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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Niger

Proposed indicative UNFPA assistance:	\$26.8 million: \$16.5 million from regular resources and \$10.3 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2009-2013)
Cycle of assistance:	Seventh
Category per decision 2007/42:	A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	8.9	6.9	15.8
Population and development	3.7	1.2	4.9
Gender equality	2.3	2.2	4.5
Programme coordination and assistance	1.6	-	1.6
Total	16.5	10.3	26.8



I. Situation analysis

1. Niger is a semi-desert, landlocked country in West Africa. The population was estimated at 13 million in 2007. With an annual growth rate of 3.3 per cent, the population is expected to double every 22 years. Children under 15 account for nearly 48 per cent of the population, and approximately 66 per cent of the population is younger than 25.

2. Poverty is widespread. An estimated 62.1 per cent of the population lives below the poverty line, many of whom are women in rural areas. Education and literacy levels are low. The gross primary school enrolment rate is 54 per cent. The literacy rate is 28.7 per cent, but is only 15.1 per cent among females.

3. The total fertility rate is high, at 7.1 children per woman. Adolescents aged 15-19 account for 14 per cent of the fertility rate. About 60 per cent of girls are married before the age of 15. The contraceptive prevalence rate for modern methods is low, at 5 per cent.

4. Health conditions are poor. Life expectancy at birth is at 54 years. The maternal mortality ratio is high, at 648 deaths per 100,000 live births. Contributing factors include early, multiple and late pregnancies and the low rate of assisted births (17.2 per cent). Thousands of women suffer from obstetric fistula, and there is a lack of emergency medical care. Harmful cultural practices, including female genital mutilation, persist.

5. The national HIV prevalence rate is low, at 0.7 per cent. However, the rate is higher among vulnerable groups, including sex workers (24 per cent) and members of the defence and security forces (4 per cent).

6. In 2007, the security situation deteriorated into an armed conflict in the north. The conflict poses a serious threat to socio-economic improvement.

7. The Government has adopted a series of policies, programmes and initiatives to deal with these challenges. They include: (a) an accelerated development and poverty reduction strategy (2008-2012); (b) a health development plan (2005-2010); (c) a reproductive health law; (d) a population policy statement; (e) a gender policy; (f) an AIDS control strategic framework; (g) the institutionalization of free health care (covering children under five as well as Caesarean sections, antenatal consultations, family planning, and testing and care for genital cancers); and (h) a reproductive health commodity security plan, and the creation of a national budget for such commodities. The Government and its partners have begun efforts to ensure the availability of high-quality data to better monitor national development programmes.

II. Past cooperation and lessons learned

8. During the sixth country programme (2004-2008), achievements in the area of reproductive health included the development of a health plan that emphasized reproductive health. The programme contributed to: (a) the implementation of an emergency obstetric and neonatal care development strategy; (b) the development of a reproductive health commodity security plan; (c) the establishment of a national network on obstetric fistula and a comprehensive obstetric fistula care programme; (d) the improvement of community-based services through the provision of mobile clinics in nomadic areas and the establishment of community support groups, emphasizing the involvement of men; (e) studies and research that seek to identify obstacles to the use of reproductive health services and increasing awareness of HIV among pregnant women and sex workers; and (f) an improved response to humanitarian and emergency situations.

9. Achievements in the area of population and development include: (a) advocacy and technical support for the adoption of a population policy; (b) the integration of population issues into the

poverty reduction strategy; (c) the adoption of a national environmental and population education policy; (d) the creation of an enabling environment for population issues; and (e) the building of strategic alliances with networks and associations of traditional chiefs, religious leaders, parliamentarians, communicators, the national university and civil society.

10. To reduce gender inequalities and inequities and promote human rights, the programme provided technical and financial support to the Ministry of Women's Promotion and Child Protection. This support helped to: (a) develop the national gender policy; (b) promote the exchange of experiences with other countries; and (c) revise the development and poverty reduction strategy to mainstream gender issues. The programme also strengthened partnerships with Islamic associations to promote women's rights, and with international and national non-governmental organizations (NGOs) to combat violence and discrimination against women.

11. Despite advocacy efforts, sociocultural attitudes hamper the application of national and international conventions such as the national family code, the Convention on the Elimination of All Forms of Discrimination against Women, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

III. Proposed programme

12. The proposed programme is aligned with the Programme of Action of the International Conference on Population and Development (ICPD); the Millennium Development Goals; the United Nations Development Assistance Framework (UNDAF), 2009-2013; the UNFPA strategic plan, 2008-2011; and national priorities. The programme is human rights-based and culturally and gender sensitive. The programme, which aims to improve the standard of living in Niger, has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

Reproductive health and rights component

13. The reproductive health component will focus on repositioning family planning in the development agenda and increasing the use of reproductive health services by the poorest segments of the population. It has two outcomes and three outputs. The outcomes are: (a) vulnerable populations adopt behaviour that promotes the use of basic health-care services and slows population growth; and (b) institutions ensure access to high-quality basic health-care services.

14. Output 1: Improved access to high-quality, comprehensive reproductive health services for vulnerable populations, including women and young people. The programme will help to: (a) improve the availability and quality of essential and emergency obstetric and neonatal care; (b) promote implementation of the policy on cost-free Caesarean sections; (c) improve the availability of youth-friendly services in schools and in non-school educational settings; (d) provide in-service training on emergency obstetric care for staff at midwifery and medical schools; (e) implement the reproductive health commodity security plan; (f) strengthen reproductive health support committees; (g) distribute condoms at the grass-roots level; and (h) promote male involvement in reproductive health through 'schools for husbands' (*écoles des maris*). The programme will focus on eliminating obstetric fistula and repositioning family planning in the development agenda.

15. Output 2: Increased demand for reproductive health services, including family planning, maternal health care and services to prevent sexually transmitted infections and HIV/AIDS, among vulnerable populations. The programme will support: (a) community-based services and social mobilization to increase the demand for and use of family planning services and maternal health care; (b) technical assistance to implement the national strategic framework (2007-2012) to control HIV/AIDS and sexually transmitted infections; (c) livelihood and life

skills activities for youth; (d) peer education and peer support groups for HIV control; (e) the distribution of male and female condoms; (f) voluntary counselling and testing for HIV; and (g) the expansion of services to prevent mother-to-child HIV transmission.

16. Output 3: Improved preparedness of national institutions and civil society organizations to prevent and manage crisis and conflict situations through an integrated reproductive health approach. The programme will: (a) enhance the national capacity to collect and use data on crisis and conflict situations; (b) provide assistance to develop and implement a contingency plan that includes procuring reproductive health kits, preventing sexually transmitted infections and HIV/AIDS among vulnerable groups, and promoting equity in humanitarian interventions.

Population and development component

17. This component has three outcomes and three outputs. The outcomes are: (a) vulnerable populations adopt behaviour that promotes the use of basic health-care services and slows population growth; (b) national and local institutions implement reforms to achieve the Millennium Development Goals; consolidate the rule of law and regulatory frameworks; and prevent and manage crises and conflicts, based on respect for human rights; and (c) institutions ensure the availability, accessibility and quality of basic social services.

18. Output 1: Improved integration of emerging issues into population-related policies and programmes. This output will be achieved by analysing existing studies and research and through training and awareness creation for policymakers and planners, to encourage them to address issues such as homelessness, ageing, youth and migration.

19. Output 2: Strengthened institutional capacity to integrate ICPD issues into the results-based monitoring and evaluation of the

Millennium Development Goals, in line with the Paris Declaration on Aid Effectiveness. The programme will: (a) strengthen national and local institutional capacity to collect, analyse and use gender-disaggregated data for decision-making; and (b) provide technical assistance to conduct the fourth population census, the fourth demographic and health survey and other activities to improve the monitoring and evaluation of national strategies, policies and programmes, and civil registration at the local level.

20. Output 3: Increased inclusion of human rights in national policies and strategies in the areas of education, health and demography. The programme will support the formulation and implementation of policies and programmes incorporating the ICPD Programme of Action, with a special emphasis on the human rights-based approach. The programme will undertake advocacy activities to ensure that knowledge-based, informed decisions are made and that decision-makers address the rights and needs of the population in terms of basic health care and emerging issues in population and development.

Gender equality component

21. This component has two outcomes and three outputs. The outcomes are: (a) national and local institutions implement reforms to achieve the Millennium Development Goals, consolidate the rule of law and regulatory frameworks, and prevent and manage crises and conflicts, based on respect for human rights; and (b) populations participate equitably in decision-making processes and public actions, and have access to, and utilize, efficient community services.

22. Output 1: Strengthened capacity of national and local institutions and civil society organizations to prevent and address human rights violations, particularly against women and children, including in crisis situations. Strategies include: (a) increasing awareness creation, social mobilization and advocacy among various stakeholders; (b) supporting the formulation and

implementation of the national gender policy action plan; and (c) strengthening partnerships with the defence and security forces, health workers, legal clinics, and faith-based and traditional groups. The programme will also help to harmonize national legislation with international and regional commitments.

23. Output 2: Increased participation of women and youth in the decision-making process and in the exercise of civic duties at national and local levels, through the institutional and legal mechanisms of communities and civil society organizations. The programme will: (a) strengthen women's leadership and empowerment and build the capacity of grass-roots communities to enable them to participate in decision-making processes; and (b) improve the collection and use of gender-disaggregated data.

24. Output 3: Gender-focused, sectoral strategies are reflected in medium-term expenditure frameworks to help to achieve the Millennium Development Goals and mainstream human rights and gender-equality principles. The programme will build the capacity of senior officers in the central government and decentralized offices to mainstream and integrate gender equality, gender equity and human rights principles in formulating, implementing, monitoring and evaluating sectoral policies and strategies. This will be undertaken in partnership with the ministries responsible for implementing government policies and with the Bretton Woods institutions.

IV. Programme management, monitoring and evaluation

25. The Ministry of the Economy and Finance will coordinate the programme. The Ministry of Public Health, the Ministry of Population and Social Reform, the Ministry of Women's Promotion and Child Protection, the Ministry of Youth and Sports, and the Ministry of Vocational and Technical Training will be responsible for implementing programme components. NGOs

and civil society organizations will implement programme activities.

26. The programme will use a results-based management approach and accountability to implement, monitor and evaluate programme activities, in accordance with the UNDAF and with national monitoring and evaluation mechanisms. UNFPA will develop joint programmes with other United Nations partner organizations. The programme will support the establishment by the National Statistical Institute and the Ministry of Population and Social Reform of an integrated database to monitor the results and functioning of the programme. It will also use *Niger Info*, which has been adopted by the United Nations system as the database for monitoring the Millennium Development Goals in Niger. UNFPA and the Ministry of Finance and Economy will develop a monitoring mechanism and will conduct joint monitoring activities.

27. The UNFPA country office consists of a representative, an assistant representative, an operations manager, national programme officers and several support staff. UNFPA will strengthen its programme staff in accordance with the revised country office typology. The regional and subregional offices, when established, will provide technical assistance. National and international consultants will also provide technical assistance.

RESULTS AND RESOURCES FRAMEWORK FOR NIGER

National priority: (a) access to equitable basic social services; and (b) slowing demographic growth UNDAF outcome: by 2013, vulnerable populations will use high-quality basic health-care services and participate in efforts to slow population growth				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome 1: Vulnerable populations adopt behaviour that promotes the use of basic health-care services and slows population growth</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Modern contraceptive prevalence rate increases from 8.32% in 2007 to 14% in 2013 ▪ Percentage of early marriage decreases from 59% in 2006 to 40% in 2013 ▪ Antenatal consultation rate increases from 86% in 2007 to 95% in 2013 ▪ Post-natal consultation rate increases from 18% in 2007 to 30% in 2013 <p>Outcome 2: Institutions ensure access to high-quality basic health-care services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Rate of assisted births by qualified staff increases from 19.25% in 2007 to 30% in 2013 ▪ Gross primary school enrolment ratio increases from 54% in 2006 to 97% in 2013 	<p>Output 1: Improved access to high-quality, comprehensive reproductive health services for vulnerable populations, including women and young people</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of operational health committees increases from 83% in 2007 to 95% in 2013 ▪ Number of operational reproductive health support centres <p>Output 2: Increased demand for reproductive health services, including family planning, maternal health care and services to prevent sexually transmitted infections and HIV/AIDS, among vulnerable populations</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of obstetric complications addressed by comprehensive obstetric care services ▪ Percentage of youth with thorough knowledge of AIDS, by gender <p>Baseline: demographic and health survey; multiple indicators cluster survey</p> <p>Output 3: Improved preparedness of national institutions and civil society organizations to prevent and manage crisis and conflict situations through an integrated reproductive health approach</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of contingency plans formulated and implemented ▪ Percentage of victims under care, disaggregated by gender 	<p>National government</p> <p>United Nations organizations</p> <p>Bilateral and multilateral donors</p> <p>Civil society organizations; NGOs</p>	<p>\$15.8 million (\$8.9 million from regular resources and \$6.9 million from other resources)</p>
National priority: improved governance and efficient implementation of the poverty reduction strategy UNDAF outcome: by 2013, national and local institutions govern democratically with respect to human rights, gender equity and peacebuilding				
Population and development	<p>Outcome 1: Vulnerable populations adopt behaviour that promotes the use of basic health-care services and slows population growth</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of resources allocated to achieving the goals of the ICPD Programme of Action <p>Outcome 2: National and local institutions implement reforms to achieve the Millennium Development Goals; consolidate the rule of law and regulatory frameworks; and prevent and manage crises and conflicts, based on respect for human rights</p>	<p>Output 1: Improved integration of emerging issues into population-related policies and programmes</p> <p>Output indicator:</p> <ul style="list-style-type: none"> ▪ Number of population and development studies carried out on emerging issues <p>Output 2: Strengthened institutional capacity to integrate ICPD issues into results-based monitoring and evaluation of the Millennium Development Goals, in line with the Paris Declaration on Aid Effectiveness</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Analysis reports on fourth population and housing census are published ▪ Number of databases operational 	<p>National government</p>	<p>\$4.9 million (\$3.7 million from regular resources and \$1.2 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development (cont'd)	<p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Disaggregated data from national and subnational databases used for evidence-based decision-making and national development plan monitoring <p><u>Outcome 3:</u> Institutions ensure the availability, accessibility and quality of basic social services</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Results of studies on emerging population issues are reflected in national development plans and poverty reduction strategies 	<p><u>Baseline:</u> 1 (2007); <u>target:</u> 3 (2013)</p> <p><u>Output 3:</u> Increased inclusion of human rights in national policies and strategies in the areas of education, health and demography</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of policy and strategy documents that reflect population issues <p><u>Baseline:</u> 4 (2007)</p> <ul style="list-style-type: none"> ▪ Poverty reduction strategy integrates young people's needs 		
<p>National priority: improved governance and efficient implementation of the poverty reduction strategy UNDAF outcome: by 2013, national and local institutions govern democratically, based on respect for human rights and gender equity, and contribute to the consolidation of peace</p>				
Gender equality	<p><u>Outcome:</u> National and local institutions implement reforms to achieve the Millennium Development Goals, consolidate the rule of law and regulatory frameworks, and prevent and manage crises and conflicts, based on respect for human rights</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ National and subnational mechanisms in place to monitor and reduce gender-based violence <p><u>Outcome 2:</u> Populations participate equitably in decision-making processes and public actions, and have access to, and utilize, efficient community services</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Participation index of women in decision-making 	<p><u>Output 1:</u> Strengthened capacity of national and local institutions and civil society organizations to prevent and address human rights violations, particularly against women and children, including in crisis situations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of reported cases of human rights violations ▪ Percentage of reported cases of human rights violations addressed ▪ Percentage of population that benefits from care during crisis situations <p><u>Output 2:</u> Increased participation of women and youth in the decision-making process and in the exercise of civic duties at national and local levels, through the institutional and legal mechanisms of communities and civil society organizations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Percentage of women occupying positions of responsibility ▪ Percentage of elected officers who are women <p><u>Output 3:</u> Gender-focused, sectoral strategies are reflected in medium-term expenditure frameworks to help achieve the Millennium Development Goals and mainstream human rights and gender equality principles</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> ▪ Number of policies and strategies, including medium-term expenditure frameworks, that have been formulated and that integrate the principles of human rights and gender equality 	<p>Ministries of: Economy and Finance; Justice; Women's Promotion and Child Protection; other relevant ministries</p> <p>Oxfam-Québec; women's rights associations; NGOs</p> <p>United Nations system thematic group</p> <p>Bilateral and multilateral cooperation</p>	<p>\$4.5 million (\$2.3 million from regular resources and \$2.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.6 million from regular resources</p>