



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

# THE REPUBLIC OF THE UNION OF MYANMAR 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

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# ACRONYMS

<b>ASEAN</b>	Association of South-East Asian Nations
<b>ECHO</b>	Directorate-General for European Civil Protection and Humanitarian Aid Operations (EU)
<b>EU</b>	European Union
<b>GNC</b>	Global Nutrition Cluster
<b>HDN</b>	Humanitarian-Development Nexus
<b>LIFT</b>	The Livelihoods and Food Security Fund
<b>MCCT</b>	Maternal and Child Cash Transfer
<b>MNTN</b>	Myanmar Nutrition Technical Network
<b>MoHS</b>	Ministry of Health and Sports
<b>MS-NPAN</b>	Multi-sectoral National Plan of Action on Nutrition
<b>MSP</b>	Multi-stakeholder Platform
<b>NiE</b>	Nutrition in Emergencies
<b>REACH</b>	Renewed Efforts Against Child Hunger and Undernutrition
<b>SAG</b>	Strategic Advisory Group
<b>SDG</b>	Sustainable Development Goals
<b>SUN</b>	Scaling Up Nutrition Movement
<b>SMS</b>	SUN Movement Secretariat
<b>SUN UNN</b>	SUN UN network
<b>UN</b>	United Nations

# INTRODUCTION



## ABOUT THIS REPORT

This case study is one of three, which form the basis for a global report commissioned by the Global Nutrition Cluster (GNC) and the Scaling Up Nutrition (SUN) Movement Secretariat (SMS) to capture experiences from crisis-affected states (CAS) and suggest practical options to strengthen the Humanitarian-Development Nexus (HDN) for greater nutrition outcomes. The countries included in the study have areas that have suffered very long-standing crises, yet often the outdated dichotomy of humanitarian response versus development programming is still adopted.

In Myanmar, the focus of the case study was to identify how the Nutrition in Emergencies Technical Working Group, the Myanmar Nutrition Technical Network (MNTN) and all SUN stakeholders could further contribute to building an effective HDN for nutrition. A specific emphasis has been given during the consultations to the key drivers of collaboration, influence and change and the main barriers encountered. The analysis is therefore not exhaustive but purposive. Only relevant aspects of the contexts are presented and the report is focusing on presenting the main opportunities identified during the consultations.

## THE HUMANITARIAN-DEVELOPMENT NEXUS FOR NUTRITION

The Humanitarian-Development Nexus is commonly understood in the context of the New Way of Working (OCHA, 2017), which frames the work of development and humanitarian actors, along with national and local counterparts, in support of collective outcomes that reduce risk and vulnerability and serve as instalments toward the achievement of the sustainable development goals (SDG). The New Way of Working can be described, in short, as working over multiple years, based on the comparative advantage of a diverse range of actors, towards collective outcomes. Wherever possible, those efforts should reinforce and strengthen the capacities that already exist at national and local levels.

Growing evidence shows that investing in nutrition security contributes to the fight against hunger and helps build peace, stability and development in human capital. Ensuring nutrition security for all is therefore a crucial yet complex feat that requires various sectors and multiple actors to work together. Collaboration needs to be done through an integrated approach aimed at improving access to nutritious

food and nutrition services, water, sanitation, health, and social protection services. In this context, it is clear that the concept of the HDN is particularly relevant for nutrition, as an area in which outcomes are heavily dependent on multisectoral and multidimensional interventions.

Because it is a very ambitious goal and it requires the commitment and active engagement of a wide range of actors and sectors, finding areas of convergence and collaboration requires first to collectively examine needs, identify common objectives and targets, examine response options and the comparative advantages of the different actors to identify the most efficient combination of resources and inputs. This study looks at how nutrition clusters, sector-coordination groups and multi-stakeholder platforms can foster and support this collaborative approach and how it could result in reducing dependence on short-term humanitarian assistance and increase self-reliance and resilience to future shocks.

## THE MYANMAR CASE STUDY

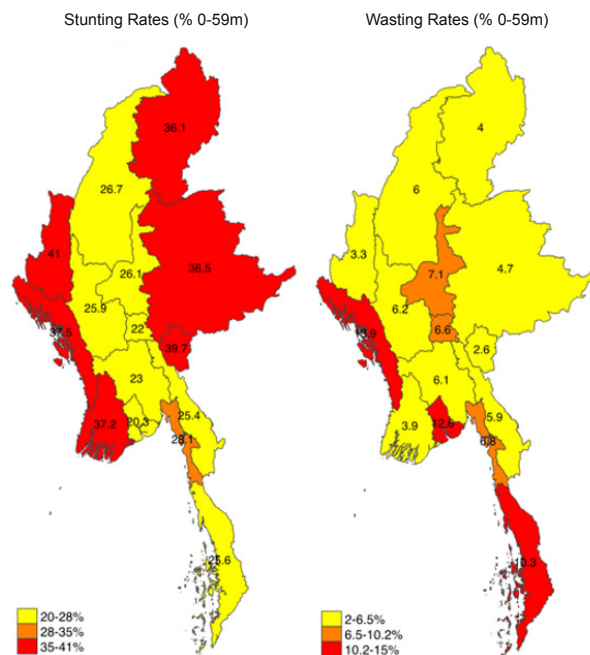
The case study was carried out between July and September 2020. Due to COVID-19 restrictions, all data collection was undertaken remotely, meaning the contributors may not form a true representation of all the stakeholders. This country case study is based on inputs from members of the MNTN, representatives from the government institutions, civil society and UN agencies that form the nutrition sector in Myanmar, as well as secondary data and documentation. A detailed methodology, the lists of key documents consulted and persons interviewed can be found in the annexes.

Myanmar faces a high risk of natural disasters (cyclones, floods and earthquakes) mixed with conflict in some border areas, that leads to a cyclical need to scale up emergency interventions. It therefore requires robust coordination mechanisms and the collaboration between humanitarian and development partners to prepare and respond appropriately to nutrition needs. Myanmar has made significant improvements in reducing child under-nutrition in the past decade and has also developed a well-designed nutrition plan in the Multisectoral National Plan of Action on Nutrition (MS-NPAN). However, the country still has high prevalence rates of different forms of malnutrition, as well as a number of extremely vulnerable populations.

The concept of the HDN is relatively well understood among the international organizations, but less so by authorities and local partners. The development of the HDN for nutrition requires the identification of specific areas of convergence and collaboration. The experience and knowledge of civil society organizations and their long presence in communities represent a great opportunity to support the implementation of the MS-NPAN and to contribute to enhancing the preparedness to recurrent disasters.

## WHY IS HDN RELEVANT TO THE CONTEXT IN MYANMAR?

**Figure 1: Stunting and wasting rates across Myanmar states and regions**



Source: DHS, 2015.

The Myanmar context is a strong example of where the HDN for nutrition is relevant, and where humanitarian and development actors are already working in the same space. Myanmar is a nation very visibly in transition: a middle-income country, which has undergone dramatic political and economic change since 2011, it is also vulnerable to climate change and natural disasters and has experienced active conflicts in some states for decades. The underlying economic and social disparities, coupled with a high prevalence of natural disasters and armed conflicts, create a complex response environment and exacerbate vulnerabilities, including poor nutrition, in the local population.

Since 2011, Myanmar has undergone substantial political, economic, and administrative reforms, with shifts to democratic governance and a market-based economy. The removal of economic sanctions and the increases in foreign investment and development assistance have led to improvements in living standards for much of the population. In recent years, Myanmar has had one of the fastest-growing economies in the East Asia and Pacific region and is globally driven by services, industry and agriculture (World Bank, 2020).

However, despite this growth, wide disparities in economic and social development persist between states and regions,<sup>1</sup> as well as within townships – especially in the most remote and least developed areas, peri-urban areas and conflict-affected states. Of the ASEAN countries, Myanmar has the lowest life expectancy and the second-highest rate of infant and child mortality. Child undernutrition continues to be a public health concern, with more than 1.3 million children under five stunted and more than 300,000 wasted at any given time (Blankenship et al. 2020). The disparities between states and regions are evident in nutrition outcomes, with clear differences in stunting and wasting rates in different areas of the country (see *Figure 1*).

In addition to economic and development challenges, Myanmar is one of the world's most vulnerable countries to climate change and natural disasters. A significant proportion of the population is exposed to regular earthquakes, cyclones and severe flooding. The monsoon brings heavy rains to mountainous and river-delta areas from May to October, displacing many people every year. In cities, the situation is exacerbated by poor urban planning and in rural areas, river and dam erosion are significant problems. The worst recent natural disaster was Cyclone Nargis in 2008 where, in addition to widespread material damage – in some areas more than 70 per cent of buildings were destroyed – more than 150,000 people died and

1.5 million were severely affected. The response to these recurrent disasters is hampered by the lack of basic social services that would enable a coordinated nationwide response.

Finally, Myanmar is the only country in South-East Asia that has had active conflicts for decades. Conflicts have taken place across five states (Kachin, Northern Shan, Rakhine, Chin and Kayin) calling for both durable solutions in some areas such as Kachin and Shan and ongoing short-to-medium-term responses in the most active conflict areas.

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<sup>1</sup> Myanmar comprises seven regions (mostly populated by ethnic Barmars) and seven states (predominately populated by ethnic minorities) with each district or state further divided into local government areas.

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# STRONG TRACK RECORD OF A MULTISECTORAL APPROACH TO NUTRITION

Myanmar has a strong track record of recognizing the multisectoral nature of nutrition and taking steps to operationalize this. There has been increasing political commitment for nutrition over the past decade, culminating in the adoption in 2018 of the Multi-Sectoral National Plan of Action on Nutrition (MS-NPAN). Its implementation has started in some areas and provides an opportunity to implement a comprehensive multisectoral approach for nutrition, uniting both development and humanitarian actors behind common goals.

The recent development of nutrition policy in Myanmar can be traced back to the National Plan of Action on Food and Nutrition, 2011-2015, which was drafted in 2010. This recognized the multisectoral nature of nutrition and represented a strong commitment of the Government to nutrition across the country. The plan was developed with multisectoral partners led by the National Nutrition Centre (NNC) of the Ministry of Health and Sports (MoHS) and supported by UNICEF. It paved the way for Myanmar to become a member of the Scaling Up Nutrition Movement in May 2013 and to the multi-stakeholder platform (MSP) being established in November 2014.

This foundation was built upon in 2017, when the MoHS – in collaboration with all related sectors, the United Nations and civil society – initiated a multisectoral work plan to address malnutrition in Myanmar: the Multi-Sectoral National Plan of Action for Nutrition (MS-NPAN). The policy development process was launched by the State Counsellor, Aung San Suu Kyi, supported by the members of the SUN UN network (SUN UNN).<sup>2</sup> The development process of the MS-NPAN was instrumental in getting key ministries<sup>3</sup> to work together, and for nutrition to be acknowledged and addressed at the highest levels as a multisectoral issue.

The MS-NPAN was formally adopted in 2018, as a five-year costed action plan. It is based on the World Health Assembly targets on maternal, infant and young child nutrition and promotes a lifecycle approach to improve the nutrition of children, adolescents and mothers through a multisectoral approach spanning health, social welfare, education and agriculture/livelihoods. While key sectors are involved, the results framework is not sector-specific. A specific emphasis is put on micronutrient deficiencies as well as the geographic convergence of the interventions.

The implementation of the MS-NPAN is led by the NNC, in collaboration with other relevant ministries and is supported by the main actors of the nutrition sector in Myanmar: the Livelihoods and Food Security Fund (LIFT), Access to Health, UNICEF, FAO, World Bank and WFP. To date, implementation plans have been developed in four states and one region,<sup>4</sup> supported by the state governments and the nutrition-promotion committees. Most of the nutrition-specific<sup>5</sup> activities defined under the MS-NPAN have already been started (or were in place before the MS-NPAN), including Community Infant and Young Child Feeding, Baby-Friendly hospital initiative, Integrated Management of Acute Malnutrition, Health Belief Model, workplace lactation-support programmes, pre-service and in-service nutrition training, and the overall Essential Package of Health Services. Some nutrition-sensitive interventions, aimed at addressing the underlying causes of malnutrition, are also being rolled out. The most prominent of these is the Mother and Child Cash Transfer (MCCT) which links conditional transfer (in part) to attendance at nutrition centres and has a nation-wide coverage, including in crisis-affected areas.

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<sup>2</sup> This included the REACH initiative, WHO, UNFPA, UNOPS, WFP, FAO, UN Women, the World Bank and UNICEF

<sup>3</sup> Notably the Ministry of Agriculture and Livelihoods, Ministry of Social Welfare Relief and Resettlement, Ministry of Education, Ministry of Health and Sport and the Ministry of Natural Resources and Environmental Conservation

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<sup>4</sup> Kayin, Kayah, Southern Shan, Kachin, and the Ayeyarwady Delta

<sup>5</sup> 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.





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In Rakhine, dissemination of the MS-NPAN has started at the initiative of the State Health Director as an opportunity to stimulate multisectoral discussion and collaboration. The planning phase of the MS-NPAN in Rakhine represents an opportunity to effectively strengthen the HDN for nutrition by engaging all actors, especially civil society organizations and cooperation agencies, involved in the implementation of nutrition-specific and nutrition-sensitive interventions.

The MS-NPAN represents an ambitious framework for an approach to nutrition that includes all actors in Myanmar. It is encouraging that several states are already implementing it, and some programmes have achieved nationwide coverage. This presents a solid foundation from which to achieve a more complete roll-out of the MS-NPAN, including in the areas of the country with the greatest nutrition needs.

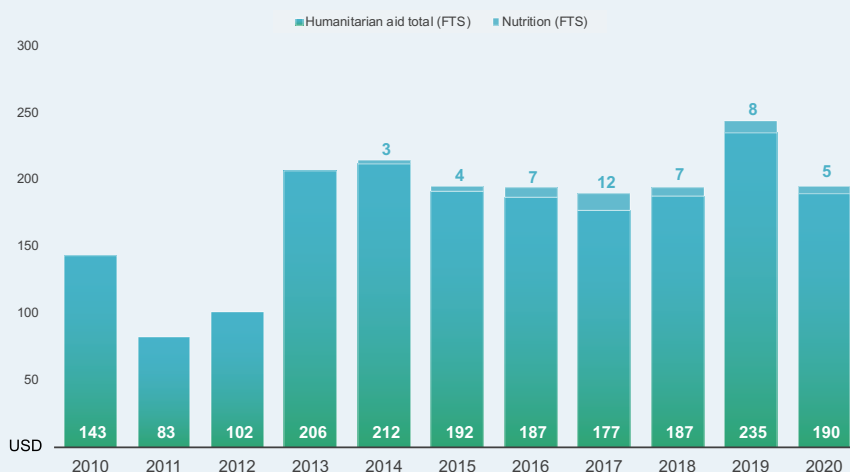
There is scope for all actors – including humanitarian actors and non-state actors – to contribute towards the MS-NPAN and align behind a single set of nutrition goals. The technical skills and contextual knowledge of a diverse array of actors could support the prioritisation of actions, ensuring implementation is as effective as possible. Local networks of implementing partners could help extend implementation and system strengthening for nutrition into areas where there is limited government presence.

# SIGNIFICANT FLOWS OF FUNDING FOR DEVELOPMENT AND HUMANITARIAN ASSISTANCE

Since 2012, overseas development assistance to Myanmar has increased sharply. In the same period, humanitarian assistance has also increased, albeit more modestly. This has increased the number of international organizations and donors working in Myanmar. Although the funding for nutrition programming remains very limited, there are increased opportunities for colocation of humanitarian and development programmes. There is emerging evidence of greater flexibility from donors and organizations facilitating an HDN approach for nutrition.

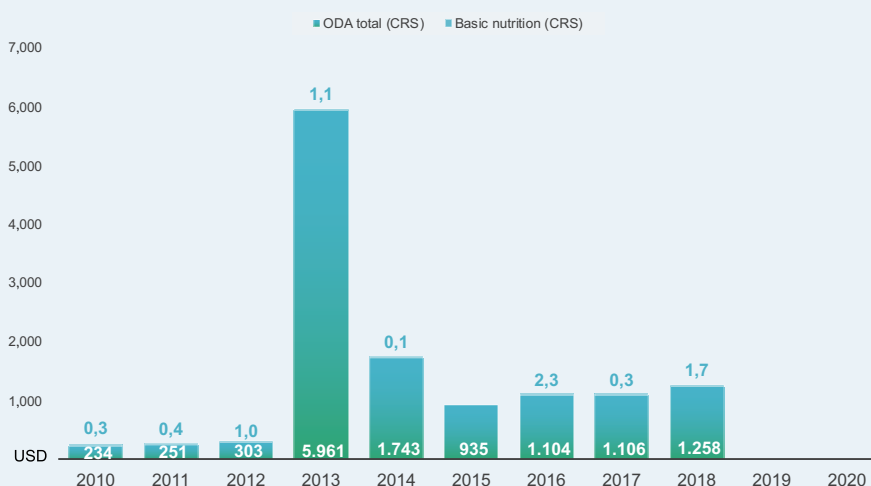
In 2008, after Cyclone Nargis, humanitarian assistance to Myanmar increased significantly. A further sharp increase occurred in 2013, followed by elevated levels of funding for the past five years (see Figure 2). This has been mirrored by increases in development assistance: since 2012, numerous international organizations and donors began or increased commitments to Myanmar. However, the funding to nutrition-related interventions remains very limited both for humanitarian and development funding.

**Figure 2: Humanitarian aid total assistance funding to Myanmar (total and nutrition-related), 2010-2020 (USD, millions)**



Source: OCDE CRS

**Figure 3: Development assistance funding to Myanmar (total and nutrition-related), 2010-2018 (USD, millions)**



Source: OCHA FTS

The main humanitarian donors in Myanmar (as of 2020) are the USA, Japan (together making up 50 per cent of humanitarian assistance), the EU, Australia, Germany, Switzerland, Canada, Norway, the UK and Sweden. The US, Germany, the EU (through ECHO), Japan, Sweden, and Denmark are the principal donors for humanitarian nutrition programming. As a lower-middle-income country, it would be expected that it would be able to mobilize domestic financial resources for nutrition, but during this case study, it was not possible to identify information related to this. A costing exercise is being undertaken to support the investment case for nutrition and better resource mobilization. This should provide better evidence on existing financing flows for nutrition.

Until 2017, humanitarian assistance was predominantly focused on the border areas and particularly in Rakhine, while development assistance was still largely directed towards the central regions. However, there is an ongoing shift, with border areas an increasing priority for development funding, projects and pool funds. The increasing geographical overlap between development and humanitarian interventions offers an opportunity for increased collaboration and coordination between actors, and to further develop the HDN approach for nutrition. This is particularly the case in Rakhine, Kachin and Shan, where most of the humanitarian actors and interventions are concentrated.

At the same time, there is recent evidence of donor funding becoming more flexible. For example, in December 2019, the EU Delegation to Myanmar launched the Nexus Response Mechanism, aimed at providing support to conflict-affected populations. The fund is operated by the EU's Directorate-General of Development and Cooperation in consultation with colleagues from ECHO



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and the European External Action Service. It operates a flexible, adaptive approach, allowing regular assessment and reallocation of funds and can fund third-party monitoring, helping to provide evidence to inform and improve joint decision making.

Within the past year, the response to the COVID-19 pandemic impacted on many nutrition activities. It has considerably slowed down the implementation of the MS-NPAN and the development of subnational plans. But it has also provided an opportunity to highlight the importance of disaster preparedness, humanitarian-development cooperation and the capacities of long-term programmes to adapt to address increasing needs. For example, the MCCT provided an additional one-off cash transfer to its beneficiaries, while the LIFT<sup>6</sup>

programme increased its flexibility to allow its partners to adapt their activities and to address new needs.

There is still a greater scope for national nutrition policies and development of nutrition programmes to take a more risk-informed approach. Myanmar is prone to recurrent natural and manmade crises, but these are not unexpected events. Responding to these events and ensuring the continuity of nutrition services requires a coordinated surge-response capacity and parallel focus on preparedness and resilience. At present, disaster response is primarily led by humanitarian actors and the Ministry of Social Welfare, Relief and Resettlement, missing an opportunity for a more integrated approach in line with the concept of the HDN for nutrition.

<sup>6</sup> The Livelihoods and Food Security Fund is a multisectoral programme managed by UNOPS, receiving funding from 16 international donors and aims to strengthen the resilience and sustainable livelihoods of poor households in Myanmar.

# NUTRITION SECTOR BENEFITTING FROM INCLUSIVE COORDINATION MECHANISMS, LED BY NNC

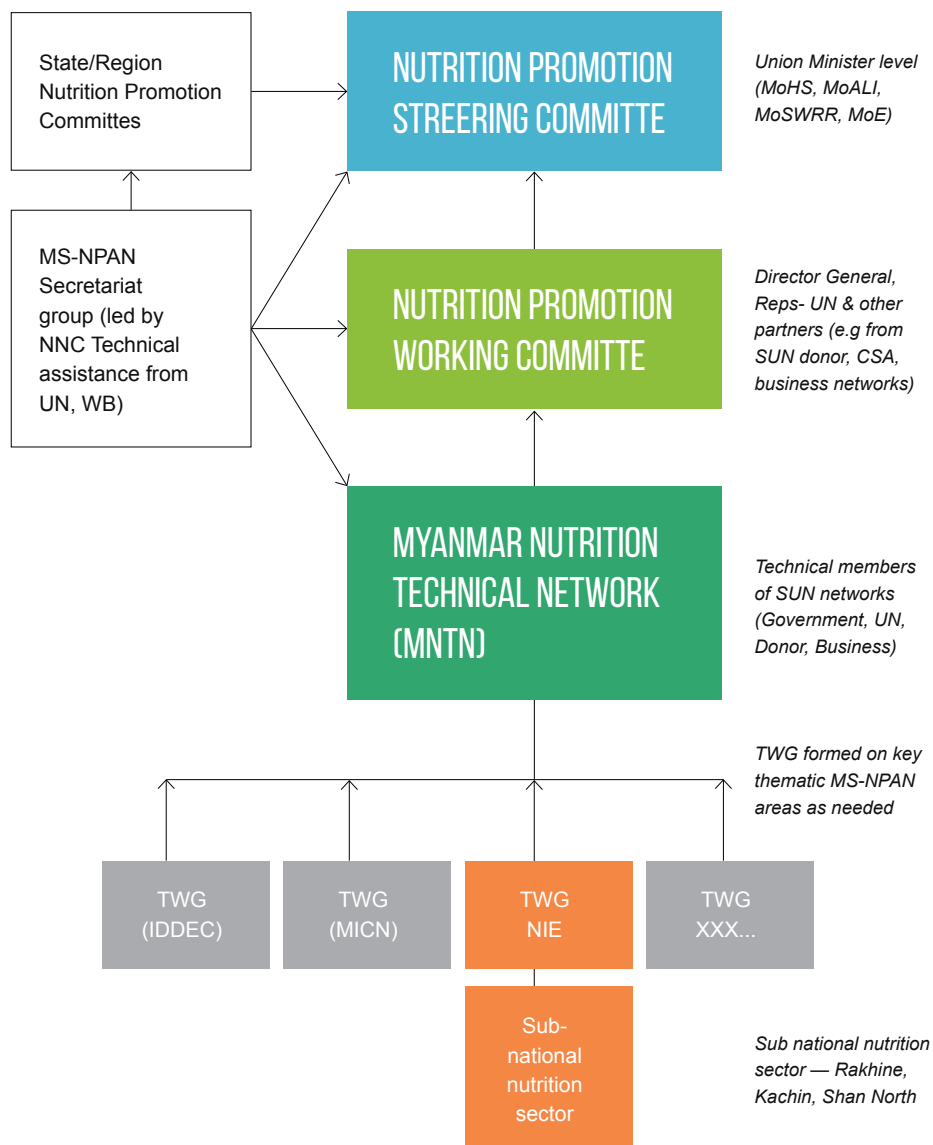
Myanmar has a long history of coordination for nutrition, dating back to the response to Cyclone Nargis in 2008. Sector coordination has continued to evolve in response to development and humanitarian events, and there is now a strong coordination ecosystem with multiple coordination bodies active at different levels.

In Myanmar, the nutrition cluster was initially activated when Cyclone Nargis struck the country in April 2008. In 2009, in the post-response environment, the cluster transitioned into the MNTN, which continued the nutrition-coordination work of the cluster. The cluster was reactivated between November 2010 and January 2011 following Cyclone Giri. Although health; water, sanitation and hygiene services; and protection clusters were activated in 2012 after the mass displacement due to conflict in Rakhine, the nutrition cluster was not activated. Coordination continued to be managed through a strong 'sector' – an arrangement that continues.

The nutrition sector's technical leadership and coordination is facilitated through the Nutrition in Emergency (NiE) working group, residing under the MNTN that supports both long-term strategy and planning (through the MS-NPAN) and emergency-response planning and implementation (see Figure 4).

There is strong membership of coordination mechanisms at a central level, and in key regions and states. National meetings are held bi-monthly, with monthly meetings when there are active emergencies. In Rakhine, monthly meetings gather both humanitarian and development actors to discuss key technical topics. In addition to coordina-

**Figure 4: Nutrition coordination system in Myanmar**



Source: Myanmar Multi-sectoral National Plan of action on Nutrition 2018/19 - 2022/23 - adapted



tion structures detailed above, the SUN UNN (currently chaired by UNICEF and convened by the UNN's intensive support arm – UN REACH) meets monthly, and heads of agencies meet quarterly.

The COVID-19 pandemic response has reinforced the role of the multiple nutrition-coordination mechanisms in Myanmar. In March 2020, the Nutrition Strategic Advisory Group (SAG) of the Nutrition in Emergencies (NiE) Working Group was officially endorsed as the nutrition COVID-19 response taskforce. It developed a nutrition COVID-19 response guide, aimed at ensuring the continuity of essential nutrition interventions, adapted the NiE programme guidance note, and provided online training for development and humanitarian staff. At the same time, the SUN UNN members, in collaboration with the Government and civil society organizations, developed a harmonized and standardized guidance note within the framework of the MS-NPAN. Finally, the NiE SAG expanded to include all nutrition partners and covering both nutrition-specific and nutrition-sensitive issues.

## CONCLUSIONS AND RECOMMENDATIONS TO STRENGTHEN THE HUMANITARIAN-DEVELOPMENT NEXUS FOR NUTRITION IN MYANMAR

Myanmar has already put in place the foundations of an HDN approach for nutrition, but the country context and recent development provide scope for this to be developed even further. The existing policy environment for nutrition, and the MS-NPAN, provide a comprehensive framework for an HDN approach to nutrition. By ensuring that humanitarian and development actors share a common understanding of the HDN, and are aware of how they can contribute their implementation capacities, knowledge and expertise, these frameworks can be relevant to, and

inclusive of, all nutrition actors.

At the same time, the increasing geographical overlap between development and humanitarian-assistance funding and interventions, coupled with increased donor flexibility, provides an opportunity for the practical implementation of the HDN for nutrition.

Myanmar is well placed to take these opportunities, but the following recommendations provide specific actions that could be taken to ensure the value of the opportunities is maximised.

## 5.1 DEVELOP A SHARED UNDERSTANDING OF THE HUMANITARIAN-DEVELOPMENT NEXUS FOR NUTRITION

### The nutrition sector coordinator and the SUN technical focal point should:

- Share the existing materials on the HDN with the MNTN members and SUN movement members, including good practices, and foster the exchange of experiences
- Organize specific and inclusive sessions for current and potential stakeholders to improve the understanding of the HDN and identify specific areas of convergence and collaboration. For example: supporting collective outcomes, enhancing preparedness

for nutrition crises, relevant systems strengthening, topics for joint advocacy and interventions for joint resource mobilization

- Reach out to the sub-national levels' coordinators and SUN stakeholders for information dissemination and to ensure their inclusion and participation in training and workshops

### GNC, SMS and Global SUN Networks should:

- Support the Nutrition Sector Coordinator and the SUN technical focal point by mobilising the required

technical assistance, if not available in the country, through existing contracts and projects (GNC Technical Alliance, SUN Technical Assistance to Strengthen Capacities (TASC))

### UNRC/HC should:

- Be an HDN for nutrition champion and advocate for HDN at the highest country level

### SUN Movement Coordinator and leadership should:

- Include the HDN building in the agenda of her next visit in Myanmar (postponed due to COVID-19 crisis)

## 5.2 SUPPORT FOR THE IMPLEMENTATION OF THE MS-NPAN THROUGH A JOINT ACTION PLAN

### The NiE Technical Working Group, SUN technical focal point and MNTN core group should:

- Continue identifying pilot geographical areas where local and humanitarian capacities could be leveraged to support the implementation of the MS-NPAN
- Organise joint working sessions with all sectors and humanitarian and development partners contributing to nutrition to identify specific, common objectives and priorities to pursue
- Prioritise activities to start the operationalization of the HDN, based on urgency, efficiency and/or feasibility criteria
- To facilitate the development of a joint annual action plan and include them in the relevant agendas and plans of the NiE TWG, MNTN, sectoral working groups and in the Humanitarian Response Plan



# 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 contributors 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. Interviewees 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 interviewees. 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 contributors and the level of interaction with the interviewees:

- The consultant could not use the service of a translator. Only English or French-speaking contributors 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 contributors.
- As much as possible, video was used to ease the personal interactions but the use of video remains limited, with many interviewees 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 contributors 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.<sup>7</sup>

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 62 countries and four Indian states. At the heart of the SUN movement is the 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 crisis-affected 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?

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 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.**

<sup>7</sup> 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: [link](#)



- 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:

## PEOPLE INTERVIEWED

Name	Organization	Position
Jennie Hilton	LIFT	Nutrition specialist
Jecinter Akinyi Oketch	UNICEF	Nutrition specialist
Soe Nyi Nyi	WFP	REACH coordinator
Eric Fort	ACF	Country director (until July 2020)
Anna Schelling	GIZ	Project Manager Eastern Chan
Dr Lwin Mar Hlaing	Ministry of Health and Sports	Deputy Director of the National Nutrition Centre, and secretariat to SUN movement focal point
Rebecca Thompson	UK FCDO	Humanitarian Advisor Rakhine
Pedro Campo Llopis	EUD	Deputy Head of Cooperation (until August 2020)
Than Htut Aung	ACF	Head of Health and Nutrition Department
Dr Thanda Kyi	Ministry of Agriculture, Livestock and Irrigation	Deputy Director General
Dr Cho Cho Win	Ministry of Education	Deputy Director
Dr Kyaw Linn Htin	Ministry of Social Welfare	Director of Department of Social Welfare
Dr. San San Myint	UNOPS	Livelihoods and Food Security Fund (LIFT)
Name	Organization	Agency
Fumito Morinaga	UN Network	WFP
Melody Muchimwe		WFP
Chaw Susu Khaing		WFP
Su Su KYI		Access to Health
Nang Lyan Zar		LIFT
Dinesh Jeyakumaran		WHO
Sanjay Kumar Das		UNICEF
Pyae Phyto Aung		UNICEF
Kyaw Win Sein		UNICEF
Win Lae		UNICEF

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