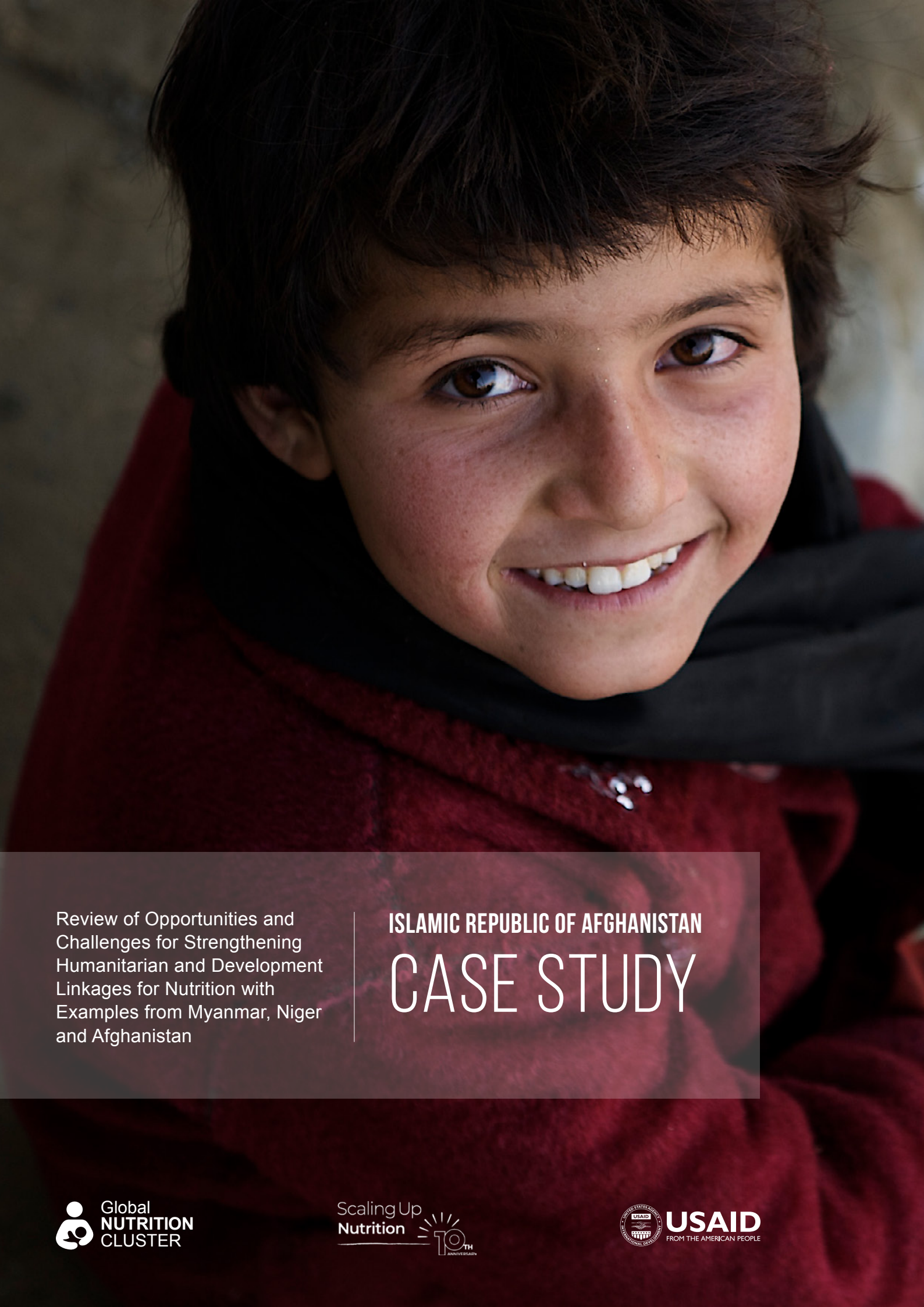

Review of Opportunities and Challenges for Strengthening Humanitarian and Development Linkages for Nutrition with Examples from Myanmar, Niger and Afghanistan

ISLAMIC REPUBLIC OF AFGHANISTAN

CASE STUDY

Global NUTRITION CLUSTER

Scaling Up Nutrition 10TH ANNIVERSARY

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- Afghanistan
- Myanmar
- Niger

All publications and recording of accompanied webinars are available in French and English at the following links:

GNC website

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ACRONYMS

AFSeN-A	Afghanistan Food Security and Nutrition Agenda
BPHS/EPHS	Basic Package of Health Services and Essential Package of Hospital Services (Afghanistan)
FANTA	Food and Nutrition Technical Assistance
GNC	Global Nutrition Cluster
GSS	SUN Global Support System
HDN	Humanitarian-Development Nexus
HRP	Humanitarian Response Plan
IHSAN	Initiative for Hygiene, Sanitation and Nutrition
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and young child feeding
MAIL	Ministry of Agriculture, Irrigation and Livestock
MNS	Micronutrient supplement
MQSUN+	Maximising the Quality of Scaling Up Nutrition Plus
MoPH	Ministry of Public Health
MSP	Multi-Stakeholder Platform
NC	Nutrition Cluster
NCC	Nutrition Cluster Coordinator
NGO	Non-governmental organization
ODA	Official development assistance
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SAG	Strategic advisory group
SDG	Sustainable development goals
SUN	Scaling Up Nutrition Movement
SMS	SUN Movement Secretariat
SUN UNN	UN Network for SUN
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan

INTRODUCTION


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This country case study and its accompanying recommendations include inputs from members of the Nutrition Cluster (NC), members of the Afghanistan Food Security and Nutrition Agenda (AFSeN-A) multi-stakeholder platform, representatives from the civil society and United Nations (UN) agencies and secondary data and information sources. The lists of key documents and persons interviewed can be found in the annex and reference sections.

This study has been commissioned by the Global Nutrition Cluster (GNC) and the Scaling Up Nutrition Movement (SUN) Secretariat to capture experiences from crisis affected States and to suggest options to strengthen the Humanitarian-Development Nexus (HDN) for greater nutrition outcomes. The objective of the study is to identify practical opportunities and solutions. The analysis is therefore not exhaustive but purposive. Only relevant aspects of the contexts are presented. A particular emphasis is given to the factors impeding and enabling collaboration and commitment for nutrition.

This country case study is part of a series of three country case studies, comprising of Afghanistan, Myanmar and Niger. The study was conducted between July and September 2020. Due to the COVID-19 pandemic, the case studies had to be conducted remotely, limiting the representativity of the contributors, due to language and technical limitations.

To reflect the complexity of the Afghan context, the UN has developed a triple-nexus model. The model encompasses short-, medium- and long-term humanitarian, development and peace-sensitive actions. The triple-nexus approach links three key plans: the Humanitarian Response Plan (HRP), the One UN Plan and the United Nations Assistance Mission in Afghanistan's (UNAMA) peace mandate. For this study, only the humanitarian and development dimensions were studied.

For this study, the HDN is understood as the central point where humanitarian and development actions converge around the need to prevent, prepare and address crises – particularly for the most vulnerable and at-risk populations – balancing short-term responses with longer-term solutions, allowing humanitarian and development interventions to be more genuinely complementary and mutually reinforcing.

The study found great progress had been made towards a multisectoral approach to nutrition with the adoption in 2017 of AFSeN-A and its strategic plan: the integration of nutrition treatment in the BPHS, acknowledging its development dimension, and the well-developed and functioning coordination mechanisms offering space for the actors to exchange and collaborate. The resources allocated to nutrition remain limited and the coverage of all nutrition interventions – nutrition-specific and nutrition-sensitive – is insufficient. The AFSeN-A implementation will gain from involving more actors – especially humanitarian and local civil society organizations – technically and operationally, as well as reinforcing planning and accountability to strengthen advocacy and resource mobilisation.

PERSISTENT AND WIDESPREAD MALNUTRITION HIGHLY SENSITIVE TO SHOCKS

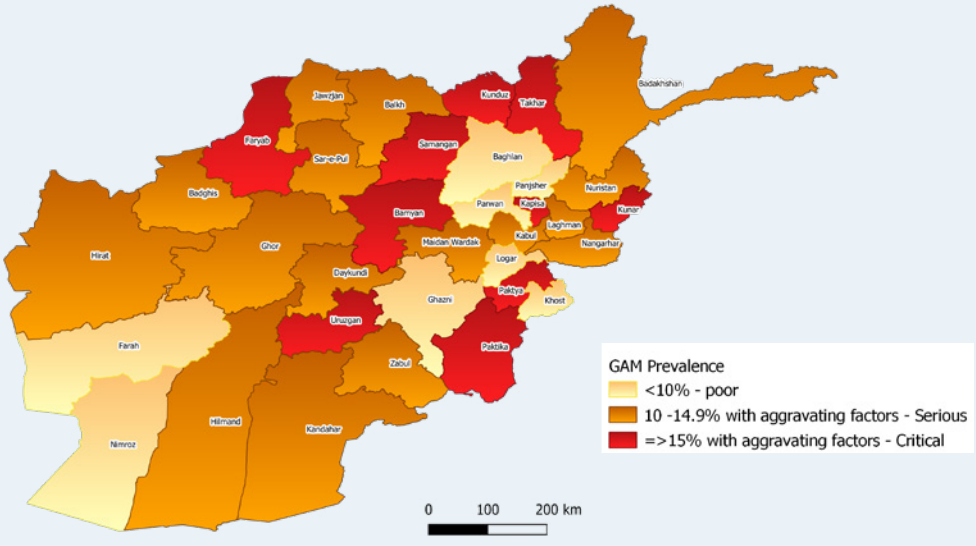
Infant and child mortality rates in Afghanistan are among the highest in South Asia and poor nutritional status contributes significantly to this mortality. Despite significant progress made on addressing stunting with a reduction of one third in the prevalence across the country from 60 per cent in 2010 (Afghanistan Multiple Indicators Survey 2010, p 5) to 38 per cent in 2018 (Afghanistan Health Survey 2018, p 48), malnutrition is persistent and widespread across Afghanistan in all its forms, with major differences across geographies.

According to the Nutrition Cluster, an estimated 2.9 million children under five (about 1 in 3 children) are acutely malnourished, including more than 780,000 who are suffering from severe acute malnutrition (SAM). Out of 34 provinces, 26 are currently above the emergency-level threshold of acute malnutrition of 15 per cent. The poor nutritional situation was aggravated in 2019 by the extended impact of the drought in 2018. Micronutrient deficiencies are also widespread in Afghanistan. Iodine deficiency is of significant concern affecting an estimated 41 per cent of women of reproductive age and 30 per cent of children aged seven to 12. Half of children aged six-59 months were found to be vitamin-A deficient. Rates of anaemia are estimated at 40 per cent for women of reproductive age and 45 per cent for children aged six-59 months, while 47 per cent of women aged 15-49 are anaemic.

The factors leading to malnutrition in Afghanistan are complex and multi-dimensional: ongoing humanitarian crises, chronic underdevelopment, weak investment in basic services and other socio-economic factors such as the poor status of women. This leads to a lack of access to health care, poor immunization, low levels of sanitation and a high incidence of diarrhoea and poor care practices. These factors contribute to consistently poor infant and young child feeding (IYCF) practices and high malnutrition rates.

Progress on IYCF has been challenging. Despite an estimated 98 per cent of all children 0-59 months being breastfed, just 58 per cent of children are exclusively breastfed for the first six months of life. Survey results also indicate that young children receive a monotonous, cereal-based diet limited in diversity and lacking in adequate nutrients for optimal growth. This is likely not entirely due to a lack of availability of food but to unequal access within the household.

Figure 1: Prevalence of global acute malnutrition in Afghanistan – June 2020



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Despite progress in recent years, the coverage of health services remains insufficient as are the preventive interventions and the investments in nutrition, in a particularly challenging operating environment.

The Integrated Management of Acute Malnutrition (IMAM) is integrated in the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) that do not cover the whole country. Although all 34 provinces of Afghanistan are implementing IMAM services as of December 2019, 38 per cent of all health facilities in Afghanistan currently do not provide IMAM services for SAM children and 55 per cent for moderately acutely malnourished children. The humanitarian community has supported the scale-up of nutrition services and has provided funding for the ready-to-use therapeutic food (RUTF) pipeline, however gaps remain and almost 50 per cent of SAM cases remain without access to IMAM services. One of the main reasons for the disparities in coverage of IMAM services is the necessary gradual nature of the scale-up process, which is not possible because of a lack of resources as well as the difficulties to access hard-to-reach areas, due to persistent insecurity and poor infrastructure.

The BPHS also includes some preventive nutrition services, such as growth monitoring and promotion (GMP) and support for IYCF and maternal nutrition, and is associated with a community-based nutrition package. However, the implementation at scale of all these nutrition services has been challenging. Indeed, on top of resource-mobilisation issues, the coverage and the quality of nutrition services is severely constrained by limited human and physical resources, the lack of capacity development at scale, poor supervision of the community health workers (CHW) network, lack of incentives to the CHW, poor infrastructure and insecurity.

DESPITE BEING THE MAIN RECIPIENT OF DEVELOPMENT ASSISTANCE FROM DAC COUNTRIES, AFGHANISTAN'S INVESTMENT IN NUTRITION REMAINS VERY LOW

In 2018, the OECD Development Assistance Committee (DAC) donor countries committed almost US$2.7 billion towards the development of Afghanistan. This amount is 6 per cent lower compared to 2017 and it seems this decreasing trend is continuing. Over the past 10 years, Afghanistan has been consistently the greatest recipient of official development assistance (ODA) from DAC countries.

Afghanistan received more than US$57 billion in ODA during the period 2001-2015. However, the massive amount of aid has had only a limited impact on poverty reduction and social indicators, partly because a large portion of the assistance went to the security sector. The assistance is also managed through a highly centralised system, which has hampered the development of decentralised institutions. This massive financial flow has created a rentier economy, which is highly diverse but also highly dependent on external financing.

In recent years, significant development funding has been provided to the health sector, which has supported the scale-up of community and facility-based nutrition services, as part of the overall support to health services in the country.

Table 1: Top 10 recipients of ODA from DAC countries - 2018 (USD, m)

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Afghanistan	5,132.2	5,546.3	5,937.5	5,603.7	4,259.2	4,023.2	3,584.3	3,150.5	2,830.6	2,660.9
Syrian Arab Republic	62.1	44.4	78.4	501.3	1,732.5	1,597.5	1,824.6	2,467.0	2,566.3	2,504.4
Bangladesh	717.8	872.6	1,082.4	1,311.0	1,447.3	1,381.2	1,200.5	1,221.6	2,224.8	2,354.4
India	1,578.4	2,225.2	2,054.3	1,515.6	1,837.8	1,892.0	2,110.3	1,662.7	2,569.8	2,248.6
Ethiopia	1,818.3	1,856.8	1,929.7	1,798.6	1,913.6	1,914.0	1,854.4	2,049.2	2,206.6	2,061.4
Jordan	486.6	411.6	464.5	853.1	753.1	1,496.4	1,480.9	1,832.3	1,878.1	1,972.1
Iraq	2,629.4	1,994.3	1,814.0	1,113.7	1,343.2	1,131.5	1,202.6	1,890.3	2,278.9	1,961.1
Nigeria	688.3	846.0	852.2	895.0	1,138.7	1,061.9	1,124.4	1,227.3	1,742.9	1,724.4
Colombia	998.7	560.9	926.7	700.3	774.0	1,137.5	1,287.6	988.3	738.6	1,637.0
Kenya	1,224.9	1,156.8	1,563.7	1,668.7	2,018.4	1,601.9	1,496.0	1,387.9	1,502.9	1,537.1

Source: OECD

Although the Government has the overall oversight of the service delivery, the majority of these services are contracted out to NGOs to manage implementation. Across regions, the NGO sector is critical for service delivery in health but also other areas of development and delivery of public services such as agriculture and education. Public services and project interventions are undertaken through partnerships between the central government and NGO-implementing organizations, often with the support of international organizations such as bilateral donors, UN agencies and the World Bank. This modality redresses the limited capacities of the public sector in terms of human and financial resources and access to remote communities.

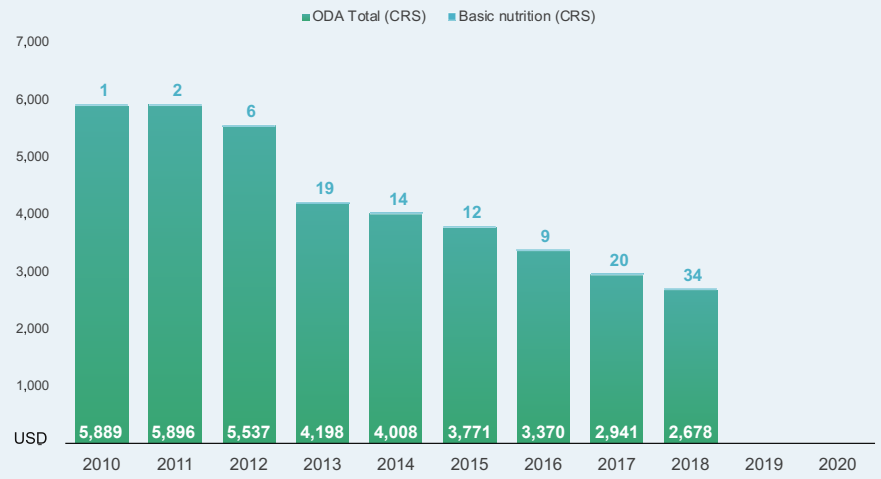
The amount of ODA dedicated to the nutrition sector remains very low. The data from the 2014 System of Health Accounts (SHA) show Afghanistan spent about $97 million or $2.00 per capita on nutritional disorders. Only a small proportion of this funding came from government – $820,000 or $0.02 per capita came from the public budget. The rest of the funding, $95.9 million, came from development partners ($56 million or $1.62 per capita) and out-of-pocket expenditure ($39.9 million or about $1.15 per capita).

The country is also facing a dire and worsening humanitarian situation. A major food crisis in the early 2000s led to a massive humanitarian intervention.

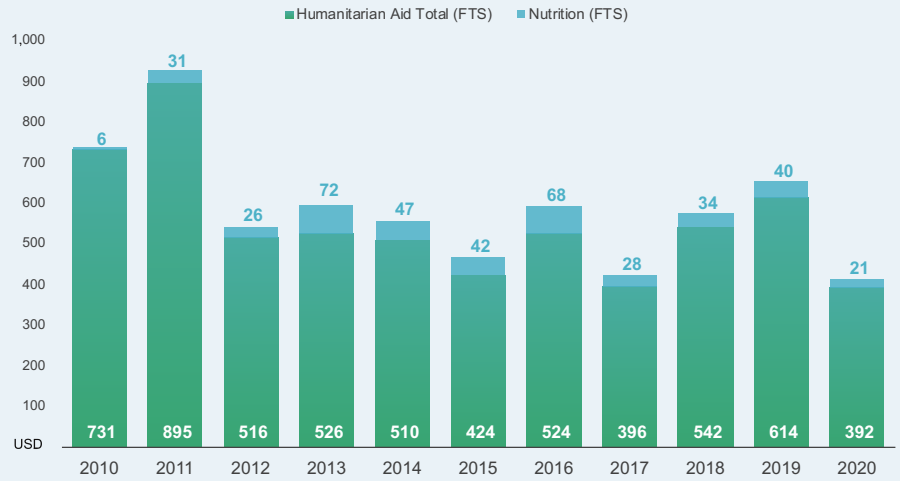
Only one nutrition-investments-tracking exercise has been done so far. The AFSeN-A analysed the investments in nutrition in 2019 across 82 nutrition-relevant programmes overseen by 13 ministries, departments and agencies (MDAs).

It found that the proportion of interventions under the multisectoral strategic framework – the AFSeN-A – with funding, was only slightly higher than 10 per cent. In 2019, the Ministry of Public Health (MoPH) experienced a budget cut of 30 per cent.

Figure 2: Official development assistance to Afghanistan (USD, m)



Source: OCDE CRS



Source: OCHA FTS

Table 2: Afghanistan's investment in nutrition – 2019

	2019 Nominal upper-bound	
	Amount (USD)	**Per capita (USD)**
Nutrition-specific	4,906,666	0.13
Nutrition-sensitive	153,529,118	4.04
Total	156,835,784	4.16

Source: Nutrition Investment Snapshot 2019

THE AFSeN-A WAS LAUNCHED IN 2017

The development of a multisectoral approach for nutrition in Afghanistan started in 2012 with support from the Food and Agriculture Organization (FAO), United Nations Children's Fund (UNICEF) and the World Food Programme (WFP). Several attempts at policy development were made. Despite efforts by UN and international non-governmental organizations (INGO) nutrition staff to raise awareness of nutrition needs across multiple sectors, no significant impact was made outside the work done by the Ministry of Agriculture, Irrigation and Livestock (MAIL).[1] Malnutrition continued to be considered a health issue, with the MoPH leading nutrition programming.

It took an alignment of factors, such as the **Lancet publication in 2013** and the Copenhagen Consensus in 2015, to progress. In 2017, the visibility and the political commitment behind the nutrition agenda reached a tipping point with the election of the Unity Government. Under the leadership of Chief Executive Dr Abdullah Abdullah, the multisectoral platform AFSeN-A was launched and Afghanistan joined the SUN movement in October 2017. Subsequently, the AFSeN-A five-year strategic plan (2019-2023) was developed as a strategic framework aimed at addressing hunger, food security and nutrition. The adhesion to the SUN movement and AFSeN-A was directly supported by Dr Abdullah until the government reshuffle in May 2020.

As well as the five-year strategic plan, the AFSeN-A is supported by an advocacy plan and a coordination structure involving focal points at each core ministry and agency, from the UN, private sector, donors and civil society. The strategic plan has been translated into local languages and endorsed by the Government. The AFSeN-A strategic plan provides a shared understanding of the food-security and nutrition situation, stipulates a long-term vision with nine strategic objectives aligned with Afghanistan's sustainable development goals (SDGs), spells out the roles and responsibilities of government and non-government stakeholders and identifies specific interventions and results.

The AFSeN-A has a technical secretariat, previously located in the Chief Executive Office and now to move to the administrative office of the President.[2] The Director-General of Afghanistan's Council of Ministers' Secretariat was serving as the SUN political focal point until this change. The coordinator of the Technical Secretariat serves as the technical focal point. The Technical Secretariat for AFSeN-A received substantial support, from its creation in October 2017 through to April 2020.

This support played a crucial role in the promotion of the multisectoral approach to nutrition, its visibility and its ability to mobilise political commitment:

- Financial resources from UNICEF, WFP and FAO totalled almost US$500,000 over two-and-a-half years). IHSAN/FHI360[3] also supported the creation of the provincial committees.
- Technical assistance from MQSUN+, consultants mobilized by the different partners, IHSAN, FANTA

Until then, the functions of the AFSeN-A have been conducted regularly. Those functions include:

- High-level steering committee meetings twice a year since May 2018, led by the chief executive, at ministerial level
- Regular meetings of the executive committee since November 2017, at deputy ministry level
- Regular technical committee meetings since November 2017: the food security working group chaired by MAIL, the nutrition working group chaired by MoPH, the advocacy and public awareness working group chaired by MoCI[4]

[1] Prior to the creation of AFSeN-A, the Ministry of Public Health and Ministry of Agriculture, Irrigation and Livestock were primarily responsible for programmes related to food security and nutrition.

[2] While waiting for this change to take effect, the functions of the Technical Secretariat and its financial support officially suspended, but the staff continued their coordination work.

[3] IHSAN is the Integrated Hygiene, Sanitation and Nutrition project supported by USAID, which ended in May 2020.

[4] Each supporting UN agency, the FAO, UNICEF and the WFP, cochairs one of the three technical committees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Afghanistan does not have its own SUN UN network, but UN agencies contribute to nutrition improvement via the Development Partners' Forum. There is an acknowledgement within Afghanistan that specific UN agencies (FAO, UNICEF, WFP) and the Civil Society Alliance (CSA) have played a critical role in supporting the Government to advance the multisectoral nutrition response.

The AFSeN-A platform involves 18 ministries and four authorities. The participation and engagement of the ministries grew progressively as the multi-stakeholder platform mandate and shared responsibilities were better understood. However, the level of participation continues to vary across ministries, as does the understanding of the multisectoral nature of nutrition and its causal pathways. The specific roles and focused interventions of each ministry were established at the inception of the MSP.

The current functional issues of the Technical Secretariat are raising questions on its sustainability and, if unaddressed, could lead to renewed leadership ambitions and competition. Commitment from the transversal ministries (such as information, religious affairs, finance) is still difficult to secure and the current functional issues faced by the Technical Secretariat could have an impact on their level of representation, participation and the operationalisation process.

It is important to mention that all sectoral policies predate the AFSeN-A and its strategic plan. While the AFSeN-A took into account the existing sectoral policies, those have still to be updated for the AFSeN-A strategic plan to be effectively translated into actions and budget lines.

The AFSeN-A strategic plan (2019-2023) launched in 2018 has indeed not started to be implemented as such. Some interventions, under the sectoral policies and plans, are funded, representing around 10 per cent of the overall plan, as mentioned above. It therefore requires massive strategic advocacy to increase nutrition financing. Moreover, no information is available on the level of disbursements and implementation, representing a major concern in terms of accountability.

SHOCK SENSITIVITY OF GOVERNMENT POLICIES RELATED TO NUTRITION REMAIN LIMITED

Nearly four decades of conflict, coupled with climate change and environmental degradation make Afghanistan very vulnerable to natural disasters, such as earthquakes, flooding and drought and its population is very vulnerable to any shock or stress.

The risks posed by natural disasters are often overshadowed by the more immediate and highly visible effects of conflict and poverty. However, in Afghanistan natural disasters affect on average a quarter of a million people annually. (UNOCHA, 2017, p. 7). In 2018, the worst drought in decades affected more than two-thirds of Afghanistan, devastating already-impoverished communities, reducing incomes by half. The current COVID-19 pandemic is also expected to have a severe and lasting socio-economic impact. According to the UN (OCHA 2017, p. 6) an estimated 35 million people (of a total population of 37.6 million) require a social safety net.

Despite this sensitivity to disasters, disaster preparedness and response is not appropriately reflected in the sectoral policies, limiting the opportunities to provide an appropriate and comprehensive disaster response and to create a humanitarian-development nexus. While provinces are receiving training in developing preparedness and response plans, these might not systematically include a nutrition component, and their implementation can be further strengthened.

Aid continues to be largely provided by international organizations and NGOs, with the support of a large network of local organizations ensuring the field implementation. After 15 years of massive development aid and humanitarian assistance, Afghanistan has a relatively well-developed aid architecture. However, the ability of aid organizations to prevent and respond to disasters is often limited to the geographical areas where they have a presence and by short funding cycles.

The need to provide an appropriate response to disasters is reflected in the Specific Objective 2 of the AFSeN-A, through specific interventions directly derived from the MAIL Food Security National Strategy 2015-2019 (strategic food reserve, preparedness and rapid response) but is not mainstreamed across sectors. Humanitarian issues, disaster preparedness and response have not been discussed regularly and systematically during AFSeN-A executive meetings, and there are still limited interactions between the AFSeN-A and the humanitarian-coordination mechanisms.

Sectoral policies constituting the foundations of the AFSeN-A do not cover disaster preparedness and management, except for the National Social Protection Policy (2014) and the latest National Health Policy (2015-2020). The National Health Policy highlights maintaining services and extending BPHS services to populations in need, including during disasters and in disaster-affected areas, but nutrition response is not included specifically. They also include an emergency preparedness and disaster-management strategy. The BPHS document introduces a flexibility clause to allow implementers to address variations between localities, local demand, and other local conditions requiring flexibility, (i.e., disaster response and mobile health teams) as a way to ensure access to basic health services in remote areas as well.

On the other hand, faced with a worsening of the humanitarian situation, the humanitarian community has developed a multi-year strategy (2018-2021), recognizing the transition to development programming. While the HRP 2020 does not provide clear directions on the triple nexus (humanitarian, development, peace), which is only mentioned as a cross-cutting issue, it clearly states how humanitarian assistance links up with development programming in the nutrition sector, gradually scaling up nutrition services in priority locations, building capacities of the BPHS and EPHS partners to respond during emergencies, but also increasing its investment in prevention. This includes the promotion of social-protection mechanisms to improve nutrition linking with development actors.

HUMANITARIAN-DEVELOPMENT NEXUS COULD BECOME A REALITY

While the awareness of the triple nexus is being raised in Afghanistan through the One UN, OCHA and the clusters, the understanding of the nexus and its particular nutrition outcomes is still uneven among stakeholders and between the national and the sub-national levels. While the intersection of humanitarian and development programming around the scale-up of the IMAM is intuitively creating a humanitarian-development nexus, there are very few other areas of convergence. Formulating a shared vision of the HDN for nutrition and defining its practicalities are challenges not yet fully tackled.

This is further undermined by:

- Nutrition-specific interventions being still largely considered as emergency responses
- Disaster response being largely delegated to international assistance and organizations
- The absence of prevention interventions at scale

Analysis of past years' responses shows more than half of all children with acute malnutrition live in areas not prioritised for assistance by the HRP and therefore receiving limited assistance and services. The persistently high levels of undernutrition highlight that undernutrition is not only a result of shocks and emergencies but induced by chronic deprivation and under-development. However, nutrition treatment, and the specific needs of infants, adolescents and women, are still very much perceived as a "humanitarian intervention" or an "emergency response", mainly due to the nature of its funding and the preponderant role played by NGOs in the delivery of nutrition services.

For example, despite the treatment for SAM being part of the package of BPHS/EPHS, the nutrition therapeutic products (RUTF) are not included in the Government's essential-drugs list and are not financed through the BPHS/EPHS. BPHS and EPHS partners are contracted by the MoPH through the multi-donor development trust fund of the Sehatmandi project.[5] These partners are responsible for providing primary and secondary healthcare services – including nutrition services – routinely and during an emergency, but treatment products are not included in the package. As a result, RUTF is mainly financed by the humanitarian sector regardless of whether the location is a district prioritised for humanitarian action.

The COVID-19 crisis response

Due to its magnitude, the current COVID-19 crisis revealed dramatic gaps in the aid system and in the public services for disaster preparedness and response. A few examples were gathered during the study.

The crisis highlighted the lack of disaster preparedness and contingency planning in many public services/ministries, hampering the continuity of essential services but also timely, comprehensive response plans. Crisis impacts are therefore neither mitigated nor responded to, increasing the risk of diverting resources from crucial development programmes – aimed at reducing poverty and food insecurity – to potential responses to immediate needs.

The crisis also clearly disrupted the daily service delivery and programme supervision, undermining past efforts and investments and generating a competition between the COVID-19 response and routine activities.

On the other hand, it was reported that it also provided more opportunities to work through a multisectoral approach and to kickstart joint humanitarian-development programming, due to the magnitude of the crisis, as well as prompting innovative approaches to cope with access issues.

[5] The development objective of the Sehatmandi Project for Afghanistan, supported by the World Bank, is to increase the utilization and quality of health, nutrition, and family planning services

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This set-up is complemented – through mobile teams and a surge system – to provide a timely response to emergencies/shocks in terms of health services, including nutrition treatment and counselling. However, the other deprivations resulting from a disaster and impacting on the nutrition status, such as access to water and nutritious food, remain the responsibility of impoverished communities or NGOs highly dependent on resource-mobilisation mechanisms.

AFSeN-A is providing an opportunity to scale up the implementation of nutrition-sensitive interventions and the prevention of malnutrition in all its forms. However, the main sources of funding for nutrition remain humanitarian funds and health-sector financing (Nutrition Investment Snapshot 2019, p. 3), which are largely treatment focussed. When it comes to prevention interventions, there is no curation of evidence for the effectiveness of nutrition-security programming, nor is there dedicated space for actors across humanitarian- and development-assistance sectors to undertake a prioritisation exercise to cope with the scarcity of the resources. The promotion of a full multisectoral package is indeed currently not realistic in a resource-scarce environment.

There is a generally shared understanding of nutrition needs and a consensus on the need to prevent malnutrition, but limited consensus among stakeholders on how to prevent malnutrition and where to start, despite a great deal of nutrition-security and longer-term, nutrition-prevention programmes implemented over the years. There is unfortunately no coordination or systematic mapping (geographic distribution, scale and resources) of such programming. Local knowledge and humanitarian-assistance expertise could however be leveraged to fill part of this gap.

THE ROLE OF THE COORDINATION MECHANISMS

Despite increasing dialogue and areas of convergence, the coordination mechanisms are still working very much in silos, and humanitarian and development actors are interacting on different platforms.

Opportunities for bridging this gap exist. The NGOs and the UN agencies are often double-hatted and are involved in both humanitarian and development programming. However, the structure and the dynamics of the coordination mechanisms do not provide sufficient flexibility and incentive for these opportunities to materialise.

Technical committees have been set up as part of the AFSeN-A. For example, the Nutrition Working Group met every month until March 2020, chaired by the MoPH and co-chaired by UNICEF and the Ministry of Education (MoE). Technical working groups have a small number of active members. They offer a space to discuss issues but are limited in their ability to generate proposals and results. According to the interviewees, the representation in the technical committees is not senior enough. Representatives often face competing priorities, which impact on their presence and level of participation. According to interviewees, the level of participation and engagement is also impacted by the lack of operationalisation, an action plan and visible results. The committees are supposed to work through small task forces within the ministries, preparing proposals and budgets to be presented to the executive committee, but it seems this function is not active.

AFSeN-A provincial committees were also established between 2018 and 2020 but are not yet functional. It requires another round of sensitisation by AFSeN-A. However, in each province, pre-AFSeN-A food and nutrition committees remain functional, providing monthly needs updates and gathering representatives from different sectors.

The Nutrition Cluster (NC) is providing a forum to exchange information and coordinate nutrition responses with a focus on nutrition treatment and associated activities, such as IYCF in emergencies. It has a large membership (45 members) including many national organizations. Despite very blurry lines between humanitarian and development programming when it comes to nutrition treatment, the representation is mainly ensured by humanitarian staff. The level of participation is uneven and dependant on funding streams, especially for national organizations relying on funding cycles as short as three months, to support their core functions and representation in coordination forums. The agenda of the NC is highly dependent on the rhythm of emergencies and the resource-mobilisation calendar.

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The strategic advisory group (SAG) is playing its role in providing strategic leadership, but prioritisation and planning, resources and capacities within the cluster members are not always sufficient, and informants regretted not being able to cover more strategic topics during the NC meetings and exchanges.

Despite dedicated resources for a Nutrition Cluster Coordinator (NCC), the NC coordination has suffered from a gap of a dedicated NCC between November 2019 and March 2020 and this role was covered by the cluster co-lead.

At the sub-national level, the coordination is regular and focuses on the exchange of information to cope with operational challenges, avoid overlaps, maintain the supply chain for nutrition products and resource mobilisation. Ad hoc meetings are organised to coordinate emergency responses when a crisis occurs.

The fact that the cluster at national and provincial levels is very focused on implementation coordination, avoiding overlap and resource mobilisation also hinders the capacities for dialogue with government and to support the transition between humanitarian and development-led interventions. Another major barrier is the enduring competition over resources, leading to overprotection of its mandate, its relationship with selected governmental departments and agencies and its geographical area of influence (flag-planting), which undermines joint action and programming and reinforces the silos. The inter-cluster coordination on nutrition, despite aiming to provide a framework of joint planning and programming, is not playing this role and is limited to the exchange of information.

According to interviewees, several initiatives for nutrition – overlapping humanitarian and development interventions and mandates – are being supported by the ONE UN joint advocacy (e.g., IMAM and IYCF scale-up) but are falling short of dedicated staff to support the convergence between humanitarian and development programmes and joint programming in general.

Insufficient access to resources is impacting the capacity of some organizations to participate in coordination mechanisms and to support joint activities and programmes. While the UN agencies are having a predominant role in the nutrition agenda – through their capacity to mobilise and manage large human and financial resources – the implementation of activities and programmes is ensured by NGOs (international, national and many local). They are largely represented at sub-national level but under-represented at the national level and in national initiatives. The national and local organizations are usually present only in a few districts or regions. Due to the small scale of their projects, their financial turnover is low and irregular and they need to mobilise additional resources to support their capacity building and to ensure their participation in coordination mechanisms and the Multi-Stakeholder Platform. When sufficient resources are available, they could play key technical and strategic roles, thanks also to their broader mandate often working across sectors.

It is only recently (early 2020) that the interactions between the AFSeN-A and the Nutrition Cluster started but they have been limited by the COVID-19 crisis and the AFSeN-A institutional issues. The NCC, Famine Early Warning Systems Network and its integrated phase classification have been participating in the AFSeN-A committees since early 2020 and the AFSeN-A Technical Secretariat in the NC meetings.

CONCLUSIONS AND RECOMMENDATIONS TO THE SUN MOVEMENT AND THE NUTRITION CLUSTER TO STRENGTHEN THE HUMANITARIAN-DEVELOPMENT NEXUS FOR NUTRITION IN AFGHANISTAN

Afghanistan has been able to develop an MSP (AFSeN-A) and an MS policy and strategic framework very swiftly after joining the SUN movement. However, this strategic framework still needs to be translated into action. Humanitarian and development activities are often co-located, meaning humanitarian and development actors could easily combine their capacities, experience and knowledge to support sub-national planning, mapping and implementation of the AFSeN-A and to enhance national and local capacities to anticipate and respond to disasters to sustainably reduce humanitarian needs and malnutrition in all its forms. Stronger inclusiveness would also facilitate the mobilisation of more resources, support and capacities.

1. Promote joint coordination platforms for humanitarian and development partners for nutrition

Humanitarian and development actors should have a platform to exchange information. Acknowledging the limited resources stakeholders have, instead of creating a new coordination mechanism, it is proposed to organise joint sessions of the AFSeN-A nutrition working group and the Nutrition Cluster. Task forces could then be created to support timely action, as defined, to support planning and implementation of the AFSeN-A.

The study observed that the coordination mechanisms structured around specific objectives, strategies and activities were more accountable, more inclusive and more dynamic. Each committee, network or technical group should report systematically on their annual plan implementation. The annual plan should be based on specific and achievable priorities (few rather than many).

The membership should be devolved to a set team, rather than to individuals, to cope with workload, turnover and political change. It could also help in managing egos, which often undermine collaboration.

Of utmost importance is the role of the coordinator/facilitator dedicated to the role, who should have a background in both development and humanitarian/emergency response.

The NCC, SAG and AFSeN-A Technical Secretariat should:

- Review the organization of the Nutrition Cluster and Nutrition Technical Group to organise joint meetings (including frequency, agenda, membership, action plans)
- Identify thematic and working priorities and define shared annual objectives/outcomes and report accordingly
- Establish sub working groups corresponding to needs to work on HDN priorities

The GNC/SMS-GSS should:

- Support the NC and the SUN focal point to advocate to mobilise the required technical assistance and/or resources


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2.

Develop further the common narrative on the HDN for nutrition in Afghanistan

The triple-nexus approach is a UN-led process that needs to be disseminated more widely at national and sub-national levels and needs to include all humanitarian, development and government actors.

Stakeholders working at sub-national levels should be systematically involved in all activities related to HDN building as the main implementers and first responders. This also requires sufficient capacity building and resource mobilisation.

Based on the work already documented (articles, presentations), stakeholders should be invited to work together on developing a "theory of change". Some interventions are implemented by both humanitarian actors and development/government actors, creating a "natural" blurred line between both. This is the case with IMAM and IYCF. While it could create opportunities for building HDN, it creates a false sense that the HDN is effective and risks diluting specific nutrition objectives and the shock-responsive aspects of the HDN. The theory of change should identify which nutrition outcomes to target – through a strengthened HDN for nutrition – and which changes it wants to see.

This should then be translated into specific actions and programmes, within the frameworks of the HRP and AFSeN-A, prioritised according to efficiency and/or feasibility criteria. Specific entry points have been mentioned, such as the transition and continuum from humanitarian to development programmes, including: reclassifying the humanitarian nutrition caseload into a development caseload; increasing the service coverage and the coverage in hard-to-reach areas, identifying specific support and resources (civil-military dialogue, adapting the profile of the mobile team, building capacities of local organizations); enhancing systems' shock-responsiveness; scaling up IYCF; infant, adolescent and women nutrition; and linking with social protection/safety nets.

The Nutrition Cluster, SAG and SUN government focal point should:

- Agree on immediate actions to engage Nutrition Cluster and AFSeN-A members on creating an HDN for nutrition (presentation of the case study and its recommendations in joint meetings, participation in webinars, sharing existing guidance, engaging members to participate in nexus information sessions organised by UN agencies)
- Use opportunities to integrate HDN in planned trainings and events, at both central and local levels
- Organise joint specific sessions to identify outcomes to achieve through a strengthened HDN for nutrition, a timeline and what needs to happen/change to achieve these
- Develop a theory of change
- Develop joint advocacy and resource-mobilisation strategies
- Organise sessions at sub-national level to improve the understanding of the HDN and identify specific areas of convergence and collaboration. Include the relevant local-government and non-government actors

The GNC/SMS-GSS should:

- Support the Afghanistan Nutrition Cluster and the SUN focal point with advocacy to mobilise the required technical assistance and/or resources

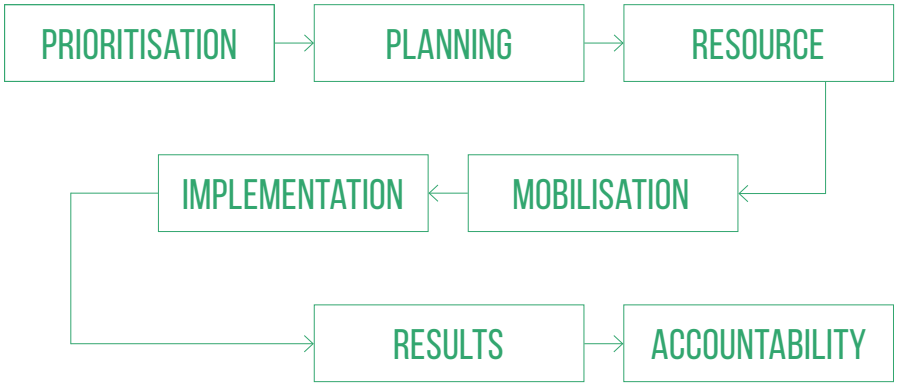
The SUN movement coordinator/SUN leadership should:

- Share instructions and guidance with the RC/HC and encourage country leadership to embrace the nexus concept and support the nutrition-security agenda.

3.

Support the implementation of the AFSeN-A strategic plan

The multisectoral plan is very ambitious but has not prioritised the effective level of the resources devoted to nutrition. It is therefore important to prioritise interventions that are relevant at the provincial level, based on the evidence generated by both humanitarian and development partners. This should create a virtuous cycle to mobilize enduring commitments at the political, finance and implementation levels:



3A. Leverage knowledge and experience from humanitarian and local organizations

The expertise and experience accumulated by humanitarian actors and grass-roots organizations are often underutilised. They need to contribute more effectively to the prioritisation of interventions and strategic development.

The Nutrition Cluster should:

- Share systematically the results of assessment and surveys

The SUN technical focal point and AFSeN-A technical working groups should:

- Identify the gaps of information and evidence and work with the other stakeholders on sharing responsibilities and resources

3B. Identify priorities to start the implementation

While stakeholders acknowledge only prevention interventions can sustainably reduce humanitarian needs, the investments in nutrition-sensitive/prevention actions are hampered by:

- The promotion of a full multisectoral package, which is not realistic in a resource-scarce environment. A prioritisation is indispensable based on feasibility and efficiency criteria
- Stakeholders/organizations' mandates, which hinder efficient prioritisation

Nutritional vulnerability is frequently a social construct (i.e., a result of social characteristics that disadvantage and disempower some groups, communities, households, and household members). The aid sector and, to a lesser extent, the governments, are structured around sector approaches. Organizations are often limited and prejudiced by their own mandate.

Support for analysis and multisectoral response planning must be strengthened by challenging the prejudices, backgrounds and mandates of stakeholders and organizations, and openly analyse causal pathways, feasibility, existing evidence and the potential nutrition impact of an intervention.

Stakeholders should be opportunistic and instead of pursuing too many objectives, identify specific entry points able to foster positive results. It could also help in coping with political changes that affect institutions and processes.

Prioritisation would focus on the identification of specific geographical locations and/or interventions and support implementation at the provincial level.

The NCC, SAG and SUN technical focal point should:

- Organise specific joint sessions, supported by the appropriate technical assistance and led by the AFSeN-A, to identify priority interventions and geographical areas to start the operationalisation, based on feasibility criteria
- Define clearly the roles of humanitarian and development actors based on their comparative advantages
- Include these priorities across the humanitarian multi-year planning and AFSeN-A planning

The GNC/SMS-GSS should:

- Support the SAG and the SUN focal point to advocate to mobilise the required technical assistance and/or resources

3C. Involve the sub-national levels and all organizations in the process

The implementation of nutrition activities and programmes are largely ensured by NGOs (international, national and local); however, they are under-represented partly due to the weakness of the sub-national coordination, their limited capacities but also by the way the representation is organised.

At the sub-national level, the roll-out of the AFSeN-A and the development of provincial implementation plans should be supported by the local organizations. They need a greater awareness of the HDN, to share the joint vision/theory of change and the agreement on needs and priorities. They should therefore be involved in all the processes.

The Nutrition Cluster and AFSeN-A Technical Secretariat should:

- Organise the representation of the sub-national coordination mechanisms to the national coordination. To identify representatives and support direct and remote participation
- Ensure that coordination mechanisms at sub-national levels have annual strategic objectives, commit appropriate resources to achieve them and report/be accountable to them
- Support the mobilisation of resources to ensure inclusion and participation of the civil society organizations

4. Enhance shock-responsiveness and conflict-sensitivity of development policies and programmes

Despite a high vulnerability to disasters, conflict and climate change, the national policies, related strategies and implementation plans are not sufficiently risk-informed. The responsibility for disaster preparedness and response lies only with specialised national institutions with very limited resources and humanitarian organizations, mostly international. The continuity of services during a crisis and in conflict-affected areas is not ensured. Building the HDN requires shared responsibilities on those aspects. Moreover, the first responders are often local communities and local authorities that need to be empowered and resourced to provide an anticipated response to reduce the impact of any disaster.

The AFSeN-A Technical Secretariat should:

- Review the policies and strategies as part of a joint humanitarian-development working exercise, including the AFSeN-A strategic framework
- Use existing tools (NNP checklist, CRF)

The SMS-GSS/GNC should:

- Support the AFSeN-A Technical Secretariat to advocate to mobilize the required technical assistance and/or resources

5. Strengthen the accountability

Interviewees highlighted that policies, strategies and programmes are not being financed, rolled out or implemented, partly due to their lack of accountability. It is an important point to take into account also for the operationalisation of the HDN.

Indicators should be few, specific and measurable, preferably already collected by the existing systems. Information systems are generally constrained and not flexible. Requests for routine information should be limited to the minimum/existing.

Annual budget tracking is mandatory to ensure accountability and to sustain commitments. During the exercise conducted on the 2019 budget, the study team found the ministries were easily able to get information on activities already planned and written into their annual plans. However, the finalisation of the costing of nutrition-sensitive interventions appears as a greater challenge, since ministries do not have experience with implementing these interventions. There is no clear protocol yet available, and limited experience of public-sector members in the preparation of budget plans and the generation of costs, required ingredients, etc. for these types of activities that are not traditionally part of their annual budget plans and public-sector work plans. As a result, it was more difficult to assign a cost to nutrition-sensitive activities. If interventions are prioritised, this should be facilitated.

The AFSeN-A Technical Secretariat/ SMS-GSS should:

- Develop protocols and training on the preparation of budgets, generation of costs and a country adapted tracking system.
- Conduct annual budget tracking

The SMS-GSS/GNC should:

- Support the AFSeN-A Technical Secretariat to advocate to mobilize the required technical assistance and/or resources

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. Key informants 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 informants and the level of interaction with the informants:

- The consultant could not use the service of a translator. Only English or French-speaking informants 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 stakeholder groups.
- 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.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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.[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 mal-nutrition in all its forms. It is now active in 62 countries and four Indian states. At the heart of the SUN movement is a 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 link 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 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 States call for an enhanced flexibility of the traditional mandates and roles of the humanitarian and development actors.

[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'

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.**
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 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
Dr Said Shamsul Islam Shams	AFSeN-A	Coordinator of the Technical Secretariat
Maureen L. Gallagher	UNICEF	Chief of nutrition
Aye Aye Khaine	Afghanistan Nutrition Cluster	Nutrition Cluster Coordinator
Dr Zakia Maroof	UNICEF	Nutrition specialist
Dr Ibne Amin	Afghanistan Human Rights Organization	Representative
Dr Muhibullah Wahdati	Afghanistan Institute of Nutrition and Home Economic	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 & nutrition adviser
Pir Mohammad Paya	Initiative for Hygiene Sanitation and Nutrition	Deputy Chief of Party & Nutrition Director
Ahmad shaker Nasiry **Dr Sayed Hamid Zia Dashti**	Public Nutrition Directorate, DG PM / Ministry of Public Health	IMAM senior officer & senior emergency officer
Dr Habiburahman Azizi	Save the Children	Health & Nutrition Coordinator - Kandahar
Alison Farnham **Zuhra Dadgar-Shafiq**	Action for Development	Public Health nutritionist program director (co-founder)
Dr Qamaruddin Maqsoodi	ACBAR	Remote manager, Twinning Program
Danielle Parry	OCHA	Humanitarian Affairs officer - Head, Strategy and Coordination Unit

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