Goal
Reduce early marriage and early pregnancy in a critical mass of communities in all regions of Niger.

Early Results (December 2014 – June 2015)
- When the program began, 69 percent of the girls never attended school, but thanks to the literacy classes, 25 percent of girls reached a satisfactory level of above average at reading at the end of program.
- When the program began, seven percent of girls used a modern method of family planning; this was 13.2 percent at the end of the program.
- 57 adolescents have been sufficiently empowered to be able to say no to an early marriage planned for them during the program.
- More than 40,000 people participated in the 858 community dialogues that focused on early marriage and its harmful consequences.
- Adolescent girls who have graduated from the program wish to marry at 19, have their first child at age 21, and give birth in their lives to six children compared to survey results that show on average Niger women want eight, nine, ten or even 11 children.

2016-2018 Funding: US$1,000,000 to UNFPA

Initiative for adolescent girls in Niger: Knowledge for dignity

Background
Early marriage is a form of sexual and gender-based violence with detrimental physical, social and economic effects. Niger has the highest child marriage rate in the world with 77 percent of girls married by age 18 and 30 percent married by age 15. Forty-two percent (42%) of adolescent girls give birth before the age of 17. A high proportion of school-aged girls are not in school and 73 percent of adolescent girls, ages 15-19, cannot read or write.

Project Beneficiaries
With an average program cost of US$85 per girl, funding from Zonta International will cover the participation of approximately 11,000 adolescents from 2016-2018. In addition, parents, relatives and peers also benefit from knowledge shared by the girls, including valuable health and hygiene information.
Strategies and Activities

- Safe spaces are established in youth centers, health centers and town halls where girls feel safe and can receive non-formal education.
- Trained mentors educate the adolescent girls, act as role models, and interface between the girls, their parents and the community.
- Girls receive a holistic program of services from their mentors, including basic literacy training, establishment of birth certificates, knowledge on issues of sexual and reproductive health, use of health services, self-esteem, decision-making, making their voices heard, financial management, life skills and a health check-up.
- Mentors conduct home visits to transmit knowledge to the parents, argue against early and forced marriage and teenage pregnancy, and promote the rights and reproductive health of the girls.
- Community involvement is achieved through community dialogues on key issues such as girls’ education, teenage pregnancy and its negative consequences, early and forced marriage, family planning and reproductive health, girls’ human rights and gender-based violence.
- Advocacy is undertaken at the national level to encourage parliamentarians, decision-makers and traditional chiefs to:
  - Vote for laws against child marriage and for mandatory education for girls.
  - Promote public positions against child marriage and early pregnancy.
  - Take action to protect girls from child marriage.
  - Provide increased resources for programs that are girl-centered and focus on girls’ empowerment.

Expected Outcomes

Adolescent girls level:
Adolescent girls are healthy, educated and reinforced with essential life skills, knowledge and resources, enabling them to defend their rights, reduce vulnerability, and participate in the socio-economic development of their communities.

Community level:
Traditional and religious leaders, parents and others who have power are involved in positive change of social norms in their communities and promote later marriages and pregnancies.

National level:
Existing laws on the age of marriage (currently 14 for girls) are reviewed and improved, and multidimensional needs of adolescents are addressed in national policies and programs.

Niger by the numbers (from The World Bank’s World DataBank)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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<tbody>
<tr>
<td>Population</td>
<td>18.5 million</td>
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<tr>
<td>2015 Human Development Index Rank</td>
<td>188 (Scale 1-188, where 1 is highest)</td>
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<tr>
<td>Gender Inequality Index (GII)</td>
<td>.713 (higher the GII, greater disparity between men and women)</td>
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<tr>
<td>Population below $1.25 (PPP) per day</td>
<td>40.8 percent</td>
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<tr>
<td>Maternal Mortality Ratio</td>
<td>630 deaths per 100,000 births</td>
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<td>Infant Mortality Rate</td>
<td>59.9 deaths per 1,000 live births</td>
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<tr>
<td>Births attended by skilled health workers</td>
<td>29.3 percent</td>
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<tr>
<td>Contraceptive prevalence rate</td>
<td>13.9 percent</td>
</tr>
<tr>
<td>Female enrollment in primary education</td>
<td>unknown</td>
</tr>
<tr>
<td>Violence against Women (ever experienced)</td>
<td>unknown</td>
</tr>
<tr>
<td>Seats held by women in Parliament</td>
<td>13.3 percent</td>
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<tr>
<td>Internet Users</td>
<td>2 percent of population</td>
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