Sahel Centre Conference:

Addressing humanitarian challenges from a long-term perspective
Burkina Faso, Mali, Niger

Co-organised by Germany, Denmark, the European Union and the United Nations.

Basic social services:

Effective and sustainable redeployment of basic social services (in a broad sense including health and nutrition, education, food security and social protection, access to water...) in areas directly and indirectly affected by insecurity and conflict.
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PART 01. AN OVERLAY OF STRUCTURAL CRISSES AGGRAVATED BY A DETERIORATING SECURITY CONTEXT IN CROSS-BORDER AREAS.

Niger has a rapid population growth and low population density, the majority of whom live in rural areas, often in isolated villages. 20% of its population is nomadic. This demographic challenge does not facilitate access to basic social services, to which is added the deteriorated security situation in cross-border areas, which compromises national development efforts.

According to the IPC Chronic analysis carried out in 2018, more than a third of Niger’s population are chronically moderately or severely food insecure (Levels 3 or 4 on the IPC Chronic scale). In a normal year, these populations have significant needs (2-4 months for moderate and >4 months for severe) in terms of the quantity of food available, as well as in terms of the quality of their diet. This translates into high rates of chronic malnutrition (over 45% at the national level according to SMART 2019).

Every year, at least part of the population becomes severely food insecure during the pastoral (March-June) or agricultural (June-September) hunger gap. These shocks are aggravated if they affect other countries in the sub-region, given Niger’s dependence on internal and external trade. Due to its landlocked nature, Niger is more exposed than other Sahelian countries. According to the March 2020 Harmonised Framework analysis, more than 2 million people were estimated to be acutely food insecure (Phase 3 or higher) during the 2020 hunger gap (June-August). With the crisis caused by the COVID-19 epidemic, the number of vulnerable people in a situation of severe food insecurity (Harmonized Framework Phase 3) and impacted by measures taken to prevent COVID-19 is estimated at 5.6 million people during the period June-August 2020 (4.4 million in rural areas, and 1.2 million in urban areas).

In a context combining a high prevalence of monetary and multidimensional poverty with strong demographic pressure, the populations living in the Liptako-Gourma areas, the Lake Chad basin, and the cross-border areas between Niger and Nigeria are also suffering the consequences of a rapidly deteriorating security situation (attacks and threats by non-state armed groups, banditry, inter-community conflicts, military operations by government forces) causing population displacements and weakening livelihoods in the areas concerned. A state of emergency has been declared in the regions of Diffa, Tillabéri and Tahoua. Approximately 500,000 people were in a situation of forced internal displacement (IDPs, refugees and returnees) in August 2020, a 13% increase over 2019. During the year 2020, the four regions mentioned above recorded a 26% increase in the IDP population compared to 2019, i.e. more than 80,000 new IDPs for a total of 242,000 IDPs. In addition, as of 3 August 2020, according to the authorities, more than 60,000 IDPs (IDPs, refugees and returnees) were in secondary movements in the regions of Diffa, Tillabéri and Tahoua.
The number of people in need of humanitarian assistance has increased from 2.9 million to 3.7 million in the space of 6 months and an additional budget of US$82 million is required for the response to COVID19, resulting in an overall financial requirement of US$516 million (source HRP 2020 revised as of 31 July 2020). The persistence of insecurity and flood risks coupled with food and nutrition insecurity issues are likely to have a severe impact on the lives of the people of Niger. This is due to an increase in shocks, an increase in vulnerability in certain areas historically affected by the crisis, the deterioration of the humanitarian situation in the Mali-Burkina Faso border areas, a low level of funding for the 2019 humanitarian response plan and the emerging crisis in Maradi. ¹

**Populations affected by disasters - 2020**

<table>
<thead>
<tr>
<th></th>
<th>Individuals</th>
<th>Sources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Refugies Diffa, Maradi, Tahoua and Tillabéri</strong></td>
<td>239,947</td>
<td>UNHCR, Government, 05/2020, HRP 2020 revised</td>
<td>178,606 in 2019</td>
</tr>
<tr>
<td><strong>PDI Diffa, Tahoua, Tillabéri, Maradi</strong></td>
<td>269,399</td>
<td>UNHCR, Government, 05/2020, HRP 2020 revised</td>
<td>156,130 in 2019</td>
</tr>
<tr>
<td><strong>Returned Nigeria, Libya and Algeria</strong></td>
<td>119,975</td>
<td>IOM</td>
<td>Figures 2019</td>
</tr>
<tr>
<td><strong>Migrants in transit</strong></td>
<td>38,762</td>
<td>IOM</td>
<td>Figures 2019</td>
</tr>
<tr>
<td><strong>Host population</strong></td>
<td>568,000</td>
<td>HNO-2020</td>
<td></td>
</tr>
<tr>
<td><strong>People affected by the floods</strong></td>
<td>88,772 at 10/08/2020</td>
<td>MAH, 10/08/2020</td>
<td>250,000 people expected by 2020</td>
</tr>
</tbody>
</table>

The presence of non-state armed groups is a major cause of insecurity and instability in the regions of Tillabéri and Diffa and is increasingly affecting the regions of Tahoua, Dosso and Maradi. From January to 31 July 2020, nearly 600 security incidents, including at least 168 directly affecting humanitarian activities, were recorded. In the regions of Diffa and Tillabéri alone, 99 security incidents (crime, terrorism, inter-community conflicts, social unrest, fortuitous events and natural disasters) were reported by the UNDSS, resulting in 342 victims (47% of which are cases of kidnapping and 53% other incidents). In addition, 160 protection incidents that occurred in the first quarter of 2020 were reported by the Protection cluster.

The populations of the region of North Tillabéry, Tahoua with all the departments under states of emergency and many internally displaced persons are particularly vulnerable due to terrorist incursions from neighbouring countries, acts of banditry and inter- and intra-community conflicts. Targeted killings (of community leaders, religious leaders or suspected informants of the security forces) are carried out², as well as looting (of community food banks to provide food assistance to local communities and to increase community

¹ Technical Framework Note, Targeted Free Distribution (DGC) 2020
² ICG, 3 June 2020, "Bypassing the Islamic state in the Tillabéri region of Niger".
acceptance). Security analyses confirm a resurgence of attacks and incursions by NSAGs in the "three borders" zone, with an ambition to create a homogenous geographical area by emptying it of its security forces, as well as the east of the country and the region of Diffa. A spatio-temporal analysis of the areas affected by insecurity based on ACLED data carried out by the WFP in early 2020 highlights three areas particularly affected by insecurity: the Diffa region (since 2014), the border strip with Mali and Burkina Faso in the south-west of the country, which has seen a deterioration in the security situation since 2017/2018, and finally a new "hotspot" in the south-central part of the country, where security incidents have increased since 2019.

Areas and populations affected
In Niger\(^3\), internally displaced people (IDPs) leave their villages close to the borders and settle in urban centres or localities within the same communes or departments as their villages of origin (Ayorou has received many IDPs from the commune of Inates, Ayorou department; in Ouallam department, IDPs move within their communes of residence). Movements, particularly secondary movements, are motivated by security reasons, but also by the inadequacy or cessation of humanitarian aid, difficulties in accessing basic services and intercommunity tensions linked to pressure on natural resources such as water. The return of IDPs to their villages of origin is also observed, motivated by the cessation and/or inadequacy of humanitarian assistance and the communities' desire to take charge of their own lives through agricultural and livestock activities during the rainy season (REACH Oct 2019).

Impacts on basic social services
Insecurity and attacks by non-state armed groups (NSAGs) seriously disrupt essential social services in a context of subjective fragility. The rise in insecurity and armed conflict in several regions of the country is therefore leading to population movements that aggravate Niger's demographic challenge. Either the displaced populations find themselves in areas with good service coverage, in which case their presence leads to an overload that can lead to dysfunction and poor quality of care. Or displaced populations settle in areas with low coverage and therefore do not have access to basic services.

In both cases, this displacement of populations increases the need to organise the provision of basic social services for populations directly or indirectly affected by security crises. The increased need for human, material and financial resources, which is already very limited, makes the system incapable of acting effectively in crisis situations.

In the field of health, Niger faces structural difficulties limiting the coverage of the population's health needs by the health system. Only half of the population (48.47\(^4\))\(^4\) lives within 5 km of a health facility and the country has only one doctor and two nurse-midwives per 10,000 inhabitants\(^5\).

The displacement of populations leads to problems of access to public health services, but also to other related services, such as the availability and/or quality of drinking water, and thus increases the need for health


\(^4\) MSP data

\(^5\) According to WHO standards, an appropriate coverage rate for primary health care is at least 23 health professionals (doctors, nurses, midwives) per 10,000 inhabitants.
services through the occurrence of epidemics, which are often recurrent or sometimes emerging (hepatitis E epidemic in Diffa in 2017, Rift Valley Fever occurred in the Tahoua region in 2016).

More specifically, according to a perception survey of key informants carried out in the Tillabery region, the majority of the population does not have access to functional health services within half a day's walk. The 3 main health problems most often cited are malaria, respiratory diseases and fever (see graph). In addition, the populations of the Tillabery and Tahoua regions, located in the meningitis belt, are exposed to the risk of epidemics. In these areas, health centres are no longer able to effectively implement the advanced health care services for areas beyond 15km from the health centre and mobile strategies provided for in the Health Development Plan (e.g. the northernmost health areas of the District of Ouallam).

In high-risk areas, the security context has led to the closure of some services, with health workers leaving for fear of being abducted by kidnappers (11 health centres were closed in Tillabéri and Tahoua in 2019). The consequences of forced displacement are the loss of livelihoods and the impoverishment of the population who cannot afford to pay for their health care, while the presence of IDPs increases the pressure on local health services in a context of chronic shortage of health staff. Child protection risks are increased in this context and social services are inadequate to support the response in targeted areas.

The results of the monitoring carried out by REACH in the Tri-border area through the key informants show that in most of the localities monitored, the malnutrition management programmes appear to be working normally. The main barriers to access to health and nutrition services that have been identified are, in addition to the non-existence of health infrastructures nearby (75%), the cessation of work or the displacement of qualified medical staff due to insecurity (16%) or insecurity on the access roads to health infrastructures (8%).

Some districts in the Tillabéri region had already put in place integrated childcare at community level before the crisis began. However, it should be noted that for the most affected districts (Ayorou, Abala, Banibangou,

6. REACH (Fev 2020) Humanitarian situation monitoring
7. Health care services within a radius of 5 to 15km from the health centre
8. Health care services for areas beyond 15km from the health centre
this strategy is not in place, or in progress (Torodi, Saye). In the region of Diffa, it was put in place long after the start of the crisis, with the aim of facilitating access to healthcare for under-fives. With the constant presence of Relais in the community and the availability of inputs, this strategy makes it possible to rapidly treat simple cases of killer diseases in children before complications arise. It is more appropriate in the current context of reduced mobility due to COVID-19. However, the recruitment of Community Relais must be well supervised, and the presence of inputs in remote areas could also expose them to NSAGs in search of medicines.

In such a situation, in order to ensure that affected communities are taken care of, national systems are supported in the different social sectors by humanitarian actors who organise and implement emergency response services. These services are often fragmented and expensive, as they require specific security and operational arrangements. They operate alongside national health services and depend mainly on external funding, which is not always long-term. These services certainly respond immediately to the expectations of the population, but sometimes weaken the existing system, including the poaching of human resources, thus aggravating the malfunctioning of these services.

**In the field of education**, in a country where more than 50% of children and young people are not in school and less than 10% of children acquire a sufficient level of reading and mathematical skills, crises have a significant impact on access to quality education. Attacks on schools and threats against teachers and parents have led to the closure of 296 schools (Diffa, Maradi, Tillabéri and Tahoua), affecting some 29,504 children (14,041 girls) and 800 teachers. Nearly 246,284 displaced children (51% girls) living in regions affected by humanitarian issues, particularly armed conflict, have dropped out of school, leading to an increased risk of dropping out of school or failing to achieve learning outcomes and increasing protection risks. The rains and floods also have a negative impact each year, destroying classrooms and cutting off access to schools. Refugees from neighbouring countries, particularly Nigeria, cannot find education services in their own languages, and displacement puts great pressure on services. As a result of the COVID-19 pandemic, some 3.7 million students (all grades) and more than 80,000 teachers are affected by school closures, with a particularly negative effect on children in rural areas and girls, who are more likely to leave the education system and face increased protection risks such as child marriage, exploitation and recruitment into non-state armed groups.

**In the field of water and sanitation**, there is a significant need for life-saving facilities and services in areas directly affected by conflicts, with high levels of abandonment of facilities in the areas of departure and strong pressure on facilities in the host areas. The affected areas face structural challenges in terms of access to WASH services (in the same way as the rest of the rural environment on a national scale), which are particularly acute in these fragile areas due to the poor maintenance of existing facilities, the limited presence of the state and difficulties in mobilising funding and qualified companies to meet the urgent needs of the population.

**In the area of child protection**, there is a lack of budget, logistics and human resource capacity to meet the challenges in emergency areas. The majority of social workers in the field are national civic service volunteers,
without adequate training, professional prospects and adequate preparation and protection to work in an emergency context. National NGOs generally lack specialization in protection intervention in an emergency context, particularly in psycho-social and mental health support.

On the food front, chronic food insecurity, climatic shocks, the continuing deterioration of the security situation, population displacement, the impact of COVID and the imposition of a state of emergency in several regions of the country have caused market failures leading to price rises in areas affected by insecurity. Access problems have also negatively affected the implementation of humanitarian and development programmes and a significant part of the population in the affected areas is deprived of access to both basic social services and food and non-food assistance. The continued deterioration of the security situation in some areas has led to forced population displacements, the arrival of refugees, dysfunctional markets and other consequences that have affected people's livelihoods. The spread of insecurity in formerly conflict-free areas such as the Maradi region shows how fragile the security situation is in the country and in neighbouring countries.

Trends over the past five years indicate that the number of food insecure people (Phase 3 or higher of the Harmonized Framework) has gradually increased. In 2020, around 2 million people are classified as food insecure. This figure represents a 75% increase over the average over the period 2015-2019, and an increase of more than 60% over 2019. This increase compared to the 5-year average is mainly due to an increase in the number of food insecure people in some regions, including Tillabéry (+140% compared to the average), Zinder (+100%) and Tahoua (+89%). In the case of Tillabéry and part of the Tahoua region, this significant increase is partly linked to the deterioration of the security situation in the border areas with Mali and Burkina Faso.

![Food Insecure People (Phase 3-5)](image)

Overall, the Cadre harmonisé of March 2020 confirmed the projected needs in November 2019 for the 2020 hunger gap, with a slight increase in the number of food-insecure people (Phase 3 or higher). A total of 1.64 million people were food insecure during the period (March-May 2020), and 2 million people were food insecure during the hunger gap (June-August 2020). These results also confirm the deterioration of the food situation compared to previous years.

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11 Harmonised_Framework_analysis of trends 2015-2020
The situation remains very worrying in areas affected by insecurity, most of which are classified as Crisis (Phase 3). This mainly concerns the regions of Diffa and Tillabery, but also certain areas located in the regions of Tahoua (Tillia and West Tahoua) and Dosso (North Doutchi). In these zones, the needs for the period June-August 2020 have been revised upwards compared to the November 2019 projection. For the first time in Niger, these areas have been analysed separately using the special protocol of the Harmonised Framework for Limited Access Zones.

In the other regions of the country, needs remain similar to the November 2019 projection, however there is an improvement in the situation in the Zinder region, including pastoral areas that were classified as Crisis (Phase 3) in November 2019.

Delays in the agricultural season due to the recurrent delay of the rainy season lead to a prolongation of the lean season in pastoral areas and negative consequences on livestock, especially large ruminants in the regions of Diffa, Maradi and Zinder, as well as in the north-western border municipalities of Tillabéri (Bankilaré and Gourol).

The socio-economic impacts of the Covid-19 crisis are aggravating an already fragile situation. Beyond the direct health impact on the affected households, the indirect impacts are likely to be felt throughout Niger. Certain population groups who were already acutely food-insecure; people dependent on begging or social support; households dependent on exodus or small-scale livestock farmers in deficit areas - would be more affected by the restrictions put in place because of the pandemic. Risk factors to be monitored closely are the situation in global markets. The pandemic has put in place restrictions for food-exporting countries that could result in supply problems and price increases in import-dependent countries if the situation continues. Compared to the year 2019, prices of local cereals (millet, sorghum) are significantly higher (35-45% higher) - prices are also high compared to the 5-year average for local cereals (+18% for millet, +12% for sorghum) and for imported products (+7-8% for imported maize and rice)\textsuperscript{12}.

Part 02- BACKGROUND - ARGUMENT DIAGNOSIS

I. The main obstacles to maintaining or redeploying basic social services in areas directly and indirectly affected by insecurity and conflict can be summarised as follows:

1. Structural lack of coverage of basic social services in rural areas.
In the health sector, with 72 health districts and nearly 800 CSIs, and a population of 23 million according to INS projections for 2020, Niger only provides access to barely half of its population. In rural areas, the rate of access to drinking water was only\textsuperscript{13} 46.85%. Also, with more than 50% of children out of school (more than 60% among girls), and less than 10% have minimum reading and mathematical skills at the end of primary school. Social services coverage data are also of poor quality and do not allow for planning that anticipates needs and shocks.

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\textsuperscript{12} SIMA’s weekly price bulletin n°570 of July 28, 2020.
\textsuperscript{13} (Water and Sanitation Indicators Report 2019, MHA, 2020)
Demand deficit

Some services are financially beyond the reach of populations in transition zones (valid for services with cost recovery) due to their impoverishment as a result of multiple vulnerabilities. People do not necessarily demand services even if they are available because of a lack of relevance or quality in the services on offer. Finally, the services available are not accessible to people in transition zones, due to: i) geographical remoteness, ii) problems of access to people, or iii) people's refusal to go to services because of security threats (still in the public consciousness even if the situation is normalising).

2. **Lack of adequate funding for basic social services, support bridges between emergency and development interventions.**

a) Underfunding of basic social services and the overall tendency of the state to underfund basic social services in response to increased security expenditure. Currently, the budgets allocated are insufficient in relation to needs. There are no budget lines dedicated to services in emergency situations (e.g. education), nor to nutrition in general, and particularly to the management of severe acute malnutrition which remains a major concern even though progress has been made in 2019 with the inclusion of a budget line of around US$1,500,000 for the purchase of ready-to-use therapeutic foods for treatment).

b) Overdependence of funding for some basic social services (e.g. treatment of SAM) on humanitarian funding, which will not be sustainable and without operational recovery strategies followed by the Government.

c) Low investment in prevention actions.

d) High cost of investment for the construction of infrastructure, particularly hydraulic infrastructure, in the base areas of these regions due to unfavourable hydrogeological constraints. These costs are exacerbated by additional supply costs due to security risks.

e) Adaptation of existing funding mechanisms to a redeployment and maintenance of sustainable basic social services: (i) The rigid allocation of certain sources of funding to humanitarian or development response and the cumbersome procedures for reallocating funding between humanitarian and development are obstacles to the responsiveness of actors in the field who can identify opportunities to build resilience while responding to the urgent needs of populations in distress; (ii) Lack of flexibility in donor funding between humanitarian and development, and the virtual absence of financial instruments which can address both types of intervention; (iii) Cumbersome administrative procedures for donors to redirect funds between development and emergencies.

3. **Insufficient deployment of technical staff in public services.**

Absence of technical services and municipal officials in several departments and municipalities due to security challenges. The inadequacy of technical service staff in the affected regions in terms of quantity and quality (i.e. well or sufficiently trained) in relation to the immensity of the needs to be met, compromises their capacity to monitor and control achievements, with risks to the quality and sustainability of infrastructure and services. There are difficulties in the dimensioning of basic social services due to a lack of visibility on their capacities. There is also an insufficient analysis of needs at the
territorial level and an absence of dynamic human resources management policies, manifested by a lack of incentives for the deployment of staff throughout the country with benefits adapted according to the difficulty of the area of assignment, and the absence of a strategy to redeploy technical service staff who have fled fragile areas.

4. Planning in basic social services is often limited to a development logic, without taking into account risks and emergencies.

There is a lack of specific policies, such as a specific health policy and clear direction in the health sector. In the case of education, a strategy for emergency response and sector resilience is still being developed. At the decentralised level, there is, for example, weak integration of water and sanitation emergency issues into local plans and weak local and regional preparedness for WASH emergencies. Heavy and expensive humanitarian response mechanisms and a tendency to substitute more flexible local planning. There is a tendency for local strategies and planning to be based on very risk-averse development scenarios in the social sectors.

5. Absence of a policy for the reception and installation of IDPs which limits the structuring and dimensioning of basic social services, despite the fact that the IDPS are often concentrated in certain sites (e.g. 6 sites in Tillabéry);

6. Weak information systems capable of identifying needs in crisis-affected areas. For example, the lack of information on actual needs in crisis situations, and the absence of a coherent and coordinated system for collecting and reporting field data, hampers a rapid and concerted response. Few national information systems collect reliable and disaggregated information to facilitate analysis of the main problems faced by displaced and/or host populations.

7. Insufficient coordination between humanitarian and development actors around clear plannification under the leadership of the State, particularly at decentralised level.

At national level, there are multiple coordination structures which can be said to be fragmented because they are designed to respond to different risks and hazards. For example, the Dispositif National de Prévention et de Gestion des Crises Alimentaires (DNPGCA), under the Prime Minister’s leadership, leads the coordination of responses to the food security crisis; the 3N Initiative under the President of the Republic deals with issues related to resilience; while sudden-onset emergencies (such as floods and mass population influx) are coordinated by the Ministry of Humanitarian Action. There is a lack of an ad-hoc coordination mechanism for fragile areas, integrating humanitarian and development actors around the joint objectives carried by the national side. Generally speaking, there is a lack of a definition of collective results around which the planning of humanitarian and development actions could complement each other. Guiding principle n°6 of the Plan de développement Economique et Social (PDES) already includes emergencies, however, in practice, it is not operationalized, particularly at the local level. At the operational level, the weak coordination of actors and interventions is a real bottleneck in ensuring the extension of
and access to basic social services. The management of humanitarian emergencies is characterised by a multitude of actors, each responding to a particular aspect of needs according to their expertise or available funding. This situation is a source of inefficiency in a context of often very limited resources.

8. Security and humanitarian access
   a) Imposition of escorts limits the operational capacities of humanitarian and development actors in addition to administrative access restrictions.
   b) Measures restricting mobility adopted by the Government, affecting people's access to basic social services;
   c) The inaccessibility of certain municipalities and the difficulty in mobilising qualified private companies to carry out hydraulic works, including drilling, due to safety challenges.

II. However, the effective and sustainable redeployment of basic services benefits from various opportunities that could be favourable factors, among them:

In the WASH sector:
- The Ministry of Hydraulics and Sanitation has a post-COVID sectoral intervention plan for the end of 2021, estimated at CFAF 202 billion, which includes the construction of structural works (extension of mini-WAS, construction of single or multi-village mini-WAS, construction of autonomous water stations) in all regions of the country, including fragile areas. The implementation of this plan is part of a nexus between humanitarian aid and development. It will significantly increase the capacity of water facilities and services in host areas and reduce the pressure on existing facilities.
- The WASH sector has carried out advanced reflections and identified priority actions in relation to the humanitarian-development nexus which could constitute a good basis for intervention in the framework of the redeployment of basic WASH services in the affected areas.
- The presence of humanitarian NGOs with proven technical capacity and expertise helps to strengthen technical services in WASH response in emergencies. The successful experience of mobilising a consultancy and monitoring office in the Diffa region to provide additional technical expertise to the Regional Directorate of Hydraulics and Sanitation and to all humanitarian actors is a model that can be easily replicated.
- A contradictory inventory of hydraulic works carried out in 2017 by the Ministry of Hydraulics and Sanitation exists and is regularly updated by the regional directorates. It provides a good basis for defining priority intervention needs. In addition, the WASH Cluster and the regional WASH technical groups maintain a matrix of needs and gaps in WASH works and services.
- The water sector has been considered a priority in the action plan of the Sahel Alliance with possibilities for mobilising additional financial resources.

In the health sector:
- To improve health coverage, the Ministry of Health has proposed the strategy of mobile care to reach isolated (and nomadic) populations as well as the strategy of community-based care offered by the isolated communities themselves.
• The community care strategy has established (i) community participation bodies at all levels of the health system, around customary and community leaders, and (ii) a network of community relays/mediators/distributors of drug inputs. Community care is highly selective and limited to services delegated to community health workers. The Ministry of Health has the support of humanitarian and development organisations in scaling up this strategy.

• The mobile strategy makes it possible to ensure access to care (curative, preventive and promotional) for certain populations excluded from the health system due to insecurity and distance.

• The aim of setting up a rapid health response mechanism in the three regions of Diffa, Tillabéri and Maradi is to enable humanitarian actors to respond rapidly to the most urgent needs for each population movement within these three regions.

In the Nutrition sector:

• SAM treatment is integrated into the national health system, even if with external funding. The implementation of the roadmap on strengthening the integration of malnutrition care in the health system could be an opportunity to secure sustainable funding for nutrition.

• The current discussions at national level on the use of simplified approaches for the management of acute malnutrition (promotion of the mother-PB approach for screening, use of the PB as an independent criterion for inclusion, reduction of the frequency of visits to health facilities, use of a single product for the treatment of all cases of acute malnutrition, etc.) are currently underway. Could potentially be an opportunity for a more rapid and effective deployment of nutrition services in humanitarian areas.

• The ongoing evaluation of Niger’s National Nutrition Security Policy Action Plan provides an opportunity to define national mechanisms that can contribute to the effective redeployment of basic nutrition services in crisis-affected areas.

• The strengthening of community-based approaches and strategies on nutrition (PB-mother strategy for the screening of malnutrition, community-based treatment of malnutrition by CHWs, use of alternative community platforms for the promotion of infant and young child feeding, promotion of local products for the improvement of complementary feeding and dietary diversity among children aged 6-23 months, etc.) could ensure continuity in the provision of nutrition services, even in transitional contexts.

• Another approach that deserves to be supported and developed at the national level is the CMAM-Surge extensible in Health-Surge. This is designed to support CSI teams to better respond to shocks or crises through an analysis of capacity and number of beneficiaries that is transformed into a response plan based on admission thresholds.

In the Education sector:

• The existence of the Education and Training Sector Transition Plan (ETSP) 2020-2022 and the sub-sectoral plans, particularly for Girls’ Enrolment (SNAEFFF) and the absorption of children out of school (currently being finalised), which are budgeted for, and the existence of thematic groups, including for education emergencies.
• The national strategy to reduce the vulnerability of the education system to the risks of conflict and natural disasters is being finalised;

• The existence of pilots and innovative measures for alternative and distance education for children who cannot access school, including digital approaches.

• Substantial funding for the implementation of crisis response strategies in the education sector is increasingly available. Several donors are already mobilised around the issue of financing education in emergencies;

• The decentralisation process in the education sector.

In Child Protection

• In Child Protection as a cross-cutting area, the implementation of Decree n.2019-369 establishing Child Protection Committees is an opportunity to ensure that protection issues are taken care of within communities, including in situations of difficult access or influx of displaced populations, where communities are the first point of assistance.

• The implementation of an online information management system (CPIMS+) a Diffa under the leadership of the Ministry for the Promotion of Women and Children's Affairs and the objective of extending it to the national level will enable quality care for vulnerable and marginalized children.

• The Memorandum of Understanding on the Care of Children Presumed to be Associated with Armed and Terrorist Groups by Social Services provides for better reintegration of young people in their communities of return with the aim of preventing further recruitment into armed groups and support in the stabilisation of conflict regions.

In the food safety sector:

• The government with the support of these partners has developed a National Nutrition Security Policy (2017-2020) with an action plan to improve the food and nutrition situation in the country. The assessment of this ongoing multi-sectoral action plan will make it possible to identify bottlenecks in its implementation and the means to address them, also taking into account the security situation;

• Integrating emergency assistance into a long-term strategy through Adaptive Social Protection, strengthening the national social protection system to make it more responsive to shocks and gender sensitive. Supporting national social protection systems by strengthening essential support to vulnerable populations, geographical areas and new shocks for poor and vulnerable populations, and by increasing support for nutrition, children and shock-sensitive social protection systems.

• In terms of food and nutritional security, the guidelines focus on the continued implementation of the I3N Initiative (Nigeriens feed Nigeriens), with a view to achieving the overall objective of "eliminating hunger and reducing malnutrition (ODD 2)". The National Food Crisis Prevention and Management System (DNPGCA) is one of the key players in the implementation of the I3N and the Social Protection policy. It is also the leading national operator in the prevention of and response to food insecurity, whether cyclical or chronic.
- Continue to support the government - Tripartite Technical Committee on the Humanitarian-Development Nexus under the leadership of the Prime Minister and the Ministry of Humanitarian Action to coordinate the Nexus approach among a wide range of actors - to focus development interventions in favour of basic services and humanitarian assistance to girls, boys, women and men affected by the humanitarian crisis with the perspective of building a continuum on the triple nexus (Humanitarian-Development-Peace) to ensure long-term sustainability of the humanitarian response. The overall action will be based on common objectives that will bring humanitarian and development actions together. The approach will ensure maximum alignment with collective results that can be identified at regional level, in the context of the piloting of the nexus humanitarian-development approach by the government of Niger. The Food Security Cluster is present in Niamey and meets once a month and will both ensure that immediate needs are met and that food security intervention strategies are based on a nexus approach.

- Implement multisectoral interventions for more than 3 months of emergency assistance. For example, in the context of COVID-19, support and intensify the local production of hygiene products (antiseptic soap, liquid soap, bleach) and the production of handicraft masks in the areas hosting refugees and IDPs, while actively involving host communities in the response to COVID-19, strengthening complementarity between agencies as part of the operationalisation of the Nexus approach in Niger.

- Draw up the DNPGCA's Capacity Building Strategy, planned to start in the 2nd half of 2020.

- There are many initiatives to adapt agricultural techniques to climate change that need to be scaled up to build community resilience.

Generally speaking, there are already favourable factors and encouraging dynamics in Niger that contribute directly or indirectly to the implementation of the Humanitarian Nexus-Development as a universally recognised and favourable approach to maintaining basic social services in fragile areas. The Government of Niger has set up a High-Level Tripartite Committee responsible for ensuring State leadership on issues related to the Emergency-Development Nexus, and for ensuring the coherence of interventions and the way in which they are planned, implemented and monitored in the field of humanitarian responses and development programmes. The Tripartite Technical Committee chaired by the Ministry of Humanitarian Action (MAH) ensures closer consultation between the different actors involved and makes proposals for the operationalisation of a Nexus approach, particularly in certain priority areas of interest, which require both immediate emergency response interventions and structural and sustainable investments to tackle the underlying factors of risk and vulnerability.  

| As part of emergency responses | Practices in the field since 2015 (Diffa then Tillabéry, Tahoua), which aim to combine short, medium and long-term responses, test innovative approaches, strengthen synergies, etc. |

14 Note on the implementation of a Nexus Emergency-Development approach in Niger Tripartite Technical Committee on Nexus - 23 May 2019
### National emergency coordination and response structures (MAH, DNPGCA, decentralised sectoral services for Hydraulics and Health) which strengthen their capacity to intervene in emergency contexts.
- A dynamic of dialogue between humanitarian actors and defence and security forces.

### Within the framework of development programmes targeting fragile areas
- Development projects/programmes that take into account the specificity of the context of fragile zones, promote partnerships, adapt the internal procedures of development donors (e.g. Alliance Sahel, PARCA, PDU).
- Proven experience in combining long-term actions and responses to shocks in the field of food and nutritional security (Resilience programming).
- The State is aware of the stakes in areas of instability or risk and of the need to equip itself with appropriate tools and approaches (HACP, SDS).

### In the field of coordination and articulation between U and D
- A general awareness of the urgent need to intervene immediately but also sustainably in fragile areas (Alliance Sahel).
- A collective desire for dialogue and synergies, a Nexus Committee under the leadership of the MAH.
- The existence of bodies at the deconcentrated and decentralised levels that can be valorised/reinforced.

## III. Preconditions for the effective and sustainable redeployment of basic social services in areas directly and indirectly affected by insecurity and conflict:

### 1. Ensuring security and access conducive to redeployment and maintaining basic social services in areas affected and impacted by insecurity and crises (see Group 2)

a) Ensure the dissuasive presence of law enforcement agencies to allow the state to exercise its sovereign right to maintain basic social services in fragile areas;

b) Ensuring the protection and safety of technical services personnel and the conditions for keeping them in fragile areas;

c) Lift restrictions on the movement of humanitarian and development actors to support strategies and programmes for the redeployment and maintenance of basic social services in fragile areas;

### 2. Strengthen State leadership in the coordination and deployment of basic services in the face of the continued predominance of humanitarian action in the provision of services in emergencies.

a) Elaborate a multisectoral development plan (redeployment and improvement of the supply of basic services) in fragile areas.

b) Implement an operational strategy adapted to fragile areas (humanitarian, recovery, development) to ensure the provision of State services (including basic social services and justice).
c) Accelerate the effective transfer of skills and resources in the education, health and WASH sectors, child protection social services and GBV survivor care, taking into account the increased need for technical and financial support in fragile areas.
d) Establishment of flexible human resource management in the public administration, with mechanisms to "retain" technical staff in basic social services, providing adequate incentives for mobility and allowing staff to be reassigned on the basis of need in affected areas, in order to cope with sudden and protracted needs to increase adequate social services in emergency-affected areas.

3. Increase funding through the national budget and flexible innovative financing to cover the needs of populations in fragile areas.

a) Increase funding for the multisectoral development plan in fragile areas on the basis of the national budget and the budgets of local and regional authorities.
b) Develop better coordination, alignment, complementarity and monitoring of allocated budgets.
c) Establish flexible, multi-annual, short- and long-term funding instruments, including innovative financing tools, to support investment in interventions at scale that promote system and community resilience, linking emergency and development interventions.

4. Revitalisation of the Development - Humanitarian Nexus High Level Committee for the implementation of the humanitarian-development nexus in fragile areas.

a) Assessment of the common situation analysis of risks, needs, vulnerabilities and national priorities, and identification of priority areas for joint action by all humanitarian and development actors;
b) Coordination, financing, implementation and multisectoral monitoring of the multisectoral plan for development and access to basic social services in fragile areas, based on collective results in fragile areas, taking into account the comparative advantages of the different actors;
c) Establishment of ad-hoc coordination mechanisms for the identified areas, at regional, departmental and communal levels, in addition to the national coordination mechanisms on the Humanitarian-Development Nexus.

5. Strengthening and investing in the role of local authorities and communities (community engagement) for services that can be delivered at community level.

a) Massive funding of national strategies for community-based social services: (National Community Health Programme; Niger FDAL Roadmap; National Strategy for the Reduction of Chronic Malnutrition, Child Protection Committees), including through mobile public services;
b) Strengthen the leadership of local and regional authorities at municipal level through the effective transfer of competences and resources (according to the four-year plan for the transfer of competences and resources) for the implementation of sectoral policies concerning basic social services;
c) Strengthen the capacity of community-based organisations to ensure continuity of service provision in areas affected by access problems;

d) Promote the role of traditional and religious leaders as intermediaries between state structures and humanitarian service providers and communities in fragile areas (in accordance with the law on the status of traditional chieftaincy);

e) Strengthen community involvement through citizen participation in the establishment and management of basic social services.

IV. The responsibilities of the actors

1. For the Government and its technical services:

   a) Ensure preconditions for the redeployment of basic social services based on an assessment of the level of basic services;

   b) Reinvigorate the nexus-humanitarian development committee as the basis for coordination between humanitarian and development actors, and for decision-making which can guide donor and state investment in at-risk areas.

   c) Establish flexible human resource management with mechanisms for 'retaining' technical staff in basic social services, providing adequate incentives for mobility and allowing staff to be reassigned on the basis of need in affected areas;

   d) Guarantee the security of intervention areas, populations, service providers and humanitarian organisations;

   e) Exercise strong leadership in terms of coordination and funding to develop a multisectoral development plan (redeployment and improvement of basic service provision) in fragile areas;

   f) Align actors on a joint strategy and objectives that respond to cyclical needs and address structural problems, adapted to the local level.

   g) Establish an emergency window in the sector common funds, and/or the establishment of a budget line for emergencies in the basic social services budget.

   h) Mobilise traditional and religious leaders as intermediaries between state structures and humanitarian service providers, and communities in fragile areas (in accordance with the law on the status of traditional chiefs).

   i) Clearly define collective results at local and sectoral level to combine humanitarian and development actions.

      - Establish a single adhoc planning system and tool for fragile areas to avoid the dichotomy between government emergency response planning and response by humanitarian actors, and to combine humanitarian and development response.

      - Accelerate the effective transfer of skills and resources to the decentralised level in the social sectors;

      - Increase transparency on different programmes/activities between different actors (e.g. initiatives within the G5 Sahel and other programmes in fragile areas)/ensure good information management.
- Provide leadership at all levels for harmonization and complementarity of interventions and alignment of stakeholders;
- Make all actors responsible and guarantee decision-making power (leadership) to initiate actions from the very beginning of the crisis through a clear and structured intervention policy, with a good distribution of tasks between actors and between the different levels.

2. **For donors (humanitarian and development):**
Rethink the nature and modalities of funding to adapt them to the operational imperatives that can sustainably support the redeployment and maintenance of basic social services in areas affected and impacted by insecurity and crises:

   a) Establish a mechanism for co-financing projects that meet both urgent and structural needs.
   b) Supporting multi-sectoral projects integrating emergency and recovery dimensions of development.
   c) Establish a regional focal point of major donors for fragile areas.
   d) Establish an *ad hoc* committee to coordinate actions in fragile/buffer zones at local and national level.
   e) Improve the flexibility mechanisms for funding from humanitarian and development donors and guarantee lighter administrative procedures in order to encourage greater responsiveness to emergency situations by actors in the field. This funding should be multi-annual in order to enable field actors to build trust with local communities and strengthen the resilience of populations.
   f) Focus on substantial, medium-term funding, aligned with national priorities and national mechanisms, in order to avoid piecemeal approaches and enhance contributions to resilience in a sustained manner.
   g) Make a strong commitment to the financing of national strategies for community-based social services (National Community Health Programme; Niger FDAL Roadmap; National Strategy for the Reduction of Chronic Malnutrition, Child Protection Committees).
   h) Prioritise investments in scaling up basic social services in fragile areas, on a par with military and security cooperation.

3. **For the actors of Territorial and Community authorities:**
   a) Develop a fund mobilisation strategy centred on the redeployment and maintenance of basic social services based on local taxation, the diaspora and the private sector among others;
   b) Strengthen the skills of municipalities in emergency planning, implementation and monitoring.
   c) Mobilisation of traditional leaders in fragile areas to encourage them to play a greater role as intermediaries between the communities they represent and the providers of basic social services (state and humanitarian organisations) in order to ensure the continuity of services in fragile areas.

4. **For UN organisations, humanitarian and development actors:**
   a) Stakeholder understanding and operational coordination to align humanitarian and development interventions with existing education sector plans and strategies.
b) To become more involved in decentralisation and to invest in local authority project management, for example through Annual Investment Plans (AIPs).

c) Give priority to joint planning of interventions (State and humanitarian actors), for example, having a single humanitarian response plan at national level.

d) Prioritize capacity building of national NGOs and CBOs in all interventions;
   - Advocate for the operationalisation of the humanitarian-development nexus implementation mechanisms according to the nexus committee's guidelines.
   - Promote dialogue between actors (H-D) in order to strengthen collaborations, synergies, and ensure mutual benefits in particular on the strengthening of public services, local authorities and local actors.

a) **Through Humanitarian Coordination:**
   - Advocate for the mobilization of resources commensurate with the needs for planning the sustainable redeployment of basic social services in areas affected and indirectly affected by the conflicts;
   - Advocate for the inclusion of humanitarian emergencies in the PDES, the new Health Development Plan, and for the development of a national strategy for health in crisis situations;
   - Advocate for the immediate finalisation of the national strategy to reduce the vulnerability of the education system to the risks of conflict and natural disasters and its funding as a priority.
   - Advocate for the provision of a comprehensive primary health care package in areas of humanitarian crisis.

V. **Elements of the Road Map with key milestones and deliverables**

For the WASH sector, the actions below identified as priorities form the basis of a roadmap for the effective and sustainable redeployment of basic social WASH services:

a) Implementation of the NEXUS Strategy for WASH
b) Establish an updated situation of the displaced technical services and elected representatives and define the practical arrangements for supporting their safe return to the area (Government)
c) Identify and build the capacity of active grassroots community-based organisations able to provide a minimum continuity of service (by the end of June 2021).
d) Establish an updated inventory of WASH infrastructure and services in the affected areas, including the level of functionality (MHA /DRHA - By end of June 2021).
e) Keep up to date on the situation of needs and gaps in WASH facilities and services in the affected areas (WASH Cluster / WASH WG - Ongoing)
f) In the MHA COVID response plan, identify and prioritise interventions in directly and indirectly affected areas, including a financing plan (MHA /PTF - By end October 2020).
g) Operationalise the nexus humanitarian-development sector strategy (MHA /PTF - By the end of 2020 and ongoing)
h) Support municipal and regional planning and budgeting processes that take into account emergency situations and climate change (MHA / TFPs, municipalities, Regions - By June 2021)

i) Support the implementation of WASH infrastructures in the affected areas, including the setting up of sustainable management and maintenance mechanisms (MHA / TFPs, NGOs, municipalities, companies... - By the end of 2021 and then continuously).

**For the health sector,** the recommendations and expectations are aimed at strengthening the resilience of the health system to enable it to respond to the health needs of populations in crisis situations:

a) Update on health financing
b) Identifying existing health services and local organisations and the needs for basic social services in the affected and indirectly affected areas.
c) Define and operationalise a national health policy in crisis situations
d) Draw up an appropriate deployment, training and benefits plan to train human resources capable of providing services in crisis situations.
e) Ensure that local organisations and affected populations are involved and take ownership of community initiatives in fragile areas (community diagnostics, communication activities).
f) Strengthen inclusive coordination at all levels of interventions in crisis areas.

**For the education sector,** the recommendations and expectations are aimed at ensuring educational continuity for all children and improving the capacity of Niger's education system to guarantee access to equitable, inclusive and quality education in areas affected by humanitarian issues. The following recommendations are made:

a) Finalise the National Strategy for Reducing the Vulnerability of the Education System to the Risks of Conflict and Natural Disasters in the Education Sector with a budgeted action plan, and use it to promote and guide the actions and funding of the ministries and various partners around specific priorities.
b) Ensure a significant allocation of the education budget to crises, particularly preventive measures and planning, including analytical capacity and data collection.

c) Creating a favourable teaching/learning and training environment for learners living in crisis areas (adapted infrastructures, community mobilisation, promotion of menstrual hygiene and school feeding)

d) Promote innovative and alternative educational provision for learners in crisis areas, with a focus on teacher training and the provision of appropriate inputs.

e) Strengthen the capacity of the education system to adapt its offers to crisis contexts (psychosocial approach, peace education, emergency management approach in the education system), including in collaboration with complementary services (WASH, health, protection).

f) Establish an appropriate governance mechanism for education in emergencies, with the involvement of administrative and local authorities, including municipalities and education inspectorates;

g) Promote community-based mechanisms to strengthen the resilience of the system and the participation of beneficiaries, especially girls and more vulnerable children, and strengthen

**With regard to child protection**, the recommendations and expectations focus on the urgent need to operationalise the decree on the creation of child protection committees to ensure effective coverage of the territory, particularly in emergency regions:

a) Financing of human resources and administrative regularisation of social workers with training to operate in emergency areas

b) Positioning of the Ministry for the Advancement of Women and Child Protection in national and local emergency response coordination mechanisms

c) Training of national NGOs on emergency protection, including psychosocial support.

**In the area of food security**, the recommendations and expectations aim to make access to food for people in crisis situations effective:

j) Strengthening early warning systems and methods:
   - Strengthening emergency preparedness at the commune level in the context of decentralisation - contingency plan for floods/droughts/conflicts at the commune level
   - Strengthening systems for monitoring the food and nutrition situation in restricted areas, including through the establishment of remote monitoring systems, to inform periodic analysis and ongoing monitoring by state bodies and humanitarian and development partners.
   - Better funding for initiatives that link weather forecasting to preparedness procedures and activities before an event occurs to reduce disaster risk in the long term and reduce the humanitarian footprint.

**Strengthening social cohesion and the adoption of essential family practices partly** due to the implementation of a behavioural change strategy

a) Decentralize the coordination of food security activities of national structures;

b) Implementation of an access strategy to put in place concrete operational measures to prevent or minimise constraints on access problems in certain regions of the country;
c) Operationalise a roadmap on strengthening the adoption of essential family practices partly due to the implementation of a behavioural change strategy to secure sustainable funding;

d) Strengthen the capacities of partners for the implementation of SECAL interventions;

e) Strengthen advocacy for flexible donor funding to ensure timely response;