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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Niger

Proposed indicative UNFPA assistance:	\$61.5 million: \$15.0 million from regular resources and \$46.5 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Tenth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

Note: The present document was processed in its entirety by UNFPA.



I. Programme rationale

1. Niger has a population of 23,591,983 million; adolescents and youth under the age of 25 represent 69.2 per cent of the population. Women make up 50.3 percent of the population; 84 per cent of women live in rural areas and 40 per cent are of reproductive age. Young people under the age of 15 represent 49.7 per cent of the population, with a dependency rate of 109 per cent in 2021 (ENAFEME, 2021).¹ The population is projected to double every 18 years; the annual demographic growth rate is 3.9 per cent (Census, 2012) and remains the highest in the world. The life expectancy at birth is an estimated 62.4 years. More than half of children aged 7-16 years (2.6 million) are not in the education system (EADE, 2018).² This demographic profile indicates that Niger has a window of opportunity to harness the demographic dividend (World Bank, 2016). To capitalize on this opportunity, targeted investments in sexual and reproductive health, education and the empowerment of young people are essential in leveraging their ability to achieve their full potential.

2. Only 48.47 per cent of the population has access to health services within 5 square kilometres distance from where they live. The maternal mortality ratio remains high, despite decreasing from 648 per 100,000 live births in 2006 to 520 per 100,000 live births in 2015 (ENISED, 2016).³ The assisted delivery rate is also weak (43.6 per cent) (ENAFEME, 2021). The management of obstetrical care complications is also weak (31 per cent) Adolescent girls aged 15-19 years account for 34 per cent of the maternal mortality ratio. The fertility rate has dropped (from 7.6 children per woman in 2012 to 6.2 children per woman in 2021) but the contraceptive prevalence rate is stagnant (around 11 per cent) (ENAFEME, 2021). The contribution of adolescent girls to the fertility rate has declined (from 14 per cent in 2012 to 10.6 per cent in 2021). The unmet need for family planning is estimated at 19.7 per cent. The obstetric fistula prevalence is 0.2 per cent (DHS, 2012).

3. The human development index is 0.321 for women and 0.443 for men. The estimated gender development index is 0.724 (compared to 0.867 for Burkina Faso and 0.764 for Chad). Niger is thus among the countries where the level of gender equality is considered low (absolute difference in gender parity greater than 10 per cent). These inequalities are even more noticeable through the Gender Inequality Index, which reflects the gaps between three areas: (a) reproductive health (b) empowerment; and (c) economic activity of women; it shows that Niger (0.642) is relatively far from the level of sub-Saharan Africa (0.570). These results, consistent with the level of gender development in the country (0.724), reflect women's poor access to reproductive health services and their low social status and lack of economic empowerment. Gender-based violence and harmful practices (GBV/HP) are of great concern: 38.2 per cent of cases involve adolescent girls and young women. Sexual violence and economic violence have a prevalence of 6.6 per cent and 2.8 per cent, respectively. The denial of opportunity for women due to economic violence is high (14.6 per cent), although the harmful practice of female genital mutilation is not high in Niger (0.7 per cent). Child marriage is the most prevalent type of GBV, with 29 per cent of girls married before the age of 15 and 65 per cent before 18 (ENAFEME, 2021). The representation of women in parliament stands at around 30 per cent and women make up only 14.7 per cent of government and administrative positions. Child marriage and the low social status of women and girls are the major drivers of population growth, maternal mortality and obstetrical fistula in Niger.

4. The humanitarian situation is worsening. The vulnerability index in the regions of Diffa, Tillabéri and Tahoua is very high (more than 6). Besides the COVID-19 pandemic, which continues to negatively affect the economic and social well-being of the population, Niger is experiencing an unprecedented security threat after multiple terrorist attacks, particularly in the Liptako Gourma region – the three-border zone of the Sahel region (Tillabéri); and the continuing attacks of Boko Haram and other terrorists group in the Lake Chad basin region (Diffa). Conflicts at the borders with Nigeria and Mali as well as the deteriorating situation in Libya are also impacting other regions, such as Maradi, Tahoua, and Agadez. This has resulted in massive population movements.

¹ Enquête Nationale sur la Fécondité et la Mortalité des Enfants de moins de cinq ans (ENAFEM) [National Survey on Fertility and Mortality of Children under age five], published by the National Institute of Statistics of Niger.

² Analyse du secteur de l'éducation (EADE) [Analysis of the Education Sector], published by UNESCO.

³ Etude Nationale d'Evaluation d'Indicateurs Socio-Economiques et Démographiques (ENISED) [National Study for the Evaluation of Socio-economic and Demographic Indicators], published by the National Institute of Statistics of Niger.

According to the 2022 humanitarian needs analysis report, over 1,115,018 people need protection, with women and adolescent girls accounting for more than half.

5. According to the national survey undertaken on fertility and child mortality (ENAFEME, 2021), the study on the scope and drivers of gender-based violence (GBV Survey, 2021) and the impact evaluation of the ‘Illimin’ (elimination of child marriage and empowerment of adolescent girls) programme, significant achievements were made by the previous country programme. It contributed significantly to the declining fertility rates (down from 7.6 in 2012 to 6.2 in 2021) and child marriage levels (down from 76 per cent to 65 per cent of girls married before age 18 between 2012 and 2021).

6. Specific achievements are: (a) *reproduction health*: roll-out of comprehensive sexuality education in secondary schools and its integration in teacher training faculties; the provision of modern contraceptives and sound partnerships with civil society organizations (CSOs) led to the recruitment of more than 300,000 new family planning users; strengthening the logistic management information system leading to minimal stock-outs; ensuring access to quality emergency obstetric and neonatal care services by increasing the number of emergency obstetric and neonatal clinics from 42 to 95; (b) *adolescents and youth*: increased empowerment and comprehensive sexuality education of 170,000 out-of-school adolescent girls aged 10-19 years participating in the Illimin programme; increased investments in the economic empowerment of 26,137 adolescent girls; supported 10 youth and adolescent networks for their empowerment; enhanced partnerships with 256 traditional leaders to support the transformation of social norms; and South-South cooperation with religious leaders in Chad, Egypt, Indonesia and Morocco who attended a regional symposium on Islam and sexual and reproductive health (SRH) held in 2021 and signed strong commitments to eliminate child marriage and promote family planning and gender equality; (c) *gender equality and human rights*: policy gains in gender equality, with the increased registration of more than 5 million people (55 per cent women) in the recent elections held in 2021; building capacity of 103,660 scholars in Islamic schools for consolidating peace and promoting human rights; development of a gender-based violence prevention and response strategy in partnership with the representatives of the security forces (gendarmerie and police) and the judiciary system; all 17,091 notified GBV/HP cases have been treated; a digital platform has been established; (d) *humanitarian*: operationalization of the humanitarian strategy, with the implementation of a one-stop centre providing holistic services to victims; and a joint intervention with the Office of the United Nations High Commissioner for Refugees (UNHCR) to provide SRH and GBV/HP services in refugee camps; (e) *population*: supported the design and adoption of the National Population Policy, prioritizing population and the demographic dividend in five national policies and strategies.

7. Key lessons learned include: (a) viable data depends heavily on the existence of a common consolidated online platform for accessible data management, (b) more significant impact with fewer resources can be gained through the concentration of service delivery in specific geographic regions; (c) partnership with traditional leaders facilitates the engagement of youth in community networks and amplifies their role as agents of change (safe spaces and ‘future husband clubs’, paralegals in the fight against GBV/HP, integration of youth in community networks for peace and development, recruitment of young people as agents for community-based distribution); (d) South-South cooperation (with Chad, Egypt and Indonesia) on good practices could facilitate and strengthen the implementation of new, culturally sensitive initiatives; (e) positioning the police, gendarmerie and the judicial system as central actors in the fight against GBV/HP has led to the integration of related activities in their traditional, daily interventions, enhancing sustainability; and (f) political dialogue at the highest level improves alignment of programme interventions to government priorities.

II. Programme priorities and partnerships

8. The Government has produced a vision document entitled Niger 2035: Strategy for Sustainable Development and Inclusive Growth (SDDCI); one of the six priorities of Niger 2035, guiding the acceleration of socio-economic development, is “mastering demographic growth to bring it to a rate compatible to the economic growth rate”.

9. The proposed country programme for 2023-2027 was developed in consultation with the Government, United Nations agencies, development partners and civil society organizations. It is in line with the national priorities, as outlined in the Economic and Social Development Plan, 2023-2027, Axis 1: “Human capital development, inclusion and solidarity”, and is aligned with the 2030 Agenda for Sustainable Development, the African Union Agenda 2063, the ICPD Programme of Action and the national voluntary commitments made at ICPD+25 in Nairobi. It is grounded in the UNFPA Strategic Plan, 2022-2025, and outcomes 1 and 2 of the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Niger, 2022-2026. The country programme will contribute to the Sustainable Development Goals (SDGs) 3, 4, 5, 10, 16 and 17, and focus on the three transformative results of UNFPA. The main target groups are women and youth, with a particular focus on adolescent girls and other furthest left-behind groups, including people with disabilities, the poor, nomadic people, and those living in hard-to-reach areas.

10. In line with government priorities, a particular emphasis will be placed on the transformation of social norms and behavioural change to strengthen family planning, reduce child marriage and enhance girls’ empowerment. Adolescents and youth will be at the core of the new programme as key stakeholders in initiatives to reduce child marriage and as agents of change to accelerate the decline in the total fertility rate. The partnership with influential youth networks will be strengthened through innovative approaches (‘miss intellect’ awards for girls, youth school health clubs), and through increased synergies and linking with other ongoing initiatives – such as the Sahel Women’s Empowerment and Demographic Dividend (SWEDD) project; the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage; Breaking Barriers for Girls Education; the French Muskoka Fund; the Spotlight Initiative; and the Illimin programme – to develop economies of scale and foster a cross-fertilization of impact.

11. Traditional leaders are committed to being agents of change in the transformation of the social norms and contribute to the scaling-up of innovation programmes – Illimin Safe Spaces for Child Brides and Schools for Husbands – by supporting gender-transformative approaches and empowerment initiatives for women and girls. Others new initiatives include the institutionalization of comprehensive sexual education curricula at teachers’ training schools, university faculties and in boarding schools; mainstreaming GBV/HP prevention and response into the regular training programmes for the police and gendarmerie; and providing technical support to the National Population Office recently established by the President of Niger to accelerate the demographic transition of Niger.

12. Pilot initiatives with proven results will be scaled up and successful evidence-based projects will be extended. The programme will focus on policy dialogue and evidence-based advocacy, knowledge management and strategic partnerships at the national level, as well as service delivery and capacity development in six regions, comprising 80 per cent of the population, which have the lowest contraceptive prevalence rates (below 11 per cent for Maradi, Zinder, Tahoua, Tillabéri) or the highest rates of gender-based violence (above 14 per cent for Maradi, Zinder, Tillabéri, Dosso). Humanitarian activities will focus on two regions (Diffa and Tillabéri) and aim to bridge the humanitarian-development continuum, targeting internally displaced persons and refugees, with the involvement women and youth, focusing on social cohesion and resilience along with development interventions. In light of the deteriorating security situation in Niger, humanitarian activities might be extended to the regions of Tahoua and Maradi.

13. Based on the investment cases that are being developed to achieve the three transformative results, UNFPA will propose a partnership framework to donors, financial partners and international or national civil society organizations (particularly youth-led and women-led groups) in carrying out important initiatives in the regions. Specific synergies will be developed with partners that invest in common thematic and geographic areas of interest (sexual and reproductive health in Tillabéri; accelerated reduction of maternal and child mortality in Dosso).

14. In line with ‘delivering as one’, UNFPA will continue to partner with UNICEF to eliminate child marriage; with UNHCR to provide SRH and GBV prevention and care services in refugee camps; with the World Health Organization (WHO) and UNICEF to strengthen girls’ education; with UNDP and UN-Women to eliminate violence against women and girls; and with UNICEF, UN-Women and WHO to implement the Muskoka initiative on maternal and child health. UNFPA will

also strengthen its partnership with the World Bank through SWEDD and with the Global Financing Facility to scale up the Illimin and Future Husbands' Schools initiatives.

A. Output 1: National capacities to increase demand and secure reproductive health commodities and to provide quality family planning services, including in humanitarian settings, are improved to accelerate the demographic transition

15. This will be achieved by (a) rolling out a massive community dialogue initiative and multi-stakeholder communication campaigns for behavioural change to increase demand, in line with Ouagadougou Partnership commitments; (b) upgrading the national logistics management system; (c) supporting the implementation of innovative and efficient supply chains, including community-centred 'last-mile' distribution and service provision through community health workers and centres; (d) reinforcing a multisectoral approach and partnership to operationalize the demographic dividend with the National Population Office; (e) providing technical support for surveys and the demographic and housing census; (f) coordinating support to implement the national population policy, the health development plan and SRH related strategies including the Costed Implementation Plan for Family Planning, 2021-2025, using evidence from investment cases; (g) providing services in humanitarian settings; and (h) continuing advocacy for increased domestic investments by 2030 and resources mobilization for family planning, including for contraceptive purchases.

B. Output 2: Strengthened national capacities to provide a continuum of high-quality essential and emergency obstetric and newborn care for women, adolescents and youth and other vulnerable groups, including in the humanitarian settings

16. UNFPA will (a) enhance the emergency obstetrical care and assisted birth delivery through midwifery, including mentorship programme aimed at improving the capacities of new midwives, with experienced midwives serving as mentors; (b) reinforce obstetric fistula prevention and repair; (c) roll out innovative approaches such as a performance-based motivation system; (d) roll out mobile clinics strategically to reach those furthest left behind; (e) support a national maternal death review and response system; (f) implement the Minimum Initial Service Package for sexual and reproductive health in crisis situations to address the humanitarian-development-peace continuum, as well as youth, women and peace and security issues, and enhance national institutional capacities through social workers, psychologists, paralegals and midwives for service provision as well as social cohesion and resilience activities, in humanitarian settings; (g) develop strategic partnerships, including with the private sector, for the implementation of a 'whole-of-market' approach.

C. Output 3: Young people, particularly adolescent girls, in intervention areas have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and their well-being, including in humanitarian settings

17. UNFPA will (a) scale up national advocacy efforts to eliminate child marriage and child pregnancy and to keep girls in school; (b) scale up the Illimin programme to reach out to the most marginalized adolescent girls, with particular focus on girls' economic empowerment, in synergy with SWEDD, including in humanitarian settings; (c) acting as co-lead of joint programmes, such as the Global Programme to Accelerate Action to End Child Marriage and Breaking Barriers for Girls Education; (d) support the integration of the comprehensive sexuality education module in the curricula of education faculties; (e) develop social media content and advocate for its dissemination to private-sector telephone operators; (f) advocate with traditional chiefs and religious leaders for the need for comprehensive sexuality education, digital libraries, e-learning, introduction of comprehensive sexuality education in in curricula of boarding schools, secondary school teachers' training and universities and training centres, including in humanitarian settings; (g) support the provision of sexual and reproductive health services through health clubs; (h) extend the 'Miss Intellect' campaign; (i) build capacity of community facilitators and roll out community intergenerational dialogues on population and sexual and reproductive health; (j) continue to advocate for the participation of youth and the integration of youth-related issues in policies, plans and programmes; and (k) roll out community dialogue initiatives with traditional communicators.

D. Output 4: National institutions and communities have enhanced capacities to prevent and address gender-based violence and harmful traditional practices and to empower women and girls and protect their rights, including in humanitarian settings

18. UNFPA will: (a) co-ordinate the implementation of the national strategy on GBV/HP including through the Spotlight Initiative; (b) make available high-quality data on GBV/HP including in and out of schools and in humanitarian settings; (c) support the development and roll-out of a GBV prevention and response training module; (d) support existing mechanisms and initiate community-based mechanisms to identify, report and address GBV/HP; (e) build capacity of front-line responders in providing rapid high-quality response; (f) support the operationalization of one-stop-centre services in mother-and-child health centres; and (g) partner with traditional chiefs and parliamentarians to combat GBV.

III. Programme and risk management

19. The key risks to programme implementation are: (a) increased insecurity in Diffa, Tahoua and particularly in Tillaberi, due to scaled-up cross-border conflicts; (b); increased social dissatisfaction around resource allocations, with less social investments, due to diminishing resources and the increased transfer of resources to security issues. A humanitarian response will be planned to mitigate any disruption. These risks will be addressed by implementing a multi-risk contingency plan and making local arrangements for the prevention and management of crises and disasters, in line with UNSDCF priorities.

20. UNFPA will use the implementation of the harmonized approach to cash transfers as a mitigation measure for compliance so that fiduciary responsibilities are in accordance with its policies. Programme implementation through implementing partners will continue to be the preferred modality. A staffing plan with the appropriate skills mix will be established so that the country office is able to deliver the envisioned results. Additional support will be requested, as needed, through South-South cooperation or from regional support teams, other country offices or individual consultants.

21. UNFPA will regularly assess the security, operational, socio-political and fraud risks associated with the programme and implement a risk reduction plan. The country office will strengthen the capacity of implementing partners to prevent financial loss and support cost-effective programme delivery. The resource mobilization and partnership plan will be updated periodically so that required adjustments are made to guarantee the availability and proper use of funding.

22. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

23. The UNFPA monitoring system will be integrated into the monitoring systems of the Niger Social and Economic Development Plan, 2022-2026, and the UNSDCF. Relevant government institutions and UNFPA will monitor and evaluate the country programme, in accordance with UNFPA policies and procedures. The newly created National Population Office, under the Cabinet of the President, will oversee population-related activities aimed at accelerating the demographic transition. The Ministry of Planning will ensure overall coordination and undertake quarterly and annual programme reviews with the participation of stakeholders. Sectoral line-ministries and civil society organizations will implement operational interventions at the national and regional levels. UNFPA, jointly with its partners, will conduct field monitoring visits to assess workplan implementation and results achievement. The country programme contributions and achievements will be mainstreamed into the annual UNSDCF reviews, monitoring, and evaluation activities. A final evaluation of the programme will be conducted at the end of the cycle to identify key programme achievements, constraints and lessons learned to inform the development of the next programme cycle.

RESULTS AND RESOURCES FRAMEWORK FOR NIGER (2023-2027)

NATIONAL PRIORITY: 1: Human capital development is sustained and inclusive. 2: The country is well governed in a secure space. (SDGs 3, 4, 5, 10, 16 and 17)				
UNSDCF OUTCOME: By 2027, populations including women, children, adolescents, youth (boys and girls) and vulnerable groups have inclusive, equitable and enhanced access to quality basic social services, decent work, social protection and protection from harmful practices.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: 1: By 2025, the reduction of unmet need in family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> Maternal mortality ratio <i>Baseline: 520 per 100,000 live births (2015); Target: 371 per 100,000 live births (2027)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Contraceptive prevalence rate <i>Baseline: 11% (2021); Target: 20% (2027)</i> 	<p>Output 1. National capacities to increase demand and secure reproductive health commodities and to provide quality family planning services, including in humanitarian settings, are improved to accelerate the demographic transition.</p>	<ul style="list-style-type: none"> Number of new users of modern contraceptives in the intervention areas <i>Baseline: 308,122 (2021); Target: 808,122 (2027)</i> Number of community-based actors in sexual and reproductive health deployed <i>Baseline: 91 (2021); Target: 200 (2027)</i> Proportion of service-delivery points without stockouts of family planning commodities for the past three months <i>Baseline: 67% (2021); Target: 84% (2027)</i> 	Ministry of Public Health, Population and Social Affairs, United Nations organizations, CSOs, SWEDD; Association of Traditional Chiefs, Association of religious leaders	\$22.5 million (\$4.0 million from regular resources and \$18.5 million from other resources)
<p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of births attended by a skilled health worker <i>Baseline: 43.6 % (2021); Target: 51.9 % (2027)</i> 	<p>Output 2. Strengthened national capacities to provide a continuum of high-quality essential and emergency obstetric and newborn care for women, adolescents and youth and other vulnerable groups, including in the humanitarian settings.</p>	<ul style="list-style-type: none"> Number of health centres upgraded to offer basic emergency obstetric care in the intervention areas <i>Baseline: 139 (2021); Target: 189 (2027)</i> Number of obstetric fistula cases repaired with UNFPA support <i>Baseline: 0 (2021); Target: 2,000 (2027)</i> Percentage of health facilities in humanitarian settings implementing the Minimum Initial Service Package <i>Baseline: 0 (2021); Target: 60% (2027)</i> 	Ministry of Public Health, Population and Social Affairs, United Nations organizations, CSOs	\$15.5 million (\$4.0 million from regular resources and \$11.5 million from other resources)
NATIONAL PRIORITY: PDES, 2023-2027. Global Effect 1: Human capital development is sustained and inclusive. Global Effect 2: The country is well governed in a secure space. SDGs 3, 4, 5, 10, 16 and 17.				
UNSDCF OUTCOME: 1: By 2027, national and local institutions improve the application of legal and regulatory frameworks, the efficiency, accountability, inclusiveness and equity of the implementation of public policies to promote quality public services to communities and families of targeted areas, including in humanitarian settings. 2: By 2027, populations, including women, children, adolescents, youth (boys and girls) and vulnerable groups, have inclusive, equitable and enhanced access to quality basic social services, decent work, social protection, and protection from harmful practices.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: 1: By 2025, the reduction of unmet need in family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources

<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> • Rate of community satisfaction with the delivery of quality public services <i>Baseline: 85% (2020); Target: 100% (2027)</i> • Proportion of women aged 15-49 years making informed decisions about health care, household purchases and family visits <i>Baseline: 12.3% (2012); Target: 20% (2027)</i> • Proportion of population having experienced physical, psychological or sexual violence in previous 12 months <i>Baseline: 7.8% (2021); Target: 5% (2027)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Prevalence of child marriage <i>Baseline: 65.0% (2021); Target: 54.1% (2027)</i> 	<p><u>Output 3.</u> Young people, particularly adolescent girls, in intervention areas have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and their well-being, including in humanitarian settings.</p>	<ul style="list-style-type: none"> • Number of teachers’ training institutions implementing comprehensive sexuality education through new curricula <i>Baseline: 0 (2021); Target: 3 (2027)</i> • Number of school health clinics that offer sexual and reproductive health and rights services <i>Baseline: 5 (2021); Target: 20 (2027)</i> • Number of secondary schools with functional ‘school health clubs’ <i>Baseline: 8 (2021); Target: 23 (2027)</i> • Number of youth networks focusing on populations issues (leadership, demographic dividend, humanitarian peace building and sexual and reproductive health and rights) <i>Baseline: 0 (2021); Target: 15 (2027)</i> • Number of adolescent girls, including girls with disabilities, reached by girl-centred programmes (Illimin and SWEDD) that build their life-skills, health and social and economic assets <i>Baseline: 172,453 (2021); Target: 217,453 (2027)</i> 	<p>Ministry of Education, Ministry of Health, Ministry of Women’s Promotion and Child Protection, universities, CSOs, traditional leaders</p>	<p>\$17.8 million (\$2.8 million from regular resources and \$15.0 million from other resources)</p>
<p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Gender inequality index <i>Baseline: 0.642 (2019); Target: 0.598 (2027)</i> 	<p><u>Output 4.</u> National institutions and communities have enhanced capacities to prevent and address gender-based violence and harmful traditional practices and to empower women and girls and protect their rights, including in humanitarian settings.</p>	<ul style="list-style-type: none"> • Number of gender-based violence survivors who have received the minimum essential package of services in targeted areas <i>Baseline: 9,493 (2021); Target: 17,493 (2027)</i> • Number of traditional chiefs and parliamentarians engaged to promote the fight against GBV <i>Baseline: 91 (2021); Target: 300 (2027)</i> • Number of national policies, plans and programmes against gender-based violence including child marriage and female genital mutilation, aligned to national and international commitments <i>Baseline: 6 (2021). Target: 12 (2027)</i> 	<p>Ministry of Women’s Empowerment and Child Protection, Ministry of Health, the police, the gendarmerie, judicial institutions; National Commission on Human Rights; SWEDD, CSOs, World Bank, UNICEF, European Union, national and international NGOs implementing community initiatives</p>	<p>\$4.2 million (\$2.7 million from regular resources and \$1.5 million from other resources)</p>