



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
27 November 2018

Original: English

First regular session 2019
21-25 January 2019, New York
Item 5 of the provisional agenda
UNFPA – Country programmes and related matters

**United Nations Population Fund
Country programme document for Niger**

Proposed indicative UNFPA assistance: \$45.5 million: \$8.6 million from regular resources and \$36.9 million through co-financing modalities and/or other resources.

Programme period: Three years (2019-2021)

Cycle of assistance: Ninth

Category per decision 2017/23: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	4.8	15.8	20.6
Outcome 2	Adolescents and youth	1.1	2.5	3.6
Outcome 3	Gender equality and women's empowerment	1.8	18.6	20.4
Programme coordination and assistance		0.9	-	0.9
Total		8.6	36.9	45.5



I. Programme rationale

1. Niger's annual demographic growth rate is the highest in the world, at 3.9 per cent; its population, currently 17,138,707, will double every 18 years. More than 8 in 10 women live in rural areas and 21 per cent are of reproductive age. Forty-five per cent of the population lives below the poverty line.

2. Adolescents and youth aged under 25 represent more than two thirds of the country's population (69 per cent). In addition, more than half the population is under 15 years (51.7 per cent), with a dependency ratio of 121 per cent. This demographic profile shows that Niger is ready to harness the demographic dividend; however, this will require high investments in education, health and employment. Child marriage and high adolescent birth rates are the major drivers of the population growth as well as the high maternal mortality and obstetric fistula rates. The birth rate among adolescents aged 15-19 years is high, at 154 per 1,000, with a high number of adolescent girls who already started their reproductive life (30.3 per cent in 2017). They also accounted for 34 per cent of the maternal mortality ratio.

3. Maternal mortality ratio has declined, from 648 deaths per 100,000 live births in 2006 to 520 per 100,000 per 100,000 live births in 2015. This progress is due to increased skilled birth attendance, rising from 29 per cent in 2012 to 36.8 per cent in 2017, and improved access to emergency obstetric and newborn care, up from 29 per cent in 2012 to 51.7 per cent in 2017. Nevertheless, maternal mortality remains at high levels, with gender inequalities linked to sociocultural traditions that contribute to the lack of empowerment of women, all resulting in avoidable deaths. Obstetric fistula prevalence among women of reproductive age is 0.2 per cent.

4. The fertility rate, which was at 7.6 children per women in 2012, is expected to decline due to the decrease in the proportion of girls aged 15-19 years starting their reproduction cycle (declining from 40.4 per cent to 30.3 per cent) and the increase in school enrolment from 12 per cent in 2012 to 29 per cent in 2017 even though the contraceptive prevalence rate is stagnant at around 10.5 per cent. It is a serious concern that only 26 per cent of the population is seeking family planning methods, with a 15 per cent unmet need. Low demand and use of health commodities are down to sociocultural factors, such as misinterpretation of religious texts, women weak status and misconceptions about contraceptive use.

5. Gender-based violence is of great concern in Niger and 60 per cent of adolescent girls and women experience at least one type of violence in their lifetime. Child marriage is most prevalent, with 28.6 per cent of girls married before age 15 and 76.3 per cent before age 18. Denial of opportunity and economic violence are high: 61.4 per cent of girls aged 10-14 years old have never attended school. Niger is unique in the Sahel, with a low national prevalence for female genital mutilation at 2.2 per cent – with the exception of the Tillaberi region where the rate is 12 per cent.

6. Niger has identified security as a key challenge; conflicts at the borders with Chad, Mali and Nigeria affect the regions of Tahoua, Tillaberi and Diffa. This has resulted in massive movements of population (257,847, as of June 2018). Those forced to leave their homes included 105,491 refugees, 14,678 Nigerien returnees and 137,678 internally displaced persons. This humanitarian population includes 64,462 women of reproductive age, adding to the 848,317 women of reproductive age in the existing population, and 1,259,484 young boys and girls. The Government of Niger has a humanitarian response plan taking into account lifesaving issues such as family planning, emergency obstetrical care and gender-based violence services.

7. The previous country programme contributed to the following key results: contributed to improvement of assisted birth deliveries, from 29 per cent in 2012 to 36.8 per cent in 2017; supported roll-out of the family planning plan 2013-2020, with 934,181 new users of modern contraceptives; provision of continuous availability of the range of modern contraceptives (80.5 per cent of service delivery points without stock out); 1,178 cases of obstetric fistula repaired.

8. The Government of Niger has adopted its vision document “Niger Strategy for Sustainable Development and Inclusive Growth” and a national development plan for 2017-2021. It focuses on reaping the demographic dividend through initiatives geared at changing the population structure: reducing maternal mortality through improved service delivery in emergency obstetrical care; ensuring availability and access to family planning services; empowering women and young people to make informed choices and exercise their reproductive health rights; promoting gender equality with the development and adoption of a national gender policy; and adoption of legislation for the protection of girls at school. In the humanitarian area, the programme focuses on contributing to the development of a humanitarian response plan as lead of the gender-based violence sub-cluster and the development and implementation of a gender-based violence information management system. It operates, in collaboration with Office of the United Nations High Commissioner for Refugees, three multifunctional centres to support 3,060 victims of gender-based violence and 10 safe spaces in Diffa to empower 5,400 adolescent girls.

9. The main challenges ahead are: the overly ambitious national service delivery; integration of humanitarian and development interventions through capacity enhancement of existing structures, particularly the Ministry of Health and the Ministry of the Promotion of Women and Child Protection; creating synergies of community-based services through a platform under the leadership of traditional chiefs; and developing complementarity between major initiatives, particularly the global programme on child marriage, the Spotlight Initiative and the Sahel Women Empowerment and Demographic Dividend (SWEDD).

10. Key lessons learned are: (a) efficiency and results improve if there is synergy between the diverse community-based strategies implemented; (b) there is significant impact – with little or no dilution of resources – by concentrating service-delivery interventions in specific geographic regions rather than on a national scale.

II. Programme priorities and partnerships

11. The proposed country programme for 2019-2021 is in line with the priorities of the Government of Niger, as outlined in its Economic and Social Development Plan 2017-2021. This is also in alignment with the 2030 Agenda for Sustainable Development, particularly Goals 3, 5 and 10, with particular focus on the most vulnerable women, adolescents and youth. It is aligned with the United Nations Development Assistance Framework (UNDAF), 2019-2021, and the outputs are built upon the three transformative results of the UNFPA Strategic Plan, 2018-2021, with a focus on demand creation in consideration of the sociocultural environment.

12. The country 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 five regions that comprise more than three quarters of the population. Humanitarian activities will focus on Diffa and Tillaberi, aiming to bridge the humanitarian and development nexus in the context of resilience alongside development interventions.

13. The programme will assist the Government in reaping the demographic dividend through investments in maternal and neonatal health care; demand creation for family planning services; availability of sexual and reproductive health services and information, particularly for young people; prevention of harmful practices, such as child marriage, along with empowerment of women and girls; and development of demographic intelligence by building on the previous programme’s partnership with the National Statistical Office. These achievements include the Demographic and Health Survey 2017, the demographic profile and policy briefs developed on population and economic, health, gender and youth employment issues, national observatory on demographic dividend and tools to monitor key socioeconomic indicators and provide disaggregated data and analytic reports for policy and decision-making.

14. UNFPA will continue its partnerships: with UNICEF on the global programme to eliminate child marriage; with the European Union, UNDP and UN-Women on the Spotlight Initiative, the Sahel strategy and peacebuilding interventions focusing on youth and women, and the Muskoka initiative on reducing maternal, newborn and child mortality. UNFPA will also strengthen its partnership with SWEDD.

A. Outcome 1: Sexual and reproductive health

15. *Output 1: Strengthened national capacities to deliver emergency obstetric and neonatal care, fistula treatment, high-quality family planning services and secure reproductive health commodities, including in humanitarian settings.* This will be achieved by: (a) enhancing the capacities of 103 health facilities to deliver emergency obstetric care services, with a particular focus on preventing haemorrhages, infections and eclampsia; (b) reinforcing prevention of obstetric fistula; (c) providing support to training of midwives in partnership with communal authorities; (d) supporting the production and analysis of data on maternal deaths, health statistics, disaggregated data on youth reproductive health, gender-based violence and humanitarian services; (e) ensuring provision of sexual reproductive health and gender-based violence services in humanitarian settings; (f) upgrading the national management logistical system by training supply-chain managers; (g) enhancing the quality assurance system with training and coaching all along the supply chain; (h) supporting implementation of a distribution system to the last mile by training health agents; (i) reinforcing multisectorial approaches and partnerships to operationalize the demographic dividend; (j) providing reproductive health services through mobile clinics to reach nomadic populations and those living in remote areas not covered by health services, including in humanitarian settings; (k) implementing the Minimum Initial Service Package in humanitarian areas.

16. *Output 2: Enhanced national capacities of governmental institutions, civil society and communities in the five regions to provide information for family planning and sexual reproductive health demand creation to the most marginalized women, adolescents and young people, including in humanitarian settings.* The country programme will contribute to: (a) rolling out regional communication campaigns and large-scale community dialogue initiatives with traditional communicators, community radios, religious leaders and traditional chiefs, in order to bring social and behavioural change; (b) providing coaching and monitoring the Husband Schools initiative to boost demand for reproductive health services; and (c) rolling out task-shifting in community health centres.

B. Outcome 2: Adolescents and youth

17. *Output 1: Young people, particularly adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health, rights and well-being, including in humanitarian settings.* UNFPA will continue to: (a) support secondary-level teachers training in complete sexuality education; (b) provide technical support for integration of comprehensive sexuality education in the curricula of professional schools; (c) support provision of sexual and health services for in-school youth in school health clinics; (d) operationalize school health clubs; (e) support adolescent school girls with kits and through mentoring and excellence prizes; and (f) build capacity for youth in humanitarian settings on life skills, sexual and reproductive health and reproductive rights, HIV and gender-based violence.

C. Outcome 3: Gender equality and women's empowerment

18. *Output 1: National institutions and communities have enhanced capacities to prevent and address gender-based violence and harmful traditional practices, and empower women and girls to protect their rights, including in humanitarian settings.* UNFPA will, including through the Spotlight and the SWEDD projects, focus on: (a) scaling up the adolescent girls initiative to eliminate child marriage and child pregnancy (Illimin); (b) monitoring of the Husband Schools; (c) ensuring there is high-quality data on gender-based violence in humanitarian settings in the gender-based violence information monitoring system; (d) scaling up involvement of males,

traditional birth attendants and community mediators in prevention and response of gender-based violence; (e) providing support in operationalizing four-stop-centres on gender-based violence for medical, psychosocial, judiciary and security services to refugees, international displaced persons and the host population; (f) supporting training to mentors for safe spaces and Husband Schools members who will be used as paralegals with non-governmental organizations to provide gender-based violence services; (g) scaling up community dialogue through partnerships with civil society organizations and networks, traditional communicators, community radios, religious leaders and traditional chiefs, in order to combat female genital mutilation in Tillabéri.

III. Programme and risk management

19. UNFPA will build on national ownership with the Ministry of Planning, leading programme implementation and ensuring programme coordination and delivery with selected implementing partners (ministries and non-governmental organizations). UNFPA will collaborate with other United Nations agencies and non-governmental organizations. The preferred implementation modality will be a harmonized approach to cash transfers, following appropriate risk and capacity analysis of implementing partners. Selection of implementing partners at decentralized regional levels may need sharper risk analysis and more staff time because service delivery and capacity-building interventions will mainly be at regional level.

20. Regional support teams, South-South cooperation and individual consultants will provide additional technical support when needed. UNFPA will periodically review the sociopolitical environment, particularly the presidential and legislative elections (planned for 2021), as well as fraud and risks associated with the programme, and will define and implement mitigation measures.

21. 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 UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

22. The UNFPA monitoring system will be integrated into the monitoring systems of Niger Social and Economic Development Plan 2017-2021 and the UNDAF. Relevant government institutions and UNFPA will monitor and evaluate the country programme in accordance with UNFPA policies and procedures. UNFPA and the Ministry of Planning will systematically carry out quarterly and annual programme reviews with the active participation of stakeholders.

23. UNFPA, working jointly with its partners, will conduct field monitoring visits to assess the progress of workplan implementation and results achievement. This will take place every three months in regions and departments, and every six months at the central and regional levels. Partners in population and women's empowerment will be strengthened through regular quarterly reviews, and UNFPA will ensure its leadership role. Data collection will be carried out through a fully operational mobile web platform for the Ministry of Health; sectorial statistics will be used for the other implementing partners. Demographic dividend progress will be monitored by an observatory.

Results and resources framework for Niger (2019-2021)

<p>National priority: Social development and demographic transition</p> <p>UNDAF outcomes: (a) By 2021, the most vulnerable populations, especially girls and boys, and children in targeted areas, receive equitable and continuous quality education and training services, both formal and non-formal, in an environment that protects them from violence, exploitation and abuse. (b) By 2021, populations in targeted areas, especially women, children and adolescents, are equitably using quality services in health, sexual and reproductive health, and HIV/AIDS, and have access to nutrition, as well as water, sanitation and hygiene services.</p> <p>Indicators: (a) Literacy rate of young people aged 15 and above. <i>Baseline:</i> 11%; <i>Target:</i> 42%. (b) Maternal mortality ratio. <i>Baseline:</i> 520; <i>Target:</i> 447</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health</p> <p>Every woman, adolescent and youth, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Contraceptive prevalence rate <i>Baseline:</i> 10.5%; <i>Target:</i> 15% Maternal mortality ratio <i>Baseline:</i> 520; <i>Target:</i> 447 	<p><u>Output 1:</u> Strengthened national capacities to deliver emergency obstetric and neonatal care, fistula treatment, high-quality family planning services and secure reproductive health commodities, including in humanitarian settings</p>	<ul style="list-style-type: none"> Number of health centres reinforced to offer basic emergency obstetric care in the intervention areas <i>Baseline:</i> 42; <i>Target:</i> 103 Number of girls and women living with obstetric fistula who receive treatment in the intervention areas <i>Baseline:</i> 0; <i>Target:</i> 1,500 Percentage of health facilities in humanitarian settings implementing Minimum Initial Service Package <i>Baseline:</i> 0; <i>Target:</i> 80% Proportion of service delivery points without stock out of family planning commodities for the last three months <i>Baseline:</i> 80.5%; <i>Target:</i> 85% 	<p>Associations of traditional chiefs, community radios, religious leaders; cultural renaissance, population, youth, professional education, health, women promotion ministries, united nations agencies</p>	<p>\$15.2 million (\$1.5 million from regular resources and \$13.7 million from other resources)</p>
	<p><u>Output 2:</u> Enhanced national capacities, of governmental institutions, civil society and communities in the five regions to provide information for family planning demand creation to the most marginalized women, adolescents and young people, including in humanitarian settings</p>	<ul style="list-style-type: none"> Number of new users of modern contraceptives <i>Baseline:</i> 0; <i>Target:</i> 300,000 Operating coordination model of community-based actors exists <i>Baseline:</i> no; <i>Target:</i> yes Number of community-based actors in sexual and reproductive health deployed <i>Baseline:</i> 0; <i>Target:</i> 1,867 	<p>Associations of traditional chiefs, community radios, religious leaders; cultural renaissance, population, youth, professional education, health, women promotion ministries, united nations agencies</p>	<p>\$5.4 million (\$3.3 million from regular resources and \$2.1 million from other resources)</p>

<p>Outcome 2: Adolescents and youth Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts <u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Country has engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies <i>Baseline: no; Target: yes</i> 	<p><u>Output 1:</u> Young people, particularly adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health, reproductive rights and their well-being, including in humanitarian settings</p>	<ul style="list-style-type: none"> Number of job training centres supported to implement the complete sexuality education module <i>Baseline: 0; Target: 2</i> Number of school health clinics that offer sexual and reproductive health and rights services <i>Baseline: 8; Target: 24</i> Number of youth networks reinforced with leadership, demographic dividend, humanitarian, peace building and sexual and reproductive health and rights skills <i>Baseline: 0; Target: 10</i> 	<p>Associations of traditional chiefs, community radios, religious leaders; cultural renaissance, population, youth, professional education, health, women promotion ministries, united nations agencies</p>	<p>\$3.6 million (\$1.1 million from regular resources and \$2.5 million from other resources)</p>
<p>National priority: Enhanced governance, peace and security UNDAF outcome: By 2021, women, youth and adolescents in targeted areas benefit from viable economic opportunities, skills and abilities to empower them, and allow them to participate in decision-making processes and the promotion of good practices, to eliminate inequalities and gender-based violence, including child marriage. <i>Baseline: 0; Target: 100</i> Indicator outcome: Number of communities who have made public declarations to eliminate harmful traditional practices, including child marriage. <i>Baseline: 0; Target: 100</i></p>				
<p>Outcome 3: Gender equality and women's empowerment Gender equality, including the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings <u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Laws, policies and regulations on sexual and reproductive health and reproductive rights conform with international human rights standards that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care information and education <i>Baseline: No; Target: Yes</i> Prevalence of child marriage <i>Baseline: 76%; Target: 61%</i> 	<p><u>Output 1:</u> National institutions and communities have enhanced capacities to prevent, address gender-based violence and harmful traditional practices and empower women and girls to protect their rights, including in humanitarian settings</p>	<ul style="list-style-type: none"> Number of gender-based violence victims who have received the minimum essential packet of services <i>Baseline: 0; Target: 8,000</i> Number of communities who have made public declarations to eliminate harmful traditional practices, including child marriage, female genital mutilation in the intervention areas <i>Baseline: 0; Target: 30</i> Number of national policies, plans and programmes against gender-based violence including child marriage and female genital mutilation, that align to international treaties <i>Baseline: 0; Target: 10</i> Number of marginalized adolescents that end the Illimin module and literacy <i>Baseline: 0; Target: 120,000</i> 	<p>Ministries of women empowerment and child protection; health; Cultural Renaissance; National Commission of Human Rights; consultation group for combating gender-based violence; World Bank; UNICEF; European Union; National and international non-governmental organizations implementing community initiatives</p>	<p>\$20.4 million (\$1.8 million from regular resources and \$18.6 million from other resources)</p>