

INTER-AGENCY STANDING COMMITTEE
PRINCIPALS MEETING

**Resilience: Why does it matter to the humanitarian
community? Sahel as a case study**

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Summary

The humanitarian caseload continues to remain large in the Sahel due to a combination of both acute and chronic factors such as climate change, conflict and population growth. Some 16 million people across the region are conservatively projected to be at risk for 2014.¹ These numbers are all the more concerning given the *absence*, for a second year running, of extreme weather events. Fortunately, humanitarian agencies are responding increasingly successfully to the caseload. Donors too continue to respond generously to the financing needs. And Governments in the region are increasingly engaged in policies to target the most vulnerable communities. Yet we have not started sustainably reversing the overall growth in this humanitarian caseload and millions of households are becoming progressively *less* resilient as new crises hit faster than they can recover from the last one. Humanitarian actors can do more to build resilience and reduce the future humanitarian case load. The new 3-year Sahel Humanitarian Response Plan 2014-2016 will contain a strong resilience building theme. Much earlier response to warning indicators in order to protect the erosion of coping capacities is at the heart of this strategy. Reducing the length of recovery times and more transfer of knowledge and know-how to local actors are other important components. Chronic problems need structural solutions however and the most influential actors on the future humanitarian case-load are, ultimately, Governments and their development partners. Beyond saving lives and bolstering the coping capacity of the households with whom we are working therefore, a new mission for the humanitarian community in the Sahel is to engage, partner with, and influence, these development actors much more systematically than in the past in order to build greater resilience of this fragile community. A number of fault lines will need to be bridged in order to deliver such an integrated response.

The need for a step-change in Sahel humanitarian operations

The case for a new approach to the resilience-challenges of the Sahel has been made elsewhere and will not be documented at length here.² The two figures annexed (Figure 1 & Figure 2) capture the essence of the drama unfolding in the region. Figure 1 documents the increase in the frequency and severity of food crises in recent years and the number of people affected. Figure

¹ Finalization of country and regional HNOs underway at the time of writing. Northern Nigeria figures will have a significant impact. Expected to contribute between 2.6 and 5.9 million persons to regional caseload.

² See for example IASC PR/1211/4213/7 Resilience - Lessons from Sahel and Horn of Africa and Ways Forward

2 documents the exponential increase in the cost of humanitarian operations across the Sahel region in the last 10 years.

In the Sahel, increasingly erratic weather patterns are overlaid on other factors to maintain these deteriorating trends. Armed conflicts and political instability inside the region (Mali) or in the immediate neighbourhood (CAR, Darfur, Libya). Global food price volatility. Increased fragility linked with organized crime and trafficking. Very rapid population growth. The convergence of such factors has created increased vulnerability and volatility. Impressive economic growth rates in a number of the countries of the Sahel (largely linked to extractive industries) have also yet to translate into shared social progress and population growth rates alone are a significant hurdle to the efforts by many Governments to improve access to basic services.

In the Sahel context ‘Resilience’ is therefore very much about:

1. recognizing that the environment in which vulnerable people live across the region is deteriorating and that this trend cannot be expected to change for the better in the short-term; and
2. working with individuals and households most affected by this deteriorating environment to get ‘in front’ of these hazards, by helping them better anticipate, manage and recover from past and future shocks.

Details of the projected humanitarian caseload for 2014 are currently being finalized. Preliminary assessments however, suggest the caseload includes upwards of 16 million people at risk of food insecurity of whom up to 2 million have already crossed emergency thresholds, 4.8 million acutely malnourished children of which 1.5 million will require treatment for Severe Acute Malnutrition (SAM) and well over 1 million refugees and IDPs across the region. These numbers represent another significant caseload, irrespective of two ‘reasonably good’ agricultural seasons in succession. The Sahel’s projected 2013 agricultural production for example, is expected to be 1% improved on the last 5 year average, but represents a 13% reduction in terms of per capita output. An extreme weather event in the next 1-2 years cannot be ruled out either.

If these trend lines are to be reversed and if vulnerability is not to deepen further, major changes are required in the way humanitarian operations are conducted and funded in the region.

How resilience translates operationally for humanitarian actors in the Sahel

The resilience strategy of humanitarian actors in the Sahel is informed by a number of key assumptions:

1. On current trends, as the operating environment deteriorates, the humanitarian case load will continue to grow, even without a major weather event. A major drought, needless to say, will greatly accelerate this trend;
2. The underlying drivers of this vulnerability are largely structural and humanitarian actors and humanitarian financing cannot fundamentally ‘correct’ such trends. Humanitarian actors and financing can aim to reduce ‘peaks’ and ‘troughs’ but reversing the overall trend requires Government leadership backed by funding that can tackle structural issues.

3. Humanitarian actors need to simultaneously extend life-saving assistance to those who have surpassed emergency thresholds, and at the same time help build these households' coping capacities in anticipation of what the future will bring.

The key components of the resilience strategy of the humanitarian team in the Sahel include the following therefore:

1. Placing priority on protecting assets and coping capacities of vulnerable households through (a) acting even earlier on early warning indicators with mitigating interventions and (b) investing more substantially in measures that will shorten recovery periods in the aftermath of a crisis.
2. Accelerating efforts to build the capacity of communities and Governments to prepare for and respond to future crises, ultimately without recourse to international assistance.
3. Investing in more systematic collection, analysis and dissemination of risk and vulnerability data with a view to influencing development policy making and programming, particularly with regard to the households that make up 'repeat clients' of emergency interventions.

Figure 3 (at annex) attempts to capture the conceptual framework of the resilience strategy vis-à-vis the humanitarian teams in the Sahel.

Adapting the humanitarian appeal instrument for the Sahel

In line with this approach, the new regional response plan for the Sahel that will be launched in February 2014 represents both continuity and change vis-à-vis previous humanitarian plans. As with 2013, the regional response plan encompasses the country requirements of all nine Sahel countries, viz Mauritania, Senegal, The Gambia, Mali, Niger, Burkina Faso, Chad, Northern Nigeria and Northern Chad. In contrast to 2013 on the other hand, the next Sahel regional response plan will be a three year - rather than one year - plan. 'Life-saving' naturally continues to be the first priority of the humanitarian community in the Sahel. However, 'life-saving' with a greater emphasis on a more multi-sectoral approach to key vulnerabilities in particular around food insecurity, malnutrition, epidemics, conflict and displacement and natural disasters. The new three-year time frame reflects the chronic nature of most of the key humanitarian issues in the region ie. we have the ability to anticipate a number of trends and therefore can and should approach the situation more systematically than we might in a sudden onset crisis. The three year time frame allows a more concerted effort around resilience. Core to the strategic objectives of the response plan is a deliberate early action/intervention strategy. Greater efforts over a three year period to build capacity, transfer knowledge and build local systems. A more intensive dialogue with communities. A stronger sense of partnership with development and Government actors. And more analysis and the sharing of that analysis.

Strategic Objectives of the upcoming 3 year Sahel Humanitarian Response Plan:

1. Track and analyse vulnerability and risk, integrating findings into humanitarian and development programming
2. Support vulnerable populations to better cope with shocks by responding earlier to warning signals, reducing post-crisis recovery times and building capacity of national actors
3. Deliver coordinated and integrated life-saving assistance to people affected by emergencies

Development of indicators for the next Appeal is still underway. The appeal will use some of the predictable life-saving indicators, such as reducing mortality, morbidity and Global Acute

Malnutrition (GAM) rates amongst target populations. In addition, the Appeal will need to contain new types of indicators that better address the resilience-building ambitions of the plan. For example, we will need to measure the extent to which the humanitarian team has influenced development actors, investment decisions and targeting of key vulnerable groups. Similarly, a data set is required that will measure results vis-à-vis household coping capacities and the impact of early intervention and early recovery strategies. This will be largely drawn from the coping strategies index (CSI) which measures the frequency and severity of household coping. Figure 4 at annex is from an important WFP study in Niger³ which reviewed how households coped after a 2009 drought and how quickly they recovered and returned to pre-crisis levels. The figure indicates three regions with differing success in coping and recovering before a new shock in 2011. For the upcoming Sahel regional strategy, the humanitarian community will aim to (a) reduce the peaks of such curves for our target communities (ie. the intensity of the shock) and (b) reduce the length of time required for target households to return to their pre-crisis levels (ie. the duration of the shock).

Institutional shifts required for a successful resilience approach in the humanitarian Sahel strategy

While the case for introducing resilience more systematically into the humanitarian strategy for the Sahel is clear, success will require adjustments in the way humanitarian operations are conducted and funded. Many of these adjustments are to some degree already underway.

Under this strategy humanitarian agencies will be required to work more systematically with their evidence base. Information and data about projects and beneficiaries are a resource that needs to be put at the disposal of others, particularly Government policy makers. A new suite of early action interventions will need to be developed that are backed by hard evidence of results in terms of affecting the depth and length of the CSI curve at figure 4. The early recovery network that remains typically the weakest link in the IASC architecture will need to be reinvigorated with new interventions - again backed by evidence - that demonstrably reduce the length of the CSI curve. Above all, the humanitarian community will need to work ever more closely with Governments, regional organizations and their development partners across the Sahel to share experience, expertise, data and strategies.

The strategy also looks to donors to operate differently in supporting the humanitarian effort. More predictable, multi-year funding remains an elusive goal, the case for which is all the more compelling for a 3 year Sahel humanitarian strategy with a strong resilience theme. ‘Uneven’ financing across different sectors also continues to plague the Sahel effort; early treatment of acute malnutrition indicators, for example, will not reduce a future caseload without a minimum of water, sanitation and health investments alongside. Donors also need to be more willing to finance even earlier humanitarian interventions in the face of warning signals and perhaps well in advance of Governments formally declaring emergencies. The case for this has been well documented in multiple studies from the Sahel and The Horn.⁴ The chronic under-funding of both emergency preparedness and early recovery work generally will also need to be reversed in order to realize these ambitious goals.

³ “Recovering from drought in Niger: trend analysis of household coping, 2007-2011” WFP 2012

⁴ See for example “The Economics of Early Response and Resilience” series of reports from Kenya and Ethiopia (June 2012) and Niger (June 2013)

Working with development actors in new ways

The idea that resilience requires development and humanitarian communities to work together more effectively has become something of a platitude. To get beyond slogans, requires a clear understanding of each communities' comparative advantage for the task ie. not just what brings us together but also what makes us different. Working together more effectively needs to be backed by concrete evidence, for example, that risk analysis and the humanitarian caseload are now an integral part of the analysis in the Common Country Assessments (CCA) and United Nations Development Assistance Frameworks (UNDAF) of the UN Development Group (UNDG). Greater investment in Disaster Risk Reduction (DRR) more broadly would also signal a greater openness to this collaboration on the part of development actors.

While this IASC paper focuses on the humanitarian piece of the resilience strategy, it is important that there is a complementary strategy from the development side in the Sahel that "picks up the slack". This is all the more important given the development role in resilience is substantially larger than that of the humanitarian community. There is an assumption in the humanitarian resilience model that other actors are, for example, addressing the core structural drivers of vulnerability in the first place. And that development organizations are advising and financing Governments and households to better manage and transfer risk. Returning to figure 4 and the Niger example of the CSI, while humanitarian investments should reduce peaks and duration of these curves, it is arguably the role of the development actors to ultimately 'flatten' these lines altogether. And to 'raise' the level of coping capacities at the point of departure of the CSI.

An inventory of 'resilience friendly' activities by UN development actors and UN and NGO humanitarian actors across the Sahel was undertaken in 2013 using UNDAFs and the Consolidated Appeal Process (CAPs) as the information source respectively. The results were mapped across a 'resilience bridge' and can be seen in Figure 5 in the annex. The inventory process allowed a number of insights to be drawn from our existing portfolio of resilience friendly interventions. First, that there were substantial areas of overlap between Appeals and UNDAFs. Secondly, that many of these activities remain unfunded and largely aspirational. Thirdly, that there was no consistent understanding of the concept across organizations, nor across countries in the region. Fourthly, that there were important gaps in the current resilience portfolio (for example insurance and urban management surprisingly did not come up as planned or ongoing). If humanitarian and development organizations both work on early warning systems or livelihood diversification for example - which seems desirable - there needs to be a shared understanding of each other's comparative advantage.

Analysis of risk and of vulnerability appears to be the 'key stone' for our bridge ie. a shared understanding between the humanitarian and development communities of the hazard environment, of what is driving hazards to become disasters, and who is least equipped to deal with the impact of such shocks. A 'National Resilience Strategy' would be the natural platform on which these communities could meet. However no such strategy exists for the time being in the Sahel, though there are a few candidates such as Niger's 3N program (les Nigériens Nourissent les Nigériens). The EU-lead Global Alliance for Resilience Initiative (AGIR) in the Sahel and West Africa is an important piece of the institutional landscape aimed at bringing together such a national resilience strategy; Governments in the region have been slow to assume leadership of this process at the national level however.

Achieving region-wide alignment

The awareness of the ‘inter-connectedness’ of the Sahel’s development, humanitarian and security challenges has never been higher. The Security Council is engaged to an unprecedented degree and specifically sought an ‘integrated strategy’ for the region from the Secretary-General. Such a strategy has recently been launched and resilience forms one of three core pillars of the strategy. And deliberately encompasses both humanitarian and development actions around a common objective – reducing vulnerability and breaking the cycle of crisis. Ministers from Sahel and North African countries met recently to establish a coordination platform for the UN Strategy which will henceforth meet twice a year at the Ministerial level, serviced by an UN-AU lead Secretariat. The Security Council will review the implementation of the strategy twice a year. All of these developments represent important incentives to better coordinate and align local and international efforts in the Sahel, with ‘resilience’ prominent there-in.

The Integrated Strategy has also accelerated efforts to strengthen ties between humanitarian agencies and regional organizations. Such partnerships already exist and have done so for some time. Organizations like FAO, WFP and UNICEF work closely with Permanent Interstate Committee for Drought Control in the Sahel (CILSS) for example, on regional food security and malnutrition analysis and early warning, and on crop and market assessments. UNEP and FAO plan new collaboration with CILSS on pastoralism. These same agencies along with UN/OCHA and UNDP work closely with the Economic Community of West African States (ECOWAS) in such areas as humanitarian policy, preparedness, support to the Comprehensive African Agriculture Development Programme (CAADP) and establishment of a Regional Agency for Agriculture and Food. UNICEF, UNFPA and WHO work closely with the West Africa Health Organization on nutrition, surveillance, and tertiary curriculum in health. These represent just a sampling of the growing collaboration between the UN and some of the key regional organizations in the Sahel.

Proposed Actions by IASC Principals:

1. Direct resources to development of a risk and vulnerability assessment methodology shared by both development and humanitarian communities
2. Consider how to improve IASC members’ input into such assessments for ‘at risk’ countries even where there is no humanitarian community resident (for example through the Capacity for Disaster Reduction Initiative)
3. Promote research into model ‘national resilience strategies’, testing different approaches between eg. ‘cross-cutting’ vs. ‘vertical’ approaches to planning and budgeting for resilience in Government development plans. In the Sahel context, undertake this research in partnership with the EU to link closely to AGIR
4. Invest resources in resilience measurement. In particular, humanitarian actors will need to be able to credibly ‘isolate’ their caseload/impact from that of a development community hopefully increasingly engaged on risk and vulnerability
5. Champion equitable funding by donors of all key sectors across the response plan, anticipating the likely need for a mid-term ‘recalibration’ fund-raising effort
6. Continue to promote multi-year humanitarian financing by donors, particularly in chronic humanitarian situations where the ‘resilience deficit’ is especially pronounced
7. Encourage greater inter-Cluster dialogue and programming around food security, nutrition, conflict/displacement and epidemics

8. Review the role of regional sector/cluster leads in multi-country operations such as the Sahel and consider options to reinforce the links between these regional teams and country level mechanisms
9. Task a review of areas of common intervention in resilience (ie. common areas of work under both humanitarian appeals and UNDAFs for example) to make recommendations on divisions of labour/complementarity ie. which components of support to early warning systems (for example) would normally be presented in the humanitarian plan vs. which components would normally be reflected in the UNDAF?
10. Promote greater engagement by IASC members in the development programming cycle ie. CCAs, UNDAF Mid Term Reviews and so forth.

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Annex

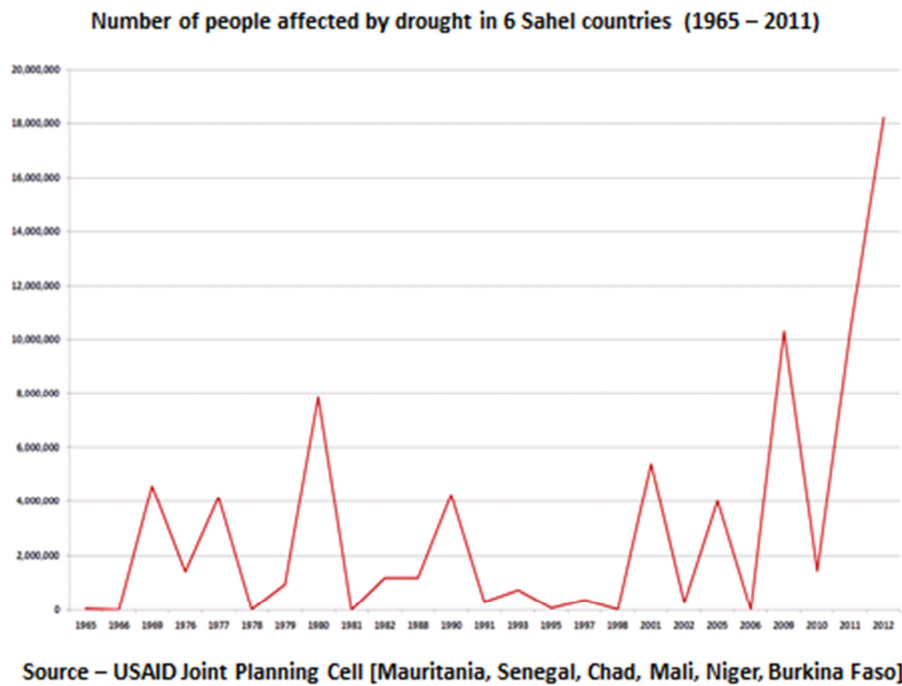


Figure 1

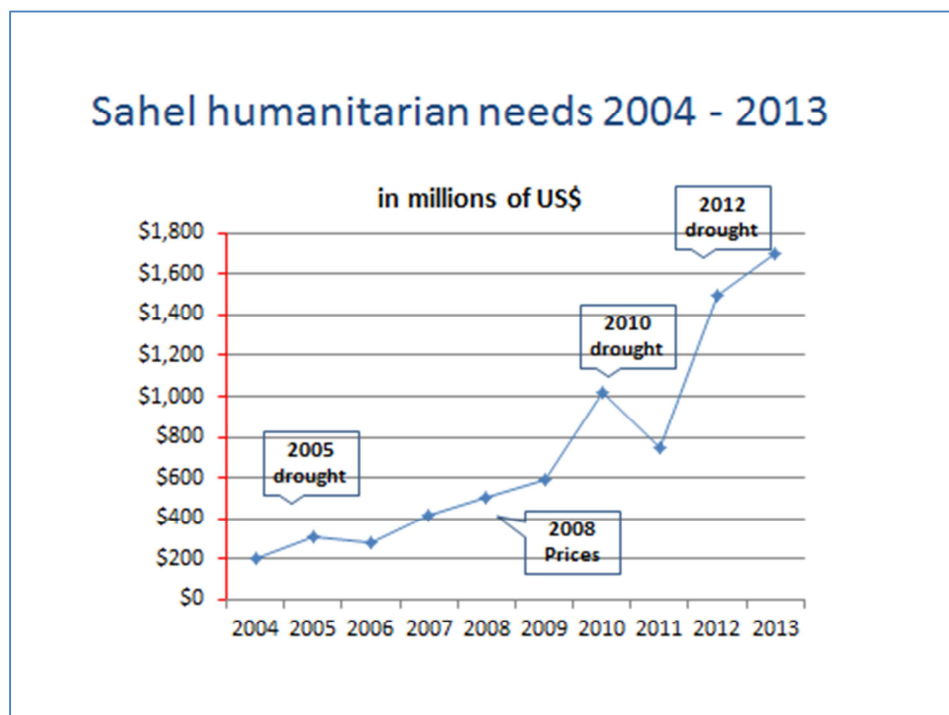


Figure 2

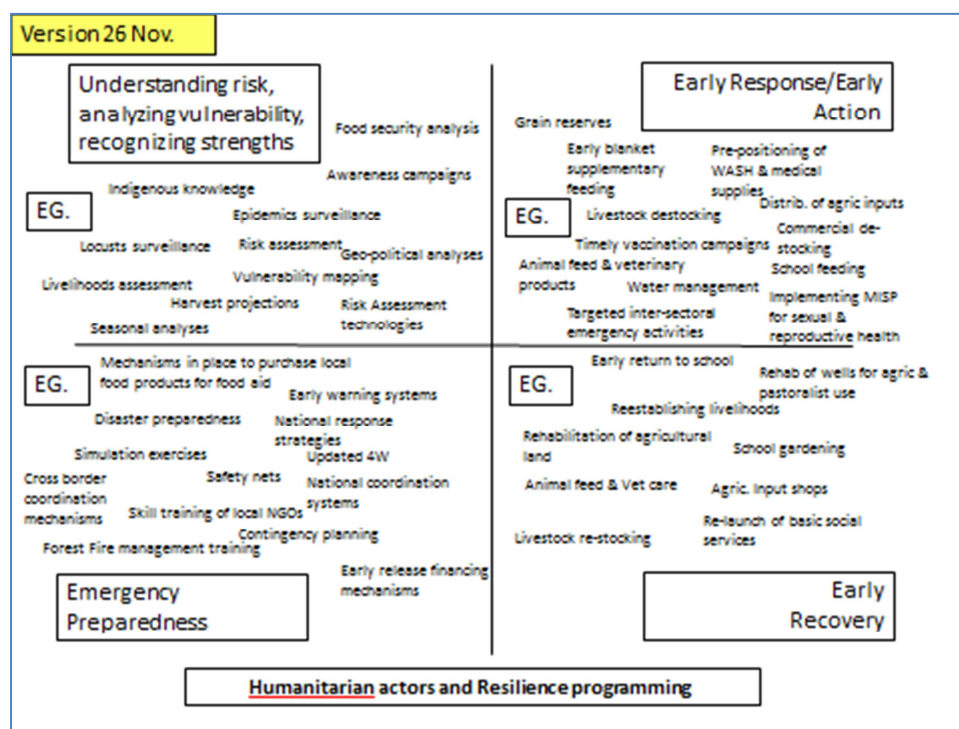


Figure 3

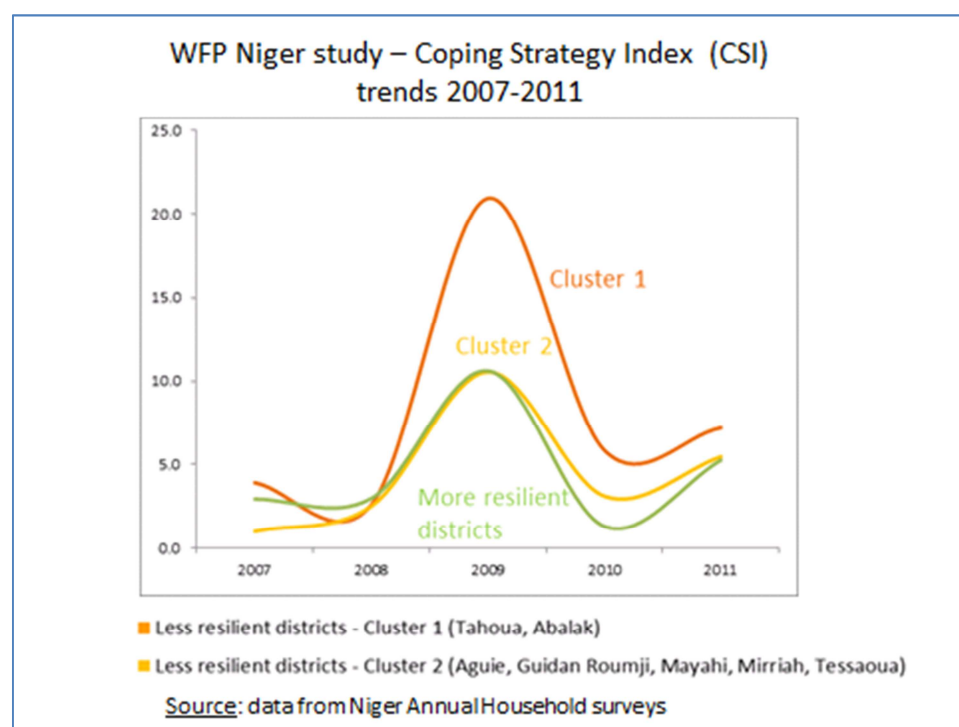


Figure 4 WFP Niger Study

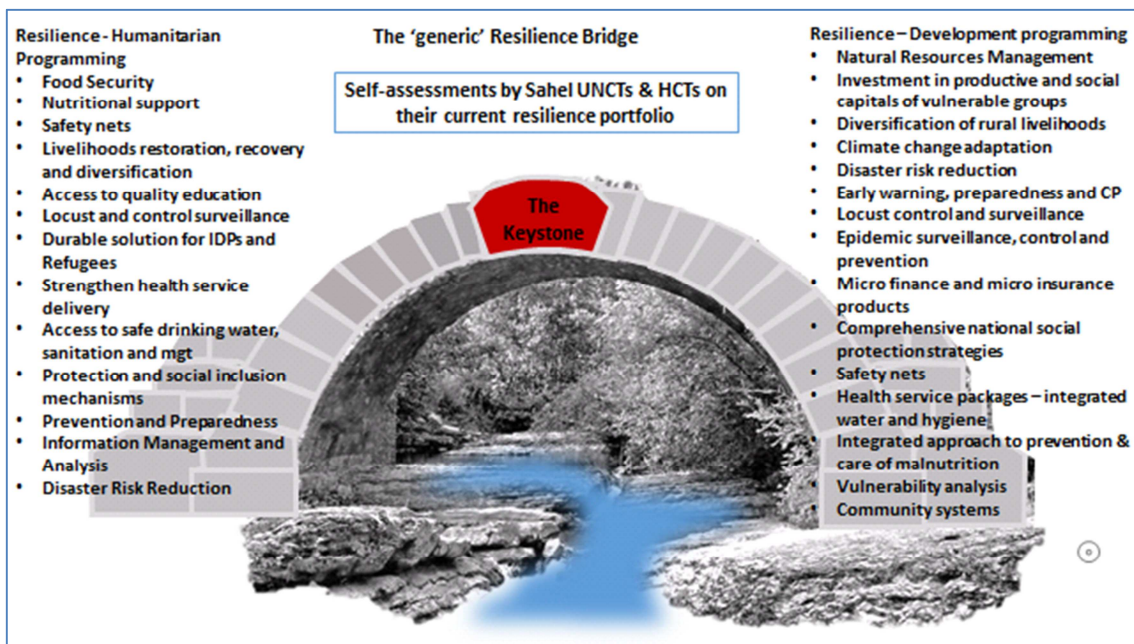


Figure 5