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CASE STUDY

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Index

Executive Summary

This case study of the "humanitarian system's" response to a conflict-driven displacement crisis in the Diffa region of Niger explores how far the system is fit for purpose or, in other words, if there is an 'emergency gap'.

An emergency gap here refers to a failure to achieve a level of response that can reasonably be expected, a response that is or should be within the capacity of the international humanitarian system to deliver.

This report concludes that there has been a gap in what could reasonably be expected in terms of effective humanitarian response, and that the reasons for this gap are found in an analysis of the internal dynamics of the system as much as in any external constraints.

The system has struggled to deliver timely, extensive, flexible and sufficient aid because of: 1) the competitive funding and coordination dynamics, 2) the influence of prevailing policy norms driving development programming and downplaying the need for specialist emergency response capacity, and 3) the little appetite to challenge security orthodoxies and limits to access imposed by military authorities, in part due to a complacency with regards to the amount of easy-access work available.

The first problematic area –competitive funding and coordination dynamics– encompasses the related issues of an over-reliance on data collection, a competitive internal dynamic between actors, infighting within the UN, and rent-seeking behaviour of some people in some agencies.

In Diffa, the reliance of the UN-led humanitarian system on an inflexible model of data collection on which to base funding approvals has left it less able to react quickly and appropriately to the dynamic nature of the crisis. The paralysing effect of the need for comprehensive data to unlock funding and therefore begin or expand response activities is compounded by the competitive donor/ actor environment which also slows effective coordination and coverage.

The story of the early months of the emergency response highlight a perhaps ugly reality that implementing agencies, INGOs even UN agencies behave, and indeed are incentivised to behave, as individual organisations with individual objectives, needs and motivations. They coordinate, collaborate and cooperate only through financial and administrative necessity. This leads to a number of potentially damaging practices. Perhaps most impactful of these in the Diffa crisis is 'flag planting'. This practice, of claiming coverage of a given sector of activity in a specific location in order to prevent a rival actor sharing that responsibility, and the money and power that comes with it, was reported even where the claimed coverage was not meeting the needs of the vulnerable population. This and similar practices underline the need for better incentives as well as more critical coordination. Unfortunately, UN agencies compounded the problem by allowing competition over who adopts the coordination role to delay the establishment of effective leadership systems at the field level. These competitive dynamics have certainly delayed responses, prevented more effective coverage of needs, and limited resource mobilisation.

The second problem area in Diffa was the influence of the prevailing development approach of humanitarian programming over the actors' ability to move into an emergency gear. The prevalence of this approach has resulted in the de-skilling of humanitarian actors in terms of emergency response capacity, as well as inertia that slows or even prevents the necessary shift

in gear from development programming to emergency response. This inertia manifests in the unwillingness of staff to adopt new modes of action as well as the unwillingness of some donors to allow existing development programmes to quickly recalibrate to meet the new crisis-related challenges. This was particularly seen in the resistance to drop fee healthcare service provision even when this was a clear barrier to healthcare access for displaced populations. This need for recalibration is further hampered by a critical lack of experienced human resources both internally within INGO or UN actors and also in the local talent pool. Despite this, policy settings of donors and their implementers continue to promote localisation of the response, arguably undermining the effectiveness of that response by putting policy dogma ahead of local realities.

The third factor inhibiting a more effective emergency response was the unwillingness of UN agencies and INGOs to push back against security norms and challenge the rulings of local authorities which limited access to vulnerable populations – ostensibly because of security concerns. It is not known how many displaced as well as local populations have been denied access to humanitarian support by being cut off by military restrictions. What was in evidence was the lack of concerted efforts on behalf of the humanitarian response actors to challenge these access limits set by the local authorities. Or indeed to challenge their own internally set limits, especially regarding security guidelines. This was largely because actors could expend their available resources serving the needs of those easy to access, without having to mount more difficult and risky operations. But, as the situation across the border in Nigeria has tragically demonstrated, there remains a humanitarian imperative to try to access cut-off populations even when there is a surplus of humanitarian demand from more accessible populations, and even when this risks the displeasure of military authorities.

Despite these critiques, the system has delivered an unquestionably life-saving response to many tens of thousands of displaced people and continues to help hundreds of thousands of displaced and vulnerable host communities to survive. Amongst the key UN agencies, there remains a clear competency in the setting up and management of camps and in the distribution of food and other essential items, whilst water and sanitation capacities are not so clearly in evidence. In addition, the government (the civilian authorities at least) has demonstrated a willingness and basic capacity to facilitate, if not coordinate, humanitarian access and implementation. So far, the response has prevented an emergency turning into a catastrophe – although it must be noted that lives may have been lost through limited access to fleeing populations.

For humanitarians, the bar for success must be set high. Settling for an outcome where targeted populations merely avoid death is clearly not acceptable. Part of the distinct mindset that is brought –or should be brought– to an emergency response is an unwillingness to accept these kinds of poor outcomes and a desire to innovate, adapt and advocate to find solutions for the affected populations.

The current humanitarian system will continue to be tested in Niger. There remains the need for more adaptability to be built into the system, for effective future planning to prepare for predictable continuing movements and protracted and precarious displacement, and for specialised resources and methods to be deployed.

To eliminate the emergency gap, all actors will have to adopt a posture of defiance in the face of humanitarian need, to inquire, to push and to pressure so that if there are to be ongoing failures to access those in need of humanitarian relief it will not be because no one tried.

Introduction

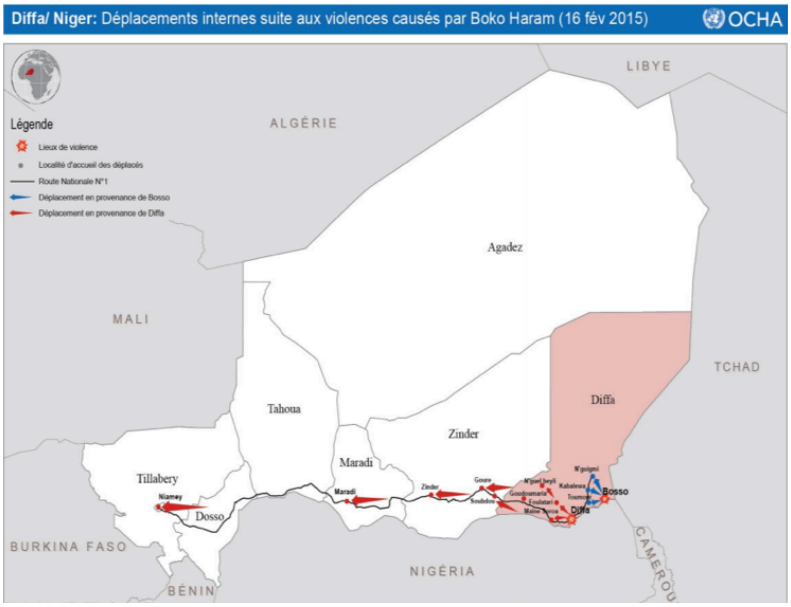
The following case study presents an analysis of the humanitarian response to the conflict-related displacement crisis that has been developing in Niger since 2014. The crisis is now in its third year and is characterised by a series of displacement emergencies. The full story of this response is beyond the scope of this report to detail. Rather, this paper focuses on the experience of the various humanitarian actors from the government to the UN to international and local NGOs and asks: Is there a gap in the emergency response? How has the existing, largely UN-led, humanitarian system performed in responding to this emergency? and is this system demonstrably 'fit for purpose'?

This case study is set within a broader Emergency Gap project of enquiry and so presents its analysis through the frame of the operating assumptions of that project. These are that the performance of the international humanitarian system is enabled or disabled by three powerful factors: 1) a structural element where both humanitarian financing from donors and most implementing agencies' operational approaches are articulated around a UN-centric architecture; 2) a mindset norm which recognises a low tolerance of risk and a defeatist attitude towards challenges, and 3) a conceptual frame that defines what qualifies as 'humanitarian' work which then affects the types of skill sets and resources which are available for responding to emergencies.

The Niger emergency context

On 14 May 2013, in response to continued attacks from the armed group Boko Haram, the Nigerian government declared a state of emergency in three states in northeast Nigeria, two of which border with Niger (Yobe and Borno). The Nigerian army then launched a military offensive against Boko Haram in these states. As a direct result of this violence, the first waves of displaced people began to cross the border into Niger. During 2013, the numbers were relatively low (around 6,000 growing to 37,200 by the end of the year[1]). In 2014, numbers increased significantly as Boko Haram activity increased along the border region, resulting in over 150,000 people being displaced by the end of 2014[2]. On 10 December, the government of Niger called for international assistance to deal with the crisis.

Fig. 1. Boko Haram attacks and consequent displacements in February 2015



Source: OCHA Humanitarian Update on Diffa, February 2015

[1] http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA_NIGER_Bulletin%20Humanitaire_Janvier_2014.pdf

[2] http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA_Niger_Timeline_2014_En_Revue.pdf

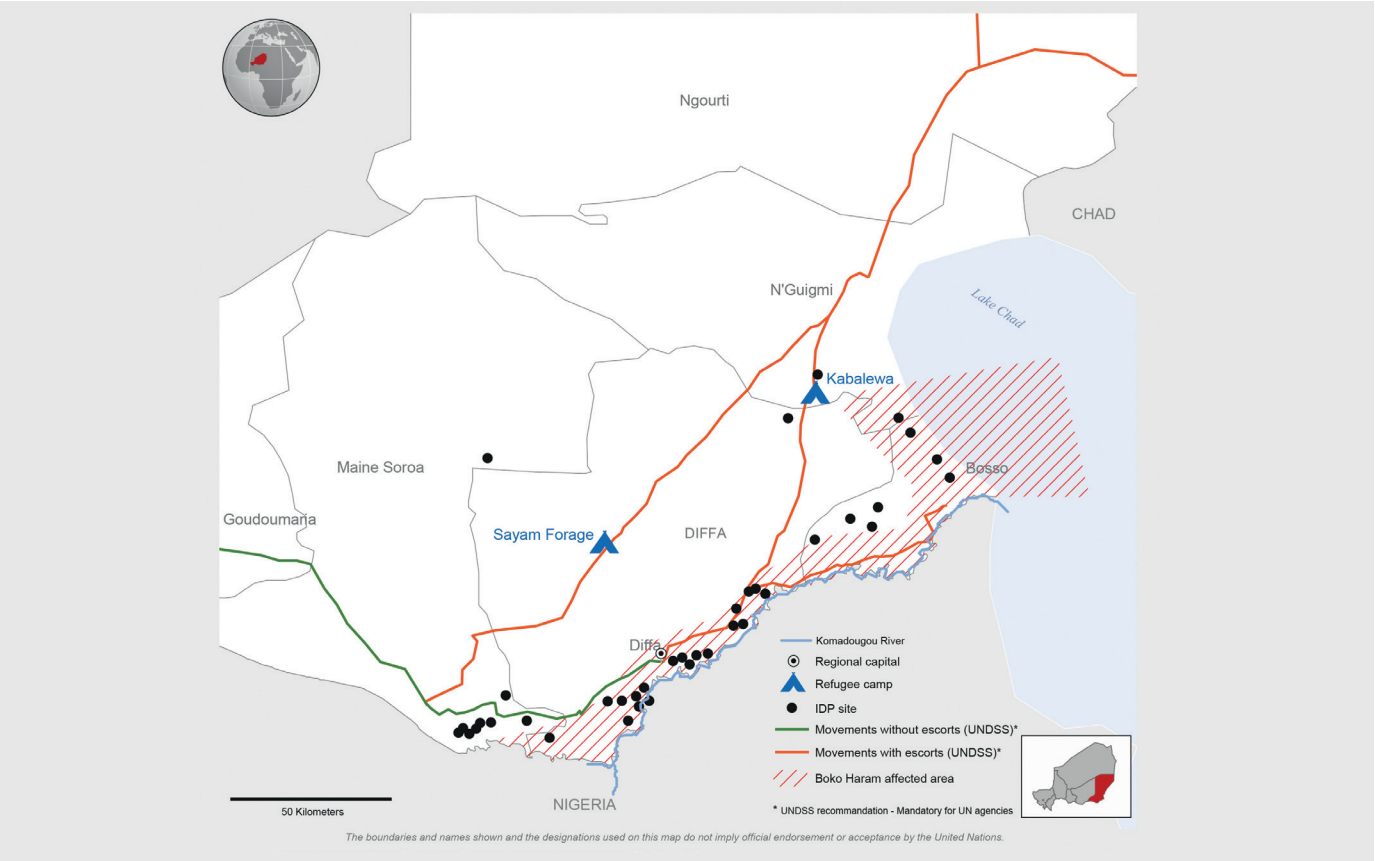
Attacks led to the evacuation of many aid organisations and military counter-measures left areas off limits to humanitarian responders

In February 2015, Boko Haram simultaneously attacked the towns of Diffa and Bosso in Niger, the first such attack on Nigerien soil. These attacks led to the evacuation of many aid organisations (including MSF for one week) and the subsequent military counter-measures by the Nigerien army left the areas along the border near the Komadougou river, Bosso department and the Lake Chad islands off limits to humanitarian responders. Attacks by Boko Haram and the military campaign in the affected regions continued throughout 2015. In April that year, following an attack by Boko Haram which killed over 100 security personnel, the Nigerien army announced the mandatory evacuation of all residents on the islands in Lake Chad. Approximately 30,000 people had just 48 hours to leave, resulting in a hurried, unduly harsh exodus.[3] The government of Niger appointed a new governor to manage the civil response to the crisis. A range of emergency measures were introduced with the aim of freezing any economic activity that could support Boko Haram, but which simultaneously exacerbated the humanitarian crisis for the displaced and local population. In October, a fresh wave of attacks and reprisals led to the displacement of 94,000 people who fled to perceived safety in Bosso and Toumour, to informal sites along the National 1 main road and to Diffa town. By the end of 2015, there were over 230,000[4] displaced people in Diffa state, including refugees, Nigerien returnees and internally displaced people. The UNHCR estimated that 120,000 were facing a food crisis (level 3) or emergency (level 4).[5]

Emergency measures to freeze Boko Haram's economic activity were put in place, but simultaneously exacerbated the humanitarian crisis

[3] http://reliefweb.int/sites/reliefweb.int/files/resources/updatedFLASHLakeChad11May%282%29.pdf
[4] http://reliefweb.int/sites/reliefweb.int/files/resources/bih_novembre_2015_171215-.pdf
[5] http://reliefweb.int/sites/reliefweb.int/files/resources/bih_novembre_2015_171215-.pdf

Fig. 2 Boko Haram attacks and IDP locations by the end of 2015



Source: OCHA. NIGER - DIFFA: Access, Insecurity and Internal displacement. 20.01.2016

During the first half of 2016, sporadic, small-scale Boko Haram attacks continued without causing new population movements, whilst new arrivals fleeing violence in Nigeria and Chad added to the numbers of displaced. MSF at this time conducted a limited but illustrative mortality, nutrition and vaccination study. This found that whilst the overall mortality rate was below the emergency threshold, the rate of severe acute malnutrition in children was high and the vaccination rates were also very weak for measles, a good indicator that wider vaccination coverage was very weak.[6]

As of July 2016, there are estimated to be over 280,000 displaced people and a vulnerable host population of 100,000

In May and June, however, the situation deteriorated even more. Significant attacks first in Yebi on Lake Chad, and then on Bosso town forced the displacement of 69,647 people[7] who fled with nothing (many had just fled from Yebi) and swelled the numbers at informal sites at Toumour, Kidjendi and Garin Wanzam and in Diffa town. As of July 2016, there are estimated to be over 280,000 displaced people and a further 100,000 vulnerable host population[8], with three-quarters estimated to be totally reliant on humanitarian assistance for their survival.

[6] For details see the results tables annexed to this paper.
[7] UN OCHA Humanitarian Profile of the Diffa Region, July 2016.
[8] Rough estimate from interview with the WFP in Niger.

Humanitarian challenges

Faced with this security environment, all humanitarians have chosen to limit themselves to daytime activities

There are gaps in every sector. Tens of thousands are in areas deemed too dangerous to access by humanitarian actors

The displacement crisis in the Diffa region in Niger is occurring in an area which regularly suffers food security crises and low level conflict/tension between ethnic groups. Since the successive waves of displacement, following Boko Haram-related violence, the humanitarian response has been faced with a mobile population that is not stable in appropriate sites – only a small minority[9] are living in established camps. There is good access to those who have congregated in sites along the National 1 main road, but access is more difficult further north past Kabewela. The military restrict access to border areas along the Komadougou river, to Bosso commune and the islands in Lake Chad. Faced with this security environment, all humanitarians have chosen to limit themselves to daytime activities only, with all actors returning to Diffa town at night. Only MSF and the IRC have a permanent presence outside Diffa town – in N'guigimi.

Is there an emergency gap?

This question implies more than a failure to cover all the needs of the crisis-affected population. Rather, the gap refers to a failure to achieve a level of response that can reasonably be expected –and is indeed advertised[10]– as within the capacity of the international humanitarian system to deliver. Clearly, in Diffa state, a great many of the needs of the crisis-affected populations are not being met. This is acknowledged by all the actors interviewed during the research for this paper. There are gaps in coverage in every sector. Sphere standards are not being met even where some coverage is claimed.[11] In addition, there are tens of thousands of displaced who are beyond the reach of humanitarian aid, because they are in areas where the military deny access or that are deemed too dangerous to access by the internal security protocols of the actors themselves.

Is this gap in meeting needs reasonable in light of the significant barriers to access and implementation in Diffa? That is the question for examination here. We begin by exploring what have been reported as the key disabling factors to a more effective humanitarian response.

[9] As low as 2% was reported at the end of 2015 – IRC Adapt Case Study, April 2016.
[10] Agenda for Humanity UNSG, April 2016.
[11] For example, in nutrition and WASH.

What are the disabling factors that lead to an emergency gap?

The crisis in Diffa occurred in the context of a well-established international humanitarian infrastructure

Yet, there was a clear difficulty in shifting gears from 'normal' humanitarian and development programming to emergency response

The humanitarian bureaucratic machine - Missing an emergency gear

The standard humanitarian/development bureaucracy is in place in Niger. The UN system acts as donor, coordinator and sometimes implementer. There are a variety of other donors including ECHO, SIDA, DIFD and USAID, who fund assessments and relief activities by UN agencies, and INGOs who in turn fund activities of local government agencies and local NGOs, or directly implement activities themselves.

Almost all of the actors currently active in the Diffa region had been present in Niger before the call for international assistance was made in December 2014. Niger has suffered frequent food security crises, refugee crises and conflict-related pressures from its neighbours in Mali, Libya, and Nigeria.[12] Unlike the conflict-related emergencies in Syria or the Central African Republic, the crisis in Diffa occurred in the context of a well-established international humanitarian infrastructure that was already delivering development and humanitarian programmes throughout the country.[13] And unlike in Yemen, those agencies have not chosen to leave for security reasons. Nevertheless, the displacement crisis in the Diffa region, and the protracted and dynamic nature of the emergency, was a new challenge for the established actors.

This set of circumstances presents an enlightening insight into the capacity of an established humanitarian community to change gears to respond to a complex dynamic emergency. It should first be noted that, despite the critique that follows, the system has delivered a very significant amount of humanitarian assistance to hundreds of thousands of people who, largely or wholly, rely on that assistance to survive. So far, large-scale loss of life has been avoided even whilst the situation remains precarious.

Nevertheless, respondents from government departments, UN agencies and INGOs all referenced a range of systemic problems, which illustrate a clear difficulty in shifting gears from 'normal' humanitarian and development programming to emergency response.

[12] Food security crisis (1973, 1984, 2005, 2010...) and refugee crisis from Mali since 2012 and Nigeria since 2013.

[13] OCHA Humanitarian Country Team minutes from 2013 show regular participation from ECHO, ACF, ACTED, ICRC, UNDP CONCERN, MSF, Oxfam, UNHCR, FAO, UNICEF, WFP, IOM, WHO, UNFPA and OCHA.

The standard fundraising based on evidence-based concept notes has partially stalled because of the difficulty in accessing good data

The mainstream UN-led system's reliance on an inflexible model of data collection on which to base funding approvals leaves it less able to react quickly and appropriately to dynamic crises

The need for good data

In the Diffa response, the standard process of mobilising funding through soliciting donors with evidence-based concept notes has partially stalled because of the difficulty in accessing good data. UN agencies referenced the lack of reliable data about the location and condition of displaced people as the key barrier to mobilising a more effective response. The standard practice –for example, with food security– of using government figures (which may be collected with support from UN agencies) which map food insecurity and nutrition levels across a whole state (department) is simply not possible in the context of conflict, and is furthermore tightly controlled by government.[14] The mobility of the affected populations compounds the problem by making less extensive and more site-specific assessments difficult and quickly out of date, even where access is possible. There are moves to use less comprehensive and reliable figures (through site-based multi-sectoral rapid assessments), although these were recognised to be far less likely to deliver the funding streams necessary to meet estimated needs, and are harder to arrange because donor funding does not typically cover these kinds of assessments.[15] The World Food Programme in particular referenced the need to adapt the standard data collection tools to the realities of a complex crisis. However, not only does it need to be appropriately adapted but it should also be used in a standardised way by all actors, thereby improving its credibility with donors.

Financially independent agencies such as the ICRC and MSF, as well as those who have access to flexible emergency funding, are not reliant on this data stream to access resources. As a result, they have been praised (by OCHA in Niger as well as by NGOs interviewed for this case study) for their capacity for timely and flexible reaction. As shown in the annex to this paper, MSF has conducted mortality, nutrition and vaccination coverage surveys of its own. These agencies, however, still benefit from the availability of good data to launch appropriate interventions and also to ensure that their efforts sit within a well-coordinated whole. The reliance of the mainstream UN-led system on an inflexible model of data collection on which to base funding approvals leaves it less able to react quickly and appropriately to dynamic crises.

[14] "The government has since [the early months of the crisis] prohibited the IRC (and any other non-state actor) from reporting unofficial population data. This has reduced contextual awareness among humanitarian actors in Diffa, hindering the overall humanitarian response." ADAPT case study, IRC, April 2016.

[15] However, the IRC have secured some donor funding for their assessments and these are currently used by OCHA to facilitate some data flow and consequent donor funding for UN and INGO actors.

Competition not coordination

Despite the very significant efforts driving coordination and coherence by the UN-led humanitarian system, it remains in essence anarchic. Implementing agencies, INGOs and even UN agencies are all individual organisations with individual objectives, needs and motivations. They coordinate, collaborate and cooperate through financial and administrative necessity. Where a large number of actors are present (as in the Diffa region[16]) coordination of this group is clearly difficult, even assuming goodwill and fair dealing amongst the players. Unfortunately, these ideal conditions are not always in evidence.

Several respondents to this study, both at a cluster level in Niamey and also in Diffa town, identified the problem of competition between UN agencies and among INGOs as a barrier to more effective humanitarian response.

The biggest problem cited was one of 'flag-planting', which is the practice of claiming coverage of a given sector of activity in a specific location in order to prevent a rival actor sharing that responsibility, and the money and power that comes with it.[17] The coverage asserted by the flag-planting humanitarian actor is usually claimed to be meeting the needs of the affected population, and so there is no reason for another humanitarian actor to start work there. However, during the Diffa displacement crisis this coverage has at times been overstated in an apparent attempt to protect established working relationships and areas of operation from the entry of new players, or perhaps to simply claim effectiveness for projects that were in fact ineffective.

The biggest problem cited was 'flag-planting', the practice of claiming coverage of a given sector in a specific location to prevent a rival actor sharing in that responsibility, and the money and power that comes with it

This practice was said to have happened in the nutrition and water and sanitation sectors. Flag-planting was claimed to have occurred in cluster meetings in Niamey and at working group level in Diffa. Only when agencies were approached bilaterally and put under more pressure to detail the nature of their coverage was greater transparency achieved. However, even when the reality of lack of coverage was clear, some agencies still refused to accept the assistance of another actor in this sectoral area, instead promising to do better – and were, reportedly, backed up by their donors.

Even when a lack of coverage was clear, some agencies still refused to accept the assistance of another actor, instead promising to do better – and were backed up by their donors

[16] Annex 2 provides a snapshot of the number and distribution of humanitarian actors as of August 2016.

[17] It should be noted that this is a tendency that MSF is also susceptible to, although more clearly because of competition between the different MSF operational centres rather than with other INGOs or UN agencies, though not in the response to the Diffa emergency.

"Pledges" are reported as future coverage of the needs when in reality, these pledges may never materialise

Even where actors are not aggressively defending their 'patch', there can still be big gaps between assumed coverage and actual services[18] because of the process of *pledging* a level of activity and spend through a concept note to gain funding. These pledges are sometimes reported as future coverage of needs when in reality these pledges may not materialise, either because there are logistic or administrative barriers to implementing the pledge or because the donor does not fully fund the pledge or both. One of the largest NGOs – which admitted to the flag-planting tendency – felt that areas of work should be coordinated and pre-allocated by the government to prevent this competition, which they said was a function of the need to attract donors. However, just how such a system with humanitarian actors having to charm the government into giving them geographic coverage rights would ensure impartiality and independence of action is not obvious.

Competitive dynamics clearly delayed and still are delaying an efficient and effective mobilisation of resources to meet needs of the displacement crisis in the Diffa region

Whatever the drivers, these competitive dynamics clearly delayed and still are delaying an efficient and effective mobilisation of resources to meet needs in the response to the displacement crisis in the Diffa region.

[18] See WASH data later in this report.

Coordination or competition?

Coordination is critical to identifying and covering gaps. It has been recognised that the partnerships between local government authorities and international humanitarian actors in Niger have been well established and largely function well. However, whatever the drivers are, these competitive dynamics clearly delayed and still are delaying an efficient and effective mobilisation of resources to meet needs.

Whilst efforts have been made to bolster government coordination and oversight of the humanitarian response, these efforts remain heavily reliant on UN agency support

UN rivalry between agencies was a barrier to effective coordination and compounded by some agencies' dual role as both a donor (to NGOs) and coordinator

Niger is one of the poorest countries in the world.[19] In such a resource-constrained setting, the civil service has huge challenges to deal with the crisis. Whilst efforts have been made to bolster government coordination and oversight of the humanitarian response in the Diffa region, these efforts are far from adequate given the scale of the emergency and so coordination remains heavily reliant on UN agency support. Unfortunately, rivalry between UN agencies was identified as another barrier to effective coordination and leadership of the response by several INGO respondents. Similarly, there has been tension between UN agencies over which one will coordinate and which one will lead in thematic and geographical response. The WHO has been criticised for having a lack of data and any emergency capacity, and UNHCR and OCHA have been (earlier in 2015) in tension over coordination roles. At least on one occasion, this led to rival coordination meetings being organised with actors split between the two. This obvious dysfunction (now resolved) was compounded by the dual role that many UN agencies fill as both donor (to NGOs) and coordinator. This dual role sets up power dynamics between actors and coordinators which are not necessarily helpful – in this case incentivising actors to attend the coordination meetings of their donor agency rather than the perhaps more appropriate coordination agency.

[19] It was in last place (188th) in the 2015 UNDP Human Development Index.

Development practice – inertia, disincentives

Many respondents referenced the difficulty for their organisation or the UN or government bureaucracy to change from a development mode of thinking and operation to an emergency mode. Two distinct drivers are behind this phenomenon. In many cases, there is a willingness to act but a limited ability because of the lack of experienced personnel or simply just of personnel. In other instances, there is an unwillingness to change operational mode because the incentives to maintain the development approach status quo are strong.

Many respondents referenced the difficulty to change from a development mode of thinking to an emergency mode

The local government response was cited as an example of the first of these phenomena. UN and NGO respondents identified the limited human resources available to the local authorities, and the limited experience in emergency contexts of those staff. This meant that coordination and decision-making was not as effective and timely as it could have been. One UN agency raised the possibility of offering financial incentives to the government to help them recruit and place additional more experienced staff in Diffa to meet the needs of the emergency response better.

More concerning, are examples of resistance to change by those in the field implementing development programmes

Perhaps more concerning, though, are the examples of resistance to change coming from those already in the field implementing development programmes. Several NGOs admitted a problem with their attempts to shift from development mode to emergency mode. One of the largest INGOs in Niger noted that the problem was largely about the mindset of staff, and to effect this change may require a change in staff. They noted that despite being placed in emergency mode (accessing internal emergency funding) they needed to request additional staff and provide training –to try to bridge a capacity gap in terms of emergency response skills– but still found it difficult to change the mindset of staff who are used to a different way of working.

An alarming illustration of this problem has been the difficulty in getting free access to healthcare for the affected population to be accepted by the government and other actors who are working in the health system. Despite the affected population having no or very few resources, there is an insistence that a fee must be paid for access to healthcare (cost recovery policy). This is due to a complex interplay between donor policy (to contribute to health system strengthening), government policy (budgetary constraints), established relationships with local actors and staff (at best an inertia over the way things are done, and at worst petty corruption), and concern for the longer term implications of delivering free services which may not be sustainable. This inability to suspend development practice to meet emergency needs

is highlighted by the reported unwillingness to even allow free healthcare for children under five years of age, despite this now being government policy. MSF has been told by other actors that the crisis-affected population is only accessing primary healthcare where MSF is operating because of the fee barrier in all other locations.

Local actors

Local actors do not have the capacity to manage emergency response work, despite decades of humanitarian assistance in the country

The inertia of the development model in the face of emergency needs is also evident when we examine the practice of using local partners. This is done often, but not always, with the intention of building capacity and at the behest of donors (for example ECHO) in line with the conceptual norms that now include humanitarian action under development best practice guidelines[20] However, all respondents from the government, the UN and INGOs have noted that local actors in Niger simply do not have the capacity to manage emergency response work. And this is despite decades of humanitarian assistance in the country.[21]

Efforts are made to work with local partners. One local NGO has been doing site management at two official refugee camps, others regularly support food distributions and WASH activities, and INGOs are programming funds through government departments in some sectors. However, there are very serious limitations to the capacity of local actors to implement the work. As the emergency response puts a strain on existing capacities, INGOs and UN agencies have reported moving to direct implementation to ensure better results. For example, one INGO admitted to directly implementing its food distribution work in the Diffa region, and using existing 'partners' to simply supply staff for WASH activities whilst the INGO in fact manages these operations.

INGOs who continue capacity-building activities have admitted that quality of service is not easy (or even possible) to manage – especially when these services are delivered through government departments

According to government sources, even the largest Nigerien NGO which has performed to standard in camp management has struggled in managing the more challenging ad hoc unofficial sites. Those INGOs who continue to programme money through capacity-building activities have admitted that the quality of service is not easy (or even possible) to manage – especially where these services are delivered through government departments. These departments themselves recognise this difficulty, which is a symptom of a much larger lack of quality human resources in the area.

[20] For example, the Core Humanitarian Standard and the Busan Partnership which share a requirement to utilise local capacity.
[21] Niger has been part of the UN Consolidated Appeal Process since 2001, as part of the West Africa Appeal.

It is an open question as to how much more effective the emergency response could be without trying and failing to utilise local NGOs

Still, the pressure remains to engage in capacity-building partnerships with both the government and donors, continuing to pressure INGOs in particular to include this element in their programming

One senior health official commented that it is very difficult to attract staff to work in the Diffa region at the best of times, but during a period of conflict it becomes next to impossible. This sentiment was echoed by the largest INGO health actor, which noted that by programming funds through the Ministry of Health they had little control over the quality and activities of staff, and that this problem is amplified during a conflict-related emergency where they could hardly expect these staff to take the risks that trained and motivated humanitarian emergency staff might be prepared to take.

It is an open question as to how far these constraints should have been anticipated and planned for, and how much more effective the emergency response could be without the complicating factor of trying and failing to utilise local NGOs in the emergency response efforts. However, despite the moves away from this model, the pressure remains to engage in capacity-building partnerships with both the government and donors, continuing to pressure INGOs in particular to include this element in their programming.

Funding

The UN agencies are the first to identify a funding issue that is limiting response in Diffa. The July 2016 OCHA Humanitarian Bulletin reported a funding gap of $219m, representing 69% of the funding required. Of course there is no truly accurate measure of the funding needs because of the chronic lack of accurate data and the dynamic nature of the emergency. The Humanitarian Needs Assessment of OCHA was reportedly pretty rough when it was new and is now quite out of date. However, there is a consensus among UN agencies that more funding is required. Since the 3 June attack on Bosso, the UN has called for CERF funding to help meet the increased gap. This had not arrived by August although the humanitarian coordinator was reportedly 'optimistic'.[22]

Shortage of funding has been identified as a major issues, although it has not been a problem for all agencies

The funding issue has not been a problem for all agencies. MSF teams reported good access to funds even to meet surges in emergency activity. ACF identifies good flexible funding practices by donors such as DFID (start fund) and SIDA, which has released additional funding for emergency work in a short (72 hour) turnaround or allowed flexibility in previously agreed budgets. The IRC reports examples of concept notes approved (e.g. by UNHCR) within a few days, and activities starting within a week.[23] In addition, a rapid response mechanism was activated to apply for funds from the CERF in late 2015 to facilitate better flexible funding and so responsive access. However, funding was most often raised by NGOs to cover the ongoing very expensive need to truck water and distribute food to displaced population sites. The cost of this exercise has funding for no more than a couple of months from the time of writing, and without very significant extra funding will not continue to the end of the year, as some say it has to.

Funding was most often raised by NGOs to cover the ongoing very expensive need to truck water and distribute food to displaced population sites

The lack of available humanitarian funding is not particular to Niger or to Diffa. There are an unprecedented number of L3 emergencies demanding funds at this time, and Niger suffers from both a lack of profile which UN agencies reported as critical in limiting the funds they could access. Paradoxically, it was felt that the relatively high profile, and more serious humanitarian need, of the situation across the border in Nigeria most likely increases this low profile, despite being part of the same emergency phenomenon.

[22] It should be noted that the CERF had made previous contributions to UN agencies earlier in 2015 with the humanitarian coordinator noting at the January HCT meeting that the CERF had dispersed $7.03 million for six 'rapid response' projects in Diffa.

[23] 2014 Lake Chad Islands response – ADAPT case study, IRC, April 2016.

The most egregious gaps in accessing populations were not primarily related to a lack of funding, but actors' operational choices related to their mandate, ease of access, security concerns or coordination

It should be questioned how far UN-funnelled money is the solution to the gap in coverage of displaced and host populations in Diffa

The systemic issues in global humanitarian funding are beyond the scope of this case study to examine, but what can be said is that whilst these serious limitations could well prove to be critical in limiting an effective response they were not highest in the order of disabling factors in terms of the response in the past 18 months of the crisis. Indeed, it is important to reflect that the most egregious gaps in accessing populations in need were not primarily related to a lack in funding[24], but rather to the operational choices of actors related to their mandate, ease of access, security concerns or coordination. We can then question what impact additional funding would have on these limitations. Of course, this is not to say that more funding is not welcome. Public advocacy efforts of the UN and NGO actors[25], as will be mentioned below, focus on the funding gap and there are good reasons for this. However, it should be questioned how far this positioning reinforces an optimistic view that more UN-funnelled money is the solution to the gap in coverage of displaced and host populations in Diffa.

[24] Although additional funding will clearly help with some constraints, for example the WFP practice of targeted food distribution which limits those who can access food because of reported funding gaps.

[25] http://www.unocha.org/top-stories/all-stories/un-humanitarian-chief-calls-world-focus-plight-niger-people-affected-boko-ha

Human resources

The humanitarian response is suffering as a result of the significant lack of adequate local human resources. This issue is much more about quality, rather than quantity

Thie lack of local talent is exacerbated by security policies, which limit international staff. This pool is significantly smaller than that available for other emergencies

Evidently, increased funding as a solution to humanitarian gaps presumes the ability of actors to absorb that funding and translate it into effective relief for the affected populations. Unfortunately, the response in the Diffa region is already experiencing limitations to being able to work effectively as a result of the significant lack of human resources.

Coordinating agencies noted the benefits of having 'independent emergency-minded' actors 'like ICRC and MSF' in the response. Some respondents called for 'more internationals in Diffa' to lift the quality of the emergency response, however both the ICRC and MSF reported their own significant HR constraints. Others identified the local governance capacity as a limitation to having a better impact. This issue is much more about quality rather than quantity. Although there is a local labour pool, the required quality is not there, especially in technical areas like health and water logistics. This lack of local talent, which is common to most emergencies, is exacerbated by security policies followed by all actors which limit international staff to those who look plausibly Sahelian and who speak French. This pool is significantly smaller than that available for other emergencies –Ebola for example– and calls into question the capacity of the 'system' more broadly to provide adequate numbers of emergency-experienced, or otherwise competent, staff. Added to this is the perceived lack of key technical skills at a higher level of management within all agencies –including MSF– that limit their ability to deliver effective humanitarian response in a timely fashion. A critical example of this knowledge gap was in the WASH sector.

A focus on wash

The water and sanitation sector has been of particular concern during the crisis in Diffa because of the obvious difficulties that accessing potable water presents in the Sahel region, and in particular when populations are forced away from key water sources (Lake Chad and the Komodougou river) to informal sites with little or no pre-existing water infrastructure. This already difficult context is worsened by the movements of the population and ongoing security worries that complicate the construction of permanent infrastructure.

Since the Boko Haram attacks in June 2016, populations of displaced people swelled in sites at Toumour, Garan wazam, and Kidjendi (amongst others) that led to severe problems in water supply. As Table 1 shows, the water needs of nearly one-third of the 150,000 displaced people targeted in the six communes analysed remain uncovered.

The main issue in areas such as N'guigmi or Kidjendi is the need for deep drilling as there is a high sodium content in the water. This requires a large investment (around $400,000) in areas where population numbers and movements are not clear. Currently, most organisations are doing 'water trucking' activities, which is reportedly financially unsustainable as it costs each NGO around $200,000 a month.

Table 1. Synthesis of gaps and funding needs per community and department – UNICEF July 2016

Communes	Water supply achieved (people covered)	Water gap (people to cover)	Water gap (equivalent number of water points)	Funding gap (CFA currency)	Latrines supplied	Gap in latrines supply	Financial gap (latrines)
Toumour	8,000	20,168	40	112,940,800	246	317	19,041,600
Maine Soroa	19,500	3,130	6	17,528,000	252	48	2,913,600
Kablewa	1,000	1,317	3	7,375,200	50	0	-
Gueskerou	70,589	20,513	41	164,872,800	1368	596	35,775,600
Diffa	7,500	1,642	3	9,195,200	12	171	10,250,400
Chetimari	12,866	864	2	4,838,400	510	0	-
TOTAL	**119,455**	**47,634**	**95**	**316,750,400**	**2,438**	**1,133**	**67,981,200**

Table 2. Excerpt from the synthesis of WASH actors and capacities in the priority sites – UNICEF – August 2016

Site	Displaced population	Bladder of 10m3	People covered	Gap	Gap equivalent	Latrines needed	Emergency	Gaps
Kidjendi	31,777	32,656	34,156	0	Repair of the Mini-AEP 7 bore holes; reinforcement of the system			274

NOTES: Needs are covered but water trucking needs to be replaced. One well and one bore hole of 100m exists but is broken down. A new bore hole of 74m is being done by IRC (results soon) and pastoral wells are also in construction (17% complete to date) by ACF; 150 family latrines programmed by ACF; 92 latrines exist and 270 are programmed or in construction. IRC has 5 bladders that are already operational and 1 mechanical bore of 75m is dug and work is ongoing. Work continues on blocks of 20 latrines in two locations. ACTED/UNICEF have 2 bladders operational; 4 water tankers (DRHA, UNICEF) supply 5,333l per day; SCI supplies two tankers of 16,000l and 8,000l for Kidjendi and Garin Wanzam twice per day; ACF water trucking with bladders of 30,000l and 1 pastoral well; 3 bladders of 10,000l are operational (DRHA/UNICEF/MSF/SCI). There are still no defecation areas. ICRC is trying to put the system in place and add a reservoir of 5-7m^3 to feed the trough. The DRHA has begun the process of increasing an existing reservoir to 50m^3.

NGOs reported huge discrepancies on the accuracy of cluster and governmental figures on WASH needs?

Several NGOs admitted to learning as they went in identifying the right kind of water or sanitation infrastructure. Not one NGO claimed to be expert

Data weaknesses

This picture is almost certainly inaccurate. There were huge discrepancies reported by NGOs as to the accuracy of cluster and government figures on needs in the WASH sector with one government analysis at a displaced people site identifying a need for two water points whilst the WASH cluster estimated 58 water points were needed. However, the cluster estimation represented in Table 2 shows that all the water needs of the population at Kidjendi were considered to be met, despite two NGOs reporting significant ongoing gaps, and one leading NGO's assessment of the situation (at the end of July 2016) estimating that between 30,000 and 50,000 people were receiving only 3-5 litres of water per person per day. The notes at the end of this table (an excerpt from a larger spreadsheet) show the methodological weakness here, much of the coverage is either in train or planned.

Toumour is the site of most concern, as some 20,000 people remain uncovered out of a minimum estimated population of around 28,000. This gap is clearly linked to the relative difficulty of working in Toumour because it is further from the main road, considered more insecure and requires expensive infrastructure to access potable water. Oxfam has indicated (in July 2016) that they are targeting the area for a significant scale-up of WASH activities and have begun to construct a well in the village with a local partner but, as the UNICEF figures show, the gap remains both large and urgent.

The capacity to achieve this scale-up is not going to be easy to find. Already in July, NGOs reported a bottleneck in local contractors who were willing and able to supply water trucks and or support larger infrastructure projects – especially in areas considered less secure and more remote like Toumour and N'guigmi.

Adding to the huge challenge is the lack of experienced emergency WASH managers. Several NGOs admitted to learning as they went in terms of identifying the right kind of water or sanitation infrastructure for such a mobile and poorly situated target population. Not one NGO claimed to be expert in this area, whilst clearly many were contributing to the WASH efforts as detailed in Table 1.

Security and access

This humanitarian emergency is largely one of displacement caused by conflict

The crisis in Diffa is complicated by insecurity. The humanitarian emergency is largely one of displacement caused by conflict. There have been significant attacks by Boko Haram, military forces and to a lesser extent other armed groups[26] during 2015 and 2016, which have killed and injured several hundred people[27] and displaced hundreds of thousands. Following the attacks on Diffa town and Bosso town in February 2015, most if not all NGOs (including MSF) evacuated from Diffa town. However, in the month that followed, most returned with the stabilisation of the context by the Nigerien military. Access at this time was limited –by the UN and NGO actors– to daytime activities as the overwhelming majority of Boko Haram attacks were taking place during the night. However, from April 2015 access was restricted to the islands in Lake Chad and the border areas along the Komadougou river where military forces were conducting –or threatening to conduct– operations against Boko Haram. Curfews were introduced in the towns, further restricting movement.

Relative independence from UNDSS for most INGOs facilitates greater freedom of movement and fosters a need to develop independent security assessments, network building and decision-making that potentially improves responsiveness

During the rest of 2015 and up to mid–2016, UNDSS policy required the use of a military escort for UN agencies operating outside of Diffa town. However, this policy was not imposed formally or informally on INGO or local NGO partners. NGOs have set up a security working group in Diffa town, which meets weekly to exchange information and thereby influence security decision-making which remains in-house with each NGO. Larger NGOs have commented that whilst UNDSS's security input is influential on the NGO community it is seen as just one source of information among others – not necessarily definitive. This relative independence from UNDSS security policy for most if not all INGO actors is not always the case[28] and can only be a good thing as it not only facilitates a greater freedom of movement for INGOs but also fosters a need to develop independent means of security assessment, network building and decision-making that, potentially at least, improves the responsiveness of the INGO humanitarian effort.

[26] Nearly 50% of reported fighting is between the Peul and Boudouma ethnic groups, although this fighting does not terrorise the community as much as Boko Haram attacks do. Results of community tensions polling, REACH, July 2016.

[27] ACAPS, Niger Displacement in Diffa Region, Briefing Note, 9 June: https://www.acaps.org/sites/acaps/files/products/files/160609_niger_diffa_displacement.pdf
OCHA, Niger Diffa (Bosso-Yebi) Flash update, 5 June 2016: http://reliefweb.int/sites/reliefweb.int/files/resources/Flash%20update%20Diffa%20050616.pdf

[28] See Emergency Gap Yemen Case Study.

Indeed, since June 2016, UN agencies have dropped the use of armed escorts, although restrictions on movements still exist. Increasingly concerned at the cost, encumbrance, timely availability and security risk of travelling with armed escorts, the UNDSS was prevailed upon to drop the policy. It was noted as part of that internal UN advocacy by agencies that up until that time Boko Haram had been targeting local civilians and military and had not directly attacked humanitarians.

Risk averseness?

NGOs have reported self-imposed limitations, which restrict movement and access due to security

Despite the apparent absence of very restrictive security guidelines from the UN, NGOs have reported self-imposed limitations which restrict movement and thus access due to security considerations. These policies have particularly limited access to Bosso and N'guigimi. Two of the largest INGOs admitted having internal security policies that were more restrictive than the perceived policy guidance of UNDSS. There was a level of frustration with his constraint – which in at least one case was said to be imposed from headquarters in Europe.

Failures in access

Restrictions imposed by internal security policy or the military have been largely accepted despite these restrictions having an impact on the quality of the humanitarian response

All actors interviewed for this case study asserted that security issues have not in fact had a significant impact on access to affected populations. Access issues –gaps in geographic coverage– have rather been put down to logistical challenges (distance and poor roads) rather than fear of attack. This admission is perhaps telling. It highlights that actors have not been so limited in accessing populations because they have been happy to only reach those populations that are easy to reach – i.e. those camped along the Route National 1 main road or in official camps. It is also telling that the restrictions imposed by internal security policy or by the military have been largely accepted and not actively challenged, despite these restrictions having an impact on the quality of the humanitarian response – for example, on the ability to maintain well-functioning water infrastructure at informal sites when visiting hours in the day are so limited.

The most obvious evidence for this failure in access is seen in the very significant reduction in the number of actors present and the level of needs covered (one is not necessarily a good proxy for the other) in the northeast of Diffa state, and in Bosso. Security was mentioned as an issue influencing this pattern but before that factor comes into play actors must want and attempt to gain access. This had not been

happening. The key reason for this lack of ambition to access these areas was that the majority of the displaced and vulnerable population had begun (as of mid-2015) gathering along the Route National 1 within a 50km drive of Diffa town. This made it possible for the majority of actors to expend their available humanitarian resources meeting the needs of this population along with those already in situ in Diffa town or in the established camps in Siam Forage, and Kabwela. In the words of one INGO country director, this easily accessed population acted as a sponge soaking up the available resources and giving NGOs little incentive to travel further afield to meet the unmet needs of more remote populations.

This failure to access populations in need highlights a weakness in the coordination and leadership of the system, where there remains little power to direct efforts to harder-to-reach populations

This is not to say that no NGOs were going any further –many including the ICRC, IRC, UNHCR, Oxfam, MSF and others were– but simply not with the same level of intervention or in as many numbers as in these more accessible sites.

This failure to access populations in need highlights a weakness in the coordination and leadership of the system, where in the absence of strong leadership (especially of the kind given by a strong government humanitarian coordination agency) there remains little power to direct efforts to harder-to-reach populations. The lack of data about these populations allows their plight to go unheeded, and with limited resources available humanitarian actors can report full activity –and indeed request addition funds– to donors without having to try to reach these harder areas.

Military restrictions (and forced displacements)

The greatest limitation on access comes from military authorities who have denied access to large areas of the border region in Diffa state to humanitarian actors

The greatest limitation on access comes not from geography but from the policy of the military authorities who have denied access to large areas of the border region in Diffa state to humanitarian actors. These rulings appear to have been rarely challenged. There have been few if any attempts to verify claims of the authorities as to the condition of populations living inside restricted access areas. One government respondent even noted that no one knows the condition of those still living on the islands in Lake Chad, despite it being known that thousands returned there against military orders. There also remains a significant discrepancy between the numbers of people that the government claims have returned to Bosso town since 3 June 2016 and those that the NGO community can count.[29]

[29] The government has talked of around 70,000 returnees, while NGOs estimate maybe 20,000.

Perhaps the greatest threat of humanitarian failure is that cut-off populations remain unaccounted for and there continues to be little advocacy

Military counter-insurgency tactics can be devastating to local populations. Humanitarians' failure to anticipate and limit humanitarian abuses is a failure of learning from history

However, some actors –notably the ICRC– have gained access to some areas, for example Bosso town. This access is thought to be a result of ICRC's lead role in Bosso since 2015, during which a level of trust –reflecting perhaps the ICRC special mandate– was established with the military authorities in Niger. The Nigerien military have been reluctant to allow a large number of actors to enter certain sensitive zones, but clearly have some discretion to allow humanitarians to enter.

As the situation across the border in Nigeria has demonstrated, there remains a humanitarian imperative to try to access cut-off populations, even at the displeasure of military authorities. Perhaps the greatest threat of humanitarian failure in Diffa comes from the possibility that cut-off populations remain unaccounted for and there continues to be little advocacy to gain access to them. Indeed, MSF is not always immune to criticism is this area, although in the Diffa response it was felt attempts were made to access significant vulnerable populations. History has shown[30] that the counter-insurgency tactics of militaries can be devastating to local populations (particularly when they are suspected of collaboration, or when the military actors are not local – as is increasingly the case in Diffa) and the failure of humanitarians to anticipate this possibility and push hard to limit the possibility of humanitarian abuses is a failure to learn the lessons from that history. This is not to suggest that any such action would be easy, but rather to warn of a mindset even amongst more experienced emergency actors that becomes too accepting of the efforts of authorities to limit access to populations in need.

[30] For example, the British in India, the Boer War, as well as more recently the government defeat of the LTTE in Sri Lanka, the Angolan government final push on UNITA-held areas, and perhaps today the counter-insurgency led by the Nigerian military in northeast Nigeria.

Enablers

Key UN agencies have a clear competency in the setting up and management of camps and in the distribution of food and other essential items

The government has demonstrated a willingness and basic capacity to facilitate, if not coordinate, humanitarian access and implementation

Adaptability was identified as critical to having a timely impact

As previously noted, despite these critiques the system has delivered an unquestionably life-saving response to many tens of thousands of displaced people and continues to help hundreds of thousands of displaced and vulnerable host communities to survive. This has been possible because of the existing humanitarian organisational infrastructure in place largely to respond to Niger's frequent food security crises. Amongst the key UN agencies, there remains a clear competency in the setting up and management of camps and in the distribution of food and other essential items. Water and sanitation capacities are not so clearly in evidence and although many actors – including MSF – have shown a willingness to make significant efforts, 'best practice' in this challenging context appears to be elusive. Finally, the government (the civilian authorities at least) has demonstrated a willingness and basic capacity to facilitate, if not coordinate, humanitarian access and implementation.

It is universally recognised that coordination is a necessary component to an effective emergency humanitarian response. It was reported by several respondents that coordination has improved – after a poor start – and is now functioning well at the Diffa working group level. The independent actors, ICRC and MSF, still remain half in and half out of the UN-centric cluster system and arguably could do more to contribute to that coordination. This was in fact a request made by both government and UN agencies during this research.

In terms of a characteristic that was most associated with success, a number of respondents identified adaptability as critical to having timely impact. MSF has attempted to adopt an adaptable approach and had clear advantages over other actors in that it enjoys complete financial freedom to budget and spend according to needs and not pre-agreed indicators. MSF claimed to take in an adaptable position by first approaching each context with an open-minded preparedness to respond to the most pressing needs and not being constrained by sectoral preference (i.e. health). This has resulted in MSF taking up the lion's share of water and sanitation provision in a number of sites as well as providing health and nutrition services. This adaptability mindset was also reported in the actions of the ICRC and, especially in regards to data collection, the IRC.

Advocacy efforts have been influential in ensuring funding flows and encouraging action on the ground

In addition, advocacy efforts have been influential in ensuring funding flows and encouraging action on the ground. These have been seen at meetings of the humanitarian country team which remains an influential forum for shaping the response and in particular for engaging with government to ensure relevant support. Furthermore, NGOs have produced reports, press statements and organised high level visits[31] seeking to bring a brighter spotlight onto the crisis to help mobilise funding and other resources. Less clear is the level of effort to address –through cluster and working group level advocacy, and/or through donor and government bilateral meetings– the significant problems identified above.

The future

So far the response has prevented an emergency from turning into a catastrophe – although it must be noted that lives may have been lost through limited access to fleeing populations. At the time of writing, the situation was stabilising somewhat with no reported fear of a rise in mortality in the near future, further attacks notwithstanding.

Whilst efforts are being made to plug the gaps there is little time for future planning

Planning need not lead to inflexible strategies, but rather to identifying a small number of likely scenarios and making some provision for responding to them

However, a big gap remains in future planning. The response is not yet able to meet the needs of the current crisis and whilst efforts are being made to plug the gaps there is little time for future planning. This task is as difficult as it is essential because of the fluid nature of this crisis. The WASH sector challenges exemplify the problem. There has been a failure to provide adequate water and sanitation facilities, partly because the population is moving and so investments in infrastructure are hard to commit to. Will the population move again – either because of attacks, the ability to go home (or nearer home), or a government policy to relocate? What contingency plans are there for dealing with access issues, disease outbreak or new movement as a result of bad weather? Planning need not lead to inflexible strategies, which would be vulnerable to changing circumstances, but rather to identifying a small number of likely scenarios and making some provision for responding to them. Whilst this kind of scenario planning has been attempted within organisations[32], at the coordination (cluster) level it is reportedly absent.

[31] The head of the IRC and the UN humanitarian coordinator have both visited Niger in the past six months. The ICRC planned three high-level visits during 2016. https://www.rescue.org/press-release/niger-civilians-caught-crossfire-and-left-behind.

[32] The IRC reported scenario planning in 2015

The current system setup is not encouraging long term preparedness because of a lack of capacity to take the conceptual DRR frame and adapt it to a complex emergency situation

All actors, MSF included, must create space to plan for the more likely future scenarios, as well as dealing with the difficult one still unfolding

The security situation clearly remains precarious. Whilst the government hopes to return security to Bosso and lakeshore regions soon, it is far from obvious that it will. The longer the conflict continues the more grievances and local power dynamics will undermine the chance of a return to a relative peace. The longer it continues, the longer economic and agricultural activities will be frozen and the plight of the population in Diffa will worsen.

The current system setup is not encouraging a longer term preparedness approach. Despite disaster risk reduction, preparedness and resilience being powerful ideas in the current humanitarian conceptual framework, there appears to be little capacity in Niger to take this conceptual frame and adapt it to a complex emergency situation. Obviously, part of the reason is that this is simply a difficult thing to do, not least because much of the technical content found under the DRR, preparedness, and resilience fields of humanitarian work is simply not applicable to conflict-related displacement emergencies. Nevertheless, there remains the strong likelihood that this situation will be protracted (it has already lasted at least 18 months for most of the displaced population) and current emergency measures will simply not be able to be sustained over the medium term – as the state of the water and sanitation sector attests. All actors, MSF included, must create space to plan for the more likely future scenarios, as well as dealing with the difficult one still unfolding.

Conclusion

The displacement crisis in Diffa state provides a telling insight into the appropriateness of the current UN-centric humanitarian system to respond to a dynamic conflict-related emergency

The displacement crisis in Diffa state in Niger provides a telling insight into the appropriateness of the current UN-centric humanitarian system to respond to a dynamic conflict-related emergency. The crisis has occurred in a context where both UN and INGO humanitarian actors were already well established. The security impacts have not been so big as to permanently drive out those actors and access to the affected population may have been delayed –resulting in serious consequences– but has largely been been possible. Overall, it is a context in which a system that was fit for purpose should perform relatively well. This case study suggests that the humanitarian performance should in fact have been better, and its successes have often come in spite of the systemic setup rather than because of it. In this way, we can say that there is a gap in the emergency response in the Diffa region. There is a gap in funding of course, but more importantly a gap in capacity, expertise, and preparedness – not of the community, but of the mainstream development actors and the system in which they operate to meet the particular challenges of a conflict-related dynamic displacement crisis.

There is a gap in funding, but more importantly, a gap in capacity, expertise, and preparedness of the mainstream development actors and the system

A culture of organisational competition has limited the response, undermining effective coordination and in some cases actively blocking improved service delivery. This has exacerbated an already bureaucratically sluggish response that has been challenged to deliver the funds necessary to cover needs up to dignified standards, even when those needs are clearly understood. Too many implementing agencies fail to ensure geographically impartial coverage of vulnerable populations, instead helping those easiest to access. Nor does the coordination system adequately compensate for this tendency. A development practice mindset predominates in the larger established organisations and government agencies, leaving them inflexible and poorly adapted to react to changing circumstances in a timely manner.

For humanitarians, the bar for success must be set high. Settling for an outcome where targeted populations merely avoid death is clearly not acceptable. There is a danger of this in context of the Niger crisis. The baseline condition of communities in this part of the world in terms of nutrition, food security, access to health services, is not high.[33] Adding displacement and insecurity into this context will clearly leave many at risk, and to a degree an attitude of acceptance of this fate (on the part of actors' employees as well as some

[33] For example, poor nutritional and food security statistics captured in the WFP Country Brief, poor health statistics noted in the WHO Global Health Observatory Country View on Niger, and an HDI ranking of 188 out of 188.

Part of the distinct mindset that should be brought to an emergency response is unwillingness to accept poor outcomes and a desire to innovate, adapt and advocate to find solutions

The current humanitarian system will continue to be tested in Niger

management staff) was evidenced in some interviews during this research. Part of the distinct mindset that is brought –or should be brought– to an emergency response is an unwillingness to accept these kinds of poor outcomes and a desire to innovate, adapt and advocate to find solutions for the affected populations. This danger becomes even more pronounced as emergencies turn into protracted crises and the suffering becomes normalised. Perhaps one of the more fundamental critiques of the appropriateness of the current humanitarian system –which is not staffed or trained in emergency response– is a tendency to succumb to this mindset.

The current humanitarian system will continue to be tested in Niger. Those agencies somewhat outside of the system, like MSF and the ICRC, will also be tested in terms of their abilities to continue to adapt and deliver effective emergency response whilst building in more sustainable strategies which meet the needs in a more protracted context. All actors will be challenged to maintain a posture of defiance in the face of humanitarian need, to inquire, to push and to pressure so that if there are to be ongoing failures to access those in need of humanitarian relief it will not be because no one tried.

Methodology

These research findings are based on interviews and the review of a large quantity of reports from various agencies and institutions. Most of these interviews took place in Niger, both in Niamey and Diffa town, between 18 July and 28 July 2016. In addition, interviews via Skype were held with respondents in Dakar, Barcelona and Niamey during July and August.

The author welcomes the frankness of all interlocutors who contributed to this research and has attempted only to identify agencies where that identification is relevant to the analysis drawn.

List of interviewees

The UN	• OCHA Niamey • OCHA DIffa • UNICEF Head of Mission Niamey • UNICEF Diffa • WFP Head of Mission Niamey • WFP Emergency Coordinator Diffa – Niamey • WFP Emergency Coordinator Diffa – Diffa town
Government	• Minister for Humanitarian Affairs, Niamey • Humanitarian Coordinator, Dept of Humanitarian Affairs, Diffa • Head of Department of Health, Diffa • Head of Local Government Diffa region, Diffa
INGOs	• ACF Head of Mission Niamey • ACTED Head of Mission Niamey • IRC Emergency Coordinator Niamey • IRC Head of Mission Niamey • Oxfam Head of Mission Niamey • Save the Children Head of Mission Niamey • Save the Children Emergency Coordinator Niamey
ICRC	• Head of Mission Niamey
MSF	• OCBA Head of Mission Niamey • OCBA Project Coordinator Diffa • OCBA Logistics Coordinator Diffa • OCG Deputy Head of Mission Niamey • OCG Project Coordinator Diffa • OCBA Emergency Desk Barcelona • OCBA Director of Operations Barcelona • Intersectional West Africa Analyst, Dakar

Annexes

Annex 1

Principal results of the retrospective mortality study, rapid nutritional evaluation and vaccination status of indigenous populations and displaced people in Diffa department.

Conducted by Epicentre in May 2016.

Table 3. Mortality characteristics

	Diffa	Chétimari	Assaga	Yébi	Toumour
No. of households	1,206	1,945	1,034	1,968	2,370
No. of individuals	8,264	11,996	5,927	11,285	13,609
Total children < 5 yrs	1,455	2,151	1,013	1,828	2,156
Total deaths (violent deaths)	86 (13)	129 (17)	108 (11)	250 (38)	268 (40)
Mortality rate	0.31	0.32	0.49	0.60	0.50
Deaths/10,000/day	0.25 – 0.38	0.27 – 0.39	0.41 – 0.59	0.53 – 0.68	0.44 – 0.57
Mortality rate < 5 yrs	0.61	0.51	0.90	1.22	1.10
Deaths/10,000/day	0.41 – 0.89	0.3 – 0.71	0.63 – 1.29	0.97 – 1.54	0.89 – 1.36
Mortality rate for indigenous population	0.25	0.18	0.54	0.39	0.56
Deaths/10,000/day	0.17 – 0.35	0.11 – 0.30	0.41 – 0.72	0.21 – 0.73	0.40 – 0.78
Mortality rate displaced	0.33	0.34	0.45	0.61	0.49
Deaths/10,000/day	0.28 – 0.47	0.29 – 0.40	0.35 – 059	0.54 – 0.69	0.43 – 0.56

Table 4. Nutritional status of children 6 to 59 months according to the'*Périmètre Brachial '(PB)

	Diffa	Chétimari	Assaga	Yébi	Toumour
Total children	1,284	1,931	905	1,614	1,897
Total children PB*	1,203	1,892	871	1,500	1,815
< 115mm (%)	10 (0.8 %)	38 (2.0 %)	9 (1.0 %)	7 (0.5 %)	55 (3.0 %)
[IC95%]	0.45 – 1.54	1.4 – 2.7	0.5 – 1.9	0.22 – 0.98	2.33 – 3.93
115 – 124 mm	60 (5.0 %)	117 (6.2 %)	59 (6.8 %)	67 (4.5 %)	197 (10.9 %)
[IC95%]	3.89 – 6.37	5.1 – 7.3	5.2 – 8.6	3.53 – 5.64	9.5 – 12.37
>= 125mm	1,133 (94.2 %)	1,737 (91.8 %)	803 (92.2 %)	1,426 (95.0 %)	1,563 (86.1 %)
[IC95%]	92.71 – 95.37	90-4 – 92.9	90.2 – 93.8	93.85 – 96.06	84.45 – 87.63
Oedemas	4 (0.3 %)	0 (0 %)	0 (0 %)	0 (0 %)	0 (0 %)
Total <115mm and oedemas	14 (1.2 %)	38 (2.0 %)	0 (0 %)	7 (0.5 %)	55 (3.0 %)
[IC95%]	0.69 – 1.96	1.4 – 2.7	90.2 – 93.8	0.22 – 0.98	2.33 – 3.93

Table 5. Measles vaccination status of children 9 - 59 months

	Diffa	Chétimari	Assaga	Yébi	Toumour
Total children 9-59 months	115	1,811	854	1,450	1,573
Yes, according to documents	489 (42.4%)	727 (40.8%)	729 (88.5%)	224 (15.4%)	202 (11.7%)
Yes, according to parents	343 (29.7%)	192 (10.8%)	34 (4.1%)	238 (16.4%)	229 (13.3%)
No	310 (26.8%)	843 (47.4%)	57 (6.9%)	939 (64.8%)	1267 (73.4%)
Don't know	13 (1.1%)	17 (1.0%)	4 (0.5%)	49 (3.4%)	27 (1.6%)

Annex 2

Distribution of UN and INGO and local actors according to sectoral activity and community.

Table 6

Domain	Maïné Soroa	Goudoumaria	Diffa	Bosso	N'Guigmi	Ngourti
Food security	CARE, International Rescue Committee, Save The Children International, PAM	CARE, International Rescue Committee, AGIR PLUS-21, Save The Children International, PAM	ACF, CARE, Cellule de Coordination des Actions Humanitaires, International Rescue Committee, PAM (KARKARA, S. PURSE, Save The Children International)		KARKARA, PAM/VND, PLAN INT	
Nutrition	Save The Children International, SOS-VE, Danish Refugee Council, PLAN INT	PLAN INT	MSF Spain, Save The Children International, UNHCR/APBE	MSF Spain, Save The Children International	MSF Spain, Save The Children International, UNHCR/APBE	
WASH	International Rescue Committee OXFAM, Save The Children International, UNICEF	PLAN INT, Save The Children International, UNHCR, UNICEF	CARE, ICRC/Croix Rouge Nigérienne, International Rescue Committee, MSF Spain/ Switzerland, OXFAM, UNICEF/Save The Children International, DRHA, ACTED	Croix Rouge Nigérienne, OXFAM	CARE, International Rescue Committee, UNHCR, UNICEF	

Domain	Maïné Soroa	Goudoumaria	Diffa	Bosso	N'Guigmi	Ngourti
Health	International Rescue Committee, Save The Children International, UNICEF		MSF Switzerland/ Spain, ICRC, UNICEF, WHO, Croix Rouge Nigérienne, UNFPA, AKARASS UNHCR/APBE	MSF Spain, ICRC	MSF Spain, Save The Children International, UNFPA, UNICEF, UNHCR/APBE	
Protection	COOPI, Danish Refugee Council, International Rescue Committee, DRPE/UNICEF	COOPI, International Rescue Committee, PLAN INT	CARE, COOPI, Croix Rouge Nigerienne, Danish Refugee Council, International Rescue Committee, PLAN INT, SOS-VE, UNHCR(CNE/CARE/ APBE/International Rescue Committee), UNICEF	COOPI, Danish Refugee Council, International Rescue Committee, Save The Children International, Croix Rouge Nigérienne	COOPI, Croix Rouge Nigerienne, International Rescue Committee, UNHCR, Save The Children International, UNICEF	
Education	International Rescue Committee, LuDev/PAQUE II, PAM, UNICEF		International Rescue Committee, PLAN INT, LuDev/PAQUE II, UNICEF	PLAN INT, LUXDEV, PAM		PAM
Shelter & NFI	Danish Refugee Council, UNHCR (APBE/ CARE/International Rescue Committee), UNICEF (International Rescue Committee)		CARE, CCH, Croix Rouge Nigérienne, OIM, DRC, UNHCR (APBE/ CARE/IRC)	MSF Spain, Croix Rouge Nigérienne	Croix Rouge Nigérienne, International Rescue Committee	
Relèvement précoce	CARE, PLAN INT	CARE, PLAN INT	CARE, PLAN INT, PNUD	PNUD		
Coordination	OCHA, Cellule de Coordination des actions Humanitaires / SPDNPGCCA					

Data source – OCHA 3W (verified by MSF field coordinator). Data captures where an actor is doing any level of activity, has completed activity or has imminent activity.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