



## **Guidance Note for UN Humanitarian Coordinators August 2017, Geneva**

### **Integrated multi-sectoral nutrition actions to achieve global and national nutrition-related SDG targets, particularly in fragile and conflict affected states (FCAS):**

#### **BACKGROUND**

In Istanbul in 2016, at the World Humanitarian Summit, emphasis was placed on bridging the humanitarian-development divide, in the reduction of risk and vulnerability, while impact of climate change, natural disasters and conflicts on populations was also emphasized. There was also emphasis on the importance of context specific regional and global partnerships, with flexible multi-year financial commitments for long term planning. With an increased efficiency in achieving development goals, that are results orientated and with clear accountability to the affected populations, delivered in the most cost effective ways to bring long term impact, a Grand Bargain<sup>1</sup> was struck.

According to the Global Nutrition Report 2016, out of 667 million children under the age of five years, 159 million are stunted (short for age) and more than 50 million are wasted (low weight for height)<sup>2</sup>. In February 2017, UN Secretary-General António Guterres drew the world's attention to the fact that more than 20 million people in South Sudan, Somalia, Yemen, and north-east Nigeria are currently going hungry and facing devastating levels of food insecurity. In his remarks, he emphasized on the need to think long-term, even in crisis<sup>3</sup>. This statement was in recognition of the fact that, large humanitarian crises and famine-like situations are re-occurring in countries that have experienced or are experiencing protracted humanitarian crisis. In March 2017, United Nations officials called for urgent action to avert famine in four countries – Yemen, Somalia, South Sudan and Nigeria. The warning raised the alarm that without collective global and country level efforts, the populations affected in those countries risk starvation, malnutrition, and death. Unless the situation is addressed, lives will be lost, mass displacements will occur and development gain could be reversed.

Yet, not enough investment is being made to build the resilience of these communities or the capacities of local institutions to sustain long-term impact. Therefore, bridging the humanitarian-development divide is critically important to protect and improve the nutritional status of populations and thereby reduce associated mortality, enable children to grow to their full potential and to support the economic development of nations.

#### **ACHIEVING NATIONAL NUTRITION TARGETS THROUGH INTEGRATED APPROACHES**

Growing evidence shows that investing in nutrition and food security contributes to the fight against hunger and helps build peace, stability and development in human capital. Ensuring nutrition security for all is a crucial but complex feat that requires various sectors to work together in responding to the nutrition needs of the population, through an integrated approach with the aim of improving access to nutritious food and nutrition services, water, sanitation, health, and social protection services. Especially during crises, this can bring about a

<sup>1</sup> <http://www.agendaforhumanity.org/initiatives/3861>

<sup>2</sup> Global Nutrition Report (GNR) 2016: <http://www.globalnutritionreport.org/the-report/>

<sup>3</sup> UN News Service. 22 February 2017. Tackling hunger crises in South Sudan, Somalia, Nigeria and Yemen requires \$4.4 billion. See: <http://www.un.org/apps/news/story.asp?NewsID=56223#.WMGB7fj0cc4>.

long-term change in the lives of the affected populations by not just helping them survive, but by ensuring early warning, early actions, building resilience, ownership, and eventually, the prevention of malnutrition which would ultimately lead to overall national development and economic gains.

In pursuit of the 2030 Agenda for Sustainable Development<sup>4</sup>, efforts are being made towards the identification of key long term recommendations for the global community, which will bridge the humanitarian-development divide. With 12 of the 17 SDGs containing indicators that are highly relevant to nutrition<sup>5</sup>, nutrition is a critical maker and a marker of development. However, achieving the nutrition goals requires multi-sectoral and multi-stakeholder collaboration to achieve progress by leveraging the collective competencies of all sectors. Agenda 2030 also recognizes the intrinsic links between peace and sustainable development and places emphasis on ensuring no one is left behind and reaching the furthest behind first. This translates into inclusive growth for all people, whether in a stable, fragile or conflict contexts.

Goals 1 and 3 of the Global Nutrition Cluster Strategic Advocacy Framework 2016-2019<sup>6</sup>, clearly outline the strategic engagement required between clusters and national leadership. Engaging with all stakeholders, including development partners, and ensuring continuity when the critical emergency response period is over, will enable reduction in malnutrition along the humanitarian-development continuum and this will in turn ensure we build stronger communities which are resilient against future crises.

**This document was prepared by UN SCN members, the Scaling Up Nutrition Movement Secretariat, the Global Nutrition Cluster partners, and OCHA as a guidance note from the Emergency Relief Coordinator to the Humanitarian Coordinators. The document builds on existing opportunities that should be optimized to ensure an integrated response for a better nutrition outcome that are sustainable and achieve humanitarian development linkages.**

## **OPPORTINIES TO ACHIEVE NATIONAL NUTRITION TARGETS**

**Facilitate a multi-sectoral approach to address malnutrition in the humanitarian context:** During crises, key response domains of the nutrition cluster/sector are mainly interventions, which include the treatment of wasting, support, promotion and protection of infant and young child feeding, micronutrient deficiency prevention and control. While Food Security, WASH, Health, and Early Recovery Clusters/Sectors also contribute to heightened nutritional outcomes, the contribution of these sectors to a better nutrition outcome is not systematically captured. This results in missed opportunities for fully harnessing the impact multi-sectoral actions can have on the main forms of malnutrition in crises contexts. *For example, a malnourished child would benefit more from the prevention, care and treatment interventions, if these services were delivered in combination with access to safe water/sanitation, access to health services including maternal and child health and reproductive services, and continued access and availability to quality food. For protracted situations, the goal could become more ambitious – to reduce wasting and stunting through integrated actions.*

**Strengthen inter-cluster coordination:** Shifting inter-cluster coordination from a platform for information sharing to an analytical function that identifies multi-disciplinary issues/actions and strengthening coordination between clusters will result in increased accountability to affected populations (Annex 1- Humanitarian Architecture). Strong country-level leadership, joint needs assessment/analysis, and planning and implementation that usher in complementarity will bear results. *For example, the reduction in the proportion of affected population with acute malnutrition and other forms of malnutrition, including stunting – which would be a good measure of successful collective action during crises – can become a common goal, especially in protracted crises.*

**Strengthen national capacities to achieve national nutrition targets:** During crises, humanitarian experts often focus their actions on immediate lifesaving interventions with limited time given across broader areas. The development experts, on the other hand, focus on longer-term integrated development programmes and ensuring that food insecurity and malnutrition do not hamper economic and social development, or undermine human rights. Poverty reduction objectives have become a focus of the national development plans, the United Nations Development Assistance Frameworks (UNDAF) and civil society organisations' work in many countries with little focus on emergency preparedness. Needless to say, this reality makes multi-sectoral issues, like

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<sup>4</sup> <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

<sup>5</sup> Global Nutrition Report (GNR) 2016: <http://www.globalnutritionreport.org/the-report/>

<sup>6</sup> "Nutrition Cluster Advocacy Strategic Framework 2016-2019 – Responding to the nutritional needs of emergency affected populations", Global Nutrition Cluster, 2016, Geneva, Switzerland: <http://nutritioncluster.net/advocacy/>

nutrition, more difficult to grasp in humanitarian actions. Humanitarian staff are often mobilised for short-term missions and endure frequent rotations, further accentuating the difficulty in long-term planning and capacity building.

Many countries have established sectoral national structures to address the complex underlying causes of malnutrition, mainly focusing on development programmes that leverage multi-sectoral support for better nutrition outcomes. Fifty-nine countries have so far joined the Scaling-Up Nutrition (SUN) Movement and established national SUN platforms, which aim at positioning the nutrition agenda as a centre-piece in national planning for development.

In times of crisis, a coordination structure for both sectoral and inter-sectoral work is established by the IASC under the cluster approach. This structure aims to support governments in better coordinating humanitarian actors as a means to provide immediate rapid response. Currently, 17 of the 59 countries that joined the SUN Movement have an active humanitarian appeal<sup>7</sup> and presence of active clusters/sectors. However, in countries where a multi-sectoral structure to achieve a better nutrition outcome exists, along with the cluster systems, these structures often operate independently, in parallel and do not coordinate efforts. The Inter-Agency Standing Committee (IASC) Synthesis<sup>8</sup> reported that clusters largely exclude national and local actors and often fail to link with, build on, or support existing coordination and response mechanisms. In the recent years, however, many clusters are either led or co-led by the national governments. It is therefore important to ensure that the cluster system builds national capacity and ownership and that existing government led coordination structures also support emergency preparedness and response actions in national plans. *In both contexts, building on existing partnerships at a national level with local and national entities and engaging communities will bring sustainable impact and facilitate a smooth transition from humanitarian to rehabilitation/recovery to development actions. Ensuring that development actors include costed nutrition preparedness planning in national nutrition plans, including the UNDAFs, thereby protecting gains made in addressing all forms of malnutrition, will also go a long way in bridging this gap. These might include clear articulation of scale-up capacity agreements to address wasting, infant and young child feeding, management of micronutrient deficiencies and coordination of nutrition responses in case of emergencies.*

**Strengthen the accountability framework for nutrition:** In recognition of the need for humanitarian action to better protect lives, livelihoods and nutritional status of affected populations, the Core Humanitarian Standard (CHS)<sup>9</sup> were established in 2014, which provides an accountability framework. The GNC jointly with the global Food Security Cluster also developed a framework and guidance on Accountability to Affected Population (AAP)<sup>10</sup> with a nutrition lens to guide cluster countries. The SPHERE Project also provides guidance for overall nutrition actions and results. *The GNC Strategy for 2017-2020 provides guidance on this aspect and an opportunity for humanitarian leadership to oversee the attainment of nutrition standards in emergency settings. This is done through monitoring advocacy and addressing the needs of the affected population through an integrated approach. The roll out of these frameworks requires systematic support from involved countries<sup>11</sup>.*

**Advocate for more long-term and integrated funding:** Emergency responses receive short-term funding which is often unpredictable, preventing stakeholders from thinking long-term. Despite the fact that humanitarian funding is short-term, three-quarters of humanitarian funding in the last decade has gone to the same 20 countries, while six of the largest recipients have had humanitarian appeals for ten consecutive years. This clearly demonstrates that the humanitarian work in these countries is not short-term. However, the funding in these countries has been and continues to be planned on an annual cycle. Donor funding is earmarked by sector and with separate funding windows for development and humanitarian efforts. This limits joint planning, implementation and long-term results by national and humanitarian structures and by individual sectors. In addition, over-reliance on short-term funding and emergency approaches further exacerbate chronic situations. As the work plans of clusters have also follow annual cycles, both funding and planning systems have made longer-term planning for a common outcome difficult. *Therefore, multi-year humanitarian planning and resource mobilization will allow complementarity and long-term visioning for better response, as will facilitation of*

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<sup>7</sup> Focus on Nutrition around Crises: Bridging the development-humanitarian divide during crisis through SUN Movement. SUN Briefing Note, April 2017

<sup>8</sup> <https://www.humanitarianresponse.info/system/files/documents/files/Cluster%20Approach%20Evaluation%202.pdf>

<sup>9</sup> Core Humanitarian Standard: <https://corehumanitarianstandard.org/the-standard>

<sup>10</sup> GNC-gFSC joint guidance: "Guidance for Mainstreaming Accountability to Affected Population and Core People-Related Issues in the Humanitarian Programme Cycle Through the Cluster System: <http://nutritioncluster.net/resources/guidance-mainstreaming-aap-core-people-related-issues-hpc-cluster-system/>

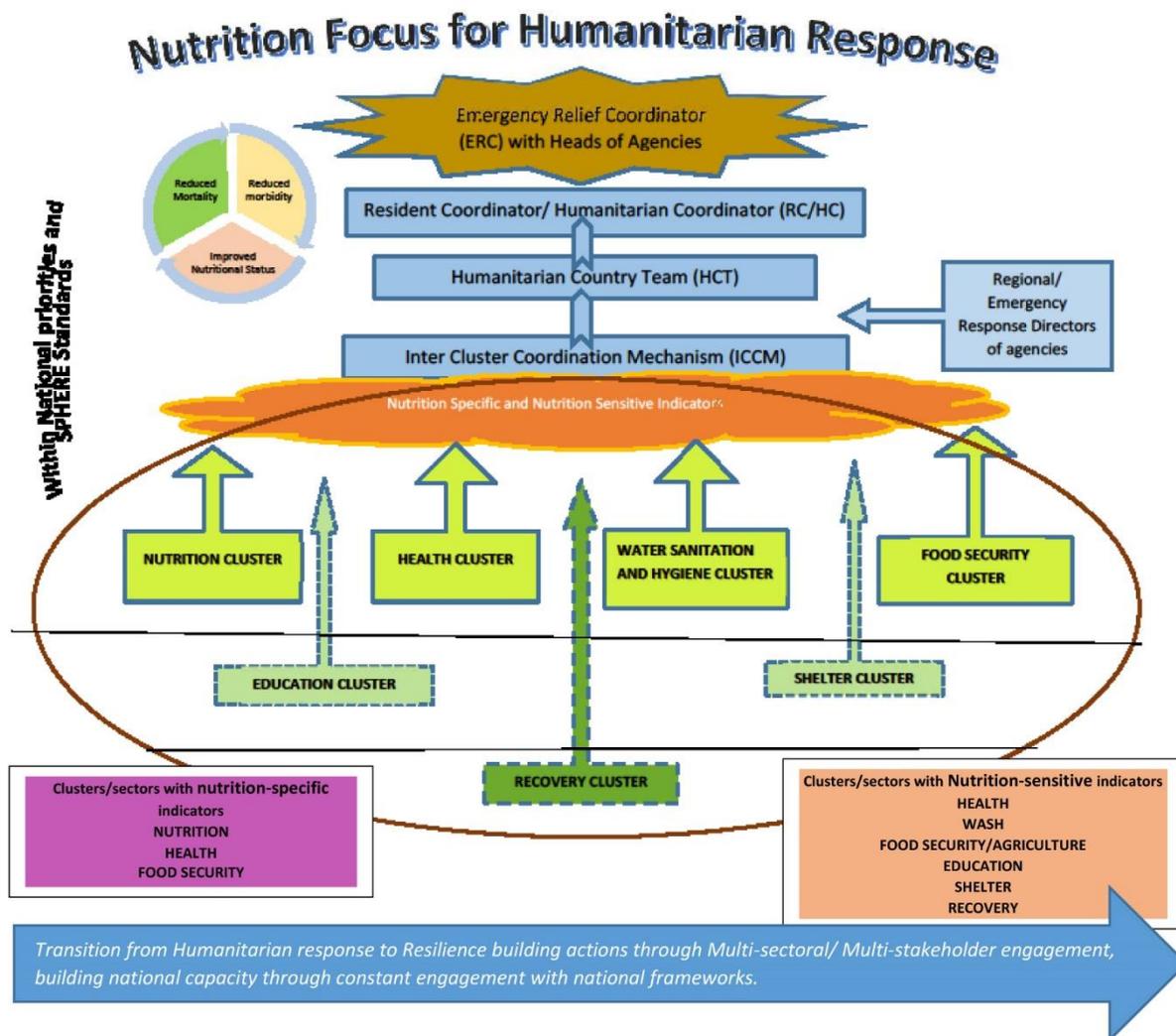
<sup>11</sup> Global Nutrition Cluster Strategy, 2017-2020, GNC, Geneva, Switzerland: <http://nutritioncluster.net/what-we-do/strategic-plan/>

*allocation of funds for multi-sectoral interventions that address all forms of malnutrition. Another option could be close integration of development and humanitarian responses.*

**Leverage private sector for better nutrition outcomes:** During crises, there is often limited awareness of the diversity of private sector actors on the ground and of the roles businesses can play beyond transport and distribution. *Leveraging support of the private sector for a better nutrition outcome in the entire Humanitarian Programme Cycle should be promoted where appropriate and possible. In countries that joined the SUN Movement, the SUN Government Focal Point can be a valuable asset in bringing various sectors and stakeholders together.*

## **CONCLUSION**

Reaching the most vulnerable populations through a collective multi-sectoral approach in times of crises will save lives and play a significant role in reducing and preventing malnutrition as well as lay the foundations for early recovery and resilience-building. To achieve this, the humanitarian community must utilise joint needs assessments/analysis, joint action planning and evaluating the impact, and nutrition indicators of all forms of malnutrition. Under the leadership of Humanitarian Coordinators, Common Results Frameworks for all sectors/clusters must be established in HRPs. Frameworks should include clear contributions from each sector that will be monitored and reported upon. In addition, tapping in a wider range of national nutrition platforms and aid modalities allows nutrition stakeholders to respond more flexibly to various and context-specific challenges.



## WHAT IS MALNUTRITION?

Malnutrition comes in many forms. Simply put, it means poor nutrition and includes<sup>12</sup>:

- **Wasting:** When a child is too thin for his or her height. Wasting, or **acute malnutrition**, is the result of recent rapid weight loss or the failure to gain weight. A child with moderate or severe acute malnutrition (**MAM/SAM**) has an increased risk of death but treatment is possible.
- **Stunting:** When a child is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition. The devastating effects of stunting last a lifetime.
- **Micronutrient deficiencies:** When a person does not get enough important vitamins and minerals in their diet. Micronutrient deficiencies can lead to poor health and development, particularly in children and pregnant women.
- **Starvation** is a severe lack of food which can result in death.
- **Overweight and obesity:** When an unbalanced or unhealthy diet results in eating too many calories. This is often associated with lack of exercise. Overweight and obesity can lead to diet-related non-communicable diseases such as heart disease, high blood pressure (hypertension), stroke, diabetes, and cancer.

Malnutrition is complex as it is an outcome of an inter-play of several contributory factors. The UNICEF Conceptual Framework (Figure 1, below) shows that malnutrition is manifested as a result of basic, underlying and immediate causes, requiring both nutrition-specific and nutrition-sensitive interventions.

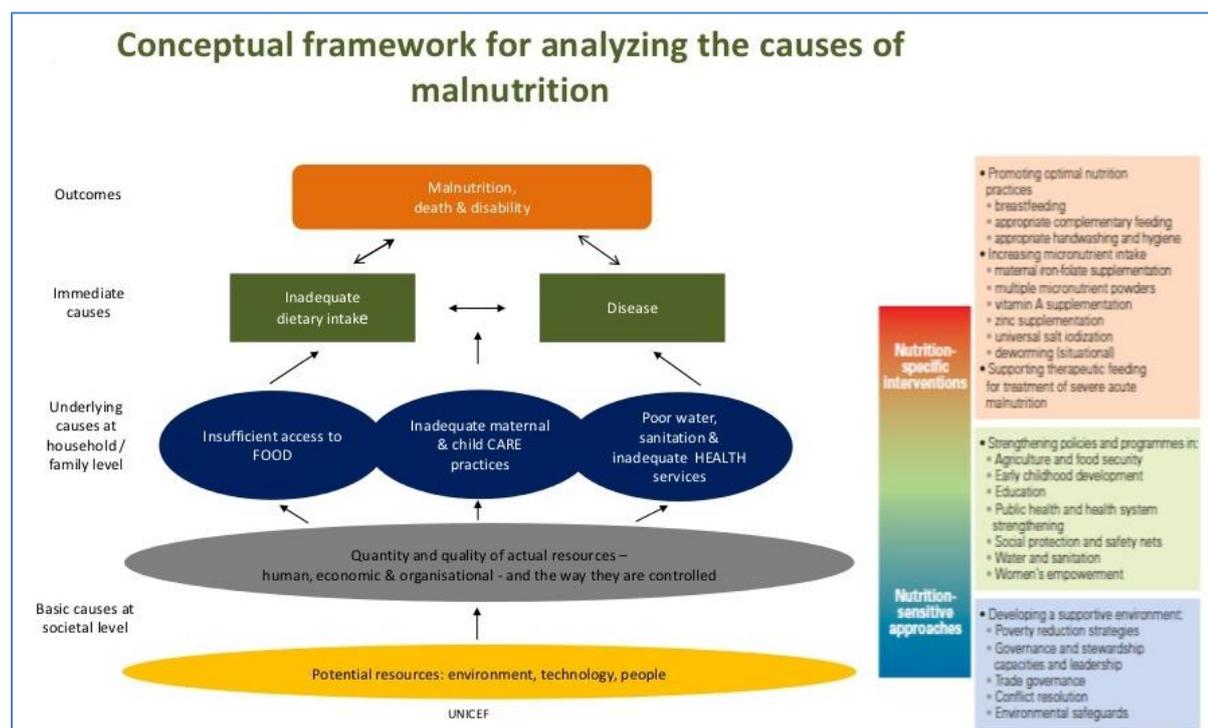


Figure 1: Conceptual Framework of Malnutrition, adopted from UNICEF, 1999 and World Bank, 2013

<sup>12</sup> Adapted from Q&A Malnutrition in Emergencies, WHO, February 2017: <http://www.who.int/features/qa/malnutrition-emergencies/en/>

**EXAMPLES OF INTERVENTIONS:**

Interventions or programmes that address the immediate causes of malnutrition and development such as adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases: *promotion of adolescent, preconception and maternal health and nutrition; maternal dietary or micronutrient supplementation; promotion of optimum breastfeeding; complementary feeding and responsive feeding practices and stimulation; dietary supplementation; diversification and micronutrient supplementation or fortification for children; treatment of severe acute malnutrition; disease prevention and management.*

Interventions or programmes that address the underlying causes of malnutrition and development – food security, adequate care-giving resources at maternal, household and community levels, access to health services, and a safe and hygienic environment – and incorporate specific nutrition goals and actions: *agriculture and food security; social safety nets; early child development; maternal mental health; women's empowerment; child protection; schooling; water, sanitation, and hygiene; health and family planning services.* These interventions/programmes can also serve as delivery platforms for nutrition interventions, potentially increasing their scale, coverage and effectiveness.