



**INTERNATIONAL RESCUE COMMITTEE**

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**FINAL REPORT**

**Reducing vulnerability and building resilience for Nigeriens affected by reoccurring food and nutrition crises**

**(CONTRACT NO: AID-OFDA-G-14-00089)**

**FINAL REPORT**

**PRESENTED TO:**

**THE USAID OFFICE OF FOREIGN  
DISASTER ASSISTANCE**

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## **I. Executive Summary**

<b>PROGRAM TITLE:</b>	Reducing vulnerability and building resilience for Nigeriens affected by reoccurring food and nutrition crises
<b>PROJECT NO:</b>	AID-OFDA-G-14-00089
<b>AGENCY:</b>	International Rescue Committee (IRC)
<b>COUNTRY:</b>	Niger
<b>REPORTING PERIOD:</b>	June 1, 2014 – May 31, 2015
<b>GOAL:</b>	Ensure a contextually appropriate and integrated response and early recovery of the most vulnerable households affected by the food and nutrition crises to save lives, enhance self-reliance, and assist them to thrive in the face of adversity in Filingué district, Niger.
<b>OBJECTIVES:</b>	<ol style="list-style-type: none"><li>1. Improved access to and quality of free services for severe acute malnutrition in children under five, with active community involvement in the fight against malnutrition;</li><li>2. Disease outbreak risks are reduced and community awareness on hygiene is raised to improve rates of malnutrition;</li><li>3. Livelihoods of vulnerable households are restored to improve their ability to cope with food crises and malnutrition.</li></ol>
<b>BENEFICIARIES:</b>	Total targeted: 33,176 Nutrition: 24,170 WASH: 16,985 Economic Recovery and Market Systems: 9,000 IDP beneficiaries: 0 Total Indirect Beneficiaries: 588,476
<b>LOCATION:</b>	Tillabéri, Niger
<b>DURATION:</b>	12 months (June 1, 2014 – May 31, 2015)

## **I. SUMMARY OF ACTIVITIES:**

### **NUTRITION**

Over the lifetime of the project, the IRC established 50 outpatient treatment programs (OTP) within Filingué health district, treating 12,546 children from 0-59 months for severe acute malnutrition (SAM), 6,979 of which were female and 5,567 were male. The IRC provided all centers with necessary equipment (including shelves, tables, chairs, benches, mats, basins, containers, cups, carafes, barrel taps and scales) and supplies (including folders, pens and registration kits) for the proper management of malnutrition.

Through behavior change communication (BCC) interventions on Infant and Young Child Feeding (IYCF) and WASH practices, the IRC reached 12,916 people (11,337 women, and 1,579 men; 3,241 of which were 15-49 years, and 303 were 50-60 years). The target for this indicator was not reached due to the delays incurred at the beginning of the project.

The IRC trained 600 Community Health Workers (CHWs) during monthly meetings and follow-up visits. These CHWs then organized awareness campaigns on IYCF and WASH practices for the population, while also producing radio broadcasts.



*Awareness session on in Maikogo*

Before each cash transfer distribution, beneficiaries, community members, local authorities, and religious leaders who were present to monitor the cash distribution process participated in sensitization sessions focused on WASH and breastfeeding practices. The CHWs also held community sensitizations aimed at reaching all community members.

The Ministry of Health (MoH) held two training sessions for 29 project staff using the IRC's curriculum and under the supervision of the IRC IYCF expert, on IYCF Feeding (IYCF) practices.



The IRC distributed BCC tools for IYCF to all health facilities in the targeted villages. The health workers at these facilities were thus able to sensitize all caretakers bringing their children in for treatment of Severe Acute Malnutrition (SAM). Costs related to the training sessions were higher than anticipated, and the IRC had to reduce the target number of health workers trained from 104 to 84.

The IRC nutrition team carried out a Knowledge, Attitudes and Practices (KAP) survey in March 2015. The global result of this survey showed the following: 33.3% of infants 0<6 months of age are exclusively breastfed and 20.9% of children 6-<24 months of age received foods daily from 4 or more food groups (to achieve minimum dietary diversity).

## **WASH**

The IRC conducted sensitizations on hand washing at OTPs and prior to cash distribution activities, reaching 13,470 people, thus targeting the caretakers of children with SAM. The IRC established water and hygiene committees and appointed focal points to each to ensure the cleaning and maintenance of latrines. The IRC WASH team maintained the regular delivery of soap to 40 health centers within the Filingué Health District. The IRC also constructed 8 latrine blocks with 2 latrines per block in 8 health centers. These latrines include separate stalls for men and women along with hand washing stations.



*Latrines blocks in Dan Marké health center*



*Health facilities with soap and water at the hand washing stations*

## **ECONOMIC RECOVERY AND MARKET SYSTEMS**

At the beginning of the project, the IRC conducted a rapid assessment of the feasibility of cash transfers, vouchers and VSLA activities in Balleyara, Filingué and Abala departments, to ensure the efficient and effective implementation of project activities. The IRC consulted key informants including local authorities, government technical departments, INGOs and people from the targeted villages. In each village, the IRC gathered baseline information on, malnutrition levels; degree of vulnerability related to agricultural production and climate change; risks related to cash transfer, voucher and VSLA activities; functionality of local markets; water availability and fertile farmland; availability of seed suppliers and agricultural machinery; and current interventions implemented by the government and other humanitarian and development actors. Using this information, the IRC team selected 16 villages for the implementation of project activities, including, eight villages for livelihoods restoration activities, five for agricultural production improvement activities, and 16 for microfinance activities (some selected villages took part in more than one activity). Following the selection of villages, the IRC used vulnerability criteria using the household economy analysis (HEA) detailed below to identify beneficiaries, targeting the most vulnerable women with children under 5 in the very poor category. The IRC selected 1,000 women, including 500 for cash transfer assistance and 500 for improvement of agricultural production activity.

Those beneficiaries selected for cash transfer assistance included 500 very poor women with children under 5 years old and were determined using the HEA approach, which divided the population into four categories of socio-economic groups of households: very poor, poor, average and wealthy. These categories were defined by the community members, reflecting local perspectives on wealth and quantification of livelihoods. The microfinance institution, ASUSU SA, and IRC's sub-awardee, distributed three cash transfers (\$195 in total) to the 500 beneficiaries. Two cash transfers of the same amount were distributed with funding from a complementary project to the same group before the IRC's distribution through ASUSU.



*Recipient of cash distribution in  
Banikossey, Filingue*

During the implementation period, two post distribution monitoring (PDM) surveys were carried out with a random sample of 155 beneficiaries of the cash transfers. The first one took place in December 2014 and the second in April 2015. Key results of the PDM showed that:

- a) 97% of respondents were satisfied with the distribution process, sensitization sessions and period of distribution;
- b) 84% of respondents estimated that the amount (\$65) was acceptable to meet their household's needs, while 16% of households estimated that the \$65 could be increased;
- c) 97% of children under 5 years old received at least 3 meals per day after the distribution of cash, compared to 63% before the distribution;
- d) 29% of households were able to save an average of \$3 per household;
- e) 48% of cash recipients responded that they decided how the money would be spent while 41% said that the spending decisions were made by both the recipient (all recipients were female) and her husband. 11% reported that their husbands made the spending decisions without consulting them.

The IRC supported the establishment of 30 Village Savings and Loan Associations (VSLA), which included 873 women participants in 14 targeted villages. All members voluntarily self-selected after attending informational and awareness sessions with community leaders and members on VSLA, which took place in each village. After this process, each VSLA group received a toolkit containing, notebooks, records, pen, rulers, ink and ink pads, calculators and cash registers, to start their activities. In December 2014, the IRC trained 30 community members in the VSLA training curriculum to be group facilitators. All groups organized regular weekly savings meetings and the loan process started in January 2015. At the end of the project, 28 VSLAs were functioning according to their internal rules. Two groups decided to temporarily disband and split the savings among their members because the majority of these members planned to leave the village during the lean season (June to September) to grow crops in family farms away from their VSLA group's village. The



*VSLA meeting in Kochilang Tourarag*

members of these 2 VSLA groups stated that they will restart their activities when they return in the village. 30 women established a new spontaneous VSLA group and received support from IRC, including the toolkit to start their activities and follow-up visits for the monitoring.

To improve the data management of VSLA activities, IRC Niger has started a Mobile Monitoring Initiative (MMI) for the VSLAs. Eleven program staff were trained to use mobile phone applications and received a smart phone to collect VSLA data during each follow-up visit. Compiled data from May 2015 showed a total amount of savings of \$12,393 with 319 loans (\$4,447 in total) taken-out by members to establish or reinforce their own income generating activities including feeding livestock, and selling doughnuts and cooking condiments.

### **AGRICULTURE AND FOOD SECURITY**

In addition to those selected for cash transfer activities, 500 very poor women with children under 5 years were identified in the five targeted villages to receive support through agricultural activities. To increase food production and consumption in their household, these 500 women were provided with seeds and agricultural tools through vouchers. Each beneficiary received vouchers for seeds (carrot, eggplant, cabbage, pepper, and tomato) and agricultural tools (watering can, rake, and hoe) to increase the food production and consumption of their household. The vouchers were redeemed during a fair organized in each village in collaboration with a wholesaler selected after a call for tender process. Staff from the Ministry of Agriculture of Niger conducted two agricultural training sessions to groups of 25 to 30 women during the project period from November 27, 2014 to December 7, 2014 and from May 15-19, 2015. After the first training, 328 out of 432 women demonstrated improved knowledge of appropriate crop procedures e.g. technical aspects of production, post-harvest management and crop improvement approaches. The second training focused on cooking and conservation of Moringa. During the post-training assessment, 479 out of 500 beneficiaries demonstrated new knowledge in the production and conservation of Moringa. All 500 women who participated in the training received Moringa seeds after this training.



*Distribution of agricultural materials  
in KochilangTouareg, Filingue*

To improve the food production, the IRC established five agricultural plots (cultivable land of 0.5 hectares, one in each village targeted for this activity), each with adequate water points and protected by fences. This land has access to water, and each village received two pumps to facilitate the collection of water. In collaboration with the Ministry of Agriculture, the IRC provided technical support to beneficiaries on agricultural activities during weekly follow-up visits and monthly post-training monitoring meetings completed in each village to assess the progress of crops and to reinforce some aspects of the training.



*Follow up visit in Eggrou during the  
establishment of a nursery for  
seedlings*

## II. Indicator Tracking Table

Sector: NUTRITION				
Sub-sector: Management of Severe Acute Malnutrition (SAM)				
Indicator	Baseline	Target (by end of project)	Achieved	Comments
Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and by age	60 health workers; 400 Community Health Workers (CHW) trained in the prevention and management of SAM	104 additional health workers and 600 additional Community Health Workers trained in the prevention and management of SAM	84 additional health workers (42 female and 42 male) and 600 additional CHWs (128 female and 472 male) trained in the prevention and management of SAM	Capital costs related to training were higher than anticipated, and the IRC had to reduce the target number of health workers trained
Number of sites established/rehabilitated for outpatient care	30 sites (health posts) established/ rehabilitated for outpatient care	49 sites established/ rehabilitated for outpatient care	50 sites established/ rehabilitated for outpatient care	One additional health center was created by MoH during the lifetime of the project. IRC supported the establishment of outpatient care in this new HC.
Number of beneficiaries treated for SAM, by sex and by age	14,147 treated for SAM, 6,932 female (49%) and 7,215 male (51%), age 0-59 months	7,185 additional treated for SAM, 3,521 female (49%) and 3,664 male (51%), age 0-59 months	12,546 additional treated for SAM, 6,979 female (56%) and 5,567 male (44%), age 0-59 months	Since this activity was new the target was set at 50% of the health centers' baseline, but given that the IRC added all health centers (39) and health posts (10) ended up, the number reached was more than anticipated.
Rates of admission, default, death, cure, relapse, non-response/transfer and length of stay	31.8% or more children found to be severely malnourished admitted to OTPs; default rate of 7%; death rate of 0.21%; cure rate of 91%; relapse rate not available; nonresponse-transfer not available; length of stay of 5 weeks; coverage rate of 31.8% children with SAM	50% or more children found to be severely malnourished admitted to OTPs; default rate of 15% or less; death rate of less than 10% (SC) 5% (OTP); cure rate of 75% or above; relapse rate of 5%; nonresponse-transfer rate of 0%; length of stay less than 6 weeks; coverage rate of 50% (in rural areas as outlined in Sphere)	28.7% of children found to be severely malnourished admitted to OTPs available by end of project; default rate of 3.50%; death rate of 0.22% (SC) 3.77% (OTP); cure rate of 93.86%; relapse rate of 8.91%; non response-transfer rate of 1.09%; length of stay 5,15 weeks; coverage rate of 28.7%	Please see the Challenges section for further detail on establishing and attaining the target.

<b>Sub-sector: Infant and Young Child Feeding and Behavior Change</b>				
<b>Indicator</b>	<b>Baseline</b>	<b>Target (by end of project)</b>	<b>Achieved</b>	<b>Comments</b>
Number and percentage of infants 0-<6 months of age who are exclusively breastfed	Data not available	40% of infants 0-<6 months of age are exclusively breastfed	33.3% of infants 0-<6 months of age are exclusively breastfed	Since the baseline was not available, the target was not set rigorously
Number and percentage of children 6-<24 months of age who receive foods daily from 4 or more food groups (to achieve minimum dietary diversity)	Data not available	30% of children 6-<24 months of age who receive foods daily from 4 or more food groups (to achieve minimum dietary diversity)	20.9% of children 6-<24 months of age who receive foods daily from 4 or more food groups (to achieve minimum dietary diversity)	Since the baseline was not available, the target was not set rigorously
Number of people receiving behavior change interventions, by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years)	0 people receiving behavior change interventions	16,887 people receiving behavior change interventions, by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years)	12,916 people receiving behavior change interventions, by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years)	Since the baseline was not available, the target was not set rigorously.
<b>Sector: WATER, SANITATION, AND HYGIENE (WASH)</b>				
<b>Sub-sector: Hygiene Promotion</b>				
<b>Indicator</b>	<b>Baseline</b>	<b>Target(by end of project)</b>	<b>Achieved</b>	<b>Comments</b>
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	0 people receiving direct hygiene promotion	16,887 people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	13,470 people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	Since the baseline was not available, the target was not set rigorously.
Number water and hygiene committees active within three to six months after reactivation/creation	0 water and hygiene committees active	49 water and hygiene committees active within three to six months after reactivation/creation	49 water and hygiene committees active within three to six months after reactivation/creation	

Number and proportion of health facilities with soap and water at the hand washing stations	7 (18%) of health facilities have soap and water at hand washing stations	35 (90%) of health facilities have soap and water at the hand washing stations	40 (100%) health facilities have soap and water at the hand washing stations	One additional health center was created during the lifetime of the project and the funding available was enough to account for all the health centers.
<b>Sub-sector: Sanitation Infrastructure</b>				
<b>Indicator</b>	<b>Baseline</b>	<b>Target (by end of project)</b>	<b>Achieved</b>	<b>Comments</b>
Number of people directly benefitting from this sanitation infrastructure program	0 people directly benefitting from this sanitation infrastructure program	24,170 people directly benefitting from this sanitation infrastructure program	31,854 people directly benefitting from this sanitation infrastructure program	Because the baseline date was not available for this indicator at the beginning of the project, the target was not appropriately set.
Number of hand washing facilities present within the target population	38 hand washing facilities are present within the target population	39 hand washing facilities are present within the target population	40 hand washing facilities are present within the target population	This is due to the new health center that was created during the lifetime of the project
Number and proportion of health facility latrines completed and clean	No data available	39 (100%) of health facility latrines are completed and clean	39 (100%) of health facility latrines are completed and clean	
<b>Sector: ECONOMIC RECOVERY AND MARKET SYSTEMS</b>				
<b>Sub-sector: Livelihoods Restoration</b>				
<b>Indicator</b>	<b>Baseline</b>	<b>Target (by end of project)</b>	<b>Achieved</b>	<b>Comments</b>
Number of people assisted through livelihood restoration activities, disaggregated by sex	0 people assisted through livelihood restoration activities	500 women assisted through livelihood restoration activities	500 women assisted through livelihood restoration activities	
Percent of beneficiaries reporting their livelihoods restored within three to six months after receiving support	0 beneficiaries reporting their livelihoods restored within three to six months after receiving support	85% of beneficiaries reporting their livelihoods restored within three to six months after receiving support	97% of beneficiaries reporting their livelihoods restored within three to six months after receiving support	
Total USD amount channeled into the program area through sub-sector activities	0 USD channeled into the program area through sub-sector activities	\$111,000 USD amount channeled into the program area through sub-sector activities	\$102,375 USD amount channeled into the program area through sub-sector activities	The difference is due to the fact that a \$210 cash transfer was planned by beneficiary but actually only \$195 was

				distributed. In addition, the planned MFI of \$6,000 was not totally disbursed since the selected MFI requested \$5,250 in its proposal.
<b>Indicator</b>				
<b>Indicator</b>	<b>Baseline</b>	<b>Target (by end of project)</b>	<b>Achieved</b>	<b>Comments</b>
Number of people, disaggregated by sex, or MSEs newly receiving financial services or continuing to receive financial services due to USAID/OFDA support	0 people or MSEs newly receiving financial services or continuing to receive financial services due to USAID/OFDA support	500 women newly receiving financial services or continuing to receive financial services due to USAID/OFDA support	917 women newly receiving financial services or continuing to receive financial services due to USAID/OFDA support	This figure includes the 874 women from the Q3 report, the women from the 2 disbanded groups and the ones from the new spontaneous group established and supported during Q4.
Percentage of financial service accounts/groups supported by USAID/OFDA that are functioning properly	0% financial service accounts/groups supported by USAID/OFDA that are functioning properly	90% of financial service accounts/groups supported by USAID/OFDA that are functioning properly	97.7% of financial service accounts/groups supported by USAID/OFDA that are functioning properly	
Total USD amount channeled into the program area through sub-sector activities	0 USD channeled into the program area through sub-sector activities	\$0 USD amount channeled into the program area through sub-sector activities	\$0 USD amount channeled into the program area through sub-sector activities	
<b>Sector: AGRICULTURE AND FOOD SECURITY</b>				
<b>Sub-sector: Improving Agricultural Production/Food Security</b>				
<b>Indicator</b>	<b>Baseline</b>	<b>Target (by end of project)</b>	<b>Achieved</b>	<b>Comments</b>
Projected increase in number of months of food self-sufficiency due to distributed seed systems/agricultural input for beneficiary households	0 increased months of food self-sufficiency prior to distributed seed systems/agricultural input for beneficiary households	2 increased months of food self-sufficiency due to distributed seed systems/agricultural input for beneficiary households	4 increased months of food self-sufficiency due to distributed seed systems/agricultural input for beneficiary households	
Number of people benefiting from seed systems/agricultural input activities, disaggregated by sex	0 people benefiting from seed systems/agricultural input activities	500 women benefit from seed systems/agricultural input activities	500 women benefited from seed systems/agricultural input activities	

<p>Number and percentage of beneficiaries demonstrating knowledge of appropriate crop protection procedures</p>	<p>Data not available</p>	<p>400 (80%) of beneficiaries demonstrate knowledge of appropriate crop protection procedures</p>	<p>404 (85%) of beneficiaries demonstrated knowledge of appropriate crop protection procedures</p>	<p>The IRC conducted two trainings, one on general crop protection procedures and one on moringa that included a moringa specific protection component. The resulting achievement figure represents the average of those who demonstrated knowledge after the two trainings.</p>
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### **III. Constraints, Challenges and Lessons Learned**

#### **NUTRITION**

Underperformance for the indicator: Number of people receiving behavior change interventions, by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years) can be related the delays incurred at the outset of project implementation. Behavior change communication activities were initially delayed because Ministry of Health staff were not available to train the community health workers and community volunteers. As a result of this delay, the IRC was not able to reach the projected total number of beneficiaries.

For many of the indicators, the IRC was not able to establish a baseline, which affected evaluation of results. In some cases, the IRC established unrealistic targets due to a lack of reliable information. For the current OFDA grant period, the IRC has already conducted baseline measurements and established realistic targets.

The IRC utilized two methodologies to measure coverage for the indicator: *rates of admission, default, death, cure, relapse, non-response/transfer and length of stay*. Initially, the IRC used the SQUEAC methodology to establish the baseline of 31.8%. A SLEAC survey was then conducted in December 2014, with the support of The Coverage Monitoring Network (CMN). It covered the four departments of two health districts, including Filingué health district, and estimated the coverage rate in Filingué at 28.7% (95% CI: 22.2%-35.2%). This would indicate no improvement in the coverage rate since confidence intervals overlap from project start to December 2014. However, the inputs used to calculate these rates are different for each methodology. The SLEAC survey measured two districts and required a smaller sample size, whereas the SQUEAC survey required a larger sample size. SLEAC is a more rapid assessment, in that it does not collect the level of qualitative data that is collected for the SQUEAC methodology, which includes data around the barriers to coverage. The takeaway from this assessment is that there are real barriers to improving the coverage rates.

Regardless of the slight difference between these methods, the information available as of December shows that the IRC had not made progress on improving the coverage rate. The main barriers to achieving the target coverage rate of 50%, are the long distances to get to health centers, the health status of the caretakers who must bring children with SAM, conflicting priority activities of caretakers at home, lack of awareness about malnutrition and lack of knowledge about services available. The IRC has started taking steps to mediate these barriers, and will focus on overcoming them during the next grant period. The IRC will conduct a second SLEAC survey in August 2015, which will allow for a greater appreciation and interpretation of the real time progress made on this indicator.

#### **ECONOMIC RECOVERY AND MARKET SYSTEMS**

Before the first distribution of cash transfers, beneficiaries participated in sensitization sessions focused on WASH practices the same day as cash distributions. The first post distribution survey showed that having these on the same day led to beneficiaries being more interested in the money than the actual messages. To avoid this issue, the IRC decided instead to conduct these sensitization activities the days preceding the distribution.

A challenge noted during the implementation of VSLA activities was the inability to include interest rates, which are not allowed under Islamic law. While the IRC facilitated the VSLA establishment process, it was not prescriptive in the set-up of the internal rules for the individual groups. This allowed the members to develop their own solutions to the issue of interest rates. Most VSLAs decided to deal with it by institutionalizing a social fund to support members during shocks, thereby building their communal resilience rather than implementing a required interest rate. Low literacy levels were another challenge tackled by groups, wherein they introduced 'manual' record keeping, i.e. through the use of stones or sticks, which allowed them to keep track of their investments without relying on written records and ensuring transparency of tracking for all members. Designated members later transcribe these 'manual' records to keep a log.