Niger

A. We Lead Programme Overview

CoA Member Organizations

There were originally 16 Community of Action (CoA) members in Niger.[1] Of these 16 organisations, only [redacted] does not carry out specific SRH-R activities in the field; as the host organisation, it plays a supporting and training role for the other organisations in the programme. One of the CoA members, [redacted] had its accreditation revoked by the government in 2024. [redacted] meanwhile, only participated in the programme in 2022, targeting young women with disabilities. CoA activities covered six regions of Niger: Dosso, Maradi, Niamey, Tahoua, Tillabéri and Zinder. CoA organisations worked with three of the four groups of rightsholders: young women living with HIV, young women with disabilities, and young women affected by displacement. 'Sexual minorities' were not included in the programme because anything that might suggest practices or phenomena related to lesbian, gay, bisexual, transgender and intersex [redacted] people is completely banned in Niger.

Main Activities

- **Capacity building and training:** training on advocacy, leadership, opposition monitoring, research, safety and security, and gender-responsive budgeting.
- **Public awareness and community engagement on SRH-R:** Peer-to-peer and creative awareness initiatives, relay sessions, digital campaigns, collaborations with influencers, community leaders, and schools, contraception awareness campaigns.
- **Engagement with health services:** Training health professionals, awareness raising and sensitization efforts with health workers.
- **Policy and legislative advocacy:** Legislative lobbying, roundtable discussions and advocacy sessions with regional health authorities.

B. End Term Evaluation Fieldwork

Number of stakeholders interviewed	7 women; 6 men
Number of participants of CoA Sensemaking Workshop	8 women, 1 man
Number of participants of Rightsholder Sensemaking Workshops	13 women
Total number of participants	**35**

C. Country Context

Since the military coup on July 26, 2023, Niger has been under military rule led by General Abdourahamane Tiani heading the National Council for the Safeguard of the Homeland (CNSP), with political activities and party operations suspended and the democratic process interrupted. In February 2025, Niger's ruling junta proposed a five-year transitional period and a new

[redacted]

constitution with General Tiani remaining transitional president during this period, although no definite date for a return to constitutional democracy or elections has been set. Prior to suspension, women occupied about 15% of seats in existing legislative bodies.[2] Niger formally withdrew from ECOWAS in January 2025. It is among the poorest countries globally, but economic growth has been strong at 8.4% in 2024 based on oil and mineral extraction and agricultural output[3] yet the country still faces major challenges from population growth, insecurity, and high poverty rates (estimated at around 40-50%).

Political opposition is heavily constrained with the military regime suppressing peaceful dissent and arbitrarily detaining former officials, journalists, and activists with media freedom shrinking markedly.[4] Niger has recently seen social media campaigns to discredit the work done by organisations on certain aspects of SRH-R, and decisions by the authorities to suspend certain NGOs and interventions (sex education, gender). On this last point, it should be noted that the decision had no legal basis. It came at a time when influencers were flooding social media with 'sovereignist' and anti-Western comments, questioning the so-called foreign values promoted by certain NGOs.

Niger faces severe security challenges due to ongoing jihadist insurgencies and militant group activity primarily from the Islamic State Sahel Province (ISSP) and Al-Qaeda-affiliated Jama'at Nusrat al-Islam wal-Muslimin (JNIM), with jihadist attacks increasing in frequency and lethality in 2024-2025 including a June 2025 assault in Manda, Tillabéri region, killing at least 71 civilians.[5] Security forces reported over 500 casualties in clashes during 2024. Insecurity has caused displacement of nearly 1 million people including approximately 507,000 internally displaced persons and over 42,000 refugees and asylum seekers mainly from Nigeria.[6] The conflict has exacerbated gender-based violence risks with 18% of reported GBV cases occurring in the Tillabéri region alone in 2023 with considerable underreporting expected.

Abortion is criminalized except in cases deemed necessary to save the mother's life[7], with access to legal abortions rare. Contraception is legal and actively promoted as a national priorityunder Niger's Costed Implementation Plan aiming to increase contraceptive prevalence, although contraceptive prevalence among married women is only 18% (Statistica). There is little state provision for infertility. Legal frameworks against sexual violence exist[8] but traditional attitudes and legal gaps impair enforcement. Comprehensive Sexuality Education is not mandated by law although programs such as girls' health clubs for reproductive health information are implemented through government and international partners. The legal age of marriage is 18 for boys and 15 for girls but is widely violated through customary practices.[9] Same-sex sexual activity is criminalized under Nigerien laws with no protections for [redacted]- persons who face social stigma and harassment. Same-sex marriage is illegal.[10]

In terms of SRH-R overall, significant efforts have been made by the State. The legal framework has been reformed to allow married adolescents to access family planning services without being accompanied by a parent or husband. Similarly, to reduce unwanted pregnancies, secondary

---

[2] Freedom House (2025) Freedom in the World Niger

[3] World Bank (2025) https://www.worldbank.org/en/news/press-release/2025/06/12/niger-economy-rebounds-in-2024-thanks-to-large-scale-oil-exports-and-a-good-agricultural-season#:~:text=According%20to%20the%20report%2C%20Niger's%20economy%20grew,agricultural%20production%2C%20supported%20by%20favorable%20weather%20conditions.

[4] Freedom House (2025) Freedom in the World Niger

[5] HRW (2025) Niger: Islamist Armed Group Executes Civilians, Burns Homes

[6] UNHCR (2024) Niger

[7] Penal Code Article 295)

[8] e.g., Law No. 2003-025 criminalizing trafficking and rape

[9] UNICEF Child Marriage in Niger: A Strategy Note

[10] ILGA Database Legal Frameworks Criminalisation of consensual same-sex sexual acts

school girls are now allowed to access school health clubs to receive comprehensive SRH-R education offering objective information and scientific knowledge on SRH-R.

The public healthcare system dominates care provision with the Ministry of Public Health offering free care policies for pregnant women and children under 5 (although implementation is uneven). Health expenditure at approximately 4.35% of GDP (World Bank) and and out-of-pocket spending accounting for about 40.37% of total health expenditure (World Bank). The Maternal Mortality Ratio remains very high at 350 per 100,000 live births,[11] the Under-5 mortality rate is 115 per 1,000 live births.[12] Niger has the highest fertility rate globally at 6.7 children per woman[13] with an adolescent birth rate of 145 per 1,000 girls aged 15-19.[14] Severe regional gaps in healthcare coverage exist with rural Sahelian areas having the lowest facility access, long travel times for care, and poor outcomes.

C. Evaluation results

Relevance

The words that CoA member organisations would most use to describe the programme in Niger, according to the survey, emphasise the leadership and inclusion aspects of the programme's design and activities. Respondents particularly highlight the innovation, adaptation and amplification done by the programme, while also noting that it is transformative with high levels of ambition:

The survey results found that in Niger the programme was perceived by the CoA to have been well designed (either very or fairly well) to meet the needs of the different rightsholder groups, with the exception of the [redacted] community. Young women and girls generally, those with disabilities and those living with HIV were considered to be the best served with the design of the programme in Niger. Just 13% felt that [redacted] women were very well served with the programme's design in Niger.

Q: And now, thinking about the design of the We Lead programme for your country, how well or badly would you say the programme was designed to respond to the SRH-R needs of:

[11] UNICEF (2025) Maternal Mortality

[12] World Bank Mortality rate, under-5 (per 1,000 live births)

[13] World Bank Fertility rate, total (births per woman)

[14] https://genderdata.worldbank.org/en/indicator/sp-ado-tfrt

	Young women and girls generally?	Young women and girls with disabilities?	Young women and girls living with HIV?	Young women and girls who are affected by displacement?	Young women and girls who identify as belonging to the [redacted] community?
Very well	80%	80%	80%	70%	13%
Fairly well	20%	20%	20%	30%	13%
Neither well nor badly	0%	0%	0%	0%	13%
Fairly badly	0%	0%	0%	0%	0%
Very badly	0%	0%	0%	0%	13%
Don't know	0%	0%	0%	0%	50%

The implementation of the programme was preceded by a process of adaptation to the Nigerien context, from the design of the theory of change to the implementation of the various projects carried out by COA member organisations. Rightsholders were involved in this process. In addition to adaptation to the context, an assessment of the current situation (baseline survey) was carried out in 2022 as the programme started, providing evidence on the SRH-R of rightsholders.

The programme adopted an annual review process for the ToC that systematically included all CoA member organisations in a workshop. However, according to the CoA survey, not all organisations were always engaged, while some organisations that dropped off midway into the project.[15] During the ToC workshops, CoA member organisations first defined the various intermediate results and themes, then listed the activities already carried out, the various changes observed and formulated the results.[16] The organisations periodically updated their reference framework and activity plan.

Overall, the programme is consistent with national frameworks (national SRH-R policies and strategies). Meanwhile, the activities it has supported are well aligned with the needs and expectations of rightsholders, according to their testimonies gathered during interviews and workshops.

> *"National initiatives had been in place for a long time. At the time, there was the AIDS Programme, which I never tire of mentioning, which is one of the best defenders of the rights of HIV-positive people, [redacted] reproductive health, [redacted], PVVIH. These programmes have contributed greatly to the fight against the social marginalisation of rights holders. They have also promoted their social reintegration. However, some difficulties remained and could only be overcome with the We Lead programme. For example, getting more young women living with HIV to attend health centres. There have also been improvements in screening for people with disabilities. In short, many other issues that were considered taboo at the time have now been resolved thanks to awareness-raising by intermediaries and the welcoming and reassuring attitude of health workers. This is a significant step forward in terms of healthcare for young women living with HIV".*[17]

Effectiveness

[15] CoA survey
[16] CoA survey
[17] ESKII5

Outcome 1: Strengthening the capacity of CoA members and rightsholders

The We Lead programme's capacity-strengthening training initiatives for rights holders in Niger have been significantly impacted by political instability, including initial delays in 2021 due to post-election unrest and a military coup in July 2023, requiring adaptations such as having the Nigerien Community of Action travel outside the country for some training sessions. No capacity-strengthening training activities for rights holders were undertaken in Niger during 2021 due to the absence of a CoA Facilitator and local organizations, while extensive 2023 plans for training 32 rights holders on the Maputo Protocol, SDGs, and Beijing Platform for Action, participatory SRH-R policy and feminist approaches, research and data collection, and PV's LILO methodology well-being sessions could not be implemented due to political instability following the coup d'état.[18]

Despite these challenges, several successful training initiatives were delivered between 2022-2024, focusing on advocacy, leadership, and SRH-R knowledge building. 2024 training included 12 young women gaining advocacy skills through LILO Voice and accountability training, 15 rightsholders receiving lobby and advocacy training, and 13 rights holders trained on opposition monitoring and mitigation techniques[19]. The programme also delivered psychosocial training.Positive Vibes facilitated a LILO inclusion experience for 18 participants from Niger in November 2022 (which took place in Namibia). This workshop focused on building allies and shifting attitudes to be more inclusive. 13 Niger participants also experienced LILO Voice on enhancing personal and organisational advocacy (which took place in Kenya) in July 2024. This was also a collaboration with Restless Development to run complementary trainings sequentially. Restless Development facilitated their Youth-led advocacy process. In addition, safety and security awareness training was delivered to 30 rightsholders and research and data collection training was delivered to 32 rightsholders in 2024.[20] FEMNET hosted Gender Responsive Budgeting Advocacy training for Nigerien CSOs in Nigeria due to security concerns preventing in-country training.[21] FEMNET also conducted Training on men-to-men engagement in 2025, as well as with journalists, while the programme also conducted linking and learning work with the Nigeria We Lead team. FEMNET also supported and trained the Niger CoA Facilitator, CoAs, rightsholders and duty bearers on Sustainability for CSOs and male allies in SRHR Advocacy.[22]

Capacity building in SRH-R, and especially in communication and advocacy related to SRH-R, has led to a change in perception and behaviour among programme actors (internal and external stakeholders, and rightsholders). With regard to COA organisations in particular, there has also been organisational strengthening.

> *"I am grateful and proud to have been part of the We Lead programme. It has changed my life and my outlook on things. Thanks to this programme, my leadership skills, professionalism and feminism have evolved. I cannot thank this programme enough. Thank you for all the opportunities it has provided. We Lead forever."*[23]
>
> *"In the case of RNT, since this training, I have gained knowledge on how to effectively raise public awareness. This has enabled me to do my job well. I receive calls from listeners telling me that these programmes are really informative. People in the neighbourhood often appreciate my work. This is partly thanks to this training, because it*

[18] 0.2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf; Consolidated - We Lead Year 3 Financial Progress Report 2023 final.pdf

[19] 2024 Consolidated Results Framework Final.pdf

[20] Niger Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Níger.pdf; 2024 Consolidated Results Framework Final.pdf

[21] WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

[22] E2

[23] CoA survey

has changed my perceptions of people with disabilities. And this new way of seeing these people is reflected in my presentations on RTN."[24]

"Capacity building has had a very positive impact, with knowledge sharing on topics that were still little known. Many practices related to SRH-R have been discovered, facilitating understanding and adoption of best practices"[25].

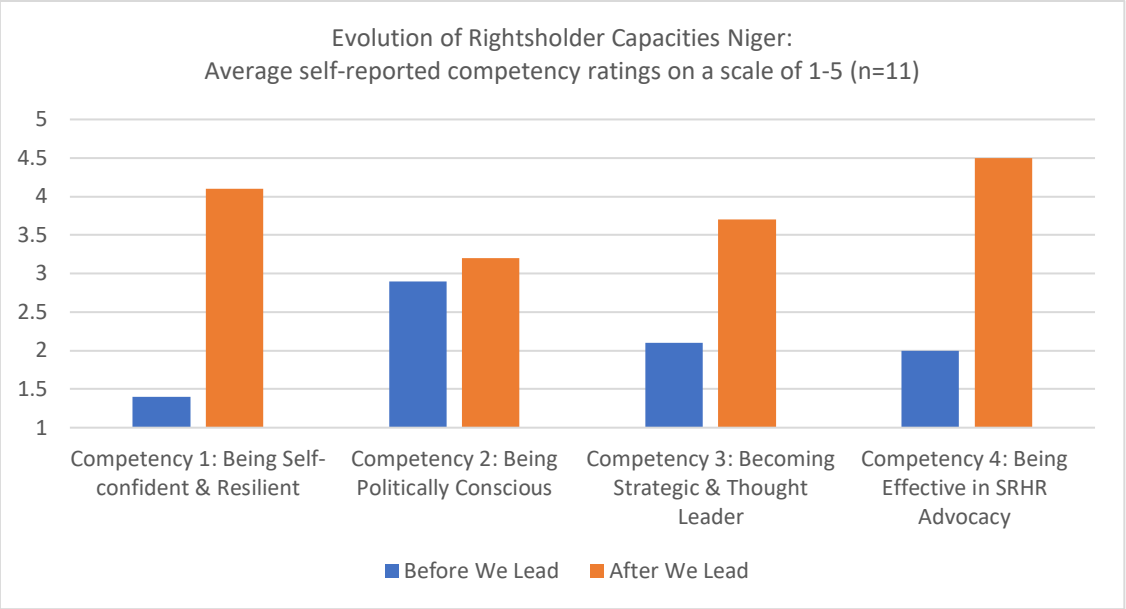
As shown in the table below, the majority of the CoA organisations attribute their improvements in capacities to the programme, for all the capacity strengthening topics. However, attribution of their inclusive supportive and led by young women rightsholders tended to be less likely to have had contribution from the programme. For both improved capacities for promotion of SRH-R realisation, and credibility and sustainability, 56% of organisations felt that there was a very strong contribution from the programme to their strengthened capacities on these areas.

Q: To what extent has the We Lead program contributed to strengthening your organisation's capabilities to be:

	Credible and sustainable?	Resilient and adaptive?	Inclusive, supportive, and led by young women rights-holders?	Active in promoting SRH-R realization?	Safe, secure and practice collective care?	Act jointly?
A very substantial contribution	56%	44%	33%	56%	22%	33%
A substantial contribution	33%	44%	22%	11%	44%	33%
A moderate contribution	11%	11%	33%	33%	22%	22%
A limited contribution	0%	0%	11%	0%	11%	11%
No contribution at all	0%	0%	0%	0%	0%	0%
Don't know	0%	0%	0%	0%	0%	0%

The capacity assessment results for the rightsholders confirm high levels of improvement in capacities across all 3 of the 4 themes from before and after the programme, with the biggest improvement seen in terms of self-confidence and resilience. There was more limited growth in terms of being politically conscious.

[24] ESKII6
[25] ESKII10



Outcome 2: Awareness and support among the general public for the sexual and reproductive health rights of young women

Due to political unrest, the programme experienced substantial delays in 2021, moving foundational activities such as developing key advocacy and campaign messages with the Community of Action and rights holders to 2022.

Despite these constraints, local organizations led numerous peer-to-peer awareness initiatives. CONIPRAT trained 20 young women and girls with disabilities in Tillabéry on SRH-R and health services entitlements in refugee camps and disability centres in 2023, leading to the creation of two SRH-R-focused clubs through which trained women organized awareness sessions for 183 peers[26]. 40 women and girls with disabilities in Kollo were trained to organize relay awareness sessions for peers in December 2023, while 20 young women ambassadors from Dosso organized SRH-R promotion activities reaching 165 peers between October 2022 and December 2024.[27] Additional initiatives included NGO Ballal's 2024 capacity-building in Maradi, Zinder, and Niamey that led to 200 individuals being trained in peer-led initiatives with 60% reporting consistent condom use and voluntary HIV testing, NGO Goni's creative expression training for 10 young girls in singing, rap, and slam poetry focused on reproductive health.[28]

Creative and digital campaigns included the NGO Goni's "Bani Fu Competition" training 10 young girls in singing, rap, and slam poetry focused on reproductive health with winners independently producing social media awareness content, local influencers in Niamey creating and sharing social media videos and articles in December 2023 that sparked public discourse and captured digital platform interest for mobile application integration. Strategic messaging adaptations addressed the conservative social context through 30 young women influencers conducting awareness activities with traditional, customary, and religious chiefs plus health workers in Mirriah, Loga, and Serkin Haoussa between June-December 2023. The campaign contextualized language by using "reproductive health" instead of "sexual and reproductive rights" to avoid misinterpretation.[29]

[26] Niger Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Níger.pdf]

[27] Niger Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Níger.pdf

[28] Niger Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Níger.pdf; 2024 Consolidated Results Framework Final.pdf

[29] Niger Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Níger.pdf; 2025 Consolidated Annual Plan_We Lead.pdf; 1.1 We Lead - Annexes- Results Framework.pdf

Some organisations worked with schoolchildren to raise awareness of the rights of persons with disabilities. These young pupils then acted as educators among their peers and helped to raise awareness in the community about the sexual and reproductive rights of persons with disabilities.

According to participants, the strategies used were highly relevant: peer education, interactive and participatory techniques, radio broadcasts, community-based distribution of products [condoms, antiretrovirals], etc. For example, sex workers were trained and then acted as facilitators and educators within their communities on the use of health centres (systematisation of testing, access to and use of condoms, taking treatment, etc.). Young women living with disabilities, trained and supported by organisations, contacted administrative authorities and technical services to assert and enforce their rights to social services and SRH services; they also carried out awareness-raising work among the general public. Finally, there are examples of public meetings in neighbourhoods where rightsholders discussed stigma and inclusion with the authorities and other members of the population, and radio programmes aimed at the general public on the national channel (RTN) and private media (AMFANI, Sarauniya, etc.).

> *"The programme had a strong impact on community awareness, particularly among people living with HIV, by addressing a taboo subject with tact and education. Peer educators played a central role in facilitating interactive discussions, ensuring confidentiality and respect for dignity, and using relevant visual aids."*[30]
>
> *"Before, we didn't want to go to the health centre because of a lack of information, poor reception and also stigmatisation. But since [redacted] put us in touch, I have the doctors' contact details; I just call to find out if it's busy or not, which reduces the stigma"*[31]

On the negative side, some anti-rights activists and detractors targeted the programme using the fact that the We Lead programme in other countries works with [redacted] communities to campaign against the programme and the CoA. This had an impact on the security of the organisations. It also prompted the state to step up its campaign against this group and those who work with it.

Outcome 3: Awareness among health service providers and service delivery

The activities that have been successfully implemented have largely been driven by local Community of Action (CoA) organisations and have focused on advocacy, training health professionals, and improving access and trust for rightsholders.

Awareness raising efforts among health workers achieved tangible improvements in health resources and staffing, including consistent and adequate supply of sexual and reproductive health care kits at the mother-child health center in Maradi region since March 2022 following roundtable discussions and advocacy sessions by the CoA with regional health authorities supported by community-level SRH-R and contraception awareness campaigns.[32]

Other training and sensitization efforts with health professionals included [redacted] conducting training sessions throughout 2023 for community health workers and matrons in Ayorou commune, Tillabéri Region, focusing on recognizing pregnancy danger signs and lifesaving practices. This led to two midwives and one community outreach worker from Ayorou Health Center independently organizing awareness sessions in October 2023 for refugee, displaced, and indigenous women on prenatal care importance, reportedly contributing to increased pregnant women attendance at the health center.[33]

In addition, regional forums on sexual and reproductive rights were organised and received support from the authorities of the municipalities targeted by the project and CSI officials. This helped to improve the care provided to young girls with disabilities and internally displaced

[30] ESKII2

[31] RHO-KII2

[32] Niger Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Níger.pdf

[33] Niger Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Níger.pdf

persons, in particular through the identification of a referral health worker specifically responsible for their care.

However, the challenging political context caused significant disruptions including moving planned Ministry of Health staff training on inclusive SRH-R from 2021 to 2022 due to initial delays, and the July 2023 coup halting most in-country activities, preventing planned training for 20 Ministry of Health staff and 20 health workers attending 'Open' CoA sessions.[34]

Among health service providers, the programme has strengthened communication skills with the public, by observing peer educators and engaging in dialogue with target groups (see above for the case of [redacted] facilitators). It has also contributed to providing a better experience for beneficiaries' attending health centres, thanks to improved reception, better internal guidance (reducing waiting times and frustration) as well as a better understanding of the specific needs of the population through direct exchanges, particularly neighbourhood meetings; etc. Healthcare providers considered the initiatives supported by the programme organisations to be very useful.

> *"The programme's capacity-building efforts have been effective in that the relays (community health workers employed in health centres) know how to approach women who are carriers and raise their awareness. This has greatly contributed to the attendance of rightsholders at the integrated health centre. The attendance rate has increased significantly in recent years. And we believe that the message has gotten through because even HIV-positive girls now attend the centre for care and counselling. We even see them outside of office hours, especially adolescent girls living with HIV. They come secretly, without their parents' knowledge, to be seen. We provide them with treatment, monitoring, counselling (not to put others at risk) and follow-up care for adolescents living with HIV. Young women with disabilities agree to be tested when they come for prenatal consultations. If they are HIV-positive, they agree to be put on ARVs and to be monitored until they give birth and beyond. In the past, they categorically refused to be tested. All this has been made possible thanks to awareness-raising by intermediaries, the interventions of health workers and the advice of psychologists."*[35]

Some respondents acknowledged that the activities in which they were involved changed their outlook. One public authority reported greater awareness of SRH issues. As a result, this authority became actively involved in promoting and defending women's rights, facilitating access to healthcare, social assistance, etc.[36] Participation in the programme enabled it to gain in-depth knowledge: "I understood that, apart from health, there are social aspects that must be taken into account when implementing a project".[37] Thus, a link was established between SRH-R and access to services; vulnerable rights holders were able to obtain access to services.

Outcome 4: Influence policy change

The We Lead programme's policy and advocacy work on legal reforms in Niger was profoundly impacted by political instability which eroded gains made with allies in the previous government while interrupting ongoing legislative processes.[38] Annual plans for 2023 included ambitious advocacy targets, such as training rights holders on the Maputo Protocol and feminist policy approaches, and undertaking influencing initiatives.[39] However, the military coup in July 2023 severely restricted the implementation of most of these planned in-country activities.[40] As a result, CoA organisations focused more on implementing planned but unaddressed areas of action or

---

[34] 0.2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf; 2024 Consolidated Results Framework Final.pdf

[35] ESKII7

[36] ESKII5

[37] ESKII5

[38] 0.3. New doc_ 2021 We Lead Annex 1 - Risk Matrix - Submitted to MFA on 28.4.2022.pdf; WE LEAD BASKET INDICATORS FINAL.pdf

[39] 1.0 2023 We Lead Annual Plan submitted on 1.11.2022.pdf

[40] Consolidated - We Lead Year 3 Financial Progress Report 2023 final.pdf

raising awareness among decision-makers of their duties (generating political commitment) in the face of insufficiently protected rights, and less so on legislative change.

Health authority advocacy included roundtable discussions and advocacy sessions with regional health authorities in Maradi addressing SRH-R kit shortages, resulting in consistent and adequate supply at the mother-child health center since March 2022, and coordinated advocacy at Maradi town hall level leading to the appointment of a female nurse at Garin Kaka refugee camp health center in September 2022 addressing gender-sensitive healthcare gaps.[41] Local engagement involved 30 young women influencers conducting advocacy with traditional, customary, and religious chiefs in Mirriah, Loga, and Serkin Haoussa between June-December 2023 focusing on SRH-R recognition for young women and girls with disabilities, and the mayor of Mirriah granting space to the Federation of Persons with Disabilities for office construction in January 2024 following advocacy sessions.[42]

Internationally, FEMNET supported the Niger CoA Facilitator, CoA, and rightsholders in different regional and global spaces to influence policy change, including GIMAC, Africa Disrupt CSW, CPD, etc.[43]
In short, the programme did not directly lead to legislative reform. However, it contributed significantly to "*strengthening local consultations between CSOs and decision-makers; promoting the integration of recommendations on inclusivity into certain local policies; and raising awareness among authorities about the situation of marginalised young women*".[44]

> *"For the "policy influence" objective, the political situation was not very stable; there has been a lot of change, so it would be very difficult to say that a programme like We Lead can influence change)."*[45]

> *"Thanks to We Lead, the PH care indicator has been included and monitored by the Ministry of Health. (...) As part of efforts to improve service delivery, a hotline has been set up to receive complaints and reports of shortcomings in the provision of care. (...) The programme has influenced policy makers to the extent that the organisation's team is welcomed by local authorities as soon as the need arises; they are received at the governorate without an appointment."*[46]

Among the negative effects was the fact that anti-rights activists and detractors who targeted the programme used the fact that in other countries it works with [redacted] people to campaign against the programme and the COA. This had an impact on the security of the organisations. They also helped to prompt the state to step up its campaign and legislation against this group and those who work with it. The fact that he also helped draw attention to sexual and reproductive rights, given the lack of knowledge in this area, led to tougher laws on the subject following protest campaigns by the general public.

Coherence

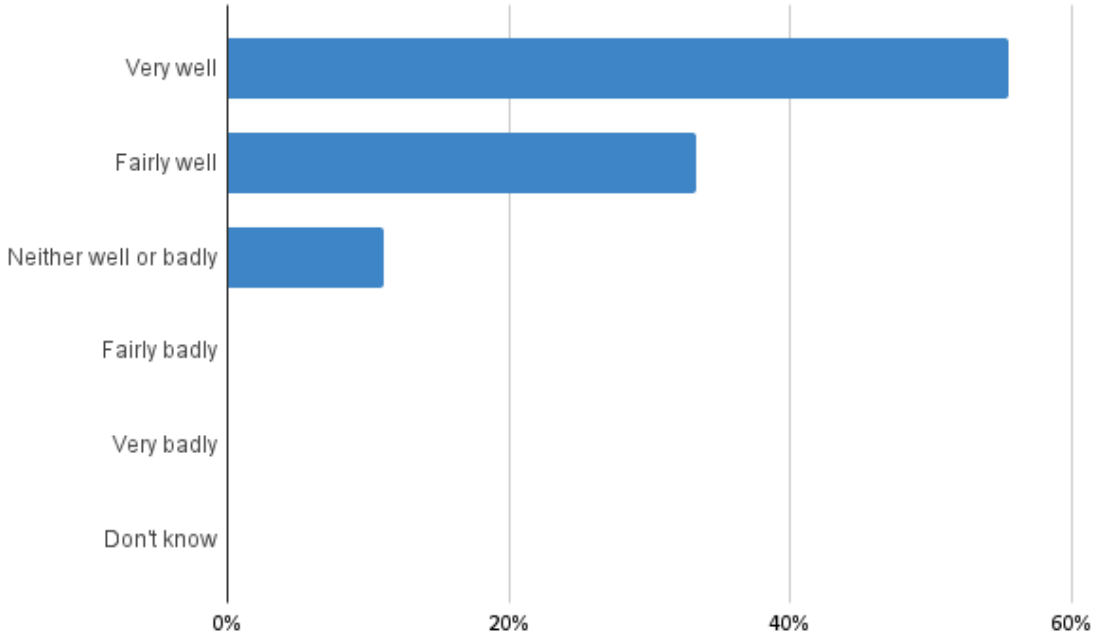
According to survey respondents, the CoA has proven to be an effective platform for collective advocacy, peer learning, and solidarity among organisations working on SRH-R and the rights of marginalised young women in Nigeria. It has amplified rightsholders' voices, strengthened partnerships, and created space for joint action that no single organisation could achieve alone.[47]

---

[41] Niger Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Níger.pdf
[42] WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf
[43] E2
[44] ISKII1
[45] ESKII4
[46] ESKII5
[47] CoA survey

CoA organisations who completed the survey also felt the programme coordinated and cohered very well with international initiatives.

Q: How well or badly has the We Lead programme in your country coordinated with … other relevant international SRH-R initiatives?



Some survey respondents cited the coordination during the campaign on SRH-R rights for young women with disabilities as exemplary, with Hivos working closely with local CSOs, community leaders and health authorities, holding regular meetings to harmonise messages and resolve issues. This synergy made it possible to reach a wide audience and encourage young women to take local initiatives, providing a model of collaboration that can be replicated for future campaigns. [48] Others cited the opposite, describing a lack of synchronisation between Hivos and local CSOs, combined with insufficient communication, which led to overlaps, delays and low community participation.[49] In addition, administrative complexity in implementation was cited as sometimes slowing down the responsiveness of actions, reducing the expected impact.[50]

Externally, the objectives of this programme are well aligned with government policies and frameworks in the area of SRH-R. The programme is in line with national (sexual and reproductive health) and municipal (development plan) programmes, and it responds to needs that have been identified but not yet met due to a lack of financial resources. According to an external stakeholder, while the State of Niger has aimed to introduce aspects of SRH-R, a lack of resources prevented changes from being made. In their view, this programme came at exactly the right time to complement government action on reproductive health with more effective working methods, in areas such as maternal and child health, universal schooling, including for girls, the reduction in early or forced marriages, and increased knowledge about STIs.[51]

> *"The programme worked well with existing government policies and frameworks, but also with other interventions such as the "AIDS Programme" that had been in place since then, the WHO, the NGO PVVIH (People Living with HIV), associations for people with disabilities, the UNHCR, and NGOs working for the welfare of marginalised people such*

[48] CoA survey
[49] CoA survey
[50] CoA survey
[51] ESKII9

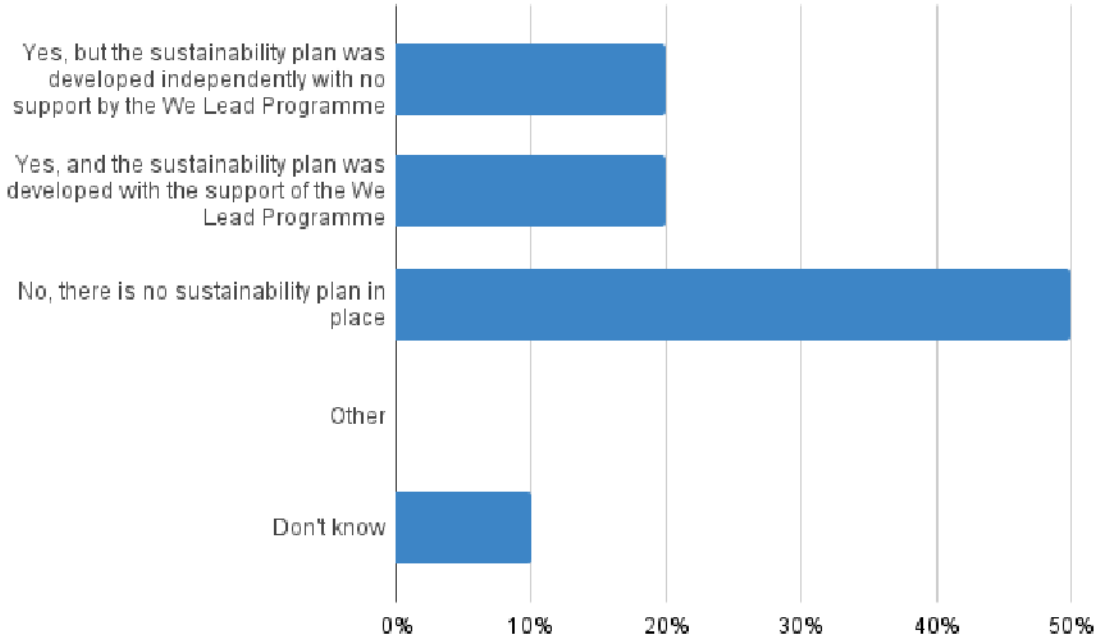
as UNICEF, HKE and COOPI. These are initiatives that existed well before the programme."[52]

Sustainability

A major risk to future sustainability of the programme's results in Niger is the lack of sustainability plans reported by half of the Niger CoA organisations who completed the survey. Furthermore, just one in five reported that the programme had helped them to develop a sustainability plan, indicating a limitation in the support provided by the programme to organisations in country to help them develop future plans for how they can continue delivering activities on the issues raised by the programme.

Q: Does your organisation have a sustainability plan in place for when this programme ends?

[52] ESKII7



Activities that focused on capacity strengthening and leadership development are expected to provide the most long-term benefits for rightsholders. For example, the trainings for young women in media and social media influencers equipped participants with practical skills in inclusive SRH-R reporting and digital advocacy. These skills continue to be applied beyond the programme, allowing rightsholders to shape narratives, challenge stigma, and sustain awareness in their communities. In addition, the development of toolkits, policy briefs, and training resources ensures lasting reference materials that can be adapted and used by future advocates. The training of the rightsholders on SRH-R advocacy also created a multiplier effect, as trained rightsholders have taken on advocacy roles and are influencing others. These benefits will outlive the programme because they build the confidence, agency, and capacity of young women themselves, rather than relying solely on external interventions.[53]

For some rightsholders, the likelihood that actions will continue even after the programme ends is very high, given the determination and enthusiasm that characterise their group. They state that the capacity building they have benefited from throughout the programme will be used to continue the work in their respective villages and beyond, to promote understanding among the population and the adoption of best practices in SRH-R. To demonstrate their determination to stay the course, they have decided to use traditional channels of communication, such as ceremonies, foyandis and youth gatherings. According to these women, the chance of sustainability remains their constant motivation, as does the interest shown by the population in the content of the messages.

The advocacy committees set up by certain organisations ([redacted], for example) in each municipality and recognised by local authorities also bode well from a sustainability perspective. These structures continue to exert a positive influence on municipal development plans (PDCs) and annual investment plans (PIAs) in favour of sexual and reproductive health and rights.

On the other hand, activities that were more event-based or short-term in nature, such as one-off awareness campaigns or single community dialogues which were implemented during the first two years, are less likely to provide long-term benefits for rightsholders. While they created visibility and sparked important conversations, their impact was not sustained without continued

[53] CoA survey

follow-up and reinforcement. Similarly, some referral linkages to youth-friendly centres had limited long-term effect due to service availability gaps and systemic challenges in the health sector. These activities were valuable in the moment but lacked the continuity and structural support needed to generate lasting change for rightsholders. [54]

> *"Looking ahead, we believe it is vital to continue investing in youth-led and community-driven approaches, while also strengthening the institutional resilience of partner organisations, particularly youth-led organisations. Sustained support in these areas will ensure that the programme's impact continues well beyond its lifetime and that rights holders remain empowered to advocate for their rights."*[55]

> *"Rights holders will continue to attend the centre even after the project ends. Through awareness-raising, young women have understood the importance of getting tested. In addition, peer educators are volunteers in the programme who are not paid. So they will continue to raise awareness beyond the project period. Patient care and follow-up will also continue, as will support and counselling.*[56]

D. Recommendations

1. Increase allocation of funding for organisational strengthening, capacity development, and mentorship of rightsholders and CoA organisations to ensure outcomes are sustained beyond the programme cycle. Future phases of the programme should cover more rightsholders and localities.
2. Simplify and harmonise reporting and administrative processes to reduce the burden on implementing partners and allow more focus on project delivery.
3. Involve young women and community leaders more closely from the design stage of activities to ensure relevance, strengthen engagement, and ensure lasting impact.
4. Link awareness campaigns and advocacy to monitoring, ongoing training and evaluation mechanisms to maintain long-term impact.
5. Consider training health workers in sign language in order to include access for deaf and mute people.
6. Facilitate structured, consistent engagement with government institutions and health providers to address systemic barriers, reduce bureaucracy, and create enabling environments for rightsholders.
7. Include economic empowerment as a specific focus in future SRH-R programming.
8. Invest in exchanges between CoAs in different countries implementing the same types of activities in order to share experiences.
9. Introduce sustainability planning for future programming.

[54] CoA survey
[55] CoA survey
[56] ESKII7