



Review of Opportunities and
Challenges for Strengthening
Humanitarian and Development
Linkages for Nutrition with
Examples from Myanmar, Niger
and Afghanistan

THE REPUBLIC OF NIGER

CASE STUDY

This project consists of the following publications:

Lessons learned from Humanitarian-Development Nexus reviews in Myanmar, Niger and Afghanistan

- Report
- Policy brief

Review of opportunities and challenges for strengthening humanitarian and development linkages for nutrition with examples from Myanmar, Niger and Afghanistan

- Afghanistan
- Myanmar
- Niger

All publications and recording of accompanied webinars are available in French and English at the following links:

[GNC website](#)

[Scaling Up Nutrition website](#)



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This study and its inclusive recommendations contain contributions from the members of the Nutrition Technical Group (GTN), representatives of national institutions, civil society and agencies of the United Nations and secondary sources of data and information. The list of reference documents and persons interviewed, along with a detailed methodology, can be found in the annexes.

This study was commissioned by the Global Nutrition Cluster (GNC) and the SUN Movement Secretariat (SMS) to document the experiences of crisis affected countries and to suggest options to support the Humanitarian-Development Nexus (HDN) for nutrition. The study aims to identify opportunities and pragmatic solutions. The analysis is, for this reason, not exhaustive, but purposive. Only the aspects relevant to the context are presented. A particular emphasis is given to the factors enabling or limiting collaboration among humanitarian and development partners and their commitment to strengthening the HDN for nutrition.

This case study is part of a series of three studies including Myanmar and Afghanistan. The study was conducted between July and September 2020. Because of the COVID-19 pandemic, the studies had to be conducted remotely. Due to availability, linguistic and technical constraints, the informants may not form a true representation of all the stakeholders.

For this study, the HDN is considered to be the key point where humanitarian interventions and development converge through the need to prevent, anticipate and respond to crises, particularly for the most vulnerable and at-risk populations. This requires balancing short-term responses with more long-term solutions, enabling

humanitarian interventions and development to complement and strengthen one another.

In 2005, Niger experienced a historic nutrition crisis that triggered a massive humanitarian response and highlighted a severe nutritional situation and the vulnerability of the country to disasters. Following this crisis, the management of acute malnutrition scaled up considerably, supported by humanitarian actors and donors. Since then, significant progress has been made in Niger, despite its fragility and the growing humanitarian needs as a result of the Boko Haram crisis in Nigeria, the conflict in Mali and their repercussions in Niger.

Niger has always been a land of innovation in the field of nutrition. Since 2005, the Integrated Management of Acute Malnutrition (IMAM) has been fully integrated into the health systems, with the support of UN agencies and NGOs. In 2020, a roadmap was adopted to include IMAM in the national budget to facilitate its transition from humanitarian assistance to development programmes. To address the implementation challenges, the stakeholders are continuing to propose innovative approaches: for example; MUAC-Mother, CMAM-Surge, simplified protocols and seasonal chemoprophylaxis of Malaria. Nutrition also plays a leading role in the promotion of the Humanitarian-Development Nexus in Niger through this transition process.

In 2012, the Initiative Les Nigériens Nourissent les Nigériens (I3N) was launched with a strong political support. This initiative enabled a multisectoral policy, the National Nutritional Security Policy (PNSN), that finally was adopted in 2016.

HIGH AND PERSISTENT RATES OF MALNUTRITION

Despite the significant progress made in managing acute malnutrition, the prevalence of malnutrition in all of its forms in Niger remains very high.

In 2019, more than 2 million people were affected by malnutrition. According to the 2019 SMART nutrition survey, more than one child in 10 (10.7 per cent) suffers from wasting (acute malnutrition), 2.7 per cent of whom suffer from a severe form. Chronic malnutrition (stunting) affects almost half of them (45.7 per cent in 2019). Anaemia affects 61 per cent of children under the age of five and 49 per cent of women of childbearing age, and is the leading cause of maternal death (28 per cent of all cases). The regions of Maradi, Zinder, Tahoua and Diffa are particularly affected by acute and chronic malnutrition.

The IMAM programme has been gradually scaled up since 2010. However, although the intervention has contributed to reducing infant mortality, the prevalence of global acute malnutrition (GAM) remains above 10 per cent each year.

Between 2010 and 2019, an average of 500,000 children suffering from severe acute malnutrition (SAM) were admitted to hospital each year.

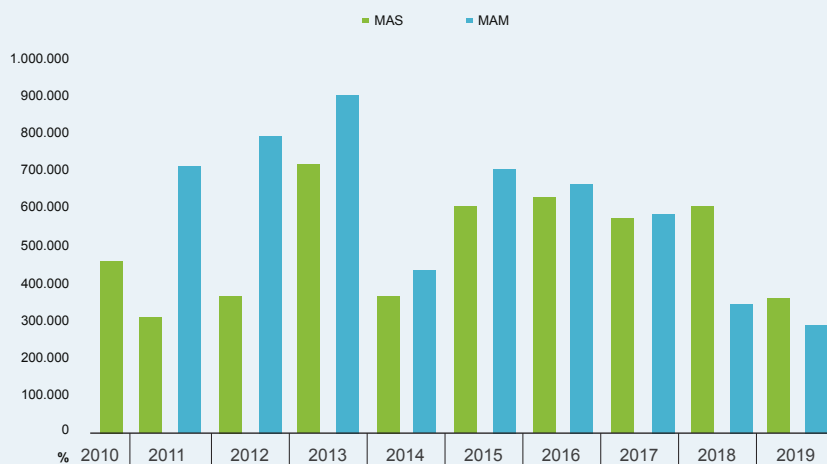
Both acute and chronic malnutrition have multidimensional, structural causes exacerbated by insecurity, forced displacement, droughts, epidemics and recurring floods. Among possible contributing factors are high rates of poverty,¹ low levels of literacy among mothers, high levels of fertility with short intervals between births, and sometimes unfavourable social and cultural practices. All this compounded by the impact of climate change, and insufficient investment in nutrition, in particular in prevention.

Figure 1: Trend in prevalence of global acute malnutrition in Niger between 2005 and 2019



Source: Enquêtes nationales du Niger, 2005-2009.

Figure 2: Total annual admissions of patients with severe acute malnutrition and moderate acute malnutrition in Niger



Source: Direction de la nutrition; MSP Comité technique national de santé 2020.

¹ Niger is one of the poorest countries in the world, coming last in the human development index (UNDP 2019).

SUSTAINED POLITICAL COMMITMENT TO NUTRITION SINCE 2012

In 2005, Niger experienced a historic nutritional crisis that was a significant turning point and put nutrition high on the agenda and initiated a massive humanitarian response. Following this crisis, nutrition was integrated in most interventions in Niger with treatment programmes targeting acute malnutrition (IMAM), strongly supported by humanitarian donors – notably European Commission Humanitarian Aid Office (ECHO) – which have grown in number over time. They include various partners, UN agencies (UNICEF, WFP, WHO) and NGOs (national and international), enabling IMAM to be implemented in health centres and the development of national policies and protocols to fight malnutrition in all of its forms.

In 2006, the Nutrition Division was raised to the rank of Directorate of Nutrition within the Ministry of Public Health. A policy framework was then proposed (the Food and Nutrition Policy, along with a plan of action), but it was not adopted.

A turning point was reached in 2010 with the creation of a High Authority for Food Security –Haute Autorité à la Sécurité Alimentaire (HASA) – and in February 2011, Niger joined the SUN Movement. The new President, Mahamadou Issoufou, took office in April 2011 and made food and nutrition security a key objective in his manifesto through the 3N initiative (Nigeriens

Feeding Nigeriens) and the creation of the High Commission for the 3N Initiative (HC3N). In 2011, the National Social Protection Policy made food and nutrition security its main strategic focus. In 2012, the National Nutrition Policy (2012-2021) was adopted, thanks to strong support by the Ministry of Public Health.

I3N played a key role in the changes that have occurred in the past few years. It serves as the basis for the planning of public action on agricultural development and food and nutrition security by the ministries and the territorial authorities. It also sparked a new way of looking at nutrition as the foundation of human development and no longer just a humanitarian issue or a simple sub-topic of food security.

The fourth strategic focus of I3N provides for “improving the nutritional status of Nigeriens”. The development of the PNSN is in line with this focus and fully embodies the desire to act on the prevention and treatment of malnutrition simultaneously, pushing for a multisectoral, multidisciplinary and inclusive approach. The PNSN is aligned with the Sustainable Development Goal 2. The development and launch of the PNSN were supported with additional human resources and the mobilisation of significant technical and financial assistance from technical and financial partners, the development and adoption of the Economic and

Social Development Plan 2017-2021, the dynamism of the HC3N itself and its visibility, and the sustained interest of the President. The commitments made have yet to be reflected in sectoral policies, many of which pre-date the PNSN. The adoption of the PNSN and its governing bodies triggered the participation of a wide range of sectoral ministries and the designation of nutrition focal points in the various ministries.

The general policy document based on Niger’s macroeconomic indicators, Economic and Social Development Plan 2017-2021, dedicates sub-programme 3.3 to nutrition security (the nutritional status of the population is improved) within the social-development focus and the demographic transition. This sub-programme is divided into five actions covering the eight commitments of the PNSN. Nevertheless, for the Economic and Social Development Plan 2017-2021, malnutrition is a determining factor in the health situation and reducing the prevalence of malnutrition is not the final goal.

The HC3N is dependent on the ministries and the technical and financial partners for the implementation of the interventions. The current evaluation of the implementation of the PNSN 2017-2020 action plan means detailed information on the results of this implementation can be provided.

FALLING HUMANITARIAN FUNDING AND RISING DEVELOPMENT AID

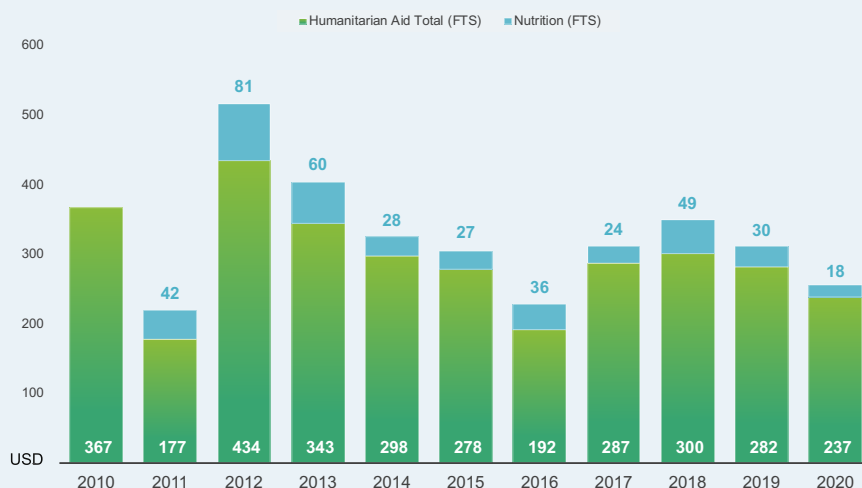
Since 2014, humanitarian needs have increased in the border regions as a result of the Boko Haram crisis in Nigeria and the crisis in Mali and its repercussions for Niger. Despite the increase in needs, humanitarian funding has not risen greatly as a result of the global increase in humanitarian needs and strong competition for resources, which have always been limited.

This contraction of humanitarian funding has increased competition between NGOs and UN agencies and competition to access resources, which harms coordination efforts. However, more flexible funding solutions have been initiated by donors (French Development Agency, Switzerland, European Union delegation trust fund) to adapt to the fragility. These solutions, however, always involve the same actors, and the local government and non-governmental actors are under-represented as beneficiaries of the funding.

Niger is a significant recipient of development aid. The analysis conducted in 2018 by Chaire Sahel/ FERDI calculated the amount of transferable aid sent to Niger to be US\$6.766 billion between 2006 and 2016. This represents an average of \$31.9 per year per inhabitant, or 9.4 per cent of GDP. The aid constantly increased over the period (by an average of 12.3 per cent per year).

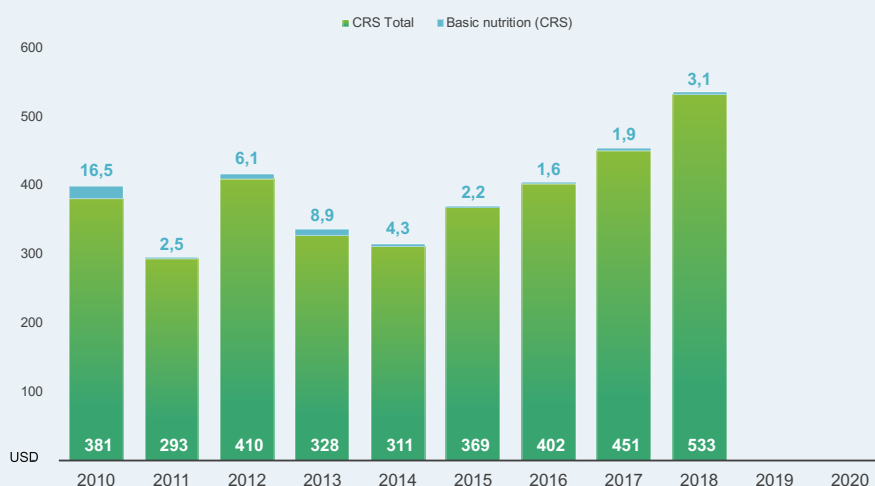
The analysis conducted in 2019, specifically addressing government spending on nutrition in 2016/2017 through HC3N and the National Information Platform for Nutrition (NIPN), showed that the Ministry

Figure 3: Total humanitarian aid and for the nutrition sector in Niger between 2010 and 2020



Source: OCDE CRS

Figure 4: Development aid to Niger and contributions to the nutrition sector - DAC countries from 2010 to 2018



Source: OCHA FTS

of Agriculture and Livestock and the Ministry of Public Health had the greatest number of budget lines linked to nutrition. The volume of the total budget allocated to nutrition in Niger increased to 478.8 million dollars for the period from 2016-2017, 150.7 million of which was its own resources. The budget allocations from the state's own resources dedicated to nutrition make up 3.4 per cent of the total state budget for the period from 2016-2017. The government has committed to fund 15 per cent of the PNSN. The NIPN is a project supported by the European Union to collect, aggregate and analyse data on current and past nutrition, to increase the ability to analyse the factors and determinants that influence malnutrition and to provide better information to enable strategic and political decisions to be made.

According to the budget analysis of the country's own resources, there are significant gaps between the budget allocations and the actual spending on nutrition. The rates of implementation were estimated at 64.3 per cent in 2016 and 77.5 per cent in 2017, with disparities between ministries and annual variations.

The investments in nutrition-specific² interventions with respect to the total nutrition budget has been poor for two years and decreased from 11.4 per cent in 2016 to 0.03 per cent in 2017, possibly because of a change in priorities following a surge in insecurity. Specific investments in nutrition largely relate to support provided to the Directorate of Nutrition by the Ministry of Public

Health (operations, feeding products and a vitamin A and albendazole distribution campaign). The allocations to nutrition-sensitive interventions are estimated to be \$450.8 million, representing 93.2 per cent of the total budget allocation to nutrition.

The proportion of allocations and total budget spending on nutrition in Niger compared to the GDP is very weak and has practically stagnated in the past two years. The SUN 2016-2020 MEAL dashboard also indicates that these investments are remaining centralized at a national level, and underlines the absence of data at a subnational level.

In comparison, the analysis conducted by Tous Unis pour la Nutrition (All Together for Nutrition) for the period from 2010-2013, indicated total annual forecasts for these sectors similar to the data for 2016/2017 and a split between

emergency actions and development of 89 per cent and 11 per cent. The contribution from the national budget was minimal and estimated at just \$22.4 million a year (\$90 million over four years), representing around 11 per cent of the total investments in nutrition forecast. The Directorate of Nutrition only represents 0.2 per cent of the budget of the Ministry of Public Health and was the only sector accounted for in the budget forecast for the component "improvement in the nutritional status of Nigeriens" from the I3N, which had just been launched.

It should, however, be noted that despite the fact that the level of investment remains low, the transition between humanitarian and multiannual funding of the management of malnutrition has started.

² Nutrition-specific interventions and programmes address the immediate determinants of malnutrition and development – adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases. Nutrition-sensitive Interventions or programmes address the underlying determinants of fetal and child nutrition and development – food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment – and incorporate specific nutrition goals and actions



SENSITIVITY TO SHOCKS AND NUTRITIONAL CRISES OF THE POLICIES REMAINS LIMITED

Niger is facing numerous concurrent emergencies, limiting the ability of communities and public services to respond in an appropriate manner. Niger is affected by recurring natural disasters, notably droughts, epidemics, floods and plagues of locusts. Since the serious food crises in the 1980s and in 2005, national response mechanisms to respond to droughts and to seasonal food and nutrition insecurity have been put in place and are always operational. They are recognized at both cross-regional and international. To this end, a Vulnerable Population Support Plan (for those vulnerable to food insecurity and malnutrition) was developed and is implemented each year under the aegis of the National Mechanism for the Prevention and Management of Disasters and Food Crises – Dispositif National de Prévention et de Gestion des Crises Alimentaires (DNPGCA). This past decade, though, has also seen an increase in armed conflicts. The humanitarian crisis continues and is worsening – notably as a result of the security crisis exacerbated by growing

instability in neighbouring countries – in the regions of Diffa, Tillabéri, Tahoua and recently Maradi. This has triggered the influx of thousands of refugees, returnees and internally displaced persons. The Ministry of Humanitarian Action and Crisis Management was created to address these evolving needs and the humanitarian context, along with other institutions responsible for issues of fragility and mitigating security shocks (SDS, HACP, etc.).

Communities and local authorities are often the first ones to respond to disasters, but their capacities are often limited. State services are also often not active in zones that are affected by conflicts. Initiatives to support early warning and crisis response have been launched by NGOs to improve the ability to anticipate situations and responses. For example, the CMAM-Surge strategy supports the implementation of an early warning system and the increase in health centres' capacity depending on the need for treatment. It mainly relies on the support of the

NGOs and humanitarian funding but can serve as a basis for developing a nexus approach and an expanded approach to the entire health system.

The Economic and Social Development Plan emphasizes the need to increase sensitivity to shocks in the development programmes. However, the response to crises is only integrated through the social protection sector, including free access to health care and the prevention and treatment of malnutrition. The response to crises is also tackled in the PNSN through commitments 2 (Health and Nutrition) and 5 (Nutrition and Social Protection).

The Humanitarian Response Plan interventions make up the majority of the nutritional response in the Support Plan (IMAM, complementary foods) and 20 per cent of the budget for the plan in 2020 (\$66 million). The link between emergency response and development programmes remains limited and does not yet represent an opportunity for the development of a Humanitarian-Development Nexus for Nutrition.



COORDINATION MECHANISMS THAT ARE CONDUCTIVE TO DIALOGUE

In 2013, the Nutrition Cluster became a Nutrition Technical Group (GTN). The Nutrition Cluster was activated in February 2010 to facilitate the coordination of nutritional interventions, the main aim of which was to coordinate the humanitarian actors. Replacing the cluster with the GTN was the response to a desire to open up the group to non-humanitarian actors to tackle issues of the prevention of malnutrition while continuing to ensure the necessary

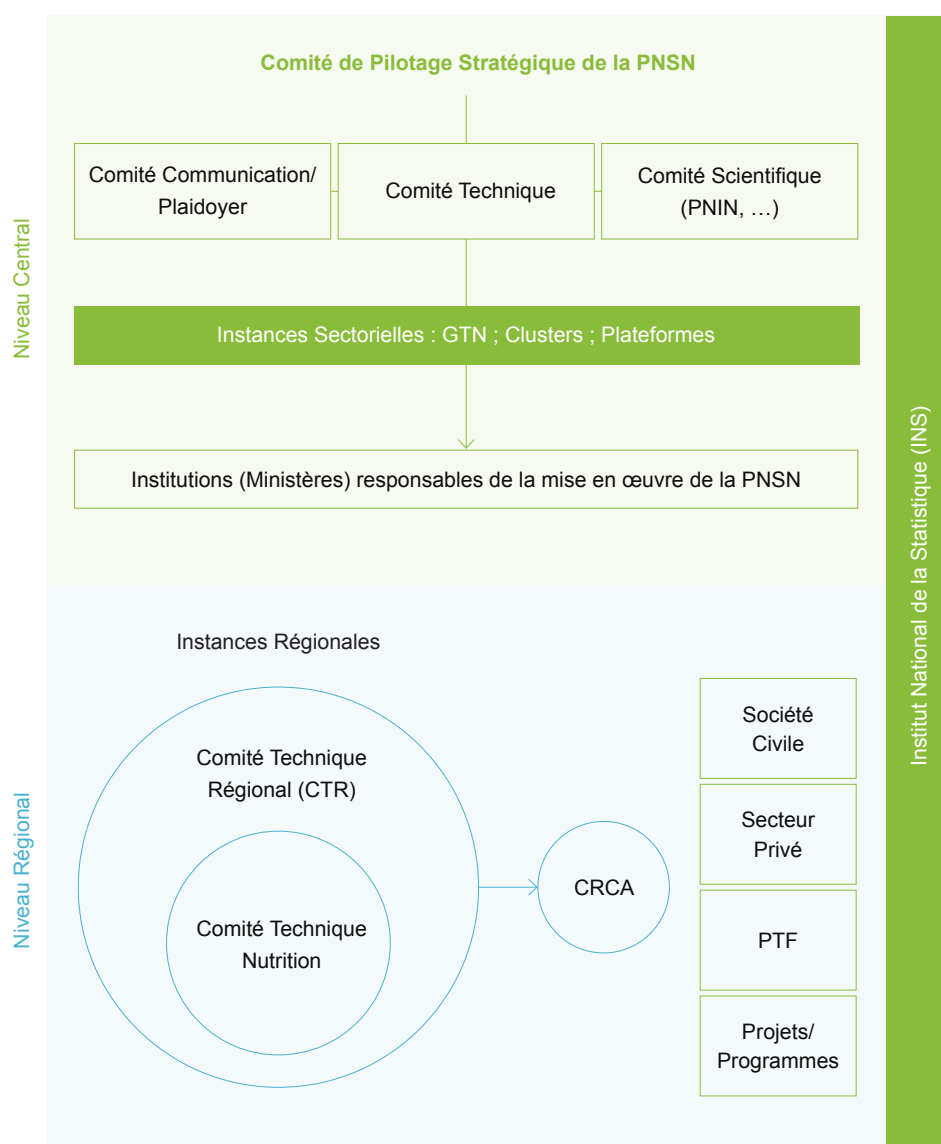
coordination of curative programmes. One of the main objectives of the GTN is to offer a coordination platform for actions to combat malnutrition in all of its forms. It is clear that the GTN has succeeded in structuring itself and in integrating a good representation of humanitarian and non-humanitarian, international and local actors, all while continuing to focus on the health and nutrition sector.

The terms of reference of the GTN were recently revised, allowing it to clarify its strategic vision and its desire to work towards a better balance between treatment and prevention. However, issues linked to the treatment of acute malnutrition are always the main point of focus for this group, with the organizers involved in the PCIMA making up the majority. The Thematic Technical Group (GTT) IMAM is very active and driven by clear results (roadmap for the transition of IMAM, MUAC-mother, CMAM-Surge etc.). Conversely, the GTT prevention is not yet as dynamic. The GTT advocacy is currently undergoing revitalization to focus on specified priorities and objectives, including the Humanitarian-Development Nexus and the validation of the roadmap for the IMAM transition. Although the GTN currently has 36 members, a recent evaluation (CCPM 2019) showed a lack of representation and integration of subnational actors.

The governing bodies on nutrition set out by the PNSN include a GTN-sensitive (GTN-S) coordinating body, recently created under the authority of the Ministry of Agriculture and Livestock to ensure the coordination of actions known as 'nutrition-sensitive'. The effective implementation of this was delayed by the COVID-19 crisis.

The nutrition cell of the HC3N plays a leading role in the implementation of the PNSN and ensures governance and coordination together with the ministries in question. At the central level, the Strategic Steering Committee of the PNSN is the direct coordinating and governing body of the PNSN that is in charge of strategic orientations and consists of Secretary-Generals of the sectoral ministries supported by their advisers/technicians and coordinated

Figure 5: Bodies of the PNSN (strategic and operational levels)



Source: HC3N



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by the Secretary-General of the HC3N. The Strategic Steering Committee guides the work of the three sub-committees:

- The Technical Committee of the PNSN, which brings together experts from various sectors of intervention
- The Scientific Committee or reflection and scientific and technical orientation committee, which is linked to NIPN
- The Committee in charge of Communication and Advocacy

The technical committee meets every three months, and despite its name mainly addresses strategic issues. The frequency of the meetings is not sufficient to ensure dynamic exchanges and sufficient motivation on the sectoral focal points. The technical committee therefore needs to be supported by the more technical bodies such as the GTN and the GTN-S.

The participation of the focal points also suffers from a lack of specific terms of reference and clarity of roles and responsibilities for each stakeholder. Certain sectors are also facing issues of coordination and internal recognition. In 2006, for example, the Nutrition Division was raised to the rank of Directorate of Nutrition. Since then, its status has remained unchanged despite the converging recommendations to elevate its status within the Ministry of Public Health. These issues specific to the sector should also be compared with the challenges faced by the nutrition focal points within their own structures, where they are not always sufficiently well supported and do not always have sufficient decision-making powers to participate in the coordination effectively. The humanitarian actors and those from civil society are represented in these bodies but by a very limited number of organizations.

The Government of Niger has created a high-level tripartite committee on

the issues linked to the Humanitarian-Development Nexus (CTT Nexus), presided over by the Ministry of Humanitarian Action. This committee is responsible for coordinating the various actors and making proposals for the operationalization of a nexus approach, in particular in certain areas of priority interest that simultaneously need immediate emergency-response interventions and structural and sustainable investments.

The European Union delegation plays a key role as a facilitator of donor coordination as the convener of the SUN donor network which was relaunched in 2019. This coordination has provided promising results in terms of participation and support for priority actions, such as the transition of IMAM. A mapping of the nutrition donors is also planned for late 2020.

THE HUMANITARIAN-DEVELOPMENT NEXUS FOR NUTRITION IN NIGER

Retrospectively, we can see that nutrition played the role of initiator in the promotion of the Humanitarian-Development Nexus in Niger and in particular in the reclassification of humanitarian needs to development needs. Nowadays, nutrition is recognized as a development issue, enabling more appropriate programmes to be implemented and a transition from third party humanitarian assistance to national programmes. The adoption of the roadmap to integrate the costs of IMAM (staff and therapeutic products) into the national budget shows a significant paradigm shift.

The PNSN also offers a suitable framework for a transition between humanitarian and development by structuring the treatment of malnutrition and prevention programmes within a common and multisectoral framework.

These initiatives are supported by multi-actor coordination frameworks: the Nutrition Technical Group (GTN), the GTN-S that is currently being developed and the CTT Nexus.

Understanding of the Humanitarian-Development Nexus and the benefits it can bring is progressing, and not just in connection with the transition between humanitarian and development programming, but also by linking in disaster preparedness and response planning, as the development of the CMAM Surge approach shows. The increased insecurity and conflicts in Niger and the reduction in humanitarian funding for nutrition and food assistance, may help accelerate the transition process and encourage the development of a multisectoral vision of the nexus around the maintenance of basic services in areas affected by disasters and conflicts including the coordination between short-term, medium-term and

long-term interventions. However, not all of the actors have been sensitized or exposed to these developments, and the notion of the Humanitarian-Development Nexus, specifically for nutrition, remains vague.

The coverage of the interventions set out in the PNSN remains limited and very dependent on the thematic priorities of each donor and each ministry in the absence of a ranking of combined and concerted priorities. Few interventions are implemented at sub-national and community levels except nutrition-specific interventions through

the health systems, supported by organizations that are mainly humanitarian in nature. The resources and capacities dedicated to the development of local services and investments in nutrition remain minimal and insufficient.

The dissemination of the PNSN, the difficult implementation of its interventions and its multisectoral vision of nutrition are also based on the presence and experience of civil society organizations supported by funding that is short-term, precarious and not always correctly connected to the HC3N or its regional representations.



RECOMMENDATIONS TO STRENGTHEN THE HUMANITARIAN-DEVELOPMENT NEXUS FOR NUTRITION IN NIGER

The progress in the transition of IMAM has been made as a result of a targeted and inclusive approach, taking advantage of the experience and the knowledge of civil society organizations and their long presence in the communities supported at a political and strategic level by the United Nations and the donors, most of which are humanitarian in nature. The Nexus approach to nutrition could therefore use this experience in defining the areas of convergence and the specific objectives, achieving a progressive implementation approach and ensuring the participation of all of the actors.

The implementation of the PNSN may play a key role in the development of the Humanitarian- Development Nexus for nutrition. In order to bring the actors together, it needs to show real results and be more targeted. Considering the significant vulnerability to disasters, these aspects need to be systematically taken into account and integrated into all of the interventions to ensure anticipated responses and to reduce the humanitarian needs.

Finally, given the limited resources, all of the actors must work together to enhance their comparative advantages, their resources, their knowledge, experience and geographical presence. In order to do this, they need to adopt the process and have access to the anticipated and quantifiable resources and capacity-building initiatives. Their participation can be motivated by adherence to specific objectives and results and by an appropriate redefinition of the roles and responsibilities, as well as by a more inclusive approach. The achievements and the use of the results are also key factors in creating political and financial support.

1.

Developing a common vision of the Humanitarian-Development Nexus specifically for nutrition

The GTN, GTN-S and CTT Nexus should:

- Ensure a joint understanding of the HDN approach by disseminating the existing tools and through integrating HDN concepts in training sessions and events at a national and subnational level
- Organize a joint working session specifically to identify and clarify the added value of the Humanitarian-Development Nexus for nutrition in order to ensure greater levels of participation, specifying the benefits it can bring and the target groups, identifying the areas of convergence, the priorities, and integrating these actions and priorities into the (2021-2025) PNSN action plan
- Allocate responsibility for each priority to an actor and support them to mobilize the necessary resources
- Engage new partners and ensure the participation of local actors
- Develop a guidance note and an action plan and ensure it is disseminated among the technical and financial partners

The GNC and the SMS should:

- Share the existing guidance on the Humanitarian-Development Nexus, including those relating to good practice, and promote the exchange of experiences

- Support the GTN and the SUN focal point to mobilize the technical assistance and/or the resources necessary

2.

Promoting the operationalization of the PNSN by ranking the interventions by priority (and geographical areas) and by mobilizing humanitarian and local actors

The GTN and SUN Focal Point should:

- Continue the work initiated by NIPN and the humanitarian actors, ensuring the wide dissemination of evidence from the prevention programmes, identifying the gaps and working together to fill them, and ensuring the continuation of NIPN
- Organize a priority-ranking exercise supported by the appropriate technical assistance in line with the priorities identified by the actors
 - When developing a new action plan (2021-2025) for the PNSN, define transparent criteria (needs, feasibility, efficacy) for prioritization and a progressive implementation plan
- Identify the opportunities to use the expertise and field presence of the humanitarian, civil-society and local actors to support systems strengthening and capacity development at local level and extend the coverage of essential services into the hard-to-reach areas

- Identify opportunities to strengthen the preparation for and the early response to crises through local actors and national policies to reduce the impact of these crises and the humanitarian needs
- Prioritize the annual monitoring of investments in nutrition, and report on the findings for increased accountability
- Involve the donors from the start to identify funding opportunities and advocate for increased flexibility and synergy

The GNC, SMS and SUN Global Networks should:

- Share knowledge and existing tools at a global and national level to support the priority-ranking exercises
- Promote exchanges of experience
- Mobilize appropriate technical assistance

The SUN Movement Coordinator and SUN Leadership should:

- Organize the monitoring of the recommendations set out during the visit in 2018
- Share the guidelines and recommendations the RC/HC

3. Increasing the participation and the opportunities for collaboration

The GTN, GTN-S, SUN focal point, UN network, civil society, universities, donors and the private sector should:

- Review the roles of each group, their ability to mobilize resources and sufficient capacity to fulfil the tasks allocated to them, and give priority to joint action plans
- Identify the functional skills necessary and develop a capacity-building and support plan
- Ensure each group or committee has strategic objectives, an annual action plan, the roles and responsibilities for its members defined and ensure reporting and accountability
- Allocate the representation to a predefined team, rather than an individual, to cope with the workload and the sometimes-unavoidable turnover
- Ensure the representation of local groups and organizations

The GNC, SMS and SUN Global Networks should:

- Support the inclusion process and support the mobilisation of resources for inclusion
- Share the competency frameworks that were developed

The RC/HC should:

- Support the rationalisation of the coordination mechanisms and promote inclusion, particularly civil society organizations



ANNEX 1:

SCOPE, METHODOLOGY, BACKGROUND AND DOCUMENTS REFERRED TO DURING DESK REVIEW

SCOPE

This report has been commissioned by the GNC and the SUN Movement Secretariat to capture experiences of crisis affected States and suggest options to strengthen the Humanitarian-Development Nexus for nutrition outcomes. This document is based on three country case studies, Afghanistan, Myanmar and Niger, and examines how humanitarian and development actors do and do not work together to improve nutrition. The country case studies also offered the opportunity to involve key stakeholders in this critical review and to formulate, with them, actionable recommendations.

The detailed findings and recommendations are compiled in independent country reports, which were presented and discussed with the key stakeholders in Afghanistan, Myanmar and Niger. Additional insights were collected from Yemen and informants working across a large range of countries.

The objective of the study is to identify and share examples of good practice and to identify practical, country-specific opportunities and solutions, to strengthen the Humanitarian-Development Nexus for nutrition. The analysis is therefore not exhaustive but purposive. Only relevant aspects of the context and studied frameworks are presented. A particular emphasis is given to the factors enabling collaboration and commitment to nutrition.

METHODOLOGY

The study used a qualitative research design including secondary data analysis and focus group and key informant interviews. Interviews were conducted between July and September 2020. Individual anonymity was assured, and therefore identifiable positions have not been reported. Informants included representatives from central government institutions, UN, international and national NGO/CSO, researchers, and bilateral and multilateral donor agencies in both technical and managerial positions. The interviews were structured around a set of questions to capture the specific experiences of the informants. While interviews were semi-structured, the set of questions were broadly uniform across countries.

The desk component of the work consisted of a literature review. A search strategy was developed focusing on literature related to multisectoral and sector approaches potentially contributing to nutrition, including: policy and strategic frameworks; coordination mechanisms and frameworks; governance, leadership and political economy; financing; information and knowledge management; and programmes and initiatives. The search was limited to documents and information published after 2010.

The methodology was adapted to the specific constraints imposed by the COVID-19 pandemic. All interviews and meetings were held remotely using video-conferencing applications. It limited both the choice of the informants and the level of interaction with the informants:

- The consultant could not use the service of a translator. Only English or French-speaking informants were interviewed, limiting the representativity of the sample in Afghanistan and Myanmar
- The majority of the interviews were individual interviews
- The meetings and interviews were limited to one hour, acknowledging the fatigue related to remoteness. Additional questions and information were collected through email when necessary
- The remoteness of the study made it less attractive to certain groups of informants
- As much as possible, video was used to ease the personal interactions but the use of video remains limited, with many informants not being sufficiently equipped or connected
- On some occasions, technical issues prevented the interviews from being concluded

While a wide range of stakeholders, across humanitarian, development and government workstreams were contacted, the study was limited by logistical and time constraints and by stakeholders' availability. The study was conducted over a holiday period, when organizations experience a high turnover. The availability of informants was also limited by institutional issues, which were not mitigated in the short time of the study.

The findings of the study are therefore limited by these specific constraints and their validity limited to one particular point in time.

BACKGROUND

The country case studies, this global report and the associated policy brief were commissioned jointly by the Global Nutrition Cluster and the SUN Movement Secretariat, engaged in the nexus building as a New Way of Working.³

As a part of the humanitarian reform process, the cluster approach was initiated in 2005 to improve the effectiveness of humanitarian responses through greater predictability, accountability, responsibility, and partnership. This included the creation of the Nutrition Cluster, which has now been officially activated in 24 countries. The GNC also supports in-country sectoral coordination mechanisms, as is the case in Niger and in Myanmar – included in this study.

The Scaling Up Nutrition Movement was created in 2010 to inspire a new way of working collaboratively to end malnutrition in all its forms. It is now active in 61 countries and four Indian states. At the heart of the SUN movement is the multi-stakeholder platform (MSP). MSPs are led and chaired by a government-appointed focal point and aim to bring together all nutrition stakeholders – including humanitarian actors – around the same table, to prevent malnutrition in all its forms, and therefore reduce humanitarian need.

For this study, the Humanitarian-Development Nexus is understood as the central point where humanitarian and development actors and programmes join up to address more effectively the issues they are facing.

Nutrition in fragile states is often influenced by both the poverty of the public services, protracted crises, recurrent disasters and climate change. It therefore requires intensified collaboration and focus and adaptive strategies that an HDN could contribute to development.

In those contexts, with the appropriate support and participation, Nutrition Clusters and MSPs can both contribute to strengthening the HDN by supporting the identification of areas of convergence and efficiency gains. The challenges faced in crisis affected states call for a certain flexibility of the traditional mandates and roles of the humanitarian, and development actors.

The general objective of the HDN approach is to deliver better and accountable holistic programming to populations in need of assistance. The emphasis was placed on bridging the humanitarian-development divide, in the reduction of risk and vulnerability, while the impact of climate change, natural disasters and conflicts on populations was also emphasized. There was also an emphasis on the importance of context-specific regional and global partnerships, with flexible multi-year financial commitments for long-term planning. Why?

flexible multi-year financial commitments for long-term planning. Why?

1. **The UN says the number of people who require international humanitarian assistance increased by 60 per cent in the five years from 2014 to 2019 (OCHA, 2019, p. 28). Humanitarian crises have become increasingly complex, protracted and likely to be caused by conflict. Rapidly escalating humanitarian needs have not been matched by increases in humanitarian funding. Too often, humanitarian-response funding is the main source of funding to address malnutrition, even in situations of protracted**

³ Strengthening the Humanitarian-Development Nexus was identified by the majority of stakeholders as a top priority at the World Humanitarian Summit (WHS) in 2016, including donors, NGOs, crisis-affected states and others, and it received more commitments at the WHS than any other area. ['New Way of Working'](#)

or frequently recurring crises. Emergency policies, funding, and action plans are often limited in time and scope to alleviate immediate suffering and save lives, allowing limited capacity to align with longer-term, development actions.

2. **Disasters, conflict, fragility and climate change impact and undermine development outcomes. This is especially true in complex and protracted crises where development and humanitarian assistance are, in many cases, required and delivered in tandem. Countries must develop long-term approaches to combat the impact of the main determinants of malnutrition. This will allow humanitarian and development actions to be more genuinely complementary and mutually reinforcing.**
3. **Disaster responses are not sufficiently timely and appropriate to mitigate the impact of disasters. Responses need to be anticipated early, or at least in a timely way, to efficiently reduce the suffering of the affected population and address their needs. Communities themselves and their local governments are often the first responders to disasters. However, not enough investment is being made to build their capacities to anticipate, respond and become more resilient. This requires adaptive programming that is risk-informed, including addressing underlying vulnerabilities and building capacities.**

In the nutrition sector, the divisions between humanitarian and development activities are further complicated by a distinction between a relatively narrow set of largely treatment-focused, nutrition-specific activities and a more prevention-focused, multisectoral approach. In many contexts, across both humanitarian and development spheres, there is a failure to deliver nutrition-specific and multisectoral, nutrition-sensitive actions comprehensively as a package.

For this study, two approaches were looked at, but not exclusively:

- Development policies, plans, and funding are more adaptive to disasters and encompass all forms and aspects of malnutrition
- Humanitarian responses, while responding to immediate needs, contribute to building the capacities and the resilience of communities and systems

While global commitments were made by member states, donors, and implementing agencies around the nexus in the World Humanitarian Summit in Istanbul in 2016, many have not been operationalized locally and so often fall short of delivering real impact to affected populations. This study is expecting to provide inputs to the operationalisation of the Nexus specifically for nutrition outcomes.



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ANNEX 2:

PERSONS CONSULTED

Name	Organization	Role
Ann Defraye	UNICEF	GTN Coordinator
Mado Diakité	HC3N	Technical Assistant
Chiara Raffaele Aurélié Rakotofiringa	European Union Delegation Donor Coordination	Programme Managers
Amadou Alzouma	ECHO	Programme Officer
Mohamed Ag Bendeck	PNIN	Technical Assistance Adviser
Jean-Francois Caremel		Researcher
Djaffra Traore	ACF	Advocacy Officer
Idrissa Sidikou Souna	Tous Unis pour la Nutrition	Coordinator
Adamou Amadou Hainikoye	UNICEF Diffa	Health Specialist
Souley Adamou	UNICEF Maradi-Zinder	Nutrition Officer
Roger Sodjinou Benedict Tabiojongmbeng	UN SUN Network	Head of Nutrition (UNICEF) Head of Nutrition (WFP)
Felicité Tchibindat	UNICEF	Country Representative
Gervais NtandouBouzitou Dr Aboubacar (apologies)	HC3N	Technical Assistant Nutrition cell officer

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