



The journey so far

Working together for
safe water in Niger

This country brief – compiled by IRC – shares the highlights and lessons learned from collective action in Makalondi and Torodi communes in Niger. The Safe Water Strategy partnership – made possible with funding from the Conrad N. Hilton Foundation – works to make access to safe water services a reality, for everyone, for good.

Please also see the other focus country briefs and the synthesis document: *People, systems and change: harnessing the power of collective action through the Safe Water Strategy* here: <https://www.ircwash.org/resources/working-together-safe-water-journey-so-far>

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ACKNOWLEDGEMENTS:

We thank Patrick Moriarty and Sára Bori for close review, Marc Jaffrey for editorial guidance, Nic-Riabelle Zohoun for sharing stories, Dechan Dalrymple for designing graphics, Vera van der Grift for proofreading and Hélène Figea and Angela Huston for

coordinating the data for our evidence-based storytelling. We could not have shared these lessons and highlights without the support of our partners, Margaret Person (CDC) and Jordan Smoke (World Vision) with providing updates and reviewing, allowing us to speak with a joint voice. See page 11 for a complete overview of our partners in Niger.

PUBLISHED BY IRC

Copy editing by www.writing-services.co.uk

Design and layout by Punt Grafisch Ontwerp

THE STORY OF THE COVER PHOTO

Hadjara Boubacar is a matron of Makalondi health care facility and a member of the health care facility's WASH FIT team: "First of all, I thank the donors and the policy makers for all they have done for us. Thanks to them the situation of many people in general and our health centre has been improved. My advice to them is to redouble their efforts in the quest to make water a reality in our community."

MEASURING PROGRESS IS COMPLICATED

In this brief we use the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation, and Hygiene (JMP) to assess the quality of services that people are receiving and to set targets for the future. The JMP identifies a service ladder whose rungs consist of five distinct service levels: surface water; unimproved; limited; basic; and, safely managed. Like the JMP, we use a combination of household surveys, infrastructure, water quality, and administrative data to estimate the proportion of the population being served at each level. Criteria including technology type, protection from contaminants, distance from home and availability.

Each level up from 'surface water' represents a significant improvement in the safety and security of the supply. The same logic applies to sanitation, hygiene, and services in schools and health care facilities. A safer water supply can be achieved by using infrastructure that guards against contamination (e.g. a deep mechanised borehole or a piped scheme instead of an open well or stream); using water treatment technology (e.g. in a piped scheme or chlorination at a point source); or reducing the distance and time between the point of collection and the point of use (in turn reducing both the risk of recontamination, and the burden and risks of long trips to the water point).

We are driving progress towards universal access to safe services, and eventually 'safely managed' services by using a variety of context-appropriate strategies. These include bringing piped water to more households, protecting and disinfecting community water points, and promoting better household storage and treatment practices.

The JMP definitions do not always match perfectly to national norms and standards. In particular, there is considerable disagreement about what constitutes 'safe' water. Despite this, we believe that for consistency and ease of comparison across countries and programmes, it makes sense to use JMP wherever possible. For more information on the JMP methodology, go to <https://washdata.org/monitoring/methods>.

Our vision



“Niger has subscribed to the UN’s development agenda of universal access to water and sanitation by 2030. The commune of Makalondi has developed, with the support of its partners (Hilton Foundation, IRC and World Vision), the Communal Strategic Plan for Water and Sanitation for the period 2018–30. This Plan details the actions to be carried out in the sector and is the reference document for the commune and other actors in the WASH sector for the period up to 2030.”

Diara Banyoua, Member of Parliament and Mayor of Makalondi commune

Everyone deserves to have safe water. It’s the most fundamental human right, and a basic need that enables fulfilling and productive lives. The vision of the Safe Water Strategy in Niger is to make access to safe water available for everyone, for good.

During the last 20 years, there has been significant progress towards this aim. And Sustainable Development Goal 6 (SDG 6) – access to water and sanitation for all by 2030 – has provided a sense of urgency and fresh impetus.

But we’re still badly off track. Why? Because people have focused on building infrastructure, rather than making water services effective and sustainable. This approach has been inefficient and ineffective. It’s meant that we’ve duplicated efforts and haven’t addressed what matters most to vulnerable communities. What we need now is a change of mindset, and a change of approach. We need to understand the root causes of systemic issues and strengthen the systems that deliver water services: not just infrastructure but also the people, partnerships, incentives, laws and policies that make it work.

The Safe Water Strategy (2017–2021), a programme funded by the Conrad N. Hilton Foundation embraced this challenge by driving systems change in districts in Burkina Faso, Ethiopia, Ghana, Mali, Niger and Uganda. Safe Water Strategy partners work to bring

the ambitions of SDG 6 within reach for households, health care facilities and schools.

The strategy is based on a simple but ambitious hypothesis – that it is possible to have a long-term impact on safe water services for everyone by supporting district-level change through government leadership, local coordination of partners and the development of clear and ambitious shared goals that drive systems change, all galvanised through local ‘hubs’.

Hubs act as the ‘backbone’ of each partnership. They help local leaders to mobilise and coordinate partners. They facilitate relationships, provide expertise and monitoring, help share learning and ensure continuous communication among partners. Hubs also work at the national level, linking what’s happening at the district to the centres of power and decision making within the country. This way, as these partnerships explore new solutions through collective action and build institutional capacity to sustain services, they also help expand proven approaches nationally and globally.

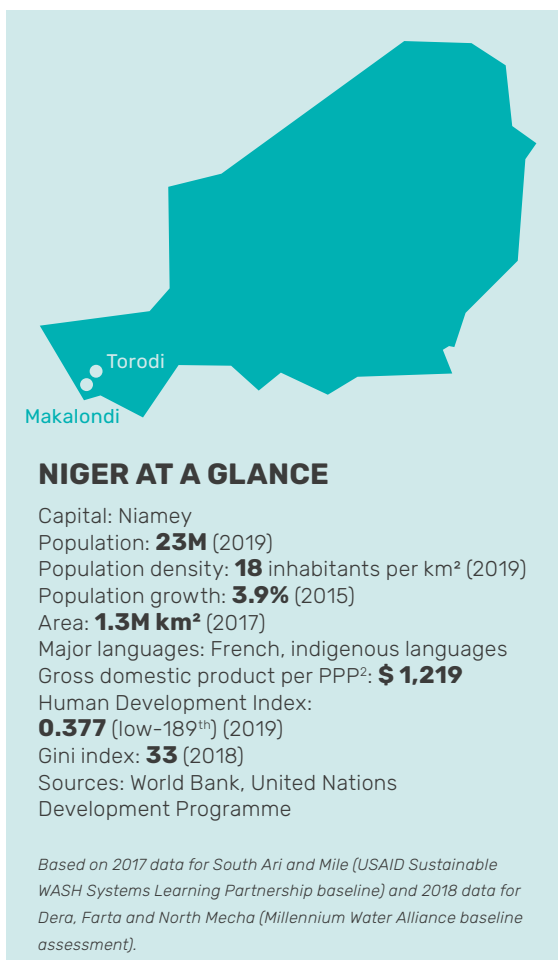
¹ The Conrad N. Hilton Foundation’s 2017–2021 Safe Water Strategy. <https://www.hiltonfoundation.org/learning/2017-2021-safe-water-strategic-initiative-strategy>

The activities of this young collaboration in Niger are concentrated in two communes (districts) – Makalondi and Torodi. Two strategic plans (master plans) were developed by local governments and the Safe Water Strategy partnership in 2018. The initial entry points for strengthening water, sanitation and hygiene (WASH) systems and services were health care facilities and schools. The final vision is to reach everyone with safe water

and sanitation services in the communes by 2030 starting with achieving 100% coverage in schools and health care facilities. As the partnership matures collective action will inspire political commitment and guide change in the communes and beyond. Insecurity, political instability and weak governance at the national level mean that starting with stable local (commune level) government makes sense.

The challenge and context in Niger ...

Niger is one of the poorest countries in the world, with the world's highest birth rate. It is a landlocked country in the Sahel region of Africa with limited natural resources. It is suffering from ongoing climate and insecurity related humanitarian disasters, and an insurgency which lead to increased violence and instability in the region.



In 2017, 50% of people had access to basic water services but only 25% of health care facilities and 16% of schools, according to the Joint Monitoring Programme. A 2019 survey by the National Institute of Statistics, showed that in rural areas, less than 4% of households had access to safe water services and 36% to basic water services.

The government's Sustainable Development and Inclusive Growth Strategy (SDDCI) 2035, gives the country a strategic vision. The objective is to build a modern, democratic and united country, which is well-governed, peaceful and open to the world, with an emerging economy. One of the SDDCI's priorities is 'human capital development' by ensuring, among other things, access to drinking water.

The first plan to be developed as a result – the Economic and Social Development Plan (PDES) 2017-21 – aims to make access to safe water, for everyone, for good, through

² Purchasing power parity (PPP) is a popular metric used by macroeconomic analysts to compare economic productivity and standards of living between countries. The numbers shared are in international dollars.

the Water, Sanitation and Hygiene Sector Programme (PROSEHA 2016-30).

The PROSEHA has two general objectives:

- to ensure the availability and sustainable management of water and sanitation for all

- to contribute to the implementation of the national pastoral hydraulics strategy

Communes have a central role to play in adapting local plans for water and sanitation (PLEA). The master plans of Makalondi and Torodi have been developed to support this process.

... and in Makalondi and Torodi communes

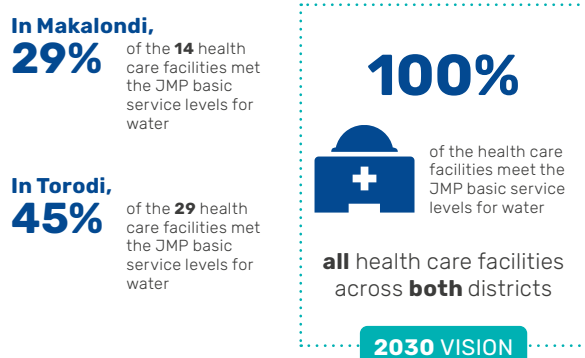
Both communes are essentially rural with populations of 96,000 in Makalondi, and 143,000 in Torodi. But they are becoming increasingly urban with populations in the towns expected to double by 2030.

The entry points for strengthening water systems and services in the communes are health care facilities and schools. In Makalondi, there are 13 health centres and one hospital, whereas in Torodi, there are 25 health centres and four hospitals – all of which are public institutions located in rural areas. There are 90 schools in Makolondi and 160 schools in Torodi, which include a mix of

primary, secondary and médersas (Islamic and arabic language schools), as well as three vocational schools.

There is a long way to go in terms of safe water services in these institutions. In 2019, four of the 14 health care facilities in Makalondi, and 13 of the 29 health care facilities in Torodi, had access to basic services. In Makalondi, only 15 schools had basic water services, nine had basic sanitation services and two had basic facilities for handwashing with soap. In Torodi, 26 schools had basic water services, seven had basic sanitation services, and eight had basic facilities for handwashing with soap.

Figure 1: Water service levels in health care facilities (2019)³



³ Data based on institutional service level assessments - Diagnostic de la situation de l'approvisionnement en eau potable et de l'assainissement dans les écoles et les centres de santé - conducted by IRC in 2019.



Our collective action in Niger

Who's involved^{4?}

National Partners ⁵	Mayors of Makalondi and Torodi, the High Commission for Building Peace / Haute Autorité à la Consolidation de la Paix (HACP) – WASH infrastructure and services for the communities, NGO NAANEY – WASH infrastructure and services for the communities
International Partners ⁶	Conrad N. Hilton Foundation, Agence Française de Développement (AFD), Caritas Développement (CaDev), Centers for Disease Control and Prevention, IRC, NINAFRI, UNICEF, World Vision

Partnership activities at the communal level focus on local capacity building and coordinating of the provision of drinking water services in the commune.

In 2018, local government and Safe Water Strategy partners in both communities developed a master plan, and annual work plans for each commune. These plans outline long-term WASH priorities, and provide a roadmap to follow. The vision is to reach everyone with safe water and sanitation services in the communes by 2030 starting with achieving 100% coverage in schools and health care facilities.

Since 2018, IRC and partners have been providing technical assistance to local government and improving WASH services, primarily focusing on health care facilities.



Moumouni Hassan,
general secretary
of the local
government of Torodi

“One of the major positive points related to this collaboration is the development of our communal strategic plan for water and sanitation. This master plan has allowed us to know our current situation and what needs to be done in order to reach SDG 6 by 2030 at the commune level. IRC brings us the expertise in the WASH field that we really need. For example, our commune is now able to perform seven of the eleven powers or tasks transferred by the state to the communes.”⁷

⁴ For a detailed list of partners please see page 11

⁵ National partners take on a range of roles including delivering parts of the master plans and holding each other to account.

⁶ International partners are working on implementing the master plans. Most are grantees of the Conrad N. Hilton Foundation, however an increasing number of new partners (e.g. NGOs, funders) are joining the Safe Water Strategy partnership.

⁷ Competencies include the implementation of WASH policies and strategies at commune level, managing WASH services, applying legislative and regulatory texts, implementing WASH awareness-raising, communication, education programmes, collecting and sharing data with the Ministry of Water and Sanitation and more.

CDC along with government officials are assessing the level of service at health care facilities. The results inform the decisions made on what must be done, which feed into the action plan. World Vision provides the necessary infrastructure and WASH services to the facilities, and IRC – in its hub role – provides overall technical support, creates consultation frameworks, organises reviews

and joint planning, and strengthens capacity by developing the skills and knowledge of commune and health centre staff. For example, partners are implementing the WHO/UNICEF WASH FIT approach for improving quality of care in health care facilities.

At the national level focus is on policy support, knowledge management and communication.

Our successes

At commune level, collective action is leading to an increased alignment of partners' strategies, plans, and actions.

In 2019, the local governments in Makalondi and Torodi set up a water and sanitation service to manage public water services in the commune – a responsibility delegated to them by the State. Both recruited a WASH officer paid from their budgets, which shows a clear commitment towards improving WASH services.

These WASH officers are responsible for coordinating the implementation of the WASH master plan. They started by establishing a baseline against which progress can be measured – i.e. which services were in place in schools and health centres in 2019. With technical assistance from IRC, they have also trained local nurses and teachers on approaches like WASH FIT⁸, risk and hazardous waste management, WASH in schools tools and trained mechanics on WASH facility management.



WASH FIT indicator assessment meeting at the Koulbou health facility with the commune's water and sanitation officer, Soirié Godiba, nurse and head of the facility, Salamatou Boureima and the IRC WASH officer, Ismael Ousmane

These activities and funds helped to build the capacities of local health centre managers who were in turn better prepared for addressing COVID-19 related challenges.

⁸ WASH FIT is a framework to guide a continuous cycle of improvement, through assessments, prioritisation of risk and defining specific, targeted actions

At the national level, IRC and World Vision work with Helvetas, WaterAid, Eau et Assainissement pour l'Afrique, the Ministry of Water and Sanitation and the Ministry of Public Health.

Until 2019, the surveys undertaken by the National Institute of Statistics (INS) only looked at WASH services at the household level. As a result, the level of WASH services in the health centers of Niger's 266 communes are not really known.

The stories and comprehensive data collected from Makalondi and Torodi triggered joint advocacy and national level interest. The government is now setting up a national working group on WASH in health care facilities to map services, coordinate efforts, advocate for increased budgets and attention, and develop and implement a national roadmap with targets and guidance.

Partners are also advocating the use of the WASH FIT framework as a planning tool which will also help Makalondi and Torodi to share their experiences of WASH service assessments with other communes.

IRC has also contributed to national level monitoring systems to establish the extent of WASH in households and health facilities in Niger.

In addition, the partnership contributed to documentation of the effective management of WASH services in health centres, as well as of experiences gained in delivering this.

Together, these activities are inspiring national level buy-in and replication.

Our progress to 2030

The fragility of the current context poses challenges for implementation, however we are making progress in understanding and strengthening local and national systems. As of 2020, 94 of the 250 schools in the two districts had been closed due to security issues. Of the 156 schools still open to students, 27 have basic water access and 20 have basic sanitation services. Healthcare facilities have remained open despite the crisis with no major changes in WASH services.

Showing a WASH system's progress through its building blocks

Reliable and sustainable WASH services can only be delivered by strong and resilient local WASH systems. Systems are the networks of people, institutions, hardware and resources necessary to deliver services. The partnership is using nine building blocks to break down the complexity of the WASH system. For WASH services to be delivered, all these building blocks must be present and working to at least a minimum level.

Building block in focus: Finance

Put simply, we won't achieve water and sanitation for everyone by 2030 (SDG 6) unless we secure sufficient money for sustainable services. Properly identifying the need for and the sources of funding are particularly crucial at the planning and budgeting stages of service delivery.

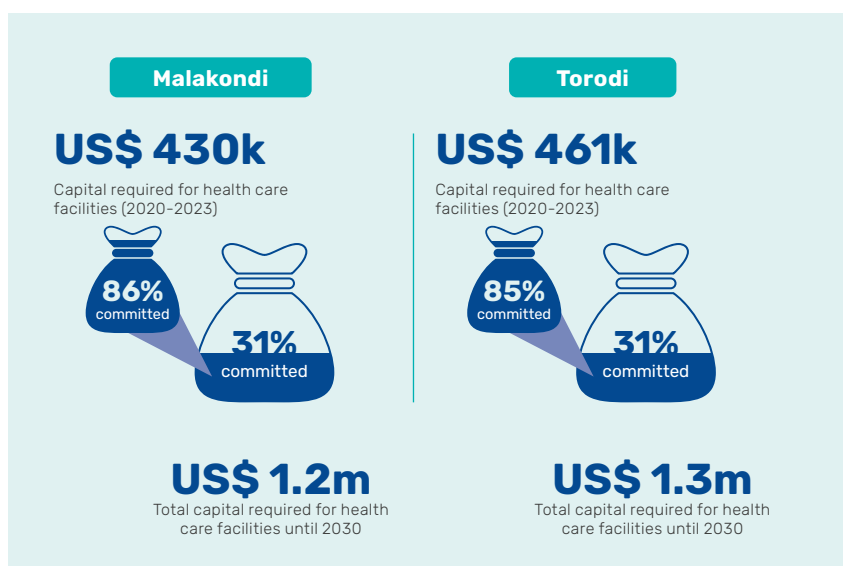
The main funding sources at national level for WASH are:

- National government: over the last ten years, Niger has financed the water and sanitation sector to the tune of 0.9% of GDP. This rate is well above the regional target of 0.5% set in the Sharm el-Sheikh commitments and the eThekwini Declaration.
- Development aid: LuxDev (Luxembourg funds, Danish funds, Dutch funds), KfW (Germany), AFD (France), UNICEF, World Bank and NGOs all support WASH in Niger.

The overall financing required for PROSEHA (2016–30) is 3,280 billion CFA francs (US\$ 6B), amounting to approximately 877 billion CFA per year (US\$ 1.6B). During the first phase of PROSEHA, however, only approximately 21% of this budgetary target was mobilised per year.

In 2020, IRC helped the communes conduct finance studies to better understand the costs and gaps related to their 2030 vision. The communes have secured commitment and funding for the capital needed. However, to cover the funding gaps that figure 2 highlights, it is essential to continue identifying reliable sources of finance for direct support and systems strengthening.

Figure 2: Total capital required and committed for the 2030 vision⁹



⁹ Funding gap and investments needs for drinking water supply and sanitation in schools and health care facilities by 2030 (2020).

What are we learning?

At national level, following the mid-term evaluation of PROSEHA, recommendations were made to the Ministry of Water and Sanitation. These included revising indicators and targets for the subsequent phases of PROSEHA, and developing and implementing an advocacy strategy for the water and sanitation sector with a focus on mobilising financial resources.

To the ministry in charge of finance, it was recommended that the process of releasing credits from state funds was accelerated to ensure the timely execution of activities, and also to accelerate the process of setting up trust accounts at local authority level.

The main message for local authorities was to recruit the personnel necessary to oversee WASH investments (maîtrise d'ouvrage des collectivités territoriales), and to pool costs, where necessary, with other local authorities.

Partners in Makalondi and Torodi communes have already addressed a number of these challenges by strengthening local government capacities, recruiting expert WASH personnel and creating strong coordination platforms that can target interventions more effectively. Sharing the successes of communes in influencing these changes are key. This is what the advocacy strategy is designed to do.

What's next?

The first step is improving services in health care facilities and schools in Makalondi and Torodi communes. This helps to build confidence in local authorities and other partners. This confidence, and the approaches developed can then be expanded to delivering household level services in these communes, and nationally.

IRC will continue to support regular consultation sessions and will support WASH officers in their role of coordinating local, national and international partners.

Building on successes at commune level, the WASH FIT tool will be further disseminated at national level.

Partners will:

- connect health care institutions to a new water infrastructure in an organised way when it becomes available (State, local authorities and TFPs)
- raise the awareness of the authorities and TFPs of the need to integrate WASH services into other health programmes
- support the network of journalists in the sector (REJEA) to raise awareness among stakeholders of the importance of safe and accessible drinking water, sanitation and hygiene for people's health and wellbeing
- work with politicians and officials to ensure that the budget law grants the sector substantial finance in accordance with international commitments (SDGs, SWA, AFRICASAN)
- promote innovative technologies in the management of health care waste which will protect human and environmental health. This requires the involvement of private promoters in the capital, Niamey, as well as in the interior of the country.

IRC and its partners will continue to advocate for strong national health systems and monitoring frameworks to ensure that WASH services are integrated and prioritised not just in Makalondi and Torodi but by everyone in Niger.

Who we are and what we do?

Under the political and technical leadership of Makalondi and Torodi local governments, national and international actors are helping the communes to achieve their vision.

They include government agencies at national, regional and district level, and national agencies responsible for water, education, health, finance/ tax and environment. All of them play a key role in providing local leadership, and inspiring and driving change. National and rural public utilities provide WASH services and improve quality.

Niger's Water Code determines how water resources are managed throughout the country:

- The control and regulation of the public water service is ensured by the Ministry of Hydraulics and Sanitation. The Ministry also has decentralised services to the regional level.
- Communes are responsible for the management, organisation and operation of the public water service.
- The Niger Water Asset Company (SPEN) is state-owned and in charge of all water assets in urban and semi-urban areas and the Niger Water Exploitation Company (SEEN) is a private company responsible for operating the public service for the production, transport and distribution of drinking water.
- National government or its development partners initiate most of the rural projects.

Makalondi and Torodi stakeholders are supported by a growing partnership of

external actors, including the following:

The US Centers for Disease Control and Prevention (CDC)

is the national public health agency of the US and a global public health leader. In Niger, CDC focuses on conducting assessments in health care facilities and plan relevant activities for a comprehensive WASH intervention in health care facilities using the WASH FIT model.

The Conrad N. Hilton Foundation: a leading US-based philanthropy organisation that provides financial and technical support to address a wide range of social problems, including safe water services in sub-Saharan Africa.

IRC is a Dutch-based champion of 'systems thinking' within WASH. In Niger, its early focus has been on providing technical support to local government as part of the partnership with World Vision and their ongoing work to improve WASH planning and service delivery. As the partnership matures, collective action is building and IRC's role as a hub is developing.

The Stanford Program on Water, Health & Development (WHD)

serves as the Conrad N. Hilton Foundation's Strategy Measurement, Evaluation, and Learning partner, with a focus on the Foundation's strategy-level measurement and evaluation to inform strategy execution.

World Vision is a global humanitarian and development organisation with deep expertise in providing water services to the poorest. In Niger, it is providing basic services to marginalised rural communities, health centres and schools. To ensure access to hygiene and sanitation for the entire population (at the household, school, health facility and other living levels), WV is building institutional toilets and implementing Community-led Total Sanitation in selected villages.



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