

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR NIGER

Second regular session 2022

Comments by Belgium	UNFPA country/regional office response to comments
<p>The UNFPA CPD is well aligned with both the (draft) UNSDCF and with national priorities as outlined in the new Plan de développement économique et sociale (PDES) of Niger. It notably responds to the political priorities of the current president and government, which have put education of girls and the elimination of child marriage high on the agenda, including through the creation of a National Population Office. The CPD further builds on previous successful experiences, notably the Illimin programme on the elimination of child marriage and empowerment of adolescent girls. Belgium welcomes the specific attention to obstetric fistula prevention and care, which remains an often neglected problem in Niger.</p>	<p>This comment is well noted and appreciated.</p>
<p>The CPD puts access to sexual and reproductive health services and family planning at its core and is therefore coherent with Belgian political priorities as well as with the Belgian development programme for Niger, particularly the health intervention Sutura. The strong attention to transforming socio-cultural norms, including via support to (future) husband clubs and involvement of traditional leaders, is to be welcomed. However, more attention could be given to the integration of SRH services in health insurance mechanisms currently developed under the new Nigerien national strategy on universal health coverage and supported by a number of key donors.</p>	<p>UNFPA welcomes the comment. In output 2, the proposed CPD mentions the roll-out of innovative approaches. One of the innovative approaches is aimed at an integrated SHR services contributing to universal health coverage. This may include a contribution to the health insurance mechanism currently developed under the new Nigerien national strategy with the support of donors.</p>
<p>Based on previous successful experiences, the CPD rightfully sees traditional leaders as potential champions in the fight against child marriage and child pregnancy. This aligns with the “Declaration of Niamey”, adopted in November 2021 during the “symposium pour la mobilisation des leaders traditionnels autour de la transition démographique au Niger” and President Bazoum’s call</p>	<p>The proposed CPD includes a partnership agreement with traditional chiefs whereby operational action plans are developed to undertake actions towards fight against child marriage, GBV prevention and response and girls’ education. A specific indicator is dedicated</p>

<p>for action to traditional leaders. However, their effective mobilisation on a wider scale will require continued dialogue. It raises the question what mechanisms UNFPA proposes to follow up on the Declaration of Niamey and maintain the dialogue with traditional leaders. The National Population Office could play a key role in this regard.</p>	<p>measuring the implementation of this partnership (in outcome3/output4).</p> <p>The CPD also refers to the support provided to the new Office of the Population created by the Head of State to accelerate the demographic transition. The creation and institutional positioning of this office is the result of UNFPA’s advocacy and technical support which will be instrumental to engage traditional leaders.</p>
<p>Harmful practices such as child marriage should not be reduced to “customary” practice. In fact, Nigerien law still permits marriage for women as of the age of 15, contrary to 18 for men. This raises the question how UNFPA Niger envisages to support the Nigerien government and parliament in correcting gender inequalities in legislative frameworks</p>	<p>As noted in output 4 in the CPD, UNFPA will: (a) scale-up national advocacy efforts to eliminate child marriage, child pregnancy and maintaining girls in school and (j) continue to advocate for the participation of youth and integration of youth issues in policies, plans and programmes.</p> <p>A specific indicator is dedicated to measuring UNFPA’s effort in correcting gender inequalities in legislative frameworks (Number of national policies, plans and programmes against gender-based violence including child marriage and female genital mutilation, aligned to national and international commitments). The national policies include existing laws that need to be amended to ensure equal treatment for women and men regarding the age they are permitted to marry.</p> <p>In addition, paragraph 18, output 4 was rephrased to read “make available high-quality data on GBV/HP including in and out of schools and in humanitarian settings.” This will also enable the ability of national entities to measure gender inequalities.</p>

<p>While education for girls receives renewed attention by the Nigerian government, the CPD does not specify how it aims to connect with ongoing initiatives and reforms in the education sector. Such initiatives notably include the government plan for the construction of boarding schools for girls to offer them protected accommodation and access to education, as well as the regional plan for the conflict-affected Tillabéri region to establish “centres de regroupement” for education in secured areas</p>	<p>UNFPA’s work in the country includes an important focus on initiatives and reforms in the education sector.</p> <p>Indicators are proposed in the CPD to measure the “Number of school health clinics that offer sexual and reproductive health and rights services” and the “Number of secondary schools with functional School Health Clubs”. Those schools include the in-boarding schools including conflict-affected areas.</p> <p>In addition, the design of the national population office supported by UNFPA, key activities include the development and operationalization of in-boarding schools.</p>
<p>The CPD could give more specific attention to reproductive health in school environments and the inclusiveness of school infrastructure, including through the provision of safe spaces and dedicated services for menstrual hygiene. In addition, although systematic data on gender-based violence within school environments are lacking, there is ample evidence of the prevalence of the problem. Specific attention to the protection of girls within a school context, including through sensitisation of boys, the provision of safe spaces and reporting mechanisms, should receive due attention.</p>	<p>UNFPA implements programmes that address reproductive health in school environments. This includes a focus on SRH rights and services, menstrual hygiene, gender-based violence and life skills.</p> <p>The schools’ health clinics and clubs mentioned in the CPD are also mechanisms to address those issues.</p> <p>The CPD in its output 4 contains the implementation of a platform for data collection on GBV in order to make available quality data on GBV/HP, including in and out of schools and in humanitarian settings. Para 15 (f) has been rephrased in the CPD to read: “...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”</p>
<p>The CPD gives some attention to coherence and synergies with other agencies within the UN system, but only in very general terms. More details on synergies and division of labour would be welcome (e.g. intervention zones, specific</p>	<p>The CPD has stated in paragraph 14: <i>“In line with ‘delivering as one’, UNFPA will continue to partner with UNICEF to eliminate child</i></p>

<p>services). More inter-organisation work can be explored outside the UN system as well, notably with bilateral agencies and NGOs active in health, education, SRHR and gender equality.</p>	<p><i>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."</i></p> <p>For the interventions areas, the paragraph 12 of the CPD has stated the programme coverage as follows: 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.</p> <p>Details on intervention zones and specific services will be developed in the annual work plans with selected programme partners (UN Agencies, bilateral/multilateral agencies and CSOs/NGOs).</p>
<p>Technical and financial partners have been invited by the RC at several consultative moments for the preparation of the UNSDCF, including an analytical workshop and a strategic consultation. However, donors have not been consulted for the UNFPA CPD specifically. Nevertheless, the Belgian embassy in Niamey enjoys a constructive relation with UNFPA Niger, including via regular meetings to explore synergies between our respective development programmes.</p>	<p>A consultation was held on 21-23rd December 2021 under the leadership of the ministry of planning to develop the programme priorities, outputs, strategies and main activities. Partners including donors were invited to attend the workshop.</p> <p>In addition to this, UNFPA CO has conducted bilateral consultations with key partners including Belgium. UNFPA remains open to continued engagement with Belgium and other development partners throughout the important phase of implementation of the CPD.</p>

Comments by Denmark	UNFPA country/regional office response to comments
<p>We welcome the 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.</p>	<p>This comment is well noted and appreciated.</p>
<p>The CPD does not reference the Nigeriens government's strong focus on ensuring education for girls in order to empower them and diminish the number of early marriages and pregnancies. How UNFPA will support this national priority is not reflected in the CPD.</p>	<p>UNFPA Niger plans to scale-up national advocacy efforts to eliminate child marriage, child pregnancy and maintaining girls in school in partnership with traditional leaders. Moreover, UNFPA Niger plans to scale up the Illimin adolescent girl's initiative to eliminate child marriage and child pregnancy. Additional information is captured in paragraph 17.</p>
<p>The CPD should have a stronger focus on the inclusion and education of men and boys in relation to SRHR. The CPD refers to the husband / future husband schools, including the scaling up of these programmes, however they are not included in the output. The actual connection between these programmes and the CPD is therefore not evident – not least taking into consideration that there has been no progress with these programmes since 2019, where UNFPA started deliberations on a new approach</p>	<p>The husband /future husband schools scaling up has been reflected in the CPD. The refined strategy of husband /future husband schools will be operationalized in the new country programme. The alignment of this strategy has also been integrated into the SWEDD project that is being developed with UNFPA support.</p>

<p>Despite a strong focus on strengthening national capacities under several outputs, the actual implication of national institutions and authorities, such as the relevant ministries, is not evident. The country programme should be clearer on how UNFPA will strengthen the institutional capacities of national partners, including the progressive transfer of responsibilities.</p> <p>As an example, output 1, paragraph 15, gives the impression that UNFPA will be coordinating the implementation of the national population policy, the health development plan and related strategies instead of strengthening national authorities to take on this task. The same impression is given under output 4, paragraph 18, relating to the coordination of the implementation of the national strategy on GBV/HP.</p>	<p>Building and strengthening capacity is a core part of UNFPA’s work in the country. For example, output 1 articulates that strengthened national capacities will increase demand and secure reproductive health commodities and output 4 states that national institutions and communities will enhance capacities to prevent and address gender-based violence and harmful traditional practices. The strategies for achieving this will be further elaborated and unpacked through annual work plans.</p>
<p>The targets relating to output 3 needs to be more ambitious and scaled up to meet the needs of the rapidly growing population in Niger. Due to the population growth, the percentage of girls who will benefit from girl-centred programs, such as Illimin, will remain stationary. Furthermore, the actual number of girls targeted by such programs seems to have been lowered compared to the previous CDP and programme cycles, which already saw a lower number of girls targeted compared to the previous CDP. Despite the improved quality output of the programmes, including the important inclusion of economic skills, the yearly number of targeted girls under the current CDP has been reduced with around 80% compared to the CDP 2014-2018.</p> <p>Given the number of schools and secondary schools in Niger, the targets relating to “school health clubs/clinics” is rather unambitious.</p>	<p>UNFPA intends to develop pilot initiatives and demonstrate their added value before scaling them up. This is the case with the Illimin programme.</p> <p>The Government and donors have adopted this approach through several projects such as the SWEDD project, the Spotlight Initiative, the Human Capital project and the Global programme on child marriage reduction.</p> <p>The number of girls enrolled in the Illimin programme will be increased depending on available fundings to allow the coverage of more girls compared to the previous programme cycle.</p> <p>For the schools’ health clubs/clinics, this is at the pilot phase. UNFPA is projected to implement the health clubs/clinics in boarding schools. This initiative can later be scaled up based on lessons learned.</p>
<p>The CDP could benefit from a stronger focus on sexual and reproductive rights (SRR), including under output 3. The government of Niger has recently undertaken legal reforms to improve SRR. How UNFPA will accompany the Nigerien government in this regard, should be made clearer.</p>	<p>UNFPA remains committed to advancing SRHR objectives in Niger. The CPD focuses on SRH rights and services in all the outputs, mainly in outputs 1 and 2.</p>

<p>The country programme could have benefitted from closer consultations with partners.</p>	<p>A consultation was held on 21-23rd December 2021 under the leadership of the Ministry of Planning to develop the programme priorities, outputs, strategies and main activities. Partners including donors were invited to attend the workshop. The consultations are ongoing and more engagements are expected during the implementation of the programme.</p> <p>In addition, the UNFPA CO conducted bilateral consultations with a number of development partners and plans to take this further through the important phase of implementation.</p>
<p style="text-align: center;">Comments by the United States of America</p>	<p style="text-align: center;">UNFPA country/regional office response to comments</p>
<p>We commend the achievements highlighted in the Programme rationale, including the provision of modern contraceptives and sound partnerships with civil society organizations (CSOs) that led to the recruitment of more than 300,000 new family planning users and the strengthening of logistic management information systems leading to minimal stock-outs. However, we encourage UNFPA to recognize additional partners that contributed to these results, including USAID, Pathfinder, Marie Stopes International, and local NGOs and CSOs.</p>	<p>UNFPA fully recognizes other partners' contribution to the national efforts on family planning and looks forward to exploring ways to collaborate with them, including with USAID, Pathfinder and Marie Stopes International.</p> <p>UNFPA worked with government, donors, and Population Services International, which was an implementing partner, to support the 300,000 new contraceptive users mentioned.</p>
<p>We appreciate the details regarding the programme's 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 with the lowest contraceptive prevalence rates or the highest rates of gender-based violence. We recommend strong collaboration and coordination between UNFPA and USAID-funded activities, as USAID FP/MCHN activities are implemented in five out of the six identified regions (Zinder, Maradi, Tillabery, Zinder and Dosso).</p>	<p>This comment is well noted.</p> <p>UNFPA is currently working in the regions of Diffa, Maradi, Tahoua, Tillabéri and Zinder. To have results with greater impact, we will welcome discussions with USAID (FP/MCHN project).</p> <p>Working in synergy and complementarity will certainly bring more results.</p>

We welcome alignment with Niger's new Costed Implementation Plan (CIP) for Family Planning, 2021-2025, which USAID supported. Specifically, we encourage UNFPA to include in the CPD how its programme will contribute to the achievement of the CIP goals related to FP demand generation and service delivery.

This comment is well noted. We have included the CIP in output1/strategy (f) to show how UNFPA is contributing to achieve family planning, demand generation and service delivery through the proposed CPD.