal education and strategies to ensure access to literacy, life-skills and HIV/AIDS prevention programmes for out-of-school youth and illiterate adults.

12. The **child protection** programme has two components: (a) legal protection, to ensure an adequate legal framework and access to a performing, decentralized system to support the realization of child rights, with an emphasis on juvenile justice and the availability of quality data. Focus will be also given to the development of national strategies to increase the availability of quality birth registration and other services for the protection of child victims of violence and abuse; and (b) capacity development for children, which will continue to focus on

child victims of exploitation and neglect, including orphans and vulnerable children, as well as women, through the development of a strong partnerships with state structures, civil society and other partners and reinforcement of their capacities.

13. The **integrated basic services** programme reflects changes arising from the mid-term review. The community-based development for children component will focus on the development of policies and strategies for the realization of children's and women's rights at the communal level, in line with the national decentralization policy and giving more autonomy to communes for planning, monitoring, evaluation and budgeting of local development programmes. Particular attention will be given to the development of models for community participation in the management of basic social services. Innovative strategic approaches will be implemented in the 12 selected communes. The WASH component will support access to clean water and adequate sanitation for families, schools and health centres in the four regions and particularly in the 12 communes targeted by the country programme. It will also support national efforts for dracunculiasis (guinea worm disease) eradication and for the prevention and management of cholera epidemics.

14. Under the **planning, evaluation and communication** programme, there are four components. The planning component will continue to reinforce national planning capacities using results-based management and the human rights approach, and will continue to complement the evaluation component, which aims to develop a culture of evaluation through the reinforcement of national capacities and the dissemination of *NigerInfo*, the national adaptation of DevInfo, to ensure the availability of quality data for planning purposes at different levels. The communication component will continue to promote social demand for the realization of children and women's rights through the reinforcement of capacities and partnerships with national media and political, traditional and religious leaders and the reinforcement of child participation in advocacy and social mobilization activities. International media and donors will remain a key target to maintain resource mobilization at a high level. The communication for development component will continue to focus on the development of adequate strategies and tools for the promotion of behavioural change at family and community levels in favour of the realization of children's and women's rights, including the prevention of HIV/AIDS. The strategy includes reinforcement of communication channels at the community and rural levels.

15. **Cross-sectoral costs** will continue to cover administrative costs and ensure the availability of adequate human resources to support country programme implementation.

## Major partnerships

16. Partnerships with government, national and international partners at policy and strategic levels will continue to be implemented as part of the poverty reduction strategy and national development programme coordination mechanisms. The harmonization of the new UNDAF cycle with the national planning calendar will help to reinforce coordination between the United Nations system and national partners. Partnerships with national and international non-governmental organizations will continue to be essential for implementation of activities at the

community level, particularly concerning the management of nutritional recuperation services.

### **Monitoring and evaluation**

17. An updated analysis of the situation of children and women will take place in 2007. No major evaluations or changes in the country programme management mechanisms are planned for 2008. The implementation of the integrated monitoring and evaluation plan for 2008 and the utilization of *NigerInfo*, which will be operational at national, regional and district levels, will provide reliable analytical information and disaggregated statistics to measure progress and changes in the situation of children and women, for planning and advocacy for social policy.

18. National capacities on the use of the Marginal Budgeting for Bottlenecks tool for planning and management of interventions on health and nutrition will be strengthened. Technical support will be also provided to the medium-term expenditure framework (MTEF)<sup>1</sup> which is being implemented in Niger for the health and education sectors in order to improve targeting and funding of child survival and development priorities.

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<sup>1</sup> The MTEF is an effective planning policy instrument based on a three-year roll-out plan and is a fiscal framework in which revenue receipts are realistically projected on the basis of forecasted growth and non-revenue receipts on the basis of aid agreements and on the prospects for domestic and external market borrowing, which are themselves based on the country's debt situation and on the macroeconomics stabilization requirements.

## Summary results matrix: Government of Niger — UNICEF country programme 2008

UNICEF MTSP Focus Area	Key results expected in this focus area/baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to:
<b>1. Young child survival and development</b>	Increase immunization coverage for all antigens up to 80%  Expanding coverage of high-impact maternal, newborn and child survival packages from 2 to 18 health districts	Rates of coverage for measles and DPT3 immunization	Statistics Yearbook of Health	Ministry of Health (MoH), WHO, European Union (EU), the World Bank (WB)	WFFC and MDG1 expected impact: to improve child survival in Niger  UNDAF expected outcome to WFFC and MDG4 & 5: promote healthy lives to reduce prevalence of child diseases is reduced
		Proportion of births attended by skilled health personnel (doctors, nurses, midwives)	Statistics Yearbook of Health	MoH, WHO, EU, WB	
		Number of health districts in which ACSD is implemented	Statistics Yearbook of Health	MoH, WHO, EU, WB	
		Number of cases of polio virus	Statistics Yearbook of Health	MoH, Rotary, WHO, EU, WB	
		Rate of use of insecticide-treated nets	Household survey on Insecticide-treated net use	MoH, Global Fund, WHO, EU, WB	
		Rate of use of anti-malarial drugs	Statistics Yearbook of Health	MoH, WHO, EU, WB	
	60% of population have access to safe drinking water and 30% to improved sanitation facilities in 12 communes targeted by country programme (baseline: 44.4% in 2006)	% Population using improved drinking water sources	Statistics Yearbook of Health	Ministry of the Env. UNDP	UNDAF expected outcome to MG1: Fight against hunger and under nutrition among children and mothers
		% Population using improved sanitation facilities	Statistics Yearbook of Health	MoH	
	The nutrition status of children is improved: underweight prevalence (moderate and severe) is reduced from 42.1% in 2006 to 35% in 2008	Number of villages implementing community surveillance of child growth	Statistics Yearbook of Health	MoH, WHO, WFP, NGOs	
		Proportion of infants under 6 months who are exclusively breastfed	Nutrition survey	MoH, WHO, WFP, NGOs	
		Underweight prevalence (moderate and severe)	Nutrition survey	MoH, WHO, WFP, NGOs	
		stunting prevalence (moderate and severe)	Nutrition survey	MoH, WHO, WFP, NGOs	
		Wasting prevalence (moderate and severe)	Nutrition survey	MoH, WHO, WFP, NGOs	
		Percent of children aged 6-59 months who receive vitamin A	Statistics Yearbook of Health	MoH, WHO, WFP, NGOs	
		75% of households use iodized salt	Nutrition survey	MoH, WHO	

UNICEF MTSP Focus Area	Key results expected in this focus area/baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to:
<b>2. Basic education and gender equality</b>	Access to pre-school programme is improved from 2 to 2.5%	% of children aged 3-6 years who attend the pre-school programme	Statistics Yearbook of Education	Ministry of Education	UNDAF expected outcome to WFFC and MDG2 &3 : improve primary school enrolment, retention and completion rate specially for girls  Promote the quality of education  Improve the achievement at primary school
	51% of boys and girls are able to complete the full course of primary schooling	Net enrolment ratio in primary education	Statistics Yearbook of Education	Ministry of Education	
		Secondary school net attendance ratio	Statistics Yearbook of Education	Ministry of Education	
	Reduce gender disparities at primary school	Gross enrolment ratio in primary and secondary education, gender parity index	Statistics Yearbook of Education	Ministry of Education	
		Literacy rate	Statistics Yearbook of Education	Ministry of Education	
		Number of preschool centre implementing I-ECD package	Statistics Yearbook of Education	Ministry of Education	
<b>3. Child protection</b>	Access to registration of children at birth is improved from 25% to 35% in the 12 communes	% of children registered at birth	Ministry Annual Report	Ministry of Internal Affairs, NGOs	UNDAF expected outcome to Convention on the Rights of the Child and WFFC goal to improve the legal environment of protection of child
		Code of Child protection is adopted	Ministry Annual Report	Ministry of Justice and Promotion of Women and Children's Rights, NGOs	
	Improved legislation, policies and standards on key child protection issues	% of children in conflict with law receiving adequate assistance	Ministry Annual Report	Ministry of Justice and Promotion of Women and Children's Rights, NGOs	
		% of 2-14 yr-old children who experienced psychological or physical punishment, being protected	Ministry Annual Report	Ministry of Justice and Promotion of Women and Children's Rights, NGOs	
		% of identified OVCs receiving adequate assistance	Ministry Annual Report	Ministry of Promotion of Women and Children's Rights, NGOs	



UNICEF MTSP Focus Area	Key results expected in this focus area/baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this focus area will contribute to :
<b>4. HIV/AIDS and children</b>	To halt the spread of HIV/AIDS	HIV prevalence among young pregnant women aged 15-24 years in antenatal services	HIV/AIDS survey	MoH, WHO, UNFPA	UNDAF expected outcome to MDG6 to reduce prevalence of HIV among children, youth and mothers; and to reduce the prevalence of malaria
		Comprehensive correct knowledge of HIV among 15-24 year old men and women	HIV/AIDS survey	MoH, WHO, UNFPA	
		Condom use during last sexual intercourse among 15-24 year old men and women	HIV/AIDS survey	MoH, WHO, UNFPA	
		% of mothers with positive test of HIV who benefited of treatment	Statistics Yearbook of Health	MoH, UNFPA, WHO	