



World Vision®



## Executive Summary of Ending The Everyday Emergency: Resilience and children in the Sahel

More than 18 million people are currently struggling through a crisis in the Sahel region of West Africa. The overarching driver of this crisis is not drought, nor a food deficit. The most vulnerable families are in crisis because they have no protection against shocks like grain prices doubling. This is the “resilience deficit”\*, rooted in structural causes, neglected for too long, and exacerbated by exceptionally high food prices.

Current estimates suggest that over one million children will face severe and life-threatening malnutrition during this crisis. Even in a “non-crisis” year, an estimated 645,000 children die in the Sahel of largely preventable and treatable causes, with 226,000 of these deaths being directly linked to malnutrition. Acute malnutrition affects 10%-14% of children in Senegal, Mali, Mauritania, Niger and Burkina Faso, and more than 15% of children in Chad. These rates demonstrate that traditional development policies are failing to save children in the Sahel from a permanent, large-scale nutrition crisis.

This report, a joint initiative by Save the Children and World Vision, aims to assess progress, lessons learned, and challenges in promoting “resilience” in the Sahel, with a particular focus on the well-being of children. The study demonstrates the need for a massive response by governments and partners in order to tackle child malnutrition – chronic and acute, together. It offers evidence-based, tangible recommendations for a comprehensive, child-focused approach to resilience in the Sahel.

People’s access to food at prices they can afford, and their capacity to absorb or adapt to new shocks have been severely undermined by the Sahel crises in 2005, 2008 and 2010. The vast majority of the most vulnerable households in the region have had neither the time, nor the necessary support, to get out of debt, or restore their normal means of making a living.

In the Sahel, shocks like drought often push a chronic livelihood and nutrition crisis into an acute crisis. The structural factors beneath both the chronic and the acute are often overlooked. These include: inadequate support for small scale agriculture; low levels of education; lack of access to basic health services; poor governance; and declining per-capita food production. Chronic child malnutrition itself is not only a consequence of the “resilience deficit”, but also undermines resilience. These elements have combined with less recovery time between crises, so that even moderate shocks have major impacts on the most vulnerable members of the population. The result is persistent and appallingly high levels of chronic and acute child malnutrition.

Whilst there is strong consensus for action among all actors – governments, communities, donors, and aid agencies – to better integrate humanitarian and development efforts to “strengthen resilience” and break the hunger cycle, progress is still very limited. Actors differ in the dimension of resilience they focus on, the people and geographic areas they target, and their favoured solutions, creating a critical lack of comprehensive, coherent leadership and agreement around resilience. Currently, the approach to resilience in the Sahel is highly fragmented, dysfunctional and ineffective.

---

\*There are many different definitions of resilience, but all agree it has to do with the capacity to resist, recover from, or adapt to shocks

A systemic, collective approach by institutions of government, the UN, donors, international NGOs and civil society work is needed to bring about significant institutional changes within and between organisations. The challenge is reaching agreement about what the 'system' for achieving resilience is, who is in it, what each actor's role is, and what the system is supposed to do and how to do it.

The current development approach is mostly based on a supply-driven approach to hunger reduction that concentrates on expanding agricultural production, assuming this will eventually lead to reduced food prices and improved nutrition. The current Sahel crisis highlights the major limitations of only adopting a supply-driven approach. The poorest 25% of small scale farm families in the Sahel are being left behind. To address this, an effective approach to resilience must be comprehensive and include a number of additional elements. One is adequate social protection - public actions taken to provide predictable support for targeted individuals, households or communities to reduce, prevent and manage risks and vulnerabilities which are deemed socially unacceptable within a given society.

In the Sahel, the main types of social protection have been short-term social transfers, or "safety-nets", that provide food during emergencies. Although such measures ensure households' immediate access to food during crises, they fail to ensure the recovery of households most affected by recurrent shocks. Longer-term social transfers in most Sahelian countries are either non-existent, or piecemeal and uncoordinated. They have uncertain financing and very limited coverage. A more long-term social transfer programme, targeting chronically poor households and vulnerable groups - including children under five - could support people through short-term crises. At the same time it should comprehensively reduce their long-term vulnerability.

In addition, evidence from Niger, Burkina Faso and Mali indicates that new, low-cost agricultural techniques can dramatically improve small-scale farming, enabling poorer families to increase production of food crops and income. If the increased demand for food generated by a long-term social transfer programme is used to buy food from local small-scale farmers using such improved techniques, the most vulnerable 25% would be able to access food, protect their livelihoods, strengthen production capacity, and overcome chronic malnutrition.

The Sahel crisis of 2012 is likely to dramatically increase the "resilience deficit" and the extent of vulnerability. Addressing this deficit calls for a major paradigm shift in how chronic hunger crises are addressed. In the Sahel, there are few examples of communities in high risk-prone areas that have managed to protect and increase resilience of the most vulnerable households, in terms of reducing chronic hunger and shocking levels of child malnutrition.

The existing system for promoting resilience has to change. Business as usual will continue to fail the people of the Sahel. A different approach, one that includes social transfers designed to directly help the poorest and most vulnerable families with food programmes sourced from local small-scale farmers and other steps, is essential.

The specific needs of the chronically food insecure populations, and chronically malnourished children, must become a long-term priority within integrated humanitarian and development action, not just during crises. In light of this, the report presents recommendations for national governments, regional structures, UN agencies, donors, international organisations, and civil society, to overcome the resilience deficit. These include:

- **Make reduction of child under-nutrition central to resilience**, through coordinated national plans especially prioritising children under two and pregnant women
- **Harness small-scale agriculture for resilience and improved nutrition**, ensuring sustainability and resilience and not just an increase in production
- **Invest in social protection and services for the poorest households**, particularly for households that are chronically food-insecure as distinct from those periodically suffering from shocks.
- **Develop a new plan for how the national governments, international donors, and agencies should work together to prevent hunger crises**, breaking down the barriers between development and humanitarian approaches, between 'normal' and 'crisis' responses.