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FRATERNITY – WORK – PROGRESS



MINISTRY OF PUBLIC HEALTH (MSP)
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FAMILY PLANNING IN NIGER:

2012 - 2020 ACTION PLAN

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TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS.....3

INTRODUCTION.....4

**I. ANALYSIS OF THE SOCIODEMOGRAPHIC AND HEALTH SITUATION IN
NIGER.....5**

**II. STRATEGIC
AREAS/OBJECTIVES/RESULTS.....7**

**III. MONITORING &
EVALUATION.....8**

**IV. BREAKDOWN OF ACTIVITIES AND
BUDGET.....8**

ACRONYMS AND ABBREVIATIONS

CBD: Community-Based Distribution (contraceptives)

NPHS: National Population Health Survey

I.E.C: Information/Education/Communication

LB: Live Births

MDG: Millennium Development Goals

FP: Family Planning

MPA: Minimum Package of Activities

HDP: Health Development Plan

RH: Reproductive Health

MTSEF: Medium Term Sector Expenditure Framework

INTRODUCTION

Rapid population growth in Sub-Saharan Africa is currently a major concern for planners, policy makers and officials. This situation is the result of demographic and health policies that are still in their infancy due to several embedded, unfavorable socio-economic, cultural and environmental factors.

Niger, a landlocked country in West Africa in the Sahel-Saharan region is no exception.

Aware of the rapid population growth and the social, health and economic consequences it generates, the administrative and health authorities have implemented many strategies and actions aimed at managing population growth. The current multi-year plan, stemming from the 2011-2015 Health Development Plan (HDP) aims to help manage population growth by promoting family planning.

The plan's objective is to reach 50% contraceptive prevalence in 2020 through the development of three main strategic areas:

- Improving the availability of family planning services at all levels of the care continuum (community as well as public and private health services);
- Increasing demand for family planning services at all levels;
- Promoting a conducive environment for family planning.

Implementing this plan will require **funding in the order of thirty four billion seventy four million two hundred seven thousand two hundred thirty one (34,074,207,231) CFA Francs** over the next nine (9) years.

I. Analysis of the Sociodemographic and Health Situation in Niger

1. Geography and administration

Niger covers an area of 1,267,000 km² with four ecological zones from south to north: the Sudanian Savanna zone, the Sahel zone, the Sahel Saharan zone and the desert zone (two-thirds of the country).

It is bordered by Algeria and Libya to the north, Chad to the east, the Federal Republic of Nigeria and Benin to the south, Burkina Faso to the west and Mali to the north-west.

Its climate conditions are difficult, with rainfall being random, irregular and insufficient with regard to both time and place. Rainfall has been down over the last 30 years, making the country's already significant desertification worse.

The country is administratively divided into eight major regions, 54 departments and 265 municipalities.

2. Population

Niger's exceptional population growth is the result of a decline in infant mortality (300‰ in 1990 to 130.5‰ in 2010) and high fertility that has continued over a long period of time. The natural rate of increase is 3.3% per year, indicating a doubling of the population every 23 years. The Nigerien population is therefore projected to reach 53 million by 2050 if the current growth rate continues.

In 2012, the population was estimated at 16,274,738, with an average density of 13 people per km² and a large disparity between the various regions of the country. There are high density areas in the regions of Zinder (104 ppl/km² in Matameye) and Maradi (92 ppl/km² in Aguié). More than 75% of the population lives in less than 40% of the country (including 80% in rural areas) and about 15% of the population is nomadic.

Niger's population is young; 54.1% of the population is under 15 years old.

Women of childbearing age represent 21.7% of the population, i.e., 3,524,885 in 2012.

The fertility rate is one of the highest in the world at 7.1 children per woman, with variations from 5.3 children per woman in Niamey to 8.0 children per woman in Maradi.

3. Social characteristics

- 99% of the population is Muslim and 1% is Christian. Religious tolerance is the rule and the various religious associations work regularly in support of this.
- The family is the central unit of the traditional social organization. The relationships that family members maintain are governed by elder-junior relations. They are therefore unequal.
- In this context, women and children are most affected. In the collective psyche of these traditional societies, women are seen as inferior to men and sometimes her opinion carries little weight in matrimonial matters.
- Early marriage is very common (the average age at one's first marriage is 15.5 years according to the NPHS MICS III of 2006) and sometimes involves major health risks for the women involved (fistula). However, under the influence of imported modernity and some women's associations, there have been noticeable positive developments toward improving the status of women.
- Niger has several structured social organizations such as faith-based organizations, women's associations, youth associations, unions, political parties, etc.

4. Analysis of the health situation

The health situation has evolved favorably in respect of some indicators of maternal, infant and child health between 2006 and 2010 thanks to the significant, coordinated efforts made by the State with the support of technical and financial partners (TFP) from the health sector.

However, the maternal mortality rate has changed very little, falling from 648/100,000 LB to 554/100,000 LB in 2010. Although family planning is recognized as one of the main strategies for reducing this mortality rate, unmet needs remain high, rising from 16% to 22% in 2010. However, the prevalence of modern contraceptive methods has increased from 5% in 2006 to 16% in 2010.

But these efforts must be backed by effective strategies that help reach MDGs 4 and 5, especially pertaining to the health of mothers and children.

The 2011-2015 HDP, the main reference document for all health strategies, focused on achieving the objectives of the 2008-2012 Accelerated Development and Poverty Reduction Strategy and the 2015 MDGs, was designed according to the Results-Oriented Management (ROM) approach. It is supported in its implementation by the definition of a Medium Term Sector Expenditure Framework (MTSEF) and the signing of a COMPACT with all the Technical and Financial Partners involved in the health sector.

The 2011-2015 HDP is comprised of eight (8) strategic intervention areas. The **2nd area** pertains to the development of reproductive health services, which will be achieved through these four intervention packages:

- Improving family planning
- Improving Adolescent and Youth Health (AYH) services
- Improving the management of children's health
- Improving the management of mothers and newborns

This action plan for repositioning family planning is based on the strategic directions of the 2011-2015 HDP.

II. Objectives/Strategic Areas/Results

1. Overall objective:

Contribute to reducing maternal and infant mortality in Niger.

2. Specific objective:

Improve contraceptive prevalence from 16% in 2010 to 25% in 2015 and 50% in 2020.

3. Strategic areas:

The main strategies of the 2012 -2020 action plan to reposition FP are:

1. Improving the availability of family planning services at all levels of the care continuum (community as well as public and private health services).
2. Increasing demand for family planning services at all levels.
3. Promoting a conducive environment for family planning.

4. Priority interventions:

High-impact interventions were identified in the 2011-2015 HDP:

- Availability of FP inputs (contraceptives, FP materials, etc.).
- The integration of FP into the MPA for health care centers;
- Community-based distribution (CBD) of contraceptives;
- Improving the large-scale distribution of contraceptives including via

social marketing;

- IEC for FP/RH and population issues
- Mobile and advanced strategies for providing RH/FP.

5. Expected results:

- ❖ The rate of contraceptive use has increased at all levels of the care continuum for women of childbearing age in Niger;
- ❖ The strategy of community-based distribution of contraceptives is scaled up;
- ❖ Long-term methods are promoted;
- ❖ The legislative and policy framework is conducive to FP.

III. Monitoring and Evaluation of the Plan

This plan will be monitored biannually during reviews at the central level and during onsite evaluations. A final evaluation is planned for 2020.

IV. Breakdown of Activities and Budget

STRATEGY No. 1: IMPROVING THE AVAILABILITY OF FAMILY PLANNING SERVICES AT ALL LEVELS

Specific objectives	Priority actions	Timeline by year										Managers & players	Costs	Indicators	Source of funding
		2012	2013	2014	2015	2016	2017	2018	2019	2020					
1.1 Provide quality FP services to the public	1.1.1. Finalize the new 2012-2015 National Plan for Securing RH Products (SRHP)	X										MSP/TFP, CSO	5,310,110	Plan available	
	1.1.2. Organize 8 regional workshops to disseminate the new 2012-2015 National Plan for Securing RH Products		X									DSME/DRSP (Regional Department of Public Health)	9,777,531	Number of workshops organized	
	1.1.3. Finalize the mapping of FP services	X										DSME/TFP, CSO	7,689,248	Study report available	
	1.1.4. Integrate FP into activity packets for 500 health care centers per year	X	X	X	X	X						DSME/DOS (Care Supply Department)/DRSP/CSO	593,712,490	Number of health care centers with integrated FP	
	1.1.5. Set up 1,000 sites for community-based distribution of contraceptives each year throughout the country	X	X	X	X	X	X	X	X	X	X	DRSP/DS (Health Department)/CSI (Integrated Health Care Center)/TFP/CSO	406,735,452	Number of CBD sites set up	

	1.1.6 Introduce injectable contraceptives into the MPAs for health care centers (ASC, Additional Health Assistance)	X	X									DRSP/DS/CSI/TFP/CSO	1,989,000	Texts introducing injectable contraceptives into the MPAs for available health care centers	
	1.1.8. Organize mobile clinics to provide FP, especially long-term methods in isolated or poorly covered areas (Tchiro, Gouré, Tchinta, Abalak, Dakoro, N'guiguimi, Say, Tanout, Kollo, Mainé Soroa, Arlit, Téra, Mayahi, Fillingué, Keita).	X	X	X	X	X	X	X	X	X		DRSP/DS/CSI/TFP/CSO	1,350,000,000	Number of organized mobile clinics	
	1.1.9. Make contraceptives available at all public and private health facilities	X	X	X	X	X	X	X	X	X		DSME/DRSP/DS/CSI/TFP/CSO	9,094,234,466	Number of days out of contraceptives; Number of Personalized Health Plans (PHP) with at least three contraceptive methods	

	1.1.10. Make implant and IUD insertion supplies and materials available at all public and private health facilities	X	X	X	X	X	X	X	X	X	MSP/TFP/CSO	856,515,600	Number of health facilities with implant and IUD insertion supplies and equipment	
	1.1.11 Make FP IEC materials available at all public and private health facilities	X	X					X	X		MSP/TFP/CSO	43,016,000	Number of health facilities with FP IEC materials	
	1.1.12 Make FP educational materials available at all facilities including the FP division		X	X			X			X	MSP/TFP/CSO	64,786,500	Number of facilities with FP educational materials	
	1.1.13 Make data collection materials available at all public and private health facilities	X	X	X	X	X	X	X	X	X	MSP/TFP/CSO	229,500,000	Numbers of health facilities with all data collection materials	

	1.1.14. Upgrade 25% of FP services each year in public health facilities (equipment, confidentiality compliance)		X	X	X	X						MSP/TFP	852,000,000	Percentage of FP services upgraded	
	1.1.15. Sign contracts annually with the private health sector, including health NGOs/Associations and pharmacies for FP services		X	X	X	X	X	X	X	X		MSP/TFP/CSO	420,000,000	Number of contracts signed with pharmacies and the private sector	
	1.1.16. Create sites for distributing contraceptives (pill and condom) for sex workers	X	X	X	X	X	X	X	X	X		DSME/DRSP/DS/CSI/TFP/CSO	232,000,000	Number of distribution sites created	
	1.1.17. Improve the integration of FP into the care for mothers and children under 5 years of age at the community level in all districts	X	X	X	X	X	X	X	X	X		DSME/DRSP/DS/CSI/TFP/CSO	2,105,633,502	Number of sites that integrated FP into care at the community level	
	1.1.18 Integrate/revise family planning in the training curricula of the Faculty Of Health Sciences (FSS), medical qualification courses (DES) and training	X	X							X		FSS/MSP/MESR (Ministry of Higher Education and Research)	7,223,240	Proportion of training schools that revised their curricula to integrate FP	

	schools													
	1.1.19 Increase the teaching of FP during Home Economics in high schools (CES)		X	X	X						/MSP/ MEBA(Ministry for Basic Education and Literacy) /MESR	141,346,740	Proportion of economics teachers trained in FP	
	1.1.20. Introduce/improve Quality Assurance in public and private FP services in all eight regions	X	X	X	X	X	X	X	X	X	DSME/DRSP/DS/CSI/TFP/CSO	942,246,340	Proportion of health facilities that have introduced/improved QA	
	1.1.21. Monitor the Channel and contraceptive supply chain	X	X	X	X	X	X	X	X	X	MSP/TFP	107,292,204	Number of monitorings carried out	
	1.1.22. Provide training materials to the FP Division and regions		X						X		MSP/TFP	10,786,500	The FP Division and regions equipped with training materials	
	1.1.23. Train 360 health workers per year in contraceptive technology	X	X	X	X	X					DRSP/DS/CSI/TFP/CSO	1,654,649,856	Number of health workers trained per year	

	1.1.29. Train 160 supervisors in FP training supervision techniques per year		X	X	X	X	X	X	X	X		254,103,552	Number of supervisors trained	
	1.1.30. Perform post-training follow-up of trained workers	X	X	X	X	X	X	X	X	X	DRSP/DS/CSI/TFP/CSO	21,600,000	Number of post-training follow-ups performed	
	1.1.31 Conduct a biannual monitoring of FP activities from the central level to the regional level	X	X	X	X	X	X	X	X	X	DSME/DRSP/DS/CSI/TFP/CSO	926,486,244	Number of monitorings carried out	
	1.1.32 Conduct monitoring of FP activities from the regional level to the district level four times a year	X	X	X	X	X	X	X	X	X	DRSP	179,852,400	Number of monitorings carried out	
	1.1.33 Conduct monthly monitoring of FP activities from the district level to the CSI level	X	X	X	X	X	X	X	X	X	DS	2,905,865,280	Number of monitorings carried out	
	1.1.34. Conduct monthly monitoring of FP activities from the CSI level to the health care center level	X	X	X	X	X	X	X	X	X	CSI	2,913,300,000	Number of monitorings carried out	

	1.1.35. Perform mid-term and final evaluations of the 2012-2015 and 2016-2020 Plans for Securing RH Products				X			X		X	DRSP/DS/CSI/TFP/CSO	27,705,534	The evaluated 2012-2015 and 2016-2020 plans	
	1.1.36. Develop the 2016-2020 SRHP Plan				X						DSME/DRSP/DS/CSI/TFP/CSO	12,852,029	2016-2020 SRHP Plan available	
	1.1.37. Distribute the 2016-2020 SRHP Plan					X					DSME/DRSP/DS/CSI/TFP/CSO	9,777,531	2016-2020 Plan distributed	
	1.1.38. Organize a meeting of the technical committee four times a year and of the national SRHP plan committee twice a year	X	X	X	X	X	X	X	X	X	DSME/TFP/CSO/Committees	56,142,000	Number of committee meetings organized	
	1.1.39. Organize contraceptive prevalence surveys		X			X				X	MSP/INS (National Statistics Institute)	210,000,000	Number of surveys carried out	
	1.1.40. Organize FP operational research	X	X	X	X	X	X	X	X	X	DS/CSI	420,000,000	Number of studies performed	
	1.1.41. Carry out mid-term and final evaluations of the 2012-2020 action plan for repositioning FP					X				X	DSME/TFP	18,470,356	Evaluation reports	

	1.1.42. Increase the FP division and regions' supply of vehicles for better monitoring			X	X	X						MSP/TFP	270,000,000	Vehicles available	
Subtotal of FP services increase												28,241,751,165			
STRATEGY No. 2: INCREASE THE DEMAND FOR FAMILY PLANNING SERVICES AT ALL LEVELS															
Specific objectives	Priority actions	Timeline by year										Managers & players	Costs	Indicators	Source of funding
		2012	2013	2014	2015	2016	2017	2018	2019	2020					
2.1 Combat rumors surrounding FP	2.1. 1. Arrange television and radio programs on family planning (2 debates, 1 round table, 20 interviews, 4 commercials, 1 documentary, 5 public information announcements per year)	X	X	X	X	X	X	X	X	X	X	MSP/TFP	415,080,000	Number of TV and radio programs/reports organized	

	<p>2.1.2 Strengthen communication through social marketing and by partnering with religious and traditional leaders, local elected officials, NGOs and associations, women's groups and youth every year in all eight regions.</p>	X	X	X	X	X	X	X	X	X	MSP/TFP/religious and traditional leaders, local government officials, NGOs	2,741,938,560	Number of contracts signed, reports of activities available, improved communication at all levels	
	<p>2.1.3 Organize a FP and HIV/AIDS annual national integrated multimedia communication campaign</p>	X	X	X	X	X	X	X	X	X	MC (Ministry of Culture)/NICT/MSP/Private structures	911,250,000	Number of FP and HIV/AIDS national integrated multimedia communication campaigns organized	
	<p>2.1.4. Conduct sessions to raise public awareness about the benefits of FP from a health standpoint</p>	X	X	X	X	X		X	X	X	DRSP/DS/CSI/TFP/CSO	1,018,656,000	Number of awareness-raising sessions organized	

	2.1.5 . Celebrate World Contraception Day (WCD) every year nationally and regionally	X	X	X	X	X	X	X	X	X	MSP/DRSP/TFP/CSO	270,000,000	World Contraception Day (WCD) organized nationally and regionally	
	2.1.6 Review the IEC/RH strategic plan every four years	X				X				X	MSP/TFP/CSO	40,638,600	Plan reviewed	
	2.1.7 Use modern communication means (NICT) to educate young people about FP (toll free number, Quiz, etc.)	X	X	X	X	X	X	X	X	X	MC/NICT/MSP/PRIVATE	8,154,000	Modern communication means (NICT) used/No. of youth reached	
	2.1.8 Promote education of adolescents and young people by peers every year in RP/FP in schools (100 schools)	X	X	X	X	X	X	X	X	X	DRCJS (Regional Directorate of Youth and Social Cohesion)/DRSP/DS/DDCJS (Departmental Directorate of Youth and Social Cohesion)/CSI/TFP/CSO	238,996,026	No. of adolescents and young people reached	
2. 2 Involve men in FP actions	2.2.9 Scale the experience of "Husband schools" to all regions of Niger	X	X	X	X	X	X	X	X	X	DRSP/DS/CSI/TFP, religious and traditional leaders, local government officials, NGOs	Missing price	Number of husband schools created	

	2.2.10 Conduct sessions to raise awareness about FP among men in gathering places (markets, mosques, public places, etc.)	X	X	X	X	X	X	X	X	X	DRSP/DS/CSI/CSO	3,410,640	Number of awareness-raising sessions performed/No. of men reached	
Subtotal for FP demand increase											5,648,123,826			
STRATEGY No. 3: PROMOTE THE CREATION OF A CONDUCIVE ENVIRONMENT														
Specific objectives	Priority actions	Timeline by year									Managers & players	Costs	Indicators	Source of funding
		2012	2013	2014	2015	2016	2017	2018	2019	2020				
3.1 Obtain commitment from political authorities of Niger	3.1.1 Advocate for FP to government authorities, the Assembly and other institutions and diplomatic missions		X		X		X		X		MSP/TFP	8,226,320	Number of meetings with members of the Government, National Deputies and other institutions	
	3.1.2. Advocate family planning at places where religious (16) and traditional (16) leaders are located in the 8 regions		X		X		X		X		MSP/TFP	36,056,326	Number of traditional and religious leaders met in all regions	

	3.1.3. Organize one public sermon campaign mission per year by 16 religious leaders about FP in the 8 regions		X	X	X	X	X	X	X	X		MSP/TFP/CSO	282,240,000	Number of sermons made by religious leaders in the 63 departments	
	3.1.4. Organize sessions advocating the benefits of FP at places where 277 local government officials are located, which is 35 per year/region, in the 8 regions		X	X	X	X	X	X	X	X		DGSR/DSME	86,140,120	Number of local officials made aware of the benefits of FP	
	3.1.5. Review legislation (implementing decree and ordinance) related to family planning in Niger		X									DGSR/DSME	1,308,370	Legislation related to FP reviewed	
	3.1.6. Complete and pass the implementing decree of the RH Act		X									MSP/YEAR	1,308,370	RH Act completed and adopted	
	3.1.7. Advocate to increase the amount of the budget item for the purchase of RH products including contraceptives	X	X	X	X	X	X	X	X			MSP	1,437,580	Proportion of the health budget allocated to this line	

	3.1.8. Organize a resource mobilization roundtable with TFP to fund the FP action plan every 3 years	X			X			X				MSP/DGSR	3,952,740	Number of roundtables organized	
	3.1.9. Train 50 journalists from the 8 regions each year on the importance of repositioning FP		X	X	X	X	X	X	X	X		MSP/TFP/Media	35,147,600	Number of journalists trained on the importance of repositioning FP	
	3.1.10. Translate the RH Act and its implementing decree into the national languages (Hausa, Zarma, Arabic)	X	X									MEBA/MSP/TFP/CSO/PRIVATE	780,000	RH Act translated into the national languages	
	3.1.11. Distribute the RH Act and its implementing decree in the national languages (Hausa, Zarma, Arabic)		X	X	X	X	X	X	X	X		MSP/TFP/CSO	245,472,000	Number of distributions of the RH Act in the national languages	
3.2. Strengthen the health system	3.2.1 Participate in 2 integrated supervisions of reproductive health services in the eight regions, per year		X	X	X	X	X	X	X	X		MSP/TFP/CSO/PRIVATE	84,136,493	Number of supervision reports available	

	3.2.2. Create a framework for dialogue among state and private partners for the implementation and monitoring of the action plan		X	X	X	X	X	X	X	X	MSP/TFP/CSO/PRIVATE	16,452,640	Dialogue framework in place; Total minutes from consultative meetings held	
	3.2.3 Hold biannual meetings of the consultative coordination committee (equipment, operation)	X	X	X	X	X	X	X	X	X	MSP/TFP/CSO/PRIVATE	9,193,280	Number of minutes from coordination meetings held	
	3.2.4 Conduct action research on the contribution of "youth-friendly centers" to offering FP to adolescents		X								MSP/TFP/CSO/PRIVATE/MJS (Ministry of Youth and Sports)	13,730,401	Action research study report available	
Subtotal for promoting a conducive environment												825,582,240		
TOTAL FOR THE NIGER PLAN												34,715,457,231		

