Strengthening policies, strategies, and institutional arrangements for scaling up rural sanitation in Niger: A case study

Taibou Adamou Maiga, Yolande Coombes, Jacqueline Devine, Mohamadou Albeidou and Lewnida Sara

June 2015
**Acknowledgements**

This report is about strengthening policies, strategies and institutional arrangements for scaling up rural sanitation in Niger. The Water and Sanitation Program (WSP) of the World Bank's Water Global Practice, based on its experiences in countries such as Ethiopia, India, Indonesia, Uganda and Tanzania, had accepted to support Niger to reduce the gap in access to sanitation through a technical assistance program. Broadly, this support consisted of setting up the programmatic conditions required for scaling up rural sanitation. This case study, which covers the period between 2012 and 2015, is written for sector stakeholders in Niger (mainly the Ministry of Water and Sanitation (MHA), Ministry of Health (MSP) and Development partners). It highlights the progress achieved in setting up consensual operational strategy for hygiene and basic sanitation and in developing large scale implementation tools for this strategy to reverse the current sanitation access trend. It also gives an overview of what has been achieved and what needs to be improved, as well as recommendations on the way forward for using a market based approach, based on learning and insights gained from what has been done so far.

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June 2015
# Table of Contents

Abbreviations ........................................................................................................................................... v  
Executive summary ................................................................................................................................... vi  
I. Introduction ............................................................................................................................................. 1  
II. Context .................................................................................................................................................. 2  
  2.1 Background ....................................................................................................................................... 2  
  2.2 Overall trend in terms of access ....................................................................................................... 3  
  2.3 Economic impact of poor sanitation ............................................................................................... 4  
  2.4 Main factors affecting progress ....................................................................................................... 4  
III. Assessing the Enabling Environment for Sanitation ......................................................................... 6  
IV. Sector Response .................................................................................................................................... 7  
  4.1 Improving institutional framework ................................................................................................. 7  
  4.2 Improving Sector coordination and harmonization ...................................................................... 7  
  4.3 Supporting Local water and sanitation planning ........................................................................... 8  
  4.4 Development of SOPHAB implementation tools ....................................................................... 8  
     4.4.1 Development and production of Behavior Change Communication and Marketing tools ...... 8  
     4.4.2 Initiative of low cost solutions for sanitation ....................................................................... 9  
  4.5 Community Led Total Sanitation implementation ....................................................................... 11  
  4.6 Monitoring and information system .............................................................................................. 11  
V. Outcomes of the support provided ...................................................................................................... 13  
  5.1 SOPHAB Dissemination .................................................................................................................. 13  
  5.2 Availability of SOPHAB implementation tools ........................................................................... 13  
  5.3 Availability of local water and sanitation Plan ............................................................................. 13  
VI. Challenges .......................................................................................................................................... 15  
VII. Recommendations ............................................................................................................................. 16  
  7.1 Mobilization of the resources .......................................................................................................... 16  
  7.2 Consolidating existing results ......................................................................................................... 17  
  7.3 Efficient implementation of SOPHAB ......................................................................................... 17  
  7.4 Implementation plan and Cost estimate ......................................................................................... 18  
     7.4.1 Implementation plan .................................................................................................................. 18  
     7.4.2 Cost estimate of the recommendation .................................................................................... 19  
VIII. Conclusion ......................................................................................................................................... 20  

Annex 1: Gender sensitive segmentation of targets ................................................................................. 21  
Annex 2: Progress in EE indicators .......................................................................................................... 22  
Annex 4: Cost estimate of the implementation plan (2016-2018) ......................................................... 25  
Annex 5: Components of the technical assistance – tasks – results – desirable next steps ................. 26  
Annex 6: Cost estimate of 18 month communication campaign ......................................................... 28
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
</tr>
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<tbody>
<tr>
<td>AFD</td>
<td>Agence Française de Développement (French Development Agency)</td>
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<tr>
<td>AfDB</td>
<td>African Development Bank</td>
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<tr>
<td>AfricaSan</td>
<td>Africa Conference on Sanitation and Hygiene</td>
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<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CSO2</td>
<td>Second phase of the Country status Overview on water and sanitation</td>
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<td>DDH</td>
<td>Direction Départementale de l'Hydraulique</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>EE assessment</td>
<td>Enabling Environment Assessment</td>
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<td>EU</td>
<td>European Union</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GoN</td>
<td>Government of Niger</td>
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<td>INS</td>
<td>Institut National de la statistique (National Census Institute)</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MEP/PLN/EC</td>
<td>Ministry of Education</td>
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<tr>
<td>MFI</td>
<td>Microfinance Institutions</td>
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<td>MHA</td>
<td>Ministry of Water and Sanitation</td>
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<tr>
<td>MI/SPD/AC/R</td>
<td>Ministry of Home Affairs</td>
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<tr>
<td>MOU</td>
<td>Memorandum Of Understanding</td>
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<tr>
<td>MSP</td>
<td>Ministry of Health</td>
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<td>MUL</td>
<td>Ministry of Urban Development</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<td>PDES</td>
<td>Niger Country strategy for Economic and Social Development</td>
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<td>PLEA</td>
<td>Local Water and Sanitation Plan</td>
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<tr>
<td>PN-AEPA</td>
<td>National Program for Water Supply and Sanitation</td>
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<tr>
<td>RAIL</td>
<td>Supporting Network to Local Initiatives (National NGO)</td>
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<td>SDC</td>
<td>Swiss Development Cooperation</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SISEAN</td>
<td>Integrated Monitoring and Information System for Water and Sanitation in Niger</td>
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<td>SNV</td>
<td>Netherland Development Organization</td>
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<tr>
<td>SOPHAB</td>
<td>Country Operational Strategy for Hygiene and Basic Sanitation</td>
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<td>SWaP</td>
<td>Sector Wide Approach</td>
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<tr>
<td>UNICEF</td>
<td>United Nation Children’s Fund</td>
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<td>USD</td>
<td>United States Dollar</td>
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<td>WSA</td>
<td>Water and Sanitation for Africa</td>
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<td>WSP</td>
<td>The World Bank Water and Sanitation Program</td>
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<td>WSS</td>
<td>Water Supply and Sanitation</td>
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Executive Summary

This document, written to decision makers and sector development partners, outlines the progress achieved in setting up consensual operational strategy for hygiene and basic sanitation and in developing large scale implementation tools for this strategy to reverse the current sanitation access trend.

One of the poorest countries in the world, Niger, is not on track to reach the Millenium Development Goals (MDGs) in the water and sanitation sector. It is the most lagging country in Africa especially in terms of sanitation coverage. To find out why Niger is lagging behind, WSP carried out an assessment of the enabling environment for sanitation based on client request for support.

This assessment made a number of recommendations based on learning from other countries about what is needed in the enabling environment to provide the necessary conditions to scale up access to sanitation. In the context of Niger it is important to focus on the following recommendations:

- The three line ministries (Health, Water, Urban Development) must set up a national institutional framework for sanitation,
- Local government capacity for sanitation service delivery needs strengthening,
- Sanitation sector needs to have harmonized tools for stimulating demand and needs to develop supply side to respond to the demand,
- Sanitation sector coordination and harmonization need to be strengthened,
- Capacities at all levels need to be developed and/or strengthened,
- Sanitation sector must set up a mechanism for monitoring as well as an evaluation system.

In partnership with government stakeholders, including Ministry of Water and Sanitation (MHA), Ministry of Health (MSP), Ministry of Urban Development (MUL), Ministry of Education (MEP/PLN/EC) and Ministry of Home Affairs (MI/SPD/AC/R) and some development partners United Nation Children’s Fund (UNICEF), PLAN International, Water and Sanitation for Africa (WSA), WaterAid, WSP decided to tackle some of these dimensions to strengthen the enabling environment to provide the foundation for large scale sanitation program.

WSP oriented its support to improve the sector institutional framework, its coordination and harmonization. It also supported actions related to stimulating demand and developing supply. This support was conducted in order to better channel the government efforts and avoid dispersion and contradictions between sector actors.

In parallel UNICEF, Plan International and other Non-Governmental Organizations (NGOs) tested Community Led Total Sanitation (CLTS) and continued the scaling up of this approach to end open defecation. This large scale CLTS implementation is helping grass roots actors’ capacity development because many training were conducted. Based on the field evidence for Open Defecation Free (ODF), the government accepted that CLTS is the appropriate methodology for the implementation of rural sanitation programs in Niger.

The result of these combined activities has been a consensual operational strategy for hygiene promotion and basic sanitation known as Stratégie Opérationnelle du Pays pour l’Hygiène et l’Assainissement de Base (SOPHAB). Evidence-based materials for behavior change communication (BCC) and sanitation marketing were also developed and produced for the use of all sector stakeholders to feed into SOPHAB implementation. These materials were developed and produced in order to allow economies of scale and harmonized messaging.

The availability of SOPHAB; sanitation programs methodology and SOPHAB implementation tools; has improved the enabling environment for scaling up rural sanitation in Niger. It addresses the issues of institutional framework, stimulating demand and improving supply, sector coordination/harmonization and the capacity development at local level. This means that Niger is ready to take-off in terms of improving access to rural sanitation, the main challenge that remains is the mobilization of resources (technical and financial) for large scale implementation of the strategy for lasting access to sanitation services.

This report concludes by recommending that the Government of Niger (GON) consolidate the existing results and initiate large-scale implementation of the SOPHAB using the tools made available. This can be efficiently done through the setting up of a hygiene and sanitation program that taps into private sector resources to make a big shift in the current trend of access to sanitation services. In parallel, government stakeholders can work together to integrate hygiene and sanitation promotion within social protection programs.
I. Introduction

The Government of Niger has advocated the promotion of hygiene and sanitation since the International Decade for Drinking Water and Sanitation in the eighties (1980 - 1990) through the adoption of several papers which had the aim of setting policies on the matter. The implementation of these policies and strategies led to the realization of several integrated projects and programs in water, sanitation and hygiene financed mainly by donors. However, the outcome of these integrated projects and programs, in terms of improved sanitary conditions is limited. Thus, by the turn of the century (2000), the development of the water supply and sanitation (WSS) sector in Niger was facing critical challenges in terms of viability and sustainability. The situation for sanitation was more critical in terms of access and behavior change, and this was complicated by the fragmentation of the sector between several line ministries without a clear leading institution and implementation framework.

The Water and Sanitation Program (WSP) of the World Bank’s Water Global Practice, based on its experiences in countries such as Ethiopia, India, Indonesia, Uganda and Tanzania, had accepted to support Niger to reduce the gap in access to sanitation through a technical assistance program. Broadly this support consisted of setting up the programmatic conditions required for scaling up rural sanitation. This case study, which covers the period between 2012 and 2015, is written for sector stakeholders in Niger (mainly the Ministry of water and Sanitation (MHA), Ministry of Health (MSP) and Development partners). It highlights the progress achieved in setting up consensual operational strategy for hygiene and basic sanitation and in developing large scale implementation tools for this strategy to reverse the current sanitation access trend. It also gives an overview of what has been achieved and what needs to be improved, as well as recommendations on the way forward for using a market based approach, based on learning and insights gained from what has been done so far.

Niger sanitation delegates who participated in the WASH Inter-agency Coordination Committee meeting held in Kisumu, Kenya

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4 Sanitary conditions in terms of access.
This section provides the background and the issues around hygiene and sanitation in Niger.

### 2.1 Background

Niger, currently one of the world’s poorest countries, continues to face a number of challenges in meeting Millennium Development Goals (MDGs) on access to sanitation and potable water, particularly in rural areas. According to the 2012 national census, the country has a population of 17.1 million which is growing at an annual rate of 3.9% with 83% of this population living in rural areas.

Despite the economic growth rate of 6.1% between 2008 and 2012 and the increase of 70% in the Gross Domestic Product (GDP) per capita (from USD 249.2 in 2000 to $425 in 2012), Niger is still struggling through its country strategy (PDES\(^5\) 2012-2015) to achieve better and more measurable living conditions for the population.

According to 2013 MHA data\(^4\), it was estimated that about 56% (9.2 million people) of Niger total population (16.4 million)\(^7\) have access to improved water supply and 19% (3.1 million) have access to sanitation (improved)\(^8\). These access rates hide important disparities between rural and urban and between water and sanitation. In urban areas the MDG target was achieved for water supply with 87% access while in rural this access was 50%, for sanitation the access was 67% in urban and 7% in rural. To achieve the MDGs by 2015, nearly 4 million people will need access to water supply, and nearly 5 million will require sanitation. The number of people that should get access to water each year needs to increase by four times, and by ten times for sanitation. Even if this is achieved, some 3.3 million people will still lack access to safe water, and 8.2 million will lack access to sanitation. This means that it will be very hard for Niger to meet the MDGs for water and sanitation by 2015. In addition, the development of the sector also faces the following broader challenges:
- limited low cost solutions for sanitation services,
- limited capacity of local authorities to manage rural sanitation;
- limited strategic planning at the national level,
- low absorption capacity

The Government’s strategy had emphasized hygiene education in accordance with the Hygiene Act of 1993 and provided adequate scope for operation and maintenance of sanitation facilities and ways in which payment for installation, operation and maintenance costs could be made by beneficiaries. This strategy could have taken into account coordination and allocation of responsibilities within the Government and municipalities, the integration of sector responsibilities, and the possible identification of a lead agency. However, it was not until 2003 that the Ministry of Hydraulics was chosen as the lead agency for sanitation.

Various development partners and NGOs are supporting the government in the WSS sector. Namely Agence Française de Développement (AFD), World Bank, African Development Bank (AfDB), UNICEF, European Union, Belgium, Luxembourg, Denmark, Plan International, Eau Vive, Carter Center, World Vision, Rail (National NGO). These partners have developed their own strategies and methodologies of intervention without national guidance or an overarching framework of reference for their intervention. All these projects or programs are related to both water supply and sanitation, yet with no particular emphasis on sanitation. This has resulted in poor access of the Niger population to improved sanitation facilities particularly in rural areas where the level is 4%.

However, since 2008 notable progress has been made with regard to policy, strategy and the introduction of community-led total sanitation (CLTS) in 2009. The AfricaSan conference (eThekwini or Durban 2009), in particular, enabled stakeholders from Niger to come together and hold constructive discussions on sector bottlenecks.

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\(^{5}\) PDES: Plan de Développement Economique et Social (Economic and Social Development Plan).


\(^{5}\) Note: At the time the report was drafted the 2012 census data was not available. So the MHA worked with the projected population which was 16.4 million. In 2014 the census data reveals that the population was 17.1 million.

\(^{6}\) INS 2012: Données Enquête Conditions de Vie des Ménages et l’Agriculture
and the outlook for the sector. This political will resulted in the National Program for Water Supply and Sanitation (PN-AEPA), which was adopted in December 2011 and contains an entire component dedicated exclusively to hygiene and sanitation. However, the description of the hygiene and sanitation component, besides being quite short, does not go into detail and for that reason cannot really serve as an operational basis for the development of the hygiene and sanitation sector. In the same period (2009), the “Operational Strategy for Hygiene Promotion and Basic Sanitation” was developed to have particular focus on hygiene and basic sanitation. But this document, even if it represented the most comprehensive document regarding hygiene and sanitation, was not used to implement activities for many reasons. There is no implementation plan, the CLTS approach was not mentioned and implementation tools of the strategy have not been developed. There were many activities undertaken by both state stakeholders and non-governmental actors; however, these initiatives are fragmented and inhibited by the lack of: (i) an operational consultation mechanism, (ii) an overarching framework of reference for interventions and (iii) coordination leadership.

### 2.2 Overall trend in terms of access

In terms of access to improved rural sanitation facilities (see graph 1), the best estimate of the situation in 2015 would be that less than one million people of an estimated 14 million rural population would have access to sanitation if progress is not substantially accelerated in the coming years. If nothing is done, and the current trend continues, 13 million Nigeriens will be left without access to proper sanitation in rural areas in 2015.

As shown in Figure 1, with the actual trend of annual increase of access to improved sanitation (0.13% per year) it would take Niger more than 100 years (2110) to reach 50% of the MDG target for sanitation. Through systemic strengthening of the policy and sector enabling environment and improving service delivery, rates of access for improved sanitation can be accelerated. If an accelerated trend of 3% per year is accomplished, Universal Access will be reached in 2038.

![Figure 1: Actual Trend and Scenario for Accelerated Trends](image-url)
2.3 Economic impact of poor sanitation

It is estimated that open defecation costs Niger more than USD 148 million annually. This cost is not evenly distributed through the population, the poor are impacted more because the cost of open defecation to the richest quintile is less than 1% of income, but for the poorest quintile the cost is estimated at 12% of income. (See Figure 2).

2.4 Main factors affecting progress

In addition to the challenges highlighted in the background section, the main factors hindering the progress of access to rural sanitation are:

• A very strong demographic growth rate, especially in rural areas where current sector efforts are not sufficient to compensate for this new population (annual population growth is 3.9% and rural sanitation growth is 0.13%) (Reference: INS census 2012 and Niger CSO2);

• Open defecation is the norm, with 4 of the 5 income quintiles in rural areas practicing this exclusively and 60% of the highest income quintile (see Figure 3) (Reference: Niger: investing for prosperity – A Poverty assessment, May 2011, World Bank);

• Lack of a mechanism for stimulating demand and promoting the supply side of rural sanitation at national and local levels (Source: EE assessment);

• Lack of harmonization/coordination of development partners (Source: EE assessment).

USD 148 MILLION

Estimated cost of open defecation to Niger annually, with the cost not evenly distributed through the population – the poor are impacted more.

Source: Economic impact of poor sanitation in Africa – WSP 2012
FIGURE 3: RURAL SANITATION COVERAGE BY WEALTH QUINTILES.
SOURCE: NIGER: INVESTING FOR PROSPERITY – A POVERTY ASSESSMENT, MAY 2011, WORLD BANK

Niger Rural Sanitation Coverage

<table>
<thead>
<tr>
<th>Quintile of per household consumption</th>
<th>With income in kind</th>
<th>Without income in kind</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>$ 873</td>
<td>$ 762</td>
</tr>
<tr>
<td>2</td>
<td>$ 960</td>
<td>$ 837</td>
</tr>
<tr>
<td>3</td>
<td>$ 1,264</td>
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</tr>
<tr>
<td>4</td>
<td>$ 1,501</td>
<td>$ 1,356</td>
</tr>
<tr>
<td>5</td>
<td>$ 3,644</td>
<td>$ 3,285</td>
</tr>
<tr>
<td>Total</td>
<td>$ 1,866</td>
<td>$ 1,671</td>
</tr>
</tbody>
</table>

*Income in kind = imputed rent + usage value of durables

III. Assessing the Enabling Environment for Sanitation

In 2011 the Ministry of Water and Environment requested WSP to support an action plan for the implementation of the existing unexploited operational strategy for hygiene promotion and basic sanitation. In response WSP supported the three line ministries in charge of sanitation (Ministry of Health (MSP), Ministry of Water and Environment and Ministry of Urban Development, Housing and Sanitation (MULA)) to implement in 2012 an assessment of the enabling environment for scaling up sanitation countrywide with a special focus on rural sanitation in order to identify fundamental areas of support that can provide foundation for large scale sanitation program.

Based on learning from other countries (Tanzania and Ethiopia), this assessment was completed. It has made recommendations in eight priority areas to set up strong programmatic conditions to scale up access to sanitation. These recommendations include:

(i) The three main line ministries must set up a National institutional framework for sanitation,
(ii) Local government capacity for sanitation service delivery needs strengthening,
(iii) Sanitation sector needs to have harmonized tools for stimulating demand and needs to develop supply side to respond to the demand,
(iv) Sanitation sector coordination and harmonization needs to be strengthened,
(v) Capacities at all levels need to be developed and/or strengthened,
(vi) Sanitation sector must set up a mechanism of monitoring and evaluation system,
(vii) Sustainable and innovative financing mechanism for sanitation must be set up and
(viii) Action research and knowledge sharing mechanism needs to be set up to inform sanitation programs implementation.

In partnership with government stakeholders (MHA, MSP, MUL, Ministry of Education and Ministry of Home affairs) and some development partners (UNICEF, PLAN International, WSA, WaterAid), WSP decided to tackle some of these recommendations to strengthen the enabling environment to provide the basis for large scale implementation of sanitation in the country. The next section will provide details on the sector response (from WSP and other partners) vis-a-vis the challenges highlighted and how this response is compliant with the recommendations of the assessment.

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9 Ministry of Water and Environment was the name of the Ministry of Water and Sanitation (MHA) before July 2013.

10 MULA was the Ministry ensuring the leadership of Sanitation. Currently this Ministry became Ministry of Urban Development and Housing (MUL). The leadership of Sanitation was given to MHA in July 2013.
IV. Sector Response

This section describes the sector interventions to address the key issues of setting up programmatic conditions for scaling up access to sanitation. The sector has channeled its support to the following areas:

1. Improve institutional framework, sector coordination and harmonization,
2. Strengthen local government capacity
3. Stimulate demand and develop supply side and
4. Setup program methodology and monitoring system.

This support was provided to optimize government efforts and avoid dispersion and contradictions between sector actors.

4.1 Improving institutional framework

To reinforce the institutional framework many activities were undertaken by both WSP and other development partners. Support was provided through the elaboration of the consensual strategy for hygiene promotion and basic sanitation, SOPHAB. As all stakeholders including WSP and UNICEF, representing development partners, participated in the elaboration of SOPHAB, the institutional arrangements proposed in the document were accepted by all. The Government facilitated the work by designating a lead institution for sanitation and the comparative advantage of each government stakeholder was considered in the allocation of roles identified in the SOPHAB.

In parallel to the development of SOPHAB, development partners continued to support the sector dialogue and the joint sector annual review, where stakeholders recommend for a sector wide approach (SWaP) and clear definition of roles and responsibilities of actors in the sanitation sector. The aim behind this support was to improve the institutional framework so as to equip the lead institution and the hygiene and sanitation sector with the relevant mechanisms able to deliver large scale results on the ground in term of access to hygiene and sanitation services.

4.2 Improving Sector coordination and harmonization

There were two existing platforms for sector coordination: (i) sector dialogue between government stakeholders and donors held every two months and (ii) the joint sector annual review that gathers all stakeholders in water and sanitation sector held once a year. NGOs (national and international) and sector associations had no specific platform a part the annual sector review with the MHA making it difficult for the MHA to capture their activities and to provide orientation to them. During the 2013 sector annual review, it was highly recommended to setup a specific platform between NGOs/Associations and the MHA. In late 2013 a third platform which gathers NGOs and the MHA every three months was setup. WSP and many other donors like AFD, European Union (EU), Swiss Development Cooperation (SDC), and UNICEF actively participate in the annual review and sector dialogue which are improving every year. These platforms are useful instruments for sector coordination and harmonization because they bring together stakeholders for constructive exchange and dialogue.

In order to ensure harmonization of approaches, all stakeholders’ interventions are encouraged to comply with the national program for water supply and sanitation (PN-AEPA). But there is a concern about sanitation because PN-AEPA is not clear about the methodology for sanitation. CLTS implementers (UNICEF, Plan International, WaterAid and other NGOs) tried to harmonize CLTS implementation tools in 2013 under the leadership of MHA but up to now the recommendations are still not implemented because many implementers remain hesitant to adopt tools developed without their contribution. Following the process of SOPHAB elaboration, WSP conducted an inclusive process of behavior change communication (BCC) and sanitation marketing tools development to support the strategy implementation.

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11 Primarily the Ministry of Urban Development, Housing and Sanitation (MULA) was designated to lead sanitation sector from 2011 to 2013. Then in July 2013 the Ministry of Water and Sanitation was designated to lead sanitation after a government reshuffle.

12 Inclusive process involving sector stakeholders
The targeted objective in improving coordination and harmonization was to tackle the issue of the approaches (subsidized and non-subsidized) harmonization and synergy among actors. It resulted that all actors agreed to use the CLTS or the CLTS plus but one year grace period is accepted for those using pure BCC and subsidies in accordance with PN-AEPA 2011 - 2015. After 2015 the methodology of the SOPHAB will be applied effectively and the implementation tools developed will be used. The new PN-AEPA 2016 – 2030 will integrate the SOPHAB approach for hygiene and sanitation programs implementation.

4.3 Supporting Local water and sanitation planning

Local water and sanitation planning (PLEA) was introduced in Niger in 2010 by the Ministry in charge of Hydraulics. After this introduction from 2012 to 2015 many communes have developed their PLEA with the support of WSP and many other development partners under the leadership of MHA. A typical PLEA has three main components: (i) the commune status in terms of access to improved water and sanitation services and the gap, (ii) the commune investment plan for a given target like MDG, National program, SDG and (iii) the three year action plan. This tool allows communes to have visibility for water and sanitation matter at communal level and helps make an objective decision for priority actions and arbitrage. With this tool commune can advocate for fund raising with a particular development partner and can justify to its population why an investment is done in village x and not in village y. Without a PLEA it becomes very difficult for communes to make an informed decision on water and sanitation investment and service provision. Many communes are already implementing their PLEA with the support of development partners: (i) in the region of Dossonine communes in the departments of Gaya and Djoundiou are at the third year of their PLEA implementation, (ii) in the region of Maradi 18 communes in the departments of Guidan Roumji, Dakoro and Bermo are at the second year of implementation of their PLEA, (iii) in the region of Tillabery nine communes in the departments of Ayorou, Tillabery and Bankilaré are in the first year of implementation of their PLEA.

Based on these experiences 18 other communes in the regions of Zinder and Diffa are planning to have their PLEA in 2015 to enable the better use of available investment funds from Danish Cooperation.

Thus supporting communes to develop their PLEA is done to reinforce the planning capacity and to raise awareness and best practice to water and sanitation related matter at local level.

It is expected that this raise of awareness and best practice at local level will give priority to water and sanitation in the agenda of local authorities. Currently more and more communes are struggling to get support from partners and government to develop their PLEA. This interest was clearly mentioned by local authorities at the occasion of the 1st edition of the National Consultation Forum with local authorities in Water and Sanitation Sector in Dosso, from January 26th to 27th 2015. Results are starting to show up but there is still work to be done for larger impact.

4.4 Development of SOPHAB implementation tools

In order to develop evidence based implementation tools for SOPHAB, WSP conducted studies to inform tool development and initiated an inclusive process of finding low cost solutions for sanitation.

4.4.1 Development and production of Behavior Change Communication and Marketing tools

The development and the production of the BCC and Marketing tools for sanitation is grounded in two main studies: (i) a formative research in six out of eight regions in the country to understand the key factors that influence people’s sanitation behavior and (ii) a study on existing BCC and CLTS approaches implemented in Niger. These two studies provided key evidence for the development and the production of SOPHAB communication tools, which are aiming to allow economies of scale and harmonized messaging.

Both the SOPHAB and these tools development and production processes have been accepted by all stakeholders, it is expected their utilization on the ground will be effective under the leadership of the MHA. So currently there is

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13 CLTS plus in the case of Niger is somehow complex. It can be CLTS plus sanitation marketing, or CLTS place subsidies through the row materials, or CLTS plus reward for ODF villages.
a need to disseminate the SOPHAB and its behavior change communication tools throughout the eight regions of the country.

The unifying theme of communication and rationale are given in the Table 2, below:

**TABLE 2:**

<table>
<thead>
<tr>
<th>Unifying theme</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A better choice: A better life!</td>
<td>- A latrine solves all the problems of open air defecation.</td>
</tr>
<tr>
<td></td>
<td>- A latrine is a potential source of prestige.</td>
</tr>
<tr>
<td></td>
<td>- A latrine is a long term investment that improves the living place.</td>
</tr>
</tbody>
</table>

For each key message, gender was considered in designing concepts. Indeed, without denying the traditional roles in the household, the strategy did not stigmatize them but rather encourage fair design of these roles in the context of rural sanitation in Niger. Annex 1 provides more details for gender sensitive targeting of audiences.

Table 3 shows the selected channels and tools developed accordingly.

### 4.4.2 Initiative of low cost solutions for sanitation

The BCC programs will create demand, which requires an appropriate response. Some actions were undertaken to find low cost solutions for sanitation. This process is still ongoing and the idea behind this approach is to provide multiple, affordable and desirable choice to households by involving private entrepreneurs and micro-finance institutions. Samples were found from Bangladesh, Kenya, Mozambique, India, Laos and Cambodia. The Sato Pan from Bangladesh, plastic slabs from Kenya and the experience of the Municipalities of Nampula and Quelimane in Mozambique have been brought to Niger for information and customization to Nigerien conditions. The Government of Niger sets up a broader taskforce involving governmental officials and development partners’ representatives which worked on consensual (i) Sanitation technologies building from the samples and (ii) Focus Group Discussion interview guides. These two tools were used by a limited team of seven people from various academic and professional background with good experience in sanitation related matters. This group

**TABLE 3:**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Channel</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anchorage media</td>
<td>Radio</td>
<td>- Radio drama show</td>
</tr>
<tr>
<td></td>
<td>Journalists</td>
<td>- Collection of questions and answers related to the radio drama</td>
</tr>
<tr>
<td></td>
<td></td>
<td>episodes.</td>
</tr>
<tr>
<td>BCC Community</td>
<td></td>
<td>- Pre- recorded drama show for community movie.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Collection of questions and answers on sanitation for entertainment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>after broadcast of radio drama shows.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Image box</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Posters, banners, T-shirts and caps (to encourage people to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>participate in community activities).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Booklets on Hygiene and Sanitation with sheets on construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>use maintenance of latrines and hand washing.</td>
</tr>
<tr>
<td>Strengthening media</td>
<td>Sanitation and health</td>
<td>- Scripts for audio recording of a book on hygiene in Islam.</td>
</tr>
<tr>
<td></td>
<td>workers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Imams and heads of sanitation village committees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Health service providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Educational Sheets on sanitation and hygiene for infants and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>children.</td>
</tr>
</tbody>
</table>

www.wsp.org
of seven persons coming from the entire sector stakeholder’s community was mandated by the broader taskforce to seek for the opinions of potential consumers and field level sector promoters/operational staffs during a two weeks field mission in 12 rural localities chosen in 4 different regions of the country.

The main takeaways from this mission is that (i) targeted consumers mainly understand well the proposed technologies in the catalogue, satisfied with their design and envisage positively the feasibility of acquiring them without subsidy depending of their affordability, (ii) sector promoters at field levels are globally enthusiastic and optimistic with the feasibility of improving sanitation access through a market-based lens given the advantages of the conical pit latrine model from Mozambique already tested to be constructed with about only 2 sacks of cement. Opinions on Mozambique model are impressive and could allow good hope in succeeding the implementation of the initiative of creating and sustaining a sanitation market in Niger.

In the Kandadji dam construction area, the first wave of displaced people to the village of Gabou have already adopted conic latrine from the municipalities of Nampula and Quelimane in Mozambique. Today more than 650 households benefited from this type of latrine which is considered robust, improved and affordable.

**BOX 1: SATO PAN LATRINE OPTION FROM BANGLADESH**

Description: Sato Pan from Bangladesh designed by American Standards. Plastic Auto sealing pan fitted into concrete slab with foot rests

Cost: Cost in Bangladesh Plastic pan: USD 0.25. Pan plus concrete slab: USD 1.50. If Niger is importing from Bangladesh, then the cost of plastic pan is estimated at USD 4.

**BOX 2: PLASTIC SLAB FROM KENYA**

From Kenya, various sized plastic slabs with cover, shaped for cleaning water to flow to hole;
1. Small Collar: Small collar to fit onto existing slab, 600g. Cost estimated to USD 5.
2. Small slab: Small slab, 60 x 80cm, 3.2kg. Cost estimated to USD 27.
3. Large slab: Large slab, 1.15 x 1.15m, 18kg. Cost estimated to USD 97.

**BOX 3: LINED PIT MADE WITH TRAPEZOIDAL BLOCKS**

The circular form of the pit is self-holding and the use of tight fitting trapezoidal cement block eliminates the need for mortar in the joints. The blocks are kept in place by neighbouring blocks and the pressure of the surrounding compacted soil. The pit uses 126 blocks (about 80 blocks per sack of cement) and has an effective volume of 2,200 liters – a lifespan of 20+ years for a family of 7 people (from Training Manual for low-cost sanitation, Hydroconseil, August 2013, Mozambique)

Cost: Two 50kg sacks of cement (about USD30) should be sufficient for the pit and the smaller sized (90cm) slab. The latrine without the superstructure is estimated at USD65 in Niger.
4.5 Community Led Total Sanitation implementation

CLTS was introduced in Niger in 2009 by UNICEF through a pilot in the region of Zinder. Following the success of this pilot UNICEF and Plan International continue with the implementation of this approach to provide the evidence that sanitation can be implemented without subsidies and with better behavioral impact. Progressively, many other partners adopted this approach differently from one partner to another. The evidence of better hygiene and sanitation results from CLTS approach was highlighted by sector stakeholders during the joint field visit in the regions by donors and government stakeholders. This joint field mission was organized every year prior to the sector joint annual review meeting and field learnings were reported to decision makers and development partners at the meeting.

Training activities were conducted to train trainers at regional and departmental levels for CLTS triggering and post open defecation free (ODF) follow up. These trainers at their turn train community based organization (CBO) in hygiene and sanitation.

4.6 Monitoring and information system

An integrated water and sanitation monitoring system was developed through a separate WSP technical assistance vehicle to the GoN. This monitoring system is named SISEAN\(^{14}\) and covers water, sanitation and water resources management. It supports the Ministry of Water and Sanitation (MHA) and communes to plan their investments, manage the overall performance of the sector, and better target underperformance and unserved populations.

During the development of this tool, sanitation indicators to be monitored were not clearly defined by the ministry. It has been requested from the consultant to consider enabling environment indicators and some CLTS indicators defined in the SOPHAB. The base line of access rate can be taken from the national 2012 census or 2012 Demographic and Health Survey (DHS) data. But there is a need to clearly define data to be collected from the field to inform SISEAN.


BOX 4

In total, seven CLTS projects were studied and the scale of these projects varied because the number of villages involved went from 10 to 2,000 per project. In the target villages, these projects also undertook WSH activities in 430 schools.

- UNICEF WASH Programm with 2000 villages,
- SNV WASH program linked to awareness-raising campaign on good governance in WSH with 195 villages and 290 schools,
- CLTS project by Plan International (Niger) 95 villages and 40 schools
- WaterAid Pilot project on water, health and Sanitation with 42 villages
- Carter Center CLTS project with 40 villages,
- Project Arziki on water and sanitation for Africa (WSA) with 30 villages,
- Commitato Internazionale per lo SVILUPPO DEI POPOLI (CISP) project supporting of social mobilization CLTS with 10 villages.

The methodology used is the same but some differences exists in the accompanying measures. Apart from UNICEF project (which aim at promotion of essential family practices after certification), the projects involve accompanying measures before certification. The measures include:

- Training and supply of tools to masons;
- Provision of awareness-raising aids;
- Partial subsidies for slabs;
- Assistance to households in choice of latrines;
- Organization of inter-zone or inter-village hygiene competitions.

The SISEAN has three main components: the data base, the portal interface and data capture interface. The portal interface allows the communication between stakeholders while data capture interface allows data entry with online validation process in the system.

The main users of the system are classified as follow:

- **Directors**: They have access to all the functions of the application such as migration of data, user management, performing analysis, generating reports. The primary function of users at this level is to view and generate reports.
• Regional Information Technology (IT) correspondents and administrator: They also have access to all the functions. Regional IT managers will be responsible for the collection, processing, storage, and transmission of data received from the Direction Départementale de l’Hydraulique (DDH).

• Departmental directors: They are responsible for filling up of the collection sheets.

• Operator input: They are data entry operators who have the rights to only add and edit categories of modern water points, their characteristics, ponds and points across the user interface.

• Other users: they have access to SISEAN through its portal that provides range of information on the sector.

Within this framework all exchanges between stakeholders is administered and ensure better communication and data flow among users. This communication capacity will considerably shorten data compilation time to inform planning and budgeting in the sector.
This section intends to provide an overview of the results achieved so far through these combined activities from the sector actors. Annex 2 provides the progress achieved in the between 2012 and 2015.

However a cover note is provided at Annex 5. This cover note provides a summary of five components of the project to strengthen enabling environment for scaling up rural sanitation in Niger. It provides for each component the tasks carried out, the results and desirable next steps.

The SOPHAB was approved by the GoN in July 2015. Its implementation tools developed and some implementation capacity reinforced meaning that Niger is ready to take-off in terms of improving access to rural sanitation.

5.1 SOPHAB Dissemination
Following the elaboration of the SOPHAB and its implementation plan, the government approved the strategy in July 2014. A memorandum of understanding (MOU) between the MHA and MSP and involving all other government departments dealing with hygiene and sanitation activities was issued in January 2015. This MOU sets officially the coordination committee in charge of hygiene and sanitation related activities and provides for the first time in Niger a formal mechanism for government stakeholders (MHA, MSP, MUL, MEP/PLN/EC) to work together to achieve a common goal. This proved to be a critical first step in order for the dissemination and the implementation of the SOPHAB.

The evidence of good hygiene and sanitation behavior gained from the implementation of CLTS over the previous 5 years has led to the government of Niger to adopt CLTS and sanitation marketing as the sanitation program methodology in the SOPHAB.

The availability of the approved SOPHAB and the MOU has improved the enabling environment for scaling up sanitation in rural Niger. It addresses the issues of institutional framework, sector coordination and harmonization. But still, there is a need to disseminate the strategy throughout the country to regional, departmental and communal stakeholders in order to allow its effective implementation.

5.2 Availability of SOPHAB implementation tools
BCC and sanitation marketing tools are now available for SOPHAB implementation. The General Directorate of Sanitation at the MHA supported by WSP, Plan International and SNV started consultations with users with some latrine samples in four regions of the country to get feedback from them and engage a real user desired design process with a designer. By the end, this process will lead to low cost and desirable solutions for sanitation.

This outcome has set the preliminary basis for the way forward in improving the “stimulating demand and developing supply” milestone of the enabling environment. The remaining challenge would be: (i) how the government will handle the issue of continuing product and value chain development? (ii) How the government will generalize the use of SOPHAB implementation tools by all sanitation implementers in the field?

5.3 Availability of local water and sanitation Plan
Many communes have conducted their three year PLEA. Some development partners like SDC and Danish Cooperation are using these local plans to implement their water and sanitation infrastructure. Today up to 80 out of 266 communes across the country have or are on the way to have their PLEA. The MHA and Municipalities agreed to work together in the elaboration of respective commune PLEA to tackle the issue of planning for water and sanitation infrastructure. Accompanying measures to strengthen and sustain this planning process at the local level will be undertaken by the MHA.

80 Estimated number of communes out of 266 across the country which have or are on the way to have their PLEA.
The availability of the PLEA intends to reinforce implementation capacity of local government for water and sanitation in terms of planning. But the planning needs to be supported by the availability of resources for investment from the central government to the local government (region and commune).^{15}

**BOX 5**

WSP had supported 36 communes to develop their PLEA. 9 communes have efficiently use this tool to improve access to water and sanitation with an investment program financed by SDC in the region of Dosso. From 2013 to date 45500 additional persons have access to improved water supply service, 38 additional schools and 6 additional health centers have had access to improved latrines and improved water service. About 2200 households were equipped with improved latrines through a combination of CLTS and accompanying measure with partial subsidies for slab. 9 other communes in the region of Tillabery in Kandadji dam construction area are in the first year of implementing their PLEA through the financing of Kandadji program local development component.

Based on the experience of the region of Dosso, the SDC financed program had supported 19 communes to have their PLEA in the region of Maradi. With these PLEA and the investment program, 78750 additional persons have gained access to improved water supply service and 4500 households have had access to improved latrine (combination of CLTS and accompanying measure partial subsidies for slab). Many other schools and health centers were equipped with improved latrines by the commune.

Learning from SDC financed program, a project financed by Danish cooperation is replicating the same approach by supporting communes to first have their PLEA before implementing their investment programs. This year 36 communes in the region of Diffa and Zinder are supported by this program to their PLEA realization.

The communes in which PLEA realization are not followed by massive investment program, the level of implementation and ownership is very low.

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^{15} In Niger there is two levels of local government, the regional council and the communal council. The regional council has an overview of all communes in the region and can make the arbitrage between the communes in the region while the communal council deals with commune level stuff.
VI. Challenges

Now that the SOPHAB is approved, its implementation tools available and enabling environment strengthened for large scale implementation of sanitation programs, there still remains some challenges which need to be highlighted to the government and its development partners for action. The following points summarize the main challenges to be addressed:

- How will the government mobilize resources (financial and technical) to implement the strategy for service delivery to the population?
- How will existing results be consolidated?
- How to ensure rural sanitation service sustainability through the involvement of the private sector?

This report provides some guidance in terms of recommendations for next steps in the following section.

Section of Niger delegates during a visit to the Nairobi waste water treatment plant
This section will provide some guidance for next steps as well as an action plan aligned to the SOPHAB action plan.

### 7.1 Mobilization of the resources

Niger government intends to raise household access rate to sanitation facilities to at least 50% by 2018 from a baseline where 73% of Niger households lack sanitation facilities. This ambitious commitment requires the mobilization of significant financial and technical resources. Presently the potential resources are identified at development partner’s level, at government level and at local authorities’ level. The recommendation to the MHA is to give priority to hygiene and sanitation and call for action through the SOPHAB implementation plan. The newly created committee of coordination of hygiene and sanitation can undertake resources mobilization activities with the following actors:

- **Development partner**: To support government sanitation program covering all regions of the country with a clear institutional and fiduciary arrangement. SOPHAB implementation requires to setup a comprehensive hygiene and sanitation program funded by both the government and development partners. The type of support that development partners can provide is the financing of hygiene and sanitation activities, capacity building/reinforcement through a basket fund or any other mechanism setup for the implementation of hygiene and sanitation program.

- **Government Department (MHA, MSP)**: A dedicated budget line for sanitation from government budget can be allocated to enable the technical resources from government stakeholders to deliver together hygiene and sanitation results on the ground. The SOPHAB five year implementation budget is estimated at USD 100 million with USD 20 million (20%) coming from government budget. So the government can mobilize every year at least USD 3 million to finance behavior change communication activities to end open defecation and promote private sector involvement in hygiene and sanitation service provision. In the past 10 years Government contribution to sanitation with specific budget line was zero. But in 2015 the government has allocated about USD 164,000.00 to sanitation. This constitutes a fundamental shift in Government consideration for sanitation. This amount is far below what is expected to achieve the target but additional efforts are expected to mobilize more funds for sanitation. The MHA can explore the potential integration of hygiene and sanitation in the social protection programs. Initial exploration was done by WSP in Niger and this can be built upon to inform decision makers.

- **Local authorities (Municipalities at regional and communal levels)**: raising focus on hygiene and sanitation as a priority and awareness of the impacts and issues of inadequate sanitation can be done through local planning and communities’ mobilization. Local authorities can utilize budget, Local health and water services and social assistance department to coordinate consistent public education and reinforcement of the need for sustained behavior change. A clear articulation between the sanitation coordination body at the central level needs to be reflected at local level through the yearly consultation between municipalities and MHA. The yearly celebration of the Niger municipalities’ day is also another platform to share the main orientations of the sanitation coordination body with municipalities.

- **Private Sector (MFIs and Entrepreneurs)**: Resources like private sector (entrepreneurs and Microfinance institutions (MFIs)) exist, so it is important that the government tap into these resources to deliver sanitation results on the ground. This can be done through a specific arrangement between the government, private sector and local authorities closed to the population. An important opportunity exists for the small entrepreneurs to provide affordable options (similar to the plastic slabs in Kenya) to the local market of consumers and strengthen the supply chain. Local financial institutions can also develop lending products for household improvement that includes improved sanitation facilities.
7.2 Consolidating existing results

Improving indicators reports: The SOPHAB has some indicators which help measure progress made in the sector. These indicators measure progress for both enabling environment and sanitation access rates. The annual report of the MHA gives information on some limited indicators of the SOPHAB. The recommendation to the MHA is to engage consultation with stakeholders to clearly identify indicators on which the annual report needs to provide information accordingly with SOPHAB. This task can be done through a workshop or a retreat led by the MHA as soon as possible to agree upon the issue and the way these indicators will be informed by field staff. The outcomes of the retreat/workshop will be used to improve annual sanitation indicators reporting.

Improving coordination/harmonization at local level:
CLTS implementation is ongoing in Niger; more and more partners are building their sanitation programs using this approach. Diverse tools are being used without any control from the central level government departments in charge of sanitation. Despite the attempt to harmonize CLTS tools, recommendations fail to become effective. As evidence based BCC and Marketing tools are available, there is a need to harmonize the use of SOPHAB implementation tools. The recommendation to the MHA is to disseminate these tools to hygiene and sanitation implementers at local level. A dissemination plan of SOPHAB and its implementation tools can be done through regional workshops gathering all stakeholders in the region departments and communes in the regional capitals.

7.3 Efficient implementation of SOPHAB
A market based approach was considered in the SOPHAB implementation tools’ development and production. The business model below (see the Figure 4) involving Public institutions, Private sector (Micro Finance Institutions -MFIs, and entrepreneurs), community based organizations (CBOs) and beneficiaries is proposed for further reflection, adjustments and elaboration. It is important that public institutions (MHA and local governments) take the lead to negotiate with private sector the implementation conditions of the proposed model. Box 6 explains the functionality of the proposed business model.

The demand creation has modestly begun with the implementation of CLTS, but this can be consolidated and intensified by the usage of communication tools developed and targeting wider audience through large scale communication (use of radio). To date 1475 CLTS villages was triggered out of about 34000 since the introduction of CLTS in Niger in 2009, and only 481 were declared ODF. So in terms of CLTS triggering less than 5% of villages are concerned and this is sprayed in the 8 regions of the country.

Consequently, the focus should be made on finding progressively affordable sanitation solutions by the involvement of private sector as a response to the progressive demand to be created over time in the implementation of larger scale sanitation program.

Niger has good potential to involve microfinance institutions and small entrepreneurs who can work in relation with public institutions (MHA and communes) to deliver sanitation goods and services to the population via the CBOs. Similar experience was already successfully conducted in the city of Doutchi in Niger where a revolving fund mechanism was set up by a National NGO (RAIL) to improve households’ sanitary conditions. This mechanism involved MFI, local masons and CBOs to help households access to improved latrines and bath rooms.

The MHA should learn from this experience to build a larger scale sanitation program involving accredited entrepreneurs and MFIs for service delivery to rural population. Specific conditions similar to targeting used in social safety net program need also to be setup to allow poorest population to also have access to sanitation facilities. For the beginning, the MHA should focus on ODF villages taking the advantage of the existing sanitation related momentum to give good chance of success to the program. This recommendation needs to be deepened with an operations program using the SOPHAB implementation tools developed to test the approach in selected large areas. The program can have three main components involving three government departments: (i) Hygiene and sanitation infrastructure and technologies and institutional arrangement of the program handled by the MHA, (ii) hygiene and sanitation related BCC and access to poor handled by the human
BOX 6

**Government of Niger:** It is represented by the Ministry of Water and Sanitation (MHA) have the role to design the model and set up the necessary funds in partnership with development partners in order to make the system works. The funds to setup include (i) guaranty fund to secure both MFIs and entrepreneurs, (ii) The model management fund which will allow the regulation, the technical assistance to support monitoring and evaluation, capacity building activities.

**Development partners:** They have direct relationship with the MHA and local authorities. There is a partnership between the MHA and development partner to finance the sector in terms of contributing in the guaranty fund or/and the model management fund. With the local authorities (regional and communal levels), the development partners can contribute through the capacity reinforcement activities for demand creation and supply side (capacity reinforcement for contract management with suppliers).

**Micro Finance Institutions (MFIs):** MFIs have relationship with the MHA for the model regulation and the setup of the guaranty fund. It also has direct interaction with local authorities and community-based organizations (CBOs). With local authorities the MFIs conclude sanitation financing agreement including all necessary conditions. This agreement is guaranteed by the MHA.

**Entrepreneurs/Contractors:** They are shortlisted and selected by the MHA through a Framework contract type established ahead in the model. The MHA ensures the regulation of the contract arrangement between local authorities and the entrepreneurs. The entrepreneurs will provide sanitation parts to the communities through the commune’s accredited CBOs accordingly with the contract arrangement.

**Local authorities (Regional council and communal council):** Local authorities are the heart of the model where all actors converge in the implementation. They insure at the same time service provision to consumers through the entrepreneurs and CBOs and the service financing and payment through the MFIs and CBOs. Local authorities can have direct interaction with development partners for capacity reinforcement activities for demand creation and supply side.

**Community-based organization (CBOs):** they need to be proposed by communities and accredited by local authorities especially the communes. They are the direct link between communes and communities for service provision and money recovery from the communities.

**Households:** They are the main target of the model for sanitation facilities acquisition and the credit payment to the MFIs through their respective CBOs. So households are the one financing good part of sanitation investment.

devolution departments (Ministry of health and Ministry of Population, women promotion and child protection) and (iii) Private sector involvement handle by the Ministry of trading and private sector promotion. For the first phase of the program, four year implementation with USD 30 million can be dedicated.

### 7.4 Implementation plan and Cost estimate

This section gives an indicative implementation plan and a rough estimate of the recommendations developed through the sections 7.1 to 7.3 knowing that these recommendations are complementary to CLTS activities actually under implementation in the country with the support of various partners. This estimate does not include CLTS implementation and behavior change communication and marketing implementation. For the BCC and marketing and estimate is given in the Annex 6.

#### 7.4.1 Implementation plan

A four year implementation plan of the recommendations is proposed in Annex 3. This is compliant with the broader implementation plan of SOPHAB. It has two main sections; the consolidation activities and large scale implementation activities.
7.4.2 Cost estimate of the recommendation

An estimate of identified actions is given in annex 4 and this is estimated to USD 32.8 million. Past five years reports show that the sector is financed in average 30% by government budget\(^{16}\) and the other 70% is financed by development partners including NGOs. So as assumption, government budget will finance 30% of the action plan and the 70% to be financed by development partners. In average the annual investment budget of the sector (including water and sanitation investments) is estimated at USD 30 million meaning the MHA is investing in average USD 9 million investment in the sector mainly for water supply. Effort can be made to dedicate 30% of this investment to sanitation.

\(^{16}\) The MHA annual reports from 2009 to 2013.
The Hygiene and sanitation sector is improving in Niger. Policies and strategies are in place and there is high level political will to continue improving sanitary conditions, translated by the adoption of the SOPHAB and the designation of lead institution of the matter. The MHA has reorganized its services to better handle hygiene and sanitation related issues. The SOPHAB was issued with a clear implementation plan which needs financial resources mobilization, better synergy among actors and very good organization for efficient large scale implementation. Implementation tools have also been developed for the use of all stakeholders for messaging harmonization and economies of scale.

Now that policies, strategies, and institutional arrangements for Scaling up Sanitation are in place, Niger is ready to take-off in terms of improving access to sanitation. A comprehensive hygiene and sanitation program with operations involving public institutions, private sector and community based organizations could be the solution to make a big shift in actual trends and assist Niger to catch up with other countries in terms of sanitation access. The recommendation section has already made some suggestions but there is an urgent need for the MHA to start large scale sanitation behavior change communication to end open defecation and promote private sector involvement in hygiene and sanitation service provision.
## Annex 1: Gender sensitive segmentation of targets

<table>
<thead>
<tr>
<th>Strategic Targets</th>
<th>Preferred behaviors (behavior)</th>
<th>Communication channel to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
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<tr>
<td><strong>Demographics</strong></td>
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<tr>
<td>(Cycles of the Family)</td>
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<tr>
<td><strong>Psychographics</strong></td>
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<tr>
<td><strong>Construction of latrines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Use of latrines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance of latrines</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Hand washing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth (15-19 years)</td>
<td>• Still dependent on their parents</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Economically inactive</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Teachers</td>
<td></td>
</tr>
<tr>
<td>Singles (20-24 years)</td>
<td>• Unmarried and therefore living with their parents.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Contribute actively to work in the fields and various constructions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Economically active (generate a small income)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Radio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health and Sanitation Officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Natural Leaders (CLTS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Village Heads</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Imams</td>
<td></td>
</tr>
<tr>
<td>Singles with children &lt;5 years (25-30 years)</td>
<td>• Newlyweds</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Responsible for their new family</td>
<td>X</td>
</tr>
<tr>
<td>Average age with children&gt; 5 years (31-45 years)</td>
<td>• Several children</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Heads of compounds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Responsible for expenditures</td>
<td></td>
</tr>
<tr>
<td>Seniors (45 and over)</td>
<td>• Dependent children</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Live in the same compound</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Play a role of influence to heads of households and the community</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Imams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Heads of villages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Natural Leaders (CLTS)</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young &amp; Singles (15-18)</td>
<td>• Still dependent on their parents</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Responsible for assisting their mothers in daily tasks</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Older Peers (Seniors)</td>
<td></td>
</tr>
<tr>
<td>Young married with children &lt;5 years (19-24 years)</td>
<td>• Young Mothers</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Responsible for daily tasks and children</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Godmother</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Radio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health providers (health center)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health and Sanitation Officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Responsible for village sanitation committees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Older Peers (Seniors)</td>
<td></td>
</tr>
<tr>
<td>Average age with children&gt; 5 years (25-39 years)</td>
<td>• Responsible for daily tasks and children</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Have children who are involved in daily tasks</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Involved in the community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Influencing young mothers</td>
<td>X</td>
</tr>
<tr>
<td>Seniors (40 and over)</td>
<td>• Dependent on their children</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Influencing young mothers</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>• Imams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Heads of villages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Natural Leaders (CLTS)</td>
<td></td>
</tr>
</tbody>
</table>
## Annex 2: Progress in EE indicators

### Niger EE scorecard indicators

<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>NIGER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
</tr>
<tr>
<td>Policy, strategy and direction</td>
<td>LOW</td>
</tr>
<tr>
<td>Institutional arrangements</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>Program methodology</td>
<td>LOW</td>
</tr>
<tr>
<td>Implementation capacity</td>
<td>LOW</td>
</tr>
<tr>
<td>Availability of products and tools</td>
<td>LOW</td>
</tr>
<tr>
<td>Financing</td>
<td>LOW</td>
</tr>
<tr>
<td>Cost-effective implementation</td>
<td>LOW</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>LOW</td>
</tr>
<tr>
<td>Enabling environment component</td>
<td>Indicators</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Policy, strategy and direction                | - Advocacy plan to gain political support from stakeholders ok  
- Clear common vision by all stakeholders  
- Operational strategy for hygiene promotion and basic sanitation endorsed  
- Collaboratively developed unified sanitation policy  
- Roadmap of national sanitation policy implementation  
- Political prioritisation of scaling up sanitation  
- Lead ministry/institution for sanitation agreed  
- Institutional roles and responsibilities are clarified according to comparative advantages  
- National framework for coordination of all sector actors in place  
- Local frameworks for coordination of all sector actors in place  
- Permanent sanitation working group created  
- Coordination mechanism linked to other sectors  |
| Institutional arrangements                    | - National program to scale up rural CLTS established  
- Conditions for hygiene and sanitation marketing in the Niger context understood  
- Combined approach of CLTS plus sanitation marketing adapted to Niger context  
- Combined approach of CLTS plus sanitation marketing being implemented at pilot scale  
- Private sector capacity for sanitation in rural areas exists  
- Combined approach of CLTS plus sanitation marketing adopted by local government  |
| Program methodology                           | - Existing local authority water and sanitation capacity building experiences are documented and shared  
- Sector capacity needs for scaling up sanitation and hygiene are identified  
- Capacity building/human resource development plan in place  
- Internal opportunities for sanitation and hygiene capacity building/training exist  
- Technical services have capacity to provide back-up support to local authorities  
- Local authorities have capacity to manage sanitation and hygiene related processes  |
| Implementation capacity                       | - Low cost solutions for sanitation services available  
- Products and services are available which respond to consumer preferences  
- Improved supply chain  
- Products and services are available which respond to consumer ability and willingness to pay  
- Effective marketing strategies for products and services developed  |
| Availability of products and tools            | - Existing local and household finance mechanisms understood (e.g., subsidy, local investment funds, private management)  
- Financing strategy in place  
- Funding available from national allocations  
- Funding available from local government  
- Sustainable financing mechanisms in place  
- Funding sources being used effectively for the program  |
| Financing                                      | - Awareness of cost-effective implementation taking place  
- Measures of program effectiveness for which costs to be collected are determined  
- Systems exist to collect program cost data  
- Capacity to collect cost info in place  
- Ad-hoc cost data collected  |
| Cost-effective implementation                | - Plans to develop an MHE system for sanitation  
- Sector performance indicators agreed and harmonised  
- Sector baseline exists  
- Sector information, monitoring and evaluation system for sanitation is in place  
- Capacity and tools exist at regional and local level to monitor hygiene and sanitation  
- MHE system is regularly updated with contributions from all sector actors  |
| Monitoring and evaluation                     | |
### Annex 4: Cost estimate of the implementation plan (2016-2018)

#### Strengthening Environment for scaling up rural sanitation in Niger - Recommendations Cost Estimate

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>TYPE OF UNIT</th>
<th>COST</th>
<th>2016</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Total</th>
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<tbody>
<tr>
<td>1</td>
<td>Consolidating existing results</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Organize a retreat for sanitation indicators</td>
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<td>1.1</td>
<td>Retreat preparation meetings</td>
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<td>1,000</td>
<td>12,000</td>
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<td>0</td>
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<tr>
<td>1.3</td>
<td>Consensus building at local level</td>
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<td>6,400</td>
<td>24</td>
<td>10,080</td>
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<td>Consensus building at departmental level</td>
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<td>Consensus building at communal level</td>
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<td>0</td>
<td>100</td>
<td>11,000</td>
<td>150</td>
<td>16,500</td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
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</tr>
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<td>137,250</td>
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<tr>
<td>2</td>
<td>Preparing large scale</td>
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<tr>
<td>2.1</td>
<td>Implementation of SOPHAB</td>
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<td>Integration of hygiene and sanitation in social protection programs</td>
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<tr>
<td>2.1.2</td>
<td>Integration of hygiene and sanitation in CDO programs</td>
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<tr>
<td>2.2</td>
<td>Improving water and sanitation planning</td>
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<td>0</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Consultant service to support an assessment of existing planning process and preparation of an improved model</td>
<td>LS</td>
<td>240,000</td>
<td>1</td>
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<td>0</td>
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<td>Data sharing with communes</td>
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<td>Program identification</td>
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<tr>
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<td>Program preparation</td>
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<td>2.3.3</td>
<td>Program negotiation</td>
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<td>Program implementation</td>
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<td>9,550,000</td>
<td>1</td>
<td>9,900,000</td>
<td>1</td>
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<tr>
<td>2.3.5</td>
<td>Monitoring and evaluation</td>
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<td>0</td>
<td>286</td>
<td>1,170,400</td>
<td>286</td>
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<tr>
<td>2.3.6</td>
<td>Program evaluation</td>
<td>Unit/year</td>
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<td>286</td>
<td>351,120</td>
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<td></td>
<td></td>
<td>240,000</td>
</tr>
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<td></td>
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<td></td>
<td>11,421,620</td>
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<td></td>
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<td>32,683,040</td>
</tr>
</tbody>
</table>

**TOTAL COST ESTIMATE OF THE RECOMMENDATION**: 258,400

25

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25
### Annex 5: Components of the technical assistance – tasks – results – desirable next steps

This annex provides a summary of five components of the project to strengthen enabling environment for scaling up rural sanitation in Niger. It provides for each component the tasks carried out, the results and desirable next steps.

<table>
<thead>
<tr>
<th>Components/Indicators</th>
<th>TA tasks Carried out</th>
<th>Results</th>
<th>Desirable next steps</th>
</tr>
</thead>
</table>
| **Component 1: Supporting local water and sanitation planning:**  
 **Indicator: Capacity of Local Governments to plan and manage for water and sanitation strengthened** | A pilot operation was introduced in two communes (Gotheye and Fakara) and today 57 communes already have their local water and sanitation plan (PLEA) of which 36 were done with WSP’s support. For the year 2015, 36 other communes have planned to have their PLEA in the regions of Diffa and Zinder. | Two investment programs use the approach (PLEA where communes decide) to improve access to water and sanitation facilities. The same approach is being used in local development component of World Bank financed Kandadji program. What is important as a result is rather the momentum this approach has created than the number of PLEA supported by WSP. The sector stakeholders agreed of the fact that the water and sanitation planning at the communal level is important for arbitrage and assets monitoring and conditions. | The MHA is engaged to continue the planning process, but it would be good to assess what has be done so far and learn from this, what needs to be readjusted before continuing on larger scale. |
| **Component 2: Improving Sanitation Institutional Framework:**  
 **Indicator: Government policy/strategy informed, Dev’t community/partner policy/strategy informed.** | • Improve sanitation and hygiene dialogue between stakeholders,  
• Stakeholders consultation and consultant service to support the elaboration of the strategy for hygiene promotion and basic sanitation (SOPHAB) including an agreed institutional framework,  
• Support the stakeholders’ consultation to draft the TOR of Sanitation and Hygiene policy, | • The SOPHAB and its implementation plan was issued and approved by the GoN in July 2014.  
• An inter-ministerial decree (MOU) setting the SOPHAB implementation committee was issued in January 2015.  
• The TOR for Hygiene and Sanitation policy issued and the World Bank financed DRM project is financing part of the activities planned for the document elaboration | • The committee sets up a specific platform for hygiene and Sanitation,  
• Monitoring all hygiene and sanitation by all stakeholders,  
• Direction given by the GoN on Hygiene and Sanitation,  
• Implementation of the SOPHAB according to the institutional framework defined in the SOPHAB |
### Component 3: Stimulating demand and developing supply chain:

**Indicator: Implementation capacity strengthened, (communes and other stakeholders able to perform measurable contracts or activities per year)**

- household survey to identify key factors that influence population sanitation behavior,
- study on existing BCC and CLTS approaches to optimize existing resources in order to document and draw lessons on how to best stimulate at-scale demand for sanitation services,
- Development and production of behavior change communication (BCC) tools to support scaling up rural sanitation in Niger and
- Initiate some actions for low cost solutions for sanitation.

- The availability of the BCC and Marketing tools for sanitation grounded in two main studies,
- The availability of several affordable sanitation facilities accepted by the population.

- Direct all sector actor to use the tools developed for SOPHAB implementation,
- Setup mechanism to involve private sector in hygiene and sanitation service delivery,
- Setup a sanitation program with the support of sector development partners
- Support the dissemination of the SOPHAB and its communication tools for BCC and sanitation Marketing

### Component 4: Supporting establishment of a monitoring and evaluation system for sanitation:

**Indicator: Monitoring & Evaluation capacity increased (through the verification of accomplishment with specific differentiated parameters)**

A specific TA on “Strengthening WSS planning and monitoring systems in Niger” was conducted and ICT based integrated monitoring system setup.

An integrated water and sanitation monitoring system (SISEAN) was setup. This software help monitor both water and sanitation key indicators

The desire next step is the use of the tool by all stakeholders to monitor for sanitation and hygiene related activities

### Component 5: Conducting research on the feasibility and viability of subsidies in Niger

**Indicator: Government policy/strategy informed, Dev’t community/partner policy/strategy informed,**

There is no specific activity conducted for this component because many lessons applicable to Niger situation were learnt from other countries like Ethiopia and Kenya. So no need to duplicate this for Niger.
Annex 6: Cost estimate of 18 month communication campaign

**MASTER DATA**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of month for the campaign (Cycle 1)</td>
<td>18</td>
</tr>
<tr>
<td>Number of selected regions</td>
<td>8</td>
</tr>
<tr>
<td>Number of selected department per region</td>
<td>2</td>
</tr>
<tr>
<td>Total number of selected departments</td>
<td>16</td>
</tr>
<tr>
<td>Number of selected communes per department</td>
<td>4</td>
</tr>
<tr>
<td>Total number of selected communes</td>
<td>64</td>
</tr>
<tr>
<td>Number of selected community radios</td>
<td>64</td>
</tr>
<tr>
<td>Number of selected villages per commune</td>
<td>110</td>
</tr>
<tr>
<td>Total Number of selected villages</td>
<td>640</td>
</tr>
<tr>
<td>Number of people to be trained per region</td>
<td>5</td>
</tr>
<tr>
<td>Number of people to be trained at central level</td>
<td>5</td>
</tr>
<tr>
<td>Number of projection materials per region</td>
<td>5</td>
</tr>
<tr>
<td>Total number of projection materials</td>
<td>40</td>
</tr>
<tr>
<td>Total number of people to be trained</td>
<td>43</td>
</tr>
</tbody>
</table>

**BUDGET (USD)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of broadcast/radio</th>
<th>Number of radio</th>
<th>Unit cost of broadcast</th>
<th>Total cost of broadcast</th>
<th>Number of projection/village</th>
<th>Number of village</th>
<th>Unit cost of projection</th>
<th>Total cost of projection</th>
<th>Number of community relays/village</th>
<th>Number of village</th>
<th>Cost of relays service/month</th>
<th>Number of months service</th>
<th>Total cost of the service</th>
<th>Capacity reinforcement</th>
<th>Consultant service (consultant to be recruited)</th>
<th>Performance and accommodation of trainees</th>
<th>Monitoring and Evaluation</th>
<th>M &amp; E by a consultant under the Ministry supervision</th>
<th>LS</th>
<th>Management cost and personnel</th>
<th>Total (cycle 1) including management cost in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio theatre</td>
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<td></td>
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June 2015

Water and Sanitation Program

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