



LESSONS LEARNED AND RECOMMENDATIONS FROM
THE HUMANITARIAN-DEVELOPMENT
NEXUS FOR NUTRITION
CASE STUDIES

This publication is part of a project commissioned by the Global Nutrition Cluster (GNC) and the Scaling up Nutrition (SUN) Movement Secretariat (SMS) to gain greater insights into strengthening the Humanitarian-Development Nexus.

Three country experiences were analysed, Afghanistan, Myanmar and Niger. For each country the opportunities and challenges for strengthening humanitarian and development linkages for nutrition were reviewed.

These three separate country case studies, two related webinars, and other resource materials are available in English and French at:

[GNC website: Humanitarian-Development nexus for nutrition: case studies](#)

[SUN Website: Humanitarian Development Nexus for Nutrition](#)

This report is intended to show the combined lessons learned from these three examples and key lessons and recommendations.



CONTENTS

Acronyms	04	Develop a common and clearly articulated understanding of the Humanitarian-Development Nexus	15
Executive summary	05		
Introduction	05		
Realising the humanitarian-development nexus for nutrition	05	Build around common objectives and priorities	15
How to use this report	06	Ensure a safe meeting space for partners	16
Findings	06	Support the involvement of humanitarian actors in the design and implementation of multisectoral national nutrition plans	17
Recommendations	07	Strengthen inclusion and accountability	18
Introduction	08		
Background to this report	08		
Background to the Humanitarian-Development Nexus for nutrition	09		
Findings	10	Highlights from the country case studies	19
Sharing a common understanding of the Humanitarian-Development Nexus	10	Afghanistan	19
Humanitarian and development partners need an inclusive space to forge stronger commitments and efficiency	11	Myanmar	20
Multisectoral policies and plans offer opportunities to strengthen the HDN for nutrition but are currently under-utilized	12	Niger	21
Nutrition-related national policies and plans are not sufficiently risk informed and shock responsive	13	Annex 1: Scope, methodology, background, and documents referred to during the desk review	22
Building trust for efficient collaboration	14	Scope	22
Recommendations	15	Methodology	22
		Background	23
		Documents referred to during desk review	25
		Annex 2: People interviewed	27
		References	30
		Acknowledgements	31

ACRONYMS

AFSeN-A	Afghanistan Food Security and Nutrition Agenda
CAS	Crisis-affected States
CMAM	Community-based management of acute malnutrition
CSO	Civil society organization
EUD	European Union delegation
GNC	Global Nutrition Cluster
GTN	Groupe Technique Nutrition (Nutrition Technical Group)
HC3N	Haut Commissariat à l'Initiative 3N 'Les Nigériens Nourrissent les Nigériens' (High Commission of the Initiative 3N 'The Nigeriens feeding the Nigeriens')
HDN	Humanitarian-Development Nexus
HRP	Humanitarian response plan
I3N	Initiative 'Les Nigériens Nourrissent les Nigériens' (Initiative 3N 'The Nigeriens feeding the Nigeriens')
IMAM	Integrated Management of Acute Malnutrition
MQSUN+	Maximizing the Quality of Scaling Up Nutrition Plus
MS-NPAN	Multi-sectoral National Plan of Action on Nutrition
MSP	Multi-stakeholder platform
NC	Nutrition Cluster
NCC	Nutrition Cluster Coordinator
NGO	Non-governmental organization
PNSN	Politique Nationale de Sécurité Nutritionnelle (National Nutrition Security Policy)
SAG	Strategic Advisory Group
SDG	Sustainable development goals
SUN	Scaling Up Nutrition Movement
SMS	SUN Movement Secretariat
SUN UNN	SUN UN network
TASC	Technical assistance to strengthen capacities
UN	United Nations
UNRC/HC	UN Resident Coordinator / Humanitarian Coordinator
WASH	Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

INTRODUCTION

The World Humanitarian Summit in 2016 and the resulting “[Grand Bargain](#)”, signed by a range of major aid organisations and donors, led to global commitments to bridge divisions that exist between humanitarian and development actors and reinforce a Humanitarian-Development Nexus (HDN) to balance short-term responses with longer-term solutions. The HDN purpose is to drive humanitarian and development activities towards more complementarity and mutual reinforcement. Converging efforts are supposed to focus around the most vulnerable and at-risk populations and aim at preventing, preparing for, and addressing crises, to achieve sustainable solutions to long-term challenges.

This report explores applications of the Humanitarian-Development Nexus (HDN) concept in the field of nutrition in three crisis-affected states – Afghanistan, Niger, and Myanmar. The study looks at existing commitments to

strengthening the HDN for nutrition, as well as factors enabling or limiting collaboration between humanitarian and development partners. It seeks to identify practical opportunities to strengthen the HDN for nutrition and drawing lessons that could be applied in other countries facing a similar context.

These three country case studies were conducted between July and September 2020. They include country-specific findings and recommendations based on inputs from stakeholders across the nutrition-related sectors, in addition to secondary data and documentation. Due to the COVID-19 pandemic, the case studies were developed remotely.

The findings across all three case studies have been synthesized and analysed in this report. Through this process, common opportunities and solutions to improve the HDN for nutrition were identified, along with recommendations for how common barriers can be progressively removed.

REALISING THE HUMANITARIAN-DEVELOPMENT NEXUS FOR NUTRITION

As developing a HDN is a very ambitious goal, it requires the commitment and active engagement of a wide range of actors and sectors, finding areas of convergence and collaboration. They must first collectively examine the 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 report identifies opportunities and barriers to achieving this. It also provides recommendations for how barriers can be addressed: helping stakeholders to realise the concept of the HDN more fully for nutrition and delivering better nutrition outcomes for populations in need.

© UNICEF/UN0343185/Pazos



HOW TO USE THIS REPORT

This report presents five main findings, which have been taken from a synthesis of the three case studies. Each finding includes an articulation of the core problem and then explores some of the consequences of this problem for achieving better nutrition outcomes in CAS. The report concludes with five recommendations for how the HDN for nutrition could be strengthened, and a series of suggested actions for key stakeholders in the nutrition sector.

The report includes a synopsis of the key features from each of the country case studies, which are available in full at [GNC website: Humanitarian-Development nexus for nutrition: case studies](#) and [SUN Website: Humanitarian Development Nexus for Nutrition](#)



© UNICEF/UN051610/Rich

FINDINGS

The general concept of the HDN is commonly used in the countries studied for this report. However, stakeholders still have difficulties in clearly articulating what the HDN is; how it is relevant to the fight against malnutrition; and what steps are needed to make the HDN a reality for nutrition. Without a shared understanding of the HDN, it is challenging for humanitarian and development actors to collaborate for stronger nutrition outcomes and as a result the HDN is yet to be fully applied in the nutrition sector.

Countries where the concept and implementation of the HDN is most developed are those where space has been created for humanitarian and development actors to meet and exchange. This space was most successful when it included a broad range of actors involved with the nutrition sector, and ensured that local perspectives were integrated into the eventual HDN processes and mechanisms. Creating this kind of collaborative space, without creating an unnecessary

additional workload when compared to the perceived positive outcomes, is a delicate balance.

The multisectoral action plans for nutrition developed in the studied countries offer a framework to strengthen the HDN for nutrition by balancing short- and long-term solutions. However, limited resources and capacity often means that these plans are only partially implemented. As decision-makers often do not prioritize the plans, it is difficult for different actors to align their activities. This has led to overlaps and gaps in areas of intervention as well as conflicting approaches.

Stakeholders need to develop new partnerships so that the scope of prioritized interventions can increase, while at the same time ensuring that strategic country visions are translated into actionable local plans. More inclusive plans and complementary partnerships could also play a crucial role in expanding interventions to locations where authorities have limited or no reach.

Too many nutrition policies, plans and programmes in the studied countries

are insufficiently risk informed. This meant that when shocks did occur, it was often difficult to position nutrition-related interventions within the overall humanitarian response. Humanitarian actors and specialized disaster-management agencies were often left alone to lead the nutrition emergency response, creating parallel structures that failed to respond timely and at scale. Opportunities were also missed to build national and local capacity to deliver a continuity of service in the face of emergencies.

Building the HDN requires shared participation and commitment from all actors: national and local authorities, communities, humanitarian agencies, as well as development donors, the United Nations (UN) and civil society. At present, there is a perceived lack of accountability for results and insufficient transparency on challenges and failures. This undermines mutual trust and means that some actors, facing competing priorities, are reluctant to allocate time and resources to engage in HDN processes.

RECOMMENDATIONS

1. Develop a shared understanding of the Humanitarian-Development Nexus among all stakeholders relevant to nutrition, including at the subnational level.

Engaging in the HDN approach requires developing a shared understanding of the extra benefits that could be generated, identifying areas where efforts can converge or become aligned and what roles, responsibilities, and principles this entails for each stakeholder.

2. Build humanitarian-development collaboration in each country on specific, shared objectives and priorities for nutrition.

A shared understanding of the needs, common priorities and objectives are fundamental to establishing the basis of an efficient collaboration between humanitarian and development actors and to motivate key stakeholders to participate.

3. Ensure sufficient safe space for humanitarian and development partners involved in nutrition to collaborate.

A safe space is one where all parties demonstrate respect and understanding for each other's mandates, specific competencies, principles, and approaches. In countries where coordination mechanisms are more inclusive of all sectors and stakeholders across the so-called humanitarian development divide, the more likely they are to identify shared objectives and to develop aligned action plans.

4. Prioritize, plan, and involve humanitarian actors to support the implementation of national multisectoral plans of action for nutrition.

The multisectoral plans for nutrition should play a key role in building the nutrition resilience of vulnerable populations and reducing humanitarian needs.

However, they are often underfunded so need to be prioritized based on geographical areas where nutritional needs are the greatest and where resilience-building would be most effective. This shared prioritization across the humanitarian and development divide could also contribute to strengthening disaster preparedness and response.

5. Strengthen inclusion and accountability for better results

Building an effective HDN requires the participation and commitment of all actors. Enduring commitment and engagement needs to be supported through genuine and meaningful inclusion of a broad range of actors, demonstrated and tangible results linked to a clear accountability mechanism.



INTRODUCTION

BACKGROUND TO THIS REPORT

This report was commissioned by the Global Nutrition Cluster (GNC) and the Scaling up Nutrition (SUN) Movement Secretariat (SMS). It captures experiences from the nutrition sector in crisis-affected states (CAS) and provides options for strengthening the Humanitarian-Development Nexus (HDN) for better nutrition outcomes. The study's objective is to identify practical opportunities and solutions. The analysis is therefore not exhaustive but purposive: only relevant aspects of the contexts are presented. There is a specific focus on the factors enabling or limiting collaboration between humanitarian and development partners as well as their commitment to strengthening the HDN for nutrition. This report builds on the work done by the GNC and the SUN Movement over several years in

documenting experiences and good practices. This work has provided guidance and has led to the development of specific instruments to create a HDN for nutrition in CAS. This included a joint GNC/SUN guidance note,¹ which was sent to all humanitarian coordinators by the then emergency coordinator and UN Under Secretary-General, Stephen O'Brien, in 2017.

The report is based on three country case studies – Afghanistan, Myanmar and Niger – which examine how humanitarian and development partners work together to improve nutrition. The country case studies offered the opportunity to involve key stakeholders in this review and to formulate actionable recommendations. This included inputs from members of the Nutrition Clusters and coordination groups, SUN Focal Points and multi-stakeholder platforms

(MSPs), representatives from governments, civil society and UN agencies, as well as secondary data and documentation. The study was conducted between July and September 2020. Due to the COVID-19 pandemic, the case studies were developed remotely, in some ways limiting the interaction with stakeholders.

The countries included in the study have regions that have suffered long-standing and recurrent crises. Despite this, the outdated dichotomy of humanitarian response versus development programming is still adopted. This makes humanitarian responses the almost-exclusive source of funding to address nutrition needs in emergencies. Very little consideration is given to the persistent or recurring nature of the crisis and the benefits of investing in building resilience over the medium to long term.

¹ Available at: [UNSCN.org](https://www.unscn.org)

© UNICEF/UN0372517/Ryeng

BACKGROUND TO THE HUMANITARIAN-DEVELOPMENT NEXUS FOR NUTRITION

In 2016, The World Humanitarian Summit emphasized bridging the humanitarian-development divide. The purpose was to bring long-term changes and reduce risks and vulnerabilities, in a context of increasing fragility and needs due to climate change, natural disasters and conflicts. The Grand Bargain² also emphasises the importance of context-specific and result-oriented partnerships and accountability to address needs coherently and comprehensively as part of an HDN.

The HDN is commonly understood in the context of the New Way of Working. The New Way of Working can be described as acting 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.³ This frames the work of development and humanitarian actors, along with national and local counterparts, in support of collective outcomes that reduce risk and vulnerability. It also provides instalments toward the achievement of the Sustainable Development Goals (SDGs).

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



© UNICEF/UN0410208/LeVu

healthier diets, nutrition services, water, sanitation, hygiene education, health, and social-protection services.

In this context, the concept of the HDN is particularly relevant for nutrition as a sector in which outcomes are heavily dependent on multisectoral and multidimensional interventions. The HDN calls for increased flexibility by all stakeholders to look beyond the traditional mandates and roles of humanitarian and

development actors. There is a need to anticipate, prepare for and respond to crises while addressing the underlying causes of malnutrition and reducing needs. Short-term responses must be balanced with longer-term solutions, allowing humanitarian and development actions to be more genuinely complementary and mutually reinforcing.

² An agreement between large donors and humanitarian organizations, which aims to improve the effectiveness and efficiency of humanitarian action in crisis-affected countries. Further information can be found [here](#).

³ See OCHA, 2017, [New Way of Working](#), for a more detailed description and definition of terms used.

FINDINGS

SHARING A COMMON UNDERSTANDING OF THE HUMANITARIAN-DEVELOPMENT NEXUS

The general concept of the HDN is well established in the countries studied for this report. Even so, it is not yet fully applied to the specific context and challenges of the nutrition sector. Stakeholders still have difficulties in clearly articulating what the HDN is in operational practice; how it is relevant to the fight against malnutrition; and what steps are needed to make the concept of the HDN for nutrition a reality. Without a shared understanding of the HDN relative to a specific context, it is challenging for humanitarian and development actors to build stronger nutrition outcomes together.

Engaging in a HDN approach requires a shared understanding of how this will lead to improved nutrition outcomes, what the areas of convergence and alignment are, and what it entails for each stakeholder in terms of roles, responsibilities, and principles of engagement. There are significant differences between stakeholders when it comes to the level and variances of understanding of the HDN concept as well as appreciation of the potential benefits and modalities involved with achieving it. This creates an immediate barrier to meaningful participation in HDN processes, as participants lack a common language to address issues and frequently have divergent agendas.

A common misconception is to confuse a HDN approach with coordination. Nutrition interventions are often implemented in the same locations and through the same structures and services by both humanitarian and development programmes. This includes situations when humanitarian programmes have substituted government functions in hard-to-reach areas. While this could create opportunities to collaborate, the co-location of development and humanitarian programmes is not by itself enough to ensure identification of common objectives and the development of complementary intervention modalities. A lack of shared objectives and expectations can lead to duplication of efforts that potentially undermine the long-term sustainability of interventions. It also hinders the development of a comprehensive multisectoral approach for nutrition – an approach that would address both malnutrition and its underlying causes through an efficient balance of nutrition-specific⁴ and nutrition-sensitive⁵ interventions.

Exposure and access to information and to the technical and strategic discussions on the HDN vary greatly among stakeholders. This is a direct result of the different stakeholder's leadership and the resources available to them. Full engagement in the HDN requires the investment of human and financial resources in meetings, workshops, training, and capacity building. Small or poorly funded organizations and government services are often

unable to make this investment, which could exclude them from full involvement in the HDN.

While humanitarian partners tend to be more aware of the Grand Bargain commitments and how this relates to the HDN, the case studies identified that both humanitarian and development partners are interested in the potential of an HDN approach for nutrition. However, both are requesting additional clarity on the objectives and the potential benefits (in terms of nutrition outcomes) before committing limited resources, for which there are competing demands.

The impact of the current COVID-19 crisis has again highlighted the need for greater linkages between humanitarian and development programming. This has already translated into an increased interest among stakeholders to explore how an HDN approach could lead to the more efficient use of resources and, ultimately, improved outcomes.

This could also be a good opportunity to remind relevant stakeholders of their commitment to the 11 principles of the 2015 Committee on World Food Security [Framework for Action for Food Security and Nutrition in Protracted Crises](#) that are all still very relevant and underpin the HDN concept for nutrition.

⁴ 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.

⁵ 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.

HUMANITARIAN AND DEVELOPMENT PARTNERS NEED AN INCLUSIVE SPACE TO FORGE STRONGER COMMITMENTS AND EFFICIENCY

The countries where the concept and implementation of a HDN are most developed are those where space has been created for humanitarian and development actors to meet. The most successful spaces are inclusive of a broad range of actors in the nutrition sector, and ensure that local perspectives are included in HDN processes and mechanisms. Achieving such a space without creating unnecessary additional workload is a delicate balance.

The case studies highlighted that countries are more advanced in identifying shared objectives and developing joint initiatives and activities where coordination mechanisms are more inclusive. Creating a HDN for nutrition requires regular dialogue between humanitarian and development actors to identify common areas of work; as well as agreeing on implementation approaches and commonly monitoring progress. However, with organisations and individuals often stretched, facilitating such dialogue cannot mean creating yet another layer of process and meetings.

In the absence of joint strategic plans, organizations and institutions may be exchanging information but not system-

atically collaborating towards common goals and within common action plans. Critical disconnects remain between humanitarian and development policies, plans, funding and programmes, as well as the lack of inclusion of all key stakeholders, in particular of local actors and affected populations.

Despite being a priority in the countries studied, the nutrition sector is still poorly funded. The resulting competition over resources, power and positions, leads to non-collaborative behaviours, such as flag-planting and the over protection of mandates. Even within the existing coordination structures, some stakeholders with highly relevant experience, skills and local knowledge, have insufficient resources to sustain regular participation in coordination, planning and strategy building activities. This is particularly the case for local civil-society actors, where reliance on short-term and project-based funding drives a focus on implementation at the expense of broader sector activities. But, equally, local authorities, who may have a prescribed responsibility for nutrition, can also struggle to mobilize the resources and time needed to fully participate in these processes.

Agencies, institutions, and groups that have the resources to commit time and energy to joint processes are in a better position to exert influence on the development of policy and strategy. This position of influence is self-perpetuating as when some organizations clearly

dominate the process, the motivation for other organizations to participate is reduced. Those actors with limited resources will stop participating unless they feel welcome, respected, and heard. The assignment of roles and responsibilities to support common objectives and activities should reflect the reality of the resources of each engaged stakeholder, but also their areas of expertise and strength. For example, responsibilities for supporting local authorities to build their capacity for nutrition programming may be best placed with civil-society organizations, who have a deep understanding of the local context. If these organizations however lack sufficient resources, access and or influence, this could be provided to them by others, rather than others simply doing it in their place, without having the best attributes for this role.

Each sector and ministry have their partner-coordination mechanisms and processes, including different layers of coordination from senior executive committees to specific technical working groups. Some of the same involved staff also participate in multisectoral and multi-stakeholder mechanisms, such as SUN MSPs and nutrition sector working groups and clusters. This creates an unsustainable workload for individuals but also means that, at times, stakeholders see little functional difference between apparently separate coordination platforms.

© UNICEF/UN0372528/



MULTISECTORAL POLICIES AND PLANS OFFER OPPORTUNITIES TO STRENGTHEN THE HDN FOR NUTRITION BUT ARE CURRENTLY UNDER-UTILIZED

The multisectoral action plans for nutrition developed in the studied countries offer a framework to strengthen the HDN for nutrition by balancing short- and long-term actions. However, the level of ambition of the multisectoral action plans is often not reflected by the resources and capacity available for implementation. These plans are often not prioritized and, as a result, it is difficult for different actors to best align their actions. This can lead to overlaps and gaps in areas of intervention and conflicting approaches. There is a need to develop new partnerships, to increase the coverage of commonly prioritized programmes, and to ensure strategic visions are translated into actionable local plans. Jointly prioritised multi-sectoral action plans could also play a crucial role in expanding the interventions in locations where authorities have limited or no reach.

In all countries studied, considerable progress has been made in developing the understanding of nutrition as a key

long-term development issue attainable through a multi-stakeholder approach and multisectoral policies and plans that are owned and supported at the highest political levels. The multisectoral plans are often ambitious and aspirational. They incorporate programming across WASH, health, education and social-protection sectors, alongside cross-cutting issues such as environmental awareness and gender. To fully realise the ambition of these multisectoral plans would require an extensive array of interventions and significant resources to support them. In the absence of sufficient resources, interventions are often prioritized by various stakeholders, and so the multisectoral approach is not fully operationalized. This also limits the opportunities for convergence and transition between humanitarian and development programming.

Although there are some attempts to prioritize the interventions identified in the multisectoral plans, this prioritization is not always in line with the limited in-country resources available. The result is that progress towards the overall objectives of the multisectoral plans is uneven. Frequently, stakeholders can feel overwhelmed by the scope of the plans and unsure where they should direct initial efforts. Some elements of the plan may be achieved through

specific projects and programmes. However, actions and locations may be driven by the availability of short-term funding and influenced by the priorities of actors who are not fully involved in the development and/or committed to support the comprehensive approach of the multisectoral plan.

Recognizing that the ambition of these multisectoral plans means a progressive approach to achieving the overall aims is essential, should allow for meaningful prioritization and allocation of scarce resources. This progressive approach should be translated into individual action plans for local areas, supported by an appropriate budget. Involving humanitarian and local actors in the prioritization and implementation of the multisectoral plans is an essential part of realizing the HDN and could lead to better nutrition outcomes for the population.

Humanitarian and local actors are well positioned to provide contextual information and an improved understanding of the causal pathways of malnutrition. This could help drive effective prioritization of multisectoral plans and advocate for increased resource allocation to nutrition. In the previous finding, it was identified that development and humanitarian partners needed an inclusive space to meet. This is a necessary first step in better involving humanitarian partners in the implementation of multisectoral plans.

In all three countries, stakeholders acknowledge that only preventative interventions can sustainably reduce humanitarian needs, address all forms of malnutrition and contribute to human development. However, it is still difficult to track investment in building nutrition security and resilience, and how humanitarian and development funding could be better aligned for this purpose. Currently, the majority of initiatives reported by stakeholders are either humanitarian interventions designed to alleviate immediate suffering and save lives or nutrition-specific development interventions.

© UNICEF/UNI213367/Tremeau





© UNICEF/UN0343024/Naftalin

NUTRITION-RELATED NATIONAL POLICIES AND PLANS ARE NOT SUFFICIENTLY RISK INFORMED AND SHOCK RESPONSIVE

Nutrition-related policies, plans and programmes adopted by countries are too often not sufficiently risk-informed to respond effectively to shocks. This means that when a crisis occurs, humanitarian actors and specialized disaster-management agencies are often left alone to lead the nutrition emergency response, possibly even undermining the continuity of other public services and longer-term development programmes.

In all the country studies, the primary responsibility for disaster preparedness and response – including the nutrition response – currently sits with specialized national institutions (civil protection, disaster-management agencies, social welfare) and humanitarian organizations.

The absence of in-country planning and budgeting for a more systematic response to protracted and recurrent crises means the continuity of public services during a crisis is not ensured. Those best placed to lead the first phase of response to a nutrition crisis – local communities themselves and local authorities – often lack the capacity and resources to do so effectively. Even for crises that are predictable and recurrent and should be within the competence of authorities to lead the response to, there

is often no alternative other than for the response to be carried out by humanitarian actors, and the mobilization of large, external resources. The time taken to mobilize and deploy these resources can delay the initial response to a crisis, causing additional needs and suffering and trigger greater de-development than necessary.

There will always be exceptional crises of a magnitude and severity exceeding the capacity of national institutions to provide a comprehensive response alone. This is when there is a clear need for humanitarian assistance and resources to be mobilized. Principled Humanitarian actors have a clear comparative advantage in providing a response to these exceptional crises due to their impartiality, independence and specific competencies and experience. At present, this comparative advantage is partially undermined by humanitarian actors also having to lead the response to recurrent crises and address structural issues contributing to malnutrition. This diverts finite resources from their core mandate and could limit their ability to efficiently respond to new exceptional crises.

Humanitarian stakeholders are aware of the protracted nature of crises and have responded by developing multi-year strategies. In parallel, development partners are increasing the flexibility of their funding and response instruments, but sometimes lack well-coordinated government owned disaster prepared-

ness and response plans to support.

There are valuable examples of how risk and preparedness can be integrated into policies and plans contributing to nutrition, across sectors. Most notably, this is through the [Community Management of Acute Malnutrition](#). But these are still the exception, and further work is needed to ensure these approaches are fully integrated into government services and not led by external agencies. In the case studies, it appeared that integration of risk reduction and disaster preparedness was progressing further in some sectors, such as food assistance or social protection. However, it was still lagging in most of the other sectors contributing to nutrition despite successful experiences and pre-existing tools and conceptual approaches.

The COVID-19 crisis has shown that when large-scale crises occur, only governments can effectively lead a crisis response that is truly multisectoral, and to which humanitarian and development partners can align to. These comprehensive national responses however require the input of all sectors, government agencies and partners. The scale of the crisis – both the direct effects of the disease and secondary socio-economic effects – has exacerbated many pre-existing vulnerabilities. It has also underlined the importance of including preparedness in nutrition approaches and ensuring they are shock responsive.

BUILDING TRUST FOR EFFICIENT COLLABORATION

Building a HDN requires shared participation and commitment from all actors: national and local authorities, communities, humanitarian agencies, as well as development donors, the UN and civil society. There is however often a perceived lack of accountability for results and transparency on challenges and failures. This can undermine mutual trust and means some actors, facing competing priorities, are reluctant to allocate time and resources to engage in HDN processes.

There is a growing body of work on the concept of the HDN for nutrition, which explores the necessary enabling environment for a successful HDN approach. There are various frameworks that exist for this, and they typically cover many of the same components, such as policy and governance, financing, knowledge and the use of evidence, and human capacity. However, the three country specific case studies performed for this report

(see summaries below or consult the full country studies), also highlighted that building a strong collaboration through the HDN was largely about trust. Trust in demonstrating tangible benefits and results; trust in efficient, active and respectful partnerships; trust in your contributions being valued; and a readiness to collaborate genuinely and to adapt where necessary. Trust is arguably even more critical for sustainable nutrition outcomes, which require contributions from a large range of sectors and actors.

The three case studies highlighted that many stakeholders – both organizations and individuals – are still reluctant to engage in coordination and HDN processes. This is often because, based on their experience with other collaborative processes, they do not trust that the processes and outcomes will be transparent and that actors will be held accountable for delivering results. This trust barrier exists even when resources are not a barrier to participation.

There are existing commitments to accountability and planning for key

sector stakeholders, including as part of multisectoral implementation plans and multi-stakeholder platforms. However, these commitments are not systematically met. In some cases accountability processes already exist, but are not operationalized.

The finding that multisectoral plans are too ambitious, and that the prioritization of the most important activities is sometimes lacking, impacts on trust. Many interviewees insisted on the need for clear roadmaps and to pursue a few clear priorities rather than many. Doing so would allow a focus on concrete results and impact, and help create objective measures that can be used to help understand the success or failure of interventions. Learning from failure and adapting interventions in a transparent and inclusive way is key to building trust among all sector stakeholders.

This may also be an important factor in helping to trigger political and financial support for specific programmes or processes. And could help with adapting to political change, which can affect institutions and processes.



© UNICEF/UN0259882/Raab

RECOMMENDATIONS

DEVELOP A COMMON AND CLEARLY ARTICULATED UNDERSTANDING OF THE HUMANITARIAN-DEVELOPMENT NEXUS

This should take place among all stakeholders relevant to nutrition, including at the subnational level. Engaging in a HDN approach requires developing a shared understanding of the extra benefits that could be generated. It also requires the identification of areas where efforts can converge or become aligned and what roles, responsibilities and principles of engagement this entails for each stakeholder.

Recommended actions

The nutrition sector/cluster coordinators and the SUN government focal points, supported by the GNC, SMS and global SUN networks:

- Ensure existing documentation on HDN is shared, including good practices, and foster the exchange of experiences.
- Make relevant documents and guidance available on the GNC and SUN websites.
- Include information sessions on HDN in relevant country events and trainings.
- Ensure inclusion and participation at all levels – from the national level to affected communities – in training and workshops.

The UN Resident Coordinator/ Humanitarian Coordinator (UNRC/HC):

- Be a champion for a HDN for nutrition by facilitating and advocating for a HDN at the highest political and technical level.



© UNICEF/UNJ212823/Zhanibekov

The SUN Coordinator and leadership:

- Promote HDN within the SUN Movement.
- Use their leadership position to routinely promote and protect the HDN globally as well as at country level.

BUILD AROUND COMMON OBJECTIVES AND PRIORITIES

A shared understanding of the needs, common priorities and objectives are fundamental to establishing the basis of an efficient collaboration between humanitarian and development actors and to motivate key stakeholders to participate.

Recommended actions

The nutrition sector/cluster coordinators and the SUN government focal points:

- Organise dedicated joint working sessions to ensure a common understanding of nutrition needs, target groups and causal pathways with all sectors concerned (nutrition, health, WASH, food security and agriculture, child protection, education and others as needed).
- Organize joint working sessions with all sectors and humanitarian and development partners contributing to nutrition, to identify specific common objectives and priorities

to pursue. For example, enhancing preparedness for nutrition crises, systems strengthening, agreeing on topics for joint advocacy and joint resource mobilization

- Prioritize activities to start the operationalization of the HDN, based on urgency, efficiency and/or feasibility criteria.
- Facilitate the development of aligned action plans and include them in the relevant agendas of clusters, sector working groups, humanitarian response plans, and national development plans.
- Facilitate the development of joint monitoring.

The subnational nutrition sector/cluster and decentralized SUN members:

- 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.

The GNC, SMS and global SUN networks

- Support the nutrition cluster/sector coordinators and the SUN focal points and country based networks to mobilize 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) etc.).

ENSURE A SAFE MEETING SPACE FOR HUMANITARIAN AND DEVELOPMENT PARTNERS INVOLVED IN NUTRITION

In countries where coordination mechanisms are more inclusive of all sectors and stakeholders across the so-called humanitarian and development divide, actors are more likely to agree on shared objectives and to develop aligned action plans. Humanitarian and development actors need space to meet and collaborate.

Recommended actions

The nutrition sector/cluster coordinators and the SUN government focal points:

- Jointly advocate for the development and/or strengthening of a nutrition-specific sectoral-coordination mechanism, as part of a multisectoral platform. This aims to prevent malnutrition in all its forms and in all contexts and to contribute towards addressing multidimensional vulnerability.
- Create joint working sessions for humanitarian and development actors contributing to nutrition to share and coordinate.
- Facilitate the inclusion and representation of all stakeholders, including those only present at the subnational level, by facilitating physical access or providing remote communication possibilities.

The GNC, SMS and global SUN networks:

- Support advocacy for the mobilization of resources to ensure the inclusion and participation of all stakeholders in joint coordination mechanisms.
- Incentivize national counterparts to proactively reach out across the humanitarian-development divide.
- Provide political and technical support when needed.



© UNICEF/UN0372081/Alzekri

The UNRC/HC:

- Promote intersectoral coordination and collaboration between humanitarian and development actors in line with global commitments made by the UN under the New Way of Working.
- Advocate for greater consideration of the specificity and professionalism of nutrition as a core independent sector rather than a sub-theme of another sector (Food Security, Health) while effectively contributing to integrated multisectoral programmatic priorities and resources, according to commonly agreed principles.
- Review the existing national and subnational coordination mechanisms for development and humanitarian assistance; and suggest ways of rationalizing them to ensure a more effective, holistic, and inclusive multisectoral and inter-cluster/intersectoral coordination system.

- Combine humanitarian and development experience and knowledge when developing aligned United Nations sustainable-development-cooperation frameworks (UNSDCF) and humanitarian-response plans (HRP). Ensure clear links between the two are well articulated within the UNSDCF and HRP.
- Ensure appropriate grassroots CSO representation in key coordination bodies and systems.

The SUN Coordinator and leadership:

- Encourage UNRC/HC to show leadership in promoting strong intersectoral coordination and collaboration between humanitarian and development actors in line with global commitments made by the UN under the Framework for Action for Food Security and Nutrition in Protracted Crise and New Way of Working.

SUPPORT THE INVOLVEMENT OF HUMANITARIAN ACTORS IN THE DESIGN AND IMPLEMENTATION OF MULTISECTORAL NATIONAL NUTRITION PLANS

The multisectoral national nutrition plans should play a key role in building the nutrition resilience of vulnerable populations and reducing humanitarian needs. However, they are often very ambitious and underfunded and so would need to be prioritized based on geographical areas where nutritional needs are the greatest and where resilience-building would be the most effective. This shared prioritization across the humanitarian and development divide could also strengthen disaster preparedness and response capacities.

Recommended actions

The nutrition sector/cluster coordinators, the SUN government focal points and the SUN MSPs:

- Widely disseminate evidence on nutrition needs, causal pathways, and risks. Use and disseminate humanitarian and local actors' knowledge. Identify and fill the essential knowledge gaps (causal analysis, gap analysis, etc) through ongoing projects.
- Disseminate tools and lessons on preparedness and emergency-response planning.
- Undertake a strategic follow-up of donor trends in the country (mapping if possible) and identify opportunities for thematic funding (e.g., nutrition is an entry point, but also climate change, governance, gender).
- Jointly advocate for greater alignment of development and humanitarian funding and resource allocation for more systematic, multi-year financing of activities that strengthen resilience rather than just expand the reach of humanitarian actions. Such funding should increasingly come from government

and development budgets with the flexibility to adapt to changing circumstances. Humanitarian funding mechanisms should be sufficient and flexible enough to ensure that they contribute to strengthening resilience whenever possible.

- Identify priorities (geographically, by target groups, or intervention modality) in line with the HDN priorities, based on transparent criteria (needs, feasibility, effectiveness) and make objectives time bound.
- Assign clear roles and responsibilities to the different actors and groups part of the HDN.
- Mobilize appropriate technical assistance through existing in-country networks, contracts and processes (Triple Nexus/HDN) or through global initiatives (GNC Technical Alliance, SUN TASC and peer-to-peer exchange, etc).
- Strengthen community engagement by supporting national and local ownership, active participation by communities – especially the most affected groups – in the development of context-specific preventive measures, foster the demand for

nutrition services and monitor their appropriate use in times of crisis. Ensure that peoples' voices are heard and that a dialogue exists between the affected population, and planners and decision-makers.

- Facilitate and support the leadership of local authorities and communities to extend the coverage of development and humanitarian initiatives in areas not accessible by national authorities.
- If possible, set specific objectives in the HRP and annual development plans, including for inter-cluster/inter-sector coordination and HDN.

The SUN Coordinator and leadership

- Support a narrative change towards strategic and contextualized prioritization and operationalization of the national nutrition plans through high-level government visits, and RC/HC and donor involvement.
- Encourage governments to clearly define roles and responsibilities for disaster prevention, preparedness, planning and response, through high-level government visits, and UNRC/HC and donor involvement.



STRENGTHEN INCLUSION AND ACCOUNTABILITY

Building a HDN requires a shared participation and commitment from all actors: national and local authorities, communities, humanitarian as well as development donors, the UN and civil society. Enduring commitment and engagement need to be supported by concrete signs of inclusiveness, results and accountability.

Recommended actions

The SUN focal points and MSPs

- Demonstrate respect and understanding for humanitarian principles and the humanitarian prerogative.
- Incentivize engagement with humanitarian actors.

- Facilitate annual budget tracking and reporting on scaling up multisectoral activities and the implementation of multisectoral nutrition plans across the so-called humanitarian development divide.

The nutrition sector/cluster coordinators, the SUN government focal points and the SUN MSPs:

- Actively promote the inclusion of all stakeholders in all relevant coordination mechanisms and HDN building processes.
- Identify and support members experiencing difficulties to actively contribute due to lack of resources or other reasons.
- Ensure each committee, network, technical group, sector working group or cluster have an annual plan, and for them to report against

it. The annual plan should be based on commonly agreed-to, specific and achievable priorities. Results should be reported on annually. There should be a flexibility to adjust plans if the evolving context requires it.

- Promote systemic change through institutional, rather than individual-based, engagement to protect against individual workload challenges, turnover and political leadership changes.

SUN Coordinator and leadership:

- Encourage governments to ensure annual budget tracking and reporting through political dialogue and high-level visits.

© UNICEF/UNI361865/MinzayarOo



HIGHLIGHTS FROM THE COUNTRY CASE STUDIES

AFGHANISTAN

Four decades of conflict has seen Afghanistan endure multiple and protracted crises. Infant and child mortality rates in Afghanistan are among the highest in South Asia. Poor nutritional status contributes significantly to this mortality. While significant progress has been made on addressing stunting – with a reduction in the prevalence from 60 per cent in 2010 to 38 per cent in 2018 – malnutrition in all its forms is persistent and widespread across the country. The Nutrition Cluster estimates 2.9 million (about one in three) children under 5 years of age are acutely malnourished. However, even among the more severe cases, just 50 per cent have access to treatment.

Humanitarian and development assistance continues to be largely provided by international organizations and NGOs, with the support of a large network of local organizations ensuring the field implementation. More than half of all children with acute malnutrition live in areas not prioritized by humanitarian assistance. They therefore receive limited assistance and services.

Faced with a worsening situation, the humanitarian community has developed a multi-year strategy (2018-2021), including the transition to development programming. In the nutrition sector, humanitarian actors are supporting the gradual scale-up of nutrition services in priority locations, building capacities of the health system partners to respond during emergencies but also increasing investments in prevention, especially through social-protection mechanisms.

Impressive progress has been made towards a multisectoral approach to nutrition with the adoption in 2017 of the Afghanistan Food Security and Nutrition



Agenda (AFSeN-A) and its strategic plan. However, the resources allocated to nutrition remain limited. Only 10 per cent of the AFSeN-A strategic plan is funded. AFSeN-A implementation will gain from better involving more actors, especially humanitarian and local civil-society organizations, and leveraging their experience, knowledge, and presence in communities and in hard-to-reach areas.

The understanding of the HDN and the additional benefits it could bring to

nutrition is still insufficient. The intersection of humanitarian and development programming around the scale-up of the Integrated Management of Acute Malnutrition (IMAM) is intuitively creating an HDN. However, there are very few other areas of convergence. Creating a space for humanitarian and development, and national and local actors to work together is indispensable as a starting point.

MYANMAR

Myanmar faces a high risk of natural disasters (cyclones, floods and earthquakes) mixed with conflict in some border areas. This leads to a cyclical need to scale up emergency interventions. It therefore requires a robust coordination mechanism and the collaboration between humanitarian and development partners to prepare and respond appropriately to the crisis-induced nutrition needs.

Despite strong macroeconomic growth, poverty reduction and some progress on nutritional status, over the past decade, Myanmar continues to suffer from a high prevalence of maternal and child malnutrition. According to the Myanmar Micronutrient and Food Consumption Survey (2017-18) preliminary results, the prevalence of stunting among children 6-59 months old is still high at 26.7 per cent. Wasting affects 6.7 per cent of children of the same age group. Micronutrient deficiencies are also a cause for concern, as shown by the high burden of anaemia among 35.6 per cent of children aged 6-59 months and 30.3 per cent of women of reproductive age.

Recognizing the multisectoral nature of nutrition and the Government's strong commitment to addressing it, Myanmar became a member of the Scaling Up Nutrition Movement in May 2013 and a multi-stakeholder platform (MSP) was established in November 2014. In 2018, the Multi-sectoral National Plan of Action on Nutrition (MS-NPAN) was adopted, and the development of sub-national implementation plans started in one region and four states. While some interventions included in the MS-NPAN are being implemented, their coverage and reach vary.

Humanitarian organizations have traditionally concentrated their activities in Rakhine, Kachin and Northern Shan. Those areas also became priorities for development programmes in past



years, offering more opportunities to enhance the HDN in specific geographical areas. To continue addressing the needs of the population, donors and cooperation agencies have increased their flexibility to work with state and non-state actors, at both central and local levels, through a combination of multi-year and short-term programming.

The concept of the HDN is relatively well understood among the international

organizations, but less so by the authorities and local partners. The development of the HDN for nutrition requires the identification of specific areas of convergence and collaboration as well as trust building. 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.

NIGER

In 2005, Niger experienced a historic nutritional crisis that initiated a massive humanitarian response. It highlighted the country's dramatic nutrition needs and vulnerability to disasters. In the wake of this crisis, the treatment of acute malnutrition scaled up massively, supported by humanitarian actors and donors. Since 2014, humanitarian needs have increased in border regions due to the Boko Haram crisis in Nigeria and the conflict in Mali.

Despite significant progress in the implementation of nutrition policies and strategies in recent years, malnutrition remains very high in Niger and is a major public health and development problem. According to the latest national nutrition survey, more than one in ten children suffers from acute malnutrition and almost half of them from stunting.

In 2012, the initiative, Les Nigériens Nourissent Les Nigériens, (I3N) (Nigeriens nourishing Nigeriens) was launched with strong political support. It allowed the adoption in 2016 of a multisectoral national policy for nutrition security, the (PNSN). To date however, few interventions are being implemented at scale at regional and community level, and they are mainly nutrition-specific interventions delivered through the health systems. Insufficient resources and capacities are devoted to the local services, and the investments for nutrition remain low. Nevertheless, nutrition has played a leading role in promoting the HDN in Niger, in particular in the redefining of humanitarian needs into development needs. Niger continues to be an innovation ground for nutrition programming.

In 2013, the Nutrition Cluster transitioned into the national sectoral coordination mechanism as the Nutrition Technical Group (GTN). It includes non-humanitarian actors and aims to advance the scaling up of IMAM while



© UNICEF/UN0291303/Dejongh

also strengthening preventive measures. In 2020, the GTN, with the support of the EU delegation as SUN donor convenor, led the adoption of a roadmap to include IMAM in the national budget, to facilitate its transition from humanitarian to development programming.

While many actors are familiar with the concept of HDN and the collaboration is very active around IMAM and nutrition-specific interventions, the implementation of the multisectoral plan of action will gain in identifying more

specific areas of convergence and collaboration between humanitarian and development actors. It will do so by leveraging the experience and knowledge of civil-society organizations and their long presence in communities. Due to the limitation of resources, specific interventions and areas will have to be prioritized. A more inclusive approach towards local organizations, local authorities and communities will also need to be initiated.

ANNEX 1:

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

SCOPE

This report has been commissioned by the GNC and the SUN Movement Secretariat to capture experiences of crisis-affected countries 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/CSOs, 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 (see below). 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 interviewees 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. Additional questions and information were collected through email when necessary.
- The fact that the study was conducted remotely made it more challenging to engage with certain groups of contributors.
- Whenever possible, video was used to ease personal interaction, but the use of video was sometimes limited due to insufficient equipment and or connectivity.
- 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 interviewees was also limited by institutional issues, which could not be 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 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 HDN building as a New Way of Working.⁶

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

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

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

Nutrition in crisis affected states is often influenced by weak 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 develop.

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 countries call for a revision of the traditional mandates and roles of the humanitarian, development, and government 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



© UNICEF/UN0400198/Stephen

⁶ Strengthening the Humanitarian-Development Nexus was identified by the majority of stakeholders as a top priority at the World Humanitarian Summit (WHS) in 2016, including donors, NGOs, crisis-affected states and others, and it received more commitments at the WHS than any other area. ['New Way of Working'](#)

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 reports that the number of people who require international humanitarian assistance increased by 60 per cent in the five years from 2014 to 2019 (OCHA, Humanitarian Needs Overview 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.
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 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 the communities and systems

While global commitments were made by member states, donors, and implementing agencies around the HDN at 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 operationalization of the Nexus specifically for nutrition outcomes.



DOCUMENTS REFERRED TO DURING DESK REVIEW

Bichard A., Alpha A., Balla A., [‘Study of the determinants of policies relating to nutrition in Niger: understanding the links between the multisectoral nutrition policy and the sectoral policies and the links to the evidence and analyses on which these policies are based’](#), Montpellier, France: Agropolis International, International Support Unit for the NIPN Initiative. 2017.

Cabinet of the Prime Minister, [‘2020 Vulnerable Population Support Plan’](#), Government of Niger, January 2020.

Cabinet of the Prime Minister, [‘National Mechanism for the Prevention and Management of Disasters and Food Crises, Government of Niger’](#), the Government of Niger January 2020.

Committee on World Food Security [Framework for Action for Food Security and Nutrition in Protracted Crises](#) 2015

Cornelis K, Campo Llopis P., [‘Lessons learnt from the Humanitarian-Development-Peace Nexus approach’](#), Capacity4dev, European Union, June 2020.

Foundation for Studies and Research on International Development, [‘Analysis of the aid granted to the Sahel region – Part 1: Analysis based on using the statistics from the OECD Development Assistance Committee’](#), Chaire Sahel/ FERDI, December 2018.

Global Nutrition Cluster, [Resources: Afghanistan Nutrition Cluster Meetings Minutes 2019 and 2020](#), last access on: 20 January 2021.

Map of stakeholders and interventions in the field of nutrition in Niger (June 2019) HC3N, EU, FIRST (unpublished).

Ministry of Agriculture, Livestock and Irrigation, [‘Food Security and Nutrition Strategy 2015 - 2019 \(2015\)’](#), The Islamic Republic of Afghanistan, Kabul, 2015.

Ministry of Agriculture, Livestock and Irrigation, [‘Myanmar Agriculture Development Strategy and Investment Plan \(2018-2019 ~ 2022-23\)’](#), the Government of Myanmar, 2018.

Ministry of Health and Sports, [‘Multi-sectoral National Plan of Action on Nutrition \(MS-NPAN\) 2018/19 – 2022/23 Costed Action Plan’](#), the Government of Myanmar, July 2018.

Ministry of Health and Sports, Nay Pyi Taw and ICF, [‘Myanmar Demographic and Health Survey 2015-16’](#), Government of Myanmar’, Myanmar, and Rockville, Maryland USA, 2015.

Ministry of Health and Sports, [‘Myanmar Micronutrient and Food Consumption Survey \(2017-18\)’](#), the Government of Myanmar, February 2019.

Ministry of Health and Sports, [‘Myanmar National Health Plan 2017-2021’](#), Government of Myanmar, December 2016.

Ministry of Public Health, [‘A Basic Package of Health Services for Afghanistan – 2010/1389’](#), The Islamic Republic of Afghanistan, July 2010.

Ministry of Planning, [‘2017-2021 Economic and Social Development Plan’](#), Government of Niger, September 2017.

Minutes and annual plan and reports from the GTN 2019-2020 (unpublished).

Multi-country evaluation of the severe acute malnutrition management programme. Burkina Faso and Niger. Framework memorandum on Niger – version of 4 May 2020. (unpublished).

Scaling Up Nutrition Movement 2019, [‘Joint-Assessment by the multi-stakeholder platform 2019 – Niger’](#), 2019.

Scaling up Nutrition Movement, [‘Joint-Assessment by the multi-stakeholder platform – Afghanistan’](#), 2019.

Scaling Up Nutrition Movement, [‘Afghanistan Food Security and Nutrition Agenda - Food Security and Nutrition Public Awareness and Advocacy Framework and Plan 2018-2023’](#), 2018.

Scaling up Nutrition Movement, [SUN Report 2019 – Niger](#), SUN, 2019.

Scaling up Nutrition Movement, [SUN Report 2019 Afghanistan](#), SUN, 2019.

Stokke K, Vakulchuk R, Overland, I., [‘Myanmar: A Political Economy Analysis’](#), Norwegian Institute of International Affairs, 2018.

The Government of Myanmar, [‘Myanmar National Social Protection Strategic Plan’](#), December 2014.

The Government of Niger, [‘National Nutritional Security Policy in Niger \(2016-2025\)’](#).

The Government of Nigeria, [‘2016-2020 Action Plan for the 3N Initiative’](#).

The Islamic Republic of Afghanistan, [‘Afghanistan Food Security and Nutrition Plan 2019-2023’](#), 12 November 2018.

The Islamic Republic of Afghanistan, [‘Afghanistan National Peace and Development Framework 2017-2021’](#).

United Nations Child’s Fund, ‘Cost-effectiveness analysis of the upscaling of the interventions specifically related to nutrition in Niger’, UNICEF/ HC3N, 2019.

United Nations Office for the Coordination of Humanitarian Affairs, [‘Afghanistan Humanitarian Needs Overview 2020’](#), UNOCHA, 2020.

United Nations Office for the Coordination of Humanitarian Affairs, [‘Afghanistan Humanitarian Response Plan 2019’](#), UNOCHA, 2019.

United Nations Office for the Coordination of Humanitarian Affairs, [‘Afghanistan Nutrition Cluster Annual Activity Report 2019’](#), UNOCHA 2019.

United Nations Office for the Coordination of Humanitarian Affairs, [‘Afghanistan Nutrition Cluster Coordination Performance Monitoring Final Report’](#), UNOCHA, October 2019.

© UNICEF/UN0339625/Pirozzi



ANNEX 2:

PEOPLE INTERVIEWED

Name	Organization	Position
Afghanistan		
Dr Said Shamsul Islam Shams	AFSeN-A	Coordinator of the Technical Secretariat
Maureen L. Gallagher	UNICEF	Chief of Nutrition
Aye Aye Khaine	UNICEF	Nutrition Cluster Coordinator
Dr Zakia Maroof	UNICEF	Nutrition Specialist
Dr Ibne Amin	Afghanistan Human Rights Organization (AHRO)	Representative
Dr Muhibullah Wahdati	Afghanistan Institute of Nutrition and Home Economic (AINHE)	Head
Muhammad Akbar Antonio Franco	WFP	Programme Policy Manager (SDG17 Team) Programme Policy Officer – SP
Martin Ahimbisibwe	WFP	Head of the Nutrition Team
Shah Mansoor	Save the Children	Senior Health and Nutrition Advisor
Pir Mohammad Paya	Initiative for Hygiene Sanitation and Nutrition (IHSAN)	Deputy Chief of Party and Nutrition Director
Ahmad shaker Nasiry Dr Sayed Hamid Zia Dashti	Public Nutrition Directorate DG PM / Ministry of Public Health (MOPH)	IMAM Senior Officer Senior Emergency officer
Dr Habiburahman Azizi	Save the Children	Health and Nutrition Coordinator-Kandahar
Alison Farnham Zuhra Dadgar-Shafiq	Action for Development (AFD)	Public Health Nutritionist Programme Director (Co-Founder)
Dr Qamaruddin Maqsoodi	ACBAR	Remote Manager, Twinning Programme
Danielle Parry	OCHA	Humanitarian Affairs Officer - Head, Strategy and Coordination Unit

Niger		
Ann Defraye	UNICEF	GTN Coordinator
Mado Diakité	HCI3N	Technical Assistant
Chiara Raffaele Aurélie Rakotofiringa	EUD Donor Convenor	Programme Manager
Amadou Alzouma	ECHO	Programme Officer
Mohamed Ag Bendeck	PNIN	Technical Assistant
Jean-Francois Caremel		Researcher
Djaffra Traore	ACF	Advocacy Officer
Idrissa Sidikou Souna	TUN	Coordinator
Adamou Amadou Hainikoye	UNICEF Diffa	Health Specialist
Souley Adamou	UNICEF Maradi-Zinder	Nutrition Coordinator
Roger Sodjinou Benedict Tabiojongmbeng Gervais NtandouBouzitou	UN Network	UNICEF WFP HCI3N
Felicité Tchibindat	UNICEF	Country Representative
Gervais NtandouBouzitou Dr Aboubacar (Excused)	HCI3N	Technical Assistant Head of the Nutrition Cell
Myanmar		
Dr Lwin Mar Hlaing	Ministry of Health and Sports	Deputy Director of the National Nutrition Centre, and secretariat to SUN movement focal point
Dr San San Myint	UNOPS	Livelihoods and Food Security Fund (LIFT)
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 Shan

Fumito Morinaga Melody Muchimwe Chaw Susu Khaing Su Su KYI Nang Lyan Zar Soe Nyi Nyi Dinesh Jeyakumaran Sanjay Kumar Das Pyae Phyo Aung Kyaw Win Sein Win Lae	UN Network UNOPS WFP	WFP WFP WFP Access to Health LIFT REACH WHO UNICEF UNICEF UNICEF UNICEF
Rebecca Thompson	UK FCDO (ex-DFID)	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
Global		
Emily Mates Marie McGrath	ENN	Technical Directors
Morgane Daget	Scaling Up Nutrition (SUN) Movement Secretariat	Country Liaison Team (CLT) Member
Jeremy Shoham Carmel Dolan Chris Leather	N4D	Associates
Mutahar M. Al-Falahi Isaack Manyama	Nutrition Cluster, Yemen	Roving Nutrition Cluster Coordinator Nutrition Cluster Coordinator
Karima Al-Hada'a	Ministry of Planning and International Cooperation, Yemen	Planning and Liaison Specialist Scaling-Up Nutrition Secretariat (SUN-YEMEN)

REFERENCES

Blankenship JL, Cashin J, Nguyen TT, Ip H. [‘Childhood stunting and wasting in Myanmar: Key drivers and implications for policies and programmes’](#), Maternal and Child Nutrition, 2020;16(S2):e12710.

KIT Royal Tropical Institute, [‘Afghanistan Health Survey 2018’](#), p. 48 April 20, 2019.

KIT Royal Tropical Institute, [‘Afghanistan Multiple Indicators Survey 2010’](#), p.5, 2010.

OCHA Policy Development and Studies Branch, [New Way of Working](#), UNOCHA, 2017.

Scaling Up Nutrition, [‘Nutrition Investment Snapshot: Afghanistan’](#), SUN, p. 3, 2019.

Scaling Up Nutrition (SUN), United Nations System Standing Committee on Nutrition (UNSCN), Global Nutrition Cluster (GNC), [‘Guidance Note for UN Humanitarian Coordinators’](#)

Scaling Up Nutrition (SUN) [‘The role of the United Nations Resident Coordinator in scaling up nutrition’](#)

The DHS (Demographic and Health Survey) Programme, [‘Myanmar: Standard DHS, 2015-16’](#), Demographic and Health Survey, USAID, last viewed 20 January 2021.

United Nations Office for the Coordination of Humanitarian Affairs, [‘Annual Report, 2017’](#), UNOCHA, p. 7, December 2018.

United Nations Office for the Coordination of Humanitarian Affairs, ‘Global Humanitarian Overview, 2019’, UNOCHA, p. 28, 2019.

United Nations Office for the Coordination of Humanitarian Affairs, ‘Humanitarian Programme Cycle – 2020 Mid-Year Revision’, Humanitarian Response Plan, Afghanistan, 2018-2021, UNOCHA, p. 6, June 2020.

World Bank, [‘Overview of Myanmar’](#), last viewed on 20 January 2021.

ACKNOWLEDGEMENTS

Aye Aye Khaine, the nutrition cluster coordinator for Afghanistan; Dr Said Shamsul Islam Shams, the coordinator of the AFSeN-A Technical Secretariat (Afghanistan); Ann Defraye, the coordinator of the Groupe Technique Nutrition in Niger; Dr Lwin Mar Hlaing, Deputy Director/Programme Manager of the Myanmar National Nutrition Centre; Jecinter Akinyi Oketch, nutrition specialist in UNICEF Myanmar; Soe Nyi Nyi, REACH coordinator in Myanmar; Sansan Myint, LIFT consultant and National Coordinator for the MS-NPAN provided invaluable insights, supported the identification of key information and informants and facilitated the organizations of meetings and discussions. Anna Ziolkovska (GNC) and Stephen Williams (SUN Movement Secretariat) provided supervision and support to the study, ensuring the deliverables meet the needs of the larger GNC and SUN memberships. A special thanks to all the persons who contributed time and insights to this study despite their busy schedules and the harsh working conditions during the COVID-19 pandemic.

This study is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this study do not necessarily reflect the views of USAID or the United States Government.

