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15

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UNITED NATIONS POPULATION FUND

Final country programme document for the Niger

Proposed indicative UNFPA assistance:	$38.9 million: $16.5 million from regular resources and $22.4 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2014-2018)
Cycle of assistance:	Eighth
Category per decision 2007/42:	A

Proposed indicative assistance (in millions of $):

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	5.9	4.2	10.1
Family planning	4.2	14.4	18.6
Young people's sexual and reproductive health and sexuality education	4.9	3.8	8.7
Programme coordination and assistance	1.5	-	1.5
Total	16.5	22.4	38.9

I. Situation analysis

1. The Niger is a Sahelian country with an area of approximately 1.3 million square kilometres, 75 per cent of which is desert. In 2011, the population was 16 million, 59.5 per cent of whom lived in poverty. Given the population's rate of natural increase (3.3 per cent) and the total fertility rate of 7.6 children per woman, the population is projected to double in approximately 20 years. Fourteen per cent of all births in rural areas occur to adolescent girls (aged 14-19). Despite the presence of natural resources such as uranium and oil, the economic growth rate (3.2 per cent in 2011) is insufficient to enable the Government to meet the needs of its rapidly growing population. Niger's fragility is accentuated by recurrent security and humanitarian crises (famine, floods, terrorism). The political and institutional crises that had added to this fragility during the last few years ended with transparent elections in 2011 followed by the installation of democratic institutions and decentralization. The 2012 Economic and Social Development Plan, on which the United Nations Development Assistance Framework is based, defines Niger's major challenges as weak development of human capital, high demographic growth, weak economic growth, food and nutritional insecurity and insecurity in the North and at the Mali border.

2. The strengthening of the health system over the last few years has contributed to: (a) a decline in the maternal mortality ratio, from 648 maternal deaths per 100,000 live births in 2006 to 554 maternal deaths per 100,000 live births in 2010; (b) an increase in the contraceptive prevalence rate, from 5 per cent in 2006 to 12 per cent in 2012; and (c) an increase in the percentage of deliveries assisted by qualified health personnel, from 17.7 per cent in 2006 to 34.7 per cent in 2012.

3. Despite these achievements, the provision of health services is inadequate, due to: (a) the limited coverage of the health system (47 per cent); (b) inadequate human resources; and (c) insufficient funding for the health sector (6 per cent of the overall budget). There are no data on the prevalence of obstetric fistula, but each of the six treatment centres receives approximately 600 patients per year.

4.Sociocultural barriers and the desire for large families contribute to the low contraceptive use rate (12 per cent). The unmet need for family planning is 22 per cent.

5.Seventy-five per cent of girls younger than 18, and 36.1 per cent of girls under the age of 15, are married. Forced child marriages, followed by pregnancies to prove fertility, lead to a number of social and health consequences, including: (a) curtailed educational attainment; (b) increased risk of maternal morbidity and mortality; and (c) the violation of rights. The prevalence of gender-based violence is unknown.

6.Sixty-four per cent of the population is younger than 24, and 28 per cent are aged 10-24. Sociocultural barriers, and the manner in which sexual and reproductive health services are delivered, inhibit access to these services. There is a need to involve young people in the development of, and decisions regarding, reproductive health programmes.

7.The overall HIV prevalence rate is 0.7 per cent. The rate is higher among sex workers (20.9 per cent), members of the defence forces (1.56 per cent) and women receiving prenatal visits (2.02 per cent).

8.The Government has conducted population and housing censuses and demographic and health surveys with multiple indicators, which have provided data for progamming. However, there is a lack of disaggregated data, particularly at decentralized levels.

9.The Government has ratified most international legal frameworks on the rights of children and women, with reservations on the Convention on the Elimination of All Forms of Discrimination against Women. The Government has not ratified the additional protocol of the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

II. Past cooperation and lessons learned

10.The final evaluation of the seventh UNFPA country programme, 2009-2013, highlighted a number of achievements. UNFPA supported the elaboration of a health development plan that focuses on: (a) emergency obstetric care and neonatal care; (b) family planning; (c) reproductive health commodity security; and (d) strengthening of the referral system.

11.The programme contributed to: (a) the development of a family planning plan, 2012-2020; (b) the provision of free health care for caesarean sections, prenatal consultations and genital cancers; (c) the integration of a budget line to purchase commodities; (d) the adoption of the national gender policy; and (e) the government declaration on the population policy, 2007-2015.

12.UNFPA supported: (a) the implementation of the reproductive health commodity plan; (b) efforts to ensure a continuous supply of contraceptives; (c) the nationwide launch of CHANNEL (a computer software programme to manage health supplies); and (d) the increase in the percentage of health centres with no stock-outs of contraceptives, from 0 per cent in 2007 to 97.5 per cent in 2012. Nevertheless, the contraceptive prevalence rate is low, and there is a need for further investment in this area.

13.UNFPA supported the implementation of holistic obstetric fistula care through six treatment centres. From 2009-2012, the centres repaired 2,055 fistulas. Some of the women treated were as young as 14.

14.UNFPA supported: (a) the strengthening of the referral system; (b) community-based distribution of reproductive health commodities; and (c) the promotion of male involvement in the area of reproductive health. The number of 'model husbands' participating in UNFPA-supported 'husbands' schools' increased from 198 in 2009 to more than 3,000 in 2012. The husbands participated in sensitization activities on maternal health and family planning. These efforts contributed to an increase in the percentage of deliveries assisted by skilled birth attendants in their villages, from 23.02 per cent in 2009 to 30 per cent in 2012.

15.UNFPA supported the implementation of a sexual and reproductive health programme that addressed: (a) sexually transmitted infections; (b) HIV prevention; (c) the reintegration of fistula patients into society; (d) reproductive health equipment; and (e) the training of service providers for 27 youth-friendly centres.

16.In the area of humanitarian response, UNFPA: (a) supplied delivery and hygiene kits; (b) strengthened the national capacity to respond to gender-based violence in humanitarian situations; and (c) established a monitoring mechanism and partnerships with civil society organizations to care for the victims of gender-based violence. UNFPA-supported humanitarian actions also benefited refugees from Mali and victims of flooding.

17.UNFPA support for the 2012 demographic and health survey, the fourth census, the development of the integrated management information system, and the National Institute of Statistics led to an increase in the availability of high-quality data and increased capacity to analyse that data.

18.UNFPA supported the creation of a favourable environment to address population, reproductive health and gender issues by reinforcing strategic alliances with key stakeholders. At a UNFPA-supported forum, 90 members of an association of traditional chiefs made a commitment to carry out advocacy and sensitization efforts to promote reproductive health.

19.In the area of gender equality and human rights, UNFPA: (a) led the implementation of the joint programme on gender; (b) provided support to the donor framework to promote dialogue; (c) supported the development of sectoral medium-term expenditure frameworks to strengthen gender programming; and (d) reinforced partnerships with Islamic associations and associations that promote the rights of women.

20.UNFPA, the lead partner in a government programme on female genital mutilation/cutting,

documented a 50 per cent reduction in this harmful practice from 1998-2006.

21.There is a need to strengthen existing partnerships and to build new ones with religious and community leaders, since they play a key role in promoting the use of reproductive health services. Decentralized government institutions are essential in promoting programme ownership and in ensuring the sustainability of the programme. Male involvement is critical to communication and community mobilization efforts. The final programme evaluation identified the need improve the focus of programme interventions and to improve programme monitoring and coordination.

III. Proposed programme

22.The Government and UNFPA developed the programme with the participation of civil society stakeholders, including youth associations and women's associations. The programme is aligned with national priorities, the UNFPA strategic plan and the United Nations Development Assistance Framework (UNDAF).

23.The programme assumes that the Government will continue its commitment to addressing issues related to population, to reduce demographic growth with increased use of family planning services.

24.Risks to programme implementation include: (a) insecurity in the Sahel; (b) recurrent food insecurity; (c) difficulties associated with increasing the capacity of the population to resist and recover from disasters; and (d) institutional and political crises. The programme mainstreams mitigation measures related to humanitarian response.

25.The programme seeks to accelerate the achievement of rights for adolescents, youth and women in an equitable manner in the areas of maternal health, family planning and leadership enabled by the promotion of gender equality and equity and the availability of data including data on gender.

26.The programme includes three outcomes. These outcomes contribute to outcomes three and four of the UNDAF.

Maternal and newborn health

27.Output 1: Strengthened national capacity to implement comprehensive midwifery programmes. UNFPA will contribute to: (a) harmonizing programmes and curricula for midwifery training schools; and (b) improving the recruitment and career-management system for midwives.

28.Output 2: Strengthened national capacity for emergency obstetric care and newborn care. The programme will provide: (a) resources to rehabilitate the health infrastructure; (b) linkages to newborn care services to reduce the mother-to-child transmission of HIV; (c) obstetric care equipment; and (d) support for integrating emergency obstetric care into health services.

29.The programme will: (a) ensure the mainstreaming of humanitarian concerns into annual workplans; and (b) support humanitarian response efforts through the development of contingency plans, training on the minimum initial service package, and the collection and analysis of data in humanitarian settings.

30.Output 3: Enhanced national capacity to prevent and treat obstetric fistula and to promote the social integration of fistula patients. UNFPA will support the: (a) treatment of fistula patients; (b) the use of successfully treated women as communication agents; (c) the social reintegration of healed women; (d) equipment for the treatment of obstetric fistula; and (e) the training of service providers.

Family planning

31. Output 1: Strengthened national system for reproductive health commodity security. The programme will achieve this output by training stakeholders and managing the information and logistics system. It will also support: (a) the use of CHANNEL software; (b) the supply of reproductive health commodities; and (c) the provision of

equipment to provide for the storage of reproductive health commodities.

32. Output 2: Strengthened national capacity for community-based interventions for family planning. To achieve this output, the programme will support: (a) the mobilization of traditional and religious leaders in increase community awareness of issues related to family planning; (b) national coverage of the initiative on husbands' schools; (c) the development and implementation of a communications plan to increase the demand for reproductive health services; and (d) the creation of community-based distribution centres to offer reproductive health commodities and other health services, including for young people.

Young people's sexual and reproductive health and sexuality education

33. Output 1: Improved programming for essential sexual and reproductive health services for marginalized adolescents and young people. The programme will: (a) provide equipment for youth-friendly facilities; (b) strengthen the capacity of youth centres to increase the awareness of youth regarding issues related to reproductive health; (c) increase the access to, and monitoring of, sexual and reproductive health services, including services to prevent HIV and sexually transmitted infections; and (d) work with sex workers, miners and defence workers.

34. Output 2: Strengthened national capacity to integrate issues related to the sexual and reproductive health of young people into national policies, laws, plans and programmes. To achieve this output, the programme will support: (a) social and anthropological studies; (b) in-depth regional analysis of the fourth census and the 2012 demographic and health survey and the dissemination of results; (c) the development and management of database and information systems; (d) a review of policies and legislation in the areas of population, gender equality and reproductive health rights; (e) advocacy and training in gender mainstreaming; and (f) training on the linkages between population and development, including humanitarian issues, for use by planners and managers at the regional level. The programme will strengthen youth advocacy and leadership skills and network partnerships.

35. Output 3: Strengthened national capacity to prevent child marriages and early pregnancies among adolescent girls. UNFPA will support interventions that seek to empower marginalized adolescent girls to avoid or delay early marriage. The interventions, modelled on a successful initiative in Ethiopia, will include: (a) training in leadership skills; (b) efforts to prevent gender-based violence; (c) increased access to reproductive health and education services; (d) increased availability of data on adolescents; and (e) advocacy efforts and community dialogue.

IV. Programme management, monitoring and evaluation

36. National execution is the preferred implementation modality. UNFPA will conduct a thorough assessment of implementing partners and select them on the basis of evaluations of their respective capacities. UNFPA will strengthen partnerships with United Nations organizations, focusing on the development of joint programmes.

37. The Ministry of Planning, Land Management and Community Development will coordinate the programme. UNFPA and the Government will monitor programme implementation to provide information on progress and to improve decision-making. UNFPA and the Government will conduct field visits, reviews and thematic evaluations, as well as a final programme evaluation in 2017.

38. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme its activities, particularly life-saving interventions, to respond to emerging issues. The Government is responsible for the safety and security of UNFPA staff and offices. UNFPA will include security issues, including mitigation measures and associated costs, in the programme implementation process.

39. The UNFPA country office consists of a UNFPA representative as well as programme and operations staff. The country office will seek

technical assistance from the UNFPA West and Central Africa regional office and from international and national experts as required.

RESULTS AND RESOURCES FRAMEWORK FOR THE NIGER

National priorities: (a) promote social development; and (b) consolidate the credibility and effectiveness of public institutions, creating conditions for sustained, balanced and inclusive development
UNDAF outcome: From 2014-2018, vulnerable populations in the intervention areas have increased their use of basic social services, including social protection and balancing population dynamics and inclusive development
UNDAF outcome: From 2014- 2018, national and local institutions, civil society organizations and target groups have the capacity to ensure good governance and the rule of law

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Maternal and newborn health Outcome indicators: • Percentage of births assisted by qualified personnel Baseline: 29.3% (2012 sociodemographic survey); Target: 70% • Unmet need for family planning Baseline: 22%; Target: 10%	Output 1: Strengthened national capacity to implement comprehensive midwifery programmes	Output indicator: • Revised training curricula for midwives with the support of UNFPA Baseline: 0; Target: 1	Civil society organizations; Ministry of Health; parliamentarians	$10.1 million ($5.9 million from regular resources and $4.2 million from other resources)
	Output 2: Strengthened national capacity for emergency obstetric care and newborn care	Output indicators: • Percentage of health facilities offering emergency obstetric care services Baseline: 29% (2010); Target: 70% • Number of health workers trained to manage the minimum initial service package with UNFPA support Baseline: 140; Target: 1,000	Civil society organizations; financial institutions; parliamentarians; World Health Organization; United Nations Children's Fund (UNICEF)	
	Output 3: Enhanced national capacity to prevent and treat obstetric fistula and promote the social reintegration of fistula patients	Output indicators: • Percentage of women treated for obstetric fistula with UNFPA support Baseline: 54%; Target: 80% • Number of traditional chiefs who are active partners in advocacy efforts on family planning, maternal health, gender equality and the prevention of child marriage Baseline: 90; Target: 250	AFD (French development bank); EngenderHealth; Ministry of Health	
Family planning Outcome indicators: • Contraceptive prevalence rate Baseline: 12.2%; Target: 45% • Unmet need for family planning	Output 1: Strengthened national system for reproductive health commodity security	Output indicator: • Percentage of health units with no stock-outs during the previous six months Baseline: 97%; Target: 100%	Denmark; Japan International Cooperation Agency; KfW (German development bank); Spain; World Health Organization	$18.6 million ($4.2 million from regular resources and $14.4 million from other resources)
	Output 2: Strengthened	Output indicators:	Denmark; Japan	

Baseline: 22%; Target: 10%	national capacity for community-based interventions for family planning	• Number of community-based distribution sites created with UNFPA support Baseline: 0; Target: 2,500 • Number of traditional chiefs who are active partners in advocacy efforts on family planning, maternal health, gender equality and the prevention of child marriage Baseline: 90; Target: 250	International Cooperation Agency; KfW (German development bank); Spain; World Health Organization	
Young people's sexual and reproductive health and sexuality education Outcome indicators: • HIV prevalence rate among students in secondary school (aged 14-19) Baseline: 0.32%; Target: 0.20% • Number of reference documents developed with the support of UNFPA Baseline: 8; Target: more than 8 • Percentage of total births that occur to adolescents Baseline: 14% (demographic and health survey, 2006); Target: 5%	Output 1: Improved programming for essential sexual and reproductive health services for marginalized adolescents and young people	Output indicators: • Number of youth centres offering the minimum package of reproductive health services Baseline: 5; Target: 29 • Usage rate of health facilities by adolescent girls Baseline: 5%; Target: 75%	Civil society organizations; ministries; youth networks	$8.7 million ($4.9 million from regular resources and $3.8 million from other resources) Total for programme coordination and assistance: $1.5 million from regular resources
	Output 2: Strengthened national capacity to integrate issues related to the sexual and reproductive health of young people into national policies, laws, plans and programmes	Output indicators: • Percentage of national health, education, gender and population plans and programmes addressing issues related to the sexual and reproductive health of youth and adolescents, including gender-based violence, with UNFPA support Baseline: 0%; Target: 50% • Number of youth partnerships established with the support of UNFPA Baseline: 0; Target: 5	Civil society organizations; government institutions	
	Output 3: Strengthened national capacity to prevent child marriages and early pregnancies among adolescents	Output indicators: • Number of adolescents who complete the UNFPA-supported empowerment training programme Baseline: 0; Target: 248,000 • Percentage of married adolescent girls who adopt family planning methods during the training Baseline: 0; Target: 50	Civil society organizations; government institutions	