Action for the World's Most Vulnerable: Reaching the Poor During & After Conflict

IFPRI 2020 Seminar Series

Action for the World's Poorest and Hungry

Improved responses in food and nutrition in emergencies

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Outline of Presentation

- Why nutrition matters
- Why does emergency related nutrition matter
- What is being done
  - Policy
  - Institutionally (also when absent)
  - Politically
  - Programmatically
- What do we know of the impact of the emergency nutrition interventions
- What are the future opportunities and challenges

Why nutrition matters

- Stunted – 178 million under 5s
- Wasted – 55 million (19 million severe)
- Anemia, MN deficiencies
- Adult undernutrition, Nutrition related chronic diseases
- Geographically – SSA and South Asia
- Burden in morbidity, mortality, educational0, and economic losses

Why do emergencies matter

- Economic and Social Costs of emergencies
- Donor and International Community preoccupation with emergency response
- Fatigue over long term structural and costly strategies to mitigate impact of emergencies and reduce poverty
- Uneven performance in emergency response e.g. Rwanda, Darfur

Why does emergency related nutrition matter

- Crisis and adversity accomplishments over the years e.g. Kwashiorkor, HIV, AI, Community Therapeutic Care
- Lack of evidence base for deciding on what to do
- Assessment and response – weak, uncoordinated, and inefficient
- The Numbers: 157m affected by emergencies; <5s 24m but data are poor

What is being done: POLICY

- Humanitarian Response Review (2005) Findings:
  - Well-known long-standing gaps
  - Limited linkages" between UN and non-UN actors
  - UN coordination depends too much on personal qualities
  - IDP response: insufficient sector operational accountability
  - Donor policies inconsistent

- Goals:
  - Sufficient humanitarian response capacity and enhanced leadership, accountability and predictability in 9 "gap" sectors/areas of response
  - Adequate, timely and flexible humanitarian financing
  - Improved humanitarian coordination and leadership
  - More effective partnerships between UN and non-UN humanitarian actors

Partnership: Underpins Humanitarian Reform

- Increased public scrutiny of humanitarian action
- Proliferation of humanitarian actors, making collaboration more difficult
- Interdependence and complementarity necessary – no one can meet all of the needs alone
- Changing role of the UN (less direct implementation, more standard-setting and facilitation)
- Competitive funding environment

Cluster Approach and Wider Humanitarian Reform

- How -- increased capacity, predictability, accountability, partnership and strategic field-level coordination and prioritization among humanitarian actors
- Leading to:
  - effective and timely humanitarian responses
  - better prioritisation of resource
  - more comprehensive, needs-based relief and protection

Reform is predicated on more effective partnerships between UN and non-UN Humanitarian Actors – 3 pillars

- Sufficient humanitarian response capacity and enhanced leadership, accountability and predictability in all sectors/areas of response (ensuring trained staff, adequate commonly-accessible stockpiles, surge capacity, agreed tools, standards and guidelines);
- Adequate, timely and flexible humanitarian financing (including through the Central Emergency Response Fund [CERF]);
- Improved humanitarian coordination and leadership (more effective Humanitarian Coordinator [HC] system, more strategic leadership and coordination at the inter-sectoral and sectoral levels).

Predictable Leadership and Response

Field Level: What does the Cluster Lead do?

- Identify and work with key technical partners
- Needs Assessment and Analysis: fully inclusive, and with participation of affected populations.
- Development of response plans to address priority needs.
- Ensuring appropriate delegation and following up on commitments from participants. Apply standards
- Monitor and report on impact
- Advocate on behalf of cluster and mobilise resources
- Train & build capacity of national actors/civil society
- Acting as 'provider of last resort'

Obliged to : Interact with each other on cross-cutting issues; ensure programming includes post emergency; seek involvement of government partners

The Cluster Lead, in this capacity, is accountable to the Humanitarian Coordinator

Greater Accountability

What does this mean in the cluster approach?

- Global cluster leads accountable to ERC for ensuring adequate preparedness and effective responses in the sectors or areas of activity concerned.

- Country level cluster leads accountable to the HC for ensuring adequate preparedness and effective responses in the sectors or areas of activity concerned; ensuring complementarity of partners' actions; strengthening the involvement of national and local institutions, and making the best use of available resources.

- Also accountable for ensuring establishment of adequate coordination mechanisms for the sector or area of activity concerned, as well as adequate strategic planning and operational response.

Greater Accountability

What is meant by "provider of last resort"?

"…the commitment of cluster leads to do their utmost to ensure an adequate and appropriate response."

"…it is necessarily circumscribed by some basic preconditions that affect any framework for humanitarian action, namely unimpeded access, security, and availability of funding."

"…need to be applied in somewhat different ways, depending on the type of cluster."

"…determination of when last resort applies will usually depend on the HC and IASC Country Team's advice that critical needs are not being met by existing responses."

Cluster Leadership Approach

How is it activated?

- Humanitarian Coordinator (in consultation with IASC CT) provides ERC with analysis of the gaps and specific clusters recommended in the country

- ERC consults with global cluster lead agencies; giving them 24 hours to respond before activation is approved

- ERC informs IASC of new developments and ensures that appropriate guidance and support is provided

What is the Added Value?

The intent:

- “Smarter” sector coordination and leadership
- Terms of Reference for cluster leads
- Technical capacity and stockpiles built at global level, especially in ‘gap’ areas
- Response is more predictable because “who does what” is pre-defined
- Real accountability from operational agencies > HC > ERC (agreed TORs for cluster leads)
- More strategic field-level coordination & prioritization = more timely and effective response
- Real partnerships between UN-IOM-Red Cross/Red Crescent-NGOs

What is the Added Value?

The reality:

Too early to draw conclusions (evaluation late 2007) and reviews have mixed results

Some observations:

- **Implementation of clusters has facilitated a more inclusive dialogue and has strengthened partnerships across the board.**
- **Cluster leadership responsibilities have helped us enforce a level of predictability and accountability that is without precedent.**
- **The Cluster Approach is increasingly recognized as an agent for positive change in the way the system responds to emergencies and a key element of humanitarian reform.**
- **Uneven leadership by Cluster Leads**
- **Field still perceives as "top down"**
- **Terminology has caused confusion**
- **NGOs do not feel adequately consulted, added-value to them still unclear**
- **OCHA is still early in implementing its "steward" role**

Predictable Leadership and Response:
Global Cluster Leads in "Gap" Areas

Technical areas	
Nutrition	UNICEF
Water/Sanitation/Hygiene	UNICEF
Health	WHO
Education	UNICEF with Save UK
Agriculture	FAO
Early Recovery	UNDP
Cross-cutting areas	
Camp Coordination & Management	UNHCR (conflict) IOM (natural disaster)
Emergency Shelter	UNHCR (conflict) IFRC (natural disaster)
Protection	UNHCR
Common service areas	
Logistics	WFP
Emergency Telecommunications	OCHA/UNICEF/WFP

Cross Cutting: HIV/AIDS, Gender and Environment
IASC External Evaluation: OCHA

Cluster/Sector Appeal for Capacity Building

- Global Level: First cycle (2006/7) $25.8 million provided; Next/final cycle (2007/8) $62.5 million requested
- Nutrition Cluster: $3.1 million provided in first cycle and requesting $4.1 million 2007/8

33 Global Nutrition Cluster Members

Action Against Hunger or *Action Contre la Faim* (ACF)-France ACF-US, Concern Worldwide, Emergency Nutrition Network, Helen Keller International, International Medical Corps, Federation of Red Cross & Red Crescent Societies (IFRC), Interaction, International Rescue Committee (IRC), Oxfam UK, Save the Children Fund (SCF)-UK, SCF-US, Valid International, World Vision

Center for Disease Control, Institute of Child Health/UK, Food and Nutrition Technical Assistance Project FANTA)/USAID, the Global Alliance for Improved Nutrition (GAIN),Tufts University Feinstein International Center, Micronutrient Initiative, NutritionWorks, Office of Foreign Disaster Assistance (OFDA)/USAID

FAO, Standing Committee on Nutrition (SCN), UNHCR, UNICEF, UNU, WFP, WHO

(*Medecins Sans Frontieres* (MSF) - France is an observer)

and more being added…..

Main focus for Cluster

Emergency Preparedness, Assessment, Monitoring, Surveillance and Response Triggers	**Capacity Building**
Supply	**Coordination**

Priority Areas for Nutrition Cluster: Assessment and Response

- TOOLS: Multisectoral Assessment tools including food security; Triggers for Emergency Response; SMART; HNTS reporting; Infant and Young Child Nutrition Guidelines; Toolkit finalization

- CAPACITY BUILDING: Toolkit for Country Coordinators with Training undertaken (with OCHA); Expanded Roster including external; Country Specific Implementation (e.g. Ethiopia, Madagascar and one other)

- SUPPLY: Preposition of Key Food and Other Commodities; Standardization for Therapeutic and Supplementary foods and micronutrient powders

- COORDINATION: Mainstreaming Cluster activities into UNICEF,. Greater participation by NGOS and new funds dispersed (over 50%) to partners; Functioning, transparent reporting both financial and managerial.

Assessments

- Early warning and other information systems (prices, vulnerability, livelihoods, food security, health, nutrition, mortality, etc)
- Special surveys for assessment, monitoring and evaluation/reporting
- Program monitoring and reporting
- Lack of standardized tools, variable quality of data and interpretation, reporting sensitivity and widely distributed stewardship

Response

- Therapeutic to selective feeding programmes (for either moderately or severely wasted individuals)
- Counselling
- Micronutrient supplementation
- Cash and/or food transfers either through employment schemes or free distribution

Complementing these are:

- Appropriate public health and water/sanitation/hygiene interventions including measles vaccination
- Appropriate infant and young child feeding practices
- Also include provision of shelter, cooking utensils and fuel, communication, security, mitigation of stigma, child and women protection, and HIV/TB programming

Possible larger policy approaches addressing underlying factors:

- market integration (and possibly price stabilisation)
- trade and exchange-rate policies
- agricultural development programmes
- peace building processes

What do we know of the impact of the emergency nutrition interventions

- Very little published information
- Recent review of the literature on the impact of general ration distribution programmes and supplementary feeding programmes found only 9 and 15 studies of each programme respectively
- Majority of these studies were observational -- plausible evidence of impact unclear
- Results of different feeding responses are mixed and suggest a clear need for improved problem analysis, targeting and selection of ration mix and counselling actions

Therapeutic feeding and nutritional rehabilitation -- some evidence

- Past 20 years, improvements in treating severely wasted and oedematous infants children have resulted in mortality rates declining from between 20-40% to less than 10%
- Management of severe malnutrition in non-medically complicated cases as outpatients and in community settings improved
- Continuum of care for severely malnourished infants and adults has been shown to improve coverage, recovery rates and reduce defaulter and mortality rates (including HIV/AIDS)

Why the lack of evidence?

- Nature of many emergencies
- Lack of specific expertise such as epidemiologists, and meeting ethical standards for conducting research is especially challenging
- Stewardship: One over-arching key factor is the absence of an agency with responsibility for taking an overview of the effectiveness of different types of intervention.

What are the future opportunities and challenges

The challenge remains to ensure that proven and promising nutrition responses in emergencies are prioritized and implemented

While the focus in an emergency response is on treatment and rapid assessment, emergency response needs to be implemented with the view of supporting preventative and more cost effective strategies to reduce vulnerability and not undermine fragile health and nutrition systems

International agencies responsible for nutrition in emergencies are able to leverage their significant short term resources to improve the medium to long term actions

Humanitarian reform (and UN reform) holds the promise of doing this better


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