Niger

PROJECT OVERVIEW

Launched in October 2003, the project was an integral part of the framework of assistance provided by the sixth UNFPA Country Programme (2004–2008) to the Ministry of Health and Population in the field of reproductive health and was implemented at the operational level by the Directorate for Health in the Zinder region. It aimed at reducing maternal mortality, supporting government efforts in line with key national and multilateral development frameworks including the Common Country Assessment/ UN Development Assistance Framework, the MDGs and ICPD.

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The project was formulated using an approach that was innovative for Niger and participative in nature, involving beneficiaries, technical and administrative authorities, and local partners. It also evolved from a project-type approach to a programme approach in line with UNDAF strategies as Niger switched to basket funding during the project's lifetime.

It was implemented in five health districts from Zinder region (Zinder Commune, Matameye, Magaria, Gouré and Tanout) and covered a total of 79 health facilities.

Key strategies included strengthening existing health facilities, capacity building particularly in emergency obstetric care, social mobilization, developing partnerships with NGOs and civil society stakeholders especially for large-scale awareness raising, and the support of government structures to supervise RH activities.

Capacity building in emergency obstetrics

Capacity building in emergency obstetrics (EmOC) was rapidly identified as one of the most effective approaches to improving maternal health in the Zinder region. Teams of trainers were trained in EmOC by the NGO JHPIEGO in Burkina Faso and comprehensively upgraded with medical equipment and supplies. There has been a clear improvement in the performance of maternities throughout the region, for example in skilled deliveries and caesareans while rates of maternal deaths due to obstetric complications fell significantly. By the project end, 52 basic and five comprehensive emergency obstetric care facilities were in operation (compared with zero and two respectively in 2004). The EmOC training centre in Niger has become a national reference centre with two more training sites being created in other regions, while EmOC training put in place across the project in the Zinder region has had (and will continue to have) an impact outside this region, both because professionals employed in other areas have benefited from training and because similar training centres are being set up in Niamey, Maradi and Tahoua. Basic and comprehensive emergency obstetrics training organized by the Central Maternity Unit in Zinder has positively influenced the design and implementation of national RH policy countrywide.

Previous work by local NGOs established the feasibility of promoting use of female condoms in such an environment if accompanied by stakeholder involvement and strong social mobilization efforts.

Culturally sensitive female condom programming for sex workers

With the support of the programme, promotion of the female condom was piloted in three sites with high concentrations of sex workers: two in the capital Niamey and one in Zinder region at the border with Nigeria. National prevalence

FACTFILE

Title **Reproductive Health for the Zinder Region**

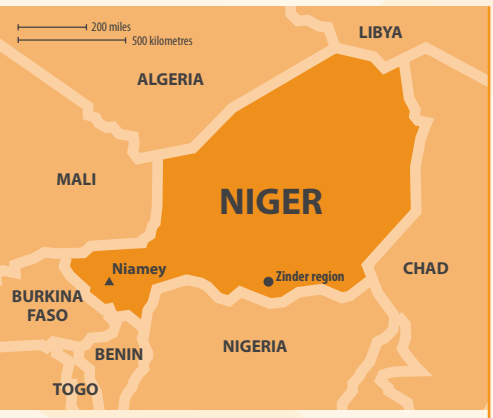
Aim **To contribute to the increasing use of quality reproductive health services in the Zinder region.**

Duration **66 months: 2003–2008**

Budget **US$2.087 million**

KEY ACHIEVEMENTS

- **Capacity building in emergency obstetrics.**
- **Culturally sensitive female condom programming for sex workers.**
- **Social mobilization for community participation in RH service provision.**



SUSTAINABILITY

Core project activities have been integrated into Annual Action Plans at the district level, in the Zinder maternity centre and in the regional health directorate, and have enabled a smooth transition following the programme's close in September 2008.

Continued financing has been provided by UNFPA Country Programme funds or through the various technical and financial partners supporting the Ministry of Public Health as part of the National Health Development Plan (PDS 2005–2010). This plan is the current policy framework governing all national and partner interventions in health for Niger.

rates for modern contraceptives are extremely low (at below 4%) and HIV prevalence rates among sex workers are extremely high. Previous work by local NGOs established the feasibility of promoting use of female condoms in such an environment if accompanied by stakeholder involvement and strong social mobilization efforts.

Local authorities aware of the scale of the problem acted as a catalyst in bringing on board traditional and religious leaders and were trained in HIV/AIDS prevention. A targeted peer-driven approach was adopted to raising awareness on using condoms as a priority for prevention. Take-up was impressive during the pilot project with most sex workers becoming regular users. As a result of this initiative and under the auspices of the EC programme, the initiative was extended to two other sites in the Zinder region and for scaling-up community-based distribution of female condoms.

A key component has been increasing the supply of RH services at community level by bringing into operation 286 health outposts, the creation of 192 local sites and 72 community-based delivery (CBD) sites.

Social mobilization for community participation in RH service provision

The project developed an effective mechanism in the field of social mobilization to sustain increased demand for RH services including a lasting contribution to building the capacities of basic community organizations. A key component has been increasing the supply of RH services at community level by bringing into operation 286 health outposts, the creation of 192 local sites and 72 community-based delivery (CBD) sites.

The project also trained community health workers at new health outposts in risk free pregnancies and in specific CBD skills. This CBD system tested in Zinder region is now being implemented in other regions. At the same time, mass campaigns through social mobilization have played a vital role in stimulating demand for RH services. Awareness raising campaigns were completed in 400 villages and more than 1.2 million people reached out of a total population of 1.8 million, that is two out of every three people in the project area. In addition, more than 4,000 community-based RH support committees were set up or reinforced enabling them to participate in the active management of their reproductive health problems, especially through mobilizing community participation in RH service provision.

LESSONS LEARNED

Although conceived under a different project oriented aid environment and with great care taken to align with the interventions and approaches of other key actors, the project could have benefited from UNFPA's involvement in the Common Fund set up under the overall health sector approach. Future investments using a pooling of resources with other partners involved in the area of reproductive health and beyond that, with the health sector in general, will lead to a more effective use of resources and improved long-term sustainability.

The project made a major contribution to strengthening health staff skills, particularly in the areas of RH and EmOC. Nevertheless, despite the best efforts of the project and government and other donor investments in recruitment and training, there is a risk that structural deficits in the health care system will compromise progress made, particularly in emergency obstetric care provided at district hospitals.

The partnership, involvement and support of the administrative and traditional authorities, as well as regional religious leaders, has been a critical factor in the success of project interventions. They have helped foster an enabling socio-cultural environment encouraging increased utilization of SRH services within the project zone and helping to reduce socio-cultural factors which had posed difficulties in the early phases of the project.

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