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FOLLOW UP CASE STUDY

Diffa, September 2016 - September 2017

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Introduction

This report is a follow up to the initial case study on the humanitarian response to the crisis in Niger's Diffa region from January 2015 to August 2016

The first analysis concluded that while there were many actors involved, critical needs were still unaddressed and the humanitarian system should have been able to perform better

There was a gap in funding, but also —and perhaps more importantly— in capacity, expertise, and preparedness

Almost three years into the emergency in Niger's southeastern Diffa region, where several hundred thousand people have sought shelter from attacks and fighting between Boko Haram and the armies of the states around Lake Chad, a multitude of actors are engaged in the humanitarian response. Donor agencies, United Nations (UN) agencies, big international aid organisations and national NGOs; the whole "traditional humanitarian system" is involved.

This report is a follow up to the initial case study on the humanitarian response to the crisis in Niger's Diffa region from January 2015 to August 2016¹. The study looks at how the response developed in the following twelve months, from September 2016 to September 2017. Both case studies are set within the framework of the Emergency Gap project, and aim at contributing to a broader discussion on the response capacity of the humanitarian system in conflict-related emergencies².

The first case study presented an analysis of the response to the crisis in Diffa, and focused on the critical needs in the health, nutrition, and water and sanitation sectors. The analysis pointed to several important disabling factors, which all contributed to a gap in the response during the first 18 months of the crisis. While there were many actors involved on the field early on, critical needs were still unaddressed; the humanitarian system should have been able to perform better. There was a gap in funding, but also —and perhaps more importantly— in capacity, expertise, and preparedness. Shifting from a development mode and mindset and gearing up to provide a timely emergency response proved to be challenging. Competition between organisations undermined coordination, and worsened an already slow and bureaucratic response. Activities were mainly implemented in easily accessible areas, leaving other areas largely uncovered. Looking forward, the case study concluded the humanitarian system would continue to be tested.

¹ Jon Edwards, Niger Jan 2015 – Sept 2016, Emergency Gap Case Study, MSF, November 2016. <https://arhp.msf.es/emergency-gap-case-study-aid-environment/niger-jan-2015-%E2%80%93-aug-2016>

² For more on the MSF Emergency Gap project, see Centre for Applied Reflection on Humanitarian Practice. <https://arhp.msf.es/categories/emergency-gap>

During the following 12 months (September 2016 – September 2017), the response capacity of humanitarian actors was tested on a number of occasions

Indeed, during the following 12 months (September 2016 – September 2017), despite the fact that there were few dramatic changes to the local situation in the Diffa region, the response capacity of humanitarian actors was tested on a number of occasions. Most notably, the system had to respond to an unforeseen outbreak of hepatitis E and to sudden mass displacements within the region after attacks on the refugee camp in Kablewa and the village of N'galewa.

Drawing on the findings from the initial case study, and the experience of a number of key humanitarian actors and stakeholders between September 2016 and September 2017, this paper discusses whether there is still an unreasonable gap in the response. Have the system's dysfunctions been addressed? Have new obstacles or enablers emerged? In short, did the humanitarian system manage to deliver a response on the level it would be reasonable to expect, given the evolution of the context?

Methodology

This paper is primarily based on more than 40 semi-structured interviews with key decision-makers in the "humanitarian system" in Diffa and Niamey: representatives of the national and regional governments, coordinators in United Nations agencies, international and national NGOs. The interviews were done in person, in Niamey and Diffa, between September 18th and October 4th 2017. The information collected in these interviews has been supplemented by written sources, primarily operational documents.

The information presented below therefore reflects the perspectives of the individuals interviewed. However, the conclusions drawn from the collected information are the author's own.

Context September 2016 – September 2017

Compared to the first years of the crisis, there have been fewer attacks and less mass displacement; however, the baseline remains precarious, needs are still high, and incidents still occur

More than 247,000 people are still displaced in the region, and the majority is almost fully dependent on humanitarian aid to survive

The humanitarian actors working in Diffa still faced many of the same challenges

Since August 2016, the emergency situation in Diffa has continued, with few major changes. Compared to the first years of the crisis, there have been fewer attacks and less mass displacement, and for the most part during this period, mortality rates did not exceed emergency thresholds.

However, the baseline remains precarious, needs are still high, and incidents still occur albeit less often. More than 247,000 people are still displaced in the region, and the majority is almost fully dependent on humanitarian aid to survive. The population remains very vulnerable, and the situation is still volatile. In late June, suicide bombers attacked Kablewa camp, and a few days later, several people were killed and many abducted in another attack in the same area. The displaced people living in Kablewa camp moved to other locations. In spring 2017, an outbreak of hepatitis E spread quickly, and by 26 November, there were 2,078 registered suspected or confirmed cases, and 39 deaths³.

The broader context has also remained unstable. Military campaigns continued on the islands of Lake Chad and in the Komadugu areas, and the border areas with both Nigeria and Chad remained insecure. In Nigeria, primarily in Borno state, military campaigns continued and suicide attacks were frequent.

Consequently, the humanitarian actors working in Diffa still faced many of the same challenges. The large majority of the displaced populations remained in informal sites around local villages, where many were dependent on food distribution, water and sanitation activities, and health care provision to survive. The situation did not allow displaced people to develop sustainable coping mechanisms. The state of emergency continued, likely with an important negative impact on the local economy, which largely depends on fishing and the cultivation of peppers. The ban on commercial fishing, prohibition to fish in many areas, the ban on using motorcycles, and the local curfew complicated these essential local businesses. The continued presence of displaced people did most likely also increase the pressure on the resources of the local population, limiting access to the fields, among other things.

³ See Humanitarian Bulletin for Niger, October–November 2017. https://reliefweb.int/sites/reliefweb.int/files/resources/BIH_Oct_Nov_2017.pdf

Access to some areas, mainly the islands in Lake Chad, remained restricted by the military, and it is still unclear how many people were left without humanitarian aid

Access to some areas, mainly the islands in Lake Chad, remained restricted by the military, and it is still unclear how many people were left without humanitarian aid.

Generally, however, given the few drastic changes in the context in Diffa during this period, and the already established presence of a large number of key humanitarian actors, the response should have been able to address the critical needs in an effective and adequate way. But did it? To examine this question, we begin by reviewing the disablers identified in the first case study.

The humanitarian response

"The machine was up and running" in 2017. The question is, how smoothly was it running and how effectively was it delivering?

Five new humanitarian organisations, three national and two international, started working in Diffa in 2017, taking the total number of organisations to 51. Eight new actors arrived in 2016, and 18 in 2015⁴. As the head of a key implementing organisation put it, "the machine was up and running" in 2017. The question is, how smoothly was it running and how effectively was it delivering?

After the first year and a half, the first MSF case study identified some key factors as "disablers" in the response. Actors then complained about lack of funding, but the case study revealed other important problems in the response: lack of data and qualified human resources, as well as the competition between actors and lack of effective coordination, all contributed significantly to the fact that the "system" did not deliver as well as one should expect it to. Furthermore, lack of access to some areas due to military restrictions, security considerations, and logistical issues, combined with a tendency to be satisfied with responding only in easily accessible areas, meant people in other areas received significantly less assistance.

What follows is a discussion of how the response evolved over the following 12 months, focusing on these key factors identified as disablers.

Funding

By the 18th of October 2017, the humanitarian response plan for Niger was funded at 84%⁵. At the time of research for this report, planned activities in Diffa were funded at 36%, while for the rest of the country, the funding level was 129%⁶. However, some of the funding recorded for "rest of the country" might in practice have been allocated to Diffa, and it is therefore not exactly clear how much funding went to the response in the Diffa region. The funding to actors outside the Humanitarian Response Plan (HRP), such as the International Committee of the Red Cross (ICRC) and MSF, isn't included either.

⁴ Internal OCHA overview, shared with MSF.

⁵ See OCHA funding update. https://reliefweb.int/sites/reliefweb.int/files/resources/ner_fundingupdates_20171018.pdf

⁶ Figures presented by OCHA Niamey in meeting with the author.

Most of the actors interviewed did not see the level of funding as a problem, but timeliness of funding and donors' choices of intervention areas were brought up as important disabling factors

The lack of basic population data is a serious disabler, as it complicates planning and monitoring of activities and contributes significantly to the difficulty in seeing the real gaps in the response

Most of the actors interviewed for this report did not see the funding level as a problem. In fact, many actors pointed to how much money was poured into Diffa. Only three of the 41 actors interviewed, one national NGO, one International non governmental organisation (INGO), and one UN agency, mentioned lack of funding as one of the main challenges. Timeliness of funding and donors' choices of intervention areas, however, were brought up as important disabling factors by several actors. This will be further discussed in relation to other disablers below.

Furthermore, as a respondent in a UN agency said, funding is also linked to how well the humanitarian system manages to identify the gaps on the ground, which —as we will see below— can be a challenge in Diffa; it is hard to advocate for more funding when you do not know the details about the gaps on the ground.

Disablers continue to disable

Lack of data was raised as an issue during the beginning of the crisis, as noted in the first case study. A year later, many actors —particularly UN agencies— still complained about lack of reliable basic population data. The humanitarian actors still do not have clear, reliable statistics on the number of internally displaced people, refugees, and host communities, as the state institutions in charge have not been able to deliver reliable data in a timely manner. Several international actors expressed frustration about the fact that the basic population numbers for the region are outdated, and some said that the methodology for collection of new data is unclear. A key actor in food distribution said it could not trust the official numbers, and thus based its distribution on its own numbers.

The lack of basic population data is obviously a serious disabler, as it complicates planning and monitoring of activities and contributes significantly to the difficulty in seeing the real gaps in the response. The weakness in data might mean there are gaps that few actors really see and no one is able to quantify.

Another key issue in 2015 and 2016 was **human resources**. Many actors lacked staff with relevant emergency experience, and the fact that most personnel on the ground, both international and national staff, mostly had a background in development aid, may have contributed to the difficulties in shifting from a development mode to responding to the emergency during the first, acute phase of the crisis.

Some actors have increased the number of experienced emergency staff; however, it is still a challenge to recruit national staff to work in Diffa

By September 2017, several actors had increased the number of experienced emergency staff in Diffa, after both donors and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) had encouraged them to do so. The United Nations High Commissioner for Refugees (UNHCR) increased its team from two to 13 international staff present in Diffa, and other UN agencies followed suit. OCHA itself, however, has not increased its team in Diffa. NGOs such as Action contre la faim (ACF), the Danish Refugee Council (DRC), the International Rescue Committee (IRC) and Oxfam have also increased the size of their teams over the last year, and added staff with emergency experience and expertise.

However, it is still a challenge to recruit national staff to work in Diffa, both for NGOs and state structures. Diffa is still seen as a hostile place to work in —some even said employees in the public health sector see it as a "punishment" to be deployed there. The sector is still hampered by a lack of qualified staff in many health centres, an issue that predates the crisis.

Several NGOs have chosen direct implementation instead of working through local partners in the current context

The increase of the number of international staff in the INGOs teams was also, at least for some, linked to more direct implementation. Several NGOs mentioned they had chosen direct implementation instead of working through local partners in the current context. For some, this operational decision was based on standard internal guidelines and routines; if the context is evaluated to belong in a predefined category (defining the scale of the crisis), project implementation should be done directly by the organisation, not by partners. Others did not have the same method of categorisation, but took a similar pragmatic, operational decision; they considered it more efficient to work directly. Some actors also said they sent international coordinators in order to take pressure off their national or local staff; local staff were said to be under pressure from the community and their own families, and to be too reticent in discussions with international staff from other agencies.

All in all, despite the persistent challenge of recruiting in Diffa, lack of the right human resources was not seen as a main disabler during the discussed period of time. However, a few key coordinating agencies were considered to be so understaffed that their work was seriously hampered if their main coordinators were absent.

Despite the fact that coordination mechanisms generally seemed to be better structured in 2017, the "flag-planting" trend persisted

Better coordination, less competition?

An important issue raised in the first case study was the competition between humanitarian actors, and the tendency of "flag-planting". Actors claimed coverage in a given area, even without adequately covering the needs, and blocked other actors from working there. This practice —diametrically opposed to effective coordination and likely mainly driven by competition over resources, as well as institutional and visibility ambitions— was one of the main factors contributing to the gap.

Despite the fact —emphasised by several actors— that coordination mechanisms generally seemed to be somewhat better structured in 2017, this trend persisted. In 2015 and 2016, some NGOs claimed an area and blocked other actors from intervening while waiting for funding for activities, and thus left people without assistance. In 2017, a variation of this practice continued. NGOs also alleged coverage of areas where they had to stop activities, as seamless funding had not been secured. Some of the resulting gaps in activities and coverage extended over several months, yet it is not common practice to request other actors to step in and cover. Reportedly, inactive NGOs waiting for funding still said that they were operational and claimed their funding situation wasn't problematic. At the other end of the spectrum, there were also reported cases of overlap, with organisations doing the same activities in the same areas.



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Panels showcasing NGO and donor activity on the road from the airport to Diffa town

Furthermore, according to several sources, some actors claimed to be covering all activities in a given sector, while in reality only carrying out very limited activities. An actor could for example claim it was supporting several health centres with a "complete package", while the centres had not received medications in several months, or claim to cover all water, sanitation and hygiene (WASH) activities in an area, while only carrying out distribution of soap. Monthly distributions could in reality take place much less often, and some alleged that the numbers of assisted people were inflated and did not match the real population on the ground. Several respondents complained NGOs saw each other more as rivals than as complementary counterparts.

Many actors saw these issues as the result of a lack of coordination, and blamed UN or state institutions for lack of leadership. Others saw it as a financing issue, and blamed donors for failing to provide timely funding, while some blamed it on the NGOs individual quest for visibility (both to donors, the local community, and the general public).

There is a serious problem of transparency and communication

Whatever the specific drivers were in each case, what seems clear is that there was a serious problem of transparency and communication.

Even though information management seems to have improved⁷, a number of decision-makers interviewed stated it is often hard to know the details of what an actor is doing on the ground, and that there are sometimes large differences between what is claimed to be done and what is actually carried out. It is therefore also difficult to get a clear picture of the real gaps on the ground, and to know whether identified needs are indeed adequately covered or not.

Furthermore, attempts to ensure visibility for the organisation —logos, posters, etc.— in areas where activities are very limited, or at worst non-existent, could lead to tensions with the local communities. Some actors warned the local population was unhappy about seeing NGOs logos, yet not feeling any tangible impact on their situation.

Coordination efforts are taking place, and there have reportedly been significant improvement in some sectors

However, coordination efforts are taking place, and there have reportedly been significant improvement in some sectors. At Diffa level, some working groups, like WASH, meet regularly and most members are satisfied with how they function. In other sectors, on the contrary, there seems to be consensus that coordination does not work, but explanations differ as to why that is the case. Many members of the health sector pointed to weak leadership, while coordinating actors complained about NGOs not wanting to be coordinated. This vicious dynamic was also evident in other sectors: NGOs complained about a lack of decision-making in coordination meetings, while coordinators complained about NGOs not sending staff with sufficient decision-making authority to attend them.

There are complaints about an important disconnect between humanitarian offices in Niamey and Diffa

Several actors in Diffa also complained about an important disconnect between Niamey and Diffa. According to these respondents, the main offices in Niamey —most often mentioned was the UN offices— were not able to follow the reality on the ground in Diffa; in the words of one respondent, "Diffa and Niamey are not on the same wavelength". Some local authorities complained agreements about interventions were made in Niamey without informing Diffa, while an international actor said Niamey "fixed" Diffa's reporting, to satisfy donors —an example was given: if Diffa reported no items distributed in June and 100 in July, Niamey would report 50 in June and 50 in July. One interviewee described Niamey as "completely cut off", while another said the Niamey coordination meetings were like "theatre".

⁷ There is now, for example, only one 3W-matrix, produced by OCHA.

International actors, both in Diffa and Niamey, frequently brought up the coordination issues between international organisations and state authorities. Some claimed the authorities lacked an understanding of humanitarian action, lacked the expertise and human resources to lead the coordination and did not prioritise it. Many mentioned the lack of budget for the newly established Ministry of Humanitarian Affairs. In general, many actors expected a lot from the national and regional government, and several called on them to assume a stronger role in coordinating the response. At the same time, the NGOs on their side were seen as unwilling to be coordinated, while UN agencies in particular were seen as putting a lot of weight on working with the government, which, as only one respondent brought up, could make it more difficult to ensure a principled response. In fairness, it should also be mentioned that some actors also praised the government for its openness and for according more attention to the crisis in 2017. Overall, these challenges and frustrations did complicate the response and could potentially slow it down and lead to a certain political influence on it, undermining the humanitarian principles.

A few actors also expressed frustration on a lack of communication between offices in the different countries surrounding Lake Chad. In one UN organisation, offices facing similar challenges in Nigeria, Chad and Cameroon had to go through their respective capital offices to communicate with each other, and other actors also mentioned little cross-border coordination as well as sharing of experience and lessons learned.

All in all, despite a more streamlined coordination, competition between NGOs and the over-statement of coverage continue to disable the response

All in all, competition between NGOs and the practice of over-stating coverage and implemented activities continued to disable the response, despite a more streamlined coordination. Effective coordination cannot only be measured by the number and regularity of meetings, but must be evaluated based on actual results. The persistent coordination challenges outlined above undermined an effective, principled response. Overstatement of presence and coverage is not uncommon in humanitarian action, even if there may be contexts in which this practice is more glaring than in other. Both donor policies and implementing agency incentives can be drivers for this, making aid presence seem more robust than it actually is⁸.

⁸ Secure Access in Volatile Environments (SAVE) research findings. <http://www.saveresearch.net/presence-and-coverage/>

Security and access

The geographical area covered by humanitarian actors increased during the 12 months in question

The geographical area covered by humanitarian actors increased during the 12 months in question. A handful of actors are now active in the areas of Bosso and Toumour, where very few, if any, were working during the first years of the crisis. Several actors are also working in the area of Ngigmi, where also the UN has established an antenna. Even if most of the activities are still taking place along the main road —*route nationale 1*—, humanitarian assistance is now provided in areas that are logistically slightly more difficult to operate in, and that are closer to more insecure zones. This change in reach, however, was primarily made possible by the relatively stable situation in these areas. Access was not the result of negotiations or important changes in security management or mindset. One international NGO with significant presence said the shift in operational area was mainly caused by the fact that so many other NGOs were working along the route nationale, leading the NGO to "withdraw the flag" and look elsewhere.

Increased access is not the result of negotiations or important changes in security management or mindset, but rather, it is due to a relatively more stable situation

With regards to security management, international NGOs still generally follow the same line as earlier on, during the emergency: the United Nations Department of Safety and Security (UNDSS) security advice are seen as an important source of information, but not the only one, and are not followed blindly. NGOs do their own evaluations and make individual decisions. This has facilitated easier access to some areas, as the UN, for example, has stricter rules for vehicle movements. UN humanitarian agencies no longer use military escort, but are still obliged to travel in convoy. Overall, the changes in reach cannot be attributed to a change of mindset and reduced risk aversion, but rather it is the situation that has remained somewhat less instable, and the areas considered accessible and secure enough for some actors have expanded.

Access is still tightly controlled by military forces, and humanitarian actors have been denied the right to work on the islands in Lake Chad and some areas in Bosso

Some areas, however, are still out of reach. Access is still tightly controlled by military forces, and humanitarian actors have been denied the right to work on the islands in Lake Chad and some areas in Bosso. Despite military claims that there are no civilians left on the islands, many humanitarian actors believe that there are. There is very little information available on the situation, and the authorities, following a counter-insurgency or counter-terrorism logic, are not interested in having humanitarian organisations working in these areas, according to several actors. There is a certain dialogue between humanitarian and military actors, but many NGOs thought they could do more to push for access

and information. INGOs have made public calls demanding access⁹, but it is not clear whether they would have the logistical capacity to operate in these areas, or whether any actor would be willing and able to work there, if groups related to Boko Haram are still active.

Furthermore, in the southwestern parts of the Diffa region, there are very few humanitarian actors present. MSF started, as the only actor with a permanent presence there, to work in the border areas between Nigeria and the district of Maine-Soroa in 2017 and has so far been able to gradually move further south in the district.

Enablers

Despite the fact that many of the disablers identified in 2016 were still playing a role in 2017, the humanitarian response to Diffa generally seems to have improved as the crisis continued. Has there been any new important enablers, contributing to the improvement?

As mentioned above, it seems three factors have been important, two of which are external to the system. The availability of funding has obviously enabled the response, but maybe more importantly, the relatively unchanged situation and the simple factor of time seem to have also been key factors. Time has, among other things, allowed the humanitarian community in Diffa to mature as organisations and their coordinators now know each other better; trust has increased and made both informal and formal coordination easier. This has in turn, most likely, enabled a better response.

One example of this is the WASH sector. A year after the initial case study, which pointed to important gaps in the WASH response, there is less water-trucking, and generally improved access to water. Actors both within and outside the WASH sector see the coordination as well-functioning, thanks to increased openness between the actors actively participating in the working group, and the involvement of the regional authorities. However, gaps still exist, both in access to water and sanitation. In the village and displacement site of Kindjandi, for example, where bladders filled by water-trucking were still making up half of the available

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The availability of funding has obviously enabled the response, but maybe more importantly, the relatively unchanged situation and time seem to have also been key factors

⁹ As in the common INGO statement six months after the Oslo Conference. <https://www.rescue-uk.org/sites/default/files/document/1514/sixmonthsafterosloconferenceberlinmeetingversionconsolidee.pdf>

water points by mid-November 2017¹⁰, an MSF assessment concluded that the number of water points needed to be substantially increased to ensure an adequate provision of water. Similarly, in the village of Ngangam, where there is no water-trucking, there is still a need of increasing the number of water distribution points in order to meet the standards¹¹. Regarding sanitation, the assessment identified important gaps in these same villages, with an insufficient number of latrines and poor maintenance of the existing ones¹².

Moreover, the hepatitis E outbreak gives a strong indication that the emergency preparedness and response capacity of the WASH sector is not particularly strong. This will be further discussed below.

¹⁰ There were at the time 16 water points from bladders and 16 from public wells.

¹¹ Source: MSF watsan assessment, November 2017, internal report.

¹² In Kindjandi, only 16% of the constructed latrines were functional, and there was a need of 4,496 family latrines to cover the population at the site. In Ngangam, 38% functioned, and 2,170 latrines were needed. At that time, MSF estimated that 84% of the population in Kindjandi and 62% of the population in Ngangam defecated in open air.

Focus: Hepatitis E outbreak

The disease

The hepatitis E (HEV) virus causes both acute and chronic infection. An infection is most often asymptomatic, and in most cases, infected people will recover spontaneously. However, an infection can also cause acute liver failure, and be fatal. While general mortality is low, HEV has a significantly higher fatality rate in pregnant women. HEV transmission is mainly faecal-oral, through contaminated water, and risks factors of infection are poor sanitary conditions and poor quality of drinking water. In precarious sanitary conditions, outbreaks are often large scale and can last for several months or years. Niger had never officially reported cases of HEV before, but it is highly endemic in the neighbouring countries Chad and Nigeria. Before the Diffa outbreak, an outbreak was reported in Chad in September 2016, and HEV was detected across the border in northeastern Nigeria in June 2016.

The outbreak

At the end of December 2016, in week 52, the first suspected case of hepatitis E—a pregnant woman with acute jaundice syndrome (AJS)—was recorded in Diffa¹³. During the following month—January 2017—several pregnant women arrived at the Diffa regional hospital in severe condition, with symptoms of jaundice, fatigue, headache, vomiting, arthralgia, and often unconscious. All of them came from the displaced communities. At the end of the month, MSF had reported 11 maternal deaths¹⁴.

In week 5, the MSF operational centre in Barcelona triggered an HEV alert on the field, and by the end of the month, 11 suspect cases and 9 maternal deaths were reported.

In March, MSF started active case finding, delivered blood samples to the health authorities, drafted its response plan and ordered rapid diagnostic tests. 17 suspect cases and 5 maternal deaths were reported by the end of the month.

In week 15, on the 19th of April, the government of Niger officially announced an outbreak of hepatitis E. Over the next months, the virus continued to spread. The epidemic peaked some weeks later, in week 20, with 164 cases, and two additional peaks followed in week 23 (129 cases) and week 26 (131 cases). From week 26, the number of cases and deaths started to decrease, with fewer than 40 cases from week 35.

Cases were reported in five districts; Diffa, N'Guigmi, Bosso, Mainé Soroa and Goudoumaria. 90% of the cases were in Diffa and N'Guigmi, and the majority of patients seen at MSF clinics and hospitals were displaced people and refugees. The outbreak highlighted poor water and sanitation conditions and called for an efficient WASH response in addition to case management and health promotion.

By November 26th, 2,078 registered suspected or confirmed cases, and 39 deaths had been reported¹⁵.

¹³ This case was recorded as a suspected HEV case retrospectively, in February 2016.

¹⁴ Facts in this section are taken from an internal MSF review of the outbreak response, "Hepatitis E: A Preventable Maternal Death", prepared independently by Veronique de Clerck from W&V Pty Ltd Consulting, in November 2016.

¹⁵ See Humanitarian Bulletin for Niger, October-November 2017. https://reliefweb.int/sites/reliefweb.int/files/resources/BIH_Oct_Nov_2017.pdf

The response

MSF's response to the outbreak focused on clinical care in health facilities, health promotion, improving the availability of safe drinking water, sanitation and hygiene, and strengthening epidemiological surveillance, active case finding, and effective referral. The activities were led by the Diffa project teams already in place, which were supported by additional staff. In mid-April, week 16, a logistician arrived to start the WASH activities, while a medical project coordinator, a medical referent, and an epidemiologist arrived in week 18. In week 31, three additional staff members were sent to further strengthen the activities¹⁶.

Following the declaration of an outbreak, which came late—more than three months after the first suspected case was identified—, more humanitarian organisations began to respond. A working group was put in place to coordinate the efforts. The World Health Organization (WHO) had the lead in health, and UNICEF the lead in WASH. The overall response was coordinated by the Ministry of Health.

Looking back at the initial response to the outbreak, there is consensus from most respondents that it came late. Apart from MSF, only UNICEF had immediate operational capacity. Other international NGOs had a start fund to initiate a response, while some were restricted by lack of funding and could not deliver on time.

"The machine struggled to get started", as one actor put it. If we consider the beginning of the response from the official declaration of the outbreak in mid-April, several key implementing actors estimate they were around a month late, while others, looking at the response as a whole, said it took two months before it really got up to speed. One actor said they lost three weeks because of lack of knowledge on an emergency funding allocation process. Others complained funding came late.

While INGOs were waiting for new funding directly for the hepatitis response, many tried to re-direct the activities they were already carrying out. However, other respondents claimed that actual redirection was minimal; some actors that claimed they were quickly responding to the outbreak, were in reality continuing what they were already doing. A general observation is that **the majority of actors did not have emergency stocks available in Diffa at the time of the declaration of the outbreak.**

MSF's response wasn't timely either. The field teams did not initially know what disease they were dealing with, and hence it took time before they designed and implemented the appropriate strategies to respond. Furthermore, the response plans could not be put fully into practice before the outbreak was recognised and officially declared. Lastly, the capacity of the regular team was overestimated and extra human resources were not deployed immediately, meaning the regular project team struggled with getting the outbreak response in gear.

The general coordination principle was to give the different actors the responsibility for their respective sectors of intervention in different zones. However, **coverage was unevenly distributed; one zone could have many, others none; gaps were not clearly identified and priorities not set.** For the WASH activities, for example, areas like Kindjandi, Gariwazam, and Toumour were well covered, while there were many gaps in villages like Assaga and Bosso, despite a high caseload. MSF's WASH activities did not include the building of latrines, mainly because other actors had committed to do so. However, reportedly due to funding restrictions, several NGOs did not fulfil their commitments and only a limited number of new latrines were constructed.

¹⁶ This section and the next also uses findings from the internal MSF response review, "Hepatitis E: A Preventable Maternal Death", prepared independently by Veronique de Clerck from W&V Pty Ltd Consulting, November 2016.

Also during this emergency response, there were cases of flag planting. NGOs were positioning themselves while waiting for funding, claimed to cover a whole sector while they in reality did not deliver complete packages, or did very inadequate distributions —like claiming to distribute "hygiene kits" while only distributing limited quantities of bars of soap.

As for the general response in Diffa, some actors also complained about lack of transparency and communication on the actions of the NGOs —it was sometimes hard to know the details of what an NGO really did.

After the initial slowness and coordination issues, however, the response did improve. Active case finding, quicker diagnosis, a medical protocol, cooperation with volunteers from the community, and the water and sanitation response by humanitarian organisations were some of the factors that contributed to a drop in new cases.

Lessons learned

In sum, the way the response to the outbreak developed demonstrates that after almost three years of a humanitarian crisis with crowded displacement sites and poor water and sanitation conditions, in an area prone to outbreaks of potentially fatal diseases, emergency preparedness for outbreak response was virtually non-existent.

The humanitarian system as a whole was not practically and structurally ready to launch a rapid and effective emergency response.

The humanitarian community recognises its response came late, but most actors consider the official declaration of the outbreak in mid-April as the start date. **Given the delay in declaring the outbreak, the response was in fact not one or two, but three to four months late.**

In addition to the delay, the gaps caused by weaknesses in coordination and the lack of implementation of announced WASH-projects, particularly the construction of new latrines, may have resulted in ongoing transmission.

For MSF, the delays in response depended first and foremost on a limited knowledge on HEV within MSF and in Niger, a lack of diagnostics in the field, a lack of qualified human resources, and delayed decisions to increase field support. Still, MSF was the main driver of the response in Diffa, and made important contributions through case management, water and sanitation activities, and community engagement.

At the time of the research for this report, it was not yet clear whether the humanitarian community in Diffa had learnt from the HEV outbreak response so that when a new emergency occurs, the collective response can be more timely and effective. In the next and last section, we will look ahead at potential upcoming challenges.

Looking ahead: 2018 and beyond

During the research period of the previous case study, the buzzword in the humanitarian community in Diffa was "resilience". This time around, in late 2017, the buzzword was "transition"

While in some areas it might be about time to take a longer-term view, in many others, the emergency is far from over

Strengthening emergency preparedness is of great importance, and should not be deprioritised

During the research period of the previous case study, the buzzword in the humanitarian community in Diffa was "resilience". This time around, in late 2017, the buzzword is "transition". The reason why almost all actors talk about a "transition" from a humanitarian response to development is due to a number of overlapping factors. From a contextual perspective, it naturally emerges from the combination of prolonged displacement and a seemingly less instable security situation in most areas where the displaced have settled. Conceptually, it is fed and guided by the dominant international policy trends around the humanitarian-development-nexus and the New Way of Working (NWoW), and politically it responds to a strong push from local authorities.

However, the definition of "transition" is far from uniform. Most focused on "transition" from a short-term humanitarian response to a more long-term development approach in the current displacement sites, while a few others talked more concretely about the needs for assistance if the displaced people would return to their villages of origin in the near future. Many focused on setting up more sustainable structures (shelter, water points, etc.), while some mentioned new areas of intervention (agriculture, for instance). Some actors emphasised that while transition-oriented projects such as cash distribution or income-generating activities might be suitable in some areas, they were not in others.

If the strong discourse on transition, recovery, and development materialises in more projects, local context analysis will be crucial to orient the activities. Donors, as well as coordinating and implementing actors must take the local differences in needs into consideration. While in some areas it might be about time to take a longer-term view, in many others, the emergency is far from over.

Furthermore, as discussed above, strengthening emergency preparedness is of great importance, and should not be deprioritised. New epidemic outbreaks might occur —neighbouring areas in Nigeria have seen a cholera outbreak, for example. New, sudden mass displacement situations cannot be ruled out. Even though the security situation in Diffa appears to have improved during the last few months, the broader context is still highly instable.

Beyond stocks and practical measures, a crucial part of emergency preparedness is related to the mindset and the ability to remain alert, identify rapid changes in needs and respond to them

Several actors involved in the response to the hepatitis E outbreak made similar warnings; "if we had done the same for a cholera outbreak, we would have been in real trouble". Many also raised concerns about the fact that the system had not learned from its mistakes. NGOs warned about a lack of sufficient emergency stock on the ground. Implementing NGOs said donors generally were not very interested in funding emergency preparation initiatives, and that it was administratively difficult to transfer stock or other resources from one project to another —either from emergency preparation to a regular project, or the other way around.

But beyond stocks and practical measures, a crucial part of emergency preparedness is related to the mindset and the ability to remain alert, identify rapid changes in needs and respond to them. In other words, it is about the ability to adjust activities to changing needs and to do so quickly.

The delay in identifying and responding to the hepatitis E outbreak was obviously influenced by a number of tangible, practical factors, but a lack of emergency mindset within key coordinating and implementing agencies —if not across the whole system— most likely played an important part.

Several actors raised issues related to mindset. One key respondent claimed the leading coordinators at Niamey level saw increased funding for the Diffa emergency mainly as an opportunity to do more of the same, while another said the system quickly fell into a routine. A Niamey-based respondent complained about a severe lack of analysis and proactivity, and pointed at a gap in the capacity to evaluate needs on the ground. Donors were also criticised for lacking humanitarian focus. Key European donor countries are considered to show little interest in the emergency response.

This deficit in emergency preparedness and response, combined with the disconnection between Diffa and Niamey offices for many key agencies, paints the picture of a rather detached and unclear humanitarian leadership in Niamey. Diffa is a micro reality in a country made up of very diverse humanitarian concerns, and the crisis competes for attention from the capital with other priorities such as the transversal issue of food insecurity and malnutrition affecting big parts of the country, and the situation at the migration hotspot of Agadez. To improve the emergency response capacity in Diffa, however, both practical and more underlying challenges like these need to be brought up and addressed.

The humanitarian community will need to hold a dual focus on long-term and short-term needs and not deprioritise emergency response and preparedness in an area that is still volatile

The transition may not be linear, and in a context where so much can still happen, the system needs to be able to adjust in both directions: towards development during periods of relative stability, but back to emergency response when acute peaks occur

Lastly, the humanitarian milieu in Niger will also be challenged as the UN system works to operationalise the global aid policies of the NWoW and the Humanitarian-Development Nexus. As of now, the understanding of the concepts is relatively loose. As one actor put it: "it is mainly a UN-driven discourse and push, which has trickled down to the NGOs" and it is not yet clear what the operational impact will be.

The implementation of the NWoW and the Humanitarian-Development Nexus may bring new challenges to the emergency response in Diffa and more broadly in Niger. To begin with, as more money for development projects starts flowing into Diffa, it will be a challenge for the humanitarian community to hold a dual focus on long-term and short-term needs and not to deprioritise emergency response and preparedness in an area that is still volatile. This will also further challenge the coordination mechanisms in Diffa, as collectively the different actors need to be able to address the different types of needs simultaneously. Having said that, this challenge is not new for the humanitarian sector, and tensions between development objectives and humanitarian ones were already palpable in the early phases of the Diffa crisis, particularly around issues such as the gratuity of services for displaced and highly vulnerable populations. Yet, this inherent tension might be even harder to manage if the collective focus does not take into account that the transition may not be linear, and that, in a context where so much can still happen, the system needs to be able to adjust in both directions: towards development during periods of relative stability, but back to emergency response when acute peaks occur.

In sum, with or without new emergencies —epidemic outbreaks or displacement—, the humanitarian system will continue to be tested, and needs to keep on improving to be able to deliver an efficient response in Diffa.

Conclusions

The humanitarian machine was missing an emergency gear during the first phases of the crisis in Diffa in 2015 and 2016, but most actors considered it to be running relatively smoothly by September 2017

There are still critical gaps, many of which result from disabling factors already identified as important during the first years

The system was not sufficiently prepared for emergency response in health and WASH, and key actors in these sectors were too slow in responding to the hepatitis E outbreak

The humanitarian machine was missing an emergency gear during the first phases of the crisis in Diffa in 2015 and 2016, but most actors considered it to be running relatively smoothly by September 2017. More actors had arrived, funding was generally seen as adequate, the geographical coverage had somewhat improved and coordination mechanisms were better organised. However, this improved overview might have as much to do with the fact that few drastic changes to the crisis situation gave the system time to mature and the individual actors time to settle, as with the humanitarian system really succeeding to self-correct an initial poor response.

The humanitarian system had better caught up with the needs, but was also responding to a more predictable situation. Despite some improvements, there has not been a significant shift in structural factors or in mindset. Some important adjustments have been made, which have had a positive impact, but time and the relative stability of a less acute emergency phase have also contributed to the improved response.

After almost three years of emergency response in Diffa, there are still critical gaps, many of which result from disabling factors already identified as important during the first years. Access to some areas are still limited, and humanitarian actors still need to ask themselves if they are doing enough to ensure a principled response that reaches the areas where the needs are the greatest. Coordination should also be critically examined: despite more regular workings of the coordination system in some sectors, others are still crippled by weak leadership; and regular theatre-like meetings do not lead to a more effective response on the ground.

Both in general and particularly during the hepatitis E outbreak, it is evident that many of the disabling factors and issues that were problematic during the first phases of the crisis were not resolved. The system was not sufficiently prepared for emergency response in health and WASH, and key actors in these sectors were too slow in responding to the hepatitis E outbreak. Competition between NGOs—both for resources and visibility, flag planting, and lack of transparency and communication between actors— hampered the response. Despite the presence of more specialised staff, there is still a certain lack of a clear emergency response mindset, particularly within coordinating agencies in Niamey. After almost three years, there is still a gap in emergency preparedness.

All humanitarian actors in Diffa should ask themselves to what extent they are prepared to respond to potential emergencies, and how they can ensure a principled response that addresses the most critical needs, wherever they are

The disablers identified both in 2016 and 2017 seem to be integral to the system, and should be confronted as such. The issue of competition and flag planting, for instance, cannot only be managed on an ad-hoc basis, but must be dealt with by all the different parts of the system involved: donors, coordinating bodies, and implementing organisations. Lastly, as many leading actors push for "transition" from different sides, the reactiveness of the humanitarian action in Diffa is likely to be further tested in the coming years. It will be of critical importance to ensure that the response is not mainly driven by conceptual thinking, but by practical action to meet the real needs on the ground.

Looking ahead, at least four key points needs to be focused on: practical emergency preparedness measures at Diffa level, such as ready-to-deploy emergency stocks; maintaining emergency preparedness while responding to longer-term needs, by ensuring that plans are context sensitive and incorporate response to acute situations; principled response to needs in areas where humanitarian access is still limited after many years of crisis; and coordinated and transparent efforts to address the harmful practices of over-statement of coverage and activities that undermine an effective response and distort the view of where the greatest needs are.

In short, all humanitarian actors in Diffa should ask themselves to what extent they are prepared to respond to potential emergencies, how they can ensure a principled response that addresses the most critical needs, wherever they are, and how the actors together can overcome the disablers that seem so inherent to the system.

Appendix

Organisations/authorities interviewed

	Niamey	Diffa
Government	<ul style="list-style-type: none"> Ministry of Humanitarian Affairs Ministry of Health 	<ul style="list-style-type: none"> Governor's office Office of the Ministry of Humanitarian Affairs Regional Directorate of Hydraulics (Directeur régional d'hydraulique) Regional Directorate of Public Health (Directeur régional de la santé publique) District Public Health office
UN agencies	<ul style="list-style-type: none"> UN Office for Coordination of Humanitarian Affairs (OCHA) UN High Commissioner for Refugees (UNCHR) United Nations Children's Fund (UNICEF) World Food Programme (WFP) World Health Organisation (WHO) 	<ul style="list-style-type: none"> OCHA UNHCR UNICEF WFP WHO International Organization for Migration (IOM)
INGOs	<ul style="list-style-type: none"> Action Contre la Faim (ACF) Agency for Technical Cooperation and Development (ACTED) Danish Refugee Council (DRC) International Rescue Committee (IRC) Save the Children (SFC) 	<ul style="list-style-type: none"> Agency for Technical Cooperation and Development (ACTED) DRC IRC Oxfam Save the Children
Red Cross	<ul style="list-style-type: none"> International Committee of the Red Cross (ICRC) 	<ul style="list-style-type: none"> ICRC
National NGOs		<ul style="list-style-type: none"> Karkara Agence Pour le Bien-Être (APBE)
Donors	<ul style="list-style-type: none"> Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) European Union (EU) Delegation 	
MSF	<ul style="list-style-type: none"> MSF Operational Centre Geneva MSF Operational Centre Paris MSF Operational Centre Barcelona 	<ul style="list-style-type: none"> MSF Operational Centre Paris MSF Operational Centre Barcelona

