



Food Crisis in Niger: A Report on CARE's Emergency Response



CARE's initial response to the immediate food emergency in Niger included the distribution of lifesaving food supplies. As our response continues, we are incorporating food and nutrition education into our program to address future emergencies.

August 2005 – August 2006

Background

Niger's food crisis, which reached a critical state in August 2005, shares many similarities with other emergencies to strike Africa over the years: drought, locust infestation, malnutrition, disease – followed by regional famine. However, a main underlying cause of the emergency in Niger was and continues to be a long history of extreme poverty that undermines people's ability to react to the economic impact of similar natural disasters. Because most Nigeriens live in a state of chronic food insecurity, they have few alternatives to fall back on when crops fail. Having exhausted their food supplies and without enough cash to purchase grain on the market, entire communities are left to watch their most vulnerable members – mainly children – grow weak and ill from hunger. Last year's crisis had a dramatic effect on almost 2.7 million adults and children in over 4,000 communities across Niger.

Tragically, acute malnutrition in Niger is not always the direct result of environmental crisis. Indeed, as many as 61 percent of children in some areas are chronically malnourished irrespective

of drought, rain, food prices, harvest quality or other external factors.¹ Rural Niger's harsh, arid landscape presents less-than-favorable growing conditions, even under the best of circumstances. In addition, extreme poverty² and limited education mean that people simply don't have the



CARE is working to get all members of the community, especially women and children, involved in food security.

resources or the knowledge to improve their situation over the longer term. As one staff member of CARE's relief operation in Niger explained, "The pictures that the world saw in 2005 could have been taken any year. There are people who starve every year because malnutrition is a part of life here." A joint evaluation by CARE and other international nongovernmental organizations (NGOs) working in Niger³ concluded that the 2005 food emergency was the "acute phase of a chronic crisis." In other words, it was a severe episode in a long-term endemic food emergency. The report suggests that the 2005 crisis can be separated into two components:

- An *acute and immediate emergency* caused by localized crop failures and regional food deficits; and
- A *long-term crisis* marked by chronic malnutrition, widespread livestock and asset depletion and a high incidence of communicable and waterborne diseases – all of which are closely linked.

CARE is treating these two emergencies – immediate and long-term – with equal importance. With the largest capacity of all international NGOs in Niger, CARE was able to react quickly to the immediate emergency, providing food aid to more than 1.6 million people, helping thousands of moderately malnourished children⁴ and distributing animal fodder to prevent livestock deaths. In response to the long-term crisis, we are strengthening our regular development programming to include lasting solutions to food insecurity and support the following objectives:

- *Nutrition:* Improve the nutritional status of malnourished children and promote positive changes in eating and hygiene behaviors;
- *Agriculture:* Help farming communities replenish their community cereal stocks and enable farmers to use profits from their harvests to support their families with essentials such as health care, housing, clothing and complementary foods; and
- *Self-Sufficiency:* Help families build their assets before the hungry season returns and food prices rise, through interventions such as animal husbandry, credit and savings groups, and food for work programs.

¹ According to reports from the U.S. Agency for International Development (USAID).

² The United Nations Human Development Index ranks Niger as the second poorest country in the world, where almost two-thirds of the population lives on less than \$1 a day.

³ Save the Children, World Vision and Catholic Relief Services (CRS).

⁴ Severe cases were referred to treatment centers operated by *Médecins Sans Frontières*.

Thanks to contributions from generous donors like you, CARE's **Niger Food Crisis Fund** provided important resources for life-saving emergency programs and longer-term rehabilitation efforts. This report provides an overview of CARE's overall response to the food crisis from August 2005 – August 2006.

Emergency Response

In response to the immediate food emergency, CARE headed a massive distribution of relief supplies and nutritional aid, as described below, to help affected communities recover from the short-term effects of the crisis.

Food Distribution

During the initial phase of our response, from August – December 2005, CARE distributed 23,852 metric tons of emergency food (grains, beans and oil) to more than 1.6 million people in Diffa, Maradi, and Tahoua. Our long-term presence in Niger and the geographic scope of our regular programs mean that CARE was in an ideal position to reach those in immediate need of aid. In close coordination with the United Nations' World Food Programme (WFP) and the Nigerien government's Food Coordination Cell,⁵ CARE distributed emergency food items to roughly 226,370 households. According to government records, 14 percent of those households (31,691 families) were headed by women. CARE's contribution to these efforts was significant, accounting for the distribution of nearly 45 percent of all food supplied by the WFP and providing additional emergency food supplies to 400 villages.

Ize Abdou, age 45
Wandale Village



"Because of CARE, I could eat, even when there was little food. I had saved money through my savings and credit group and could also take out a loan to buy food and grain. The cereal bank that we established in my village made seeds available to everyone at a low price. Without it, no one here would have been able plant last season; there were no seeds anywhere for any price."

Since January 2006, CARE also provided 5,300 metric tons of grain for nutrition education activities, food-for-work programs and cereal banks in order to address some of the underlying causes of the country's longer-term food crises. This included 2,891 tons of grain distributed in 335 communities to stock local cereal banks and provide animal fodder for 3,650 households; 70 tons of seed to 19 communities to ensure early planting in time for the first rains; and 4,400 heads of livestock to villagers who were forced to sell their animals to buy food during the 2005 emergency. These more recent interventions are reaching more than 300,000 adults and children each month.

Supplementary Feeding

If malnutrition is detected early enough, most children under 5 can regain weight and health without medical treatment; if let to slip into severe malnutrition, their care is much more complex and they risk permanent developmental impairment and even death. In the early stages of the

⁵ The two entities in charge of importing emergency food shipments into the country.

*Anchawa Samila, age 30
Soulayman Illiassou, age 3
Badaguichiri Village*



"I've learned so much about nutrition and health from CARE. When I first brought my son here, he was malnourished – weak and always tired. I learned that he needed more than just breast milk and porridge. Now, I cook healthy meals for my family, like vegetables, fish and meat. Soulayman did not play before; now he is an active, spirited boy. Before, he did not eat; now he asks for food. Vegetable stew is his favorite. He has gained weight and is now 100 percent healthy!"

emergency, CARE established supplementary feeding and nutrition monitoring and evaluation centers to identify severely malnourished children for treatment. To address the needs of moderately malnourished children, CARE helped establish community support groups called *foyers nutritionnels* to help parents detect and treat moderate malnutrition. CARE distributed fortified grains to children, pregnant women and nursing mothers, and also instructed parents on basic nutrition principles.⁶

In partnership with the WFP and UNICEF, CARE has begun a "blanket feeding" program that targets 98,000 children under the age of 3 in Maradi, Tahoua, and Zinder. Distributions of fortified grains, sugar and vegetable oil are accompanied by cooking demonstrations to teach mothers how to prepare nutritious meals for their children. By supplying food rations to young children, CARE hopes to alleviate a portion of the household food burden.

For older children, CARE created school canteens to provide nutritious meals to more than 300 vulnerable children in the Diffa region and encourage them to attend school. The majority of these children are from nomadic ethnic groups

and are forced to discontinue their education when their parents leave to search for work. Feeding programs such as these encourage children to stay in school.

Long-term Strategy

To address long-term food security, CARE is adding food and nutrition education to all of our development programs in Niger and helping communities to prepare for, react to and prevent future crises.

Nutrition Education

Households that work with CARE programs to increase year-round food security and protect family assets are better prepared to address the effects of long-term crisis than those where no such intervention exists. As a result, CARE is now working to include nutrition and vulnerability monitoring in all of its development projects in Niger. One such example is CARE's *Mata Masu*

⁶ A study conducted by CARE revealed that children from some "food secure" households were still suffering from malnutrition, while children in households with poor food security were healthy. Further investigation revealed that this was due to differences in nutritional habits by women, including methods of preparing food and breastfeeding practices.

*Dubara*⁷(MMD) project, where women with healthy nutritional behaviors are engaged to act as *Maman Lumières*, role models responsible for raising nutrition awareness among women in their communities through information sharing, demonstrations and household visits. Working through the MMD project allows women to leverage social connections and group savings already in place to improve the nutritional status of others in the community.

Emergency Planning and Preparedness

Early Warning System

Because underlying poverty was a contributing factor to the rapid deterioration of the 2005 hunger crisis, CARE is working with communities and local NGOs to better identify and respond to key indicators of an emergency in order to avert or alleviate crises before they happen. CARE's APCAN⁸ project is helping to promote collaboration among local communities, government agencies and NGOs in order to improve early warning systems that signal future food emergencies *before* they reach a critical state. On the local and regional levels, CARE is helping communities to improve their ability to respond to and prevent crises through emergency preparedness training for community leaders and local partners. With training from CARE, emergency prevention committees and food security observers have established a total of 22 grain buffer stocks in communities across Maradi, Tahoua and Zinder. These committees relay information to the observers, who then inform local officials and government services as well as NGOs and associations working in the area.



Community grain banks provided food and seeds to many people during the dry season.

Avian Flu

With confirmation of Niger's first case of avian flu in the Magaria region last February, collaboration between government officials, NGOs and communities becomes even more critical. Two days after having received the results that the deadly H5N1 virus was in the country, government services started the systematic culling and reimbursement of domestic birds within the affected area. Some \$36,775 in government funds has been allocated to compensate 15,000 poultry owners. However, fear of the disease has led to a dramatic 70 percent fall in poultry prices in Niger, severely affecting some of the poorest households. This loss of income from poultry is compounding what is already a severe food situation for almost 2 million Nigeriens who are still recovering from last year's crisis. In response, CARE staff participate in national avian flu conferences and work with local prevention and management committees to spread information to rural communities.

⁷ Literally, "Women on the Move." MMD groups are basic savings and credit associations for women, where members mobilize their financial resources. While savings and credit are at the heart of MMD, the program also contains an educational component, teaching women about important issues such as HIV/AIDS, literacy, health and nutrition.

⁸ *Appui au dispositif national de Prévention et de gestion des Crises Alimentaires au Niger* (Assistance in the Management of the National Prevention System for the Nutrition Crisis)

CARE is also monitoring how avian flu will affect already-vulnerable households, where the loss of seven or eight chickens can have an extremely severe impact on families trying to survive on an average of less than \$100 per year.

Looking Ahead

In many ways the food security situation in Niger is less threatening this year. The previous harvest was considered better than average, which helped to increase the amount of food in the market and stabilize prices. However, the situation is tenuous at best. Last year's emergency forced many people to incur considerable debt to meet their immediate food needs, which means that a large amount of the more recent harvests were immediately sold to repay old financial obligations. As such, people are forced to enter the new growing season at a deficit over last year – presenting the possibility for a repeated emergency that could be even more severe than 2005.

Conclusion

During the last year, CARE helped more than 1.6 million people endure the food crisis in Niger, and through emergency preparedness measures and education, we can help countless others become better equipped to address, and prevent, future emergencies. The work described in this report was funded by numerous governments, United Nations agencies, private foundations, corporations and individuals around the world – and by a great number of generous Americans who have supported CARE's *Niger Food Crisis Fund*. On behalf of the vulnerable people you have helped us reach in Niger, we thank you for your support.

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