

UNICEF NIGER



Water, Hygiene and Sanitation Thematic Report

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Prepared by
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I. Abbreviations and Acronyms

CLTS	Community led total sanitation
DFID	Department for International development (British)
NGO	Non-governmental organization
ODF	Open defecation-free
SDG	Sustainable development goals
WASH	Water, hygiene and sanitation
WASH-in-Nut	WASH in nutrition

II. Executive Summary

This report presents the activities and results achieved by UNICEF in collaboration with its partners in the water, sanitation and hygiene sector in 2016

UNICEF continued to support the Government of Niger in improving access to safe water, improved sanitation, and good hygiene practices. UNICEF actively contributed to the development of the new sectoral programme (PROSEHA 2016-2030) aligned with the Sustainable Development Goals and to the coordination of the sector through the Government/Donors consultation framework. Other key interventions included the financing of infrastructure construction or rehabilitation of water supplies in 323 communities in convergence municipalities and municipalities at risk of cholera outbreak, which provided access to safe water to 124,317 additional people. The community-led total sanitation approach led to 601 villages with 309,216 people ending open defecation and having adopted good hygiene practices, including handwashing with soap.

During 2016, 57 schools (14,814 pupils) gained access to safe water. A total of 42 health centres gained access to WASH facilities, including 31 that gained access to safe water and 11 to separate latrines for males and females.

Emergency WASH interventions were undertaken to respond to the major movements of population faced in the eastern part of the country due to the insecurity caused by Boko Haram attacks, reaching a total of 486,188 people, as well as to respond to nutritional crisis, cholera outbreaks and floods in other regions of the country.

These results were achieved through close partnership with the Government, financial and technical partners, municipalities and NGOs active in Niger. The engagement of financial partners was crucial in this regard, enabling UNICEF to utilize USD 9.73 million for its WASH programme in 2016. This included approximately USD 356,561 of expenditure in thematic funding, which helped UNICEF provide emergency WASH assistance in Diffa region and support efforts to expand access to safe water.

Despite this progress, important challenges remain, in particular low access to water and sanitation facilities in schools and in health centres and the high rate of open defecation. The implementation of the national CLTS roadmap, currently being finalized, and of the regional actions plans is expected to improve the sanitation access rates. Moreover, the switch from emergency interventions to sustainable access to safely managed services will require a more complex intervention logic and a support to the construction of sustainable local systems linked to the decentralization process.

UNICEF would like to thank all its partners, and hopes to continue to count on their support to carry out its 2017-2018 biannual programme.

III. Strategic Context of 2016

Niger is a landlocked Sahelian country of 20.7 million people, most of whom live in rural areas (84%). The population is young, with 52% of Nigeriens being under 15, and nearly half of the population is poor, despite reductions in the poverty rate over the past decade. The country, which ranked last on the 2015 Human Development Index, sees its development constrained by several factors: climatic conditions that hinder rural development, vulnerability due to the absence of economic diversification, high population growth, gender equality issues, low levels of literacy and education, and the size and landlocked nature of the country, which obstruct the provision of essential goods and services to the population.

In addition, Niger is confronted to recurrent crises. For many years, the country has suffered from chronic food insecurity, and faced food and nutrition crises in 2010 and 2012. It also regularly experiences epidemics, including cholera, as well as floods. Moreover, instability in the Sahel region has in recent years led to insecurity and population displacement, especially in the eastern part of the country with the armed conflict with Boko Haram. The deterioration of security situation due to the violent attacks of the cities of Bosso, Yebi and Toumour (Diffa region) in June 2016 by Boko Haram led to new massive displacements of population and increased the challenges to provide a coherent and adapted response.

Despite a significant decrease over the past few years, the child mortality rate remains high (127/1,000 live births), and little progress was recorded on the maternal mortality rate over the past 20 years (535/100,000 live births), although a downward trend has now been observed. Malnutrition remains of great concern, but saw an improvement since 2015: in September 2016, 42.2% of under-five children were suffering from chronic malnutrition (46.5% in 2015), and 12.3% of acute malnutrition (14.8% in 2015).

Lack of access to water and sanitation facilities remains a major issue countrywide and also has an impact on health and nutrition. At national level, indicator trends reveal major accomplishments by the Government and its partners regarding water supply. Access rate to water is currently estimated at 58% (compared to 49% in 2013). The progress has been possible thanks to the construction of multi-village water supply networks, including the transformation of existing high productivity drillings by the Government with the support of key partners (UNICEF, European Union, World Bank, and the Danish, Swiss and Luxembourg cooperation agencies). However, there are important disparities between regions and municipalities in the country due to hydrogeological characteristics and the cost of building infrastructures, particularly high in some areas. The option of multi-village water supply networks comes as a sustainable solution to the hydrogeological constraints and in addition to the construction/rehabilitation of hand pumps.

During 2016, UNICEF put an emphasis on hygiene and sanitation through community led total sanitation (CLTS) in Niger. Niger's progress in tackling open defecation has been slow despite the development and approval of a national sanitation and hygiene strategy in 2014, which

implementation in the field remains very weak. The open defecation rate is estimated at 73% (Joint Monitoring Programme 2015) – one of the highest in the world. Through the CLTS approach, significant improvements were recorded in the past years, and this rate should decrease after the April 2017 sectoral review, with the counting of the 481,524 people living in newly open defecation free (ODF) certified communities thanks to UNICEF interventions. The implementation of the national CLTS roadmap and regional action plans under development is expected to contribute to reduce significantly the open defecation by 2030. However, the funding of CLTS, mainly supported by UNICEF, remains a big challenge in Niger. Beside the significant field results, UNICEF supported a Kamal Kar mission to reinforce the political will in favour of CLTS and the capacities of national trainers.

Access to both water and sanitation is particularly low in schools. Niger has some of the lowest school sanitation and water facility coverage in the world, with 84% of schools having no access to safe water or sanitation facilities at all. As a result, many children practice open defecation in or around the school compound and many of them, particularly female teenagers, drop out of school because of the lack of sanitation facilities.

Based on the recommendations of the previous sectoral WASH programme 2014 mid-term review, the government developed during 2016 a new sectoral programme (PROSEHA 2016-2030), perfectly aligned with the Sustainable Development Goals (SDG) 6.1¹ and 6.2², with the support of key partners including UNICEF. The PROSEHA on the brink of being adopted is the result of a very participatory process. This programme sets a clear vision, keys indicators for monitoring and an exhaustive estimation of the funds needed for the development of the sector and the achievement of the SDG targets by 2030. A common funding basket is being promoted by the Ministry of Water and Sanitation for this purpose.

However, one of the challenges of the WASH sector remains the need to put in place an effective monitoring and evaluation system that would allow real time follow-up and support strategic decision-making. This is particularly important for the sanitation component, since there is currently no data collection at central level or any defined national indicators to report against.

These structural weaknesses are compounded by the multifaceted humanitarian crisis faced by Niger, caused by population movements, epidemics, food insecurity and malnutrition, and floods. Gaps in access to water and sanitation were particularly acute in Diffa region in 2016, due to a large influx of refugees and returnees from Nigeria and internally displaced persons.

In response to those challenges, UNICEF, also as the leader of the WASH cluster in the country, supports the Government of Niger in its efforts to improve access to water, sanitation and hygiene. While UNICEF supports activities throughout the country, it focuses particularly on UN 'convergence municipalities'. These municipalities, located in the eight regions of Niger and concentrating 14% of the national population, were selected based on their degree of vulnerability (level of food insecurity, malnutrition and access to social services) and on the pre-existing target areas of the various UN agencies. In 2016, UNICEF also focused its supports in the cholera epidemic outbreak prone municipalities. Even if no case was declared in the recurrent cholera hotspots of Tillabery and Diffa, 38 cases were reported in the Dosso region with six deaths. UNICEF, in collaboration with NGO partners, supported the health districts of Dosso and Gaya during the epidemic, including CLTS activities.

¹ By 2030, achieve universal and equitable access to safe and affordable drinking water for all.

² By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

IV. Results in the Outcome Area

WASH – 2016 Results			
WASH Indicators	Baseline 2013 (% and/or #)	Target 2018 (% and/or #)	Progress 2016 (% and/or #)
WASH Outcome: By 2018, children, in particular the most vulnerable, have access to improved water sources and adequate sanitation facilities in schools, health centres and communities to prevent diseases, including in emergency situations			
% of schools with access to safe drinking water sources	Urban:15% Rural: 9%	25%	18%
% of schools with access to safe separated latrines	26%	40%	26%
% of health centres with access to safe drinking water sources	NA	80%	20%
% of health centres with access to latrines	NA	80%	27%
% of people living in rural areas with access to a safe drinking water source	39%	50%	49%
% of people living in rural and semi-urban areas with access to latrines	NA	50%	27%
Number of communities certified ODF (Open Defecation Free)	140	1,000	1,292
Output 1: By 2018, communities, schools and health facilities in the most-at-risk geographic areas have improved, sustainable access to safe drinking water and sanitation			
Number of schools having improved access to safe water as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	150	123
Number of schools having improved access to separate latrines for girls and boys and handwashing facilities as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	100	38
% of CSIs having improved access to water infrastructure as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	68%	46%
% of CSIs having improved access to separate latrines for men and women and handwashing facilities as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	68%	11%
Number of persons having improved access to safe water as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	500,000	426,877
Output 2: By 2018, households, including children and adolescents, adopt favourable behaviours for improving hygiene and sanitation conditions at community level, in schools and health facilities			
Number of villages initiating CLTS during the reporting year as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	400	358
Number of villages certified ODF during the reporting year as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	320	601
Number of additional persons living in ODF villages as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	150,000	481,524
Number of schools having undertaken school community activities related to hygiene promotion as a result of the UNICEF programme (2014-2018) in convergence municipalities	0	500	375

Output 3: By 2018, the water and sanitation sector has a strategy, a coordination mechanism, an effective monitoring and evaluation system and strengthened capacities			
Number of coordination meetings per year including joint annual review	0	12	12
Multi-year sectoral strategic Plan available	1	1	1
The sector has a mechanism for monitoring and evaluating the multi-year sectoral programme	0	1	1
A National Sanitation guide available	0	1	1
Output 4: By 2018, vulnerable people at risk of/affected by crises, natural disasters and displacement, have improved access to safe drinking water, hygiene and sanitation			
A functional WASH cluster exists	1	1	1
Number of persons in humanitarian situations having improved access to safe drinking water	0	50,000	80,846
Number of persons in humanitarian situations having improved access to safe drinking water through home based treatment	0	1,000,000	486,188
Number of persons in humanitarian situations having improved access to sanitation	0	50,000	53,286
Number of persons in humanitarian situations having access to hygiene promotion services	0	1,500,000	486,188

Output 3.1: By 2018, communities, schools and health facilities in the most-at-risk geographic areas have improved, sustainable access to safe drinking water and sanitation.

During 2016, 124,317 additional people (61,786 male and 62,531 female) gained access to improved water as a result of UNICEF support, thanks to construction and rehabilitation of water points in 323 communities (14 water supply networks, 271 boreholes equipped with hand pumps and 38 wells), following an open tender launched in 2015 in coordination with the Ministry of Water and Sanitation. This raises the total number of people that gained access to an improved water source to 426,623 during the period 2014-2016 (target 300,000). Physicochemical and bacteriological testing of the water was performed at each constructed / rehabilitated water point and water management committees (including women and men), as well as repairmen were trained in operation and maintenance of water points and water service delivery infrastructures.

Sustained efforts were made by UNICEF to improve water and sanitation facilities at schools and in health centres. In 2016, 57 schools located in convergence municipalities and municipalities at risk of cholera, with a total of 14,814 pupils (7,222 girls and 7,592 boys) gained access to safe water, bringing the total number of schools that have gained access to safe water during 2014-2016 to 123 (initial target of 60 for 2016). A total of 42 health centres gained access to WASH facilities, including 31 that gained access to safe water and 11 to separate latrines for males and females.

Access to water and sanitation facilities at schools and in health centres remains very low in Niger. UNICEF continues to advocate for developing solutions to address the remaining challenges, which include: the need for a clear definition of the roles and responsibilities across line ministries (Water and Sanitation, Education and Health); integration of WASH in Schools and WASH in Health within national policies and strategies, as well as in the training of teachers and caregivers; resource mobilization; coordination; and data collection and monitoring.

The efforts of Government and partners to improve access to safe water in Niger are compromised by the high population growth rate (3.9 per cent per annum), hydrogeological conditions and the increasing effect of climate change on water resources. Moreover, introduction of cost-recovery mechanisms at community level is problematic and availability of quality spare parts for the decentralized systems remains weak.

Output 3.2: By 2018, households, including children and adolescents, adopt favourable behaviours for improving hygiene and sanitation conditions at community level, in schools and health facilities.

During 2016, with the support of UNICEF, the CLTS approach was triggered in the convergence municipalities in 358 new communities (226,314 inhabitants), of which 288 (146,109 inhabitants) were certified open defecation free. In addition, 313 communities (161,127 inhabitants) triggered in the fourth quarter of 2015 were certified ODF in 2016. In total, therefore, 601 communities (307,236 inhabitants) were certified ODF in 2016. The results achieved in 2016 are largely due to funding from the UK Department for International Development (DFID) and to implementation of the acceleration plan developed in 2015 by UNICEF. Government leadership at national and regional levels and partnerships with seven implementing partners significantly strengthened capacity to implement CLTS at scale in 2016.

In addition to the ongoing development of the national CLTS roadmap and to the regional action plans, the development of a national CLTS guide that establishes roles and responsibilities of key stakeholders and further reinforces government's leadership is planned in 2017 with the support of UNICEF.

Scaling up CLTS is UNICEF Niger's programmatic priority and is on the Government's agenda. With the support of UNICEF, Dr Kamal Kar, the originator of the CLTS approach, visited Niger in 2016 and facilitated an institutional triggering for decision makers (Ministers, Parliamentarians, National Directors, and donors) and implementing partners, and also conducted a training of trainers' session. The visit reinforced the political will and strengthened community mobilization skills of national and regional authorities and implementing partners.

Through implementation of CLTS, hygiene promotion activities, particularly handwashing at community level, reached 729,716 people during 2016. Handwashing activities and household water treatment activities were promoted at community level in areas with high malnutrition rates through NGO partners implementing the WASH in Nutrition strategy (WASH-in-Nut).

Niger currently has no national strategy, policy or standards for WASH in schools and health facilities. Various ministries share the responsibility for WASH in schools and also WASH in health, causing confusions and lack of planning, including for budget lines. UNICEF adopted its Global WASH in Schools strategy, with a focus on the "three stars" approach. During 2016, 14,814 pupils from 57 schools gained access to potable water. In addition, a total of 56,741 students from 375 schools were reached with daily group handwashing practices activities to foster good practices and their diffusion in the households. A new assessment is required to evaluate the continuous use of soap/ash and the slippage rate to promote adapted corrective actions.

Hygiene promotion activities were also launched in 75 health centres through "WASH-in-Nut" implementing partners and 42 benefited from construction / rehabilitation of water supply facilities (32 health centres) and construction of latrine blocks (11 health centres).

Output 3.3: By 2018, the water and sanitation sector has a strategy, a coordination mechanism, an effective monitoring and evaluation system and strengthened capacities.

Following the recommendations of the 2014 evaluation of the national sectoral programme and the outputs from several strategic studies, the Government elaborated its new water, hygiene and sanitation programme (PROSEHA 2016 – 2030) with the support of sectoral partners. This new programme is aligned with SDGs 6.1 and 6.2 and a national baseline study is planned in 2017 to provide data on key sector development and indicators to monitor.

In addition to the joint national sectoral review held in June 2016, periodic sector meetings have taken place, including bi-monthly coordination meetings and extraordinary working group meetings. Key outcomes of these meetings were the technical validation of the preliminary and final versions of the PROSEHA, the definition of a common basket mechanism to fund the WASH sector, the technical review and validation of partners' new programme documents, and validation of sectoral study reports. UNICEF actively contributed to the coordination platforms and supported the sector wide approach.

During 2016, UNICEF funded a study to assess the causes of malfunctioning of hand pumps, a major challenge to sustainability of access to water in the country, to provide the Government and its partners with recommendations for the strengthening of operation and management systems for the durability of hand pumps. Additional key studies are planned by UNICEF to support the government and its partners (sustainability check, effects of climate change, implementation of real time monitoring), which will further influence sector development through proposing relevant innovative solutions and initiatives.

In 2016, UNICEF continued to advocate for an increase in funding for the sanitation sub-sector from the national budget and from donors. Current trends indicate that donors, including the World Bank, may be interested in funding CLTS. UNICEF is supporting the National Directorate for Sanitation to develop a national CLTS implementation guide and harmonized tools.

High-level sector coordination is managed through the Government-Donors consultation framework meetings. Coordination at sub-national level is significantly weaker. UNICEF supported the establishment of regional CLTS committees and aims to support quarterly regional WASH coordination meetings starting in 2017.

Output 3.4: By 2018, vulnerable populations at risk affected by crises, natural disasters and displacement, have improved access to safe drinking water, hygiene and sanitation.

At the end of November 2016, 486,188 people affected by the four defined crises in Niger (nutrition crisis, cholera outbreaks, population movements and natural disasters) had been assisted by UNICEF in terms of WASH. Government and partners estimated that 1.4 million people would be in need of water and sanitation interventions in 2016. To have reached the total population in need would have required significant additional funding.

During 2016, the humanitarian crisis in Diffa worsened due to several attacks led by Boko Haram, in an already disadvantaged region. Insecurity caused mass population movements which significantly increased the pressure placed on existing water and sanitation facilities in the hosting communities and in the displaced population relocation sites.

Thanks to the support of its donors, UNICEF and its partners assisted 425,094 people affected by the Boko Haram attacks and subsequent insecurity in the Diffa (target was estimated at 305,931). Against a 2016 target of 20,000 people to be reached with access to drinkable water

through boreholes, water trucking and rehabilitation of wells, UNICEF was able assisted 80,846 people.

Besides emergency water and sanitation supply through water trucking and boreholes with hand pumps, and the construction of emergency latrines, water and sanitation infrastructures were also improved in host communities, including mechanical drillings and rehabilitation/extension of water supply networks, and the launching of CLTS activities. Such interventions towards local host communities need to be increased.

In Diffa, where proximity and poor hygiene on displacement sites put the region particularly at risk of epidemics such as cholera, prevention activities, including distribution of hygiene kits, reached 250,726 people and contributed to improve access to drinking water by facilitating home based water treatment, as well as good hygiene practices. Cholera prevention and preparedness activities were also conducted in other regions considered as potential hotspots for epidemics, where 31,096 additional people were reached in 2016 through the provision and use of water treatment products and hygiene promotion kits. Niger benefited from collaboration with UNICEF's Regional Office in cholera prevention and control through the development of seven 'project sheets' for risk reduction in cholera hotspots. Twelve delegates from Niger, including participants from the Ministry of Health and the Ministry of Water and Sanitation, UNICEF and NGO partners also participated to a cross-border cholera workshop held in October 2016 in Cameroon organized by UNICEF through the regional cholera project. As outcome of all the cholera preparedness and prevention activities, no cholera outbreak has been declared in Diffa region in 2016.

Floods also continued to affect Niger in 2016, putting local populations at risk especially due to potential contaminations and destructions of water infrastructures. Thanks to the rehabilitation of 15 cement-lined wells and the provision of home water treatment products, 7,500 people affected by floods gained access to safe drinking water and were also supported to adopt good hygiene practices.

As WASH cluster lead agency, UNICEF continued to support the Government by facilitating humanitarian WASH coordination and by fulfilling its role as 'provider of last resort'. The WASH cluster comprises 83 partners, including Government institutions, national and international NGOs, donors and UN agencies.

Rapid access to reliable data on affected populations is vital in providing adequate water supply, hygiene and sanitation in emergency situations. To address challenges posed by weak data systems, the WASH cluster developed its own information management tools.

V. Financial analysis

Table 1: Planned Budget by Outcome Area (in USD)

Intermediate Results	Funding Type ¹	Planned Budget ²
03-05 WASH and emergencies	RR	19,080
	ORR	139,500
	ORE	5,217,600
03-06 WASH # General	RR	28,620
	ORR	139,690
Unknown	RR	181,290
	ORR	1,116,020
Total Budget		6,841,800

¹ RR: Regular Resources, ORR: Other Resources - Regular (add ORE: Other Resources - Emergency, if applicable).

² Planned budget for ORR (and ORE, if applicable) does not include estimated recovery cost.

In 2016, UNICEF Niger planned a USD 6.8 million budget for its WASH programme. However, additional resources became available, allowing UNICEF to spend USD 9.73 million for regular programme and emergency activities and interventions related to WASH.

Table 2: Country-level thematic contributions to outcome area received in 2016 (in USD)

Donors	Grant Number	Contribution Amount	Programmable Amount
Spanish Committee for UNICEF	SC149903	357,353.90	340,337.05
Total		357,353.90	340,337.05

During 2016, UNICEF Niger received thematic contributions from the Spanish Committee for UNICEF in support of its WASH programme. The flexibility of thematic funding allowed UNICEF Niger to adapt its interventions strategies to the best opportunities and to fill the gaps identified in the complex context of Niger. This was particularly helpful to adapt the response to the humanitarian situation in Diffa.

Table 3: Expenditures in the Outcome Area (in USD)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
03-01 Water supply	-	2,919,675	331,476	3,251,151
03-02 Sanitation	-	1,479,967	88,355	1,568,322
03-03 Hygiene	-	83,287	0	83,287
03-04 WASH in Schools and ECD centres	-	75,640	0	75,640
03-05 WASH and emergencies	3,747,685	263,073	102,259	4,113,017
03-06 WASH # General	-	489,448	148,798	638,246
Total	3,747,685	5,311,090	670,888	9,729,663

In 2016, UNICEF Niger utilized approximately USD 9.73 million for programme interventions related to water, sanitation and hygiene. As shown in the table above, Other Resources - Regular took up the largest share (55%), before Other Resources - Emergency (39%) and

Regular Resources (about 7%). The chart below shows that the majority of the funding was utilized for WASH in emergency (42%) followed by water supply (33%) and sanitation (16%).

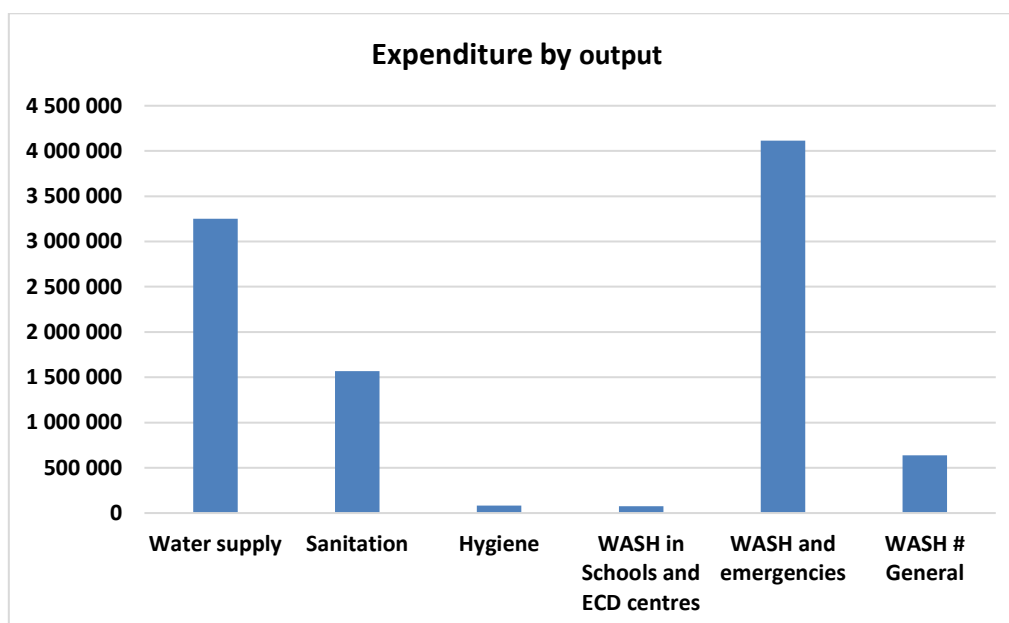


Table 4: Thematic expenses by programme area (in USD)

Row Labels	Expense
Other Resource - Emergency	446,095
03-05 WASH and emergencies	446,095
Other Resources - Regular	287,971
03-01 Water supply	210,030
03-02 Sanitation	-17,606
03-03 Hygiene	14,160
03-04 WASH in Schools and ECD centres	3,257
03-06 WASH # General	78,130
Grand Total	734,065

As shown in the above table, the majority of thematic funding was used in 2016 to support humanitarian WASH interventions for the response to the crisis in Diffa (61%), followed by water supply (27%). Thematic funds also enabled the WASH programme to support the creation of an enabling environment.

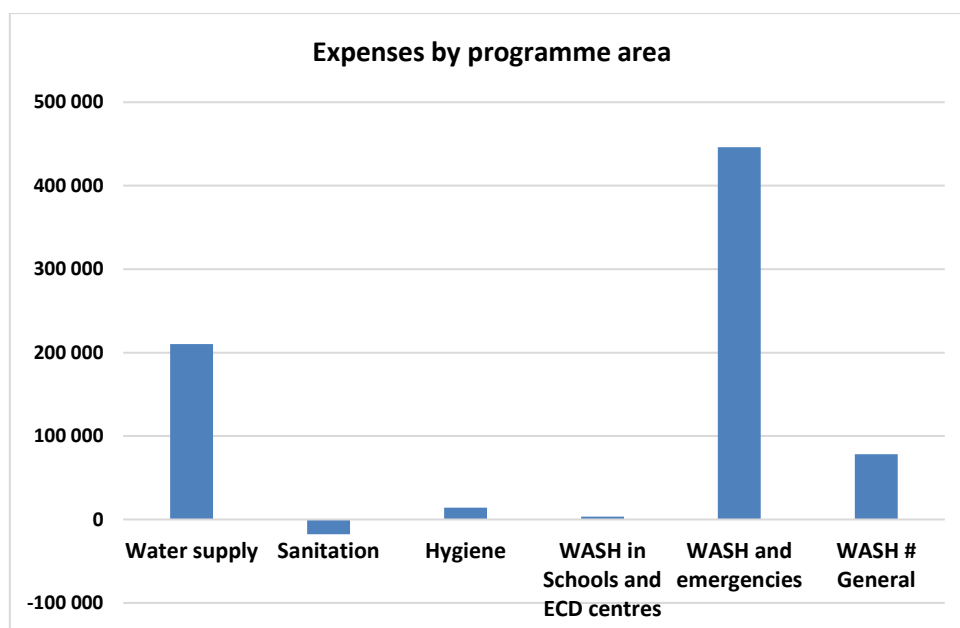


Table 5: Expenses by Specific Intervention Codes (in USD)

Specific Intervention Code	Expense
03-01-01 Rural water supply	3,080,213
03-01-03 Water safety (including Household Water Treatment and Safe Storage)	6,369
03-02-01 Open defecation elimination and improved sanitation: rural	1,515,738
03-03-01 Hand-washing with soap	82,478
03-04-01 WASH in Schools (general)	74,835
03-05-01 WASH coordination # humanitarian	10,238
03-05-02 WASH emergency preparedness	3,640,349
03-06-01 WASH sector coordination (non-humanitarian)	226,438
03-06-07 WASH in health facilities	46,627
03-06-08 WASH monitoring and bottleneck analysis	302,989
08-01-02 Annual review	389
08-01-06 Planning # General	564
08-02-04 DevInfo	1,306
08-02-05 Other multi-sectoral household surveys and data collection activities	2,987
08-02-06 Secondary analysis of data	1,392
08-02-08 Monitoring # General	2,824
08-03-01 Cross-sectoral Communication for Development	38,835
08-03-02 Communication for Development at sub-national level	14,225
08-05-01 Supply # General	27,346
08-06-02 Building global/regional/national stakeholder evaluation capacity	2,664
08-07-01 Adolescent development # General	16,971
08-07-02 Adolescent development # emergency preparedness and response	8,645
08-09-06 Other # non-classifiable cross-sectoral activities	277,885
08-09-07 Public Advocacy	4,028
08-09-08 Engagement through media and campaigns	98
08-09-09 Digital outreach	612

08-09-10 Brand building and visibility	3,910
08-09-11 Emergency preparedness and response (General)	354,943
1125 Eliminate Guinea worm disease	-
1152 WASH interventions in humanitarian response and post-crisis recovery	-17,003
6902 Operating costs to support multiple focus areas of the MTSP	410
7911 Representative and governance	127
7921 Operations # financial and administration	305
Grand Total	9,729,739

In 2016, UNICEF Niger utilized approximately USD 9.73 million for programme activities and interventions related to water, sanitation and hygiene. As shown in this table, the majority of funds were used in 2016 to support WASH interventions in humanitarian response emergency preparedness (37%), water supply (31%), open defecation elimination (16%) and enabling environment, including monitoring and bottlenecks analysis and sector coordination (5%). The predominance of emergency WASH is tightly linked to the humanitarian situation in Diffa which deteriorated during 2016. The chart below the utilization of the funding by specific intervention codes.

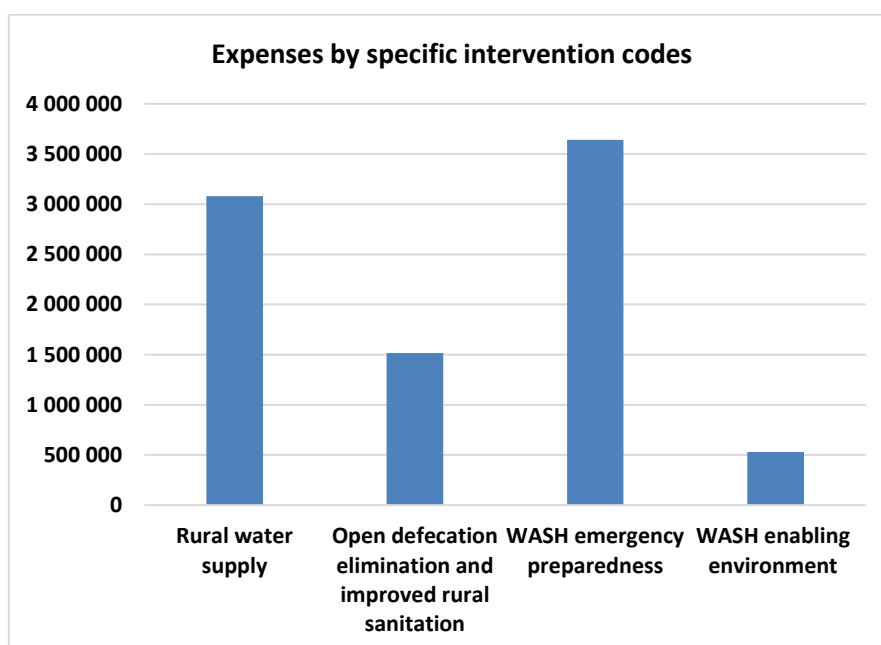


Table 6: Planned budget for 2017 (in USD)

The planned budget to carry-out the planned activities for 2017 is USD 9.8 million. Only USD 4.5 million are currently available. To implement all the planned activities of its WASH programme in Niger in 2017, UNICEF faces a funding shortfall of USD 5.3 million.

UNICEF counts on the support of resource partners to help bridge this funding shortfall to attain its objectives in Niger.

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
03-01 Water supply	RR	409,837	409,837	0
	ORR	545,000	185,713	359,287
03-02 Sanitation	RR	236,100	236,100	0
03-03 Hygiene	ORR	575,000	84,375	490,625
03-04 WASH in Schools and ECD centres				
03-05 WASH and emergencies	RR	251,836	251,836	0
	ORR	7,320,000	2,781,000	4,539,000
03-06 WASH # General	RR	180,356	180,356	0
	ORR	370,000	390,000	-20,000
Sub-total Regular Resources		1,078,129	1,078,129	0
Sub-total Other Resources – Regular		8,810,000	3,441,088	5,368,912
Total for 2017		9,888,129	4,519,217	5,368,912

¹ Planned and Funded budget for ORR (*and ORE, if applicable*) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

² Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

VI. Future Work Plan

For 2017-2018, based on the evolution of the WASH context (SDGs, PROSEHA, and decentralization), UNICEF ambitions to strengthen the enabling environment at sub-national level. This can be done by supporting the development of municipal WASH systems able to provide sustainable WASH services based on an updated inventory of needs and gaps, the development and implementation of local WASH plans (including the construction/rehabilitation of water supply infrastructure and the promotion of CLTS and other sanitation and hygiene related initiatives), as well as regular monitoring and evaluation and data management. Thus, UNICEF will progressively adopt a municipal-wide approach to support municipalities in planning, implementing, monitoring and evaluating their WASH services, and in managing the data.



The 2017-2018 biannual planning process highlighted the need for more intersectionality between the different components of the country program. A focus will thus increasingly be put on WASH in School and WASH in Health, which need to be considerably improved in the country. Similarly, a greater focus will be placed on hygiene and sanitation activities as well as on the safe management of drinking water given their impacts on nutritional and health.

The key planned activities by output are listed below.

Output 3.1: By 2018, communities, schools and health facilities in the most-at-risk geographic areas have improved, sustainable access to safe drinking water and sanitation.

In the convergence municipalities and municipalities at risk of cholera, planned activities to reach the goals of the Strategic Plan include:

- Inventory of existing water points and gaps (including functionality, operation and management mechanisms, population served);
- Construction/rehabilitation of water sources in communities, schools and health centres and support to the setup of sustainable and affordable cost recovery mechanisms;
- Establishment and training of water management committees and local repairpersons;
- Development and implementation of community-based water safety plans;
- Real time monitoring of the functionality of the water points.

Output 3.2 – By 2018, households, including children and adolescents, adopt favourable behaviours for improving hygiene and sanitation conditions at community level, in schools and health facilities

Behaviour change through the implementation of CLTS is a priority objective of the programme. CLTS interventions can thus provide a good basis for other community-level interventions led by UNICEF (promotion of key family practices, ICCM, community-based child protection or girls' education strategies, for example), by fostering social cohesion and community collaboration. This will help improve the efficiency and effectiveness of UNICEF interventions at community level.

The main planned activities are:

- Diagnosis of hygiene and sanitation access and gaps;
- Scaling up CLTS implementation in country through a municipal wide approach to switch from ODF villages to ODF municipalities;
- Promotion of community self-assessments and of community facilitators;
- Implementation of post-ODF activities combined with sanitation marketing to support ODF certified communities maintain their status;
- Promotion of good hygiene practices including handwashing with soap within communities, schools and health centres;
- Promotion of menstrual hygiene management for girls.

Output 3.3 – By 2018, the water and sanitation sector has a strategy, a coordination mechanism, an effective monitoring and evaluation system and strengthened capacities

UNICEF will support several studies and initiatives (sustainability check, climate change assessment, development of real time monitoring, national CLTS implementation guide) to help the coordination and management of the sector. In addition to the support provided at national level, UNICEF will support the sector coordination at regional and municipal level.

Planned activities for 2017-2018 include:

- Support the conduct of several studies (real time monitoring, sustainability check, climate change assessment, CLTS guide);
- Finalization of the national CLTS roadmap and regional action plans;
- Support to regional and national coordination meetings and workshops;
- Support to the setup and regular updating of a municipal and regional WASH database;
- Participation in the identification and selection of sector monitoring indicators;
- Promotion of the real time monitoring as a countrywide monitoring system.

Output 3.4 – By 2018, vulnerable populations and those at risk of or affected by crises, natural disasters and displacement, have improved access to safe drinking water, hygiene and sanitation

As the lead agency of the WASH Cluster, UNICEF will continue coordinating the intervention of humanitarian actors to tackle the incidences of the four crises faced by populations in Niger (movements of populations, floods, cholera, nutritional crises) and will undertake the following activities:

- Provision of potable water supply to people affected by crises, including the construction of deep drillings and networks and iron removal stations where this is the last resort option (due to the poor quality of the water);
- Provision of sanitation facilities to people affected by crises, including promotion of CLTS in emergency situations;
- Provision of hygiene kits and sanitation equipment to people affected by crises;
- Develop communication supports to spread out good hygiene messages among people affected by crises.

VII. Expression of Thanks

On behalf of the children and women of this country, UNICEF Niger would like to thank the donors who are supporting its Water, Hygiene and Sanitation programme. No development is possible without safe drinking water supply, good hygiene practices and improved sanitation facilities, for girls and boys, and the support of resource partners is essential to achieve meaningful results. We would also like to thank the Government of Niger and other major partners, whose collaboration was instrumental in achieving these results.

Annex 1: Human Interest Story

Kornaka Villagers Team-Up to Fight Insalubrity



Sahoura Aboubacar speaks up in front of all the community during the certification of end-of-open air defecation in Kornaka

Gathered in the central place of the village, inhabitants of Kornaka, a village located in Maradi region, are all smiles. In this bright morning, many local and regional personalities are here to celebrate the certification of End-of-open air defecation obtained by the village a few months ago thanks to a Community-Led Total Sanitation participative approach.

Sitting in the shade of a big Acacia tree among other women from the village wearing colourful clothes, 35 year-old Sahoura Aboubacar is clapping enthusiastically at the end of the mayor's speech. This mother of 8 welcomes the rapid turnaround of Kornaka. "Change is obvious: the environment of the village is cleaner, there are less flies and my children are less sick. Before, they often had diarrhoea and were vulnerable to other diseases. I don't want that anymore for my family" she asserts with a large smile.

Thanks to community sensitization sessions organized by the NGO Eau Vive and UNICEF, Sahoura and other women of the village discovered that open-air defecation could have a major impact on their children's health. "I didn't know that flies touching excrements could then contaminate the food and spread diseases" insures Sahoura to another villager sitting against a mud-brick wall.

Three days after the sensitization, Sahoura and her husband Abdoulaziz decided together to build latrines out of clay at the back of their house. Since then the whole family uses them even if the younger ones still need a pot and soaps. Nine year-old Mahaman is the 4th child of the couple and is thrilled "I don't have to get out of my home, I can go straight to the toilets at home. It's better for us, especially at night".

The ceremony is now finished and on the other side of the place of the village, men from Kornaka are starting to get up and talk among them. They seem really satisfied of the changes made in their community. Amongst its congregation, Amadou Ibrahim, Kornaka's Imam, proclaims "Since the beginning we were really involved in the sensitization activities because Islam is pushing for a clean environment. I've discussed this many times at the mosque and during public preaches".



According to the Imam, the implementation of the Community-Led Total Sanitation approach had many positives results for Kornaka, especially on sanitation with a significant drop in the number of children sent to the health center. "Our community has also come together thanks to this initiative. Today men are offering to cut the high grass around the village while women are gathering to collect garbage and clean the streets" explains this father of 13 children, proudly showing with his hand that no detritus is now visible in the streets made of sand around the place.

But for Amadou Ibrahim, the most positive outcome of this project is elsewhere. It's not the impact on health or sanitation but the newly found pride of Kornaka's villagers. "Before, everyone in the village knew when you were going in the bush to defecate. It was a shame for us. Today, we have more dignity. We go to the toilets when we want, privately" he insists.

Once the Iman is done talking, Abdou Oumarou, the field coordinator for the NGO Eau Vive, adds that the construction of latrines is also good for the management of menstrual hygiene of women and young girls. Even if he salutes the success of the project, Abdou Oumarou notes that in order for the latrine use to last, it is essential to train workers on building concrete slabs because "during the rainy season, some toilets in clay or mud collapse and family don't always rebuild them".

Thanks to its donors, the UNICEF and its implementing partners allowed the certification of End-of-open air defecation of 51 villages out of the 60 where the Community-Led Total Sanitation approach was executed in Maradi region.

Before the launch of the project in November 2015, only 84 latrines had been realized in those sixty municipalities. Eight months later, more than 2,700 latrine have been constructed by the communities ensuring a coverage of 99% of the targeted area for more than 25,000 people.

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