

Joint Independent Evaluation of the Humanitarian Response of CARE, CRS, Save the Children and World Vision to the 2005 Food Crisis in the Republic of Niger



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1. Executive summary

1.1 The June-September 2005 Food Emergency in Niger occurred as a result of a convergence of contributory factors¹; some of which were foreseeable and some of which could not have been predicted until it was too late to respond in a timely and adequate manner. These included:

- a. Government removal of food price controls in 2002 with associated commercial activity in the market (eg. withholding stocks²);
- b. Some localised harvest failures in 2003;
- c. Regional desert locust infestation which arrived in Niger in early 2004 and decimated pastures;
- d. Substantial livestock losses due to locust damaged pastureland and thus deficiencies in livestock products from the diets of the rural poor. It is assumed that this dietary deficit particularly affected young children;
- e. Regional 2004 harvest deficits on localised bases;
- f. Inadequate in-country food security reserves;
- g. Imposition³ of value added taxes on imported food;
- h. Government policy disallowed free food distribution⁴ until July 2005;
- i. Closure ('officially') of neighbouring country borders for cereal stock exports to Niger; and
- j. Structural poverty on a national basis with limited possibilities for migrant workers to support their families with other than meagre remittances.

1.2 The problem was aggravated by denationalisation on the world stage in a manner which confused two fundamentally separate issues:

- a. Localised crop failures and regional deficits; and
- b. Chronic malnutrition along with structural acute child malnutrition⁵ and a high incidence of malaria, communicable and water-borne diseases, all of which are closely linked.

1.3 Institutional intervention in the market⁶ publicised by media attention are considered to have been the cause of dramatic June/July 2005 food price escalations normally unrelated to a harvest deficit of only 9% of the 1999-2003 five year average⁷. The Partners, WFP and GoN, who were not party to the cause of the **emergency** and who, up to that point, had been attempting to address localised pockets of food insecurity, albeit with inadequate funding, were thus drawn

¹ Another real life natural disaster was depicted in a film, 'The Perfect Storm', wherein the convergence of a number of normally separate meteorological factors led to the overlaying of two cyclones with catastrophic consequences for shipping.

² Albeit slowly and in relatively small quantities

³ Never applied and later removed (with the exception of sugar) but which, nevertheless, did have effects on the market.

⁴ But did allow subsidised food sales

⁵ Which is of a cyclical nature.

⁶ Including local purchase.

⁷ **Source:** Ministry of Agriculture (GoN) and WFP

into a situation in which they had to respond on a far larger scale, on a far wider front and within a far shorter time-scale than was reasonable.

This report argues that, had the **crisis** been properly analysed by those who sensationalised it, had been sensibly presented and an earlier appropriate response initiated, the necessity for the scope of the consequent **emergency** response would have been reduced.

Relevance

1.4 Given the situation on the ground following foreign media attention to Niger's problems in early June 2005, the Team considers that the four subject Partners of this study made very relevant and timely responses albeit that, due to the lead-time to bring food into the country from overseas⁸, their effects were rather too late to gain optimum impact:

Save the Children (UK) responded to a request by MSF to relieve their workload. Mobilisation was rapid and enabled MSF to concentrate on nutritional/health complications.

CARE had increased its household vulnerability monitoring of its development programme populations and was lobbying the PM's office towards mitigation⁹ of the effects of the food **crisis**.

CARE, CRS and World Vision had already increased their existing FFW interventions earlier in 2005 and expedited funding proposals and logistics preparations when the situation deteriorated.

Coverage

1.5 The subject of coverage has to be seen against a background of widespread need, the vastness of the affected regions, the complexities of good targeting, time constraints and limited resources (food and staff) which governed distribution capacity.

1.6 According to GoN¹⁰, 26% of the Niger population was vulnerable and, according to figures supplied by the four Partner NGOs¹¹ in November 2005, the latter met 29% of their needs while 37% of the vulnerable received something and 9.6% of the total population received one or more distributions from the Partners. CCA only considered 16% of the Maradi population to be vulnerable while the Partners consider that they distributed to 63% of that vulnerable population.

1.7 Two levels of targeting have been considered by this study:

- a. those directed by WFP/CCA and for which the Partners were contractually obliged to satisfy; and

⁸ Two months is not an unusually long lead-time to source, procure and transport grain from India to land-locked Niger. It has to be remembered that it was the donors who were late to respond not WFP who, without funds, can do nothing.

⁹ Free food distribution and improved targeting.

¹⁰ **Source:** CCA, June 2005

¹¹ See **Annexe O**.

- b. those not directed by WFP/CCA but which involved vulnerable communities not officially recognised as such and therefore marginalised except in the cases which the Partners addressed separately.

While the Partners did make contact with a significant part (about 10%) of the population and largely met their contractual obligations¹² to WFP in the first round of distributions, the Team found a significant number of communities which did not benefit from the second round. The Team also found examples of *ménages*¹³ which were not covered in targeted households and this led to some discrepancies in received assistance.

With regard to targeting of the officially unrecognised vulnerable (1.7.b above), the Team considers that, while Partners did try to give attention to these, considerable numbers were not targeted by anyone at all because their location/scale was not known¹⁴. Even if it had been known, the capacity of the NGOs to implement and that of GoN/WFP to purchase/transport were inadequate in the given time-frame.

Connectiveness

1.8 Coordination - the Team noted that the Partners were reactive with regard to interagency coordination and, accordingly, the lack of an effective NGO forum in Niger is a serious weakness in their effective programming. Opportunities were thus lost for recognition of comparative advantages between the Partners¹⁵, establishing joint advocacy positions and for peer training prior to emergency actions.

Coordination of Partners' food distributions by GoN/WFP¹⁶ is considered to have been poor and is an issue addressed in this report with regard to closer working relationships, particularly with GoN.

1.9 Coherence - Coordination is a *sine qua non* to coherence and, consequent to the lack of the former, Partners' own policies and methods were neither known nor aligned. There were, therefore, significant differences between Partners in the areas of, *inter alia*: targeting, distribution and cereal bank management policies.

¹² And, in cases, returned unused food to WFP.

¹³ Households within the overall household.

¹⁴ It must be remembered that village targeting and population figures for free food distribution were defined by GoN/WFP based on SAP information and that the indicators for this information need to be more accurate in the future.

¹⁵ In the light of organisational comparative advantage, CARE's decision to initiate supplementary feeding activities is questionable.

¹⁶ GoN and United Nations initiated parallel coordination structures but, at the Central level, these were primarily devoted to information exchange. GoN coordination structures met each Thursday for a general meeting at the PM's office where the most important decisions were made with inadequate Partner input. WFP monitored distributions at a Local level but coordination at this level is considered to have been minimal.

Efficiency

1.10 The achievement of the Partners' approximate 10% coverage of Niger's population in two months attests to their hard work and their level of efficiency. The Team did note a number of areas in which work could have been achieved more efficiently and/or with higher quality:

- a. During early 2005, when Partners were aware of the problems and before emergency operations started in earnest, time could have been better utilised to:
 - Strengthen NGO cooperation and joint planning;
 - Explore avenues of advocacy towards GoN, donors and the media with regard to problem analysis and presentation, correct response, vulnerability intelligence and targeting; and
 - Train staff in appropriate emergency response procedures such as crowd control, eligibility criteria, beneficiary identification and beneficiary proof of identity.
- b. When emergency response commenced, some Partners sent short-term expatriates without language skills and some without useful technical skills;
- c. Improved communications could have improved the quality and efficiency of the response. Examples were found of the non-transmission of essential information¹⁷ between sub-offices and onwards to remote sites in the field due to inadequate radio facilities.

Effectiveness

1.11 The Team consider that the response of the agencies was effective in achieving the purposes for which they intervened in each of the two phases. While their response in the **crisis phase** was slow, their response in the **emergency phase** was very fast and limited only by delivery of WFP food.

1.12 Some Partners are already involved with cereal banks but stock levels (up to two months' coverage) are inadequate to meet real requirements. The Team considers that, if there had been a wider coverage of more substantial cereal banks¹⁸ at the community level, the ease and effectiveness of emergency intervention would have been significantly improved due to increased communities' capacity to withstand initial shocks.

Impact

1.13 The Partners' response, through no fault of their own, came 'too little, too late'. In the case of chronic malnutrition, it could be said that it "came ten years too late".¹⁹ In the case of

¹⁷ Such as distribution times, dates and quantities.

¹⁸ Holding stocks of three to five months' supply.

¹⁹ **Source:** 2005 speech by the Prime Minister of Niger.

acute malnutrition, and due to the long lead-time involved in bringing food from overseas, relief did not arrive in time too avoid considerable suffering²⁰.

1.14 Those people who were marginalised²¹ in the targeting process either:

- a. Benefited from the traditional ‘sharing’ and ‘borrowing’²² which prevails at the community level but which dilutes individual benefit; or
- b. Borrowed on a more commercial basis with debt repayment now due at up to three times the physical quantity borrowed. This has placed many households in serious debt²³ from which it will be difficult to escape in the short- to medium-term.

1.15 The impact of the Partners’ intervention, in terms of bulk food intervention therefore, has to be considered as short-term and insufficient. In terms of Save the Children’s intervention²⁴ in child supplementary feeding and support to MSF, however, the impact would appear to have been significant in those limited areas in which it worked. Albeit over a short time period and with harvest arrival, the Team found no evidence of returns of ‘cured’ children to Feeding Centres and this must attest to the impact of all the supplementary feeding interventions.

1.16 With regard to the impact of local purchases (see section **5f.(ii)** below) while that of the partners was minimal, the subject is a serious one and the Partners need to be very vigilant on the subject.

Conclusions

1.17 The 2005 Niger food crisis happened against a background of:

- a. Donors’ long-term lack of geo-political interest in Niger which has never benefited from adequate development assistance to address its severe structural problems manifested by, *inter alia*, chronic malnutrition, cyclical acute malnutrition, inadequate livelihoods, diminishing natural resource base and consequent rapid desert encroachment;
- b. Poor donor response to warnings issued by SAP which, itself, needs to be widened and its indicator base deepened;
- c. High population growth in relation to poor agricultural production;
- d. Discouraging prospects for the rural poor such that relief efforts and many development interventions are mere palliatives;

²⁰ Manifested in the widespread resort of the victims to wild food at unprecedented levels.

²¹ Numerically considerable, not calculated by the Team and not known by the agencies.

²² With no chargeable interest.

²³ Reflecting the (up to) triple escalation of prices before and during the ‘hungry season’.

²⁴ In which Save the Children mobilised to relieve the pressure from MSF child malnutrition intervention in selected locations.

- e. An inability of the people to absorb the shock of what started as localised food deficits in 2004 but escalated into widespread net food shortages by mid- 2005; and
- f. Poor alternative livelihood possibilities both within and beyond the country's borders²⁵.

1.18 Against a background of regional food deficits, buying of Nigerien grain by its neighbours and 'official' border closures against re-export by them, it became no longer commercially viable to haul foodstuff to this (remote) country when it could be off-loaded to its neighbours to the south without incurring further transport costs. The same could be said within country. The result was significant net food deficits across Niger and consequent (*inter alia*) inflationary pressure on food prices.

1.19 Given that rations are designed to bridge the gap between affected people's requirements and their own food sources, and in the light of market opportunities, availability of local production, off-farm income sources and other coping strategies, the Team considers that affected populations were fundamentally in need of general rations during the **emergency**. The issue of targeted nutritional support for the severely malnourished, while necessary, was a separate issue which should have been better addressed years previously.

1.20 A key finding of this evaluation is the lack of coordination within and between key stakeholders while a second is the fact that that the **emergency** was something which should not have happened but did because the response was undermined by poor analysis of the problems by those who sensationalised it. The two issues are linked.

Recommendations

1.21 While it is easy for an evaluator to be 'clever after the event'²⁶ (but indeed many of the humanitarian community interviewed still considered the **emergency** to have been a classical famine), coordinated thinking by stakeholders (both on the ground and back at headquarters) would help to avoid the repetition of a situation in which, too late, a response was driven by a confused media. It would also provide a joint message for advocacy purposes.

1.22 In order to address the problems at a level within their capacity, the Partners should:

- a. Address chronic malnutrition through long-term commitment to improving health, water, sanitation and food production issues. In this regard, the Team recommends that Save the Children remains in the country, expands its activities for the foreseeable future and draws upon its well proven experience of working within Government structures²⁷;
- b. Increase the capacity of the rural population to withstand harvest deficit shocks through the construction and stocking of food banks at the community level. This can be

²⁵ With wages as low as US \$1.50 per day in, for example, Nigeria.

²⁶ Hindsight is the most precise science known to man.

²⁷ *Viz.* Ethiopia

achieved through considerable expansion of existing FFW or CFW activities²⁸ in a system whereby participants are paid at existing rates of remuneration while, at the same time, meeting individual payments with equivalent rates of food²⁹ destined for storage within participants' own communities³⁰.

- c. Recognise each NGOs' comparative advantages, specialise accordingly and coordinate coverage;
- d. Adopt strategies for extended (comprehensive) geographic coverage;
- e. Through joint NGO training, prepare NGO staff in the practices of targeting, mass distribution techniques and monitoring;
- f. Work more closely with GoN early warning systems at both local and central levels in ensuring that data collected by Partners is compatible with GoN' own database and analysis systems;
- g. In conjunction with GoN, modify and expand SAP indicators in order to make them more accurate and to make them more effective in identifying vulnerable people;
- h. Assist the rural population to relieve its structural debt problems through the FFW/CFW interventions described in **b)** above as well as addressing longer-term non-farm livelihoods through such interventions as training in skills which can be marketed with greater remuneration both within Niger and beyond its borders;
- i. Continue to address degradation of the natural resource base and increased food production through commercialised livestock exploitation and the introduction of improved agricultural practices such as crop diversification, drip irrigation and remote crop feeding³¹;
- j. In recognition of the linkage between water-borne disease and malnutrition, ensure potable water supply in areas of intervention;
- k. In recognition of the linkage between malaria, malnutrition and high child mortality, ensure expansion of interventions which address the disease.

²⁸ With the exception of Save the Children.

²⁹ It is recognised that WFP is currently unavailed of sufficient food to support such an intervention but this may change by the end of 2005 subject to their forthcoming analyses and presents an advocacy opportunity to the partners.

³⁰ Local tastes and the acceptability Genetically Modified Foods are issues which must be addressed here.

³¹ All of which imply heavy capital investment and high level technology inputs but, without such, it is the Team's opinion that significant food production in Niger is doomed.

2. Introduction

This report concerns the humanitarian response to the effects of the 2005 Food Crisis in Niger which, for the clarity of this report, has been separated into two component parts:

- a. The slow onset **crisis** leading up to its June 2005 exposure on the world stage; and
- b. The rapid onset **emergency** from June 2005 onwards following accelerated price rises and inaccessibility to food commodities both within Niger and in the region (of neighbouring states).

It is because of the complexities of the two phases that this report takes on an unusual form in trying to understand and explain the causes³² of the **emergency** and accordingly presents an initial analysis of the background to the overall problem.

The Terms of Reference (presented in **Annex A**) required that, *inter alia*, the Team should evaluate the success of the Relief Operation against both classical evaluation criteria and international performance standards. It should also develop recommendations to assist the participating Partners to understand/improve its early warning, emergency preparedness and response capacities.

The study was carried out between 30th.September and 12th November 2005 by:

- John Wilding, Team Leader, an agricultural economist with a wide experience of Relief and Development issues in Africa and Asia.
- Issaka Idrissa Mossi, a planning/evaluation consultant with wide advisory experience both nationally (Office of the Prime Minister of Niger) and internationally.
- Debra Lynne Edwards, employed by CRS as a Regional Technical Advisor for Food Security and Commodity Management, has technical competency in market analysis with extensive knowledge of commodities and marketing issues in the West Africa region.
- Amanda Weisbaum, a social administrator with a wide experience of emergency field programming management largely in Africa.
- Boube Aw, currently working with World Vision Niger and having substantial project coordination experience with that NGO as well as with the international organisations ICRAF and ICRISAT.
- Timothy Mander, an experienced aid worker with a solid background in programme and support functions in both emergency response and development.

³² A subject for which, at the time of writing, there seemed to be little understanding amongst many players in the field and almost absent in the academic press. It is hoped that this report will be followed by a deeper academic analysis of the problem at an early date.

This report was prepared with financial assistance from CARE, CRS, World Vision, Save the Children and the Gates Foundation via the Emergency Capacity Building project. The views expressed herein are those of the consultants and do not represent any official view of those partners.

3. Methodology

The consultants undertook Document Review, made Field Visits and made Observations as a result of carrying out participatory Semi-structured Interviews with Key Informants, Focus Groups, Families, Woman-headed households and widows. Discussions were held with Government of Niger agencies (including CCA and SAP), WFP, USAID, FEWS Net, EC, International agencies, NGOs and CBOs.

Information was triangulated with the different respondents and a very short³³ ZOPP participatory problem/solution analysis workshop was held with a representative cross-section of participating Partner staff in Niamey. In the same session, a short SWOT analysis was undertaken and the staff asked to add more indicators and sources of information to those already suggested in the given (by Partners) and ex-post Logical Frameworks (produced by the Team).

A chronology³⁴ was recorded by the Team with the assistance of participating Partner staff and Logical Frameworks³⁵ established for each Partner from available documents. Planned/Achieved matrices³⁶ were drawn from the LogFrames and performance assessed according to the classical DAC evaluation criteria using those indicators and sources³⁷ indicated in the LogFrames³⁸.

Findings were presented to the Steering Committee of the participating Partners in Niamey and feed-back gathered. A draft report was then prepared for review by the Partners and their comments integrated into the Final Report.

4. Background

4.1 Background to the country

Niger is a sahelo-saharan totally land-locked country and one of the largest in West Africa. It covers an area of 1 267 000 sq. km of which three quarters are desert or semi-desert and cropping is limited by rainfall of 350 mm/annum in the south to 100 mm in pastoral zone and denied in the desertified areas of the north. The nearest sea-port is Cotonou (Benin) 1 000 km to the south.

As in the whole of the Sahel, Niger's is characterised by steppe which ranges from stunted growths and bush in the north to more diverse vegetation with trees in the south. Variations of vegetation density and height are accentuated by substrate and local micro-climates.

³³ There was only time for a four-hour session.

³⁴ See **Annexe B** below.

³⁵ See **Annexe C**.

³⁶ See **Annexe D**.

³⁷ These were not exhaustive.

³⁸ See **Annexe L**. (Planning and Evaluation methodology).

Climatically, Niger is situated in one of the hottest regions on earth where annual potential evapo-transpiration is of the order of 2 to 3 metres of water while mean highest rainfall is everywhere less than 800 mm and is less than 100 mm in roughly half of the country. The main climate characteristics are:

- a. Insufficient rainfall;
- b. Poor spatio-temporal precipitation; and
- c. High temperatures due to, because of latitude, the fact that solar energy angles of incidence are high. Mean annual temperatures fall between 27 and 29 degrees centigrade.

Niger's population was estimated to be 11,972,000 in 2003 with one of the highest annual growth rates (3.4% 1990 - 2003) in the world characterised by the fact that 48.4% of the population is less than 15 years of age. While this youth constitutes significant human potential for development, it represents a heavy burden on the economically active population in terms of investment in education, health, nutrition and employment.

Three quarters of the population is to be found in the south of the country living on about one quarter of its total area. The average population density is 8.5 persons/square kilometre but this hides densities of 0.5 to 2.0 in Agadez and Diffa respectively and more than 110 in Madarounfa, Matameye and Mirriah the south. About 90% of the population lives by agro-pastoral activities.

Social indicators manifest extreme poverty which brings risks to Niger's socio-political stability and to the sustainable management of its natural resources. The country currently represents the poorest country in the world³⁹, the majority of the population⁴⁰ lives below the poverty line⁴¹ and this poverty is essentially in the rural areas. A significant proportion of the population cannot, therefore, meet their essential needs.

Net primary school enrolment/attendance (30% 1996 – 2003) and total adult literacy (16% 2000) are low while health indicators manifest very serious vulnerability⁴².

Total potentially cultivable land is estimated at 15 million hectares⁴³ while potentially irrigable land is estimated at 270 000 hectares⁴⁴ of which 140 000 hectares are situated along the banks of the Niger River. Between 80 and 85% of cultivable soil are fragile (sandy) and only 15 to 20% of soils are hydro-morphic (containing a significant clay fraction). The majority of soils are therefore of low productivity and prone to wind and hydraulic erosion. They also tend to be low in phosphates.

³⁹ According to the Human Development Index (HDI).

⁴⁰ 63 per cent.

⁴¹ Income of CFA 75 000 and 50 000 per person per year in the urban and rural areas respectively.

⁴² Health cover (access to medical referral facilities) 42%; Under 5-year child mortality 262/1,000 lives births (2003); Life expectancy 46 years (2003); Antenatal care coverage 41% (1995 – 2003); Skilled attendant at birth: 16% (1995 – 2003); One year old children fully immunized against measles 64% (2003). *Source: UNICEF*

⁴³ Less than 12% of the country's land area.

⁴⁴ 4% of the country's land area.

Agriculture largely relies on extensive multi-cropping but is essentially cereal producing⁴⁵. Due to poor spatio-temporal rainfall distribution, deficit annual cereal production tends to prevail over surpluses.

Chronic food insecurity touches about 80% of the population⁴⁶ and, annually, 10 to 30% of the population suffers from more than 50% deficit in its cereal needs. Such recurrent deficits are exacerbated by poverty and the ongoing degradation of the country's natural resource base⁴⁷ while the problem is accentuated by an annual population growth of 3.3%. Improvement of food security, therefore, represents one of the country's key poverty reduction and rural development strategies.

4.2 Background to the 2005 food crisis (see **Annexe B – Chronology**)

Following the 1984/5 trans-Saharan famine and supported by international donors, the Government of Niger initiated, along with new national food security institutions, a National Food Reserve Stock destined to hold a physical 50 000 MT of cereals and with financial provision for the purchase of a further 60 000 MT.

Starting in 1999, however, this buffer was allowed to fall steadily⁴⁸ until, in October 2004, it stood at only a physical 23 000 MT and a financial balance of CFA 3 billion which would buy approximately 30 000 MT⁴⁹. Draw-down of the buffer commenced at this time in order to address real suffering caused by significant livestock losses⁵⁰ in the pastoral belt. At the same time, presidential and general elections were forthcoming in November 2004 and it would seem that some buffer stocks were strategically targeted to areas of political interest.

During 2002, GoN⁵¹ removed food price controls leading to increased activity in the market and rising commercial stock-holding⁵². In 2003, Nigerien crop production, while yielding 13.5% above the 1999-2003 five year average, suffered localised crop failures which compounded already declining localised food security situations.

In September 2003, Southern Mauritania and Northern Senegal reported desert locust infestations which had reached Niger by January 2004 causing very significant forage losses and widespread livestock mortality.

The important role of livestock in Niger's food security has been very much overlooked during the crisis. Not only do families benefit from the passage of nomadic and transhumant herds through their lands⁵³ but possession of at least a small number of small (and even large)

⁴⁵ 85% of agricultural production is cereals.

⁴⁶ **Source:** Government of Niger.

⁴⁷ Approximately 100 000 hectares of land are lost to agriculture every year.

⁴⁸ Personal communication – Hamani Harouna, Coordinator of SAP.

⁴⁹ At a (then) price of CFA 10 000 per 100 kg bag.

⁵⁰ Due locust infestation and early cessation of rains in 2004.

⁵¹ Under pressure from the international financial institutions.

⁵² Albeit slowly and in relatively small quantities – **source:** various cereal traders interviewed by the Team (see Interview in **Annexe L**).

⁵³ In terms of the supply of livestock products as well as the manuring of their soils.

ruminants has historically been a feature of agricultural households. Milk has traditionally been the basis of the porridge consumed at least once a day⁵⁴ in most rural households and the nutritional consequences of its removal from infant diets is obvious⁵⁵.

Sphere states "... where livestock husbandry is a key livelihood strategy, assessment and analysis should determine the nature and scale of the threat to livestock health and mortality. Consideration should be given to the terms of trade between livestock and grain, distress sale of livestock, right to pasture and water ...". Given the 4.6 million MT fodder deficit and considering the importance of livestock products in the Nigerien diet, analysis failed to recognise the effects of an **animal famine** on national food security in 2004/5.

2004 rains finished early (end of August/September) in parts of Niger but the national harvest deficit was only estimated⁵⁶ to be 11% below the 1999–2003 five year average and production estimated to be 22% above the relatively poor 2000/01 season. The fodder deficit in the pastoral areas was, on the other hand, estimated to be 154% greater than the 2000/01 season's deficit. This was the largest fodder deficit in Niger's history - one third considered to be due to locusts and two thirds caused by rain failures.

While there were similar early rainfall cessations in the region during the 2004 season, an oversight by all players was the failure to analyse the regional cereal situation as well as the impact on it by the locust invasion of that year. Ignorance of localised crop failures in the region, particularly in those countries which are Niger's cereal trading partners, caused official overestimation of its cereal import potential.

In March 2005, GoN imposed a Value Added Tax on imported foodstuffs but, following public demonstrations in Niamey, the tax was removed⁵⁷. It is reported that the consequently increased prices never returned to their pre-tax level after removal.

In April 2005, MSF published its "Nutritional Emergency in Niger" report stating that MSF was treating three times as many patients as during the same period in previous years⁵⁸ and declared 19.5% acute malnutrition rates with severe acute malnutrition rates of between 2.4 and 2.9%. MSF appealed to other agencies to provide food in affected areas of Niger.

Local purchases were carried out by GoN and international agencies at this time and, in spite of public defensive statements to the contrary, these clearly delocalised the food insecurity problem and resulted in higher cereal prices. WFP has documented the fact that both itself and GoN began purchasing millet and sorghum "directly after the [2004] harvest"⁵⁹. WFP states that their local purchases were "very small" and justified by comparison with GoN attempts to purchase ten times that quantity (and successfully purchasing only three times that quantity). WFP states

⁵⁴ Particularly at mid-day.

⁵⁵ The correlation between declining livestock ownership amongst agriculturalists and increasing chronic malnutrition would present a very interesting academic study.

⁵⁶ GoN/WFP/FEWSNET joint harvest assessment

⁵⁷ With the exception of sugar.

⁵⁸ MSF started therapeutic feeding centers in Niger in 2001.

⁵⁹ WFP. Niger Analysis of Cereal Market 2004-2005.

accordingly that this “may have had some impact on price increases, but it is only a minor factor in explaining the millet and sorghum price increases.”⁶⁰

This argument is contradicted by Team interviews in local markets. One major cereal trader stated that he had “made good money from WFP”. Another stated that, where he lost money on one WFP contract (because prices had risen and traders were contractually obliged to provide cereals at a lower price), he more than covered his losses on the next contract.⁶¹

Those with international market experience tend to agree that once an international institution enters the market (even for small purchases), the price moves⁶². In a healthy crop production situation this can be a positive market stimulus to the benefit of producers and traders alike. However, given the local and regional cereal deficit in 2004/5 as well as the lower than anticipated cereal imports, it would seem to be clear that local purchases only served to remove supply from localities already experiencing a deficit.

As the crisis deepened, WFP required traders to source their cereals outside Niger and provide proof of provenance. Traders interviewed by the Team claimed that many of them sold Niger sourced cereals to WFP⁶³. It would seem to be clear that one of the factors which pushed the cereal prices to a high of FCFA 40,000 per (100 kg) bag⁶⁴ and transmit scarcities to other parts of the country, was in fact international pressure to purchase cereals locally.

On 9th June 2005, after having previously lobbied for a change of GoN strategy from one of subsidised cereal sales to one of free food distribution in affected areas, MSF issued a press release calling for the latter. In justification, it stated that one in five children was suffering from acute malnutrition in Maradi and Tahoua and under-5 child mortality was between 2.2 to 2.4 per 10,000 people/day⁶⁵.

GoN continued subsidised cereal sales⁶⁶ but then declared a large-scale food crisis. This was followed by BBC televised coverage of malnourished children in Niger.

It is the Team’s opinion that it was sensationalised media attention prompted by a confused analysis of the problem⁶⁷ which initiated a frenzied response by international agencies and forced GoN do likewise. In efforts to appease public opinion in donor countries, representations from their governments helped to push NGOs who had, up to that point, been attempting to address localised pockets of food insecurity, to unintentionally accentuate the food deficits and accordingly raised the necessary level of response. This report argues that, had the food scarcity

⁶⁰ Ibid.

⁶¹ Both WFP and cereal traders stated that, because of rapidly escalating cereal prices, several traders were not able to meet their obligations.

⁶² *Viz.* Afghanistan 2002 when cereal prices fell on a UN statement of its intention to import substantial free food aid.

⁶³ Even though WFP had indicated that “they did not care what the price was, just find cereals outside of Niger”.

⁶⁴ From the more usual FCFA 20,000 per bag prevailing during the hungry season in earlier years.

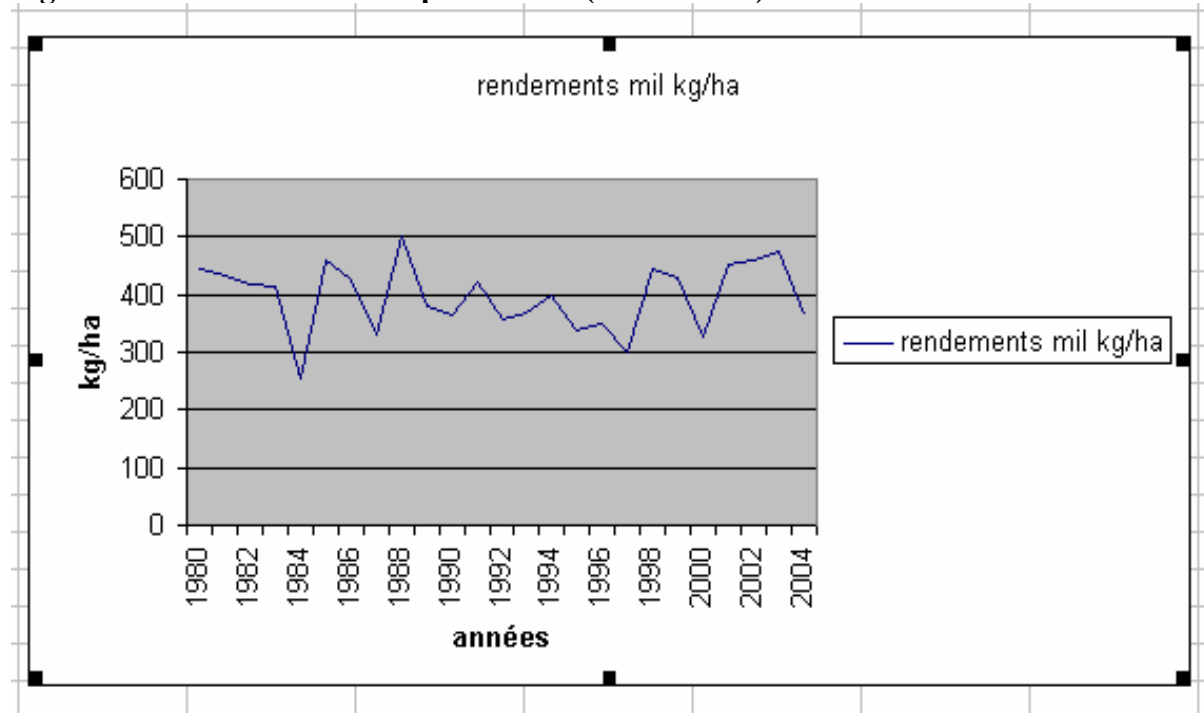
⁶⁵ The emergency threshold for under 5 mortality is 2 per 10,000 people/day.

⁶⁶ It should be recognised that rationed subsidised GoN sales also served to distort the market when they were selling at FCFA 10,000 in the face of FCFA 15,000 market prices .

⁶⁷ By an NGO not subject of this study.

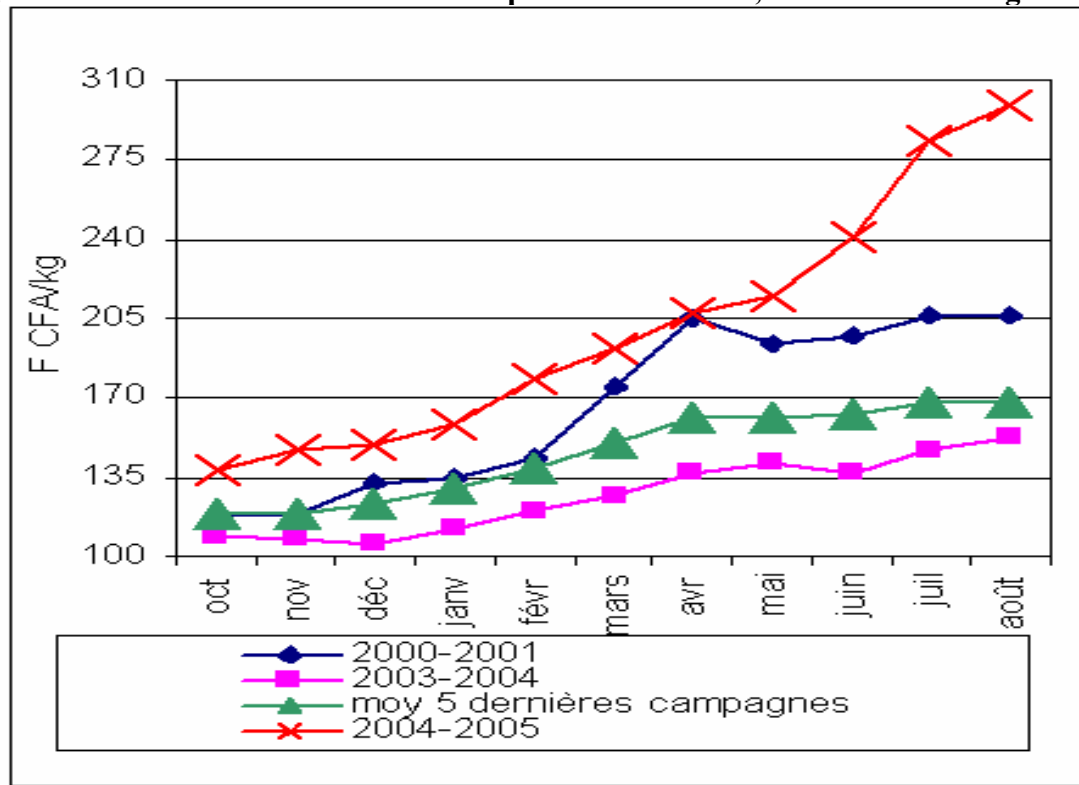
been properly analysed and presented by those who sensationalised it and had they initiated appropriate action, the scope of the consequent **emergency** response would have been reduced.

Figure 1. Yields of Millet per hectare (1990 – 2004)



Source: Ministère du Développement Agricole

Figure 2. Price of Millet 2004-5 compared with 2000-1, 2003-4 and average 2000-4



Source: SIMA

NB. Millet constituted 78% of all cereal production in 2004

5. Main findings

5a. Relevance

The relevance of emergency aid tends to be proportional to its time of handover to the concerned victims. Within very few days (2 or 3) of a disaster's incidence, the relevance of emergency aid tends to be inversely proportional to the number of days of delivery delay from that date. There is also an element of scale in the subject – in other words, is the scale of response appropriate to the scale of the problem?

Given the very substantial and deteriorating grain deficit in Niger during the months of June and July 2005 (irrespective of the cause) as well as its unavailability within the region, the only feasible solution was to import from outside the region. The cereal purchasing response to the **emergency** phase was expeditiously undertaken by WFP⁶⁸ but of course involved an understandable two months' lead time.

The fact that WFP could rely on the Partners to rapidly distribute its food (when it eventually arrived) supports the Team's conclusion that the latter's actions were very relevant. The fact that it arrived 'too little, too late' is something for which the Partners could not be blamed. It was 'too little' because it was sufficient for only one month's requirement (one and a half months for those considered 'most vulnerable') and only for a number of families limited by information gathered by GoN some 10 months previously. It was 'too late'⁶⁹ because, for those people who could find no other source of food, grain was already available 'on the stalk' (albeit in its milky stage) and within weeks of its dry harvesting.

The response of Save the Children to MSF's request for a support which would enable the latter to concentrate on nutritional complications was both expeditious and very relevant to that request. What is more significant is the fact that it was also relevant to the real longer term problem of chronic and structural acute malnutrition and raises the question as to why Save the Children had not had a presence in theatre for many years previously.

With regard to the **crisis** phase, the first relevance relates to the Partners'⁷⁰ existing development programmes which, in regard to Food Security, were quite correctly addressing the fundamental causes of the structural Food Security problem with very appropriate FFW, Livelihoods, Cereal bank and Soil conservation projects *et cetera* and the significance of these will be revisited in Section 6. (**Conclusions and Recommendations**). The FFW components were expanded in a very relevant response to the slow-onset **crisis** and this presents an appropriate basis for future response. Whether the Partners' **crisis** response was 'too little, to late' is a matter of conjecture against a background of a lack of relevant information, confused messages and a widespread misunderstanding of what was actually happening – this is discussed through the report.

⁶⁸ Who purchased from India.

⁶⁹ First distributions of the imported food in September 2005.

⁷⁰ CARE, CRS and World Vision.

5b. Coverage

Table 1. Emergency response coverage by the four Partners – Niger 2005

Region	Population	Total Affected	Total Reached First Round ⁷¹	% of Affected*	Supplementary Feeding
Agadez	366,244	130,970	0	0%	No
Diffa	394,660	150,461	218,502	145% ⁷²	No
Dosso	1,714,696	75,573	35,995	48%	Yes
Maradi	2,545,799	352,629	359,119	102%	Yes
Tahoua	2,246,305	928,763	778,924	84%	Yes
Tillaberi	2,151,551	875,479	9,899	1%	No
Zinder	2,368,737	334,499	64,272	19%	Yes
Niamey	806,129	9,150	0	0%	No
Total Niger	12,594,120	2,857,524	1,466,711	51%	

Source: Data provided by Partners.

* As defined by CCA/WFP

Partners tended to confine their involvement in general food distribution to regions in which they already had development activities – a reasonable strategy because of their existing physical and human resources, local knowledge and contacts.

CARE was by far the biggest actor in general food distribution (responsible for 84%⁷³ of the total reported beneficiaries reached.) In the CARE regions, general distribution reached a high percentage of those defined by CCA/WFP as vulnerable. It would appear that CRS and World Vision took on more localised responsibility.

Significant gaps in coverage occurred in Agadez and Tillaberi. Given the high percentage of vulnerable against total population of these areas (36% and 41% respectively), it may reasonably be concluded⁷⁴ that these are regions that merit greater development activity in the future.

In reaching 51% of the vulnerable, the Partners were very significant players in the Niger emergency response. Partner senior staff under-estimated the capacity of their organisations to influence donors, the United Nations and the Government but the Team consider that, on the contrary and in the light of their coverage, they are well placed to influence the other key actors in Niger. This requires, primarily, **concerted** efforts by all agencies to establish who is doing what and where, where are the gaps, what are the needs and then to draw common agreed

⁷¹ Figures are as reported by the Partners for WFP first round distributions except those of CARE which also include distribution of CCA and local food purchases.

⁷² That 145% of vulnerable people were reached in Diffa arises from distributions to villages not considered vulnerable by the CCA and some double counting where villages received both locally purchased food and then from the WFP general distribution.

⁷³ Reducing to 72% if only WFP distributions are considered.

⁷⁴ Despite the fact that other NGOs are also working in these regions. The Team found no evidence of any NGO's comprehensive knowledge of each other's coverage in these (or any other) regions.

conclusions upon which representations can be made to Donors, Government and International Organisations and based upon facts. Such representations need to be made with the strength of one voice. This requires considerable **coordination** (see below) which, currently, is lacking.

Supplementary feeding activities by the Partners achieved less coverage than that achieved by general food distributions, with activities in only four regions. This highlights the fact that, with the exception of Save the Children, the Partners may not really have a comparative advantage in supplementary feeding and certainly have a limited capacity for it⁷⁵.

Decisions on response scale and targeting are dependent upon a clear understanding of the crisis or disaster situation. Evolution of the Niger crisis and the subsequent response illustrate the need to make proper analysis of the crisis situation. As stated by SHERE: “If the problem is not correctly identified and understood then it will be difficult, if not impossible, to make the right response.”⁷⁶

The standards of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response are used here as a guideline to this evaluation and, given that the primary intervention of the emergency response was food aid, the minimum food aid standards are considered as the foundation upon which the response is judged⁷⁷.

It is argued in this study that analysis of the Niger **crisis** was the crux of the problem and, ultimately, of the response. It would appear that the genesis of the **emergency** was external pressures that sensationalised a grim, but tragically routine, annual occurrence.

Sphere standards state: “The food basket and rations are designed to bridge the gap between the affected people’s requirements and their own food sources.” According to this definition and in light of market opportunities, availability of local production, off-farm income sources and other coping strategies, the Team considers that, in the conditions prevailing during the June – September period, affected populations were fundamentally in need of general rations. The issue of targeted nutritional support for the severely malnourished, while absolutely necessary, was a separate issue and one which should have been better addressed for years previously.

Given that the **emergency** implied cereal and livestock product deficits and considering that officially recognised Nigerien cereal consumption is 250 kilograms per person per annum, it is understandable that recipients found the rations to be insufficient. Using the 1-4 person family ration as an example, the 50 kg. of cereals and 7.5 kg. of pulses ration for the month of August

⁷⁵ Although World Vision has had previous supplementary feeding interventions in the country.

⁷⁶ The Sphere Project, *Humanitarian Charter and Minimum Standards in Disaster Response: Minimum Standards in Food Aid*. (Oxford: Oxfam, 2000)

⁷⁷ This section does not consider all the minimum standards in food aid. It considers specific elements of the standards and highlights those minimum standards that were not met, making recommendations to meet those standards in future interventions. Refer to The Sphere Project for a complete reading of the Minimum Standards in Food Aid.

(31 days) represents 1,656 kcals⁷⁸ or 20% below the 2,100 kcals per person per day WHO recommended daily requirement (largely due to the lack of an oil component⁷⁹).

Had an oil component been included, then the ration would have been quite correct for four persons for one month. This raises two questions:

- a. Surely an ‘**emergency**’ justifies a ration of more than one month (or one and half months in the case of those considered most vulnerable)?
- b. Was the ration not split amongst far greater numbers of persons because of targeting difficulties and because of cultural obligations to share amongst extended family and neighbours?

Provision of immediate access to food was the Partners’ priority during the **emergency** but there was no evidence that the issue of potable water deficit was addressed by them. Since water-borne disease is one of the major causes of malnutrition in Niger, the importance of this sector should not have been placed behind that of bulk food. Emergency water purification by, for example, tablets/powders is cheap and logistically easy.

The Team found that many beneficiaries were not aware of impending distributions but, rather, village leaders were often advised of next-day distributions. Distributions were centralised, with some villagers frequently having to walk distances of 5 km. or more to obtain their rations. Organisation of distributions received mixed reviews from villagers such that, while most found the distributions to be ‘fair and organized’, some respondents disagreed. One village recommended that, in future, the military should conduct the distributions because they “are trained to follow the rules and they treat people correctly.” In many villages distributions were given to the men directly. Although all women interviewed felt the men had distributed the rations fairly, this contradicts the findings of WFP.

Apart from the small-scale, direct intervention employed by individual agencies, it is not apparent that each agency established a response target. Given that these agencies were contracted to the CCA/WFP-led response, it would have been appropriate for the latter to have provided physical quantities of food to reconcile with the distribution lists which they provided.

It would appear that most agencies (but not all) were diligent in their targeted distribution efforts. They did not restrict their activities to their assigned distribution lists only but they amended distribution lists both in terms of villages targeted and beneficiaries. For example, when a vulnerable village was identified and not found on the original targeted list, the agency lobbied CCA/WFP for authorisation to add the village to the list. Likewise, during distribution activities, some individuals were not on distribution rosters (evidence of taxes having been paid). Upon

⁷⁸ On the basis of data for White Maize Meal and Dried Beans.

⁷⁹ Oil (along with cereals and pulses) was included as part of the ration for families classified as Vulnerability Level 1 and 2. Families in Levels 3 and 4 received pulses and cereals, and Level 5 families received only cereals. The initial CCA/WFP proposition was to only provide free food to people in vulnerability levels 1 and 2 but CARE lobbied the organizations, arguing that there was a real need for free food distribution to all those considered vulnerable and a compromise was reached in the division of rations

verification of eligibility, these individuals were added and received their ration(s) accordingly. On the other hand, individuals whose eligibility was not verified were not added.

The Team considers that the CCA/WFP-led distributions were confused and non-participatory. There is no evidence that the INGO community was involved in determining the scale of the response or the needs of the beneficiaries. While there was limited coordination between WFP and distributing agencies, there was virtually no participation by the beneficiaries themselves and no evidence of beneficiaries having been asked what they needed.

Furthermore, it is not evident that ‘developmental relief’ principles were considered in designing the emergency response. John Twigg⁸⁰ summarizes these principles as follows:

- “Intervene at the earliest possible date in the disaster cycle to protect livelihoods and reduce vulnerability;
- Incorporate development principles into disaster review operations (e.g. build up local capacities, adopt participatory approaches);
- Use disaster relief not just to meet immediate needs but also to restore livelihood assets and rebuild livelihoods;
- Use disaster relief to develop infrastructure that will be of value after the emergency is over;
- Take the opportunity to induce positive socio-economic change and not merely a return to the *status quo*.”

It is doubtful that any of these principles were considered but, rather, it would appear that once the **emergency** started, ‘food was thrown at the problem’. Had the emergency response been appropriately identified as a localised drought-related food scarcity crisis, development relief principles could have, and should have, been considered.

Given the amount of attention and funding thrust on the situation, it will be unfortunate if:

- a. the food security situation ‘merely returns to the status quo’;
- b. the more frequent causes of malnutrition (lack of access to potable water, water borne disease [diarrhoea] and malaria) are not adequately addressed in the country - given that the acute child malnutrition problem is a structural problem (and is cyclical according to season) underlain by chronic malnutrition.

It is doubtful whether any lasting improvements for either scenario will be realised as a result of this **emergency** response which provided a maximum of one and a half months’ food per person and was not primarily destined to address potable water and water-borne and malarial disease.

Nevertheless, there is an opportunity for the Partners involved in both relief and development to establish rehabilitation initiatives leading to food security risk reduction and/or malnutrition prevention projects. It remains to be seen whether post-relief rehabilitation funding will be forthcoming from donors in meaningful quantity.

⁸⁰ Twigg, J. (2004) *Disaster risk reduction: Mitigation and preparedness in development emergency programming*, Good Practice Review, Number 9, March 2004, (Overseas Development Institute, 2004).

Development Activities

CRS, CARE and World Vision have, for a number of years, been implementing development programmes in specific villages/areas, in which they responded during the **crisis** and in some of which they responded during the **emergency**.

The utility of cereal banks has been widely discussed through this report but the value and expandability of group savings/loans should not be under-estimated. Seed market interventions, while primarily improving the selection of good genetic stock, have also provided a useful economic input into households at their most vulnerable time of the year.

These programmes, as well as FFW, clearly provided some mitigation against the impact of the food shortages at village level but had not yet achieved a scale adequate enough to fully mitigate against the full effects of the **emergency**.

5c. Connectedness is considered through three related features: **Sustainability**, **Coherence** and **Coordination**. The Team assessed the short-term emergency activities in the context of the longer-term Niger food security profile, as well as the interconnectedness of activities within and between the subject agencies.

i) Sustainability

The Partners have learnt much from this **emergency**⁸¹ which could not have been expected but will re-occur if measures are not taken by themselves, GoN and the international institutions.

The four Partners now have the basis for expansion of their existing longer term programmes⁸² into the very issues which can avert a repeat of the **emergency** in the future as well as contribute to resolution of the structural issues which are the cause of the perennial **crisis**. The latter, of course, depends upon the political will and funding of the major donors – an issue which is unfortunately far from assured.

The Partners have proven that they have the flexibility to rapidly and effectively respond to an emergency albeit that there is much room for improvement largely in the area of response training.

ii) Coherence

While the Partners have largely worked, in their development programmes, within the framework of GoN and WFP policies⁸³, there is still evidence amongst at least one of the Partners of the traditional ‘go it alone’⁸⁴ NGO spirit, albeit that they must be applauded for,

⁸¹ In terms of the scale and complexity of addressing the effects of such an **emergency**.

⁸² Save the Children needs to take a view on its longer-term commitment to Niger.

⁸³ Notably in terms of FFW, CFW, Subsidised as opposed to free food, poverty reduction and natural resource management.

⁸⁴ Not wishing to coordinate with other NGOs.

during the **emergency**, putting egocentrism aside for the common good. This is evidenced by the fact that they largely met their contractual obligations to GoN/WFP.

While Partners have contributed to information gathering for the GoN SAP process, this is little developed and lacks an appropriate information interface with that of the GoN system. Efforts to collaborate with and support local government partners and local community groups (in development of their plans according to their own capacities) were not observed by the Team but this is not a definitive statement that they did not exist.

Between Partners, there is little evidence of common approaches, common protocols, formal information sharing and common indicators of success⁸⁵. While the Team has no supporting evidence⁸⁶, it is of the opinion that a lack of cohesion in selection of Partners' geographic 'areas of influence' has led, not to overlap, but conversely to voids of non-intervention.

iii) Coordination

A key finding of this evaluation is the lack of coordination within and between key stakeholders.

The Team noted that the Partners were reactive in regard to interagency coordination such that the lack of an effective NGO forum in Niger is a serious weakness in effective programming. Such coordination, as there was, originated from GoN and United Nations and was primarily devoted to information exchange. Opportunities were lost for recognition of Partners' comparative advantages, establishment of joint advocacy positions and for peer training. The latter would have been invaluable prior to the emergency intervention.

It would appear that CCA/WFP gave little consideration to NGO knowledge and experience at the community level thus missing an opportunity for a coordinated recovery effort⁸⁷.

Each agency negotiated their implementing Partner contracts with WFP individually rather than as an NGO consortium from which one concerted effort could have been presented. Rather, each agency developed its own recovery proposals and worked in its own 'designated area' in competition with each other for donor funding.

While it is understood that each agency has its own development vision and mission, emergency response efforts do warrant the development of a consortium, albeit maybe temporary. This would not only have improved the emergency response in terms of coordination, scope of work and coverage but it would have served to assist donor coordination efforts to mitigate against the effects of the often frenzied stakeholder response efforts.

During late June and July 2005, there were formal medical meetings, presided over by MoH, in Niamey, Maradi and Zinder and these seem to have been welcomed and well attended.

⁸⁵ For monitoring purposes.

⁸⁶ Throughout his report, the Team refers to the fact that neither it nor any agency was able to furnish comprehensive information with regard to where and in what NGOs were intervening.

⁸⁷ Although there were cases of Partner influence in, for example, the delegation of responsibility for fixing ration scales to the regional level.

5d. Efficiency (Inputs to Outputs)

Measured along the crisis continuum and focusing on the CCA/WFP-led response to the **emergency**, the Team found that the agencies achieved most of the outputs defined by their contractual obligations to WFP.

Partners' achievement of reaching approximately 12% of the whole population of Niger within a two month time span attests to their hard work and a level of efficiency. Similarly the FFW⁸⁸ activities reached 236,000 direct beneficiaries and family members⁸⁹. The projects were well appreciated by respondents who acknowledged the contribution to their own coping strategies.

Numbers reached in supplementary feeding activities were a reported 46,500 of which it is understood that the majority of malnourished children who passed through the centres recovered to normal weight.

It is important that Partners recognise that the huge expansion and numbers of people reached in a short time was achieved at the cost of quality. Registration of villages was found to be varied⁹⁰. Many villages who were considered to be non-vulnerable by GoN) reported that they had never been visited by NGO personnel. Transport and time constraints also resulted in cases in which villages were called to collect their food from unreasonably long distances.

Perhaps due to its lack of capacity in the sector, the relatively short time since mobilisation of its intervention and its reliance on WFP and UNICEF, CARE's supplementary feeding centres have been slow to include pregnant and lactating women and numbers remained without food for reasons of poor communications, transport constraints and administrative procedures. There are often long distances between feeding- and health-centres and this is the type of problem which is addressed by longer term intervention. The Team questions whether those Partners without a comparative advantage in the sector will (or should) make such commitment. Given the high correlation between disease (including diarrhoea) and nutrition, it is important that field support to the programme should include a capacity to diagnose and treat (or refer) common illnesses at the centres. This is currently not the case.

The Team (and Partner staff) did note a number of areas in which work could have been achieved more efficiently and/or with higher quality. During the first half of 2005, when Partners were well aware of the **crisis** and before **emergency** operations started in earnest, Partner time could have been better utilised. This period could have been used for strengthening NGO cooperation and joint planning, to explore avenues of advocacy and to train staff in appropriate emergency response procedures.

Partners sent a number of short term, expatriate technicians and other visitors who undoubtedly brought technical skills but imposed an added burden in terms of their induction and logistical

⁸⁸ Recognised both for the value of the projects supported and the contribution to household food stocks.

⁸⁹ Figures not provided by World Vision.

⁹⁰ CARE responded with food distribution in over 1,000 villages.

support requirements. Fewer expatriates, with appropriate language and technical skills and deployed for longer periods, would have resulted in greater efficiency.

Improved communications would also have improved the quality and efficiency of the response. Examples were found of essential information not being passed between sub-offices and of problems because of a lack of suitable communication equipment in remote project sites. This can easily be corrected by relatively small investment in HF (and, in some cases, VHF) equipment.

i) Support services

Logistics

Availability of transport was clearly a major constraint in the implementation of the **emergency** programme. This applies to both field staff mobility and the low availability of trucks for rental.

Along with limited availability of food for distribution, the lack of suitable trucks for carrying food to final distribution points was a major constraint to increased assistance⁹¹. The shortage of trucks was compounded by the behaviour of some groups of local truck owners who contrived to exclude external transport resources and to maintain high prices. It is recommended that Partners work more closely with local authorities and truck owners in order to secure a greater spirit of cooperation in future operations.

Supplementary feeding programmes appeared to be badly affected by the lack of internal transport capacity which presented a serious problem as donors are understandably reluctant to fund high levels of capital expenditure in short term projects. Partners could explore the possibility of purchasing vehicles from unrestricted funding and to recover costs through charging of lease costs to projects as variously allowed for in donor regulations.

Agencies have the necessary organisational and technical capacity to manage the procurement, transport, receipt, storage and distribution of food commodities safely, efficiently and effectively. However NGO staff reported a lack of options and great time pressure. The problems of unreliability of supply and roadworthiness of trucks resulted in difficulty in coordinating the arrival of distribution staff and food at final delivery points. When combined with poor roads and rain, this resulted in agencies deciding to limit final distribution points such that beneficiaries sometimes had to walk long distances (up to 16kms) to collect their food.

Human Resources

The scale of the emergency response required the recruitment of additional staff at all levels. Partners reported problems in finding suitably qualified personnel both on the international and national markets. All the agencies, and particularly Save the Children, experienced difficulties in identifying available technically qualified French speakers. Save the Children needs to review

⁹¹ WFP noted that, on occasions, unsuitable trucks were used. **Source:** Head of WFP sub office in Maradi.

its database maintenance to introduce better means of identifying the appropriate characteristics of potential employees. Such an exercise is likely to be of benefit to all the Partners.

At a national level, the long term under-investment in Nigerien development has restricted the availability of qualified and experienced workers⁹². It is therefore important that recently employed temporary employees are given as much training as possible before the inevitable down-sizing of operations.

Partners' food aid programmes are, nevertheless, implemented by staff who largely have appropriate qualifications and experience for the duties required of them and who are adequately managed and supported. Local capacity and skills are used and the food aid programmes are enhanced by them.

Nevertheless, Partner readiness, with regard to having staff in place and trained in the basics of general food distribution, was varied⁹³. In one agency sub-office, staff charged with responsibility for distribution noted that they were not at all trained in distribution techniques and had to 'use their best judgment'.

Financial

The current large number of emergency situations across the world⁹⁴ undoubtedly reduced the Partners' financial capacity to respond to the Niger situation. However, earlier expansion of Partner activities would have served to reduce the difficulties encountered when the **emergency** arose.

It was clear that all the Partners were conservative in their attitude to financial risk. One Partner reported that their organisation waited beyond verbal proposal approval, until actual contract signature, before making expenditure commitments. At the same time, no agency reported constraints due to lack of cash flow.

It was disappointing that ECHO, although they did fund the nutrition recuperation programme in Zinder, reported not having received credible funding proposals. Likewise the EC Delegation reported that, at the time of writing, they had not received credible rehabilitation and associated development proposals from NGOs. This presents the Partners with a financing opportunity albeit that such funding normally takes several months to be processed.

Procurement

Save the Children reported delays in the international procurement of computers and communications equipment but no other examples of procurement delays were reported. The problems experienced by some of the partners with respect to radio communications are well

⁹² It is interesting to note that the arrival of new agencies and expansion of existing players does not, as yet, appear to have caused wage inflation in the job market.

⁹³ The WFP contract (clause 5.7) commits *inter alia* to "provide training, where necessary, for Cooperating Partner staff in distribution practices, reporting and warehousing".

⁹⁴ World Vision reported that they are currently responding to 13 different emergencies.

appreciated by them and there is now ample time to correct the issue with procurement of suitable HF and VHF equipment which, of course, is just as necessary in their development activities.

Quality Assurance

All respondents were deeply grateful for whatever they had received but none knew what to do or whom to approach and where if they had a concern or complaint. Some took the opportunity to offer suggestions or to reiterate their continuing needs (cereal banks, water, micro-credit projects and schools⁹⁵).

Apart from the feeding centers, there was no evidence as to what codes or performance standards agencies employed other than the fact that they were contractually obligated to follow the guidance and standards established by CCA/WFP.

The NGO's state that they are trying to achieve Sphere standards or to follow specific feeding centre protocols. With regard to Health, national protocols are being followed (Malaria is being treated with the combination therapy ACT which is a national protocol but will not be officially in force until January 2006)⁹⁶.

Targeting - Recipients of food aid are selected on the basis of food need and/or vulnerability to food insecurity. Targeting to the village level was determined by CCA based on the November 2004 harvest assessment. Field research by the evaluation team would indicate that this targeting did indeed hit vulnerable villages but others, whose situation appeared equally grave, were omitted completely. To varying degrees, the CCA list of most vulnerable villages was adjusted, both in terms of target villages and population numbers, through discussions between Partners and Canton officials.

At household level, targeting was adversely affected by the use of tax registers in some (but not all) cases, following the preference of local officials. This undermined good targeting at household level as registered family sizes varied considerably⁹⁷ and families not listed on the register were often omitted from the distribution.

Other than the exclusion of salaried civil servants, there was no apparent attempt to target specifically poor families. There were efforts by Partners to prepare distribution registers, through amendment of the tax lists in attempts to include omitted families and to breakdown the lists into smaller family units.

In the general distributions observed by the Team, there was no evidence that NGOs specifically tried to ensure that the food was passed to the control of women⁹⁸.

⁹⁵ In that order of priorities.

⁹⁶ According to WHO.

⁹⁷ Several cases of family sizes in excess of 100 were noted.

⁹⁸ As requested in clause 1.1 of the standard WFP contract. However, whilst female headed households are in the minority, male heads of households were often absent or sent their wives to collect the food.

Targeting was indeed problematic. No evidence was found of NGO or beneficiary involvement in the initial targeting process⁹⁹ and the basis of targeting on geographical location led to many vulnerable villages being missed. Partner NGOs could only distribute to identified vulnerable villages once those locations were approved by CCA/WFP.

SAP criteria only provide information at a relatively macro level and it is widely acknowledged that the measurement of malnutrition rates has been poor. This not the work of GoN SAP and needs to be addressed, either by each Partner's development of an anthropometric surveying capacity or by delegation of this function to one or more specialised NGOs who can harmonize the targeting process and ensure its equity.

The only involvement of the beneficiaries was to identify themselves and receive their rations. It should be noted, however, that this applies only to the CCA/WFP contracted relief distribution and not to the individual agency's relief activities.

In most cases, respondents did not know who had carried out the relief programme and most assumed that the government was responsible. Few knew who decided on the rations, what the rations should have been, nor the eligibility criteria. Villages did not know if they were targeted for one distribution round or two. Many were still hoping for additional food distributions and were unaware that the relief effort was ending.

Distribution

Team discussions with beneficiaries in Mayahi village did not confirm WFP's requirements that:

- Local authorities be satisfied by registration and distribution modalities;
- Information on ration size be well communicated to beneficiaries;
- Dispatches be made up to distribution sites¹⁰⁰;
- There be good organisation of the distribution site and good crowd control;
- There be involvement of village committees to identify persons listed on registration lists;
- Food rations be handed over to a majority of women;

From limited samples, there appeared to be a variation in the quality of distributions according to the agency involved.

Undoubtedly, the pressure to deliver food as quickly as possible was a genuine constraint in any attempt to develop a participatory mechanism. However some extreme cases were noted, with reports from some village chiefs that neither they nor any other villagers had been involved in any way other than to collect their food.

Rations given in different locations varied according to commodity availability and, in some cases, according to family size. A high level of consistency in rations given was maintained

⁹⁹ One notable exception was a site in Maradi, where a contract, explaining roles and responsibilities, had been signed with a village committee. This village was knowledgeable about food received and rations and had participated in house to house registration.

¹⁰⁰ It was noted, however, that there were very bad road conditions in the area.

within each site visited but Partners achieved mixed results in amending ration sizes according to family size although it was noted that this improved from the first to the second distribution.

ii) Food Distribution Performance measured against Key SPHERE Minimum Standards

Recipients of food consistently expressed satisfaction with the distributions provided through the Partners. Some noted that it had been the most significant, fairest and best organized relief effort that they had ever experienced.

In assessing performance against SPHERE standards, it is reasonable to consider the constraints faced by distributing agencies and the vast numbers of people to be reached in many locations within a very short time frame. Trade-offs impacting on distribution quality were inevitable.

The food basket and rations were designed to bridge the gap between the affected population's requirements and their own food sources. For the large scale general distributions, food basket and ration sizes were determined by CCA/WFP.

Ration sizes were initially designed to provide the standard WHO 2,100 kilocalories per person per day for 45 days in those villages identified as most vulnerable and for 30 days for those identified as those having lower vulnerability. However, it is not clear how this gap was assessed.

In practice, some vulnerable villages identified after the first distribution were then included and received rations for only 15 days. Availability of commodities and late changes to target population numbers also resulted in some ration variation in different locations.

Resource Management

Food aid commodities and programme funds are managed, tracked and accounted for using transparent and auditable systems. Appropriate tracking and reporting mechanisms appeared to be in place but, due to the scale of the distributions and the consequent volume of data, detailed reports had not been compiled at the time of the evaluation.

One study was made in villages around the Tirmini, Zinder Region. A comparison was made between village registration lists and the Partner's distribution records. This raised many questions but unfortunately the appropriate staff was not available for explanation.

Only one case was found in which a village could correctly report how much food that they had received, and of what commodity.

5e. Effectiveness (Outputs to Purpose)

In considering the **overall problem**, the Team consider that the response of the agencies was moderately effective in achieving the purposes for which they intervened and that their response

in the **crisis phase** was slow while their response in the **emergency phase** was very fast and limited only by delivery of WFP food.

Albeit that the factors which were to trigger and move the situation from a (routine) food crisis requiring mitigation to an outright disaster emergency could not have been foreseen, the Team consider that the resident agencies were not adequately prepared to address the situation - given their development work, their knowledge of the emerging situation and their intimate knowledge at the community level.

An effective and efficient EWS for drought-related crises should have three characteristics:¹⁰¹

- i) It should be capable of not only warning of large-scale famine but should also be sensitive to changes in food-security status before famine threatens and should be able to detect localised pockets of acute food stress;
- ii) It should generate a response that provides assistance early in the ‘famine spiral’ before families and communities are reduced to destitution; and
- iii) It should stimulate interventions that protect livelihoods before lives are threatened. This implies providing a wider range of relief other than just food, as well as a more developmental approach.

The effectiveness of an EWS can vary for four main reasons:¹⁰²

- i) The nature of the system itself and the information provided – the range of indicators used, accuracy of the data, timeliness of warnings;
- ii) The institutional context within which the system is located and the institutional links to decision-makers;
- iii) The broader political environment. Decisions about when and how to intervene are political and are therefore influenced by many factors; and
- iv) Logistical obstacles to launching a timely and adequate response.

The first three criteria above can render an objective evaluation of the EWS in Niger:

As early as 21st February 2005, FEWS Net issued a food security warning that clearly identified the impending drought-related crisis as detected in localised pockets with high levels of food insecurity. The report stated:

“From February onward poor and middle income families [in the identified highly food insecure zones¹⁰³] will face worsening food security situations. Households will see a drastic reduction in income and food availability caused by low livestock prices and dwindling milk production respectively. This will lead to a reduced number and quality of meals and potential increases in

¹⁰¹ **Buchanan-Smith, M. and Davies, S.** *Famine Early Warning and Response – The Missing Link*, IT Publications, London 1995.

¹⁰² **Twigg, J. (2004)** *Disaster risk reduction: Mitigation and preparedness in development emergency programming*, Good Practice Review, Number 9, March 2004, (Overseas Development Institute, 2004).

¹⁰³ Identified zones were Agadez C, Tchintabaraden, Tahoua, Keita, Illela, Ouallam, Tillaberi, and Tera, which included 3,000 villages. This list of 8 departments was eventually expanded to include food distribution in no less than 23 departments (may be as high as 36).

child malnutrition and disease. Efforts to ensure local market availability of cereals, as well as food aid and fodder provisions, will be necessary... Low livestock prices combined with high cereal prices¹⁰⁴ mean that many of these households are unable to buy sufficient food to meet their basic needs. In addition, their livestock is in poor condition and therefore not producing milk, an important source of income and food especially for children, for whom milk is an important nutritional supplement.”

The FEWS Net Warning Alert (February Update) further delineated the pending crisis by expounding on the food security outlook, erosion of natural resources and market conditions, as well as household security and livelihoods. A precursor to the February 2005 alerts, the depletion of household security reserves and natural resources (both forage and water), was identified as early as November 2004.

Although the Nigerien systems¹⁰⁵ appear to have been sensitive to changes in the localised food security situations, the EWS clearly did not generate a response that provided the necessary assistance to minimise the ‘famine spiral’. This is evidenced by the fact that the increasing problem was not addressed until an emergency response was fuelled by its sensationalised media attention.

It is clear that the EWS did not stimulate interventions which would protect livelihoods before lives were threatened. Herein lies the failure of the system or, perhaps more appropriately, the lack of political will on the part of the donors and the lack of appropriate mitigating NGO interventions. Even before the cereals shortage became a serious threat, lack of water and forage threatened the livelihood of the pastoralists and, to a lesser degree, the agro-pastoralists. The significant role of livestock in Nigerien household livelihood security and poverty reduction appears not to have been understood nor considered.

Consideration of PPLPI Working Paper No. 1¹⁰⁶ will put the importance of livestock into perspective: “Of Niger’s exports, foreign exchange earnings from livestock, although impossible to quantify, are second only to those from uranium. Actual exports far exceed official statistics which can omit large herds informally crossing into Nigeria.” Given the vast areas of Niger unsuitable for agriculture, livestock is the only option for a significant portion of the population – especially the Tuareg and the Fulani peoples. Furthermore, 90 percent of total exports consist of agricultural and livestock products exported to Nigeria. “The determinant factor of cattle exports to Nigeria is the under-populated Sahelian zone in northern Niger which has a comparative advantage over a similar ecological zone in Nigeria in which high population density constrains livestock development.”

Given the severity of the situation identified in November 2004, the significance of a 4.6 million MT fodder deficit¹⁰⁷ appears not to have alerted the attention of the humanitarian or development

¹⁰⁴ By February 2005 millet prices had reached a high of 224 FCFA/kilogram, up 46% over February 2004 and exceeding February 2003 prices.

¹⁰⁵ This includes SAP, FEWS Net and community EWS developed/supported by NGO activities.

¹⁰⁶ Roger Blench, Robert Chapman, and Tom Slaymaker, *A Study of the Role of Livestock in Poverty Reduction Strategy Papers*, Pro-Poor Livestock Policy Initiative Working Paper No 1, FAO Animal Production and Health Division, (Rome: FAO, 26 May 2003).

¹⁰⁷ The largest fodder deficit in Niger’s history.

sectors. It is argued here that an appropriate initial intervention should have focused on the protection of livestock; thus safeguarding the vital milk supply, meat proteins, source of organic fertilizer, draught power and household livelihood asset bases. It would appear that a lack of understanding of the significant role of Niger's livestock sector has far-reaching implications.

Attributing responsibility for the late response is difficult. GoN could be faulted for a delayed mitigation strategy and the donor community for a delayed financial response. Likewise the INGOs working in Niger could be faulted for not collaborating and advocating for a coordinated donor response rather than pursuing their individual agendas. Equally, GoN and WFP could be faulted for sending 'mixed messages' in their initial appeals. In consideration of the fact that the nature of the food insecurity was not clearly understood and the fact that the **food crisis** was exacerbated by its mediatisation, responsibility for the late response depends upon the definition of emergency (as discussed in **Section 2 - Introduction** above).

If the crisis was perceived as one of child malnutrition, one has to question the lack of mitigation and preparedness plans for what is fundamentally a problem of structural acute malnutrition underlain by chronic malnutrition.

If the crisis was perceived to be one of food scarcity caused by a lack of cereals, then this should have been recognised immediately post-harvest and action (or at least advocacy) mobilised.

5f. Impact (Purpose to Goal)

i) General The emergency relief response undoubtedly eased the suffering of its beneficiaries – especially that afforded to the severely malnourished. Unfortunately, and through no fault of the Partners, the relief effort was 'too little, too late'.

The Goals of the emergency response were variously stated as:

- a. Improvement of food security and nutrition in rural ADPs of Niger;
- b. Improvement of food security in rural non ADP areas of Maradi and Zinder regions where households are suffering from extreme food insecurity (World Vision);
- c. Reduce morbidity and mortality caused by malnutrition among children below 5 years of age in Zinder region and south Maradi region (SCF);
- d. Food security of rural households in Niger affected by drought and locust invasions is improved (CRS);
- e. To reinforce the capacity of households to prevent and manage crises; and
- f. To reinforce the mission capacity in emergency preparedness and response;

...to which could be added according to statements made in the documentation:

- g. To preserve household assets;
- h. To alleviate suffering
- i. To save lives;
- j. To strengthen the local economy;

- k. To protect the nutritional status of specific groups (i.e. pregnant and lactating women, children, elderly, etc);

Many of these goals were also for the Recovery phase which could not be assessed because, at the time of the evaluation mission, Recovery intervention had hardly started. The Team's judgements as to the achievement of these goals in the **emergency** phase are therefore:

- a. These goals could not be met because the intervention had no built-in sustainability;
- b. This goal was met – albeit temporarily;
- c. This goal could not be met because the intervention had no built-in sustainability;
- d. This goal could not be met because the intervention had no built-in sustainability;
- e. This goal was met – albeit temporarily;
- f. This goal was not met because allocations were too small to have had any economic significance;
- g. If the word 'alleviate' is taken to mean 'diminish'¹⁰⁸, this goal was partially met;
- h. This goal was met by the child feeding centres but not necessarily by general food aid to adults as it is questionable whether adult beneficiaries were in fact at risk of death. Many adults received no food aid but the Team found no evidence of adult mortality due to starvation;
- i. this goal was not met (nor attempted up to the time of the evaluation) but it is too early to conclude whether planned 'recovery' interventions will meet this criteria;
- j. This goal was only partially met because the ration sizes were inadequate.

The Team believes that, if the **crisis** had not evolved into a confused media-driven **emergency**, then the response could have been more targeted:

If the cause of the **crisis** had been identified as an acute malnutrition problem, rather than a famine, responding agencies could have targeted their response to the causes of the increase in acute malnutrition (malaria, water-borne disease, lack of potable water and shortage of essential nutritional elements).

If the cause of the **crisis** had been identified as one of localised food shortages, then responding agencies would have found it far easier to target those deficit locations.

In both cases, the impact of Partner interventions could have been far greater.

As it happened, the Partners were faced with an **emergency** situation (which was no fault of their own) in which the localised problem had been exploded and consequently spread across the country. Their capacity for impact became, therefore, untenable.

ii) **Local Purchase**

While it is often argued that local purchase is the only way to avoid the distortionary effects of food aid on the market, the Niger case in 2005 demonstrates that even small local purchases by external buyers can cause immediate negative impacts on the local economy.

¹⁰⁸ **source:** English Oxford Dictionary

Given the variable nature of Nigerien annual food production which infrequently results in massive food emergencies, the Team attempted to identify the distinctive variables and triggers responsible for the escalation of food prices in Niger in 2005:

- If the mediatisation and confused analysis (which focussed on malnutrition and directly linked it with food shortages) had been eliminated from the equation, would the localised food scarcity problem in Niger have evolved into a food **emergency** requiring massive and immediate free food distribution?
- If cereal prices had not escalated in response to the increased immediate demand on a limited supply market, would the (clearly existing) food **crisis** have reached such a degree of need?
- If cereal prices had not escalated to such levels, would rural family coping strategies have been sufficient and would debt levels have remained within a workable range?
- Did the market malfunction?

No in-depth market study or comprehensive economic assessment was undertaken by the Team but there was sufficient evidence to raise the hypothesis that local purchases plus the anticipation of local purchases had an immediate negative impact on the market.

The 2004 production shortfall was not alarming in comparison with earlier years and did not signal a food emergency. However, the potential for regional cereal imports¹⁰⁹ was overestimated and the cereal shortfall in neighbouring countries was not taken into consideration. It would appear, therefore, that local and regional market conditions were not taken into account before undertaking local purchase.

Following the 2004 millet harvest, prices returned to slightly elevated, but normally acceptable, levels¹¹⁰ then (as normal) began a steady but significant rise in January 2005 until June 2005 when there was a rapid (and abnormal) price rise acceleration. WFP have documented the fact that both it and GoN began purchasing millet and sorghum “since the 2004 harvest”, with WFP buying “directly after the harvest”¹¹¹. WFP have stated that their local purchases were “very small” and justified by their comparison with GoN’ attempts to “purchase ten times more than WFP and successfully purchasing three times more than WFP”.

By the time NGOs started to purchase locally, it would appear that increased demand (combined with agencies’ ability and willingness¹¹² to pay higher prices) pushed local cereal prices beyond the reach of most rural populations and that this, in effect, increased food insecurity. The Team would suggest that such pressures were not only created in those local markets but were ‘transmitted’ around the country and even around the region¹¹³ with the ultimate effect of actually removing supplies from the Nigerien market.

¹⁰⁹ Regional local imports could arguably be considered as a “local purchase”, however in this context a local purchase refers to agricultural products harvested within the country.

¹¹⁰ See **Figure 2**

¹¹¹ WFP. Niger Analysis of Cereal Market 2004-2005.

¹¹² Driven by media attention, rapid donor response and the flow of substantial funds.

¹¹³ To which some neighbouring governments responded by border closures.

The market responded to the push in demand by price increases. It responded to limited regional supply by selling/delivering to locations in which, not only higher prices prevailed, but to where transport costs were lower (in this case not necessarily in Niger). This is the efficient working of a perfect market not a market failure as often mistakenly stated.

To a degree, the die was already cast by the time the NGOs made their purchases but they did, nevertheless (albeit small in scale) contribute to the negative impact on the Nigerien cereal market.

If managed properly, local purchase can benefit local production, producer and consumer prices, markets and can better provide locally acceptable food but buying must be preceded by careful assessment of both local and regional markets. The mechanisms and modalities for local purchase need to be addressed in order to avoid market disruption and its consequent negative impact on those who rely on the market.

The Niger 2005 experience should be considered as a case study for the subject of local purchases. Given that the situation is currently evolving and the full impact of local purchases (as well as other interventions) not yet fully known, further study is recommended.

6. Conclusions and Recommendations

Conclusion A. The slow-onset **crisis** began as early as the winter of 2003/4¹¹⁴ when locust infestation decimated pastureland, resulted in widespread large and small ruminant losses and significantly reduced the traditional supply of livestock products to the rural poor.

Recommendation A. Given the importance of the livestock sector, the EWS' of Niger are undoubtedly too narrowly focused on agricultural production. In consideration of the high prevalence of structural acute child malnutrition, it is recommended that EWS' be expanded to include: milk yields and income from livestock along with child nutritional indicators.

Conclusion B. It appears that regional cereal availability was over-estimated in 2004/5 and that stakeholders failed to consider the food security situation in neighbouring countries and how this might impact on Niger. This is significant given the regional magnitude of locust damage, followed by localised rainfall deficits in 2004.¹¹⁵

Recommendation B. Given the historic dependence on regional cereal imports into Niger, EWS' should be strengthened by incorporating regional trade and cereal market analysis.

Conclusion C. While Partner EWS' do feed into GoN systems, they lack cohesion and an adequate information interface with them for their greatest effectiveness.

¹¹⁴ Although it could be argued that the crisis started some three to four decades ago.

¹¹⁵ In its February 2005 Food Security Update, FEWS Net did mention food and forage shortages in Mali and Burkina Faso as well as limited grain transfers from 'other countries' but the implications of such were not highlighted, given the situation in Niger and its low strategic grain reserves.

Recommendation C. Partners need to align their EWS' jointly and with those of GoN as well as developing a workable interface with the latter. The Partners need to assist GoN SAP to absorb and analyse data (and add anthropometric data) emanating from the former's field work. This will require software development for which funding is available.

Conclusion D. Rewards for off-farm wage labour are poor both within and beyond Niger's borders¹¹⁶ and they fail to enable remittances adequate enough to compensate for poor on-farm incomes and particularly for crop failures.

Recommendation D. Existing development programmes should be expanded with emphasis on sustainable non-farm livelihoods within Niger's borders and with the flexibility for further temporary expansion during times of crisis.

Conclusion E. GoN and the donor community agreed to avoid direct food distributions which would seem to be correct according to their agreed Food Security Strategy although many players disagree. Free food aid intervention always presents considerable risks to the stability of the market and, by consequence, to national food security.

Some serious donors have been involved in the development of this strategy for twenty years and, at a national level, it has been largely successful. It failed in 2005 for the reasons discussed in this report and very much because buffer stocks had been allowed to fall to a dangerously low level. The donors lacked the flexibility to identify/correct this in time and, most importantly, to bring supplies from outside the region when it became clear that there would be a net food deficit in theatre.

Recommendation E. Partners should continue to work within GoN policy frameworks while, at the same time, ensuring that they are 'close enough' to Government in order to advocate for change when this is necessitated.

Conclusion F. It can be argued that, had the strategic grain reserves been sufficiently stocked or had the GoN appeal to replenish them been successful, GoN's market assistance programme¹¹⁷ could have been adequate – especially if animal feed were included.

Recommendation F. While not encouraging a 'go it alone' policy, Partners should enable location of strategic grain reserves closer to (and with management¹¹⁸ by) local communities by expanding their existing cereal bank programmes.

Conclusion G. Existing Partner cereal banks¹¹⁹ are inadequate to offset the effects of minimal crop failure or even the 'normal' practice of early selling and pre-harvest borrowing.

¹¹⁶ Even in richer Nigeria, labour rates as low as US \$1.50 per day are common.

¹¹⁷ Including cereal subsidy.

¹¹⁸ Here some training in storage management is clearly needed.

¹¹⁹ Holding one to two months' supply of grain.

Recommendation G. Cereal banks need to have a stockholding of three to five months, a figure recommended by various communities, women suggestions tending to be at the higher and men at the lower end of the scale.

Conclusion H. Debt, incurred largely by pre-harvest food borrowing¹²⁰ with post-harvest repayment in kind at pre-harvest financial values equating to an up to threefold physical repayment¹²¹, presents the rural poor with an overwhelming debt burden from which it is increasingly difficult to escape.

Recommendation H. It is recommended that cereal bank construction is accelerated and stocked up to the levels¹²² suggested by respondents to this study, not by free donation but by FFW.

This has been discussed with WFP who indicate that it would be acceptable if that body is successful in winning increased food resources following forthcoming evaluation and analysis of its 2005 interventions.

The Team would suggest a system in which FFW¹²³ would be paid at the normal rate¹²⁴ plus the same rate paid into the cereal bank for moderated sale at the beginning of the hungry season. This is not a ‘cure-all’ nor is it sustainable over more than the medium term and it still requires the initial FFW worker to find the cash for pre-harvest purchase but it has the possibility of removing the debt burden at an early date¹²⁵. It can also present the community with a new start. The administration of such an exercise is not underestimated but it does present an idea amongst a dearth of other possibilities.

Conclusion I. Discourse between GoN, WFP and Partners failed to benefit from the latter’s comparative advantage in exposure to the condition of their communities. Even as the severity of the situation became more apparent, there appears to have been a lack of a concerted effort to capitalise on the advocacy leverage points of each of the various stakeholders which might have tempered the effects of confused analysis and prevented its misdirected mediatisation.

Recommendation I. In order to achieve better coordination with and influence on GoN at both the central and local level, it is recommended that Partners should develop closer working relations with GoN which could imply NGO staff working within GoN structures but at least ensuring cohesion in each other’s policies and use of information. In the latter respect, Partners should aim to facilitate GoN’s capacity to handle information provided by them.

Conclusion J. Interviews with mothers at nutritional centres did not evidence that any effective nutritional education was being imparted although, with the training of Traditional

¹²⁰ Of typically one to three (100 kg) sacks of grain.

¹²¹ Three times three sacks of grain amounts to 900 kg which represents almost the total harvest of many farmers!

¹²² Three to five months’ needs.

¹²³ To include store construction.

¹²⁴ Currently in the order of 2.5 kg cereal/working person/day.

¹²⁵ The FFW component paid directly to farmers should be sufficient to cover farmers outstanding debts but it is recognized that Food Aid grain is unlikely to be accepted by creditors on a par with local produce. It can, however, cover the food lost to the household through current repayment.

Health Workers (THW), knowledge has been planted in some villages. CARE's MMD participants interviewed did show good general knowledge and attitude but their numbers were too few to be of significant influence.

Recommendation J. The Team considers that, in addition to THW training, a better educational strategy would be some form of training for village chiefs who command considerable respect in their communities but often have only very basic education and little exposure to non-traditional methods.¹²⁶

Conclusion K. It is not surprising that, in light of the lack of coordination and thus of cohesion between them, the Partners failed to bring advocacy to bear on stakeholders as the crisis developed.

Recommendation K. As an initial step, Partners should explore possibilities for joint development programming¹²⁷ since clear opportunities exist for them to share ideas, establish best practices and develop common systems with regard to supplementary feeding programmes, FFW activities, group savings/loans and cereal banks to facilitate their uncomplicated replication. The next step must be to establish a joint advocacy facility.

Conclusion L. It was surprising that some of the Partners were running supplementary feeding centres despite not having a comparative advantage in the sector. On the other hand, CARE, not known for its comparative advantage in supplementary feeding, did show that it could support the efforts of those NGOs which do have such advantage (SCUK and, by implication, MSF) by taking over some of the pressure on their general food distribution interventions.

Recommendation L. In improving their coordination, the Partners need to identify their comparative advantages and to specialise accordingly. The difficulties in gaining comprehensive coverage with single sector interventions in such a vast country is not, however, underestimated.

Conclusion M. While there was no evidence of intervention overlap, the Team found examples of non-coverage of vulnerable villages. It was not possible for the Team to quantify the scale or location of such gaps but, equally, the Partners (and other agencies) had been unable to establish a system to obtain this information.

Recommendation M. A further Partner coordination effort needs to be put into achieving overall coverage in identified areas. In recognition of the fact that NGOs cannot do everything, the Partners need to be brutally honest with themselves, intervene with excellence, encourage replication and highlight the gaps to other agencies.

Conclusion N. All indicators show that the NGO's, UN agencies and GoN knew that there was an impending food **crisis** in 2005. The warning systems were, therefore, relatively

¹²⁶ Training, for example in the methods of need assessment and aid distribution could ease future response while training in the role of 'change agent', could motivate and provide them with some of the skills needed to stimulate village development programmes.

¹²⁷ Although CARE and CRS, in a consortium with Africare and HKI, have made a start in implementing a large food security programme which includes FFW, agriculture, natural resources management and health components.

good but it was the reaction to them which is the issue. Given that the initial problem was a slow-onset food **crisis**, against which the severity should have been mitigated, it is concluded that the Partners' response, albeit correct, was late and under-scale.

Recommendation N. Partners need to scale-up those relevant activities (FFW, CFW, clean water etc.) which might be quickly and flexibly expanded when the indicators call for a greater response.

Conclusion O. Given that the eventual problem was an unforeseen rapid-onset, media-driven, severe food deficit **emergency**, one has to conclude that the response of the Partners was both relevant and correct. While Save the Children responded to support MSF, the other Partners quite correctly worked within GoN/WFP frameworks. Unfortunately, GoN and WFP used outdated targeting information and consequently missed a significant number of vulnerable people.

Recommendation O. It would be advantageous if the entire NGO community contributed and participated in national EWS and emergency preparedness. All could benefit from training using the diverse expertise and experience of the different agencies.

Conclusion P. Measurement of malnutrition rates has been poor and needs to be addressed by NGOs themselves since it is not the work of GoN SAP, who are responsible for more macro- measurements. It is acknowledged that SAP indicators at the macro level still need improvement.

Recommendation P. An anthropometric surveying capacity needs to be developed either by individual Partners or by delegation of this function to one or more specialised NGOs who can harmonise the targeting process and ensure its equity. Partners need to help GoN SAP to modify their indicators so that their information can be more accurate in the future.

Conclusion Q. With the exception of Save the Children, the agency's monitoring and analysis of developing food security situations and initiation of decision-making processes tends to be at the country office¹²⁸ level. There are no designated analysts either in country or in fact at their higher institutional levels. Government (GoN SAP) and International Agency (WFP, FEWS-Net) respondents volunteered their non-identification of the developing 2004/5 regional net food deficit and accordingly their non-realisation of the need for early importation of food supplies from outside the region. There is, thus, clearly a need for a market specialist in the Government and International Institution sectors and an analytical capacity in the NGO sector.

Recommendation Q. This report has emphasised the need for proper inter-NGO coordination in Niger. Its initial focus could be in the establishment of a joint monitoring/analytical facility with a secretariat based in one of the larger (or specialist) NGOs. At the higher institutional level, the NGOs need better global tracking capabilities in order to pre-empt poor analysis and undue sensationalism.

¹²⁸ Although CARE's Emergency Response Unit in Geneva did pick up on the events leading to the **emergency** through their monitoring of Alert Net.

Conclusion R. In final conclusion, the Team would state that this was an emergency which should not have happened but is likely to happen again¹²⁹ unless measures are taken to mitigate against the occurrence of another convergence of causal factors.

Recommendation R. This report has suggested some (not very original) ideas but the time is now right for the Partners to sit together, learn the lessons and ‘brainstorm’ new ideas.

¹²⁹ In October 2005, there were already signs that some of the causal factors were in play (e.g. cereal prices had not fallen to ‘normal’ October levels, Nigerian (and other neighbour) traders were already very active in the market, some trader stock-building was evident, some farmers were ‘forward selling’ their crops ‘on the stalk’ and some of the rural poor were beginning to harvest and store ‘famine foods’. In November 2005, the BBC was again reporting the Niger food situation without any in-depth analysis of the problem.

Joint Independent Evaluation of the Humanitarian Response of CARE, CRS, Save the Children and World Vision to the 2005 Food Crisis in the Republic of Niger

Annexes A - N

- A. Terms of Reference**
- B. Chronology**
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- D. Results matrices**
- E. Agricultural and Pastoral calendars**
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TOR FOR MULTI-AGENCY EVALUATION OF NGO RESPONSES
TO THE 2005 NIGER FOOD CRISIS
(Draft for discussion ver. August 28, 2005)

Background

Over the past two years, the Sahelian region has experienced the worst locust invasion in decades coupled with low rainfalls and drought, leaving the region with a severe food crisis and widespread malnutrition. Reports showed significant shortfalls in cereal production in Niger of approximately 15% compared to the average annual production over the last 5 years or a grain deficit of about 225,000 metric tonnes, and the cereal deficit has reached 70-80 % in parts of the country. According to UN sources, 3.6 million out of a total population of 12 million inhabitants in Niger were directly affected by the food crisis. The international community mounted a substantial emergency response with an emphasis on food security, including large-scale food distributions and targeted support to malnourished children.

Post-crisis activities such as independent evaluations and Lessons-Learned Workshops (After Action Reviews – AARs) have been shown to promote better quality humanitarian programming by providing practical learning opportunities and increasing accountability of participating agencies. Increasingly strong preference is now given to interagency evaluations and AARs to improve our understanding of attribution, strengthen accountability and learning through peer review, and minimize impact of such activities on already busy staff. While being designed to measure impact of agency interventions and ensure accountability, resulting lessons-learned are used for organizational learning and policy development.

In March 2005, the Interagency Working Group composed of CARE International, World Vision International, Oxfam GB, Catholic Relief Services, Save the Children, International Rescue Committee and Mercy Corps, launched a two year “Emergency Capacity Building” project funded by the Gates foundation designed to strengthen humanitarian response. One of the focus areas for this project is to improve agency accountability and improve our ability to measure the impact of our interventions. To help achieve this, it was decided to support opportunities for joint learning and accountability activities that would promote institutional learning at both a country and institutional level. Wherever feasible, it is planned that such exercises are designed to link with and support the on-going work of learning and accountability networks such as HAP-I, ALNAP, Sphere and People in Aid.

Purpose

The purpose of this evaluation will to assess, analyse and document:

- i. The quality of the response, measured in terms of the impact, timeliness, coverage, appropriateness and connectedness of the respective emergency responses of the participating agencies, highlighting examples of good practice and critical gaps coupled with recommendations for improving emergency preparedness and response in future at both a country and global (institutional level);
- ii. The effectiveness and coherence of the coordination between key stakeholders, including government, donors, UN agencies, NGOs and affected community members themselves,

- identifying examples of both good practice and missed opportunities;
- iii. To what extent did interventions by participating agencies that were being implemented in affected communities at the beginning of Niger's 2005 food crisis mitigate the effects of the crisis. How did these activities and the subsequent emergency response contribute to their accelerated recovery;
 - iv. Based on lessons-learned from this and previous similar crises in Niger, coupled with an analysis of existing community-level early warning systems, recommend appropriate monitoring systems (at both country and institutional level) and actions worth taking to mitigate/avert slow-onset emergencies, with a focus on food security and sustainable livelihood enhancement.

Specific Issues for Consideration

- a) **IMPACT:** There remains a lack of industry standards and definition regarding impact as applied to humanitarian actions, and responses are usually undertaken without appropriate baseline information or monitoring systems in place. Since this evaluation will examine evidence of changes (positive and negative) attributable to the aid intervention, it will also make suggestions regarding indicators for measuring impact and provide examples of promising practice in the monitoring of impact.
- b) **QUALITY ASSURANCE:** The evaluation will examine the extent to which beneficiaries were supported and encouraged to participate in all elements of the project cycle and the level of compliance by the agencies to relevant codes and standards. Particular attention will be paid to the effectiveness of participatory accountability systems put in place by each agency that are designed to ensure that beneficiaries are aware of their entitlements and have full access to a feedback system to register complaints
- c) **APPROPRIATENESS:** The evaluation will examine whether the intervention and the resources provided were relevant to the need context and culture, with particular emphasis on the restoration of livelihoods.
- d) **REMAINING NEEDS:** Based on the response given and the current situation of the affected populations, what are the remaining/pending needs to be addressed in terms of: 1) food assistance; 2) health/nutrition assistance; 3) recovery/rehabilitation assistance; 4) other (if any)
- e) **PERSPECTIVES/WAY FORWARD:** 1) How do we go about addressing these remaining/pending needs? 2) Based on the lessons learned, how can similar situations be prevented or mitigated in such a way to reduce their adverse impact, especially on the vulnerable populations to the minimum level possible?

Methodology

- i. **Methodology** will be based on a combination of: a desk review of relevant literature of participating agencies, field observations, and key informant interviews and/or focus group discussions with the selected agency staff in the field, HQs/regional as well as key external stakeholders (host government officials, UN, NGOs, donor representatives, members of the affected population and host communities). The Evaluation Teams will take all reasonable steps to ensure that the security and dignity of affected populations is not compromised and that disruption to on-going operations is minimized;

- ii. **Confidentiality of information** - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the report without their express permission.
- iii. **Communication of Results** – the report will be supplemented whenever possible by presentation of preliminary findings and recommendations at the field visit to both provide immediate feedback to operations managers and give the Evaluation Team an opportunity to validate findings.
- iv. **Use of Results** –the results of this joint evaluation are not only intended to increase quality of programming and coherence between agencies both within Niger and at an institutional level, but the process will also be documented so as to guide similar joint activities in future. The findings of the evaluation will be placed in the public domain to promote improved quality through the wider humanitarian community. Stakeholders targeted by specific recommendations will be expected to outline plans of action wherever appropriate and agency focal points listed below will be responsible for monitoring follow-up at a country and institutional level as appropriate.

Team Composition

The evaluation team will produce a draft report within the time lines specified by the management committee. The report will consist of an Executive Summary of no more than 5 pages that covers the main findings of the evaluation. The main text should consist of no more than 30 pages, covering methodologies, findings and recommendations, with annexes that summarize agency/country specific issues and recommendations. This report will be circulated to participating agencies for comment prior to finalization and publication. The report will be in both French and English, so budgetary provision will be made for a translation.

Management of the Evaluation Process

The evaluation will be jointly managed by a Steering Committee comprised of in-country focal points designated by each participating agency, with the option of inviting key stakeholder(s) to participate as observers.

- i. **Coordination and administrative support** - in view of the capacity developed prior to the crisis with its lead role for monitoring and evaluation in the ISAN consortium food security project, it has been agreed that CARE will assume responsibilities for facilitating the working group, providing administrative support (e.g. consultancy contracts for consultants) and coordinating logistic support provided by each agency for the evaluation team.
- ii. **Technical support** – in-country M&E capacities will be backstopped by support from the Accountability & Impact Initiative Advisers to IWG’s Emergency Capacity Building project.
- iii. **Cost sharing arrangements** - costs for the evaluation will be divided between participating agencies according to a cost-sharing formula agreed by participating agencies. This study will focus on areas where participating agencies are intervening in the zones of Tahoua, Maradi, Zinder and Diffa.

Team Composition

The evaluation framework is based on the concepts of independence and transparency. Overall responsibility for drafting and editing of each version of report resides with an external team leader consultant. Other team members will include a Nigerien consultant and representatives from each organisation that are not part of the country team, will carry out the evaluation. Team

members will be selected on the basis of their abilities to fulfil the tasks outlined in this TOR and there should be an appropriate balance of appropriate technical skills and gender.

Team composition should as far as possible be of optimal diversity, e.g. gender balanced, geographical distribution and an appropriate mix of technical skills.

The evaluation team will consist of:

- The Team Leader, who will be an external consultant.
- A staff member from each of the participating agencies (4 in total), who works for the agency in a country other than Niger and has not been directly involved in the response.
- A Nigerien external consultant

For the assessment team to achieve the expected objectives, the following set of complementary expertise/backgrounds may be worth considering: 1) a food security specialist; 2) a health/nutrition specialist; 3) a water/sanitation specialist; 4) an M&E specialist.

For more details please see attached TOR for team members.

Timeline

Drafting and circulating TOR to stakeholders	-	August 2005
Consultant selection	-	September 2005
Fieldwork, Document Research, Tele. Interviews	-	October 2005 (4 weeks)
Draft report circulated to agency interviewees	-	Early November 2005
Report finalised	-	Late November 2005

Agency Focal Points

Agency	Niger	ECB II Advisers
CARE	Amadou Sayo, ACD Program asayo@careniger.ne	Jock Baker jbaker@care.org
CRS	Ali Abdoulaye, Chef du Programme aabdoulaye@crsniger.org	Kari Egge kegge@crsert.org
Save the Children	Malik Allaoua, Program Director malikallaoua@hotmail.com	Caroline Loftus cloftus@savechildren.org
World Vision Intn'l	Melatan Gomitan, Director des Operations Gomitan_Meltanan@wvi.org Ibrahim Namane namane_ibrahim@wvi.org	Eleanor Monbiot eleanor_monbiot@wvi.org

Annexe B. Chronology – 2005 Food Crisis in Niger

Date	Event	Response/activity
2002	Government removal of food price controls.	CARE starts to re-apply its early warning system.
Sept. 2003	Desert locust infestation starts in Southern Mauritania and Northern Senegal.	
Oct. 2003	Government of Mali requests UNDP support for aerial locust spraying as it lacked sufficient insecticide.	
Jan. 2004	Locust infestation now in Niger causing significant pasture losses and early southerly herd movement. Pastoralist lobby GoN for early opening of agricultural lands to grazing.	
May 2004	National Director of Plant Protection warns of Niger locust infestation during 2 nd annual meeting of DNP/GCA Locust infestation spreads	CARE starts to re-apply its early warning system.
June 2004	Rains average to good Locust infestation spreads	
July 2004	Rains average to good Locust infestation spreads Local elections held by government for the first time. They are considered free and fair by international observers.	CARE communicates news of locust affects to CARE funding offices in FRANCE and USA
Aug 2004	Rains average to good. Locust infestation spreads Early end to rains in some areas	
Sept/2004	Rains end earlier than usual reducing crop and pasture yields. CILSS meeting (in Banjul) reported to have under-estimated the shortfall.	
October 2004	GoN/WFP/FEWSNET joint harvest assessment. Production estimate is 2.6mil MT or 11% below the 1999 – 2003 5year average. Production is 22% above the relatively poor 2000/01season. Fodder deficit in pastoral areas is 154% greater than the 2000 deficit. This is the largest fodder deficit in Niger’s history - one third considered to be due to locust and two thirds caused by drought. WFP prepares small (7 000 MT) targeted intervention.	CARE prepares proposals for logistical support for locust campaign and post-crisis rehabilitation
19 Oct. 04	OCHA releases its West Africa 2005 Consolidated Appeals Process (CAP), notes locust infestation across West Africa (the worst since 1987-89) and warns that famine will ensue unless situation brought under control by November 2004. OCHA says Niger amongst countries hardest hit by locust with between 800,000 and 1.3 mil hectares infested by mature swarms and hopper bands and notes that Niger has minimal response capacity - this could lead to food security problems. OCHA notes national early warning systems across West Africa are weak or non-functioning. CARE assesses the affects of drought and locust infestation in its focus locations.	
Nov. 2004	Presidential and general elections. CRS begins to develop an emergency plan (food subsidies, animal feed subsidies, FFW,CFW,cereal banks, animal feed banks) but planning not completed until April 2005.	
25 Nov. 04	GoN issues an appeal for food assistance (to replenish its cereal reserves) and forage inputs.	
Dec, 2004	WFP asks HKI to conduct nutrition surveys in Tanout, Tanoua, Maradi and Zinder. GoN National Emergency Plan includes FFT, FFW, seed distribution and animal fodder but none of these are realised.	
Jan. 2005	Food prices begin to rise. GoN launch international appeal for 73 000 MT cereals – little response. Helen Keller International (HKI) carry out nutrition assessments for WFP.	CARE begins to distribute 1,722MT emergency food aid (funded by USAID).
Feb. 2005	WFP nutrition assessment “Need to address the nutritional needs of the people” conclusion reported to GoN Ministry of Health.	
March 2005	WFP nutrition assessment findings presented to NGOs and media. UNICEF takes leading role in	CARE/Africare/CRS/HKI (Food Security Initiative Consortium) start

	<p>establishing protocols/training and require partners to sign MoU with UNICEF – MSF wishes to remain independent.</p> <p>Joint GON/UN/NGO assessment estimates 3.6million vulnerable (2988 villages) adversely affected by food crisis and 36% fodder deficit. Mission concludes localized severe food crisis but <u>not</u> famine.</p> <p>GoN imposition (and later removal of all except sugar) of value added taxes on imported food;</p>	monthly H/H monitoring (instead of usual three monthly).
April 2005	<p>MSF publishes “Nutritional Emergency in Niger” report stating that MSF is treating three times as many patients than same period in previous years (MSF started therapeutic feeding centers in Niger in 2001). MSF declare 19.5% acute malnutrition rates and severe acute malnutrition rates of 2.9% and 2.4%. MSF appeals to other agencies to provide food in affected areas of Niger.</p> <p>HKI/WFP publish Maradi/Zinder child nutritional assessment (6 to 59months) and note that the situation poses grave public health problem as hungry season not yet started. Statistics indicate a nutritional emergency – 13.4% GAM, 2.2 and 2.7% SAM.</p> <p>Rains start at end of April.</p>	MSF starts to contact other INGOs (including SCUK).
5 May 2005	UN Flash Appeal for Niger asks for US\$ 16mil to support GoN subsidized cereals/fodder distribution to avert looming May-Sept.05 food crisis. Food security situation deteriorates.	Flash Appeal considered by SCUK to be inappropriate International response is slow and meager.
May 2005	<p>Food prices rising.</p> <p>Rains earlier than usual. Planting starts early and continues to mid-June.</p> <p>Pastoralists begin to return from the South.</p> <p>Prime Minister appeals to international community for support.</p>	CARE assesses its emergency capacity, identifies response staff and documents community level indicators (eg. Stress - reduction/stoppage of Savings & Credit contributions. CARE prepares 4 funding proposals. SCUK undertakes joint assessment with OXFAM GB.
9 June 05	<p>MSF press release calls for immediate free food distribution to affected areas. One in five children suffering from acute malnutrition in Maradi and Tahoua and under 5 mortality between 2.2 to 2.4 per 10,000 people/day (emergency threshold for under 5 mortality is 2 per 10,000 people/day).</p> <p>GoN continues subsidized cereal sales.</p> <p>GoN declares large-scale food crisis.</p>	
July 2005	<p>BBC televised coverage of malnourished children in Niger.</p> <p>WFP buys 11 000 MT rice (Benin) and 23 000 MT sorghum (India)</p>	CARE offices in Europe report increased number of public queries after BBC coverage.
5 July 2005	Jan Eggeland statement that the UN has failed in Niger. Revision of Flash Appeal.	CARE advocacy with CCA to move from subsidised cereal sales to free food distribution
Mid-July 2005	<p>President of Niger rejects the use of the word ‘famine’ and accuses the media of creating a crisis.</p> <p>GoN changes subsidized food sales policy to one of free food distribution.</p> <p>Announces plan to conduct free food distribution.</p>	SCUK arrives in Niger.
July 2005	<p>Food prices 75-80% above the 1999-2003 five year average - 100kg millet rose from 10,000CFA in October 2004 to 30,000CFA by early July. 5 year average millet price was 14 to 15,000CFA.</p> <p>Small ruminant prices are lower than the 1999-2003 five year average.</p> <p>High Nigeria/Ghana/Benin/Ivory Coast market prices for millet and sorghum have drawn grain out of Niger but these prices are beginning to drop as these countries begin to harvest maize.</p> <p>Sitreps in July note 56 zones in critical condition with people resorting to eating wild foods, selling assets, leaving their homes in search of work and reducing number of meals per day.</p>	<p>CARE purchases and distributes 404 MT of food to 28,000 people and supplies them with 130 MT of fodder.</p> <p>CARE International declares a Category II emergency.</p> <p>SCUK starts nutritional activities in Tessaoua, Maradi Region.</p>
27 July 2005	FEWSNET Niger Bulletin says food crisis is not a temporary emergency but the predictable and inevitable result of inadequately addressed chronic poverty in the world’s (then) second poorest country; that starvation is not predicted but an increasing level of malnutrition from which humans will die (saying that Nigerien malnutrition rates have not changed over the last ten years with multiple causes such as poor water and sanitation, child feeding practices etc and the main cause being chronic poverty.	
4 Aug 2005	UN Revised Flash Appeal for Niger 2005 (July-December) up to US\$ 81 million for free food	

	distribution for two months to 3.2 million people as well as interventions such as watsan, PHC, etc.	
Aug 2005	Epicentre completes nutrition and mortality survey in rural areas of Zinder for WHO.	CARE US provides US\$ 500,000 from its emergency response fund and launches a US\$5 million private appeal.
8 Aug 2005	WFP reports first round of free food distributions have started	
19 Aug 2005	USAID/DCHA assistant administrator Michael Hess pays 10day visit to Niger and Mali and notes food assistance has not yet arrived in many parts of Niger. GoN concern with 2 nd round (September) free food distribution because of approaching harvest and stresses need to target assistance based on needs assessment. USAID's assistance for 2005 is US\$ 15 million	
23 Aug 2005	Kofi Annan pays two day visit to Niger	
26 Aug 2005	Additional US\$ 4million brings total 2005 USAID assistance to Niger to US\$ 19 million (US\$ 9 million for emergencies and US\$ 10million for development).	
29 Aug 2005	WFP Humanitarian Air Service flights begin.	
31 Aug 2005	SAP Bulletin notes: Price of cereals still rising Prices of animals still going down 51% of zones have insufficient food for purchase Illness increasing across the general population	
1 Sept 2005	WFP sitrep notes: 12,210MT of food now dispatched for 712,509 people WFP emergency operation is 49% funded (US\$ 28 million received) WFP revised plan with the GoN to include forgotten villages with high malnutrition and nomadic herders	
2 Sept 2005	USAID Fact Sheet notes concern with HH debt levels due to current lean season borrowing and carry over debt from 2004 lean season and states that nutritional crisis is localised, data collection poor and health system not functioning adequately.	
12 Sept 2005	WHO reports increases in number of cholera cases between July and September	
Mid Sept. 2005	Harvesting of millet, beans and groundnuts begins in some areas.	
23 Sept. 2005		50.85MT CRS Rice and 8.2 MT CRS beans stolen from Filingue village store. CRS stops distribution in the area and works with WFP and CCA to transfer food balance to CCA for development
26 Sept 2005		CRS on schedule to complete round one distributions in Doutchi, Zinder and Filingue on 23 rd Sept. All round 2 nd . round dispatches now received and distribution will be complete by 30 th September.
Sept. 2005	CCA states last date for Free Food Distribution to be 10 th .October 2005	
Oct. 2005	CCA/Prime Minister's Office announces end of food crisis.	

Annexe C1. Ex-post Logical Framework – CARE

PROJECT FRAMEWORK	Objectively Verifiable Indicators	Means of Verification	Risks & Assumptions
<p>Goal: To reinforce the capacity of households to prevent and manage crises; and To reinforce the mission capacity in emergency preparedness and response</p>			
<p>Purpose: Phase I: Relief 1.1 Provide adequate food for populations facing food insecurity as a result of the drought. 1.2 Provide targeted food assistance for people already malnourished as a result of the drought, especially children under five and breastfeeding mothers 1.3 Provide support to local health structures to enable them to meet additional needs resulting from the emergency. 1.4 Sensitize populations to collect drinking water from safe sources. 1.5 Provide animal feed to herders in the agro-pastoral zones.</p>			
<p>Outputs 1.1 By meeting their immediate food needs, rural households affected by the food crisis will be able to focus on production activities and make it easier to pay their debts, thus accelerating their recovery.. 1.2 Decline in rates of moderate and severe malnutrition. 1.3 Maintain standard of health services and prevent deterioration of health status of drought affected population 1.4 No major increase in water-borne diseases due to the food crisis. 1.5 Decreased number of conflicts between herders and farmers over use of natural resources. Decreased animal mortalities, which will safeguard livelihoods and provide additional source of food (meat, milk) 2.1 Households’ and communities’ capacities in crisis mitigation are increased. 2.2 The assets of households and CBOs are restored. Vulnerable groups who participate in CARE Niger programme activities will expand their capacities and abilities.</p>			
<p>Activities 1.1 16,950 MT of food distributed by end September to rural households in Tahoua, Maradi, Zinder, and Diffa regions. 1.2 Supplementary feeding Wet feeding Therapeutic feeding (through partners) Public health education</p>			

¹ Habbenaye is local strategy developed by community to support most vulnerable household to recover. CARE has already develop activity inspired by this strategy. the “habbenaye” strategy, that consists of providing loans, in the form of animals, to the poorest herders so they can re-build their capacities to survive crises.

<p>1.3 Support micro-nutrient distribution Support immunization programs Provide drugs and supplies in case of shortage Health education HIV/AIDS education</p> <p>1.4 Support community-based water and sanitation management committees in their sensitization efforts. Provide refresher training in water management in Dakoro (Maradi) and Tarka (Zinder) Distribute water treatment tablets.</p> <p>1.5 Distribute animal feed</p> <p>2.1 Assist households and communities in developing crisis mitigation and emergency early warning plans. Establish a cash for assets/work programs when food prices go down targeted at female heads of households and other marginalized rural households. Analyze the factors that contributed to make MMD groups better able to cope with the crisis, and support MMD savings and credit groups (more than 160,000 direct beneficiaries). Support civil society organizations and local governments to develop and implement FFW programmes aimed at preventing contamination of the ?????</p> <p>2.2 Assist communities in utilizing “Gayya”, a local strategy in Hausa areas that has been used to help the most vulnerable households recover and use their land. Distribute seeds for dry season gardening. Support re-establishment of personal assets through the “habbenaye¹” system in pastoral areas. Assist CBOs in re-building their cereal banks through the “warrantage” system environment from dead animals</p>			
<p><u>Inputs</u></p>		<p>Project reports and accounts</p>	

Annexe C2. Ex-post Logical Framework – CRS

PROJECT FRAMEWORK	Objectively Verifiable Indicators	Means of Verification	Risks & Assumptions
Goal: Food security of rural households in Niger affected by drought and locust invasions is improved			
Purpose: 1. Households most affected by drought and locust have recovered production level to pre-disaster level.	Total production obtained per household. Production obtained per household with the seeds acquired from the seed fairs.	Final Report Study of production squares	Rains begin on time (June–July 2005) Seeds are not consumed The crop production is not constrained by biotic stresses of disease or insect attacks
Outputs 1. Households victim to drought and locust invasions in the departments of Ouallam, Tanout, and Tillabéri have planted their fields. Output A. Target households of the Departments of Ouallam, Tilliberi and Tanout have access to quality seeds for the 2005 agricultural season on time.	Area sown by seed acquired from the seed fairs per household Mean quantity of each type of seed bought per beneficiary Total volume of each type of seed bought by the beneficiaries.	Beneficiary form Vendor form Final Report	Availability of quality seeds during the fairs
Activities 1.1 Conduct a rapid rural appraisal (RRA) to identify and determine the availability of the appropriate seed for the target areas 1.2 Inform and coordinate with FAO, WFP, institutions of research and training (ICRISAT, INRAN, Etc.) and the GON Ministry of Agriculture at the national and local levels 1.3 Identify target beneficiaries and suppliers; 1.4 Train CRS and partner staff on conducting seed fairs; 1.5 Sensitize beneficiaries and suppliers about the SVF approach; 1.6 Organize and implement seed fairs 1.7 Provide local coordination and management of SVF activities 1.8 Monitor the beneficiaries and related project activities during the season 1.9 Produce final report and share with partners 1.10 Evaluate the post SVF activities 1.11 Conduct the RSSSA in the project area 1.12 Organize a workshop on RSSSA	RSSSA conducted Number of partnerships for SVF Number of Identification missions carried out Number of training sessions held Number of sensitization missions carried out Number of fairs hosted. Average quantity of seed sold by seed vendors Number of beneficiaries per seed fair Total number of beneficiaries (men/women) of SVF Number of vendors (men/women) per seed fair Number of teams put in place Number of monitoring missions carried out Final Report produced and shared Number of reports of fairs written and shared Scope of work for the survey Consultant's contract Scope of work for workshop Number of participants	RSSSA report MOUs Training Report Mission Report Distribution form Vouchers Vendor form Mission Report MOUs Activities report Final Report Survey Report Workshop report	Local suppliers are available in the target areas; Market traders and farmers in affected and neighboring villages will participate in the seed fair as sellers and buyers; Government and local community leaders will fully cooperate and support the seed fairs and vouchers approach.

Inputs

Project reports and accounts

Annexe C3. Ex-post Logical Framework – Save the Children (UK)

PROJECT FRAMEWORK	Objectively Verifiable Indicators	Means of Verification	Risks & Assumptions
<p>Goal: Reduce morbidity and mortality caused by malnutrition among children below 5 years of age in Zinder region and south Maradi region.</p>			Sufficient access to the vulnerable population exists Timeliness of response
<p>Purpose: Reduce the prevalence of Global Acute Malnutrition to < 10% Weight/Height z-score, through implementation of Supplementary and Therapeutic Care and increase access to primary health care for the local population of Maradi and Zinder regions through support to the government health institutions.</p>	Malnutrition levels reduced to <10% WHZ scores	Base line and end line nutrition morbidity and mortality surveys Project monitoring reports Health clinic records Final evaluation report Coverage survey results	Maximum co-operation and co-ordination between relevant government departments and other agencies working in the area. No significant change in the external operating environment and health context.. Further shocks during the implementation period do not lead to deteriorating situation, which would require re-evaluation of the programme scope
<p>Outputs Understanding of the prevalence and causes of malnutrition in Zinder region. Reduction of acute malnutrition rates to acceptable levels. Severe and moderate acute malnourished cases are treated in Zinder. Moderate acute malnourished cases are treated in Maradi Minimum coverage of CTC programme achieved. Documentation of CTC strengths and weaknesses to share with policy makers Family food rations are received by households with children in CTC and SFP programme. EPI coverage known Cold Chain is procured.. Immunisation coverage is increased. Essential drugs and medical supplies are procured, distributed and tracked.</p>	<p>Nutrition assessment report available for Zinder at the beginning of the project.</p> <p>Malnutrition levels reduced to <10% WHZ scores in the target areas.</p> <p>4,275 moderately malnourished and 1080 severely malnourished cases are treated in the CTC in 2 districts.</p> <p>10,321 moderately malnourished cases are treated in the SFP in 2 districts</p> <p>>50% of malnourished children in the target area receive nutritional rehabilitation.</p> <p>Adherence to treatment protocols and SPHERE indicators.</p> <p>All Households in the programme receive food rations.</p> <p>EPI coverage survey included in nutrition assessment. Cold chain gaps are assessed and filled.</p> <p>Measles immunization coverage for children ages 11 - 23 months reaches 90% ; Complete immunization coverage for children ages 11 - 23 months reaches 20% ; Tetanus Toxoid (TT) 2 immunization coverage for pregnant women reaches 50%.</p> <p>90% of all health centres have an uninterrupted supply of essential drugs and supplies throughout the</p>	<p>Nutrition Assessment reports.</p> <p>Nutrition Assessment reports.</p> <p>CTC / SFP monthly reports</p> <p>Final report</p> <p>CTC and SFP Coverage survey.</p> <p>EPI coverage surveys</p> <p>EPI coverage surveys Monthly reports from health centres.</p> <p>Monthly reports from health centres.</p>	<p>Staff of sufficient calibre are available for recruitment for programme implementation.</p> <p>Able to set up office in country with no significant constraints</p> <p>Food products from UNICEF and WFP available and coordinated delivery.</p> <p>Previous levels of community acceptance and participation are maintained to mobilise and work with community based volunteers.</p> <p>Viability of working with health management committees.</p> <p>Inherent risks of adopting a participative approach to implementation</p>

<p>Head nurses in PHC clinics are trained on PHC concepts.</p> <p>System for indigents is established.</p>	<p>project period. Health centre attendance increases.</p> <p>All head nurses are familiar with PHC concepts including treatment protocols, usage and prescription of drugs, vaccination techniques, epidemiological surveillance techniques, and community health.</p> <p>Indigents are registered and supported.</p>	<p>Training records and pre-post test scores.</p> <p>Health centre monthly records.</p>	
<p>Activities</p> <p>Conduct a nutrition and EPI coverage assessment in Zinder. Thereafter, undertake assessments every 6 months in Zinder and Maradi.</p> <p>Set up CTC programme in Zinder.</p> <p>Set up SFP programme in collaboration with MSF in Maradi.</p> <p>Determine coverage of food rations distributed to malnourished households and distribute in areas not covered.</p> <p>Procure cold chain needs and reinforce immunisation Programme.</p> <p>Supply essential drugs and medical supplies to health centres.</p> <p>Provide training for staff at health centres.</p> <p>Establish procedures for indigents in each community.</p> <p>Collect, analyse and report morbidity and mortality statistics and other indicators of the nutrition and health program.</p>			
<p>Inputs</p> <p>Supplies/Materials – £80,200</p> <p>Non-personnel – £20,800</p> <p>Personnel – £60,000</p> <p>Personnel support – £17,000</p> <p>Others – £12,000</p> <p>Agency support – £10,000</p>		<p>Project reports and accounts</p>	

Annexe C4. Ex-post Logical Framework – World Vision

Project Framework	Measurable Indicators	Means of verification	Important Assumption
<p>GOAL: ADP Improvement of food security and nutrition in rural ADPs of WVNiger.</p> <p>Non ADP Improvement of food security in rural non ADP areas of Maradi and Zinder regions where HHs are suffering from extreme food insecurity.</p>	<p>Long term increase in acacia edible seeds and wild nutrient rich fruits and leaves production Diminution of severe malnutrition rates among under-5 children People are food secure enough to stay in their own villages (non-migration into ADPs for food distribution)</p>	<p>Agricultural annual reports of the regional state services Nutritional surveys (TDIs)</p> <p>HH food distribution lists 1st and 2nd round</p>	<p>(Goal to supergoal) Long term partnership with WFP and ADPs Civil stability</p> <p>PAM delivers of food are timely.</p>
<p>PURPOSE: ADP Initial launching of a long term food security and nutrition program in existing ADP areas</p> <p>Non-ADP Areas Ensure HHs in Non-ADP areas have enough food to feed themselves up until the harvest.</p>	<p>Yearly capacity of WVNiger to manage food aid (in MT) Yearly capacity of WVN to monitor under-five child nutritional recovery (# of children in program) Average production of edible seeds, leaves, fruits and wood</p> <p>Number of HHs receiving family rations in each region who say they are able to eat two meals/day.</p>	<p>ADPs and special programs reports</p> <p>Distribution lists and reports. Staff reports of conditions in HHs.</p>	<p>(Purpose to goal) The program activities become a core part of the WVN National Strategy Effective protection of young seedlings</p> <p>PAM stocks are adequate to meet the needs in non-ADP areas.</p>
<p>OUTPUTS: ADP 1. 206 MT of food are delivered in FY05 as a Food Aid 2. 1650 persons benefit from Food Aid through Food for Work activities (about 10,000 family members benefit from it) 3. 1,000 malnourished children and 3,000 siblings benefit from food supplementation 4. 125 hectares of field recovered and planted with high value trees 5. the capacities of WVN to manage food aid and nutrition program is scaled-up 6. 6,884 children under five who are either moderate (every two weeks) and severely (every week) malnourished receive recommended ration between Aug '05 and Feb' 06. 7. 1,209 in Maradi and 1,248 in Zinder pregnant or lactating women receive recommended ration between Aug 05 and Feb 06</p> <p>Non-ADP areas 1. 4,328MT of WFP food is delivered in non-ADP areas. 2. 163,700 individuals receive two rounds of food distribution per the agreed ration.</p>	<p>1.1 Market assessment 1.2 Quantities purchased 1.3 Quantities delivered 2.1 # of work days 2.2 # of active participant of FFW</p> <p>3.1 # of children in program 3.2 average gain of weigh per month 4.1 # and kind of trees produced 4.2 # of trees planter 4.3 # of hectares recovered 5.1 # of Health Agents trained in nutrition 5.2 # of Agricultural Agents trained in Food Management 5.3 ratio food purchase/food reported to be effectively distributed according to FPMG Standards 6.1 # of children in program 6.2 average weigh gain each month 6.3 # of rations distributed</p> <p>7.1 # of women in program 7.2 average weigh gain of women</p> <p>Number of tons of food delivered Number of people receiving two food distributions.</p>	<p>Programme reports Purchase forms Distribution forms Medical child follow-up sheets</p> <p>CREN reports on program Nutrition reports from the CREN</p> <p>CREN nutrition and food distribution reports</p> <p>Food receipt reports Food distribution reports</p>	<p>(Outputs to purpose) Civil stability Pursuit of the successful partnership with MSF and State Health Structures Long term partnership with WFP and ADPs.</p> <p>Women stop participating in the programme because of the distance they must come.</p> <p>Transportation to villages is adequate to meet distribution requirements, especially with the rains.</p>
<p>ACTIVITIES: ADP 1.a Market studies and selection of suppliers 1.b Purchase and transport of food to the Cereal Banks</p>	<p>INPUTS: 1.b-c US\$ 98,454\$</p>	<p>Program and ADP reports</p>	<p>(Activity to output) Good Coordination of WV's Program Coordinator Availability of food on local market at prices within the budget limits</p>

<p>1.c Storage 2.q Selection of villages and persons involved in FFW 2.b Community awareness and organization of the work 2.c Monitoring of the work 3.q selection of partner health centres and establishments of MoU 3.b identification and selection of enrolable under-5 children 3.c food supplementation 3. d equipment of CSI with mills, weighing material, medicines, 3.4 nutritional monthly monitoring of children 4.q training and launching of 10 tree nurseries 4.b small supplies and seeds purchase 4.c production of 30,000 seedlings 4.d field recovery: digging of 30,000 half-moons 4.e in August: plantation of seedlings 4.f technical supervision 5.q nutrition training for 10 Agents</p> <p>6. Nutrition. In collaboration with MOH Set up CRENs in each health centre in Maradi and Zinder (53 CRENs)</p> <p>7. Train WV staff and MOH staff In nutritional screening techniques</p> <p>Activities in Non-ADP Areas</p> <ol style="list-style-type: none"> 1. Work with each village to nominate committee (10) to register families and organise distribution 2. Organise transport and warehousing 3. Transport and distribute food in villages with committee support 	<p>3.d US\$ 17,382</p> <p>4.q US\$ 600</p> <p>4.b --c--d US\$ 4,200</p> <p>4.f US\$ 3,920 5.q US\$1,500\$</p> <p>Salaries: US\$ 10,816\$ Management costs: US\$ 2,770</p> <p>Value of nutrition program US\$ 1,087,711</p> <p>Non-ADP Budget Value of program US\$ 3,419,823</p>		<p>WV's accounting and administrative teams deliver services in time Financial resources available in time External partners (Governmental Agents, Masons, Suppliers,...) deliver services in time</p> <p>Village committees are representative of their people and ensure fair distribution takes place.</p>
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Please note that no Zonal Administrative Costs and no IPC will be put in this program to allow a maximum completion scope. The ADPs budgets will cover these Zonal and IPC costs as usually. The ongoing ADPs budgets will serve as a match for in-ADP travel,

Annexe D1. Results (by Logical Framework) – CARE

Planned	Achieved	Comments
<p>Goal: To reinforce the capacity of households to prevent and manage crises; and To reinforce the mission capacity in emergency preparedness and response</p>	<p>This has begun with the immediate relief phase and will continue through the recovery phase. The participation of 150 agents of the mission in emergency preparedness and response activities.</p>	<p>Most figures are provisional, and include numbers as of mid-October 2005. Final reports for distributions have not been confirmed and nutrition interventions are ongoing.</p>
<p>Purpose: Phase I: Relief 1.1 Provide adequate food for populations facing food insecurity as a result of the drought. 1.2 Provide targeted food assistance for people already malnourished as a result of the drought, especially children under five and breastfeeding mothers 1.3 Provide support to local health structures to enable them to meet additional needs resulting from the emergency. 1.4 Sensitize populations to collect drinking water from safe sources. 1.5 Provide animal feed to herders in the agro-pastoral zones.</p>	<p>1.1 Distributed 23,000 MTs to 1,000,000 beneficiaries in the regions of Diffa, Maradi, and Tahoua. 1.2 Provided food and nutritional education for 5,300 moderately malnourished children under five years in Tahoua and Zinder regions. In areas where no general food distribution was undertaken, family food rations were provided. 1.3 Supported health structures through provision of medicines and nutritional recuperation training for 20 health agents. 1.4 Health education for behavior change was carried out in 23 villages in the Tahoua region. 1.5 Provided 130 MTs of animal fodder in the most affected pastoral zones of Diffa and Maradi.</p>	
<p>Outputs: Phase I: Relief 1.1 By meeting their immediate food needs, rural households affected by the food crisis will be able to focus on production activities and make it easier to pay their debts, thus accelerating their recovery. 1.2 Decline in rates of moderate and severe malnutrition. 1.3 Maintain standard of health services and prevent deterioration of health status of drought affected population. 1.4 No major increase in water-borne diseases due to the food crisis. 1.5 Decreased number of conflicts between herders and farmers over use of natural resources. 1.6 Decreased animal mortalities, which will safeguard livelihoods and provide additional source of food (meat, milk).</p>	<p>1.1 Distributed between 50-100 kgs of cereals to 1,000,000 beneficiaries in 145,000 households. Additionally, the most vulnerable households also received pulses and oil. 1.2 Surveys have not yet been carried out. For CARE, 80% of children treated for moderate malnutrition have recovered. 1.3 Treatment of moderate malnutrition cases prevented deterioration into severe malnutrition for 5,000 children. 1.4 CARE collaborated with the Ministry of Health in intervention zones for the treatment of water sources and providing appropriate treatment for infected cases. 1.5 Provision of animal fodder before the beginning of rainy season lessened animal mortalities but was no longer necessary when the rains started. 1.6 No surveys have been done, but qualitative reports from the areas in which animal fodder was distributed describe fewer a lesser rate of animal mortality.</p>	

<p>Activities: Phase I: Relief</p> <p>1.1 Distribute free food rations to affected populations.</p> <p>1.2 Support the nutritional recuperation of moderately malnourished children.</p> <p>1.3 Train partners (including targeted communities) and government technical services in humanitarian principles and organization of distributions.</p>	<p>1.1 Distributed 23,000 MTs to 1,000,000 beneficiaries in the regions of Diffa, Maradi, and Tahoua.</p> <p>1.2 Training of 750 “Enlightened Mothers”, 120 community management members, 35 program agents, and 24 government health agents. Nutritional education and demonstrations in small groups for 5,300 mothers of malnourished children. Distribution of food to 5,300 children and their families. (Family rations were given only in areas where no general food distribution took place.)</p> <p>1.3 Training for over 200 participants in distribution activities.</p>	
<p>Inputs:</p> <ul style="list-style-type: none"> ○ Provision of food rations by CARE and other partners ○ Provision of Unimix by UNICEF ○ Provision of water disinfectants for drinking water by WHO ○ Utilization of human and physical resources of CARE from other CARE programs ○ Utilization of government agents ○ Community support and collaboration 		

Some of the objectives in CARE's LogFrame were not realistically achievable in the conditions prevailing at the time it was written:

1.1 Assuming that 'adequate' food is determined by the Sphere minimum standards, it is doubtful whether this objective was met. Given that CARE did not intend to address the minimum food requirements for the entire population, it would have been more appropriate to refer to 'targeted populations'.

1.2 Given that malnutrition is not necessarily linked to food shortages in Niger, it would be very difficult to identify 'people already malnourished as a result of the drought'. Furthermore, a baseline survey identifying those who were already malnourished prior to the drought was not available.

1.5 Given that CARE did not intend to provide animal feed for all herders, this should statement should be quantified.

Relevance

CARE is to be commended for monitoring the situation closely and increasing levels of preparedness according to evolution of the **crisis**. It did this by 're-tooling' their operation with the recruitment of large numbers of national staff and hiring of additional vehicles, as well as identifying additional needs and requesting the resources with which to furnish them. As the **crisis** evolved into an **emergency** these preparations were very appropriate and enabled a relevant response limited only by arrival of food aid from overseas.

Connectedness

CARE has a long presence in Niger and is considered to be the lead NGO by GoN thus affording a strong relationship and an influential voice with Government. This reputation is echoed by WFP who designate CARE as the lead agency during the food distribution. With this prominence comes a certain ethical/moral responsibility – especially towards newly arriving NGOs. However, whereas CARE took advantage of its position to encourage GoN to begin free food distributions it failed to take a leadership role in relation to coordination and advocacy during the **crisis** and the **emergency**.

Coordination

CARE was well aware of the impending crisis and achieved "considerable momentum by the time a Type 2 emergency was declared"² but failed to exercise leadership amongst the NGO community. While the Team understands CARE's predicament it could, perhaps, have helped to avoid what evolved³ into an **emergency** through leadership in group analysis of the situation, coordinated efforts and the achievement of 'economies of scale'.

Efficiency If had CARE thoroughly analysed the warning signs, without preconceived expectations, its response to the crisis could have been more efficient and decidedly more effective.

With regard to CARE's Supplementary Feeding Centres, five centres were visited by the Team in Zinder but three were not in operation due to a lack of food and the inclusion of malnourished pregnant and lactating mothers had not been implemented as planned.

² Jock M. Baker. *Niger Food Crisis Mission (August 2-16, 2005)*, draft version August 20, 2005.

³ Unnecessarily, in the Team's opinion.

However, considerable effort has been expended in training of the local management of centres and Committee members felt that the skills learnt would be useful in the longer term.

Effectiveness

CARE needs to pay attention to the local commodities market, particularly in the current environment of food aid reduction, monetization and increasing local purchase. The potential of rationing, free food distribution and local purchase to create market distortion needs to be better understood so that CARE can influence a more appropriate and effective response in the future.

There were policy, communications and administrative problems which undermined the effectiveness of the Supplementary Feeding Centre programme:

- a) It has been policy to close feeding centres when the case load falls below ten. Whilst this has cost efficiency benefits and allows the opening of new centres, it is recommended that such policy be communicated to the committees at the outset and that they be informed of forthcoming closure.
- b) In the centres visited, the majority of children were ill with fever and/or diarrhoea. As the centres can be up to 15 km from the nearest health facilities, it is recommended that the CARE monitoring teams be facilitated with a capacity to diagnose and treat common illnesses at the site of the feeding centre.
- c) It is recommended that sufficient food reserve stocks be given to the centres to allow for their delayed replenishment.
- d) One centre was without food because of reported mismanagement of the cash float by the committee treasurer. A system needs to be developed whereby such problems can be addressed without disruption to supplies.
- e) Committees complained that they do not receive encouragement for their work and particularly so for the considerable time devoted by the 'Mamans Lumieres'⁴.
- f) Different agencies in the supplementary feeding sector in Zinder operate with different policies and procedures. While this needs to be corrected, CARE should question whether it actually has a comparative advantage in this sector.

Impact

CARE did find itself urging the government to conduct mass food distributions when this was, by then perhaps, the only realistic solution to the **emergency** and this is to CARE's credit. The evolution of the **emergency** and the impact of local purchases cannot be blamed on CARE.

CARE Supplementary Feeding Centres

Five supplementary feeding centres were visited in Zinder, three of which were not in operation at the time due to a lack of food. The inclusion of malnourished pregnant and lactating mothers has not been implemented as planned.

Considerable effort has been expended in the training of the local management of centres but committee members reported that they felt the skills learnt would be beneficial in the longer term.

⁴ A type of Traditional Birth Attendant.

There are however policy, communications, and administrative systems problems that have undermined the early implementation of this programme:

- i)** It has been the policy to close a feeding centre when the case load falls below 10. Whilst this has cost efficiency benefits and allows the opening of new centres, it is highly recommended that this policy be reconsidered. A clear policy regarding the closure of centres should be established and communicated to the committees.
- ii)** In the centres visited, the children still in the programme were all ill with fever or diarrhoea. As the centres can be up to 15 kms away from the nearest health facility it is recommended that the CARE monitoring teams be buttressed with a capacity to diagnose and treat common illnesses at the site of the feeding centre.
- iii)** It is recommended that sufficient food is given to the centres to allow a reserve stock for the event of a delayed replenishment.
- iv)** One centre was without food because of a reported mismanagement of the cash float by the committee treasurer. A system needs to be developed such that such inevitable problems can be handled without disrupting the supply of food to the malnourished children.
- v)** Committees complained that they do not receive any motivation for their work. Particularly for the considerable time devoted by the “Maman Lumiere” this seems to be an unreasonable position for CARE to adopt and one not in line with other agencies in the area.
- vi)** Different agencies involved with supplementary feeding programmes in Zinder operate with different policies. It would be appropriate for agencies to work together to establish common policies and procedures.

Annexe D2. Results (by Logical Framework) – CRS

Planned	Achieved	Comments
Goal: Food security of rural households in Niger affected by drought and locust invasions is improved		
Purpose: 1. Households most affected by drought and locust have recovered production level to pre-disaster level.	To be done	Results to be published after a joint evaluation (CRS/Niger/Burkina/Mali) in later November 2005
Outputs: 1. Households victim to drought and locust invasions in the departments of Ouallam, Tanout, and Tillabéri have planted their fields. Output A. Target households of the Departments of Ouallam, Tilliberi and Tanout have access to quality seeds for the 2005 agricultural season on time.	To be done Ouallam – 9,000 households accessed seeds; Tanout - 10,000 households accessed seeds; Tillabéri – 5,000 households accessed seeds;	Results to be published after a joint evaluation (CRS/Niger/Burkina/Mali) in later November 2005
Activities: 1.1 Conduct a rapid rural appraisal (RRA) to identify and determine the availability of the appropriate seed for the target areas 1.2 Inform and coordinate with FAO, WFP, institutions of research and training (ICRISAT, INRAN, Etc.) and the GON Ministry of Agriculture at the national and local levels 1.3 Identify target beneficiaries and suppliers; 1.4 Train CRS and partner staff on conducting seed fairs; 1.5 Sensitize beneficiaries and suppliers about the SVF approach; 1.6 Organize and implement seed fairs 1.7 Provide local coordination and management of SVF activities 1.8 Monitor the beneficiaries and related project activities during the season 1.9 Produce final report and share with partners 1.10 Evaluate the post SVF activities 1.11 Conduct the RSSSA in the project area 1.12 Organize a workshop on RSSSA	1.1 RRA conducted, seeds and vendors identified to participate in the seed vouchers and fairs (SVF); 1.2 Letters of information sent to FAO, PAM, GON, ICRISAT and INRAN. Both ICRISAT and INRAN participated in SVF; 1.3 24,000 beneficiaries identified, XXXXX suppliers; 1.4 Three trainings conducted: Tillabéri – 16 people trained; Ouallam – 16 people trained; Tanout – 16 people trained. Total number trained: 48; 1.5 In each district four to five days of IEC activities were conducted before the implementation of SVF. Methodology: community meetings in target villages, rural radio emission, visits to targeted vendors; 1.6 49 SVF implemented: Ouallam (18), Tillabéri (11), Tanout (20); 1.7 CRS lead coordination and management in collaboration with GON technical services and Caritas volunteers; 1.8 On-going monitoring and final evaluation (late November 2005); 1.9 November 2005 ; 1.10 November 2005 ; 1.11 Tentative date: January 2006 1.12 Not done	
Inputs:	Project reports and accounts	

Relevance

Seed fairs are very relevant to the better and wider selection of good genetic material and CRS' intervention in this sector was timely in that it added an economic input into households at a time when the purchase of seed presents a burden on their family budgets.

Given the chronic production shortage and household debt levels, however, this is insufficient to return production to pre-disaster levels. Increased yields requires further agricultural inputs (such as fertiliser) which still largely fall outside the economic scope of the affected farmers.

Coverage

It was noted that, during their distribution activities, CRS was very conscientious in ensuring correct distributions to targeted beneficiaries and identifying vulnerable villages that were overlooked by the initial CCA/WFP distribution list. None of the interviewed beneficiaries were able to identify CRS as the distributing agency but this is not necessarily significant.

Connectedness

The various stakeholders interviewed did not consider CRS to be a major player in the emergency response nor to have an influential voice. While this is not necessarily negative, the Team considered that it underrated CRS' work and particularly that in development. CRS may wish to consider a strategy to increase recognition of its work.

For all the Partners, the Team found very little evidence of collaboration and coordination between stakeholders, not only during the slow onset **crisis** period, but also during the rapid onset **emergency**. This needs to be improved.

Efficiency

The quality of CRS' response was not considered to be of its usual high standards and the Team identified the following deficiencies:

- Limited emergency roster of qualified personnel;
- Lack of French speaking short-term personnel;
- The high number of short-term staff;
- Lack of short-term staff mission reports;
- Lack of short-term national staff; and
- Lack of emergency/distribution training for country programme staff.

CRS worked under immense pressure but with little attention paid to staff care. Field staff worked long hours with no weekend breaks and were overburdened with visitors. This cannot have helped their efficiency.

Effectiveness

The Team found that, while temporary staff played an important functional role in the **emergency**, few left concrete contributions upon which the CRS programme could build. The most notable exception, however, was the analysis of CRS' needs for Emergency Recovery Programme implementation which has given a tangible basis upon which CRS can base its future staff development plans.

While the rapid-onset **emergency** could not have been foreseen, once the response was mobilised certain issues should have been assured. For example, whereas WFP cancelled all leave and transfers during the emergency, CRS made a change of Country Representative. While the Team acknowledges that it is not privy to the reasons for changing this key position, it is nevertheless recommended that CRS consider the prudence of such a decision and the impact it had on the effectiveness of the emergency response.

Impact

One impact of the **emergency** experience should have been the improved capacity of CRS to respond to future emergencies (the re-occurrence of which there is a very high probability). The Team found that the CRS staff still lack training and would still find it difficult to cope with another emergency. Some staff expressed the lack of emergency preparedness/response training (distribution, logistics, crowd control etc) represents a missed opportunity. They also expressed the need for an After Action Review to provide a forum for internal analysis, to identify what went well, to recognise what did not, to learn lessons, to highlight strengths and to address gaps.

Annexe D3. Results (by Logical Framework) – Save the Children (UK)

Planned	Achieved	Comments
<p>Goal: Reduce morbidity and mortality caused by malnutrition among children below 5 years of age in Zinder region and south Maradi region.</p>		
<p>Purpose: Reduce the prevalence of Global Acute Malnutrition to < 10% Weight/Height z-score, through implementation of Supplementary and Therapeutic Care and increase access to primary health care for the local population of Maradi and Zinder regions through support to the government health institutions.</p>		
<p>Outputs:</p> <ol style="list-style-type: none"> 1. Understanding of the prevalence and causes of malnutrition in Zinder region. 2. Reduction of acute malnutrition rates to acceptable levels (<10% WHZ scores in the target areas). 3. Severe and moderate acute malnourished cases are treated in Zinder (4,275 moderately malnourished and 1080 severely malnourished cases are treated in the CTC in 2 districts). 4. Moderate acute malnourished cases are treated in Maradi (10,321 moderately malnourished cases are treated in the SFP in 2 districts) 5. Minimum coverage of CTC programme achieved (>50% of malnourished children in the target area receive nutritional rehabilitation). 6. Documentation of CTC strengths and weaknesses to share with policy makers (Adherence to treatment protocols and SPHERE indicators). 7. Family food rations are received by households with children in CTC and SFP programme (All Households in the programme receive food rations). 8. EPI coverage known (EPI coverage survey included in nutrition assessment). 9. Cold Chain is procured (Cold chain gaps are assessed and filled). 10. Immunisation coverage is increased (Measles immunization coverage for children ages 11 - 23 months reaches 90% ; Complete immunization coverage for children ages 11 - 23 months reaches 20% ; Tetanus Toxoid (TT) 2 immunization coverage for pregnant women reaches 50%). 	<p>Not evaluated</p> <p>Not evaluated</p> <p>7 000 moderately malnourished 750 severely malnourished</p> <p>7 500 moderately malnourished 850 severely malnourished</p> <p>To be evaluated</p> <p>Ongoing.</p> <p>More than 15 000 families served. Achieved/ongoing</p> <p>Not done</p> <p>Ongoing</p> <p>No longer an objective.</p>	<p>Quality survey required</p> <p>Quantitative survey required</p> <p>As at end of September 2005</p> <p>UNICEF Niger to undertake the exercise</p> <p>To be revised</p>

<p>11. Essential drugs and medical supplies are procured, distributed and tracked (90% of all health centres have an uninterrupted supply of essential drugs and supplies throughout the project period).</p> <p>12. Head nurses in PHC clinics are trained on PHC concepts (All head nurses are familiar with PHC concepts including treatment protocols, usage and prescription of drugs, vaccination techniques, epidemiological surveillance techniques, and community health).</p> <p>13. System for indigents is established (Indigents are registered and supported).</p> <p>14. Health centre attendance increases.</p>	<p>Completed</p> <p>Ongoing</p> <p>Not known</p> <p>Ongoing</p>	
<p>Activities:</p> <p>1. Conduct a nutrition and EPI coverage assessment in Zinder. Thereafter, undertake assessments every 6 months in Zinder and Maradi.</p> <p>2. – ditto below -</p> <p>3. Set up CTC programme in Zinder.</p> <p>4. Set up SFP programme in collaboration with MSF in Maradi.</p> <p>Determine coverage of food rations distributed to malnourished households and distribute in areas not covered.</p> <p>9. Procure cold chain needs and reinforce immunisation Programme.</p> <p>10. – ditto above -</p> <p>11. Supply essential drugs and medical supplies to health centres.</p> <p>12. Provide training for staff at health centres.</p> <p>13. Establish procedures for indigents in each community.</p> <p>14. Collect, analyse and report morbidity and mortality statistics and other indicators of the nutrition and health programme.</p>	<p>To be reviewed</p> <p>Achieved</p> <p>Not achieved</p> <p>Ongoing</p> <p>Achieved</p> <p>Ongoing</p> <p>Ongoing</p>	
<p>Inputs:</p> <p>Supplies/Materials – £80,200</p> <p>Non-personnel – £20,800</p> <p>Personnel – £60,000</p> <p>Personnel support – £17,000</p> <p>Others – £12,000</p> <p>Agency support – £10,000</p>	<p>Project reports and accounts</p>	

Relevance:

SCUK were invited into Niger by MSF in order to take the work pressure off the latter so they might specialise on the malnourished with medical complications. The management of Supplementary/Therapeutic feeding centres and primary health care intervention is very much within SC's area of comparative advantage and they have a long experience of working with Government health institutions. For them to address such without extending themselves into areas where they have no particular expertise is considered to have been appropriate.

The highest proportion of the nutritionally most vulnerable in Niger are located in Maradi and Zinder regions and so the choice of these was very relevant. The fact that SCUK entered the two regions as an **emergency** response was, however, incorrect if it was judged to have been a short-term intervention because the problem there is a structural one⁵.

It is for this reason that SC must now commit itself to a longer-term stay if its name 'Save the Children' is to be meaningful.

Coverage:

The coverage achieved is now reaching that planned (albeit in different proportions of severe and acute cases) but it is doubtful whether the coverage is sufficient to satisfy the actual number of cases in need. However, had SC been able to recruit more qualified staff, coverage could have been much wider.

Connectedness:

Currently, funding is definitely secured until March 2006 but there are no formal plans to have a longer term project in Niger although this will be reviewed in early 2006. While other Partners have not proven to be good at working within Government frameworks, this is one of SC's strengths and should be exploited.

Efficiency:

The first SC person was on the ground on 12th July 2005 and the first child was fed on 12th August 2005. This is impressive. To have begun the implementation of an emergency nutrition and health project from entry into a new country to its establishment on the ground is proof of the efficiency of the intervention

There have been difficulties in achieving the medical outputs due to SC's inability to secure appropriate staff but this did not affect the essential task of feeding moderately and severely malnourished children under the CTC protocol. The CTC implementers (Valid International) were instrumental in the training of international and national staff before the process of child screening began and the speed at which this was organised is again impressive.

Effectiveness:

Following CTC feeding protocols, the full effect was not seen for at least one month when there were medical staff in place to perform its medical aspects.

⁵ As argued in the main report.

SC mobilised as soon as funding had been secured but it could be argued that, using own-funds, the response should have been earlier but it is understood that such facilities were not available in-house. While this was, no doubt, linked with SC response to other recent large-scale disasters, the availability of such a fund would have been useful and the scale of finances required of it would not have not have been excessive at the assessment and mobilisation stages.

It was not until the MSF international press release in May 2005 that the agency initialised formal funding requests; in other words, no action was taken until the situation became a political issue and the intervention could thus be accused of being media- and funding-driven. This is not the issue – the issue is that, had SC had a capacity to monitor events in non-intervention vulnerable countries (albeit that Niger is Francophone and perhaps not in SC ‘sphere of influence’) it should have had a presence in Niger for a long time previously⁶.

Nevertheless, as soon as the assessment report was finalised, SC acted promptly and appropriate stocks were expeditiously dispatched.

Initial response to the formal funding requests were good and resources assured from DFID and ECHO, with a more than generous sum emanating from the agency’s website appeal. SC were also instrumental in pushing forward for a DEC appeal, which also brought favourable results.

The main longer term constraint was that of HR and the (apparent) lack of technically competent⁷ French speaking international staff. While the inability of British NGOs to recruit French speakers is celebrated, this should not be a problem if a proper data-base is maintained at HQ. This needs to be corrected.

The additional family ration for beneficiaries and the WFP general food distribution did alleviate a certain amount of suffering but tended to be ‘too little, too late’⁸.

Impact:

Perhaps SC’s greatest impact was through the proxy support given to MSF which enabled the latter to concentrate on the more complicated cases. The co-ordination with other agencies (WFP, MSF and CARE) and an apparent lack of ‘own agenda’ seen in many other agencies presented a good model to the humanitarian community. Within the constraints of coverage, SC would seem to have ensured focus on the most vulnerable in their (albeit limited) zones of intervention.

The main focus of the CTC nutritional programme was to target the most vulnerable children and, thanks to good co-ordination with Care and WFP in dealing with the general food distribution, the chances of children receiving food specifically allocated to them were improved.

The family ration for the families of malnourished child beneficiaries was passed to the women directly and was additional to the family ration distributed through WFP. This made possession of a malnourished child an asset and it is not certain whether this had negative consequences.

⁶ Perhaps years earlier.

⁷ Medical, nutritional and logistics staff.

⁸ See Main Report

Annexe D4 Results (by Logical Framework) – World Vision

Planned	Achieved	Comments
<p>Goal: ADP Improvement of food security and nutrition in rural ADPs of WVNiger. Non ADP Improvement of food security in rural non ADP areas of Maradi and Zinder regions where HHs are suffering from extreme food insecurity.</p>		<p>Local purchase of food contributed to price rise of staple food thereby actually undermining food security.</p>
<p>Purpose: ADP Initial launching of a long term food security and nutrition program in existing ADP areas Non-ADP Areas Ensure HHs in Non-ADP areas have enough food to feed themselves until the harvest.</p>	<p>General distribution to at least 11,852 people took place.</p>	<p>Distribution were too little, too late, and with insufficient coverage to achieve the stated purpose.</p>
<p>Outputs: ADP 1. 206 MT of food are delivered in FY05 as a Food Aid 2. 1650 persons benefit from Food Aid through Food for Work activities (about 10,000 family members benefit from it) 3. 1,000 malnourished children and 3,000 siblings benefit from food supplementation 4. 125 hectares of field recovered and planted with high value trees 5. the capacities of WVN to manage food aid and nutrition program is scaled-up 6. 6,884 children under five who are either moderate</p>	<p>According to WVI reports, 1,931 MT⁹ were distributed in the first round of WFP distributions in both ADP and non ADP areas. Figures for 2nd round were not available but were expected to be 50% of first round, implying a total of 2,900 MTs. This is short of the 4,534 MTs planned.</p> <p>The calculated number of beneficiaries from the WFP first round was 111,852. However from the study conducted in Tirmini it would seem likely that beneficiary numbers were higher and rations lower than planned.</p> <p>As of the 6th October WVI had supported a total of 9,548 ¹⁰moderately and severely malnourished children.</p> <p>Training of WVN staff took place in Zinder but only after the first round of distributions had taken place.</p>	<p>Study of WVI distribution in Zinder (Tirmini) indicated that rations did reach heads of household at the agreed ration for the first round of distribution. However there was an absence of WVI involvement in registration. Community distribution lists were not in conformity with those held by WVI. Long distances were travelled by beneficiaries to collect food. Communities reported poor communications and disorganized distributions. There was no intention by WVI to conduct post distribution monitoring. Distribution was based on tax registers which had a highly variable family size¹¹ associated and an average family size of 10.8. No second distribution was carried out and 90MTs were returned to WFP.</p>

⁹ This was compiled from reports with no consolidated figure being provided. No response was received from WVI to request to verify figures.

¹⁰ UNICEF report.

¹¹ Up to a family size of 115 (comprising 3 generations).

<p>(every two weeks) and severely (every week) malnourished receive recommended ration between Aug '05 and Feb' 06. 7. 1,209 in Maradi and 1,248 in Zinder pregnant or lactating women receive recommended ration between Aug 05 and Feb 06 Non-ADP areas 1. 4,328MT of WFP food is delivered in non-ADP areas. 2. 163,700 individuals receive 2 food distributions.</p>	<p>The evaluation team were not able to disaggregate information from ADP and non ADP areas. Please see above.</p>	
<p>Activities: ADP 1a. Market studies and selection of suppliers 1b. Purchase and transport of food to the Cereal Banks 1c. Storage 2a. Selection of villages and persons involved in FFW 2b. Community awareness and organization of the work 2c. Monitoring of the work 3a. Selection of partner health centres and establishments of MoU 3b. Identification and selection of enrolable under-5 children 3c. Food supplementation 3d. Equipment of CSI with mills, weighing material, medicines, 3e. Nutritional monthly monitoring of children 4a. Training and launching of 10 tree nurseries 4b. Small supplies and seeds purchase 4c. Production of 30,000 seedlings 4d. Field recovery: digging of 30,000 half-moons 4e. In August: plantation of seedlings 4f. Technical supervision 5g. Nutrition training for 10 Agents 6. Nutrition. In collaboration with MOH Set up CRENS in each health centre in Maradi and Zinder (53 CRENS) 7. Train WV staff and MOH staff In nutritional screening techniques Activities in Non-ADP Areas 1a. Work with each village to nominate committee (10) to register families and organise distribution 1b. Organise transport and warehousing 1c. Transport and distribute food in villages with committee support 2. – ditto -</p>	<p>No evidence seen that this activity took place. Took place Committee representative present at distributions.</p>	<p>In Tirmini, distributions were organized by a committee at Canton level but there was no village representation.</p>
<p>Inputs: 1b/c. US\$ 98,454\$ Salaries: US\$ 10,816\$ 3d. US\$ 17,382 Management costs: US\$ 2,770 4a. US\$ 600 Nutrition program US\$ 1,087,711 4b/c/d US\$ 4,200 Non-ADP Budget: US\$ 3,419,823 4f. US\$ 3,920 5g. US\$1,500\$</p>	<p>Project reports and accounts</p>	

The Evaluation Team Leader knows World Vision well, has carried out a number of consultancies for the organisation and is highly respectful of its work particularly in Afghanistan and Northern Uganda. However, there is something seriously wrong in Niger. This has been discussed with its Team Representative, Boube Aw, and the following comments bear no reflection on his own competence or goodwill.

The organisation in Niger did not engage with this evaluation despite having committed significant funds towards it:

- i) Its representative did not join the Team until five days into the study and left at the end of the field mission thus being unable to add anything to the report or into its thinking processes;
- ii) World Vision representation at the evaluation partners' post-field mission workshop was limited to a one-hour visit by two of its staff with no contribution to the proceedings;
- iii) World Vision representation at the evaluation partners' debriefing session was nil;
- iv) The World Vision representative in Zinder did not arrive for an arranged meeting with the Evaluation Team Leader leaving him waiting for one and a half hours;
- v) Difficulties were experienced in arranging field visits with World Vision although, in fairness to the organisation, this may have resulted from a certain friction with a Team Member;
- vi) The Representative sent by World Vision to work with the Team did not speak the Hausa language which is local to the region visited by the Team;
- vii) Requests for information (notably the for 3-column LogFrame analysis above) were not answered.

Given these constraints, the fact that there are blanks in the report relating to the organisation's interventions and the fact that certain 'heresay' reports could not be corroborated on the ground, it is difficult for the Team to make a meaningful evaluation of World Vision's work. World Vision did have its own problems of overstretched capacity, change of National Director, no experience of evaluation and difficulties in releasing well suited staff from other operations in Africa, all of which are well understood by the Team.

It should be noted that an evaluation is a constructively critical exercise and not an exercise in applause. The other Partners have been subject to constructive criticism where necessary and so it must not be assumed that the Team is being wilfully unfair to World Vision due to the above comments.

Relevance

World Vision has been present in Niger for a number of years and is well respected for its usual high standard of development work through, *inter alia*, child sponsorship. When the **crisis** began to develop, the organisation responded with a flexibility which enabled it to expand some of its activities such as FFW and which directly addressed food security and food shortages.

When the **emergency** arose, irrespective of the reasons for it and which was through no fault of its own, World Vision responded with an intervention which was very relevant to the problem at the time – that of free food distribution.

Given the state of cereal supply and the food crisis, it was not advisable that WVN pursued cereal purchases within Niger as discussed in the Main Report (this includes other Partners).

Coverage

The Team has estimated that 2 900 MT of free food aid was distributed in two rounds (less than the 4 534 MT planned) and the calculated number of beneficiaries from the WFP first round was 111,852. The consequent average allocation of 26 kg per person seems to be high considering that the distribution was for only one month's needs (for the vulnerable) and one and a half month's (for the highly vulnerable) but, from the Team's study in Tirmini, it would seem likely that beneficiary numbers were higher and consequent rations lower than planned.

As with the other partners but without evidence, the Team consider that, while there was no evidence of overlap, some significant areas were not covered due to the fact that direction of targeting was by CAA using information which was already more than six months old.

Connectedness

Clearly WVN would have had a moral responsibility (if not a realistic practical need) to address its existing development areas and particularly those in which child sponsorship is a component. This is good development practice in which emergency is treated as a shock in a longer-term development perspective and where development works towards the mitigation of the effects of shock.

Coordination

It appears that WVN did not consider the work of MSF or SCUK in Zinder and Maradi when it planned to set up CRENs in every health centre (53 in total) there and where there was an opportunity for WVN staff to collaborate with them in nutrition training courses.

The Results by LogFrame (above) exposes a lack of WVN capacity in nutritional response in that it does not appear to have entered into this planned activity at all. This is not surprising since it is not a sector in which WV has a celebrated comparative advantage. It would have been advisable for WVN to coordinate better with other agencies and/or remain within its core competencies.

Efficiency

WVN representative's initial presentation to the Team in Niamey emphasised the speed with which the organisation had distributed its WFP food and it is true that WVN was the 'first past the post' *vis-à-vis* the other Partners. However, uncorroborated 'hearsay' in the field drew the Team's attention to the possibility that speed had been achieved at the expense of drop-off proximity to beneficiaries and good targeting. It was said that WVN 'threw' the food at those who arrived at the distribution points and thus denied some 'targeted' beneficiaries their rightful rations. The Team cannot comment here but it is something which WVN should investigate.

Effectiveness

The Team is unsure whether the organisation made **emergency** interventions in non-WVN development areas but, in relation to the comments made in **Connectedness** above, the effectiveness of such non-development intervention has to be considered small and imparting very temporary relief.

Annexe E1. Niger Rainfed Calendar



Niger Rainfed Calendar.pdf

Annexe E2. Niger Agro-pastoral Calendar



CARE.Niger AgroPastoral Calendar.pdf

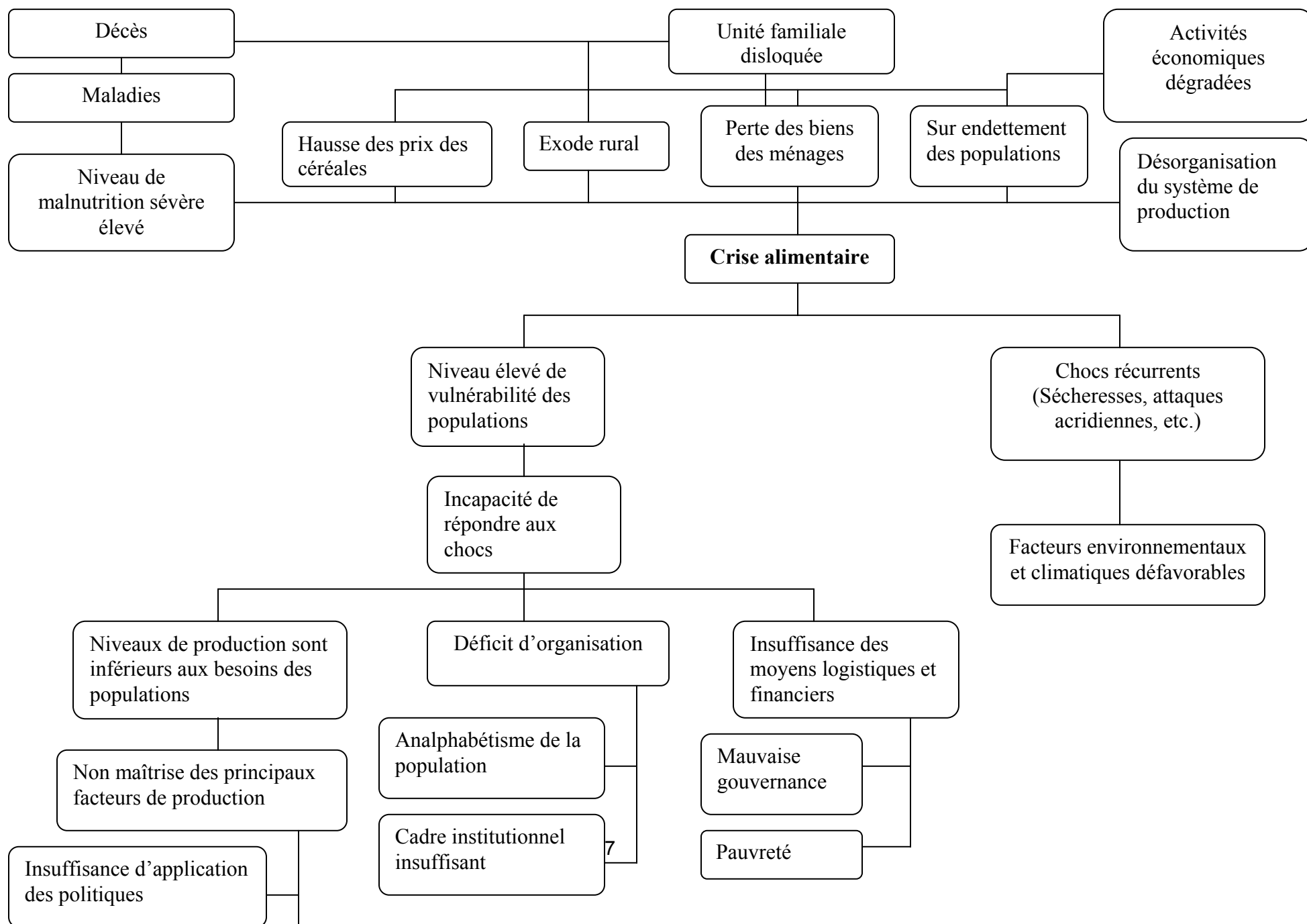
Annexe F. List of Interviewees

Organisation	Interviewee
CARE	Kathy Tilford, Country Director Amadou Sayo, Deputy Country Director Juliana White, Information Management Officer Dr.Fatima, Directrice, Zinder Alio Namata, Chief of Emergency Unit (Responsible of SCAPRU) Dr Harouna Amadou, Project Manager Supplementary Feeding Programme, Zinder Balla Allo, Administrator, Zinder Illiason Adamou, Project Manager, Maradi Djimraou Aboubacar, Programme Co-coordinator, Maradi
CRS	Lisa Washington Sow, Country Director Marianna Hemsley, Programme Quality Coordinator Adamou Hamadou, M&E Manager Souradsa Mamane, Zinder
European Commission	Olivier Lefay, Charge de Programme
FES Net	Yahaye Tahiron, Head
Government of Niger: CCA SAP	M.Bakeri, Director Hamani Harouna, Coordinator
MSF	Dr.Brigitte, Medical Co-ordinator, Zinder
Prefecture of Maradi	Naman Habou, Secretary General Amadou Boukata, Assistant Secretary General & Chair of Regional SAP Committee
Region of Zinder	Mme.Adamou Maymouna, Assistant Secretary General Aboubacar Ogoge, Director MoA
SCUK	Malik Allaouna, Country Director Bienfait M'mbakwa, Nutritionist Clea Kahn, Tessaoua Theo Neyme, Tessaoua Iris Knuppart, Tessaoua John Fowler, Project Manager, Zinder
UNICEF	Dr.Elisabeth, Country Director
US Embassy	Zakari Madougou, Assistance Development Coordinator
WFP	Gian Carlo Cirri, Representaive Jean Noel Gentile, Deputy Country Director Elie Iyakaremye, Head of Sub-Office Zinder
World Vision	Eleanor Monbiot, Director for Humanitarian Learning Pauline Wilson, IWG Leland Brennenman, Relief Manager Moussa Sangara, Relief Team Programme Support <i>Ilio Maman Hurou, Deputy Manager, Maradi</i> <i>Taou Chetima, Distribution supervisor, Kunguim</i> <i>Souleyman Mamane, Distribution Supervisor Guioliguin</i> Mamon Aboubaker Sub-office manager, Zinder

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Annexe H. Participatory problem analysis



Annexe I. Participatory Solution analysis

	PROBLEMES	SOLUTIONS
	<ul style="list-style-type: none"> ▪ Réponse tardive ▪ Financements arrivés en retard ▪ Pas assez de temps pour la mise en œuvre (beaucoup de pression) ▪ Exigence des bailleurs de fonds de faire tout en même temps 	<ul style="list-style-type: none"> ▪ Avoir un mécanisme plus approprié, dynamique et efficace de mobilisation des ressources (logistiques, vivres, humaines, financières) ▪ Impliquer très tôt les médias dans le suivi de la situation
LOGISTIQUE	<ul style="list-style-type: none"> ▪ Difficulté de transporter les vivres ▪ Inaccessibilité des sites pour le transport des vivres ▪ Difficultés de communication avec le terrain (enclavement des villages) 	<ul style="list-style-type: none"> ▪ Assurer la disponibilité de satphones au niveau des équipes de terrain ▪ Utiliser les moyens de transports locaux (charrettes, ânes, chameaux...) ▪ Faire un plaidoyer au niveau gouvernemental pour que les opérateurs téléphoniques couvrent les principaux axes routiers ▪ Faire un plaidoyer au niveau du gouvernement pour la réhabilitation des pistes ▪ Assurer la collaboration du syndicat des camionneurs ▪ Assurer l'utilisation des radios sur le terrain ▪ Assurer une standardisation des tarifs des transports au niveau des régions
STOCKS DES VIVRES	<ul style="list-style-type: none"> ▪ Insuffisance des stocks nationaux des céréales ▪ Inadéquation entre les stocks de vivres et les besoins ▪ Les marchés intérieurs des vivres n'arrivent pas à approvisionner la demande ▪ Détournement des vivres ▪ Insuffisance d'information entre ONG et gouvernement sur les quantités à distribuer ▪ Faiblesse dans la gestion des stocks 	<ul style="list-style-type: none"> ▪ Améliorer le recensement des ménages pour la distribution des vivres ▪ Apporter des vivres au gouvernement pour la reconstitution du stock de sécurité ▪ Sensibiliser les populations avant la distribution des vivres (nature, quantités lieu de distribution, bénéficiaires...) ▪ Utiliser le reliquat des vivres PAM pour la reconstitution des stocks de sécurité ▪ Renforcer l'implication / le rôle des structures communautaires dans la gestion de la distribution <p>Améliorer le système de suivi de la distribution</p>

COORDINATION ENTRE LES PARTIES PRENANTES	<ul style="list-style-type: none"> ▪ Insuffisance de coordination entre le gouvernement et les ONG ▪ Incompréhension avec les autorités administratives ▪ Pas d'organisme unique pour coordonner le partage de l'information entre les différents acteurs (ONG, Gouvernement SNU...) ▪ Insuffisance d'harmonisation des interventions des différents acteurs ▪ L'arrivée des nouvelles ONG a posé quelques difficultés dans la coordination des activités et /ou a créer des mauvais précédents ▪ Insuffisance d'organisation dans la gestion des activités d'urgence dans notre ONG ▪ Il y avait trop de visiteurs pendant les périodes de mise en œuvre des activités d'urgence ▪ Insuffisance d'harmonisation des rations entre les différents intervenants ▪ Absence de stratégies/protocole au niveau national, de distribution 	<p>Au plan interne :</p> <ul style="list-style-type: none"> ▪ Etre prêt à engager les traducteurs, les chauffeurs et les contractuels qui peuvent aller sur le terrain avec les visiteurs ▪ Recruter les volontaires pour aider les visiteurs ▪ Etre prêts à communiquer avec les bailleurs de fonds et les autres visiteurs (du siège, de la région) le besoin de rapporter leur visite à un moment mieux convenant au programme ▪ Planifier et exécuter la formation de tout le staff en matière de gestion des urgences ▪ Avoir une organisation des tâches et de la gestion bien précise et partager les informations avec tout le bureau ▪ Avoir une personne désignée comme coordonnateur des urgences ▪ Assurer la mise en place des équipes compétentes et fiables. ▪ Limiter les visiteurs à ceux qui sont nécessaires <p>Au plan externe :</p> <ul style="list-style-type: none"> ▪ Collecter les informations sur les ONG présente sur le terrain (qui ? où ? quoi ? combien ? etc.) et prendre contact avec elles. ▪ Mettre en place un cadre/ réseau de concertation régulière entre les différentes ONG pour partager sur leurs activités respectives, leurs zone d'intervention, leurs partenaires... et enfin pour communiquer leur perspectives ▪ Etablir de manière concertée et diffuser des stratégies et protocole de gestion de la distribution
CIBLAGE	<ul style="list-style-type: none"> ▪ Difficultés de cibler les personnes les plus affectées ▪ Les systèmes d'alerte précoces n'ont pas été suffisamment suivi (n'ont pas bénéficié de toute la confiance nécessaire) ▪ Insuffisance d'information sur les ménages et leur nombre 	<ul style="list-style-type: none"> ▪ Systématiser le suivi de la vulnérabilité au niveau des communautés ▪ Mettre en place au niveau communautaire un système de suivi de la vulnérabilité ▪ Associer tous les intervenants dans le ciblage des bénéficiaires

COMMUNICATION ET PLAIDOYER	<ul style="list-style-type: none"> ▪ Mauvaise appréciation de la crise ▪ Polémique sur l'appréciation (qualification) de la situation ▪ Négligence des autorités ▪ Crise oubliée au profit des élections ▪ Canal de communication utilisé par les ONG et le SAP n'a pas incité à la mobilisation des fonds ▪ Le tsunami a détourné l'attention ▪ Pas de plaidoyer (sur l'évolution de la crise) de la part des ONG face au silence de la communauté internationale ▪ Difficultés avec quelques communautés suite à la nécessité de travailler en dehors des zones d'intervention 	<ul style="list-style-type: none"> ▪ Assurer une bonne coordination entre le gouvernement et les ONG, notamment en matière de gestion de l'information et sur l'alerte précoce ▪ Mener des actions de plaidoyer sur l'imminence de la crise et sur la responsabilité des différents acteurs
CONTINUM URGENCE – DEVELOPPEMENT	<ul style="list-style-type: none"> ▪ Beaucoup de fonds en faveur des urgences et moins de fonds pour la réhabilitation ▪ Prise en compte insuffisante du long terme au profit de l'urgence ▪ La volonté de la communauté internationale a limité une réponse plus ciblée sur les racines du problème 	<ul style="list-style-type: none"> ▪ Mettre en place et renforcer les mécanismes durables d'atténuation des crises au niveau communautaires

Annexe J. Participatory SWOT analysis

FORCE		FAIBLESSE	
CARE NIGER	CRS NIGER	CARE NIGER	CRS NIGER
<ul style="list-style-type: none"> ▪ Partenariat avec les institutions gouvernementales, SAP, le PAM et MSF ▪ Capacité de mobiliser les ressources financières et humaines à travers le réseau CARE INTERNATIONAL ▪ Réunions journalières du staff pour partager les informations et prendre les décisions ▪ Existence de mécanisme d'urgence (unité d'urgence, PSP) dans la situation normale ▪ Grande capacité logistique interne (parc auto, motos, moyens de communication) ▪ Capacité d'adaptation du personnel et des structures ▪ Expérience de CARE INTERNATIONAL dans les opérations d'urgences ▪ Expérience d'ISAN dans les distributions des vivres (outils) ▪ Beaucoup des agents de CARE sont formés sur les urgences ▪ Expérience du staff de CARE dans les interventions en zones difficiles 	<ul style="list-style-type: none"> ▪ Partenariat ▪ Réseau de conseillers technique ▪ Expérience en matière des urgences (distribution des vivres) ▪ Disponibilité d'un fonds propre ▪ Bonne connaissance de notre zone d'intervention ▪ Personnel disponible sur le terrain ▪ A peu près 10 ans d'expérience au Niger 	<ul style="list-style-type: none"> ▪ Insuffisance des moyens de communication sur le terrain ▪ Charge de travail ▪ Hésitation de certains projets de suspendre le programme normal au profit de l'urgence 	<ul style="list-style-type: none"> ▪ Insuffisance numérique du personnel pour la mise en œuvre des activités d'urgence ▪ Insuffisance du personnel formé et expérimenté en matière d'urgence ▪ Insuffisance de partage d'information ▪ Insuffisance dans la définition et le partage des tâches ▪ Sur le plan administratif, difficulté d'héberger les visiteurs ▪ CRS et HKI n'ont pas d'expérience en matière de récupération nutritionnelle

- Connaissances du terrain (couverture nationale)

OPPORTUNITES

CARE NIGER

- Développement d'une stratégie de plaidoyer
- Plus de visibilité de CARE et du Niger
- Relance du processus de la prévention et de la gestion des crises
- Amélioration des relations avec les partenaires du Niger
- Connexion avec les nouveaux bailleurs de fonds

CRS NIGER

- A cause de la crise, augmentation (plus) de fonds disponibles pour le Niger
- Avec le gouvernement des Etats-Unis, disponibilité de plus de fonds pour les organisations « faith based »
- A travers le PAM, opportunité d'accéder aux vivres pour nos zones d'intervention
- Amélioration de notre capacité d'intervention en matière des urgences à travers les leçons apprises de la crise
- Plus grande volonté pour la coordination entre ONG(s) Etat, et les organisations du système des nations unies
- Opportunité de diversifier notre partenariat

MENACES

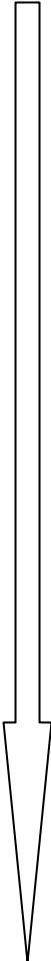

CRS NIGER

- Risque de lassitude des donateurs en cas de nouvelle crise alimentaire au Niger
- Risque politique
- Attentes des bénéficiaires pour les distributions gratuites
- Incertitude sur le financement des activités (USAID)
- Pas assez de fonds pour mener toutes des activités de réhabilitation
- Possibilité d'une autre crise alimentaire en 2006

Annexe K. Map of Niger



Annexe L. Planning and Evaluation methodology

 Plan down	Goal	Impact Looks at the wider effects of the project – social, economic, technical, <i>environmental</i> , on individuals, <i>gender</i> , and age groups, communities and institutions. Impacts can be immediate and long range, intended and unintended, positive and negative, macro (sector) and micro (household). <i>(Gender and environment are cross-cutting themes throughout planning and evaluation)</i>	 Evaluate up
	Purpose	Effectiveness/Efficacité Measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs . Implicit within the criteria of effectiveness is timeliness . Issues of resourcing and preparedness should also be addressed under effectiveness .	
	Outputs Activities Inputs	Efficiency/Efficience Measures the outputs , qualitative and quantitative, in relation to the inputs . This generally requires comparing alternative approaches to achieving the same outputs , to see whether the most efficient process has been used.	
		Connectedness/Connectivité Refers to the need to assure that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. The implementation strategy should be coherent (root causes to immediate needs) and coordinated within CARE, and with the activities of other actors.	
		Coverage/Couverture Is the need to reach major population groups facing life-threatening risk wherever they are, providing them with assets and protection proportionate to their need and devoid of extraneous political agendas.	
		Relevance Is concerned with assessing whether the project is in line with local needs and priorities.	

Annexe M. Selected beneficiary consultations

<p>Guidan Sory Rural village Sule Maman, Chief. Sani Mousa (Nurse R CSI), Sule Sani, mother of malaria/ malnourished child</p>	<p>No GD distribution, WVI Nutrition Activities ongoing. CARE livestock prog and women's IG activities</p>	<p>Food ran out beginning of rainy season. April. No food to buy. . Other village problems lack of water.</p>	<p>Confusion over CSI prices. Women unaware causes diarrhea. Nutritional health related. Few latrines. Malaria, RTI and diarrhea key health problems.</p>
<p>Kornaka Rural village north. Women collecting water</p>	<p>WVI nutrition program.</p>	<p>Ad hoc stop at water distribution point. System run by local committee. Charge per container</p>	<p>"Europeans talk of malnutrition. It is a disease that has always been here but worse this year." Water containers full of algae</p>
<p>Dakoro Rural village 90 kms north of Maradi Mme Aje Kournaya, Deputy mayor of commune. Boukassoum Djibo Nurse R CSI</p>	<p>No current NGO activities MSF to start feeding prog following week. No GD.</p>	<p>GD in only 4 villages of 75. No one knows how they were chosen. CSI covers 50,000 pop of which less than 10,000 live within 5 kms. Last week saw 274 cases of malaria. This week 207.</p>	<p>Illiteracy and water quoted as problems. Many went to Nigeria, more than usual. Many animals, mostly cows, died. 60-70% of malnutrition cases caused by illness. Malaria, RTI, Diarrhea Interest women in FP 26 adopted in last three months (DP and pill)</p>
<p>Birni Sal Rural Village Prefet, for general info. Namaimoona Almajir Case History (90 year old), Mme Halima Yachaya nurse R PHC</p>	<p>Two DGs (July and Aug) one Libya, second CAC. Ration 1.5 kgs rice pp. Libya dist inc dates and sugar and macaroni. More than 5000 on list.</p>		<p>"have lived through 4 famines, this one the worst" No food and no money. yesterday 2 meals millet, millet porridge (no milk) tomato and sauce.) Received 1.5 kgs rice and 1 pack macaroni for family 12. Malaria/anaemia, Diarrhoea, RTI. Drinking water taken from stream</p>
<p>Dan Issa, Village on main road Said Mouma, Mayor</p>	<p>Care GD in 7 villages of 105 total. 59,765 popn. 86.650MTs Cereals, 13.045 Pulses.</p>		

<p>Dadin Serki Rural Village in Dan Issa Abu Idi, Chief, with local committee</p>	<p>CARE GD . 2 distributions. Village contract available. On 10. 9. 4.55MTs C and .6825MTs P then 22.9 2.275MTs C (Rice) .445 P.</p>	<p>CARE staff came and assisted in registration. Then came back with food. Ration 1st GD 100kgC 15kg P phh, 2nd 50kg C and 10 P. Satisfied with distribution, fair and timely. List was complete and no one missed. No one came back after distribution.</p>	<p>"Two years ago, famine worse. " Hungriest time was May/June. Men left. Nearest health facilities 6 Kms.</p>
<p>Djidan Tambari Group of men at roadside as we stopped for directions.</p>	<p>CARE GD. Received by all although some discontent that the distribution centred around the Hausa chief without it appearing to be from the Peul chief.</p>		
<p>Gazaoua in Tessaoua. Trading centre on main road Maajou Sanda GoN MOA Officer, Men in groups (approx 15), Head of HH with family, Rahunatu Rabo, 5 random HH close by. Mother returning from Save (UK) nutrition program.</p>	<p>Distribution finished previous Friday. Distribution went well but some not registered. Salaried were deliberately omitted but others, especially Purhl, missed out due to absence of their chief. Rations HH 5+ 100kgs C, 15ks P, HH 4- 50 and 7.5, 2nd distribution 50% of first.</p>	<p>Distribution split in to 4 sectors due to high town population. Based on tax lists as HH verification not possible due to scale of task and time constraint. Additional list of those claiming to have been omitted prepared but no action taken. Of 6 HH visited only one received GD ration, this had to be shared with the 3 other households under the same tax registration card. Several reported being upset that they had not been informed in time to register. one person estimated that 25% of HHs had not received ration. One person said that Purhle sold rice received to buy millet, their preference.)</p>	<p>Food arrived late, after period of greatest need. Better in June/July. People sold assets and went begging. (Purhl most generous). Area harvest variable between 50-90% loss in 2004. This years harvest better than last but not great. A mother, returning from the Save UK site with her baby, reported satisfaction and that the child was recovering after 5 visits. She was carrying oil, biscuits, flour and a sack of beans. Not all returning mothers had the beans.</p>

<p>Dan Issa, CARE project office. Aishatu Abou, CARE Zone Supervisor. Hadjia Tchima Adjia, 72, widow, Nana Boukart MMD group member, Lantana Elhadji Abdou, 46, widow, leadership trainee.</p>	<p>Both client respondents definite that savings and credit component of MMD mitigated this crisis. Both having used money available to buy food.</p>	<p>Reported GD (source unknown..CAC?). Ration of 1 sack sorghum and then 15kgs of sorghum. Lantana reported satisfaction with leadership training. She is president of an association of 13 villages working on action plans and communication for behavioral change.</p>	<p>"Used MMD loan to buy 10 measures (of 2.5kg) of rice" "used MMD money to by 20kgs millet and half sack of ground nuts." Nana sold inherited goats to raise money to buy a cow. She gave the money to her husband (75,000CFA) to buy but he used the 18,000 balance towards buying his own cow as well. Because of money from savings and loans Nana reports that she does not need to ask husband for her money back. Now her husband trusts her because she uses her time well. She is free to go where she wants.</p>
<p>Korana Gora. Rural site of a cereal bank run under the "warrantage" system. Committee of Cereal Bank. Group of members.</p>	<p>System described: CARE had supported building of small (est. 10MT) warehouse and supplied 400,000 capital. Bank purchases stock from members at time of harvest. The member retains a receipt that will allow him to reclaim that amount of grain when required on the payment of the original payment received plus a 10% amount to cover expenses. The member is now free to consume or sell the grain at current market price, or to request the bank to sell as agent for a small charge.</p>	<p>Bank established for 5 years, 3 under complete control of elected village committee. Initial 400,000 CFA worth of stock now grown to around 700,000 bank records available. 72 members of which approx 45 women. Bank serves community and increases capital by buying and selling inputs at fair price and charging small commission on food sales requested by members.</p>	<p>Woman member reported having deposited 25kgs at bank and then asking the bank to sell on her behalf. Her profit was 400 Niara (circa 2,000 CFA), which she used to by household utensils.</p>

<p>CARE Office Maradi Discussion around situation in Gazoua. Mme Bilkaroom Sulamatou, Ibrahim Niandou CARE Officers responsible for Gazoua distribution.</p>	<p>There was no general meeting called in Gazoua therefore people were incorrect in believing that they missed being called to register. Tax lists used as the high population rendered it impossible to verify households. Civil servants deliberately excluded from lists as not targeted beneficiaries</p>	<p>CARE staff did not believe that there had been a big problem in Gazoua. They felt I must have walked in area populated by civil servants and therefore met an unrepresentative sample.</p>	
<p>Tirman - site of CAREs supplementary feeding programme. On Tarmac road. Boukary Isscuferu Nurse R CSI, Rabi Isscrufa, treasurer on SFP Committee. Group of committee members and mothers.</p>	<p>System described as that explained by CARE. Committee -President, secretary, treasurer 5 women members. Chosen by Canton chief. Since opening on the 3rd September 165 admissions now 48, some referred to MSF others recovered. Records with CARE staff</p>	<p>People happy with programme which appears to be working well. Committee and Mama allumeries unhappy that they are not getting incentives. Of 3 MAs chosen 2 have left due to work load and no pay. Committee happy with training that they think will help them in future...particularly new recipe for nutritious food.</p>	<p>Committee do not know rations and need to be told by CARE staff how much they can take from stores each day. Reported about 15 children not eating well because of illness. Saw one child not eating the food and obviously in a bad way. Committee not aware that they can ask for review of deteriorating cases before the normal 2 weekly weighing. First batch of cured children received family rations. Second group still waiting but expect.</p>
<p>Tirmini CSI Boukary Isscuferu Nurse R CSI</p>	<p>UNICEF antenatal and UNFPA post natal projects ongoing.</p>	<p>UNICEF prog of 1 month duration. Attendees receive 1 treated net, 4 bars of soap, 25kgs millet. Dramatic increase in ante natal attendance and training. UNFPA of 3 months duration 10kgs rice and 5kgs beans.</p>	<p>82% of mothers (38 of 52) post natal attendees chose to pay for family planning last month.</p>

<p>Tirmini WVI GD Deputy chief of Canton with group of about 10 men</p>	<p>WVI Distribution point. Tirmini Canton 105 villages of which 33 received GD. 18 of which were served from Tirmini distribution point. Received ration for first round but were taken of list for second. Committee only at Tirmini level, senior canton officials and WVI staff.</p>	<p>"Some had to come to collect food from 35-40 kms" Rainy season, lorries could not reach villages. "No one received food if not on tax register" Not necessary that tax paid to collect ration. Ration of 100kgs rice/maize, 12.5 kgs pulses and 5 ltrs Oil to all heads of household no matter family size. About 100 HH on register omitted from distribution in confusion over families with same names.</p>	
<p>Guala Abdou, head of household,60, widowed this year. 9 in family.</p>	<p>Received food ration correctly which lasted HH 15 days. Did not know of distribution in advance learnt due to commotion of trucks arriving.</p>	<p>Distribution site disorganised waited from morning until 6.00pm. Had (by culture, not forced) to give 12.5 kgs to other families who did not get ration.</p>	<p>Ran out of food in April. Lived by gathering wild plants and taking credit. (Now owes 70,000cfa and 3 bags millet...2004 just 50,000cfa.) This years crop worse than last. No idea how she will survive in future but hopes for more aid.</p>
<p>Zuera, only wife of husband.</p>	<p>Received ration correctly. Split between 25.</p>		<p>Credit last year 40,000 and 2 sacks. This year 50,000 and 3. This year's harvest slightly better than last. A HH talked to at random reported zero credit this year but 25,000 and 3 sacks last.</p>

<p>Dakouma Bitiri. CARE Feeding centre. 2 hours walk and about 15 KM from Tirmini. Mariama Abdoul 25, committee member.</p>	<p>Reported centre working as that of Tirimini. 57 admissions, 10 referred MSF of which 1 died, 18 recovered, 4 readmitted, 34 in programme. (maths?) 11 new cases to be admitted, referred by CSI. CARE staff come once a week.</p>	<p>Chosen by nurse at CSI. Training appreciated and knowledge will be useful. Gained knowledge of cleanliness and preparation of food...but not paid.</p>	
<p>Dakouma Bitiri WVI GD Village chief and group of men.</p>	<p>Only those with tax cards received. Others about 10% did not. Ration size per hh received correctly. Walked to distribution site rented donkeys/carts to return at 500cfa per sack. They were called to collect food and left early morning to return at 7.00pm. No WVI staff came to village at any time.</p>	<p>No one from village had any role in organising food distribution. Surrounding groups all said they had received rations and when asked how many rations were split between responded: 40, 14, 8, 17.</p>	<p>Village chief not aware of UNICEF and UNFPA programmes in Tirmini.</p>
<p>Ifadulum WVI GD Abdai Mallalabi (Village chief)</p>	<p>Same story, those with tax cards received, others (many) missed. "less families received that did not" 90 HH got 100 did not. All rations correctly received same ration regardless of HH size (chief reported 74 in his tax card family for which he got one standard ration)</p>	<p>16kms walk (measured) from distribution point. Chief not involved with planning. Rent for transport on return 180cfa per sack . Returned 16.00hrs No WVI staff came to village.</p>	<p>Trucks reportedly can get to village even in rains. This year's harvest good.</p>

Ifadulum CARE feeding centre	Set up as others. Since start 46 admissions, 9 referred MSF 23 recovered 14 remain, all have fever.	No food for 13 days. Money for fresh food also ran out. CARE staff know of situation but do not say when food will arrive. Not pleased with CARE staff	Children with fever did not like couscous. Nearest health facility in Tirmini, 2hours walk. Some children not gaining weight due to illness. Nearly one month since visit from CSI nurse.
Dan Douda on tarmac 5kms from Tirmini. GD and Feeding Centre Ilya Nmodi (village Chief) Safuraha Havi Feeding centre committee member.	Same problems as Ifadulum. GD, WVI staff never came, 100cfa per sack for transport. Feeding centre 96 admissions with 47 left in program.	Food ran out 10 days ago. CARE staff aware but say nothing. CARE initially gave them 14 days food and then for next 2 weeks gave them food day by day. Then stopped. First two weeks CARE bought wood, water and soap to facilitate centre but then stopped.	Harvest worse 2005 than 2004.
Angoul Aoutche, Rural, 5kms from Tirmini.	Same story on GD targeting. 250cfa per sack carriage.	Feeding centre 34 admissions, 6 now in programme (all with fever), 6 referred MSF, 24 recovered. Food ran out today and not known when more will arrive.	Harvest worse 2005 than 2004. Coping strategies economise on what they have. Go to Nigeria.
Konni Irrigation scheme	Old government scheme (15yr?)	Difference between the productivity of scheme and rain fed agriculture in the area very apparent.	Water costs 25,500cfa p.a. to maintain the system.
Eolakom (CARE - FFW site) Rural, dry, north of Konni. Lawan - Community mobiliser	Visited tree planting site, CSI, Bank de Warrantage, Lake (stocked with fish). Travelled on road maintained under FFW.	Approx 300 hectares of land planted in 3 years with neem, accacia, prosopice, baobob and Gum Arabica. Value of trees for commercial use, fodder and land stabalisation appreciated. "Project would continue with FFW.	Cereal bank grown from initial capital 400,000 to 680,000cfa. Well appreciated and under community management. Tools provided for FFW now under community management and used for communal work or loaned to individuals.

<p>Saidu Mohamadu, 75, has 1 wife, 2nd died. 6 children, 2 died leaving 4</p>	<p>Village badly affected by food shortage. July and August were the worst. Food not available. People worked on others land for food, took credit and searched for wild plants to eat. Effects mitigated by sending men abroad to earn money. FFW (His family received 200kg wheat), sale of animals and HH assets.</p>	<p>CARE the only agency assisting. Development projects helped. He had deposited 1 sack in the bank and took it back to eat. Repaired road gives them more access to town than other villages (which are worse off due to lack of development project)..they came for assistance. Malnutrition worse this year.</p>	<p>This year harvest quality good but insufficient. Next year will be worse than this. They will carefully look after this year's harvest, go to Nigeria to work. Debt is a problem in the village but Saidu did not take credit this year. Village received a general distribution (CAC?) dependant on family size. Saidu received 1 sack of 100 Kgs.</p>
<p>Dibissu Village on edge of irrigation scheme north of Konni. Mariam Illa 46, widow of 7 years. 4 boys, 1 died aged 18 months, 3 girls 2 died aged 1, 15.</p>	<p>Finished food stock in April-gathered grass as fodder to sell, pounded millet and carried water for others, sold 5 shoats to buy cereal..but took no credit.</p>	<p>Has 2 hectares of non-irrigated land. Took part in CARE FFW and received 37.5 kgs of wheat for 2 weeks work too little but enough to last her and children for 30 days.</p>	<p>For next year she is already gathering a stock of wild plants that are used to make sauces for sale. Difficult for her to remarry because she is still looking after children. Those with irrigated land are better off but do not assist.</p>

Maradi

Urban informant: Shoe vendor from the village of Sabo Marchi (check spelling) selling at the Grand Marche Village. He stated that he has two wives and four children (although it was thought he had more children) and is responsible for a large, extended family that includes 7 men with 17 wives and more than 30 children. Normally after the harvest, he sells a portion of the crop to finance his commercial activities, selling adult and children's shoes bought in Nigeria.

Following the previous cropping season, his assets were diminished due to the poor crop. His situation was complicated this year by the lower production and the reduced purchasing power in the market. In order to meet his needs, he had to sell some of his inventory at a loss. His commercial activities this year post-harvest are a combination of his old inventory and some new purchases. He's optimistic that he may be able to break even this year.

His family, in the village, did receive free food distribution consisting of 50kg of rice (first round of distributions), 15 kg of beans, and some oil (second round of distribution). He did not know the source of the commodities. Local authorities made direct distribution. Each family was required to pay local taxes and provide proof of payment (family card) prior to receiving distributions.

Had the family not received food distributions, he would have send something to them to help, but this would have increased his losses. He would not have been able to send enough to support the entire family.

Urban informant: Female pots and pans vendor selling in the Grand Marche (obviously poor). She is of Togolese origin and has been in Niger for the past 10 years. She is from the village of Sabo Gari (check spelling). Prior to the current crisis she could make 20-22,000 FCFA per day. Now she has lowered the price of an average pot from 500 FCFA to 350 FCFA. Most days she is barely making enough to eat and often does not have enough to cover the cost of the cart that brings her wares to market. Given the Ramadan, sales are still down because the limited financial resources are used for food. She's trying to hang on without selling all of her wares at a loss and hopes business will return to normal after the Ramadan holiday.

Food distribution did occur in her village, but by the time she arrived the distribution had been completed. Many families did not receive a ratio because the distribution was done in a nepotistic manner. She was not aware of a second distribution. She did not know the source of the commodities and was unaware of any NGOs working in her village.

Grain Trader: Large cereal broker in his mid-thirties (obviously doing well). After the harvest, cereal prices remain high due to the shortages experienced during the previous harvest (13,000 FCFA). Nigerian prices were more favorable and he states he bought at 12,750 FCFA and sold at 13,000 FCFA. During the crisis he continued to make purchases in Nigeria without any difficulties or additional taxes. There were some commodity price increases in Nigeria, but he felt they were part of the normal market fluctuations. Millet is not usually bought in Nigeria (nor was it this season) because the quality of Nigerian millet is inferior to that of Niger.

He did not participate in the government subsidies sales, but he did buy and sell cereals in the villages. Although he generally makes 250 FCFA per bag, during this crisis he sometimes bought at 13,000 FCFA and sold at 17,000 FCFA; thus increasing his profit by XXXX%. He was aware of the free food distribution, but neither he nor his family were recipients. The distribution did not affect his business.

Note: Thailand long grain rice was selling for 16,000 FCFA. Two weeks ago (September 2005) it was selling in Burkina Faso for 12,000 FCFA.

Urban informant: Alhadji Zoula na elh Waziri Bagobin is from the village of Sabon Gari (obviously a big man of respect). He was a major cereal trader who has now relaxed and relies on his sons to conduct the business. According to Alhadji, cereal traders and “rich” Nigeriens started increasing their cereal reserves since 2002 when the government stopped setting prices. During the 2003 and 2004 season, the rich bought up a significant amount of cereals. Some of the cereals were reserved, with more than half being sold.

During the recent crisis, trade with Nigeria was business as usual. There were no trade barrier, additional taxes, etc. He simply called a Nigerian vendor, placed the order, and sent his son to collect the purchase. There were times when business came to a standstill because there was no cereal on the market. Many people had money (sent from relatives in the region), but there was nothing on the market to buy.

He was aware of the free distributions, although he was not a recipient. The free distributions did not affect his business. He said many people went to receive their free distribution and if they did not receive, they went to the market and purchased what they needed. Although he did not sell to them directly, he knows vendors who sold to WFP and WV at 30,000 FCFA. Other sales went as high as 40,000 FCFA.

Marche Codro

Urban informant: Peasant farmer from the village of Montau (check spelling) (obviously poor). Post-harvest he sells sweet potatoes in the Codro market. His saw this season as an extension of last season when he barely had enough to feed his family. Last year he saved all his crop (did not sell any) and ran out of food in June. He chopped wood in the forest and sold it to buy cereals. He bought cereals at 500/bowl (40 bowls/sac = 20,000 FCFA) and by the end of June was paying as high as 850/bowl (34,000 FCFA). When there was no food, no money, the family ate a mixture of leaves, peanut paste, peanut oil, and condiments.

This farmer has no credit, no debts. He heard about the free distribution but was not a direct recipient. He understood that the village chief grouped 8 heads of households and gave them 12 measures to share amongst them.

He felt this year’s problem wouldn’t have been so bad had 2003 been better. He thinks the crops will be good this year and his family will be okay.

Grain trader: Primary cereal trader in the Codro Market, but not a major trader. The food shortage had a significant impact on this business and continues to be difficult. He usually buys

an average of 200 bags of cereals per day from farmers who come to the market to trade, now days he only buys 10-15-20 bags per day. He did well during the crisis as he sold to WFP.

In July 2005, he sold to WFP at 19,000-19,500 FCFA. He heard that other traders sold to WFP at 30-40,000 FCFA. He made good business during this period “because of WFP”. He sold cereals as high as 750 FCFA/measure (30,000 FCFA) compared to the norm of 325 FCFA/measure (13,000 FCFA). This allowed him to repay his credit and to restock his personal cereal bank. He’s not a speculator, although some traders did buy more than average quantities at the beginning of the crisis.

During this period he conducted business as usual across the Nigerian border. According to him there were no excessively high prices, to his knowledge the commodity was not taxed on exports. The free distribution did not disrupt his business because of the increase cereal prices.

Urban informant: Elderly married woman with a family of 12, including husband and 10 children, who is from the village of Mayadowa (check spelling). She is a vendor a vegetable oil and other condiments that she sells by the small measures at the El Cazoil (check spelling) Market. She did not feel that they suffered during the crisis as they always had a little bit of money; however, she did state that when she did not have anything to eat, friends fed her. During the crisis period her business reduced in size because she did not reinvest her small earnings; rather she supported the family. She heard about the free food distribution but her family did not benefit from it and she does not know anyone in her village that did.

Urban Children Group: Ten children, ages between 8 and 16, were in the El Cazoil (check spelling) Market. More than half of the children were girls who stated when school was not in session they helped with household chores.

When asked about the past season, the children felt there had been a food crisis caused by the lack of rains, poor harvest, reduced purchasing power, and high food prices. During this difficult period, their parents were not able to provide them with the required school supplies. Half of them ate less than 3 meals per day and ¼ of them ate only 1 meal.

None of the girls were married or ‘promised’. They felt that girls should marry at the age of 15 because that when they were ‘big’ (mature). The boys, on the other hand, stated they felt girls should marry at ages 16-18. The boys wanted to marry between the ages of 20-25 and wanted to marry girls between 15-18 years of age.

Amongst the children there was only one boy who reported that this family had received food distribution (Dangolobi village), which was 1 bag of maize.

Urban Widow Group: A group of four widows (from four different neighborhoods) sell peanut paste, peanut oil, and condiments in the Codro Market. None of the widows could give their age. They all stated that they were married at the age of 15 and all gave birth to their first child at 17. Three of the four widows were the first wife and all of their husbands only had 2 wives. Three of the four widows had 6 children; the fourth had 10. Only one of the girls was sent to school.

Unlike themselves, they now marry their girls younger (12-13 years) to ‘avoid problems’. Traditionally marriages are arranged. Until the marriage, both the boy and girl would be shy towards each other; hiding their faces if they were to meet on the street. During these times men and women did not sleep in the same bed. They maintained separate bedrooms and came together for times of intimacy only. Times have changed; boys and girls now seek each other out. When parents (mothers) notice that the girls are ‘moving’ with the boys, she knows the girl might go with the boy. The greatest family disgrace is an unwed daughter. To avoid this problem they marry the girls as soon as the girl is attached to a boy. Nowadays, men and women are sharing the same sleeping room and bed. The widows felt the boys and girls were influenced by television.

During the food crisis these women doubled their business from 500-1,000 FCFA per day to 1,000-2,000 FCFA per day as people began to eat leaves mixed with a peanut paste and peanut oil mixture or other mixed condiments. They believe God created the food situation and one just has to live with it. All had heard of the free food distribution, but none of them had benefited from it nor had anyone in their family.

Urban Informant: Alhaji la Ba Jalili is a major cereal trader at the Cardo Market who has been doing business with WFP for 15 years. He felt the food crisis was created by the fact that Maradi supports other regions – including the neighboring Nigeria villages and the production shortages of 2003/2004. He knew of cereal traders who bought large quantities of cereals at the beginning of the season and sold them for a profit later in the season. Most traders are afraid of ‘hoarding’ because of the military action during 1978/79 shortage period, when the military broke open warehouses and sold directly to the public.

He had been contracting with WFP for 15 years and new WFP would contact him if there were any cereal shortages. Several traders lost money with WFP when they were unable to find cereals at a price that would allow them to have a benefit within the 19,500 FCFA WFP contracted price. Many traders cancelled their contracts with CCA and WFP because they were losing money and didn’t have any cereal reserves to cover the losses.

He personally purchased cereals at 20,000 FCFA, 20,500 FCFA, and 22,500 FCFA, which he received 19,500 FCFA from WFP. Like other traders, he recovered his losses during later sales. In June CCA and WFP stated that they needed cereals not purchased on the local market “at any price”. They paid as high as 40,000 FCFA. The cereals purchased by CCA and WFP came from Niger, Burkina Faso, and Nigeria. UNICEF bought at 24,000 FCFA. During various times during the crisis his margin went as high as 500-750 FCFA per bag.

During the crisis he did not experience any difficulties or unusually high prices from Nigeria. It was business as normal. Prices on the Nigerian market did rise from 13,500 FCFA to 27,000 FCFA. There were pockets of bad production in Nigeria, which Maradi supported (as is customary).

At the end of the harvest, Nigerians usually buy up the Niger millet because the Niger millet has a ‘better taste’. Normally millet is not purchased from Nigeria because of the inferior taste. Usually Nigerian sorghum is purchased.

He felt the free food distributions cause more people to start begging and more people trying to negotiate the price below the 'fair market price'. Currently business is very slow and the price has leveled to 13,000 FCFA.

Rural Women's Group: Discussions were held in women at the pediatric center in DAN-ISSA (see Amanda's report on the medical/nutritional aspects) who all came from different villages. The group consisted of 9 women ranging from 15 – 40 years of age, with one woman who didn't know her age. Nearly all of the women were wife #2, the one exception was the 1st wife. All of the husbands only had two wives, two of the men had divorced one wife before taking the second. All the women stated that in their villages, most of the men had two wives, less had three wives and even less had four wives. The number of children ranged from one (the 15 year olds first child) to 14 (for the 40 year old). Half of the women had not lost any children, of the children that had been lost virtually all were under the age of five (one exception at age 6). Three of the nine women had lost half or more of their children: 14 births, 7 living (mother 40 years old) and 11 births, 4 living (mother 35 years old) and 4 births, 2 living (mother 30 years old). All women nursed their children for more than one year.

Zinder

Rural Women's Group: Discussion held with the women of Tchakie village. This village did not have a local MSF presence but was visited weekly by MSF (see Amanda's report for the medical/nutritional perspective) and another unidentified NGO (probably World Vision). Farming is the main source of income for this village, which experienced a 100% crop failure. The crop loss was due to lack of rains (only one short rain, no locust involvement). The village was totally unprepared for any level of crop failure, resorting to eating leaves when food supplies were exhausted. Although it is customary for most men to leave the village to search for post-harvest employment, older men and most boys during the crisis period. Presently more men the usual have yet to return, indicated they have yet to meet their economic requirements prior to returning.

This village had received a WVI distribution (see Amanda's report for details), although the women did not know who provided the food nor conducted the distribution. These women did not have prior knowledge of the pending distribution activities and were unaware of what the ration rates should have been. Distributions were according to family size and, in the women's opinion, were done fairly.

The ages of the women ranged from 23 to 50 years of age, with the age of marriage ranging from 14 to 17 years of age. All women waited a minimum of two years before producing their first child. A few women waited as long as 3-4 years before their first child. (The fact that they had made their husbands wait this long appeared to be a source of pride.) The average number of children was 5 births, with fifty percent of the women having lost one or more child. In this village men have, on average, two wives with each wife having a minimum of four living children. Half of the women interviewed were the first wife, with the majority of the second half being the second wife. Three of the women presented all had the same husband. All the women felt more than one wife was needed in each family because "there's too much work for one person". They stated they wanted to have either eight (four girls, four boys) or ten children (five

girls, five boys). When asked if they choose not to have any children at all, they said 'no', their husbands would divorce them if they refused to have children.

Rural Village Group: Moussa dan Djarami Village Chief. The village of Koutharam has a population of approximately 1,500 heads of households. The 2003 harvest season was not good and there was no harvest for the 2004 season. Their level of debt in 2003 was around 500 FCFA and increased after the 2004 season. They suffered because they had no work and had lost most of their animals (sold or eaten).

Most years all the young men leave the village post-harvest in search of additional work. During bad harvest years, even the old men search for work. Recently more men than usual left the village in search of work, but all men did not go because the women alone could not solve the water problem. During the dry seasons this village must get their water from Moa (around 5 kilometers away). The lack of water was particularly severe during 2004 and continues.

In 2003, adults ate 3 times per day and children ate 5 or more times per day. In 2004, adults once per day and children ate 1-2 times per day. The women foraged for most meals. Milk or goat milk substituted for lactating mothers who could not produce enough milk.

The village received one distribution (CRS). The head of household went to Moa to receive the food using their family card for identification. Each husband then distributed the food to each wife according to number of children. The village received about 52 bags of rice. Although they were very grateful for the assistance because they had food for four days, it was not sufficient given the circumstances.

No one knew who distributed the food and thought it might have been the government. Distribution activities were not discussed with the village, they were just told to go to Moa to receive their food. From time to time people comes, ask what their needs are (school, water, money for small business activity) and promise help, but no one has returned nor have they received assistance for their expressed needs.

They did not receive, nor was any medical assistance offered. They suffer from malaria and the children had diarrhea, vomiting, and loss of weight. They took their children to the health clinic in Moa for treatment. Cost of treatment is 600 FCFA for children and 1,100 FCFA for adults.

Their primary need is for a well. This would solve the women's water problem and they would not have to go to Moa during the dry season. They also felt this would help their food security problem because they would plant gardens around the well.

When asked about their thoughts on the food distribution activities, they felt it was not enough. They felt the distribution was not well done, stating it should been done according to family size and that everyone in the village should receive something. Their recommendations for any future distribution would be to 1) bring the food to the village, 2) distribute by family size, and 3) use soldiers to distribute the food. "Soldiers follow the rules and respect people, civilians are hypocrites and don't obey the rules."

Credit during the 2004 season increased. The men felt they would be able to repay half the debt with the 2005 harvest. Usually they borrow cash at the beginning of the harvest season, during the crisis they also borrowed cereals. The debt repayment will be 1:1, with no interest.

When asked what the village could do to help itself to prepare for another crisis, they replied everyone should work. Those who don't work should not just receive from their parents; they should contribute. They need to fill their cereal bank, which was only half full before the crisis. (The cereal bank was only two years old and was a project of an NGO they could not identify.) They need to rebuild their livestock.

The village chief wanted a literacy program for the village and a micro-credit program for women. He also wanted a school and a "lake" that had water year round so they could do off-season gardening.

Note: There were several cases of eye disease amongst the children and some adults.

Rural Men's Group: This focus group consisted of the Mayor of Zermou, Mr. Halilou Idi and the CCA food distribution committee members. The Zermou area had several distributions:

August 13	CCA 65 bags 25 kg rice, 15 bags 30 kg cassava flour 40 ctns 15 kg NIDO milk powder
	Mina State, Nigeria 16 bags 100kg millet 17 bags 100 kg sorghum 5 bags 100 kg beans 5 bags 100 kg rice
August 20	CCA
September 5	Kano, Nigeria
September 12	Kano, Nigeria
October 3	CRS Nigerian NGO Quanda la 10 bags 100 kg millet 50 bags cassava flour

CCA food was delivered without prior notification and without the mayor understanding what it was for. After the CCA food delivery, the mayor's office was notified to go to Mirriah (check spelling) and collect a Nigerian food donation. They were advised to combine the CCA food and the Nigerian donation to make one distribution; which they did. The food was divided equally amongst all the villages (reportedly 43). The villages were informed and the village chief, along with representatives of the political party, came to Zermou to receive their apportionment.

What is the Nigeria connection? The General Council in Kano, Nigeria (Hadjia Fati Oumar) comes from the Zermou region.

They could not give any information about the CRS distribution, as they were not included in any aspect of the distribution. CRS stopped distribution, yet 150 sacs of rice and beans remain. They would like to know why the distribution stopped and what is going to happen with the remaining stock. (In a later discussion with CRS, it was explained that the extra commodity would be returned to WFP. CRS respected the tax roles, but allowed additions that were verified as residents of the village. Reportedly most of the village numbers were inflated. Other WFP partners returned excess commodities when incurring a similar situation; GOAL, for example.)

Committee members expressed the need for a dam, irrigation systems, fertilizers, and a health center. They would like their cereal bank enlarged and price subsidies to replenish the cereal bank.

Rural Women's Group: The village of Attari is in the Zermou region. The women reported that they received three distributions: one from Fati, one from whites, and one from Salam tu Bali. For each distribution the men went to Zermou to receive the commodities. Each man distributed his portion to each of his wives according to the number of her children. These women did not know how the village was targeted nor the ration sizes. They were very happy for the assistance, but stated it was not enough. "We are praying every day for more food."

According to the women, the village has no credit and they will be able to keep 100% of their harvest.

When asked what their major problems were they stated lack of food and water. They also lamented that all the villages around them have a machine to pound the millet and they do not. The group Aquaden (check spelling) built them a cereal bank during the past year, which remains empty. They would like to have a water source for off-season farming activities.

Note: This village was by far the poorest encountered during this study. The women were more raggedly dressed, children were dirtier, several children with reddish hair, and the presence of flies was severe. At one point, one child had her face nearly covered in flies.

Urban Informant: Magagi Kanta is a cereal trader in Zinder. He was reluctant to answer questions stating that everyone was "afraid," referring to the price of cereals. Initially he stated that throughout the crisis period his profit margin remained in the 500-750 FCFA/bag range. Later he stated that he had sold cereals as high as 34,000/bag to NGOs (GOAL and MSF) during the months of July and August. When asked if he, like other traders, had a reserve stock of cereals (purchased at a low price and held until cereals prices increased) he stated he was unable to have a large reserve as he did not have the financial liquidity. All his money was tied up in his inventory and he needed to turn it over.

Kanta is a channel intermediary sourcing his cereals directly from Nigerien farmers or from Nigeria. The NGO purchases were sourced from Nigeria. He stated there were no unusual charges (excessively priced commodity, taxation, etc.) associated with the Nigeria purchases and throughout the crisis, it was 'business as usual' with Nigeria. The cost and availability of transportation were impacted during the July/August period with prices increasing and availability decreasing.

Miscellaneous Zinder market prices

Animal feed prices: before crisis 1,000 FCFA, during crisis 5,000 FCFA, current 2,500 FCFA. Millet 350 FCFA, Beans 500-400 FCFA, Maize 400 FCFA

Urban Informat: Discussions with truck drivers resulted in differing answers. One truck driver stated that transportation prices did not increase during the crisis because “people were suffering”. In a separate discussion, one truck driver stated that the traders paid 15,000/MT (no contract), whereas the NGOs contracted at 14,000/MT. According to him the contracted transportation received a better rate because they made multiple trips per week (compared to one trip per week prior to the crisis).

Note: The interviewer and translator had the distinct impression that people encountered in the Zinder market were very hesitant to speak and provided the ‘correct’ answers.

Male informants: Animal traders at Koundoumaoua Market (travelling between Zinder and Maradi) stated that the crisis had been particularly difficult for them as they lost a large number of animals. Most herders select 10% of their herds to fatten for the market. The balance of the herd was either sold at distressed prices, died (lack of food and/or water), or were eaten. According to them they sold more than usual, with most animals dying. It will be very difficult for them to recover to their pre-crisis status. Given the timing of the Ramadan and Tabaski, those traders with fattened goats/lambs will be able to take advantage of the season with goats/lambs trading for as high as 100,000 FCFA.

Animal prices:	Before 2004	2004	Now
Cow	90,000	25-40,000	90-100,000
Goat/Lamb	25-40,000	5-15,000	30-60,000
Donkey			15-40,000

All of the male informants came from villages that received free distribution (GOAL). Food was distributed to head of households according to the family size. They did not participate in any decisions related to the distribution activities. According to them distributions were fair with everyone present in the village receiving food (some of the men did not receive any food because they were not present at the time of the distribution).

None of the male informants had any debts as credit was not available to them. (I did not ask, but I wonder if this is because they don’t have fields to farm?) If they would have had money or access to credit, they would have bought animal feed.

When asked what would help them to recover to pre-crisis status, they referred to GOALs fair in Kanche. They felt this would assist them re-build their herds. When asked what they would do should they have another difficult year, they said they would have to migrate elsewhere.

Konni

Village Focus Group: The village of Allela (see Amanda’s report) has a Fulani neighborhood, referred to as Allela-Baringe. The population of this neighborhood is estimated at 100–200, including children. This Fulani group (transhumant), with the exception of the elderly, all leave the village during the rainy season with their animals. After the harvest period, they return to the

village with their animals, women, and children. Their prime source of income and asset base relies on their herds. Those who do not own their own animals work as hired labor, taking care of the animals for the main villagers. The elderly, who remain in the village during the rainy season, plant and harvest millet in accordance with their physical ability. During a good season, the farming efforts of the elderly can last up to six months; after which they sell their animals for food and other needs.

Prior to the crisis, this group had approximately 3,000 cows, 2,000 goats and 1,000 lambs. As a result of the crisis, their herds have been reduced to 2,000 cows, 1,000 goats, and 200 lambs. Thus, they lost nearly 50% of their asset base.

During a normal year, meals consist of millet past with milk for breakfast and lunch, and hot milk for dinner. During the crisis the number of meals were reduced to one for all adults and no more than two for most children.

According to the Fulani, the rainy season is the most difficult for them and is the time they see an increased incidence of illnesses – primarily diarrhea, malaria, and malnutrition. They stated that malnutrition of children under two has a sharp increase during this period. When asked how they knew it was malnutrition, one mother held up a clearly malnourished infant and said, “because it looks like this”. During the rainy season they leave the village and live in the pastures. All people, including infants, sleep on the damp, cold ground (on mats) with only makeshift plastic shelter.

During 2004 there was no food and limited water for the villagers and their animals. Animal prices reduced from 100,000 to 70,000 for cows, from 40,000 to 15,000 for lambs, and from 20,000 to 10,000 for goats. Rather than moving north for grazing (their usual practice), the herds were moved to Nigeria.

The Fulani quartier does not receive any project benefits or services that are received by the main village. They did not receive any free food distribution. There were no adult deaths during the crisis (they just got ever thinner), but 5 children died. The situation was severe enough that approximately 15% of the women abandoned their husbands and went – it was presumed – to Niamey or Nigeria to beg. The women were very disapproving of those women who abandoned their husbands. The men do not know if the women will return with their children. When asked what they would do (divorce the women, taken another wife), they men said they would wait. All stated they would not take another wife and would welcome their wives back into their home.

According to the villagers this year will be more difficult for them than last year because the harvest was not good. The rains came very late and then poured down, rather than the needed showering of crops. They harvested ‘5 bunches of millet’ compared to the usual ‘40 bunches of millet’. When asked what they would do or what could be done to mitigate the situation, they stated that presently there was no solution. If things continued to degrade, they would have to ‘run away, scatter’. They felt life would be better for them if they had a cereal bank (not shared with the main village) and availability of animal feed at not too great a distance.

This Fulani group was 100% monogamist. The men only took one wife as “two wives were very expensive and there were two many problems with more than one wife.” The average age of marriage for a male is 20-25 years old and 15-18 years old for a female. Girls are married younger, however, if they are particularly valued and the husband’s family wants to make sure that she does not marry another. In this case, all the marriage arrangements are made and paid, but the girl will remain in her father’s house and the marriage won’t be consummated until the minimum age of 15. Both fathers and mothers are involved in the marriage decision, but the young girl is not consulted because she’s too “young to make a decision”. Older girls are involved in the marriage decision.

The Fulani women generally breastfeed until their children reach the age of two years. They have never heard of the “brutal, early weaning” at five days old practice.

Urban Informant: Hakimie Dosey Abdu Tankow is the main cereal trader and principle channel intermediary – or broker - in Konni. Cereal buyers of large quantities (WFP, NGOs, for example) contact him and sources the commodities through other traders or direct with farmers. He has been in the business for the past twenty years and has seen the business change from the days when the government ‘had money, purchased cereals, and set the cereal prices’.

He stated that all traders ‘buy low and sell high’ - the recent crisis no exception. In normal years, the profit margin is 1,000-2,000 FCFA per bag (previously this was reported as 500-750 FCFA) to business, trader, and government buyers. During the crisis period profit margin was 1,500-4,000 FCFA per bag. The consumer profit margin was 500-250 FCFA per bag (in this case, sold by the measure). Tankow sold to the government, WFP, and NGOs (unnamed) during this period. He also sold to Nigerian buyers who then freely distributed the cereals to the Nigerian community in Niger.

Tankow believes the cereal crisis was caused by the fact that 80% of Nigeriens eat millet. In 2003 most people still had cereal reserves; in 2004 they had none. Therefore, there was fewer cereals on the market and more ‘big buyers’ than usual. Nigeria is also a competing marketing for Niger millet 1) when the price is favorable and 2) for the preferred taste of Nigerien millet. At no time has he had any problem with sourcing cereals from Nigeria. He claims there were no extra expenses (transportation, taxes, or increased prices) beyond the normal business cycle.

Other generalizations from these interviews:

The women knew that breast feeding was good for the child. Many stated they would not wean the child until she became pregnant again and therefore the belief was the milk was bad for the feeding child. This does not agree with the common NGO comments that there is a “brutal” weaning process that occurs in Niger. During my interviews the women all understood the value of breast feeding their children. When asked if they knew of women taking children off the breast early, they said no and were clearly shocked by the question.

There were approx 3 – 4 wives per compound and approx 4 - 5 children per woman overall. Some said there had been marriages within the last year and one village (cannot remember which one) said there had been no marriages as within a crisis period, no-one could afford them. This

does not agree with the NGO common belief that there are many women with over 6 children or there are more than 4 wives in many households. Admittedly, I did not go to a distribution however, the women I did interview were a varied cross section of the communities.

Most women had to ask permission from the husband to do anything – especially things like taking a child to a clinic. They stated that most husbands did not refuse.

Conjecture is (from me) that if the women have not been exposed to being in the vicinity of a health post, then there is ignorance as to safe practice. Added to this, if the mothers are getting younger (not confirmed by our interviews) together with no access to health, the mothers cannot teach their daughters good practice, as this has not been learnt by the older woman.

In the villages we visited, the women do have either land, given to them by their husbands, or income of their own. This was told with pride and the main income was from making peanut oil. The selling of assets to get sufficient money for things needed for the children was done if the husband did not have the cash to do so. Most did say that permission had to be granted to do what they liked on the land but that was not a problem getting it.

As to the question of participation, the agencies did not make it clear enough to the potential beneficiaries who the agency was or why they were conducting any form of interview. There was no advanced communication to the potential beneficiaries that there would be a distribution, feeding centre or other emergency activity or when that would take place. From the interviews, the NGO seemed to just turn up and start work.

The variations of interviews were with:
Womens groups and those with small children
Mixed groups of men and women
Female headed households

Guidan Roudji - Maradi

16 miles from main road out of Maradi (towards Niamey – West)

Question 1:

A larger village with brick houses with the village spread out. The health post at the far end of the village from where we entered. MSF had a feeding centre attached to the health post that operated for the severely and moderately malnourished open every Tuesday. (My guess is that they were, at this time, serving the moderately malnourished. I did not get to speak to the health post staff. Did not see a school. As this was a Friday, there was market with approx 30 stalls selling basics and animals (more on that later)

There was also a distribution of supplementary food, supplied by World Vision for the moderately malnourished. As we were talking, the women came in to show me the ration and to explain they had been taught to mix this with oil. Plumpynut was also being distributed. This ration was given once every 2 weeks after the child had been weighed and measured. This set of women all had registration cards. Looking at these, it seemed as though the distribution had been going on for approx one month. There were women who had come from other villages being served also, however they were not part of any of the discussion groups.

There were approx 30 women (coming in and out) of the room that had been designated. They did not know how many people or families were in the village and said the chief would have that information. One family told me there were 20 people in her compound. This I took as an average for the remaining women.

They were all farmers and grew: Millet; sorghum; groundnuts; beans; sorrel and maize. They kept sheep, goats, cows and camels.

Question 2:

The crops of 2004 had not been attacked by locusts that destroyed the crops but there had been zuzuda worms that had attacked the millet. As there had not been enough water, the worms could flourish. As the 2004 harvest was so poor, the women went into the bush to forage for leaves to give to the family.

They knew that there would be a bad harvest and they prayed that something would happen for that not to happen. There were 9 mosques in the village and the women were allowed in one. Usually, they prayed at home. All were respecting Ramadan.

WVI had been in the village in previous years but the women were not sure what they had been doing. It was only when MSF started the feeding centre that there was the food for the malnourished children. The women themselves did not say WVI as they were unsure (this is my assumption after seeing the registration cards).

An abnormally high proportion of the men did (end of harvest 2004) go to Nigeria to find work. Some had returned with some money to buy food, others had not returned and had not sent cash. The women thought the men had not been able to find work and would not return until there was some money to bring back with them.

Question 3:

No other NGO or government body came to ask what their needs were. MSF started approx July 2004 (this was the 2nd year for this feeding centre). An agency – they thought this was the government gave one ration of 4 x tia millet; 2 x tia beans and 2 lts of oil approx 2005 for each of the women who had children in the feeding programme.

Question 4:

Most important needs were feeding the children. Their credit had been used after the 2005 crop and they could not get credit in kind – cash only. Water was low in the wells (approx 25 mts)

Sugar had gone up to 900 cfa per tia. Millet that had been 10,000 cfa per 100kg bag went up to 24,000 per bag when they needed it most. At this date, the market price in the village is 11,000 cfa. There were selling the smaller animals at 3000 cfa so they could purchase needed items. They tried to keep the female cows as long as possible.

Between 2004 and the harvest of 2005 the animals were dying for lack of food. Most of the animals were now orphans and small.

Before leaving the women, they told me there were 2 x women councilors who had been elected (not known when). They were reluctant to tell me if they had a voice or if they were there for “show”. There was a heated debate as to whether they should tell me what was really going on, which they didn’t.

General discussion with a women headed household:

Again asking the same sorts of questions to confirm the statements of the womens group, the family of 3 wives where the man had died. They had 7, 8 and 2 children respectively and gave the same information on prices the group had.

Additionally, they had a radio and knew Niger was in the international news. They had expected to be offered some food assistance from the government, at least but nothing came (except the continued feeding centre for the children).

If the husband had been alive, they would have had to have permission to leave the compound and/or go to the market.

The compound had approx 7 young goats, 2 small cows and a camel. No latrine and they were cooking on a small fire, preparing porridge for the evening meal. Most had at least one other set of clothes that they wore for “special” occasions.

They were the ones now tending the fields, they had learnt how to do this when they were young with their families. The husband had not allowed these women to farm and had hired local labourers to assist at harvest time.

They did not think this was a famine but knew it was a serious situation and were not sure how they were going to afford the main foods for the next year. They did not want to sell any more animals. There was an accumulated effect from 4 bad past harvests.

They said they would not marry off their daughters until they were 15 – 17 and 11 was too young. The girls were in primary education.

Ajékoria - Maradi

Approx 2.5 hrs away from Maradi on a dirt road towards Dakaro.

Quite a large town with empty market stalls near the road and the village off road.

There were 75 villages within the area. 4 were known to have received food distributions (dates not known.) They knew of Care but they had only been seen in the distribution sites.

2005 was a catastrophe, with small rains in 2004 and therefore no seeds to plant for 2005. Malnourished children were sent to Dakaro to the feeding centre approx 20 km north. Food only given for the children (2 x sacks millet; half of bans and 10lts oil – time scale not known or if this was a one off). They travel every week by bus to the feeding centre.

There is a primary school where the adults are reluctant to send the girls to school therefore, there are more boys than girls in school.

The adults cannot read or write. However, there had been a UNICEF literacy programme for approx 6 months (not established when this was). They believed 10% of the village had basic counting skills.

There were approx 500 households in this village.

Wells – they had 2, one built in 1983 and another that had been in the village for over 30 yrs. They had had water all through the crisis as the wells had not gone dry. One woman told us that she used 400lts per day for a compound of 12 people.

Question 2:

The men had migrated in larger numbers than normal. A large amount of animals had died for lack of food between 2004/2005 and fodder became very expensive approx 2000 cfa a bunch in May/June 2005. Mostly milking cows died.

2004 they had planted in June, the rains came in July (and were short) with the locusts following in August for about a week.

To prepare for a small harvest the women had set up a seed bank with 5 tias of seed per woman. Some women had to purchase these as they did not have them in their family stock. They were paying approx 300 cfa cash per tia.

Nobody came to see their situation or ask what their needs were.

They had been facing a crisis over 3 years and knew that after the 2005 harvest they would not have sufficient food after 4 months. 2005 harvest was not going to be good, as there were a lack of seed.

Discussion on what the village did at harvest of 2005:

They were expecting government help. They had heard there was food in Dakaro. Then there was a 10 mt of millet given to the 75 villages from the government in July 2005. These were to be sold at 10,000 per 100 kg bag and the money would be collected by the government official (at that time a 100kg bag was 22,000 cfa on the open market). A committee was set up for this distribution. The criteria was 2 bags for a large village and 1 for a small. The communities were then asked to sell this by tia at 250 cfa. At that time the market price was 700 cfa.

Businessmen came just before the end of the harvest to purchase the grain at low prices. Was told these people came from Maradi and Dakaro.

The women were forced to find and sell firewood for the good they needed.

They added there were approx 100 children had died between harvest 2004/2005 with approx 30 children registered at the feeding centre. They said that more food should be given for the mothers. They did not know the name of the agency that were running the feeding centre (assumption that it was MSF after seeing the registration cards).

The main causes of death were malaria, diarrhoea and vomiting.

There would be an MSF CRENA in this village starting as of Monday. Did not see evidence of building work, as I did not tour the village. They believed there would be no family ration to the registered children

They said they would not marry out their daughters until they were 15. Anything younger was not "right". The women were considered old after they had had 7 children and were therefore allowed out of the compounds without permission.

Food was needed now and the donors should offer the distributions to the women. They did not seem to be convinced the men were distributing fairly. Also that more food should be given to the lactating and pregnant mothers (leading question from AW).

The health post charged 700 cfa per consultation and they had not believed the feeding centres would be foc. There had been regular vaccinations every week that was foc for the under 5's.

Birni Lalé - Maradi

Village approx 20 mins north of the first. Same sort of layout but had the office of a mayor.

The health post charged 700 cfa per consultation

There were approx 30 children registered in the feeding centre in Dakaro. They had understood the feeding centre would be foc from the beginning.

Approx 10 children had died between harvest 2004/2005.

Vaccinations had been carried out consistently and were foc for children under 5's.

The 2004 crop was planted at the usual time (assumption July 2004) and the rains were short. The seeds had withered and then they replanted 2 months after the first planting.

The locusts came and destroyed everything.

They sent a letter to Niamey (Government official) to ask for assistance. They knew that a lot of food was in Dakaro for distribution.

After planting, millet was 750/800 cfa per tia. They survived on small business, the collection of firewood to sell and selling assets. Able bodied men went to Nigeria to find work and send money back. The price of grains were high and as was the credit level. They are still in debt but did not establish the amount of debt.

The animals died for lack of food and they sold the smaller ones for the goods needed in the household.

Distributions:

In July/August there was a distribution from Libyan Aid in 2 parts. Both consisted of approx 160 x 50kg bags of rice to be shared between 20 heads of household. Also dates, sugar and macaroni were given however, the quantities were unclear. They knew about the number of rice bags as their sons had unloaded the trucks.

They were aware there was a large amount of food in Dakaro and they had been expecting to receive some. They believed this was from the government (PAC – have to find out who these are). They felt there had been an unfair distribution from the higher levels, whoever the distributors were.

Had they seen any NGO's or other organisations in the area asking about their needs? After this question was asked they went into a complete diatribe on the amount of people (internationals and nationals) who had come to ask what the village needed and what (the agencies) would do for the village. After the initial visit the agencies were never seen again. This went on for some time and it was difficult to find out exactly who these agencies were. PAC was named again but the others not. The main theme that came out of this was the NGO's did not fulfil their promises and didn't have the courtesy to return, even to say they would not be assisting.

They believed that grain banks should be supplemented for the next year.

Dan Issa - Maradi

This was a town on the main road towards the Nigerian border (travelling west from Maradi)

There was on health post that we visited and interviewed the male nurse. He had been employed by the MoH and had a degree in nursing. There was an MSF paediatric unit now attached as of July 2005.

The health post had been serving approx 700/800 people per month before MSF came. The people came from up to 30 km away

Adult consultation = 900 cfa

Children = 400 cfa

Maternity process = 600 (pre-natal)

Delivery = 1000 cfa

Vaccinations for the under 5's were foc and they had mobile groups that went to the villages.

They had a kerosene fridge for the vaccines so the cold chain was maintained.

There were no caesareans attempted at the centre and were transferred to Maradi if necessary.

There had been and still were 7 staff. 2 x midwives, the nurse, a registrar, cleaning staff among them. They did not have a pharmacist. The pharmacy was managed by a community management system. The nurse was part of the system, as he was responsible for stock control and orders. The stocks are purchased from the central MoH pharmacy stores. If they cannot get certain items from the MoH, the health post purchases on the open market.

Between the harvest of 2004 and 2005 there was an increase of people going to the centre. There were more women who came with sick children. If they could not afford to pay, they went to the mayor to ask to be a social case. Many were turned away.

Did he think this was an abnormal number? No, he thought that the cases had not increased, it was the number that came for help was the reason for the increase. Probably as the villages thought there would be free services.

The main morbidities were malaria, ARI's and diarrhoea for adults and children. Every week the health post is expected to submit reports to the district level MoH. This includes cases of malnutrition and all morbidities. These are written out with copies being kept at the centre.

In July 2005 the paediatric centre started by MSF. Any child that is sick is referred to the unit and is completely foc. If a child was extremely sick, they would be sent to the hospital in Maradi.

The health post was open Monday to Saturday, where the children did receive foc care. On Sundays the health post was open and the charges were as they were before MSF came. In either case, lactating mothers or pregnant women received foc care.

The nurse had been given extra training by MSF on protocols including the use of the issuing of the combination therapy for malaria and therapeutic feeding.

Interview with women from the Paediatric unit next to the health post

Essentially, they did not tell us anything new from the other interviews. This was a diverse group who lived in and around the area and some were Nigerienes although living on the other side of the border in Nigeria. Among them they added sesame and cassava to the list of known crop grown.

With their children in the paediatric centre, they were also given a family ration on admission and when they were discharged.

Additional information:

They knew that breast feeding was good for the child and they didn't wean the children for approx 9 months (average of the women there). They said they didn't believe breast feeding a child while pregnant was a good thing and that's when they stopped.

Among this group – none had more than 3 wives in the compound the average was 2 and the average number of children was approx 3 or 4. There did not seem to be too many child mortalities within this group – most of the women's children had survived, only the women who had given birth to over 7 children were there instances of child mortality.

The average age of marriage was between 13 – 17 after education. The questions of early aged marriage was dismissed by this group.

General distribution had not been offered to these women.

Tchadoua Health Centre - Maradi

General discussion with health staff on the day to day running of the CSI. The chief nurse was not there however, the assistant, paediatric nurse (nutritionist), trainee nurse and other members of the committee running the pharmacy came in and out to hear what we were talking about.

On average, there were 700 adults and 800 children (under 5 yrs) paying for consultations. There were 4 beds in the centre.

Payment: 800 cfa for adults and 300 for children. 2100cfa for an overnight observation on any medical ground. 700 cfa for pre natal services and 1000 cfa for delivery. No caesareans were done at this facility.

Vaccinations for the under 5's were foc however, there was a charge for the petrol and running costs of motorbikes that went to do vaccinations on the mobile route. There was a cold chain fridge running on kerosene and they had cold boxes and ice packs.

The main morbidities were malaria, ari's and diarrhoea with the next being skin infections. Potable water for the CSI came from a pump and there were taps in the facility.

The pharmacy was being run by committee and a standard cost recovery system was in place. The drugs were purchased from a private pharmacy in Maradi and if they did not have the drugs needed another supplier could be engaged.

If a child was malnourished they went to the child protection centre (effectively a paediatric ward). Moderately malnourished children were sent to the Agencie Medical Afric (AMA) that were running a wet feeding supplementary centre or the CRENI in Agie or Maradi. The children were not accepted into a CRENI, CRENA or AMA without a referral slip from the hospital.

Reports were sent to the Maradi department of the MoH on a regular monthly basis. We would see the record keeping was good by the books they were completing.

General discussion:

There had been no general food distribution in Tchadoua (although the list had said there should have). They agreed this crisis was not a famine as this would have implied there was no food, the problem was being able to afford the food on the market. Everyone had the same form of problem.

Between Aug 19-21 UNICEF had a distribution for pregnant women and lactating mothers of millet, soap and mosquito nets. This was a disaster as all the women from the surrounding villages turned up. Was not clear how the distribution was then handled or who received the goods.

They asked for one thing from us to advocate to “whoever” to have at least a CRENA set up within the grounds of the hospital as the closest was 20 km away.

Tchakie – women of the village - Maradi

2.5 / 3 hr drive from Maradi in rural setting up a long and dusty road.

Sat with a group of women of all ages. They did not know the population or complete make-up of the population although a figure of 1000 kept on being stated. They said the chief had this information. The main source of income was farming millet, sorghum and other minimal crops.

There were no rains and no locust. They did nothing to prepare for a bad harvest. When the bad harvest came, they went into the bush to collect leaves.

There were more men than usual leaving the village to find work in Nigeria and some had not returned. The boys even went (2004).

2004 there was no credit available and in 2005 they did not take credit (not established if they could not or they did not). When paying back it was money for money and goods for goods.

There was a WVI food distribution where the proportion of rice depended on the number of people in the compound. They basically agreed this was fair and one of the rations was:

2 x 50kg bags rice

5 x lts oil

10 x tias beans

Some compounds received up to 5 bags of rice.

They were not aware beforehand that they were going to get food and were happy with this.

They were all aware of the CRENA in the main village (name to check with drivers) and would go with permission from the husbands. It was rare the husbands refused.

General discussion on breast feeding and number of wives in a compound revealed there was an average of 3 wives in each compound and the number of children were (on average) 4. There was one woman who said her husband only wanted one wife but she was lonely and there was too much work. Therefore her sister came as the second wife. They all said that they breast fed for at least 2 years of until they became pregnant again. When asked about the practice of taking

the child off the breast early, there was a definite negative response, they had not heard of this and it is not good practice.

Stopping at the MSF CRENA, we saw mothers receiving the therapeutic ration for the child and the family rations. This CRENA had only been open since July 05.

Kantche – mixed group of men and women - Zinder

This village seemed to be on a main thoroughfare that linked the main road Maradi/Zinder and other sections of the country going south – (see map)

This village had been the only one in Matamey given a general food distribution which was delivered by Goal.

From our discussions, it was difficult to see why this village had been targeted and not others. The answers were similar if not the same as the previous interviews although a tia of millet had increased to 1000 cfa in July 05 (at the moment it is 300 cfa).

The distribution had gone well and they had not been told in advance this would be delivered. Heads of households were given the ration and there was a fair distribution according to the number of people in a compound.

They believed the lists had come from the registration (tax) lists held by the mayor. It was very welcome. The people distributing said they would return for another round but have not come.

Credit: Their debts have not been paid and they do not know how this will be done. There is some small business, firewood selling, peanut oil being made and sold. They were borrowing cash. For some reason (not found out) the women would borrow money from women and the men would borrow from both men and women.

When asked what they needed, they said they wanted to buy cows and goats to replenish stocks. It was said in a way that made me think they had the money – but from where? It is then I heard about the Goal fairs and they would be the next village on the list within the next 2 weeks. (see the NGO meetings as there is an informal discussion with Goal on these).

They laughed when asked if they expected anything from the government. Presumably this meant no.

Most important needs at this time are food and money for small business.

There is an MSF/SCUK CRENAM started in Aug 05 that has assisted with the children.

General discussion. The women had to ask permission for everything they did, including taking the children to the health post or feeding centres. The men said that they would never refuse permission for this. However, if the husband did not have the money, the woman would have to sell something of hers to have the available cash.

As with other villages, there was an average of 3 wives per compound in the sample we had and approx 3 to 4 children each. Breast feeding, as with others, not until they became pregnant again.

Zermou – Mayor and CCA distribution team - Zinder

43 villages received assistance. The town chief and 2 x members of political parties were called to collect the rations. The CCA committee said they did not have anything to do with the CRS distribution. (not the number of Deborahs list – see that list)

Hadjia Fati Omar is the Nigerien representative on the general council in Kano Nigeria and originally came from this area. Therefore it is understandable there were donations from Nigerian states.

For the first distribution, the above were put together. Waybills seen for these amounts. The food that came from CCA was distributed on 13th and 20th August 05.

Garim Gambo -Zinder

Chief of village and villagers

The main points are that this village was definitely poorer than other villages we had seen. Their clothes were older, the flip flops were falling apart, the buildings looked in worse repair than other villages and the children were dirty.

There were 900 people in 240 compounds.

They only received on distribution from CRS. The heads of household were called to Zormou and received goods on presentation of their tax card.

There had been no warning this would happen. They thought the distribution was fair although they seemed to have been promised 3 distributions.

The 2005 harvest was better than the 2004 and some of the debts were paid off. Credit was being taken and firewood collection and peanut oil making was done to have extra cash. Most of the men who went to Nigeria came back for the 2005 harvest.

The animals had died due to lack of food. The average was between 5 – 10 animals per family had died. One man said that 23 goats had been stolen one night.

Their needs were for food and money. The water pump was not working well and they wanted this either fixed or a new one. Usually, there were contributions from the villagers for mending but this year it has taken a long time to collect the money.

Discussion on family size, average 2 wives and 4 children each wife. Breast feeding, for as long as possible or until they were pregnant again. There had been 29 marriages in the village since the end of harvest 2004.

Koundoumaoua Market travelling between Zinder and Maradi

The grain was approx 13,000 per bag. Women were coming to the market to buy milk and other household goods. One woman said that to be able to do this she were selling small amounts of beans to the traders. She was not getting a good price as she had in other years.

Donkey sellers said the price was between 15,000 and 40,000 which was low for today. With the money, they would be purchasing grain to store for the next season and some household items for their wives.

Allela - Konni – Care emergency nutrition programme

Health post staff

Spoke to 3 x community health workers (CHW's) who were working in the health post. They were MoH staff but to be paid by cost recovery system.

They only had one bed and if there were more that needed to stay, they slept on the floor.

There was electricity that was powered by solar and batteries.

Drugs managed by village committee that bought from the government pharmacy in Konni.

They did not purchase from private vendors if the government pharmacy did not have certain drugs. They had not heard of ACT for treating malaria. Chloroquine was first line treatment.

They had never had any training from Care on any issue. The chief nurse had and was away having nutrition training at the time we were there.

An emergency feeding for moderately malnourished was being held by Care that had started sometime in September. 5 women came from Konni (Care workers) for 5 – 10 days to treat malnourished children. They were weighted and measured and then shown how to make appropriate food for the child.

If there was medical complications, the mothers were asked (told?) to go to the health post for treatment. This they had to pay for in the normal way.

The food treatment was proportions of millet, a local substance, milk and/or water.

The CHW's were not involved with the programme unless the children came to the health post for treatment.

With women who had children in the programme

We knew there had been Care projects working in the village. Road building with food for work, HIV awareness, cereal banks. I first asked the women if they knew the name Care. The answer was no. When pushed, they said they knew there was an NGO working in the village but not the name.

They knew there would be a feeding centre when one of the “town criers” asked women with children under 5 to go to the school (Sept 05). The children were weighed and measured and shown how to make food as we had already been told. If the child was sick, they had taken it to the health post and paid. The husbands had had to agree to this but few, if any, refused. If the husband did not have the money, the woman would have to sell one of her assets (millet or beans) to pay for the treatment.

They were given a ration of:

Maize flour x ½ tia

Millet x 11 tias

Oil x 6 lts
Beans x 5 tias

This was supposed to be for the child only and it was really unclear how long this ration was for. They were shown how to cook this for the child. All the mothers present said they were preparing the food as taught.

This year the malnutrition was worse and there seemed to be more malaria, diarrhoea and vomiting and the mothers were not in good condition themselves, therefore lack of breast milk.

Their animals had either been sold, died and some they were able to keep. When there was absolutely no food for them, they gave them salted water. They did buy milk from the Fulani's to give to the children.

Note: This was a really difficult interview and it was unclear why. Everything asked had to be repeated and verified with a different question or the same question phrased a different way.

My opinion about this project is this is not an emergency programme, it was placed in quickly to alleviate the rising number of malnourished children – a development programme that should not be called an emergency response.

Goumbine Kano – Care development programme village

The chief told us there were 374 households – did not know the number of people.

2004 had been a better harvest for millet than 2005 but the beans (not fully harvested yet) would be better in 2005 than in 2004. There were only 2 crops grown. No groundnuts or sorghum. The Care women agreed with this.

2004 a 60 kg bag millet cost 5000 and this year it was 8000 cfa.

The clinic had been re-habilitated by Care in the form of food for work the prices were: There were 2 x nurses that were paid by the MoH and the rest of the staff were paid on the cost recovery systems. Drugs by committee and I did not establish where these were purchased.

There was no definite malnutrition programme but there were 5 women, trained by Care, to give health messages and to show the mothers how to prepare food for the children. This was done at the health centre and then the women were supposed to go to each compound and show the mothers all over again. The messages ranged from basic sanitation to feeding the children, malaria prevention etc.

These women had not been working, as the community could not afford them (or chose not to). When asked if they thought this time of crisis was the main time these women should be working, they shrugged and asked what was a village to do, there were other needs to be met. However, they hoped this would happen again but gave no indication of when.

The villagers believed the crisis began (for them) in July 05 when the food became short and they realised the prices were not going to go down. In 2004 they did not believe there was going to be a food crisis.

Going onto malnutrition, this year, there were more cases than ever. When asked why, the health staff said a) the people were ignorant; b) the activities of the 5 women stopped and c) in 2004 when the price of food was high, they had good crops they sold at a high price. Only 5 - 10% of farmers kept sufficient seed stock for 2005 (if my understanding of that statement was correct). Traders came from all over the country to buy their crops.

When asked if they thought selling high in 2004 was greed, they agreed that this was part of it. But, family member came from all over the country (Maradi, Zinder for example) to ask for food. Traditionally, they could not refuse the family food or seeds.

After the harvest of 2004 men and their families moved to other countries to make money. If they went to Nigeria, they worked on farms, if to Mali, they bought and sold meat. Most returned for the 2005 harvest. However, there are some young men already preparing to leave again within the next couple of weeks.

The animals had mostly died, although they said this village did not own too many animals. They had to leave them to die as it would have been wrong to breed animals when there were hungry women and children in the compound(s).

Group of women:

Asking them about the messaging women and had they been to these womens compounds, they all said yes. Asking if they prepared the food on the same manner as they had been shown, they said yes but not at the moment during harvest time, as it was difficult to go back and forth from the fields to prepare food for the children. Other constraints were the lack of clean water and foodstuffs like carrots and tomatoes. They will go back to feeding the children as shown after harvest.

Each had a piece of land they had been given by their husbands and were growing millet. They were allowed to sell this after gaining permission from the husbands. The credit system (presumed to be MMD) was working well for the village and there was money in the common “pot”. However the monthly payments were suspended during the crisis period.

The women did take the children to the health post when they were sick and there had been more malnutrition than in other years. They paid for going to the health centre by either asking their husbands or selling some of their own assets.

The women wanted clean water – pump or another well and some form of micro credit so they started to become self sufficient (in cash terms).

My opinion is that this has always been a wealthy village (food basket of Niger) and that this development programme did not target the vulnerable.

Annexe N.**Acronyms and Abbreviations**

ADP	Area Development Programme
AGRHYMET	Agro-Hydro-Meteorologie
AREN	Agence des Eleveurs du Niger
ASAPI	Amelioration de la Securite Alimentaire par la Petite Irrigation
BAB	Banque d'Aliments pour betail
BAD	Banque Africaine de Developpement
BC	Banque Cerealier
CARE	Cooperative for Assistance and Relief Everywhere
CCA	Cellule Crises Alimentaires
CC/SAP	Cellule de Coordination du Systeme d'Alerte Precoce
CD	Country Director
CES/DRS	Conservation des Eaux du Sol/Defense et Restauration du Sol
CFW	Cash for Work
CI	CARE International
CIDA	Canadian International Development Agency
CNPGCA	Comite National du Systeme de Prevention et de Gestion des Crises Alimentaires
CO	Country Office
CRA	Centre Regional AGRHMET
CR/PGCA	Comite Regional de Prevention et de Gestion des Crises Alimentaires
CS/R/PGCA	Comite Sous-Regional de Prevention et de Gestion des Crises Alimentaires
CRS	Catholic Relief Service
CUN	Communité Urbaine de Niamey
DFID	Department for International Development (United Kingdom Government)

DNPGCA	Dispositif National de Prevention et de Gestion des Crises Alimentaires
ECHO	European Commission Humanitarian Office
EU	European Union
EWS	Early Warning System
FAO	Food and Agriculture Organization of the United Nations
FEWS Net	Famine Early Warning System Network
FFP	Food For Peace
FFW	Food For Work
GATES	Bill and Melinda Gates Foundation
GDP	Gross Domestic Product
GIS	Geographical Information System
GTI/GCA	Groupe de Travail Interdisciplinaire pour la Gestion des Crises Alimentaires
GTI//SAP	Groupe de Travail Interdisciplinaire du Systeme d'Alerte Precoce
HKI	Helen Keller International
HIMO	Haute Intensite de Main-Oeuvre
INGO	International NGO
IO	International Organisation
ISAN	Initiative Securite Alimentaire au Niger
IUCN	International Union for Conservation of Nature and Natural Resources
M & E	Monitoring and Evaluation
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
MT	Metric Tonnes
NGO	Non-Governmental Organization

OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development
OFDA	Office of Foreign Disaster Assistance (USAID)
ONG	Organisation Non-Gouvernementale
OXFAM	Oxford Committee for Famine Relief
PAM	Programme Alimentaire Mondial (UN)
PAC	Projet d'Attenuation des Crises
PNUD	Programme des Nations Unies pour le Developpement
PSSA	Programme Special Securite Alimentaire
RC	Resident Coordinator
SAP	Système d'Alerte Précoce
SAVE	Save The Children
SIMA	Systeme d'Information sur les Marches Agricoles
SIMb	Systeme d'Information sur les Marches a Betail
SWOT	Strengths, Weaknesses, Opportunities, Threats
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Program (UN)
WHO	World Health Organization
WMO	World Meteorological Organization
WVI	World Vision International
ZOPP	Zielorientierte Projektplanung (Objectively Oriented Project Planning)