

FOCUS AREA

SUN member countries with high humanitarian risk levels

Key findings from the SUN Movement MEAL baseline:

- The enabling environment for good nutrition is least advanced in countries with a very high humanitarian risk level.
- Donor spending for nutrition-specific interventions targeted to children and women is highest in very high-risk countries; however, as expected, domestic spending for nutrition is significantly lower.
- The delivery of standard nutrition and health care is most challenging in very high-risk countries, with the critical shortage of health professionals and low coverage of interventions targeted to children and women.
- The enactment of legislation for nutrition is less advanced in very high-risk countries – one third have no legal measures in place to implement the International Code of Marketing of Breastmilk Substitutes.
- All SDGs that are drivers of good nutrition – access to clean water and sanitation, lower infectious diseases, food security – are lagging in high and very high-risk countries.
- Adolescent girls and women living in high and very-high risk countries are particularly vulnerable, with higher education gaps, early marriage rates and adolescent fertility.
- Child feeding practices are disrupted in the wake of humanitarian conflicts or disasters as shown by lower rates of exclusive breastfeeding and complementary feeding in very high-risk countries.
- Children and women living in high and very high-risk countries experience a heavy burden of undernutrition, with higher levels of child stunting, child wasting, and women's anaemia.
- SDGs that are influenced by good nutrition – U5 mortality, NCD mortality, early child development and GDP growth – are progressing least in high and very high-risk countries.

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ACTIONABLE RECOMMENDATIONS FOR HUMANITARIAN AND DEVELOPMENT ACTORS

- All agency directors should commit to build the humanitarian-development nexus in all aspects of planning, financing and operation.¹
- Nutrition-specific interventions should be included in key sectoral operations (e.g. WASH, food aid, education, social protection, etc.) with special measures for displaced populations and refugees and additional consideration towards the nutritional requirements of infants, children and women.²

2018-2020 PRIORITIES OF THE SUN MOVEMENT

1. **Engagement of the SUN Movement Coordinator at the highest level** – this includes heads of states and ministries, leadership of UN agencies, NGOs, donors, financial institutions and companies as well as UN Resident and Humanitarian Coordinators in all SUN countries.
2. **Documented commitment of SUN Donor Network to the Grand Bargain** through funding mechanisms that enable sectoral coordination with an emphasis on the protection, promotion and support of infant feeding in emergency.
3. **Documented commitment of the UN Network, Civil Society Network and Business Network to bridge the humanitarian-development nexus** in countries where they are actively engaged through their alliances and coordination mechanisms.
4. **Engagement and capacity building of the SUN Government Focal Points and country-level Cluster leads creating opportunities for joint work on key topics** (e.g. early warning, disaster risk reduction, protection of infant feeding in emergency, protection of adolescent girls, etc.).
5. **Reporting through the SUN Monitoring, Evaluation, Accountability and Learning system:**
 - Review of national nutrition plans to assess the inclusion of early warning, disaster risk reduction and response and mitigation strategies for affected populations.
 - Documented achievements by the SUN Networks and Stewardships (point 1-3 above).
 - Documented better coordination among in-country stakeholders, especially between the SUN Government Focal Points and Cluster leads (point 4 above).
 - Timely and predictable response by the SUN Movement global support system (global networks and technical providers) to requests from SUN Government Focal Points in countries affected by protracted humanitarian crisis, especially those with very high humanitarian risks.
6. **Documented examples from SUN countries in high and very-high humanitarian risk levels** with a focus on lessons learned and doable practices in planning, finance and operation.

¹ For more information, refer to the letter sent by the Emergency Relief Coordinator, Mr. Stephen O'Brien, to all humanitarian coordinators (Link: <http://nutritioncluster.net/guidance-note-un-humanitarian-coordinators-integrated-multi-sectoral-nutrition-actions/>) and to the Blueprint for Action prepared by the UN Secretary General Envoy for Climate Change, Mrs. Mary Robinson and Mr. Macharia Kamau (Paper: [301215-Blueprint_Final.pdf](#)). The forthcoming UK-funded study in South Sudan, Somalia, Yemen and Chad also provides key recommendations.

² Read the paper signed by several organizations to move the nutrition agenda further in protracted humanitarian contexts (Link: <http://docs.scalingupnutrition.org/wp-content/uploads/2017/07/SUN-Movement-Paper-Focus-on-Nutrition-during-Crises.pdf>)

SUN COUNTRY HUMANITARIAN CLASSIFICATION

The [INFORM Index](#) identifies countries at a high risk of humanitarian crisis that are more likely to require international assistance, based on three dimensions of risk: hazards and exposure, vulnerability, and lack of coping capacity. Based on the INFORM Index classification in mid-2017, 25 SUN countries (42%) were considered as high risk and 12 (20%) were considered as very high risk (Figure 1, Table 1).

Figure 1: Map of SUN countries showing humanitarian risk level

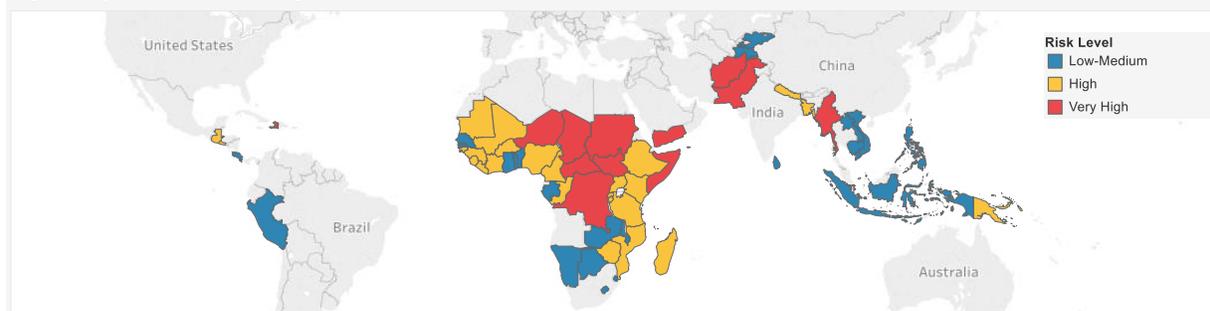


Table 1: SUN countries by humanitarian risk classification

LOW		MEDIUM		HIGH		VERY HIGH	
Botswana	Benin	Namibia	Bangladesh	Madagascar	Afghanistan		
Costa Rica	Cambodia	Peru	Burkina Faso	Mali	Central African Republic		
	Comoros	Philippines	Burundi	Mauritania	Chad		
	Gabon	Senegal	Cameroon	Mozambique	DR Congo		
	Gambia	Sri Lanka	Congo	Nepal	Haiti		
	Ghana	Swaziland	Côte d'Ivoire	Nigeria	Myanmar		
	Indonesia	Tajikistan	El Salvador	Papua New Guinea	Niger		
	Kyrgyzstan	Togo	Ethiopia	Rwanda	Pakistan		
	Lao PDR	Viet Nam	Guatemala	Sierra Leone	Somalia		
	Lesotho	Zambia	Guinea	Tanzania	South Sudan		
	Malawi		Guinea-Bissau	Uganda	Sudan		
			Kenya	Zimbabwe	Yemen		
			Liberia				

METHODOLOGY

The SUN Movement's Monitoring, Evaluation, Accountability and Learning (MEAL) system is based on the SUN Movement's Theory of Change and includes 79 key indicators that align with globally-agreed monitoring frameworks and initiatives or are specific to the SUN Movement (e.g. SUN Joint Annual Assessments). A detailed description of the MEAL Framework of Results and Lists of Indicators, including definitions and data sources, is available on the SUN website (<http://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-learning-meal/>).

The results presented in this brief are based on the SUN Movement 2016 MEAL Baseline dataset (March 2018 version). The data analysis process used descriptive statistics (e.g. mean, median) and multi-variate statistical analysis (e.g. ANOVA) to examine the status of countries for various indicators based on their humanitarian risk level. Unless otherwise stated, average values are based on the mean. The associations shown in the figures are descriptive and do not account for potential confounding factors.

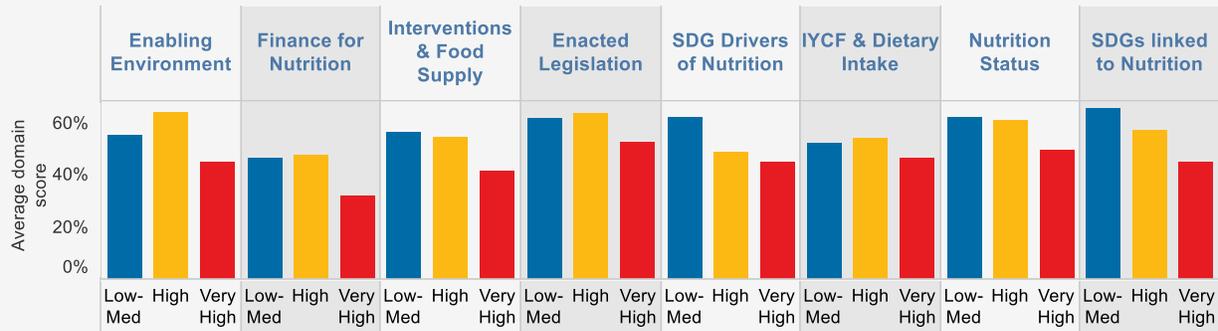
ACKNOWLEDGEMENTS

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SUN MEAL BASELINE 2016 RESULTS

The SUN MEAL Baseline in 2016 found that the performance of very high humanitarian risk countries was lower in all eight domains that correspond with the SUN Movement’s Theory of Change (Figure 2). The following sections explore the key findings in more detail.

Figure 2: Domain scores by country humanitarian risk classification



Note: based on data for 23 Low-Medium, 25 High and 12 Very High humanitarian risk level SUN countries.



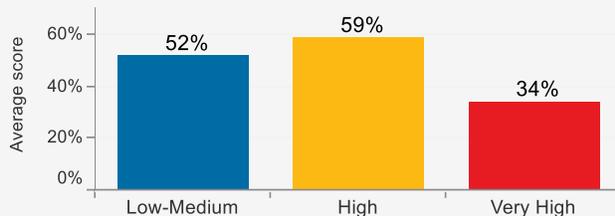
ENABLING ENVIRONMENT FOR NUTRITION

Emergency-affected countries are less able to provide an enabling environment for good nutrition. Gaps in leadership, security and infrastructure challenge a country’s capacity to ensure adequate food systems and effectively deliver and monitor nutrition-related services.

PROGRESS IN THE SUN MOVEMENT PROCESSES

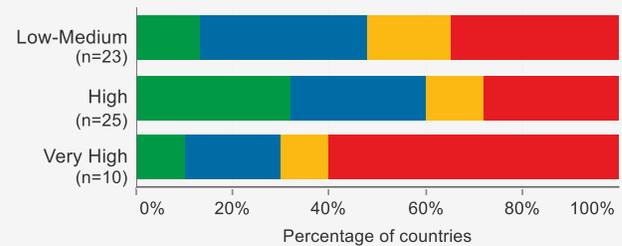
Based on the most recent SUN Movement Joint Annual Assessment reports between 2014-2016, countries with a very high humanitarian risk level have markedly lower performance across the four SUN Movement processes (Figure 3). Very high humanitarian risk countries also are less likely to report engagement of high-level advocates for nutrition (types include identification of nutrition champions and engaging parliamentarians and the media), with 60% reporting no mobilization actions by 2016 (Figure 4).

Figure 3: Performance in the four SUN Movement processes by country humanitarian risk level



Note: Based on each SUN country’s most recent Joint Annual Assessment between 2014 and 2016. Data available for 21 Low-medium, 22 High, and 8 Very High risk level countries.

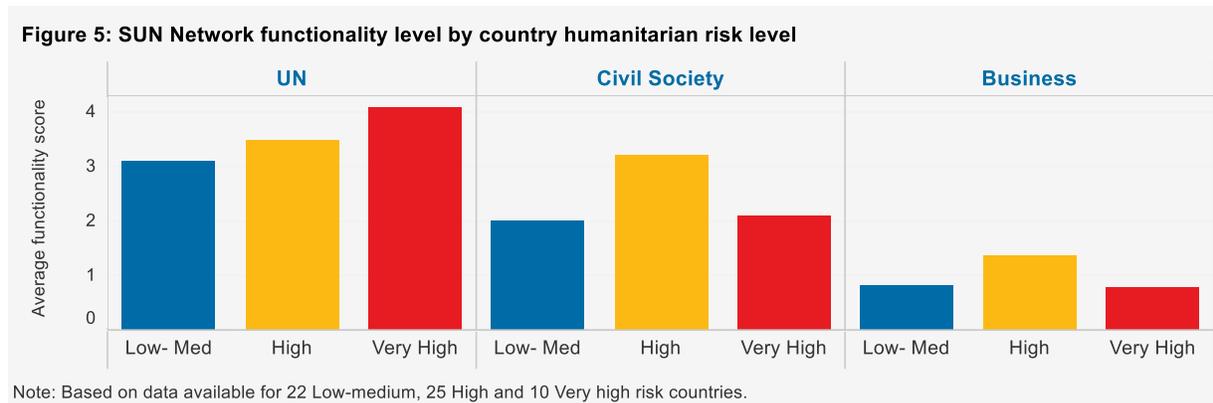
Figure 4: Mobilization of high-level advocates by country humanitarian risk level



Number of high-level advocates for nutrition mobilized
 ■ All 3 ■ 2 types ■ 1 type ■ None

EXISTENCE AND FUNCTIONALITY OF NETWORKS

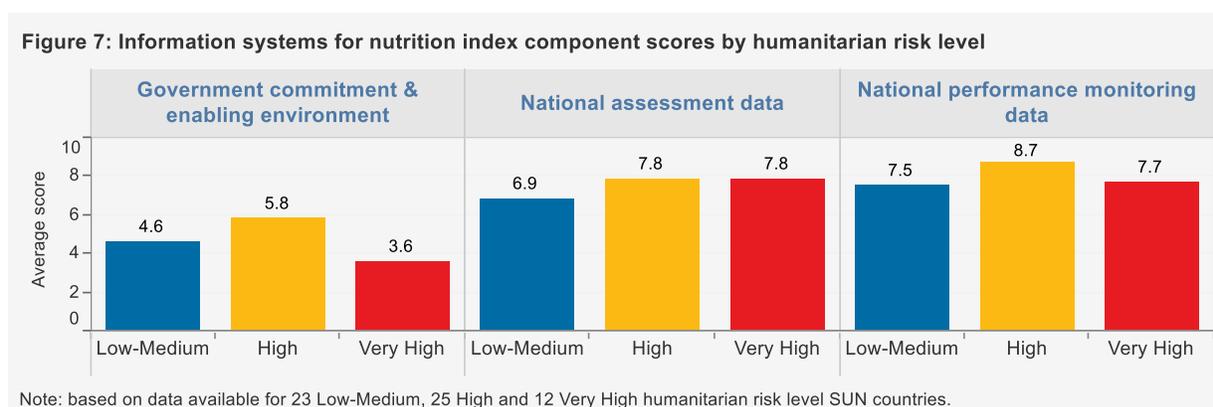
Another key feature of the enabling environment is the existence and functionality of networks and alliances, including UN agencies, civil society organizations, businesses, donors and academia. Based on SUN network functionality indices developed by each network in 2016, a comparison of functionality across humanitarian risk contexts is shown in Figure 5.



The highest functionality score for the UN Network for Nutrition in SUN countries with high and very high humanitarian risk levels is consistent with the recognized mandate of UN Agencies to support the Government to ensure the minimum disruption of public services. Civil Society Organizations and Businesses are less likely to be able to operate in contexts with high levels of insecurity.

INFORMATION SYSTEMS FOR NUTRITION

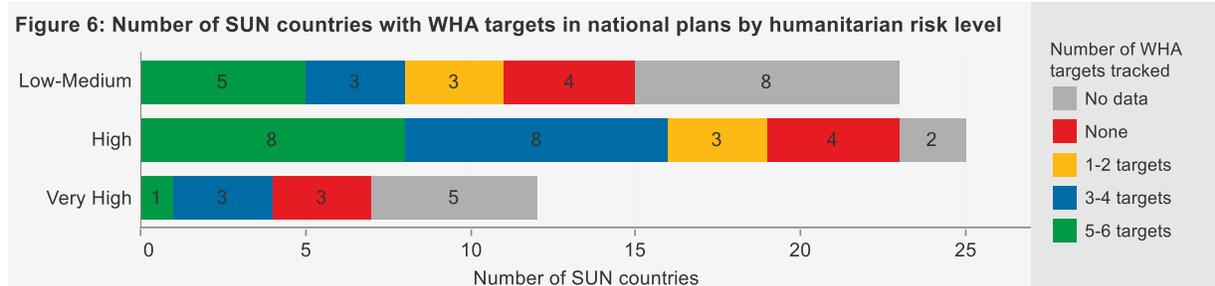
Mapping of information systems for nutrition in SUN countries in 2016 was organized around three components (Figure 7). Results highlight the challenges in very high humanitarian risk countries of establishing governance mechanisms to prioritize, collect and use data and information on nutrition. No difference is observed for national survey data availability or existence of monitoring systems, although the functionality of these was not assessed.



Routine collection and analysis of nutrition data is more challenging in humanitarian contexts, leading to data gaps. For the SUN MEAL baseline, on average, very high-risk countries are missing data for 14 of the 79 key indicators, compared to 8 in the high risk and 10 in the low-medium humanitarian risk countries.

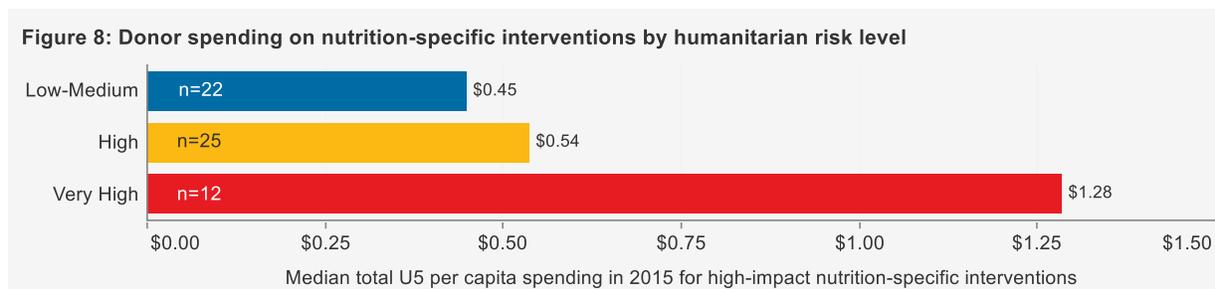
NUTRITION TARGETS IN NATIONAL PLANS

A review in 2016 of SUN country national nutrition policies and strategies showed that many have not included the World Health Assembly (WHA) global targets for improving maternal and child nutrition in these documents. The gaps are especially evident among very high humanitarian risk countries (Figure 6).

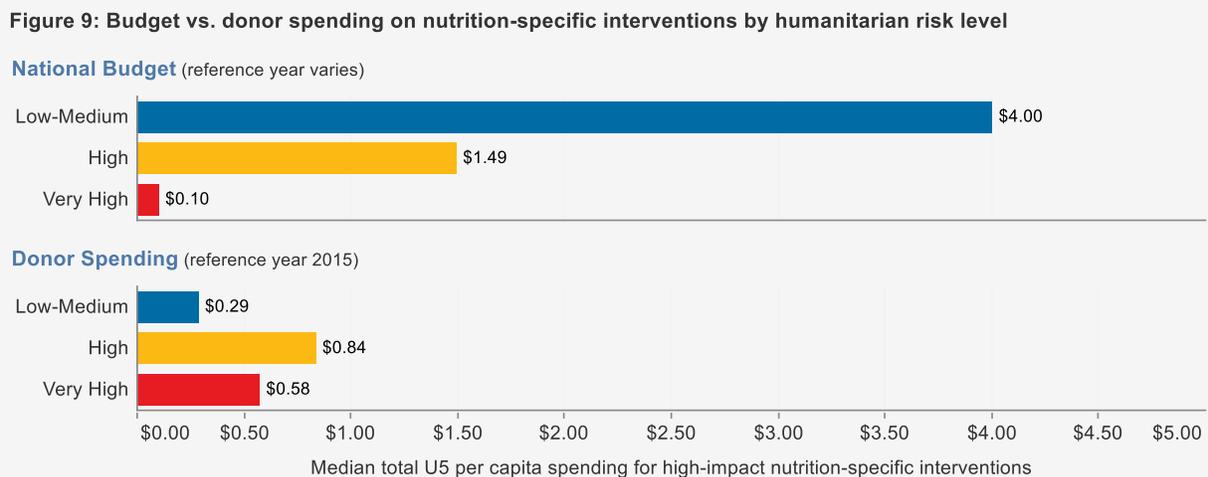


FINANCE FOR NUTRITION

Donor spending on nutrition-specific interventions is significantly greater in SUN countries with very high humanitarian risk levels (Figure 8). This is consistent with the mandate of the donor community to prioritize emergency-affected and low-income countries with proven life-saving interventions.



When comparing a sub-set of countries with both domestic and external finance data (Figure 9), the level of domestic spending is significantly higher in countries with low-medium and high humanitarian risk levels while the level of donor spending shows a mixed pattern.



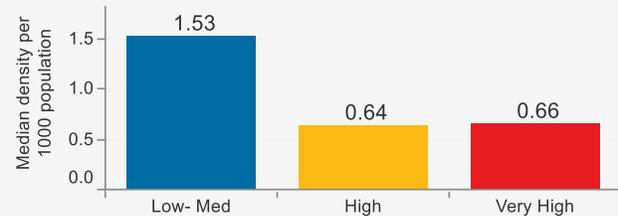
Note: based on data for 12 Low-Medium, 15 High and 3 Very High risk level countries with information on both indicators.



INTERVENTIONS AND FOOD SUPPLY

Countries facing higher humanitarian risk levels also face challenges in delivering standard nutrition and health care associated with high levels of social and political instability. Indicators such as health worker density (see Figure 10) show the critical shortage of health professionals in high and very high risk SUN countries.

Figure 10: Health worker density by country humanitarian risk level

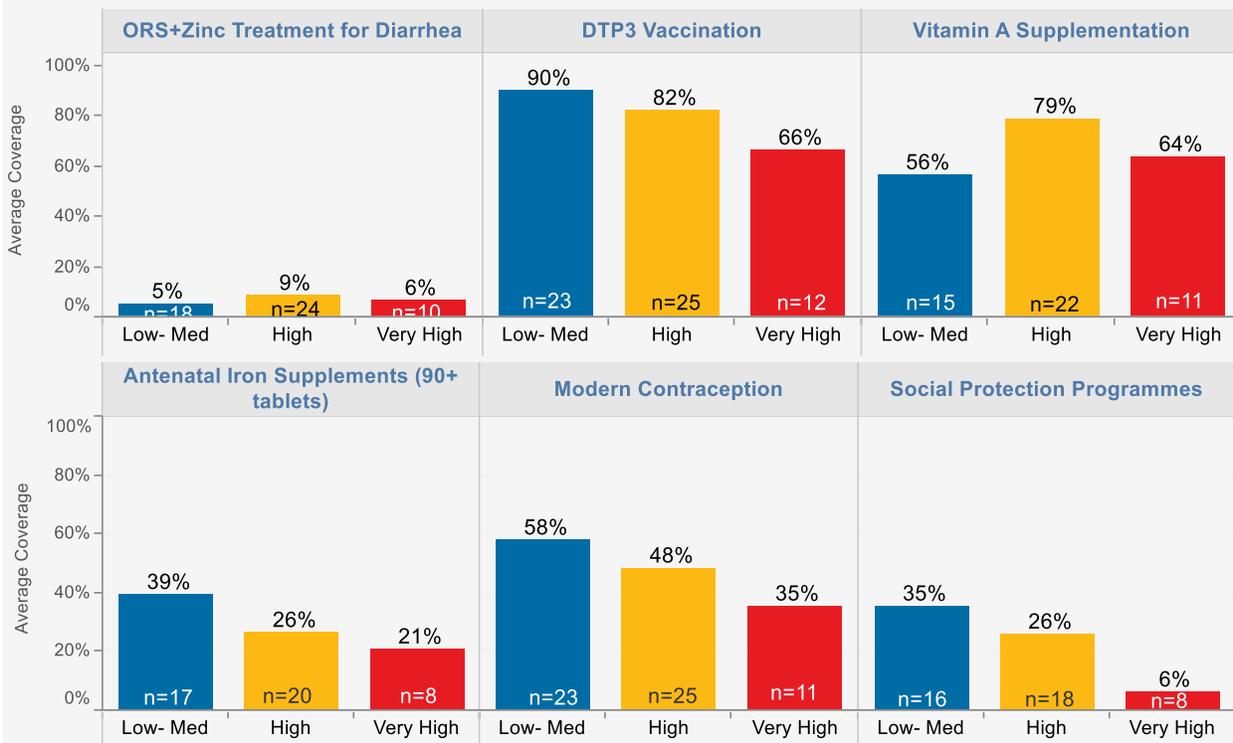


Note: based on number of physicians and nurses per 1000 population (reference years 2003 to 2016); data available for 23 low-medium, 24 high and 11 very high risk level countries.

Intervention coverage for high-impact health and nutrition actions is another indication of the challenges faced (Figure 11). Coverage for treatment of child diarrhea with oral rehydration solution (ORS) and zinc is equally low across all contexts. However, coverage for a child health intervention that relies heavily on functioning health systems – vaccination with DTP3 – shows reduced coverage as the humanitarian risk level increases. Vaccination coverage in very high risk SUN countries is dramatically lower (27%, $p < 0.001$) compared to low-medium risk countries.

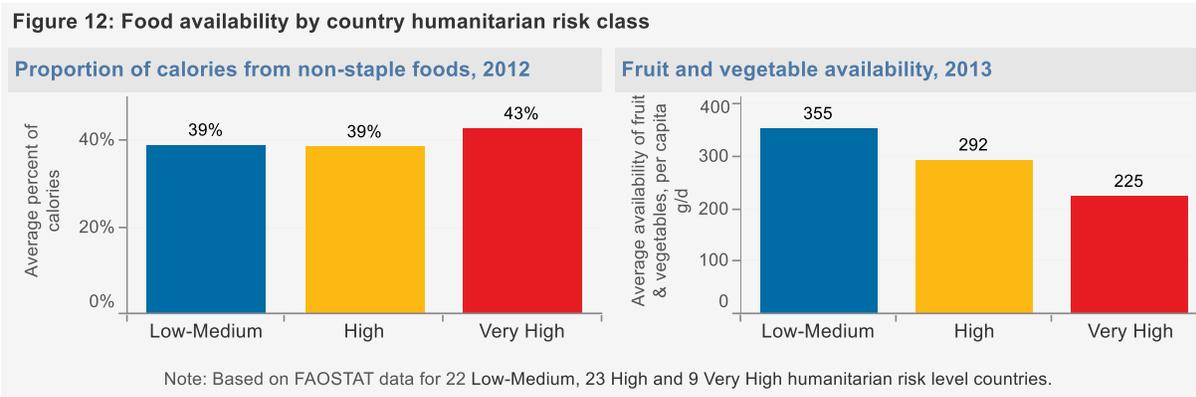
Coverage for vitamin A supplementation (VAS) shows a different pattern, likely due to the fact that VAS campaigns supplement standard health system care and are more commonly implemented in higher risk settings. However, even for a campaign type of intervention, children living in very high risk humanitarian countries are much less likely to receive this life-saving intervention. Similarly, interventions targeting women (antenatal iron supplementation, family planning) and social protection programmes also show decreases in coverage as humanitarian risk increases.

Figure 11: Intervention coverage by country humanitarian risk level



FOOD SUPPLY

Dietary quality, as measured by the share of dietary energy supply derived from non-staple foods, does not vary across humanitarian risk levels but there tends to be lower availability of fruit and vegetables in higher humanitarian risk contexts (Figure 12).

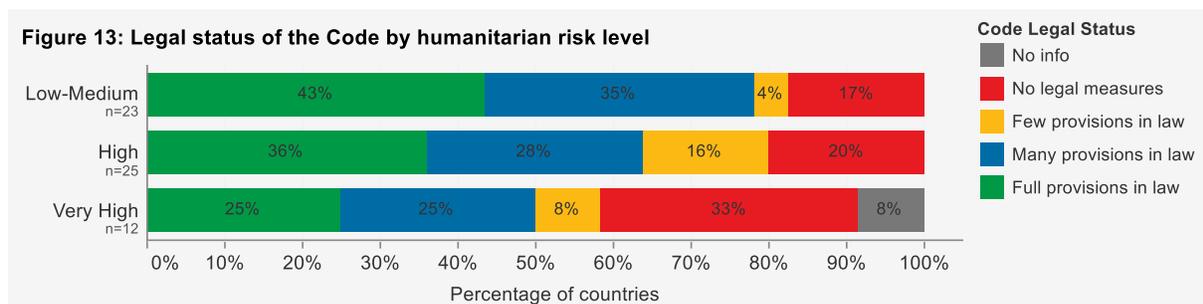


Access to iodized salt is also 22 percentage points lower, on average, in very high risk countries compared to other countries (p=0.003). This is closely associated with country progress in passing legislation for iodized salt – only 7 of the 11 countries with data have mandatory salt iodization legislation in place.



ENACTED LEGISLATION FOR NUTRITION

One third of very high humanitarian risk countries in the SUN Movement have no legal measures in place to implement the International Code of Marketing of Breastmilk Substitutes (Figure 13).



Legislation on the right to food provides medium-high to high level of protection in about half of high and very high humanitarian risk level countries (Table 2). Very high risk countries are less likely to have mandatory food fortification legislation in place – 4/12 have no such legislation in place.

Table 2: Food legislation status by country humanitarian risk level

Humanitarian risk level	Right to Food Legislation Protection Level		Food Vehicles with Mandatory Food Fortification Legislation				
	N	Medium-high to High	Medium to Low	N	≥1 staple food+oil +salt	≥ 1 food vehicle	None
Low-Medium	17	35%	65%	23	30%	52%	17%
High	19	47%	53%	25	40%	56%	4%
Very High	8	50%	50%	12	25%	42%	33%

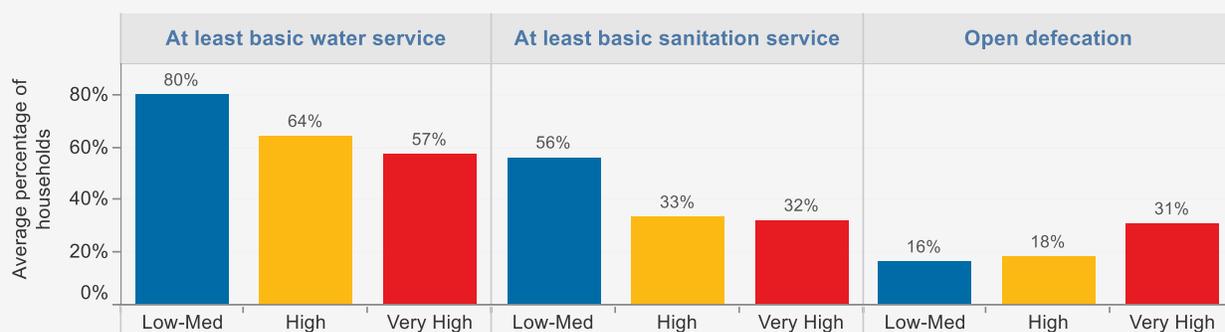


SDG DRIVERS OF NUTRITION

WATER AND SANITATION

Appropriate water and sanitation facilities are critical for reducing the development of diarrheal diseases, which contribute significantly to malnutrition. Countries with high and very high humanitarian risk levels have lower levels of access to both basic water ($p=0.001$) and basic sanitation ($p=0.003$) services compared to lower risk countries (Figure 14). Higher levels of open defecation are also observed in very high risk countries ($p=0.06$).

Figure 14: Access to water and sanitation services by country humanitarian risk level



Note: Based on 2015 data available for 23 Low-Medium, 25 High and 12 Very High humanitarian risk level countries.

Consistent with lower access to water and sanitation, children’s diarrhea rates are significantly higher for high (+8.5 percentage points, $p=0.002$) and very high (+11 percentage points, $p<0.001$) humanitarian risk countries in the SUN Movement.

INFECTIOUS DISEASES

Infectious diseases, such as malaria and measles, have a bidirectional relationship with malnutrition; malnourished children are more likely to die from these diseases, and in turn these diseases often lead to malnutrition. As demonstrated in Table 3, most of the countries with the highest incidence of malaria and measles cases are high and very high humanitarian risk contexts.

Table 3: Ten SUN countries with highest malaria and measles incidence rates

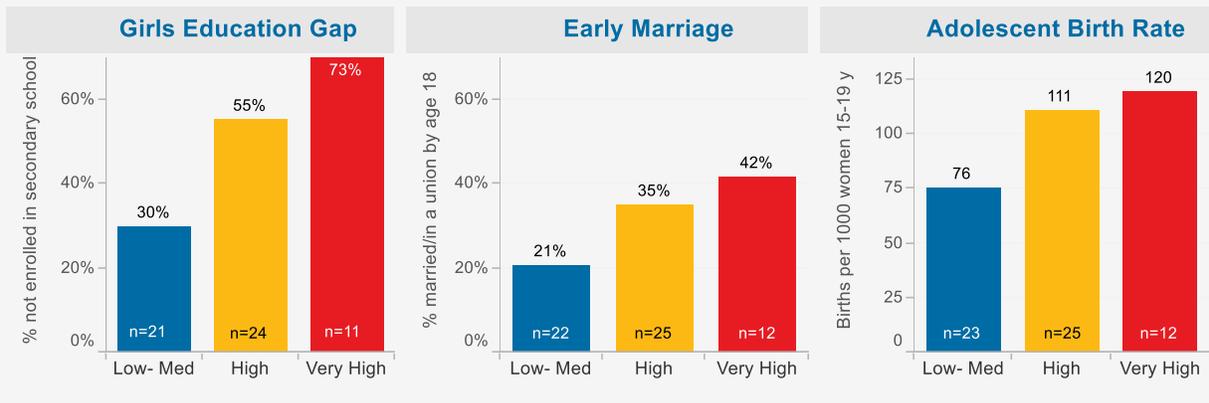
MALARIA		MEASLES	
1. Mali	<p>9 of 10 are high or very high risk countries</p>	1. Nigeria	<p>8 of 10 are high or very high risk countries</p>
2. Burkina Faso		2. Indonesia	
3. Nigeria		3. Pakistan	
4. Guinea		4. Dem Rep of Congo	
5. Niger		5. Ethiopia	
6. Cote d'Ivoire		6. Sudan	
7. Togo		7. Gabon	
8. Sierra Leone		8. Bangladesh	
9. Rwanda		9. South Sudan	
10. Mozambique		10. Niger	

Humanitarian risk classification: Low-medium (Blue), High (Yellow), Very high (Red)

GENDER

Adolescent girls and women living in humanitarian contexts are particularly vulnerable. Girls living in high and very high humanitarian risk contexts have larger education gaps, higher rates of early marriage and higher adolescent birth rates (Figure 15).

Figure 15: Gender equality and empowerment indicators for adolescent girls by humanitarian risk class



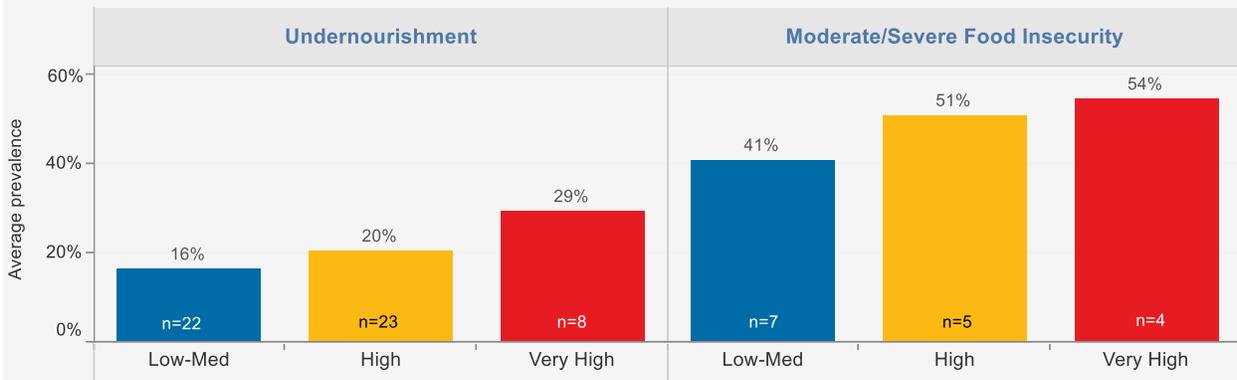
FOOD SECURITY

Local food environments are often disrupted during humanitarian emergency situations resulting in higher levels of undernourishment. As shown in Figure 16, families living in very high humanitarian risk communities experience nearly twice the levels of undernourishment as low-medium risk countries ($p=0.03$).

For the 16 SUN countries with data on levels of food insecurity (using the Food Insecurity Experience Index), over half of families living in high or very high humanitarian risk countries are moderately or severely food insecure.



Figure 16: Undernourishment and food insecurity by country humanitarian risk level

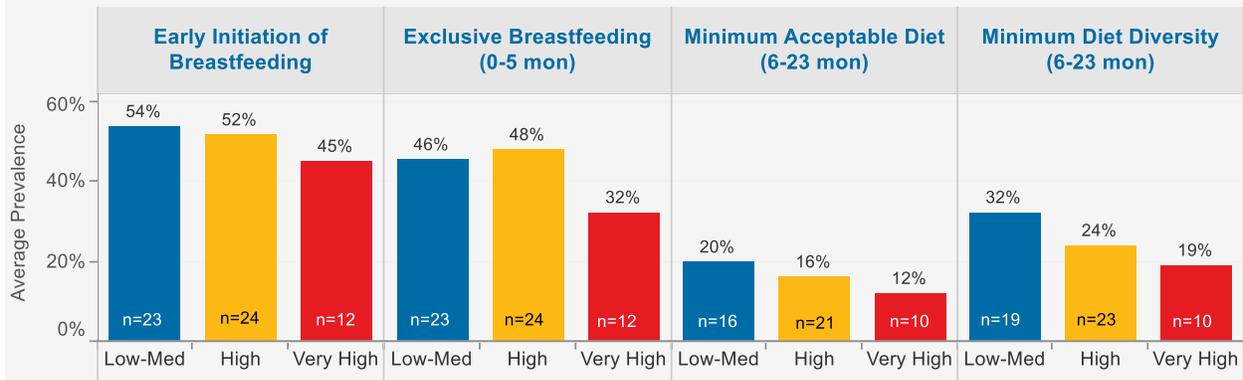




IYCF AND DIETARY INTAKE

Infant and young child nutrition plays a critical role in child growth and development. Child feeding practices are often disrupted in the wake of humanitarian conflicts or disasters. Figure 17 depicts the consistently lower rates of early initiation of breastfeeding and exclusive breastfeeding in very high risk countries. Complementary feeding practices are also lower, with less than 1 in 5 children 6-23 months of age in very high risk contexts receiving diets that meet the threshold of minimum acceptability or dietary diversity.

Figure 17: IYCF practices by country humanitarian risk level



Analysis of data on dietary intake behaviours, including fruit and vegetable intake and sodium intake, shows no real differences across humanitarian risk levels.



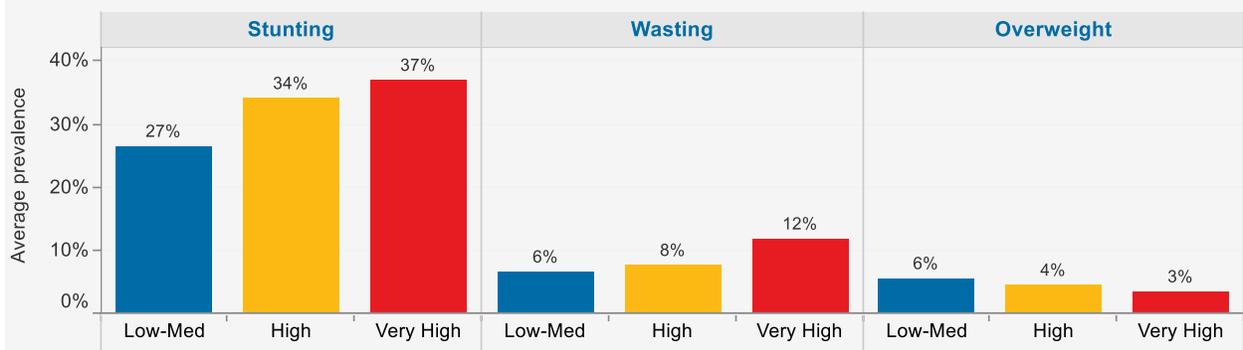
NUTRITION STATUS

Countries with extended periods of instability also experience a high burden of undernutrition, often due to extreme food insecurity related to conflict or natural disasters. Population movements disrupt access to food supplies, caring practices and health care services, increasing the risk of malnutrition.

CHILD NUTRITIONAL STATUS

Children living in high and very high humanitarian risk SUN countries have higher rates of undernutrition (Figure 18). Child stunting prevalence is 10% higher ($p=0.007$) and wasting is 6% higher ($p=0.001$) in very high risk countries compared to low-medium risk ones. Child overweight prevalence varies minimally across humanitarian risk contexts.

Figure 18: Nutrition status of children <5 years of age by country humanitarian risk level

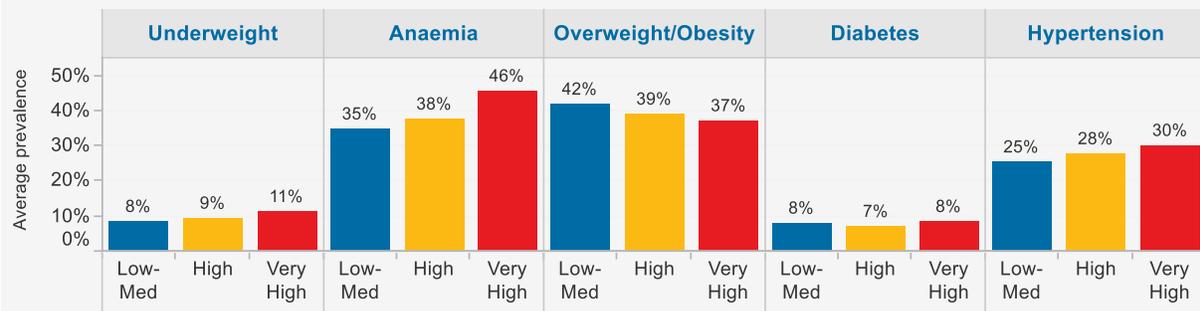


Note: Based on data for 23 Low-Medium, 25 High and 12 Very High humanitarian risk level SUN countries

WOMEN'S NUTRITIONAL STATUS

Women living in high and very high humanitarian risk countries are also vulnerable to higher rates of undernutrition (Figure 19). Anaemia rates are 11% higher ($p=0.03$) and underweight rates are 4% higher ($p=0.07$) in very high risk compared to low-medium risk countries. Higher risk countries have lower levels of overweight/obesity ($p=0.09$) but higher rates of hypertension ($p=0.01$) among adult women compared to low-medium risk countries.

Figure 19: Nutrition status of adult women by country humanitarian risk level



Based on data for 23 Low-Medium, 25 High and 11 Very High humanitarian risk level countries (anaemia data for 12 Very High risk countries).



SDGs LINKED TO NUTRITION

Progress toward achieving nutrition-related SDGs is markedly lower in SUN countries that are classified as very high humanitarian risk contexts (Figure 20).

Figure 20: Performance across SDGs linked to nutrition by country humanitarian risk level

