



## CURATED RESOURCES FROM ENN'S ARCHIVES

Emerging themes for SUN countries

# NUTRITION PROGRAMMING IN FRAGILE AND CONFLICT AFFECTED STATES

**E**NN has always had (and continues to have) a focus on Fragile and Conflict Affected States (FCAS), recognising that these are a unique subset of SUN Movement countries and in such contexts, innovative and contextualised approaches are needed in order to tackle malnutrition. Countries classified as FCAS are based on the Inform Index, using the criteria for high humanitarian risk and very high humanitarian risk. 173 articles have been published in FEX and NEX from FCAS providing country experiences and learning for the SUN Movement. This synthesis distils the learning from these articles.

Countries meeting high humanitarian risk classification include:

Bangladesh, Burkina Faso, Burundi, Cameroon, Congo, Côte d'Ivoire, El Salvador, Ethiopia,	Guatemala, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Mali, Mauritania, Mozambique,	Nepal, Nigeria, Papua New Guinea, Rwanda, Sierra Leone, Tanzania, Uganda and Zimbabwe.
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While those that are classified as 'very high humanitarian risk' include:

Afghanistan, Central African Republic, Chad,	DR Congo, Haiti, Myanmar, Niger, Pakistan, Somalia,	South Sudan, Sudan and Yemen.
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# Emerging themes



## CONSIDERING BOTH HUMANITARIAN AND DEVELOPMENT NEEDS

Often there is a siloed approach in FCAS with programmes being separated out into emergency/humanitarian programmes or development programmes. The articles reveal that increasingly, countries are exerting efforts to link the two programme approaches together. Although a divide still exists, to varying degrees, development focussed interventions are including disaster risk mitigation and emergency preparedness plans, while emergency responses are seeking ways to build resilience. There are examples of developing and ensuring an ongoing and constant interplay between emergency and development considerations<sup>1-5</sup> such as in Cameroon where an emergency nutrition response to cope with an influx of refugees was combined with a comprehensive set of preventative strategies encompassing both nutrition specific and nutrition sensitive activities<sup>2</sup>. This example showed that a scale up of an emergency response can be effectively accompanied by a preventative strategy in FCAS<sup>2</sup>.



## SUN PROCESSES CAN STILL BE ACHIEVED IN FCAS BUT MIGHT LOOK DIFFERENT

The articles reveal many examples of how SUN mechanisms can be developed in FCAS. There are several instances of countries developing costed multisectoral plans, setting up successful multisectoral platforms and networks, developing compendiums of actions for nutrition and conducting SUN Movement Joint Assessments<sup>5-19</sup>. In Yemen, a highly fragile context, the SUN Focal point has supported key ministries to develop an integrated, costed 5 year multisectoral response plan and the SUN Steering committee convenes a monthly meeting which is attended by key ministries, UN organisations, donors, academia, the private sector and civil society organisations<sup>20</sup>. Although it must be noted that intense conflict and political unrest has slowed down the progression of SUN processes<sup>20</sup>. In South Sudan, work in relation to SUN Movement activities were slow to be established,

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particularly when the crisis erupted in 2013 but in 2016, a six- month detailed workplan for the revitalisation of the country's SUN Movement was developed with a focus on setting up Networks and developing workplans for the networks<sup>15</sup>. There is a need for these SUN mechanisms to be contextualised and tailored to the unique situation in each FCAS country so that SUN tools and structures are truly a value add to FCAS. For example, SUN networks have been seen as less relevant in many FCAS where strong Nutrition Cluster mechanisms are already in place<sup>21</sup>.



## BUILDING RESILIENCE TO SHOCKS

A focus on building resilience is very much at the forefront of working in FCAS, either at the health system level (e.g. through the CMAM Surge approach<sup>22</sup> or the woreda resilience building plan in Ethiopia<sup>23</sup> or at the individual and household level (examples of these include projects involving developing care groups<sup>24</sup>, key hole gardening<sup>25</sup>, NGOs giving vulnerable households goats and developing poultry farms<sup>59</sup>, and supporting crop diversification<sup>26</sup>. A number of examples exist on how to strengthen the absorptive, adaptive and transformative capacities of individuals, households and communities as well as the health system as a whole. An example of building resilience to shocks was clearly shown in Chad where the 'Community Resilience to Acute Malnutrition (CRAM)' project was designed to reduce acute malnutrition in the face of seasonal shocks through nutrition, health, water, sanitation and food, income and markets related interventions. A randomised control trial impact

## CASE STUDY

evaluation was conducted three years later which found that the project had a significant impact on undernutrition and that there was greater resilience in CRAM settlements as a result of the programme<sup>27</sup>.

Critically, given how quickly situations in FCAS can change, it is important for mechanisms to be easily adapted. Resilience programming in Yemen offers an interesting example of this with the onset of the war<sup>1</sup> where a programme focussing on strengthening household resilience and improving infant and young child feeding shifted to prioritising food for asset activities, unconditional cash transfers and developing mothers' support groups in order to meet the changing needs of the affected population<sup>1</sup>.



### THE VALUE OF SOCIAL PROTECTION SCHEMES

Time and again, articles highlight the value of social protection schemes, particularly cash transfers in FCAS<sup>1,28-38</sup>. An article reporting on the High Level Panel on Humanitarian Cash Transfers noted that giving cash directly is often a highly effective way of reducing suffering and making humanitarian budgets to go further<sup>31</sup>. It can further serve as a resilience building activity, providing people with additional resources to mitigate potential shocks<sup>31</sup>. The example of Ethiopia's Productive Safety Net Programme (PSNP) is highlighted in numerous articles<sup>37,39-41</sup>. Launched in 2005 to support food insecure drought affected households to enable them to overcome vulnerabilities without eroding their assets, PSNP which currently reaches 8 million people, has had a large impact on empowering the most vulnerable and build their resilience<sup>37,41</sup>. While cash alone may not always be sufficient to improve nutrition outcomes, it provides a mechanism to build local markets, provide people with opportunities for self-determination, increase asset accumulation and build resilience<sup>38</sup>.



### THE ROLE OF NGO'S

Given that there are varying degrees of government capacity in FCAS, national and international NGOs

### Experiences of the Sustainable Nutrition and Agriculture Promotion (SNAP) programme in the Ebola response in Sierra Leone

The Ebola virus disease (EVD) in West Africa broke out in Sierra Leone in 2014 and had a widespread and lasting impact on the health system. The loss of significant number of health care professionals contributed to a reduced confidence in the health care system. The 5 year Sustainable Nutrition & Agriculture Promotion (SNAP) programme adapted to respond to the crises in its areas of operation. Existing structures and staff, volunteers and community health workers as well as village and WASH health committees, all worked to implement revised activities. Due to the ban on public gatherings, food distributions were stopped and commodities were redirected to quarantined households. In order to ensure children continued to be screened for malnutrition, caregivers were trained on MUAC self-screening for their children. Community sensitisation shifted to focus on EVD prevention messages and commodity provision focussed on basic protective supplies. Training was conducted to health providers on how to adapt the integrated management of newborn & child illnesses approach to the Ebola context.

After the Ebola crises was under control (January 2015), the programme entered a recovering phase focussing on resuming support group activities, promoting the resumption and utilisation of health services, and conducting village savings and loans schemes. Through this the SNAP 'development' programme successfully adapted and harnessed capacity to respond to a challenging emergency context.

[www.enonline.net/fex/50/sierraleonesnap](http://www.enonline.net/fex/50/sierraleonesnap)

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continue to have an important role in nutrition. Local and international NGOs have been found to be critical to successful programming<sup>23,27,42</sup> and in some contexts, while NGOs may focus on direct programming and life-saving interventions, it is vital that they largely focus on state building and developing government capacity. Even in the most fragile contexts, examples of NGOs supporting state building are seen. For example, in Somalia, NGOs facilitated the strengthening of the Ministry of Health's structures through supporting human resource development, resource mobilisation, building leadership and supporting service delivery<sup>43</sup>.

Furthermore, it is critical that NGOs also work according to government priorities and needs. For example, in Ethiopia, the government has developed a *woreda* (district) 'hotspot' classification system and NGOs support these priority districts in the form of technical backstopping, capacity building and logistical support<sup>44,45</sup>. However, there may not be adequate incentives for NGOs to focus on state building and align to government priorities in FCAS- partly due to donor funding and competition for NGO space in countries<sup>7</sup>.



## THE IMPORTANCE OF COORDINATION MECHANISMS

Coordination mechanisms within FCAS are critical and in general, through Cluster systems that exist in many FCAS, these are often well developed and structured<sup>32,46-48</sup>. Coordination mechanisms are essential, particularly when there are a large number of actors working in FCAS. However, the cluster mechanisms are generally set up during emergency responses and often do not involve development players. There are some examples

In Somalia, NGOs facilitated the strengthening of the Ministry of Health's structures through supporting human resource development

of cluster mechanisms shifting to networks (such as in South Sudan where the Civil Society Network has been developed from the Nutrition Cluster<sup>15</sup>) but these are less well developed. Furthermore, if possible, given that national authorities have the ultimate responsibility to ensure the wellbeing of their population, the leadership of coordination mechanism should lie with the highest government nutrition institution to ensure full ownership<sup>49</sup>. While nutrition cluster coordination is led by UNICEF, some examples also exist for country owned coordination mechanisms (such as in Ethiopia where coordination is led by the Government's National Disaster Risk Management Coordination Commission<sup>50</sup>) which offer opportunities to engage more development actors and ensure that the process is government owned where possible.



## MAPPING AND REGULAR SURVEILLANCE

Having accurate and regularly updated nutrition data and surveillance is essential given the changing nature of FCAS. In this regard, many FCAS rely on the IPC classification system which enables Governments, UN Agencies, NGOs and civil society to determine the severity and magnitude of the food insecurity and malnutrition situation in a country<sup>3</sup>. In order to inform IPC classifications, countries have developed monitoring and early warning systems. For example, in the Democratic Republic of Congo a Food Security and Early Warning System was piloted in 2009 and has been in place ever since, based on monthly sentinel data collected to inform response plans<sup>51</sup>. In Ethiopia, a combination of survey information is used to inform the nutrition security situation including household economic assessment data, food security and early warning assessments, Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys, and routine programme data<sup>44</sup>.

Moreover, given the plethora of actors generally working in FCAS, cluster coordination structures have utilised the '4W' approach (who, what, where and when) for establishing which partners are working where in order to ensure that there is not an overlap in services and that there is a good coverage of services being provided<sup>3,52</sup>.



## OVERCOMING FUNDING CHALLENGES

Within FCAS, donors are often reluctant to fund governments directly which limits the amount of control governments can have over nutrition programming and budgets. A report on the state of the humanitarian system in 2018 noted that most donor funding went to multilateral agencies, much of which was then passed on as grants to NGOs, bypassing government systems and priorities<sup>53</sup>. A mechanism to avoid this is to create a central financing vehicle as was done in Zimbabwe where the Zimbabwe multi-donor trust fund (ZimFund) aimed to strengthen the government's capacity to implement and manage development projects<sup>54</sup>. However, the Government of Zimbabwe didn't directly manage the fund and it was largely 'donor driven'<sup>54</sup>. This limited opportunities for government engagement and ownership<sup>54</sup>. While multi-donor funding aligned with government aims and goals is certainly a step in the right direction, more needs to be done in order for donors to feel comfortable with grants being managed by FCAS governments themselves<sup>54</sup>, for example, through greater support on fund management and anti-corruption strategies.

Furthermore, a large amount of FCAS budgets come in the form of emergency funding (through mechanisms like central emergency response funds and common humanitarian pooled funds). These resources cannot easily be spent on development related activities limiting the ability of countries to enhance preparedness and disaster mitigation responses<sup>3</sup>. An evaluation of the response following Hurricane Matthew in Haiti noted the need to make humanitarian and development funding instruments better articulated in order to address key humanitarian needs quickly and shift back to development needs following recovery efforts<sup>32</sup>.

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## From cluster to Nutrition Sector coordination: Government leadership in coordination for effective nutrition emergency response in Borno State, Nigeria

Borno State has been most affected by the current crisis (1.4 million people displaced), requiring a coordinated, multi-sector emergency nutrition response. Emergency nutrition coordination has built on existing development coordination mechanisms, located within the health sector with UNICEF support to government. The cluster system was not activated. The health system is devolved and leadership is strong at state level, with necessary links to federal arrangements. Coordination has been established at sub-state level to meet heightened coordination needs.

Government leadership has facilitated considerable collaboration, including geographic mapping at ward level to identify gaps; development of a response plan aligned with national nutrition plans and policies; an integrated nutrition services minimum package and sector information database; a harmonised approach to human resources; and establishment of a nutrition surveillance system. Tripartite partnerships between government, non-government organisations and UNICEF aim for service quality.

Government-led coordination has been enabled by strong high-level leadership, political will for an effective response and adequately resourced coordination capacity. Despite many successes of the coordination approach, there have been challenges and lessons learned. Such challenges included competition for space between partners which led to limited information sharing, competing priorities within the government particularly around other health initiatives, and low partner commitment on coordination activities as well as a focus on emergency actors as opposed to both emergency and development stakeholders. Despite challenges, the experience of the Nutrition Sector coordination in emergencies in Borno State demonstrates that it is possible to work effectively through existing systems and structures.

[www.enonline.net/fex/56/nutemergencyresponserigeria](http://www.enonline.net/fex/56/nutemergencyresponserigeria)

Discussion with  
community elders on  
project implementation  
in Baidoa, Somalia



## ENSURING SUFFICIENT HUMAN RESOURCES (HR)

One of the biggest challenges in FCAS is ensuring sufficient HR capacity to carry out nutrition interventions<sup>1, 6, 20, 51, 55, 56</sup>. Staffing capacity is limited, particularly where countries are facing ongoing conflict and subject to high levels of staffing turnover. This is a universal concern in FCAS and a challenge that is often difficult to solve. There are many examples of attempts to mitigate this and build staffing capacity. The 'URENI' (Units of Recovery and Intensive Nutrition Education) School model was developed to address capacity gaps in Mali<sup>60</sup>. A three week training programme was established in which trainee doctors worked with URENI doctors and nurses to gain hands-on experience of malnutrition treatment<sup>60</sup>. In areas where many NGOs are operating, there have been numerous examples of harmonisation of HR mechanisms to try to reduce staff turnover. For example, in Borno, Nigeria,

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the Government requested that all partners submit their staff incentive system approaches and a list of employees to cross check and prevent government workers moving into a better paid NGO role<sup>48</sup>. However, more strategies to improve HR in FCAS need to be developed.

## ACCOUNTABILITY TO AFFECTED POPULATIONS

One important component of M&E systems in FCAS is feeding back to affected populations and engaging communities in programme decision making. Giving affected populations the opportunity to influence key programme decisions and highlight problems with programme activities is essential. However, doing this in a way that it is not simply a 'tick box' exercise but which truly empowers communities is not straightforward<sup>46, 53, 57, 58</sup>. A report on the State of the Humanitarian System in 2018 noted that there has been limited progress in accountability, and participation in humanitarian programming and feedback mechanisms, in many circumstances, do not influence decision making<sup>53</sup>. More creative ways to truly achieve accountability to affected populations is needed. The story of how this was realised in Somalia is of particular interest. Here the Nutrition Cluster supported a phone based approach for the Somali community<sup>57</sup>.

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