## Niger

### AT A GLANCE

#### Country data *(2005 figures, unless otherwise noted)*

- 2006 Human Development Index: 0.311, ranked 177 of 177 countries
- Population (2006): 14.4 million
- Life expectancy: 44.9
- Under five infant mortality rate: 256.0 per 1,000
- Population undernourished (2001–03): 32 percent
- Population with sustainable access to improved water source: 46 percent
- Primary education completion rate: 28.1 percent
- Gender-related development index (2006): 0.271, ranked 140 of 177 countries
- Official development assistance (ODA): US$515.4 million
- 2006 Corruption Perception Index: 2.3, ranked 138 of 163 countries


### The crisis

- Niger is one of the planet’s hottest countries, with three-quarters of the country covered by desert;
- Niger suffers a food deficit every year, with malnutrition in some areas bordering emergency levels;
- 2005 food production was extremely low, due to two years of drought and a locust infestation, creating a cereal deficit of 223,448 tonnes and livestock feed deficit of 4,642,219 tonnes;
- Over 2.5 million people faced a food shortage, and a nutritional and health crisis;
- The World Food Programme (WFP) estimated that in rural areas 1.22 million people (13 percent of the population) were severely food-insecure; 1.99 million (22 percent) were moderately food-insecure; 1.91 million (20 percent) were at livelihood risk; and 4.13 million (45 percent) were in a situation of food and economic security;
- 3.3 million were affected, with the poorest, children, women, and pastoral herders most vulnerable.


### The humanitarian response

- The 2005 UN Appeal for West Africa (including Niger) received US$198,758,232, representing 98 percent coverage, of which 82 percent came from OECD DAC donors;
- The 2006 regional Appeal was 94 percent funded;
- The largest donors to the 2005 Niger Drought/Locust Invasion Food Security Crisis Appeal were: Saudi Arabia (US$19,570,081 or 17.3 percent), the USA (US$19,317,795 or 17.1 percent), private individuals and organisations (US$9,761,757 or 8.6 percent), Canada (US$8,185,072 or 7.2 percent), France (US$8,007,710 or 7.1 percent) and EC/ECHO (US$7,895,699 or 7 percent);
- Total humanitarian assistance in 2006 was US$243,363,823, of which DAC donors represented 69 percent, the largest the USA (21.8 percent), EC/ECHO (together 6 percent), Sweden (3.6 percent), Canada (3.1 percent) and Luxembourg (1.9 percent);
- Despite high levels of funding, the delay of almost two years between the identification of the crisis in 2004 and the distribution of aid in 2006 was disastrous for the population.

Source: OCHA, Financial Tracking Service (FTS).
Introduction*

The 2005–2006 crisis merged short-term natural disasters and a long-term situation of chronic vulnerability, resulting in a critical food shortage. The degree of vulnerability and poverty experienced by the majority of the population cannot be underestimated. It is therefore a structural, forgotten, chronic, and permanent crisis. The international response has been criticised for being too late, too slow, badly coordinated, and poorly directed. Significant levels of funding only began to arrive in the summer of 2005. Although the first signs of the crisis were identified as early as 2004, the majority of distribution took place in 2006. However, it is important to recognise that this crisis has generated a great deal of debate and controversy, in particular surrounding its extent and impact, the effectiveness of the early warning systems, the diagnosis of the crisis, and the timeliness and appropriateness of the international humanitarian response. Many lessons for the implementation of the Principles of Good Humanitarian Donorship can therefore be drawn from the Niger experience, especially regarding the effectiveness of needs assessment and coordination, and linking relief and development.

Causes and humanitarian impact: A forgotten and protracted crisis

Despite the severity of Niger’s emergency, it illustrates the complexity and protracted nature of the regional...
The Humanitarian Response Index 2007

Niger experiences a severe food shortage every year, with malnutrition rates in some areas bordering on the international 10 percent global acute malnutrition (GAM) level indicating an emergency. In 2005, food production was low, due to two consecutive years of drought and a locust infestation. By 2005, officials estimated cereal deficits at 223,448 tonnes and livestock feed deficits at 4,642,219 tonnes. Over 2.5 million Nigeriens faced a food shortage, followed by a nutritional and health crisis. A World Food Programme (WFP) survey of rural areas in October 2005 estimated that 1.22 million people (13 percent of the population) were severely food insecure; 1.99 million (22 percent) were moderately food-insecure; 1.91 million (20 percent) were at livelihood risk; and 4.13 million (45 percent) were in a situation of food and economic security. Yet, crop production in 2004 was only 10 percent lower than average annual production and food was available in many markets.

However, the extent of the crisis, which groups and areas were most affected, and how the crisis should be defined—was it or was it not a famine?—were hotly debated. This varied understanding of the crisis had an impact on both the response and its evaluation. For example, WFP argued that, "...this is a complex emergency, not a sudden cataclysm, like a tsunami... In technical terms Niger's President Matador Tandja may be right to say that this is not a famine... It may not be a famine, but it is an ongoing development crisis, with the need for sustained attention, even when the cameras move on somewhere else." On the other hand, the Humanitarian Policy Group (HPG) has argued that, "avoiding the famine label has often been convenient for those seeking to justify slow or failed responses." The 2005 crisis was, therefore, a combination of long and short-term factors, with its roots in the country's climate and terrain, its traditional rural economy and social structure, and, most significantly, widespread poverty, lack of public services, and demographic pressures. Moreover, the crisis was not an extreme or unique moment, but rather a cyclical and quasi-permanent state of affairs. Nor should it be understood only as resulting from a scarcity of food across the country, but as a crisis caused by the lack of access to food, particularly by certain segments of the population. WFP has therefore suggested that, "the Niger crisis... removes the line traditionally drawn between structural and short-term crises. A permanent emergency such as Niger's underlines the lack of effective solutions to its underlying structural elements." Niger ranked last out of 177 countries in the UNDP's Human Development Index in both 2005 and 2006, and last in the Gender-Related Development Index and Human Poverty Index. The International Monetary Fund (IMF) estimates that 63 percent of the population lives below the poverty line, while UNICEF estimated the 2005 under-five infant mortality rate at 256 for every 1,000 children illustrating the structural vulnerability of the economy and population. In addition, Niger is one of the hottest countries on the planet, with three-quarters of its surface covered by desert. Recurring droughts, overgrazing, soil erosion, deforestation, and desertification all threaten the environment and people's livelihoods. This is exacerbated by a 3.2 percent population growth rate and the division of land through inheritance. Following this trend, arable land per capita will diminish from 1.2 hectares in 2005 to 0.87 in 2015. This chronic environmental unsustainability is a long-term threat.

The combination of short- and long-term factors pushed many families over the brink, affecting approximately 3.3 million people, especially vulnerable groups, such as women and children. The vulnerability of women and children was in part exacerbated by the male-dominated socio-economic structures, as is often the case in situations of poverty and food crises.

In fact, the crisis did not affect all geographic regions or population groups equally. Locust swarms destroyed much of the grass used to feed livestock, causing nomadic herders to lose many of their cattle, their only source of income. As a result, they could not afford the rising cost of food. Many were forced to sell what livestock they had, incur unsustainable debts, and drastically reduce food consumption, thus creating acute food insecurity and malnutrition. Nevertheless, high chronic malnutrition rates were also recorded in the wealthier southern areas, where food was more widely available in markets. Gary Eilerts of USAID states that there were at least two simultaneous crises occurring in Niger. He argues that the nutritional crisis in the south demonstrated characteristics common to situations of widespread poverty and was linked to increasing wage labour, indebtedness, and declining disposable income.

The crisis also interacted with political tensions and cleavages within the country, which rendered the Touareg group particularly vulnerable. Traditionally, these people, concentrated in the north, have been politically and economically marginalised, a situation...
which led to a violent rebellion in 1990. The Touareg's traditional nomadic herding existence, coupled with their continued marginalisation, meant that they were both more exposed to the crisis and received less help. UN sources also suggest that increased tensions are affecting humanitarian access.13

The international donor response:
Too late and only after media exposure

International aid to Niger for the 2005–2006 nutritional crisis has been criticised for arriving six to eight months too late, far too long a delay for a country so dependent on subsistence agriculture.14 An implementing agency stated that, “the need was already in October 2004 and they [donors] didn’t arrive until the second half of 2006 when the needs had changed.”15 To make matters worse, and despite the continuing food crisis, 2006 saw widespread flooding, itself requiring humanitarian action.

The 2005 UN Consolidated Appeal Process (CAP) for West Africa, which included Niger, received US$198,758,232,16 representing 98 percent coverage of the funds requested, 82 percent of the total from the OECD Development Assistance Committee (DAC) donors.17 However, OCHA’s Financial Tracking Service does not discriminate by country the funds dispersed in the region, which includes Burkina Faso, Chad, Mali, Mauritania, Niger, Nigeria, and Senegal. In 2006, the regional CAP was 94 percent funded, although this focussed almost exclusively on nutrition and food security.18

Total humanitarian assistance to the region in 2006 amounted to US$243,363,823, including the CAP and additional contributions. Of this total, DAC donors represented 69 percent, un-earmarked UN funds 10 percent, the UN Central Emergency Response Fund (CERF) 4.8 percent, and non-DAC donors and private funds the remainder. In 2006, Niger received funds from 17 of the 23 DAC members, the largest sum coming from United States (21.8 percent), EC/ECHO19 (together 6 percent), Sweden (3.6 percent), Canada (3.1 percent), and Luxembourg (1.9 percent). In 2005, under the Niger Drought/Locust Invasion Food Security Crisis identified by the UN, the main donors were Saudi Arabia (US$19,570,081 or 17.3 percent), the United States (US$19,317,795 or 17.1 percent), private individuals and organisations (US$9,761,757 or 8.6 percent), Canada (US$8,185,072 or 7.2 percent), France (US$8,007,710 or 7.1 percent) and EC/ECHO (US$7,895,699 or 7 percent).

Despite the eventual high levels of funding, it is crucial to recognise that the delay of almost two years between the first identification of high levels of malnutrition in 2004 and the distribution of aid on the ground in 2006 was disastrous for the population.

It is widely recognised that the media played a major role in precipitating a reaction from the international community. As Jan Egeland declared on July 22, 2005, “over the last few days, the world has finally woken up, but it took graphic images of dying children for this to happen. More money has been received over the last 10 days than over the last 10 months.”20 Despite some misrepresentation of the situation, the positive influence and impact of the media was undeniable. However, the U.S. has criticised the message sent by the media and some NGOs as too alarmist, and therefore as having contributed to rising local food prices.

It is also significant that the rapid response to the food security crisis came only when the government of Niger itself recognised its severity. But this recognition came too late for many starving families. The HPG argues that, “part of the reason for this failure [to prevent the crisis] is a long-term lack of concern by the government in the capital Niamey, in the far south of the country, for the conditions of the nomads in the north, the people who will suffer most in the long term.”21 The government was, in part, distracted by the 2004 elections, and later did not want to appear not to be in control of the situation. This attitude shifted through international pressure, the accumulating amount of evidence produced by actors on the ground—often with the participation of state institutions—and pressure from the local population. In June 2005, thousands demonstrated in the capital carrying slogans which read “We Are Hungry!” and “Free Food Distributions!” However, it must be recognised that the crisis was the first to occur following the restoration of democracy in 1999, when government crisis management mechanisms were not yet in place. In addition, some implementing agencies in the field recognised the government’s improved commitment and coordination of the response.22
Implementation of the humanitarian response: Failures of analysis, inappropriate aid and poor government coordination

It is important to raise questions about the quality of early warning systems and needs assessment analysis of the crisis, as well as the capacity of the humanitarian actors to respond. “There has been a tendency to present this as a crisis that was predicted, but not responded to.” Nevertheless, while it may have been possible to foresee the crisis, it was at the time misdiagnosed.

There were a number of early warning systems. The Global Information and Early Warning System (GIEWS) of the Food and Agriculture Organization (FAO) monitors the situation throughout the growing season. The existence of the parallel Famine Early Warning System Network (FEWSNET), implemented by US organisations and regional partners, reflects the lack of confidence in the FAO system. Finally, the EC has invested in improving early warning systems, including AGRHYMET, a regional weather monitoring programme. In September 2004, the Inter-Agency Standing Committee (IASC) Working Group on Early Warning–Early Action recommended strengthening national and local early warning systems in Niger. The overlaps and gaps among these various systems should be addressed in order to increase coherence, so that local communities and the local context can be better accounted for. The Humanitarian Practice Network (HPN) argues that, “analyses failed to identify which population groups were at relatively greater risk, and why... information should be analysed from a long-term perspective.”

There were also failures within the different analysis systems. Both the emergency plan prepared by the Dispositif National de Prévention et de Gestion de Crises Alimentaires (DNPGCA) and the EMOP (Emergency and Operations Plan), prepared by WFP, failed to consider the situation affecting herders, underestimated the problem of food access, inadequately estimated the ability to obtain supplies at a regional level, and did not focus sufficient attention on the nutritional situation for a growing population.

Typically, needs assessments were done with an implementing agency’s own funds, often at a donor’s request, except in the case of ECHO and France, which provided funds to the WFP for needs assessments. Furthermore, despite the fact that donor funding is generally based on needs assessments, it is often not proportionate to the needs identified. In fact, NGOs received far less for Niger than what they asked for, limiting the efforts of implementing agencies.

The principal activity carried out by agencies was the provision of food, followed by water and sanitation, the recovery of livelihoods, health service and medical treatments, and longer-term development. However, while food aid was crucial as part of the response, it was not sufficient and more should have been done to support livelihoods, in particular for pastoralists, and to link relief to development. Clearly, this would have required more funds. Furthermore, the amount of food was considered insufficient and the strategy focussed on food volumes rather than problems regarding access to food. WFP only provided food aid, and the U.S., the largest donor, was largely restricted to offering food that had to be shipped from the United States and took at least four to five months to arrive. In addition, as agreed by the UN and the government, food and fodder were initially only partially subsidised rather than provided for free, so as not to disrupt local markets or create dependency—a strategy which did not last long.

At the onset of the crisis, very few international NGOs had a presence in Niger. By the end of 2005, there were more than 80 implementing agencies. Today (2007), no more than 40 remain in the field. However, many agencies including WFP, CARE, and Save the Children, worked with local NGOs, such as ABC Écologie, as partners and recruited and trained local staff, whose knowledge was invaluable. ECHO has also been praised for having a permanent presence in the field and for increasing its commitment to long-term funding.

Lastly, many organisations believe there is a grave lack of attention to and funding for disaster preparedness and risk reduction. Only a few donors, such as the EC which contributes to DNPGCA, appear to be strengthening the government’s capacity to prevent, prepare for, mitigate, and respond to humanitarian crises.

Coordination was also a major problem in Niger, since there was no initial government structure through which it could be carried out. The government established the Committee for Food Crisis (CCA, Comité de Crises Alimentaires) but only when agencies had already begun implementing their programmes. This resulted in confusion over the relationship between international organisations and the government, with the latter objecting to NGOs sharing information without official approval.

In addition to the CCA, there are lead coordinating agencies for different sectors, including the World
Health Organisation for health, the UN Food and Agriculture Organisation and World Food Programme for food security, and UNICEF for nutrition. There is also a Niamey-based IASC task force with representatives from donors, NGOs, and UN agencies.

Since 2006, OCHA has made the following efforts to improve coordination:

- established a Humanitarian Information Centre (CIH) and transferred it to the National Mechanism for the Prevention and Management of Food Crises;
- developed a contact list of humanitarian partners;
- created a matrix of responses to the floods and cholera epidemic;
- produced a “who does what” database;
- developed inter-agency multi-risk and avian flu contingency plans.

Nevertheless, communication between the government and humanitarian partners continued to deteriorate, and is still extremely poor. The government has complained that humanitarian agencies transmitted information to the public without first involving them. On the other hand, some NGOs believe donors did not pressure the government enough to address the reality of the crisis. Some agencies argue that the government does not want to recognise the gravity of the situation because it fears a coup if it appears weak. In effect, the government sends completely different messages to civil society, on the one hand, and to the international community, on the other.

Despite these difficulties, according to UNICEF acute malnutrition decreased from 15 to 10 percent between 2005 and 2006, illustrating that the response at least partially addressed the needs of the population, although far more was needed in both the short and long term.32

Conclusion

In the wake of the 2005 crises and the 2005–2006 response there are several challenges and lessons to be learned. First, although there is considerable debate and controversy surrounding the crisis in Niger, there is undeniable chronic vulnerability facing the majority of the population. This highlights the central importance of strengthening both government and local community disaster preparedness and risk reduction capacity, as laid out in GHD Principles 8 and 9. Without funding on a long-term basis to enhance the link between relief, rehabilitation, and development, future generations will remain vulnerable to malnutrition and starvation.

Second, enhanced coordination at all levels is required, in particular between government and humanitarian partners, but also among donors and implementing agencies, both national and international.

Third, there is an urgent need to respond in a more timely, relevant and effective manner, based on more comprehensive analysis and early warning systems, with greater participation by local communities and greater appreciation for the local context. This will require better planning and greater funding. Indeed, one of the fundamental aims of the GHD is for donors to fund all emergencies on the basis of need, irrespective of political interests or media attention.

In fact, the Humanitarian Policy Group states that discussion of the need to reform the humanitarian system has engaged donors, primarily through the Good Humanitarian Donorship (GHD), as well as operational agencies, adding that “Niger shows just how far the system is from providing a timely, effective and proportionate response. The crisis is being cited as an example of why new mechanisms are needed to improve performance.”33 Fortunately, some important changes in donor behaviour seem to be taking place. The will to strengthen government capacity appears to be greater, and the main donors are moving towards longer-term funding.

References


Office for the Coordination of Humanitarian Affairs (OCHA). Financial Tracking Service. Available at: http://ocha.unog.ch/fts2/


Notes

1 Citizens of Niger, as distinct from “Nigerians,” citizens of Nigeria.
2 In 2006, the World Health Organization declared a cholera epidemic.
3 World Food Programme, 2005.
4 See Eilerts, 2006; and Overseas Development Institute, 2005.
5 Loyn, 2005.
6 Humanitarian Policy Group, 2005.
7 According to the interviews conducted in the field, acute food crises occur every 10 years in Niger.
8 World Food Programme, 2006.
9 IMF, 2006; the poverty line is defined as living on less than US$1 per day.
10 According to the Niger National Institute of Agronomical Research (INRAN), available farm land is shrinking by as much as 200,000 hectares per year because of desertification and soil degradation; the southern movement of the Sahara is forcing many northern herders to create permanent settlements in order to retain some land.
11 Niger National Institute of Agronomical Research (INRAN).
13 DARA field interview, May 2007
14 However, there is some disagreement within the humanitarian community as to whether the response was indeed late, depending on one’s understanding of whether it was, in fact, a crisis or simply the norm; see Overseas Development Institute, 2005.
16 As per OCHA West Africa 2005: List of all commitments/contributions and pledges.
17 OCHA, Financial Tracking Service.
18 Food received 120 percent of requested funding. Agriculture 73 percent, Coordination and Support Services 45 percent, Economic Recovery and Infrastructure 0 percent, Education 12 percent, Health 33 percent, Protection of Human Rights and Law 0 percent, and Water and Sanitation 11 percent.
19 European Commission Humanitarian (AID) Office.
20 Quoted in Overseas Development Institute, 2005.
21 Humanitarian Policy Group, 2005.
25 Borrel et al., 2006.
27 World Food Programme, 2006.
30 Humanitarian Policy Group, 2005.
31 Clay, 2005.
33 Humanitarian Policy Group, 2005.