Niger 2005
Disaster
A Not-so-Natural
The Charter of Medicins Sans Frontières

The Charter of Medicins Sans Frontières, also known as MSF, is a private international association. The association was founded in 1971 and operates in over 70 countries, providing medical aid and services to those in need worldwide. The charter outlines the principles and responsibilities of MSF, including a commitment to neutrality, independence, and impartiality. It also emphasizes the association's dedication to respecting the human rights of all individuals, regardless of their race, religion, or political affiliation. The charter is designed to guide MSF's actions and ensure that its activities are carried out in accordance with international law and ethical standards.
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IRM
IMF
HKI
GEWS
FEWS-NE
FAO
ECHO

DNRCI
DHS
CWC
CISS
CSA
CDC
CCAA
AFD
ACF

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Making Children Live
Part III
Introduction

Bernard Ross

The Paradox of Chronic Aid
The paradox of chronic aid

A NOT-SO-NATURAL DISASTER. NOPE. 2009
THE PARADOX OF CHRONIC AD

The paradox of chronic AD is that children who have chronic diseases are more likely to be hospitalized, yet chronic diseases are associated with increased hospitalization rates. This paradox highlights the complexity of managing chronic illness and the need for more effective strategies to prevent hospitalization.

In response to this paradox, a new model of care called "chronic care management" has been developed. This model emphasizes the importance of communication and collaboration between healthcare providers, families, and community support systems. By addressing the underlying factors that contribute to hospitalization, chronic care management aims to improve outcomes and reduce costs associated with chronic illness.

CHRONIC CARE MANAGEMENT

Chronic care management involves a multidisciplinary approach that includes nurses, physicians, social workers, and other healthcare professionals. The goal of chronic care management is to identify and address the needs of individuals with chronic illness, including psychological, social, and economic factors. By managing these factors, chronic care management helps to prevent hospitalization and improve quality of life for individuals with chronic illness.

The success of chronic care management depends on effective communication and collaboration among healthcare providers and community support systems. By working together, these stakeholders can develop strategies to prevent hospitalization and improve outcomes for individuals with chronic illness.

In conclusion, the paradox of chronic AD highlights the complexity of managing chronic illness. By addressing the underlying factors that contribute to hospitalization, chronic care management offers a promising approach to improve outcomes and reduce costs associated with chronic illness.
stimulus for such change was exogenous, it is difficult to predict whether new rationales of child nutrition and care were actually appropriated by Niger's state and Nigérien people and, if so, whether the change will be long-lasting.

In 2005, the debate hinged upon identifying the appropriate label for the "crisis". In an interview with the BBC on 9 August 2005, President Tandja denied that Niger was experiencing famine and suggested that the idea of a famine was being exploited for political and economic gain by opposition parties and aid organizations. In a follow-up comment: a WFP spokesman, Greg Barrow, told the BBC "we have not spoken about famine but about pockets of severe malnutrition." The Niger President's statement and the debate that followed it constitute negotiations over how Niger's problems should be interpreted. The famine label is not neutral. How a "crisis" is interpreted determines how it should be acted upon. Whether a situation is or is not characterized as "famine" influences how much money can be spent, where and how it should be spent, and who should administer relief funds and operations. The plight of poor people of Niger hardly makes it to the news, unless, as in 2005, it can get there under the "famine" label. This raises the question of whether Niger's problems could receive international attention in the absence of high media-shock potential and strategic relevance for donor countries.

Famines lend themselves to political manipulation. Because they appeal to important humanitarian values, they can be used instrumentally by politicians and the media. In Niger's history, famines have worked as a destabilizing factor in presidential careers, and the recurrence of presidential elections in November 2004 prevented the disclosure of early crisis indicators by Nigérien sources (Jézéquel, 2005: p. 33). When, by the spring of 2005, the international media publicized the situation, the diffusion of pictures of undernourished children set off reactions that escaped the control of the institutions directly involved. Images of famine precipitate a chain of associations in international public opinion that have consequences of their own. Reports on the 2005 crisis recognized the media as new powerful actors in shaping public representations of Sahelian crises, adding a new level of complexity to their management (IRAM, 2006: p. 62; WFP, 2006: p. 15; AFD, 2006: p. 5).

While the media tended to characterize the situation as a "famine", the word "crisis" was retained in expert reports and policy documents, pointing to the disorientation of aid institutions confronted with problems that did not conform easily with existing policy discourses. Expost assessments explained this confusion, reflected in prolonged debate and hesitation to identify a course of action, as due to the exceptional nature of the 2005 crisis:

The 2005 food crisis differed, in its nature and evolution, from the other crises that have affected Niger heretofore, which were essentially "supply crises". [...] The [2005] crisis did not follow the "typical" structure (le schéma "habituel") of falling cereal production due to external shocks, which is the scenario monitored by the SAP; thus, the proportions it would assume were not "announced" in advance. (IRAM, 2006: p. 1, my translation)

But the 2005 "crisis" only appears exceptional and unusual from the perspective of aid organizations preoccupied with fitting it into existing rationales and their own institutional mandates. Even though Niger has, in the past, experienced famines largely due to discrepancies between food supply and demand, it has been widely acknowledged, at least since the publication of Amsatya Sen's Poverty and Famine in 1981, that a decline in food availability is not the only indicator of a crisis. Even shifting the focus from "food supply" to "food availability" is not sufficient, on its own, to understand the 2005 crisis and work to prevent its recurrence. The focus on food should be replaced with a focus on livelihoods, health, and the political accountability of various (national and international) aid structures to those Nigériens who experience the crisis in practice. To be sure, this view informed the understanding of most consultants, who produced rich and insightful reports on every aspect of the crisis. But it was overshadowed by the debate between partisans of "development" or "emergency" solutions.

"The paradox of chronic emergency"

The "paradox of chronic emergency" is not an appropriate characterization of Niger's situation, which is not paradoxical, but can be explained by an analysis of the multiple problems confronting different sectors of Nigérien society. Olivier de Sardan suggests rightly that the "paradox of chronic emergency" and the ensuing debate between the humanitarian and development approaches shed light on the functioning of the aid apparatus more than on the phenomena they purport to explain: "We know very well that: many international organizations (and MSF in particular) built their identity in this


2 "Starvation is the characteristic of some people not having enough food to eat. It is not the characteristic of others not being enough food to eat." (Sen, 1981: p. 1).
THE PARADOX OF CHRONIC AD

A NOT SO NATURAL DISASTER. NIGER 2009

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The paradox of chronic aid

A NOT SO NATURAL DISASTER, NIGERIA 2006

The paradox of chronic aid, as it is often perceived, is that the provision of aid is often limited to short-term disaster responses, rather than being a comprehensive and sustainable approach to development. This paradox is often highlighted in conflict zones, where aid is seen as a means to stabilize situations rather than to address the root causes of conflict.

The paradox is also evident in long-term aid programs, where aid is often seen as a way to maintain political alliances rather than to promote sustainable development. This paradox is often highlighted in post-conflict settings, where aid is seen as a way to stabilize communities rather than to promote long-term development.

The paradox of chronic aid is a result of the interplay between aid donors, aid recipients, and the international community. Aid donors are often driven by political and economic interests, while aid recipients are often driven by the need to maintain political stability. The international community is often driven by the need to maintain stability and prevent conflict.

The paradox of chronic aid is a complex issue, and it requires a comprehensive approach to development that addresses both short-term and long-term needs. This approach needs to be driven by the needs of the people, rather than by the interests of aid donors or the international community.
The paradox of chronic aid

Producers' efforts to make the goods they produce more accessible to the poor can backfire. By lowering the price of goods, producers often reduce the profitability of the intervention, making it less sustainable. This can lead to a decrease in the quality of the goods or services, which in turn can reduce the impact of the intervention on poverty reduction. This is a classic example of the concept of the 'paradox of aid'.

The paradox occurs because the very act of providing aid can undermine the sustainability of the intervention. For example, if a government provides subsidies to farmers, it may reduce the cost of the products they sell, but it may also reduce the incentive for farmers to invest in improving their productivity, leading to a decline in the quality of the products. Similarly, if a NGO provides free health care, it may increase demand for services, but it may also reduce the incentive for individuals to seek out more affordable options, leading to a decline in the quality of care.

The paradox of chronic aid is a reminder that interventions need to be carefully designed and implemented to ensure that they are sustainable. It also highlights the importance of considering the broader economic and social context in which aid interventions are made.

The paradox of chronic aid is a complex phenomenon that requires careful consideration in the design and implementation of aid interventions.
A NOT-So-NATURAL DISASTER, NIPPER 2005

The paradox of chronic aid:

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red and economic means to choose how to live poverty—and anti—poverty
and the New York City Information Technology Initiative. Nevertheless,
its will be decided by the activities of human systems and poverty.

Can any person make the difference of underdeveloped countries and their
poverty? One of the major questions of the 21st century is how to
reduce poverty and improve the quality of life in poor countries. In
this book, we discuss the role of technology in the fight against
poverty and explore the potential of information and communication
technologies to reduce poverty and empower people in poor countries.

The paradox of chronic aid

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THE PARADOX OF CHRONIC AID

A NOT SO NATURAL DISASTER: NIGER 2005

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The Crisis: Southern Nigeria: A Link with De-Feminization of Agriculture in the Crisis:

Mariam Diah and Marie Mbonam

A NOT-SO NATURAL DISASTER: NIGER 2005

The chapter is based on a study conducted for IIEP in June 2006. The report of this study is available in French.


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