

Persistent Chronic Food Insecurity and Mitigation Challenges in Sahelian Africa: Can Lessons from ‘Targeted’ Social Protection Policies in the Horn of Africa be of help?

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ABSTRACT

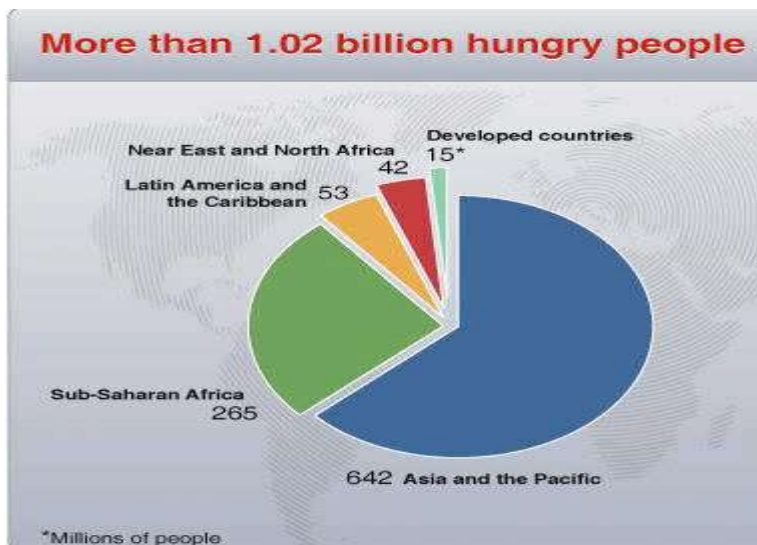
This is a research article on the persistence of chronic food insecurity and mitigation challenges in Sahelian sub-Saharan Africa. This policy-oriented research sets out to address the question: what accounts for the persistent challenges to the mitigation of chronic food insecurity of the poor and critically vulnerable in the Sahel region of Sub-Saharan Africa and can targeted social protection policies as applied in other chronic food insecure countries in the Horn of Africa such as Ethiopia and Kenya be of help? Building on a rigorous critical review of literature on Food Insecurity Sub-Saharan Africa and leaning on content analysis of secondary empirical evidence and informed by the political-economy famine theory, the paper arrives at important findings. The findings support the hypothesis that the persistent chronic food insecurity, hunger and malnutrition crisis, which the poor and critically vulnerable people of the Sahel are plunged into, is not a crisis of food availability per se, but that of food accessibility, compounded by high state fragility, violent conflicts and dysfunctional democratic institutions. As such, the paper vehemently argues that the persistent chronic food insecurity, of the poor and most vulnerable of the Sahel region can be successfully mitigated only insofar as the international community in collaboration with Sahelian governments come to the consensus that the root causes of the appalling food insecurity situation are more structural— linked to a ‘poverty crisis’ of food accessibility (food demand) rather than mere availability (food emergencies supply) that requires long term sustained efforts through social protection policies adaptive to the politico-economic realities of the Sahel Region and putting the poor and most vulnerable, (as evident in other chronically food insecure countries such as Ethiopia and Kenya in the Horn of Africa) at the centre of their own individual and collective food security concerns and wellbeing. Hence, the findings of this paper play not a small role in contributing to the effective national and sub-regional implementation of the Global Sustainable Development Agenda 2030 (and particularly SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture).

Keywords: *Chronic food (in)security, hunger, malnutrition, resilience, social protection, Sahel, Sub-Saharan Africa, vulnerability,*

Introduction

The world faces a global food insecurity crisis of unprecedented proportions. Just within two (2) years, the number of people facing, or at risk of, acute food insecurity increased from 135 million in 53 countries before the Covid-19 pandemic to 345 million in 82 countries today (WFP, 2022)¹, fuelled by conflict and climate shocks and compounded by the ongoing war in Ukraine which is driving rising prices of food, fuel and fertilizer in many parts of the world. In March 2022, United Nations Secretary-General António Guterres warned the world: “*We must do everything possible to avert a hurricane of hunger and a meltdown of the global food system.*”² Figure 1 below show the number of hungry people in the world in 2009 and by geographical location.

Figure 1: The Number of Hungry People in the World.



Source: FAO, 2009

The above diagram also indicates that progress towards the MDG of reducing hunger and malnutrition was geographically uneven, with little or backward progress being made in Africa and some significant achievements in Asia, as well as reversals in other countries (Cromwell and Slater 2004). Eventhough Sub-Saharan Africa has made remarkable progress on important fronts in the last decades, consistent with the path to meet several Millennium Development Goals (MGD) goals and now the 2030 Global Sustainable development agenda, food insecurity continues to withhold sustainable development in this region of the world. Many have argued that Sub-Saharan Africa including the Sahel still accommodates the highest proportion of the world’s hungry people, though the share of undernourished people in the region has been slowly declining during the last decades (i.e., from 32 per cent in the 1990-1997 period, to 30 per cent between 2000 and 2002, to 28 per cent in 2004-2006) (FAO, 2009).

¹ World Food Programme (2022) “Global Food Crisis”, <https://www.wfp.org/emergencies/global-food-crisis> (access date: 15 April 2023).

² European Commission (2022) “European Civil Protection and Humanitarian Aid Operations”, https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/stories/unprecedented-hunger-sahel-how-eu-helping_en (Access date: 20 April 2023).

Last year, a briefing note of May 10, 2022 from the World Bank, captures the situation in Sub-Saharan Africa, especially West Africa in this way:

For the third consecutive year, West Africa is facing a major food and nutrition crisis, with 14.4 and 23.7 million people in need of food assistance in 2020 and 2021, respectively. In addition, a projected 33.4 million people are in crisis or worse during the lean season that has characterized 2022 thus far. The deteriorating situation is caused by multiple factors including climate change, land degradation, conflict, and the impacts of COVID-19 pandemic (World Bank, 2022)³

Sahelian Africa (The Sahel Region of Central and West Africa) has proven particularly vulnerable to food insecurity. The Sahel belt cuts across eight (8) countries: Senegal, Mauritania, Mali, Burkina Faso, Niger, Chad, Northern Nigeria and Northern Cameroon. The poor people from the Sahel Region of Sub-Saharan Africa also suffer from long standing poverty, chronic food insecurity, manifested through hunger and malnutrition (see AFC et al., 2012; Gubbels, 2011; Oxfam, 2010). In fact, projections from the *Cadre Harmonisé* (a regional mechanism monitoring food and nutrition insecurity in the Sahel) in 2022 was quite daunting:

More than 2.7 million people are estimated to be in pre-famine condition, and 35 million people are estimated to be in food crisis over the next 3 months – which represents a 230% increase over the 2015-2020 average. In addition, more than 2.4 million children under 5 years old will require life-saving nutrition treatment in 2022⁴.

This past and ongoing chronic food insecurity crisis in Sahelian Sub-Saharan Africa certainly brings to light the fact that there is a new dimension of the persistent food crisis. For example, during the severe food insecurity crisis in 2010, millions of people were heavily affected in the Sahel. “More than 10 million people, mainly women and children, were victims of the food crisis” (Oxfam, 2010). In the most affected country— Niger, it is estimated that over 70 million people suffered from severe hunger and malnutrition (i.e.

³ The World Bank (2022), “Responding to the Food Crisis in the Sahel by Addressing the Food Emergencies and Structural Challenges of the West African food system” <https://www.worldbank.org/en/results/2022/05/15/afw-responding-to-the-food-crisis-in-the-sahel> (Access date: 20 April 2023).

⁴ European Commission (2022) “European Civil Protection and Humanitarian Aid Operations”, https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/stories/unprecedented-hunger-sahel-how-eu-helping_en (Access date: 20 April 2023).

about 50 % of the entire population); about 2 million people in Chad also faced severe hunger; 600 000 people in Mali, 300, 000 in Mauritania; 100, 000 in Burkina Faso as well as an unknown number in northern Cameroon and northern Nigeria (Gubbels, 2011) also suffered from acute food insecurity, hunger and malnutrition. Children under the age of five suffered the most from the effects of hunger and malnutrition. In which case, nearly 500,000 severely malnourished children were taken into care between January and November 2010 in Niger, Chad, Mali and Burkina Faso (Oxfam, 2010). Figure 2 below nicely captures the incidence of severe acute malnutrition among children in the Sahel as result of chronic food insecurity.

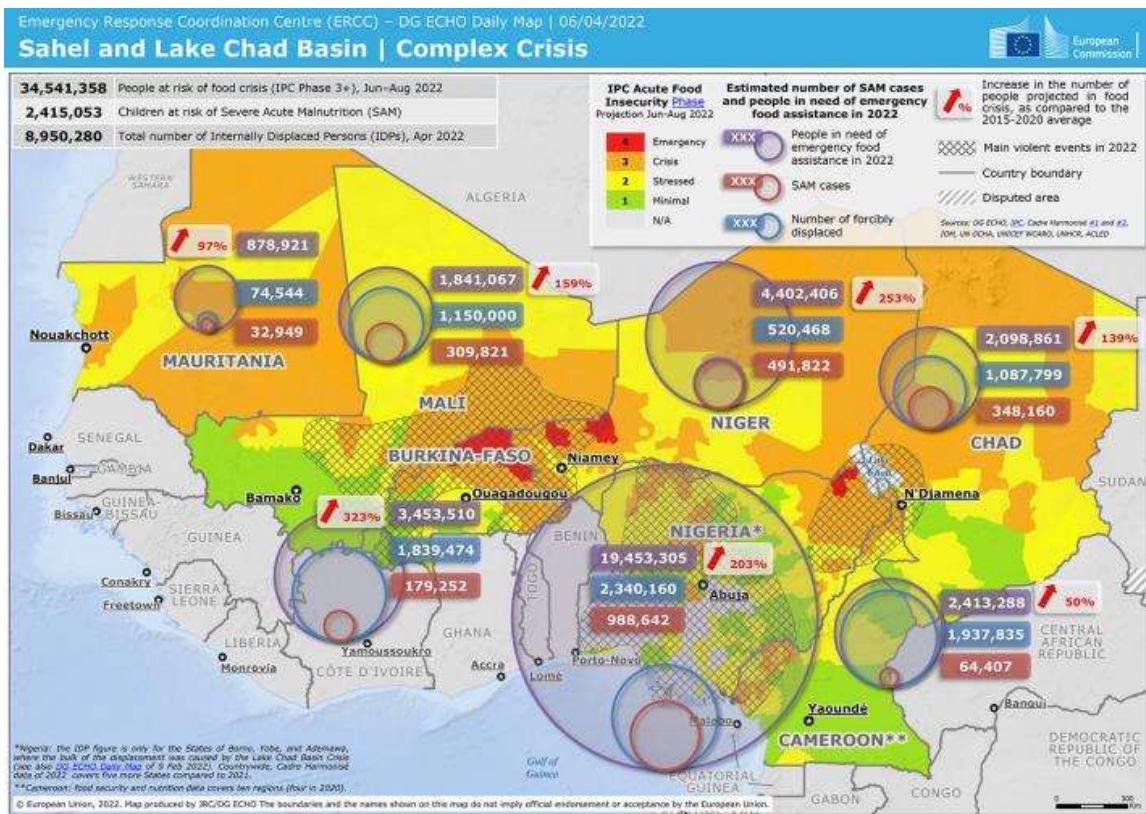
Figure 2: Regional Caseload: Children with severe Acute Malnutrition.



Source: UNICEF Humanitarian action update, 2012

As can be seen, the country most affected by severe acute child malnutrition is the poorest country (Niger), with up to about 331 000 out of a total of about 1, 027, 900 severely malnourished children in the Sahel. Overall, about 226,000 children die of malnutrition and health related consequences each year in the eight countries of the Sahel (ACF et al., 2012) Figure 3 below captures the situation in April 2022.

Figure 3: Sahel and Lake Chad countries Map (Sahel and Lake Chad Countries / Complex regional crisis, 6 April 2022).



© European Union, 2022. Source: European Commission (2022) “European Civil Protection and Humanitarian Aid Operations”, https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/stories/unprecedented-hunger-sahel-how-eu-helping_en (Access date: 20 April 2023)

As the map above clearly reveals, 34, 541 358 people in the Sahel and Lake Chad basin were at risk of food crisis from June to August 2022; 2, 425 053 children were at risk of severe acute malnutrition (SAM) and there was a total of 8, 950 280 internally displaced (IDPs) persons as of April 2022. The proposition of each of the Sahelian country are also reflected on the map.

Hence, this policy-oriented research sets out to address the question: *what accounts for the persistent challenges to the mitigation of chronic food insecurity of the poor and critically vulnerable in the Sahel region of Sub-Saharan Africa and can targeted social protection policies as applied in other chronic food insecure countries in Horn of Africa such as Ethiopia and Kenya be of help?* This fundamental question therefore, generates the hypothesis that, the persistent chronic food insecurity, hunger and malnutrition crisis, which the poor and critically vulnerable people of the Sahel are plunged into, is not a crisis of food availability per se, but that of food accessibility, compounded by structural and proximate factors such as high state fragility, violent conflicts and dysfunctional democratic institutions. To this effect, this paper aims to contribute to the effective national and sub-regional implementation of Global Sustainable Development Agenda 2030 (especially SDG 2: *End hunger, achieve food security and improved nutrition and promote sustainable agriculture*). To adequately do this, the introduction is immediately followed by an explanation of the methodology adopted and then moves to explore the critical conceptual and theoretical links among ‘chronic’ food insecurity, vulnerability, hunger and malnutrition before discussing the

proximate and deep-rooted structural factors responsible for the persistent chronic food insecurity in the Sahel and the need to go beyond mere emergency food aid responses to adaptive and sustainable social protection policies for the most vulnerable. This paves the way for the cost-benefit analysis of selected social protection policy tools with lessons from the Horn of Africa (in particular, Kenya and Ethiopia) and the challenges of their application to the Sahel Region. A conclusion is then reached alongside policy implications.

1. Methodology

This article adopts an exploratory qualitative research design with some elements of the quantification in the form of existing statistics. It is organized around a critical review of relevant literature on food (in)security, hunger and malnutrition in Sub-Saharan Africa with a focus on the Sahel. As such, the research makes use solely of secondary data analyzed through the content analysis of texts, including books, journal articles, and web sites, reports of NGOs and International Organizations working on food (in)security issues and adaptive social protection policy and practice. Content analysis is used in this article to determine the frequency of specific ideas and analysis of the challenges related to the mitigation of food insecurity in the Sahel in the context of promoting food security in the international food system.

2. Theoretical Framework of Analysis.

The analysis in this paper is influenced by the *political-economy famine theory*, also known as the political economy approach to conflict in the context of food insecurity. This theoretical approach seeks to understand “both the political and the economic aspects of conflict, and how this combines to affect patterns of power and vulnerability” (Collinson, 2003: 9). Hence, in a context of politico-economic crisis, vulnerability is understood not just in terms of material deficiencies, risk exposure and difficulties to cope with these and recover from adversities, but also as (political and economic) powerlessness (Maxwell et al., 2008; Alwang et al., 2001; Chambers, 1989). The analytical focus here is on the interaction of political and economic forces in a society, which include the distribution of power and wealth between different groups and individuals, and the processes that create, sustain and transform these relationships over time. To the proponents of this approach, it is the wider political and institutional context that explains why those hit hardest by famine are people who are the politically and economically most vulnerable. Consequently, rather than strengthening the availability of food and people’s access to food, especially for the most vulnerable, such as women, children and the elderly (Cromwell and Slater 2004), *political-economy famine theory* proposes that food security interventions should focus on state reconstruction, good governance and accountability (Keen, 1994; de Waal, 1997). This is certainly particularly true in protracted crises and conflict situations such as most of the Sahelian Sub-Saharan African countries, affected by a high level of state fragility and violent conflicts and subsequent food insecurity, hunger and malnutrition.

3. Critical Review of Literature on Food (In)security, Vulnerability, Hunger and Malnutrition.

In the past several years, much progress has been made in understanding the processes that lead to food insecure situations for households (Frankenberger, 1992). Moving away from the solely food availability (supply) focus in the 1970s (especially in Africa) as the condition necessary for food security at the global and national levels, researchers and policy makers were challenged by the food crisis that again plagued Africa in the mid- 1980s (ibid). This resurfacing of food crisis in Africa led to the realization among food security researchers and policy makers that food available at the national level does not automatically translate into food security at the individual and household level (ibid). These facts indicated that, the mere presence of food in the economy, or in the market, does not entitle a person to consume it' (Dreze and Sen, 1989: 9). This mid-1980s food crisis stimulated the understanding among food security practitioners and policy makers that food insecurity occurs in situations where food is available but not accessible because of erosion of people's entitlement to food (Borton and Shoham, 1991).

People gain entitlements (assets, commodities etc over which individuals and households establish control and secure their livelihoods (Sen, 1981)) to food by: producing their own food; by exchanging money (that they have earned through labour) for food; or through transfers from kin, community or state (Cromwell and Slater 2004). As such, socio-economic analysis has revealed that rural households can only undertake productive activities and adopt a range of *livelihood strategies* (from simple coping or adaptive measures to fully fledged growth or investment strategies) aimed at producing sustainable outcomes if they are endowed with significant assets (or forms of capital) (Bonfiglioli, 2007). This new conceptual framework seems to provide better insights into both the food security situation and potential policy measures. It certainly points up to the need to replace a *single focus* on lack of food with methods such as the *livelihood approach* (or *asset-based approach*), which employs a *range of overlapping and comprehensive measures* in order to balance capabilities and assets and address livelihood failures— which is most responsible for household food insecurity (ibid). Having said that, the fundamental question now becomes, what is actually meant by chronic food (in) security in this paper?

It has been generally agreed by policy makers and most international organization (working on food security issues) that food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (FAO, 2003; Barrett, 2002; Maxwell et al., 2008). Putting it the other way round, one would say that food insecurity is a situation in which people are at risk of not having adequate physical, social or economic access to sufficient food that is both safe and meets their dietary needs and food preferences for an active and healthy life (FAO, 2003; Barrett, 2002; Maxwell et al., 2008).

In fact, the most comprehensive definition of food security points to the fact that there are four important dimensions to food security: *food availability* (both quantity and quality); *food accessibility/effective demand* (meaning effective distribution and access to adequate food resources appropriate to a nutritious diet); *food utilization* (utilization through adequate diet, clean water, sanitation and health care to reach a state of nutritional well-being where all physiological needs are met); *Food stability/reliability* (a population, household or individual must have access to adequate quantities at all times. In which case, there cannot be risks of losing access to food as a consequence of sudden shocks, for example, an economic or climatic crisis or cyclical events, for instance, patterns that result in seasonal food insecurity).

Hence, practitioners and policy makers in the food security field have also come to the realization that just as food security is multidimensional; food insecurity/crisis is also of different nature. Food insecurity can either be acute (transitory or cyclical) or chronic (Cromwell and Slater 2004). Acute sudden-onset food crises are indicated by a natural, political or economic shock which normally presents co-variant risk to the entire population in the affected area (earthquake zone, war zone, nation state, etc. (ibid). Depending on the nature of the hazard, there may be those more vulnerable to its impact owing to the nature of their livelihood strategy (e.g. farming-dependent families in drought zones, petty traders after sudden changes in border regulations) (ibid).

The aforementioned implies that in situations of acute food insecurity, although everyone will be affected, those with limited assets as well as the most vulnerable such as mothers, children, the elderly, the disabled and orphans will be most affected. Increasingly, the greater proportion of food insecurity arises not from sudden-onset shocks to an otherwise positive development trajectory, but rather from longer-term negative trends across the natural, political, economic and social spectrum, that like acute food crisis, also affects the entire population in a given geographical locality, with the most vulnerable suffering the most (ibid). Hence, this chronic food insecurity trend, in tandem with existing level of vulnerability creates a vicious downward cycle of poverty, where increasing proportions of a given population suffer from chronic (long term and persistent), cyclical (for example, at certain times of the year between planting and harvest), and transitory food insecurity where a specific shock leads to a food shortage or sudden rise in prices) (ibid).

Moreover, a growing body of literature on poverty and vulnerability is referring to the influence of what might be termed political capital, i.e. households' relationships with social and political institutions at state, market and community level, and thus their degree of social inclusion or exclusion (ibid). This group of scholars argue that food insecurity is a product of political structures, institutions and processes (Lecuotere et al., 2009). They posit that structures, institutions, organizations and processes, or the wider governance environment that regulates household's access to and use of assets, define their livelihood strategies (ibid). As such, other authors such as Keen (1994) and de Waal (1997) have argued that food insecurity is a political phenomenon that is not caused by lack of food production nor by market regulations, but by political powerlessness.

It is also certainly the case that cumulative and persistent vulnerability of the 'poorest of the poor', pregnant women, children and the elderly can subject them to extreme risk adversity, manifested in for example, high risk to hunger and malnutrition, compared to other working age adults. For example, when in the context of rising food prices and unfriendly markets, the vulnerable poor as argued in the introduction, are the most affected as they are the ones that spend the bulk of their limited income on food. Sharply rising prices offer few means of substitution and adjustment, especially for the urban poor, so there are justifiable concerns that millions of people may be plunged into poverty by this crisis, and that those who are already poor may suffer further through increased hunger and malnutrition (Headey and Fan 2010: 1).

Besides the negative health effects of hunger and malnutrition, it is also argued that chronic food insecurity and hunger work against human security and national development. This fact is well enshrined in Article 25 of the Universal Declaration of Human Rights, 'hunger is also a basic development issue impeding national economic growth and keeping millions trapped in poverty' (FAO, 2000: iv). Some estimates suggest poor nutrition costs 5–10% of GDP every year (Gillespie and Haddad, 2004), and it tends to affect women

more than men (Cromwell and Slater 2004). As such, food security is also a basic human right and there is a commitment to reducing hunger worldwide. Hence, at the World Food Summit in 2009 (FAO 2009) the target to halve the number of hungry and undernourished people by 2015 was affirmed and it was also enshrined in the Millennium Development Goals (MDGs) and the subsequent Sustainable Development Agenda 2030, Goal 2: *End hunger, achieve food security and improved nutrition and promote sustainable agriculture, which* this paper hopes to contribute to.

In addition to the fact that not all households are equal in their ability to cope with stress and repeated shocks, even households regarded as being food secure cannot be automatically equated to enjoying nutritional security. Two key issues that determine a household's nutritional security are: first, its access to resource for food (i.e the path from production to income to food), and second the household's ability to translate the food obtained into satisfactory nutritional levels (World Bank, 1989). Poor people balance competing needs for asset preservation, income generation and present and future food supplies in complex ways (Maxwell and Smith, 1992). People may choose to go hungry up to a point to meet another objective. For instance, de Waal (1989) found that during the 1984/85 famine in Darfur, Sudan, people chose to go hungry to preserve their assets and future livelihoods. The same also applied to many Central and West African Sahel countries during the 2010 severe food crisis (see Oxfam, 2010).

4. Understanding the Proximate and Deep-rooted structural Factors Responsible for the Persistent Chronic Food Insecurity in the Sahel and the need to go beyond mere emergency food aid responses.

Concerning the alarming food security crisis in the Sahel and its consequences, Martin Griffiths, UN Humanitarian Affairs chief and Emergency Relief Coordinator, cautioned: "Entire families in the Sahel are on the brink of starvation... if we don't act now, people will perish."⁵ OCHA Chief adds that "*a combination of violence, insecurity, deep poverty and record-high food prices is exacerbating malnutrition and driving millions to the fringes of survival,*" Hence, although rooted in structural issues like climatic fragility and uncertainty, poverty, rural marginalisation or limited investment, the food crisis in the Sahel as in many other parts of Africa is being exacerbated by proximate causes such as, "*a persistent and increasing security crisis and political instability. Beyond the human tragedies they could contribute to, security tensions disrupt agropastoral and food systems and jeopardise the prospects of future generations*"⁶

⁵ United Nations, "18 million in Africa's Sahel on 'the brink of starvation'" <https://news.un.org/en/story/2022/05/1118702> (Access date: 21 April 2023).

⁶ European Commission (2022) "European Civil Protection and Humanitarian Aid Operations", https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/stories/unprecedented-hunger-sahel-how-eu-helping_en (Access date: 20 April 2023).

It is also argued that one of the structural factors responsible for chronic food insecurity (including hunger and malnutrition) in the Sahel is the high and unpredictable food (such as basic cereals) prices and the people's lack of purchasing power, resulting to low food demand (even in the absence of shocks such as droughts and floods) (Gubbels, 2011). As such, evidence from *Household Economic Analysis (HEA)* across the Sahel, and Cost of Diet studies, indicate that income poverty is a major cause (Gubbels, 2011) of hunger and malnutrition among the poor households, who are at the same time the most vulnerable. "In the Sahel, 80% of families devote 80% of their budget to food, and 59 % of the population lives on less than 1.25 dollars/day" (Oxfam, 2010). What makes the problem more complicated is the fact that "there is an absence of any ambitious market intervention policies to reduce prices, and there are no social protection policies for the most vulnerable people" (ibid)."

The absence of functioning markets for the poor and most vulnerable who spend the bulk of their income on food, coupled with the absence of adequate social protection policies in the Sahel countries, further reinforce the fact that there are underlying structural factors which in turn, have translated the food crisis, hunger and malnutrition from being merely "acute" to being "chronic." Moreover, the resilience (the capacity of people to recover, adapt and survive in the wake of periodic shocks associated with extreme weather events, climate variability, changing political and socio-economic conditions) of the poor and their capacity to restore their livelihoods before the next shock has also been greatly eroded (ibid, 2011; Oxfam, 2010). In which case, hazards such as floods and droughts are primarily triggers that accelerates an existing structural condition, whereby, food insecurity, hunger and malnutrition serve to reveal (and exacerbate) inherent chronic vulnerability, but tend to obscure the long-term structural factors that cause it. This, in away has tended to reinforce the public perception (including the governments of the Sahel countries and their international humanitarian partners) that the suffering (chronic food insecurity, hunger, malnutrition, and even severe and persistent outbreaks of pandemics such as cholera) of the poor people of Sahel is caused by hazard itself (droughts, floods etc) rather than complex underlying socio-economic, environmental, and political conditions that reinforce the vulnerability (opposite of resilience) of particular groups such as "the poorest of the poor", women and children. This false diagnosis of the situation has also led to short-term emergency food aid (relief) interventions on the part of the international community, which has also been criticized for lacking any progressive and sustainable policy action (Gubbels, 2011). On the part of the governments of the Sahel countries, there is no gain saying that they have adopted a dependency syndrome due partly to their poverty situation. They have tended to heavily rely on these external emergency food relief efforts to solve the predicaments of their chronic food insecure, hungry and malnourished people (ibid). Not only do these governments lack 'adequate' social safety nets for the most vulnerable, they also lack national integrated response plans in place.

More critically, in efforts to mitigate chronic food insecurity and hunger in many affected developing regions such as in the horn of Africa and the Sahel, the international humanitarian community has also so far remained trapped in deploying emergency food aid programs. International humanitarian actions, have focused on food availability as the problem and therefore also on food supply as the solution, undermining food access and utilization (necessary for alleviating chronic hunger and malnutrition of the most vulnerable).

It would be incorrect to say that such emergency food aid responses from the international community (in collaboration with Sahelian governments) are not essential. For it cannot be denied that emergency food aid has prevented the worst from happening (by saving lives) out

of the recurrent Sahel food crises. However, what many humanitarian actors, governments in the Sahel and other emergency food aid advocates may find hard to say is the fact that, such a ‘superficial’, short term and predominant food aid approach employed in the Sahel and other food insecure areas is relevant but not effective, especially with regards to the critically vulnerable and food insecure. In other words, in situations of long-term chronic food insecurity such as in the Sahel, it bears reiterating that while direct emergency food aid is vital, it is not effective in tackling the deep-seated structural factors that serve to nurture and consolidate chronic food insecurity, hunger and malnutrition of the most vulnerable in the affected Sahelian localities.

This is where the role of social protection measures through adequate social safety nets becomes critical in leading the vulnerable people from struggling to cope with acute and chronic food insecurity to actually being protected from the effects of chronic food insecurity such as chronic hunger and malnutrition. Such a redirection of approach also serves to complement the conventional direct food aid approach and leading the vulnerable on their path to resilience. In the pages that follow, we review some selected social protection policy instruments or social safety needs, so as to determine their cost-effectiveness and the extent to which some have been ‘successfully’ applied in other food insecure regions such as the Eastern Horn of Africa, in particular, Kenya and Ethiopia. This will then smoothen the path to ascertaining whether and to what extent such strategies can be adapted to the context of the Sahel

5. Direct (emergency) Food Aid responses versus Targeted Social Protection Programs for the Critically Vulnerable Food insecure: A Cost-benefit analysis.

Social protection targeted poor are indeed crucial in reducing hunger and malnutrition. For example, according to statistics from the Food and Agriculture Organization of the United Nations (FAO), the number of undernourished people in developing countries fell from 920 million in 1980 to 798 million in 2001, while the proportion of people living under such conditions dropped substantially, from 28 % to 17 % (Von Braun et al, 2005). It is argued that economic growth, along programs targeted to the poor in some countries, contributed significantly to the progress (ibid). It is also necessary to remember that protracted security crisis such as in the Sahel, cause food insecurity by destroying social welfare (if any), devastating physical and health infrastructures, destabilizing market opportunities and agricultural development. In many cases, these processes induce an environment in which most poor households are exposed to a set of persistent, systematic and significant social, political and economic uncertainties (Headey and Fan 2010), and therefore, the need for strategies to mitigate and reduce the high risk of the most vulnerable to hunger and malnutrition in the Sahel.

However, whilst there is a plethora of instruments and interventions that address risk reduction, mitigation and coping, by supporting or building up people’s assets, (Cromwell and Slater, 2004) there are few proposals for instruments to address the social, economic and political relationships that keep most people in the Sahel chronically food insecure. Evidence from other developing countries of the world such as in Bangladesh, India, Mexico, Ethiopia and Kenya reveal that appropriate social protection programs through adequate social nets for the poor and most vulnerable have a much wider remit and impact than food aid, especially in situations of chronic food insecurity. In chronic food insecure situations (such as the Sahel), appropriate social protection mechanisms— a set of basic social transfers to the poor and vulnerable to ensure their minimum income security and access to basic health care (European Report on Development, 2010) such as cash transfers, school feeding and public

works programs (including food-for-work- and cash-for-work programs) certainly have important contributions to make than the limited and urgent contribution offered through direct food aid. Again, direct food aid addresses short-term coping but does little to address, and can even damage, longer-term risk reduction and mitigation which requires context-specific social protection instruments (Cromwell and Slater, 2004). As Barrett and Maxwell, (2005) have argued, food aid is ideally suited to address a specific type of crisis: acute food insecurity in the context of humanitarian emergencies, where food is short and local markets do not respond to increases in demand.

Moreover, some scholars and practitioners have also argued that direct food aid can have adverse effects on the recipients and that these potential adverse effects of food aid can occur in a number of ways: (1) “disincentive effects on local agricultural production through reduced prices because of greater supply,” (2) “dependency effects because the government can substitute food aid for agricultural development programs” (as clearly apparent in the case of the Sahel) and (3) “the uncertainty of food aid quantities from year to year” (Norton et al., 2010: 410). For instance, following a wave of pilot and expanded programs in the early 1990s in Latin America, cash transfers have been highlighted in the international policy debate as potentially effective social interventions for tackling poverty in developing countries (Barca et al., 2010). As such, critics of food aid have argued, among other things that unrestricted cash donations would be preferable to direct food (Norton et al., 2010: 407).

In recent years there have been evaluations of cash transfer programs in many food insecure regions in the world and the bulk of evidence has so far been positive in terms of the effects on households’ food security, on expenditure on health and education and on a safety net for vulnerable households (Barrientos and DeJong 2006; Farrington and Slater 2006). Arguable, social protection policies through social safety nets such as cash-for-work or cash transfers have the potential to restore assets that enable households to participate in functioning markets; and protect and strengthen entitlements for those who are destitute or unable to work as well as able-bodied people (Cromwell and Slater, 2004).

Therefore, while cash transfer programs cannot be taken as a panacea for food security in poor and complex country contexts such as in the Sahel, they can be very instrumental social protection policy instruments for the most vulnerable, as evident in prominent cases in other conflict prone and food insecure parts of Sub-Saharan Africa such as Ethiopia and Kenya (we shall come back to this later), where such programs have facilitated a shift from food aid to cash aid in extremely vulnerable areas of countries. This shift in approach, which is increasingly recognised by many international organizations and NGOs (Oxfam, SC-UK, ACF, Concern World Wide etc.) has been receiving more impetus following the argument that cash has the capacity to trigger a wider set of developmental outcomes, whilst also being easier and cheaper to deliver than emergency food aid programs (Barca et al., 2010) with no clear time for exit.

More crucially, the ability to target effectively the most vulnerable groups plays a recurrent role in the success of social protection schemes. Thus, despite the above cost-effectiveness of cash transfers programs, they can also cause more harm than good when they do not target the right vulnerable people. According to Grosh et al. (2007: 156), “the goal of a payment system is to successfully distribute the correct number of benefits to the right people at the right time and frequency whilst minimising costs to both the programme and the beneficiary.” Thus, targeting in this case, is about both the technical process of identifying who is vulnerable and the practical implementation process of delivering social protection instruments to such vulnerable people. Therefore, one of the most apparent challenges of cash

transfers is the extent to people the intended beneficiaries are targeted and as well as issues of inclusion errors and corruption (see Cromwell and Slater, 2004)

Public works have also become a popular mechanism, and are widespread today in countries lacking effective unemployment insurance schemes (Grosh et al. 2008). One key benefit of public works programs is the fact that they can be implemented or adapted with relative ease once the shock is there (at least in countries with infrastructure needs); and are usually effective if well designed (particularly, if the wage paid is set below the market wage) and if participation is limited to people in need (Skoufias, 2003). Cash-for-work has also been depicted to be more appropriate for able-bodied target beneficiaries, particularly where market and social infrastructure has been damaged (Cromwell and Slater, 2004). Even in some circumstances, cash-for-work is seen as preferable to cash transfers, because it is more likely to be self-targeting and does not create a disincentive to work (Low *et al.*, 1999). However, the benefits of cash-for-work are increased if complemented with *direct feeding* for the non-able-bodied (Cromwell and Slater, 2004). Moreover, *school feeding* may be relevant in supporting investments in human capital (Bennett, 2003).

In spite of the aforementioned benefits of social safety nets such as cash transfers and public works programs, the fiscal sustainability of social protection programs in fragile and poor countries with resource-constraints (such as the Sahel) is often met with reservations (Gubbels, 2011). Yet evidence suggest that fiscal concerns tend to be overstated, especially when viewed through a cost-benefit analysis standpoint as we have all along demonstrated in this section. *Malgré tout*, the cost and benefits of social protection programs are still preferable to that of universal food aid programs. However, it is certainly the case that the working and benefits of social protection programs such as cash transfers and public works programs can only be better appreciated when examined within specific geographical contexts. Hence, we now move to explore the examples of some East African Countries such as Kenya and Ethiopia.

6. Examples of Targeted and Sustainable Social Protection Programs in the form of Cash Transfers and Cash-for-Work Programs in the Horn of Africa (Ethiopia and Kenya): Possible Lessons for the Sahel?

This section picks out two comprehensive *ex-ante* (i.e before a dramatic shock takes place and so based on existing coping strategies of the poor, which is different from the *ex-post* intervention after the occurrence and later days of a natural hazard) social protection programs in the Eastern Horn of Africa, where cash transfers and/or cash-for work initiatives have been ‘successfully’ applied. These programs include the *Productive Safety Net Programme (PSNP)* in Ethiopia and the *Hunger Safety Net Programme (HSNP)*, in northern Kenya.

The Productive Safety Net Programme (PSNP), for instance is intended to break a long-term pattern.⁷ Historically, the large share of Ethiopia’s population under the threat of food insecurity has been confronted with external food aid –often characterized as uncertain, ill-timed and insufficient (Andersson et al. 2009). The goal of the PSNP is to move away from these annual emergency appeals, providing “...transfers to the food insecure population in chronically food insecure *woredas* (districts) in a way that prevents asset depletion at the household level and creates assets at the community level” (Gilligan et al. 2008). The programme is described in detail in box 1 below.

⁷ See <http://web.undp.org/africa/knowledge/issue-socialprotection.pdf>.

Box 1.

Case-study 1: Targeting Food Security Interventions When “Everyone is Poor”: The Case of Ethiopia’s Productive Safety Net Programme (PSNP).

In Ethiopia, as in many other African countries, there is a pressing need to improve household food security. An emerging consensus suggests that this is most easily accomplished through two development strategies with two complementary dimensions: investments that facilitate income generation and asset accumulation (infrastructure development, improved technologies for agriculture, etc.), and interventions that protect the poorest from hunger, prevent asset depletion and provide a platform on which the growth interventions can take place. Ethiopia’s Productive Safety Net Programme (PSNP), is a federal government program, implemented almost entirely through government systems with harmonized donor support. The objective of the PSNP is to assure food consumption and prevent asset depletion for rural food insecure households in a way that stimulates markets, improves access to services and natural resources, and rehabilitates and enhances the natural environment” (FSCD 2007). The PSNP uses a mix of geographic and community-based targeting to identify chronically food insecure households in chronically food insecure woredas. The figures on historic receipt of food aid were used to determine the number of eligible beneficiaries in each region and woreda. Woreda administrators then selected the chronically food insecure kebeles. Within program kebeles, community-based targeting is used to identify eligible households, which are then assigned to public works or direct support depending on available labour (MoARD 2006).

In 2008, the program operated in the 290 most food insecure woredas in rural Ethiopia.... Food aid targeting in Ethiopia has a long history of relying on community-based targeting systems which have been seen as effective. The PSNP adopted this system while further refining the targeting criteria to capture chronic food insecurity.... Additionally, the program focused geographically on those regions and woredas that had received food aid for the preceding three years or longer as a proxy for chronic food insecurity (MoARD 2006; World Bank 2009).... Given the objective of alleviating chronic food insecurity, household-level targeting for the PSNP initially focused on selecting households that had been persistent recipients of emergency food aid. However, communities were given substantial discretion to modify this approach and to update their lists of food insecure households annually based on local criteria. This allowed for a flexible community-based targeting strategy that takes advantage of local knowledge of households’ circumstances to identify the neediest households. A risk of this approach is that it allows room for some local interest groups to exert undue influence on the targeting process.

.... As set out in the Program Implementation Manual (PIM), four bodies take part in the process of selecting household beneficiaries, with responsibilities at different points in the formation of targeting criteria and selection of beneficiaries. These are the Woreda Food Security Task Force (WFSTF), the Kebele Council, the Kebele Food Security Task Force (KFSTF), and the Community Food Security Task Force (CFSTF)....After determining PSNP eligibility based on these criteria, households are assigned to public works (PW) or direct support (DS): eligible households with able-bodied adults receive transfers for their participation in public works projects, while those households that cannot participate in public works; a much smaller proportion receives direct support....Households receiving these payments have heads of households that are considerably older; these households tend

to be smaller, with much lower labour endowments. They are poorer when measured by livestock holding and by landholdings.

.... From an international perspective, the PSNP is well-targeted. Based on the Coady-Grosh- Hoddinott indices calculated for this sample, targeting is progressive in general. The PSNP also scored better than the median global value of this index, indicating that the PSNP is better targeted than the average global safety net program. Moreover, the PSNP is better targeted than any of the African safety net programs reported in Coady, Grosh and Hoddinott (2004). There is little evidence of elite capture throughout the regions where the PSNP is being operated. In cases where selection processes are amended to include non-poor households, targeting performance is weakened. These findings suggest that the PSNP has been able to target resources to the poorest households in rural areas using a combination of geographic and community-based targeting.... Finally, there is some suggestion that the PSNP's aim to deliver a predictable safety net to households while also creating quality public works may undermine the effectiveness of the targeting through, for example, the need to hire skilled labour to deliver on this second objective.

Source: Coll-Black et al, 2011

Clearly as described in case study above the PSNP can be described as a highly successful social protection program in a highly food insecure country in East Africa due largely to two underlying factors: its success in targeting the most vulnerable and neediest households for both public works and direct cash support (as illustrated in tables below).

Table 1: Prioritized targeting criteria for Public Works (% respondents reporting criteria used).

Targeting Criteria	Priority					Total	Share
	1	2	3	4	5		
Food insecure	11	6	2	3	3	25	5.8
Poor	69	19	6	3	3	100	23
lowland or livestock holdings	14	38	36	13	6	107	24.7
Old people	4	7	10	2	3	26	9
Disabled	2	5	3	7	0	17	3.9
Women	0	2	0	0	1	3	0.7
Many children < 10 years	0	0	1	0	1	2	0.5
Those with no spouse	0	0	1	0	1	6	1.4
Heathy People who are poor	11	12	3	0	2	28	6.5
Large household size	3	6	9	5	1	24	5.5
Those involved in resettlement	0	1	1	1	0	3	0.7
Orphans	0	1	1	3	1	6	1.4
Those affected by drought	1	1	1	3	1	7	1.6
Other than above	14	17	26	15	8	80	18.4
Total	129	115	100	59	31	434	100

Source: Ethiopia Food security Survey, 2006, Community Survey (in Coll-Black et al, 2011)

It is said that the approach to targeting for direct support differed, with high priority afforded to households with limited labour endowments and households with elderly or disabled members as household head or primary income earner received the highest priority in 119 out of 136 communities (88 %) reporting (ibid). 97 % gave some priority to the elderly

and 92 % gave some priority to the disabled (ibid). The table below shows the prioritized targeting criteria for direct support (in either food or cash).

Table 2: Prioritized targeting criteria for direct support in either food or cash (% respondents reporting criteria used).

Targeting Criteria	Priority					Total	Share
	1	2	3	4	5		
Old people who have no help	77	38	14	2	1	132	29.3
Disabled and does not work	42	56	20	5	2	125	27.7
Orphans	4	10	23	16	3	56	12.4
Poor	8	17	14	5	3	47	10.4
Pregnant	0	3	8	5	1	17	3.8
Sick	1	5	12	7	4	29	6.4
Widows who have no help	0	1	4	1	1	7	1.6
Breast feeding women	0	0	0	2	0	2	0.4
Resettled people	1	0	1	2	0	4	0.9
For HIV affected people	1	0	1	1	0	3	0.7
Many children < 10 years	0	0	4	0	1	5	1.1
Female sex workers	0	0	1	0	0	1	0.2
Those affected by drought	0	1	1	1	1	4	0.9
Women	0	0	1	3	0	4	0.9
People residing in Kebele	0	0	1	0	1	2	0.4
Others	2	3	4	2	2	13	2.9
Total	136	134	109	52	451	100	

Source: Ethiopia Food security Survey, 2006, Community Survey (in Coll-Black et al, 2011)

Demonstrably, the PSNP has not only been so far successful in providing beneficiaries with employment in exchange for cash and vulnerable households unable to participate in public works receiving direct support in either food or cash, the program has also played not a small role in helping to break the historical and longstanding emergency food aid approach on which the vulnerable communities highly depended for their survival. Exit studies suggest that beneficiaries have tended to accumulate more assets as a result of the programme (Andersson et al. 2009).

With the above information, we now move to briefly discuss the *Hunger Safety Net Programme (HSNP)*, in northern Kenya. The HSNP is a pilot programme, conceived of and funded by the U.K. Department for International Development (DFID), conducted in the Arid and Semi-Arid Lands (ASALs). Like the case of Ethiopia above, the ASALs are extremely food-insecure areas which have experienced recurrent food crises and food aid responses for decades (see Merttens, 2008). The HSNP is intended to reduce dependency on emergency food aid by sustainably strengthening livelihoods through cash transfers (ibid). Box 2 Below is a vivid summary of the HSNP initiative.

Box 2.

Case-Study 2: The Hunger Safety Nets Programme, Kenya: A Social Protection Case Study.

The Background

Current levels of poverty in Kenya are staggering. Approximately 46 percent of Kenyans live below the poverty line; with 19 per cent living in extreme poverty. More than 1.5 million Kenyans are chronically food insecure, reliant on emergency relief in order to meet their basic needs. The majority of households most vulnerable to food insecurity live in the arid and semi-arid lands (ASAL) that cover approximately 80 per cent of Kenya's land area.

.... The recognition that regular ad-hoc and short-term responses to hunger and vulnerability are neither cost efficient nor particularly effective in terms of building long term resilience to shocks, led to the development of the hunger safety net programme (HSNP). Predictable problems need predictable solutions. The HSNP is based on the acknowledged need to provide regular and predictable assistance in the form of cash-transfers to the poorest people and those most vulnerable to disaster. Designed as a safety net, this approach moves away from reliance on implementing unreliable, unpredictable and emergency focused food-based interventions. This is especially crucial in a context where poverty and vulnerability are extremely high and where communities are habitually prone to drought-related disasters....

Programme Details

The Hunger Safety Nets Programme (HSNP) began in 2008 in the four poorest districts of northern Kenya (Turkana, Marsabit, Mandera and Wajir). The safety net programme is a pilot programme, conceived of and funded by the U.K. Department for International Development (DFID).... The HSNP is a pilot programme structured across two phases and the overarching goal of the programme is to: Reduce extreme poverty in Kenya through guaranteed cash transfers to chronically food-insecure households. The overall goal of Phase One (2008-2012) is to deliver regular guaranteed cash transfers (based on the cost of meeting basic consumption requirements) to up to 60,000 households or 300,000 chronically food insecure people. This would be done through regular payments every two months lasting for three years. The key outcomes and programme impact monitored included: reducing poverty and hunger; impacts on assets, health, education and livelihoods; and changes in consumption expenditure. A key objective of Phase One is to learn how cash transfers achieve these outcomes and to collate evidence to support national strategy development. Long-term cash transfers are new and untested on a national scale in Kenya so the HSNP has been designed to pilot methodologies that: effectively target the poor; transfers cash efficiently to a large number of people; analyses the impact of cash transfers on reducing poverty and hunger; will inform the safety net scale up to a national programme In Phase Two (2012-2017), HSNP will potentially scale up to cover 1.5 million people across the ASALs with Government of Kenya (GoK) and donor funds....

Targeting Beneficiaries

This is a large scale pilot targeting in total 60,000 beneficiary households or 300,000 people in the 4 pilot districts: Turkana (24,000), Wajir (16,000), Mandera (12,000) and Marsabit (8,000). This first level inclusion (geographically based targeting) was determined

on the basis of levels of chronic hunger and malnutrition, and highest concentrations of extreme poverty. Given that identification of geographic areas, targeting mechanisms have been specifically developed which aim to reach the poorest and most vulnerable people. The project will prioritise the participation of women, with a clear emphasis on the registration of women and female-headed households within the vulnerability categories and methods defined. The project builds on previous projects that have enhanced the role of women as key decision makers in their communities and have built their capacity to take greater control of household resources. Targeting households affected by HIV and AIDS uses a criterion that recognises the chronically sick, through dependency ratio and community-based targeting approaches.

Opportunities

- *Demonstration to the Government of Kenya and development partners that chronic food insecurity, hunger and poverty can be addressed, but it is better served by appropriately designed social protection instruments rather than those primarily designed to address acute or transitory food insecurity.*
- *Case Studies and evaluations produced to show that social protection policies are cost effective and accountable, can be implemented even in the most challenging of environments and will have multiple benefits.*
- *The HSNP, by establishing a predictable system to address extreme and chronic food insecurity, is likely to enable participation in other development initiatives, and highlight the productive potential of pastoralist livelihoods.*
- *Regular cash injections into the household, community and district economy will stimulate markets, with potentially wider impacts for non-beneficiaries of the HSNP.*
- *Regular cash transfers will enable recipients to buy basic commodities and to channel the money originally set aside for food, to be spent on reinforcing their livelihoods, increasing their resilience to future droughts.....*

Source: Beesley, J. (2018) "The Hunger Safety Nets Programme, Kenya – A Social Protection Case Study", <https://www.calpnetwork.org/publication/the-hunger-safety-nets-programme-kenya-a-social-protection-case-study/> (Access date: 15 February 2023)

Above, it has been clearly demonstrated that the social protection responses to extreme vulnerability (manifested through chronic food insecurity and hunger) in Ethiopia and Kenya through the Productive Safety Net Programme (PSNP) and the Hunger Safety Net Programme (HSNP) respectively, were boosted by the desire of both governments to move from reliance on ad-hoc, short-term , unpredictable, cost-ineffective and unsustainable emergency food aid, to longer term measures towards resilience in the face of 'complex' natural and politico-economic processes of change.

Despite this common goal, both initiatives different from the fact while *PSNP* was nationally driven by the government of Ethiopia and to a limited extent, supported by donors, the *HSNP* was instead conceived of and supported by external donors in collaboration with the government in Kenya. This means that the long-term sustainability of the HSNP is unpredictable and highly depends on the political and financial commitment of the Government of Kenya when external support seizes.

Moreover, the high success of the *PSNP* in Ethiopia as has been mentioned earlier was also the result of its successful targeting mechanism that reached out not merely to the poor and food insecure, but to the most vulnerable to food insecurity, such as poor lowland or

livestock holdings, healthy people who are poor, women, children, old people with no help, the disabled who do not work, orphans, pregnant women, sick people, widows with no help, HIV affected people, female sex workers etc. In addition, the public work program through cash-for-work as its main component, with a minimal element of direct cash and food component to the most vulnerable was indeed essential in providing income to meet basic food and non-food needs, help the most vulnerable people recover livelihoods and also in stimulating the local economy.

Even though the *HSNP* in Kenya had the limitation of being highly externally driven, its small-scale and highly focalized nature on regular and predictable cash-transfer alone and a priority on women, certainly was also beneficial in targeting the neediest households and individuals, and providing them with income support to buy both food and non-food items, recover livelihoods and stimulate market and trade, as the experience of one *HSNP* participant (Abdi Osman Weheliye) indicates below:

The programme is good, as we've gained a lot of benefits. Before this, there were no pensions at all. People's livelihoods, enterprises or goods have finished or ended and so there was no other money for us at the worst time. Then this money arrived and now everyone over 55 years is receiving it and paying cash for items in shops. A good percentage of this population is poor and now they can buy...water, sugar...whatever they need. It's very good assistance for the vulnerable, poor and aged (Beesley, 2018)

Hence, despite the underlying differences between the large scale *PSNP* state-led social protection policy in Ethiopia and the small-scale *HSPN* donor-led social protection policy in Kenya (both countries in the fragile and conflict-ridden horn of Africa) both programs demonstrate that even in the worst deteriorating conditions of the high risk of high vulnerability, chronic food insecurity, and hunger can be successfully mitigated thanks to appropriately designed social protection initiatives that are cost-effective and target the most vulnerable, than a mere focus on universal food aid designed to address short term acute or transitory food insecurity. Both initiatives indeed provide models for other fragile and conflict-prone regions of Africa such as the Sahel to emulate. The fact remains that in the times of crises and policy responses, countries can always learn from each other about what has worked well and not so well in order to gauge the possibilities of adapting such policies to their own particular contexts. The question now remains: how and to what extent can targeted social protection policies such as the *PSNP in Ethiopia and the HSNP in Kenya be adapted to the Sahelian context? This is the concern of the next section.*

7. Challenges to Adapting the Targeted Social Protection Interventions for the most vulnerable in Ethiopia and Kenya, to the Sahelian Context.

Evidence from Ethiopia and Kenya indicate that targeted social protection programs, focusing on the 'poorest of the poor' and other economically and politically marginalized groups such as women, children, the disabled, elderly etc, have the potential to overcome the structural roots of chronic food and nutrition crises. Both cases have demonstrated that cash transfers with livelihood support can be effective in improving resilience of the poorest and most vulnerable households. Hence, just like the horn of Africa with the cases of Ethiopia and Kenya, to rebuild livelihoods in Sahelian countries (also ecologically, economically and politically fragile and crisis-prone) poor and vulnerable households and individuals need a

buffer that meets their every day survival needs (in the face of complex structural constraints) and give them the opportunity to participate in activities that enhance their livelihoods. Social protection through effective social safety nets such as cash-for-work and cash transfers initiatives can adequately serve this purpose by providing predictable, medium and long-term support to meet their basic needs while also creating a foundation for developing sustainable livelihoods, as such, reducing dependency on emergency food aid.

However, it bears reiterating that despite the growing awareness that the problems underlying chronic food insecurity cannot be adequately tackled by a mere focus on emergency food aid in a complex geo-political and ecological environment, (such as the Sahel) and generally unable to secure commercial imports without severe budgetary consequences, the international humanitarian community and most Sahelian governments have continued to rely heavily on this cost-ineffective and top-down approach. Most governments in the Sahel (in the exception of Niger) continue to have strong reservations about introducing adaptive social protection mechanisms, partly, due to fear in their cost, administration, and possible negative impacts on beneficiaries (Gubbels). Often perceiving the cash transfer agenda as donor-driven and the concern that beneficiaries will become dependent on grants, leading to the erosion of self-reliance and informal community support mechanisms, most governments in the Sahel argue, “it is better to invest their very limited budgets in productive, growth promoting sectors, such as agriculture, industry, infrastructure, and trade” (ibid). Hence, until recently, social cash transfers have been regarded as unaffordable and not the best use of resources (ibid) among Sahelian governments.

Within the Sahel, Niger is one of the first countries to undertake a pilot social transfer project. Building on the lessons and successes of small-scale cash transfer programs (mostly during the lean season) between 2005-2009 of CARE International, SCUK, and the British Red Cross, the Government approached the World Bank requesting funding to finance four studies to assess the modalities for institutionalizing a permanent cash transfer program of 10.000 CFA a month directly to chronically poor households (ibid). As this author notes, what is good about this innovative pilot social safety protection for the most vulnerable is the fact that it is government-driven and managed by the Government (ibid), just like the apparently ‘successful’ case of Ethiopia, already analysed. Like the cases of Kenya and Ethiopia, the aim of Niger was to move away from emergency food aid to mitigating and preventing chronic food and nutritional insecurity by attacking the root causes of the vulnerability and promoting the sustainable livelihoods of the “poor of the poorest” households (see ibid: 37)

However, a major shortcoming of the cash-based social protection program in Niger (just like in Kenya and partly in Ethiopia) is the fact that they are highly susceptible to price inflation, which often is a key factor in food crises (as discussed earlier in the introductory part of this paper). This certainly, greatly undermines the purchasing power of recipients of the cash who also certainly have to spend the bulk of it on food items. The very high cereal prices in Niger in 2010 and during the surge in global grain prices in 2011 demonstrate this risk. Thus, the lesson to be learned at this juncture is that social protection programs whether through public works programs or cash-based programs (as applied in the Horn of Africa through countries such as Ethiopia and Kenya) can be more sustainable when adapted to the Sahelian context, only if accompanied by appropriate measures to regulate markets and control food prices. This is compounded by the fact that the most countries in the Sahel heavily depend on food imports, and lack market friendly policies for the poor and most vulnerable (as noted earlier).

Moreover, despite the innovative social protection initiative in Niger and other parts such as the Horn of Africa (e.g Ethiopia and Kenya), there is strong debate around how social protection programs can eventually become sustainable and how to scale-out (adapt) and scale-up coverage beyond the initial local project area to other affected local geographical contexts, as well as the eventual uptake and integration of such social protection measures by Sahelian governments into their national development plans, given the huge need in Sahelian countries and other governmental hindrances peculiar to the Sahel. As such, social protection initiatives in the Sahel have conventionally been dominated by humanitarian relief and food-based safety nets (ibid).

Typically, in the Sahel, safety nets consist of public action taken by government, supported by donors and NGOs, in response to a level of deprivation deemed socially unacceptable (ibid). It often takes the form of providing assistance (primarily food aid) to support people that fall chronically or temporarily below a threshold of food insecurity, or who are affected by other shocks. For example, according to the 2012 strategic document, a response plan addressing the food and nutrition crisis in the Sahel, ACF et al., (2012) note that, in Burkina Faso, as early as October 2011, the government made available FCFA 6 billion (\$12 million) to buy cereals for vulnerable populations. To improve food availability, it also launched an operation called *Bondofa*, with FCFA 2 billion (\$4 million) to produce 50,000 tons of off-season maize. This strategic document also informs us that in Mali, the government aims to mobilize FCFA 77 billion (\$154 million) for activities related to subsidized sales in most affected areas, to food and seed distributions, and to replenishing the national food-security stock.

Moreover, according to this document, in Mauritania, the government has prepared the —*Emel* (Hope) plan for ouguiyas 45.4 billion (\$160 million) to alleviate the difficulties facing its population and livestock in drought-affected areas. *Emel* has a food component through *Village Food Reserves* (SAVS - *Stocks Alimentaires Villageois de Solidarité*); a nutrition and child-health component; free food distribution; subsidized shops; income-generating activities; and livestock assistance. In Niger, the government aims to mobilize FCFA 160 billion (\$320 million) for emergency programmes in irrigated cultures, livestock safekeeping, revenue-generating activities and national stock recovery. The Government of Niger has also implementing an initiative called "*les Nigériens Nourrissent les Nigériens*" ('3N' – 'Nigériens Feed Nigeriens'), which aims to re-launch the production of improved seeds to increase agricultural production.

One other appalling situation with regards to a collaborative efforts on the part of the international humanitarian community to work towards progressive, adaptive and sustainable social protection policies in the Sahel, and their continuous focus on emergency food aid, is the fact that they have always reacted to the symptoms of chronic food insecurity such as chronic malnutrition and death of children under 5, instead of proactively and pre-emptively working towards the prevention and eradication of chronic hunger and malnutrition. For instance, according World Food Program (WFP) Sahel Emergency, 12.7 million people are food insecure in Burkina Faso, Mali and Niger; WFP reached 2.5 million through its resilience programmes while WFP requires US\$432.2 million to ensure that families can continue to access lifesaving food assistance (WFP, 2022)⁸

⁸ World Food Programme (2023) "Sahel Emergency" <https://www.wfp.org/emergencies/sahel-emergency>
(Access date: 12 March 2023)

Moreover, in an earlier the document by UNICEF: *UNICEF Humanitarian Action Update* (6 February 2012), UNICEF launched an appeal as follows: “UNICEF urgently requires US\$ 67 million to address the immediate needs of children and women affected by the Sahel nutrition crisis in the first half of 2012, which is part of UNICEF’s total 2012 requirements of US\$ 120 million.” The document further notes: “emergency response is needed to treat an estimated caseload of over 1 million children who will suffer from severe acute malnutrition in 2012 in the Sahel.” One other problem as figured out in the statement above is the recurrent problem that despite the chronic nature of food insecurity, hunger and malnutrition in the Sahel, the International humanitarian community continues to perceive the situation as a mere transitory and acute food insecurity and malnutrition situation, and hence, continues to rely on short time, costly and unsustainable emergency responses.

Another critical fact to be recognized is that even if appropriate social protection mechanisms are put in place for the vulnerable in the Sahel, the long term sustainability of these measures highly depend on democratic institutional arrangement that promote access to, and participation of the most vulnerable in the politico-economic processes that serve to shape their vulnerability. This requirement is well cited by other scholars— “people’s protection and welfare depend on accountable political systems, rule of law, functioning judicial systems, and the provision of public services (Jaspars and Shoham, 2002,). However, considering the nature of market and price volatility, of the Sahel, the complex nature of its state fragility, its crises and conflict prone nature, there might be continuous reservations on how and the extent to which social protection policies that have worked and are working in other developing regions (such as Ethiopia and Kenya), can work in the Sahel.

Conclusion and Policy Implications.

This paper has had the privilege to demonstrate that while the recurrent food crises in the Sahel are increasing recognized as complex processes that are deeply rooted in local society, national governments and international humanitarian actors operating in the Sahel mostly tend to start from blueprint approaches, mainly initiated in a top-down manner and limited to a standardized set of unsustainable emergencies set of responses. As such, governments of the Sahel and their international humanitarian partners have always tended to be surprised by the severity and persistence of chronic food insecurity crises manifested through chronic hunger, malnutrition and even death.

The findings of this paper support the hypothesis that the persistent chronic food insecurity, hunger and malnutrition crisis, which the poor and critically vulnerable people of the Sahel are plunged into, is not a crisis of food availability per se, but that of food accessibility, compounded by high state fragility, violent conflicts and dysfunctional democratic institutions. Thus, it is safe to argue that the persistent chronic food insecurity, of the poor and most vulnerable of the Sahel region can be successfully mitigated only insofar as the international community in collaboration with Sahelian governments come to the consensus that the root causes of the appalling food insecurity situation are more structural—linked to a ‘poverty crisis’ of food accessibility (food demand) rather than mere availability (food emergencies supply) that requires long term sustained efforts through social protection policies such as evident in Ethiopia and Kenya, but adaptive to the politico-economic realities of Sahelian countries, especially central Sahel and putting the chronically poor and

most vulnerable at the centre of their own food security efforts for their individual and collective wellbeing.

Hence, one giant step to lift households and individuals out of the chronic poverty trap in the Sahel is to work gradually (but surely) on different fronts at the same time. This should involve, going beyond not only the traditional emergency relief efforts, but it should involve also moving beyond the current emphasis of this paper on social protection measures to actually embracing a rigorous political economy analysis (that hold society together in most Sub-Saharan Africa including the Sahel e.g issues of neopatrimonialism and corruption) on the part of the international community before, during and after food security and sustainable livelihoods interventions. This is also where transforming the current ‘exclusionary’ institutional setting plays a particularly vital role because, as earlier argued in a different way, this mediates access to assets and markets and defines the opportunities to turn strategies into sustainable livelihoods.

Thus, this article challenges donors and international humanitarian organizations to indeed make conscious efforts to work with *Sahelian* governments in developing long-term and sustainable national and regional integrated food security response plans that combine humanitarian (emergency aid) and development efforts (adaptive peacebuilding) to strengthen populations’ resilience and to end the recurrent cycles of food and nutrition crises in the Sahel. These policies and reforms should be designed, implemented and monitored with the participation of all stakeholders, including the most vulnerable people and civil society organizations. However, given the enormity of the task ahead, the urgent action requires the Sahelian governments and their external stakeholders to concentrate on few priority areas through adaptive and targeted social protection programs that yield the highest social returns for the most vulnerable (the poor and underprivileged groups) rather than a superficial focus on universal direct food aid interventions. Hence, the findings of this paper play not a small role in contributing to the effective national and sub-regional implementation of the Global Sustainable Development Agenda 2030 (particularly SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture).

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