

# **Strengthening the Humanitarian- Development Nexus for Nutrition in Protracted Crises**

A Synthesis Report

June 2020

## About MQSUN+

Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) aims to provide the UK Department for International Development (DFID) with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes. The project is resourced by a consortium of five leading nonstate organisations working on nutrition. PATH leads the consortium. The group is committed to:

- Expanding the evidence base on the causes of undernutrition.
- Enhancing skills and capacity to support scaling up of nutrition-specific and nutrition-sensitive programmes.
- Providing the best guidance available to support programme design, implementation, monitoring and evaluation.
- Increasing innovation in nutrition programmes.
- Knowledge-sharing to ensure lessons are learnt across DFID and beyond.

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## About this publication

This report was produced by the Emergency Nutrition Network (ENN) through the MQSUN+ programme to compile evidence on what works to prevent wasting.

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## Abbreviations

CPA	Country Programmable Aid
DAC	Development Assistance Committee (of the OECD)
DFID	UK Department for International Development
EDE	Ending Drought Emergencies
ENN	Emergency Nutrition Network
FAO	Food and Agriculture Organization
FGS	Federal Government of Somalia
HDN	Humanitarian-Development Nexus
HPP	Humanitarian Programme Plan
HRP	Humanitarian Response Plan
HSS	Health Systems Strengthening
MQSUN+	Maximising the Quality of Scaling Up Nutrition Plus
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
PG	Programme Grant
SUN	Scaling Up Nutrition
UN	United Nations
USAID	US Agency for International Development
WFP	World Food Program

## Introduction and Methods

This synthesis report is based on a desk review on ‘Strengthening the Humanitarian and Development Nexus [HDN] for Nutrition’ and four country case studies from [Somalia](#), [Kenya](#), Ethiopia and Yemen conducted between 2017 and 2019 (MQSUN+ & ENN 2019; ENN 2018, 2017). These studies respond to the recognition that protracted crises (**Annex 1**) undermine the 2030 Sustainable Development Agenda, as meeting immediate lifesaving needs overwhelm available resources and leave insufficient capacity to address underlying risks and vulnerabilities to malnutrition. The focus is to articulate what wider policy shifts in humanitarian-development action mean for programming and the enabling environment to prevent and reduce undernutrition in protracted crises. Specifically, this report looks at:

- Identifying, sharing and promoting the uptake of examples of good practices in humanitarian and development programming.
- Identifying ways in which the HDN for nutrition can be strengthened to accelerate progress in reducing undernutrition.

This work focuses mainly on preventing and reducing wasting and stunting, rather than the equally important considerations around obesity, overweight and diet-related noncommunicable diseases. Also not included in this analysis are the potential political solutions to protracted crises which may never be achieved whilst the underlying causes, including fragility and conflict, remain unaddressed.

The Kenya and Somalia case studies were carried out in 2017 and 2018, respectively, whilst the desk review was undertaken in early 2019 and helped further frame the approach for the Ethiopia and Yemen studies and for this synthesis report. Each country case study began with a desk review, which was generally<sup>i</sup> followed by a two-week country visit from two Emergency Nutrition Network (ENN) technical directors, who—through meetings usually facilitated by the Nutrition Cluster country coordinator—met with a range of relevant actors from the government, donor organisations, United Nations (UN) agencies, Scaling Up Nutrition (SUN) Movement network convenors, international and national nongovernmental organisations (NGOs), academia and the private sector. The visits included short periods to observe programme implementation in action. In Somalia, holding large workshops in Mogadishu and Dollow minimised the security risks inherent in multiple interviews and travel; in Kenya and Ethiopia, field visits were arranged in Wajir and Ebinat, respectively.

The intended audience of this report is people involved in the design, implementation, financing and monitoring of multisectoral, multi-stakeholder policies, plans and programmes which aim to reduce undernutrition in protracted crises. It targets participants in national coordination mechanisms relevant to nutrition, including humanitarian clusters, as well as multi-stakeholder platforms (MSPs) for nutrition, such as those promoted by the SUN Movement.

This paper complements other ENN assignments under Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) and funded by the UK Department for International Development (DFID):

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<sup>i</sup> The Yemen case study was conducted remotely due to security constraints; communication challenges were overcome by attending the 2019 SUN Movement Global Gathering to conduct in-person interviews with five government representatives.

(1) describing the [aetiology of wasting](#) and summarising the [current evidence on wasting prevention](#) and (2) [identifying research priorities for improving how the global community addresses wasting](#).

## Nature and Implications of Protracted Crises

In most protracted-crisis situations, people experience both chronic and humanitarian needs due to structural causes and acute crises following recurrent shocks. There is an ongoing policy push for greater coherence amongst development, humanitarian and peace actors. This is driven by the recognition that longer-term development approaches addressing underlying vulnerability—in combination with necessary lifesaving humanitarian interventions—help to build resilience to future shocks and to minimise the impact of current crises (**Box 1**).

### Box 1. Key initiatives.

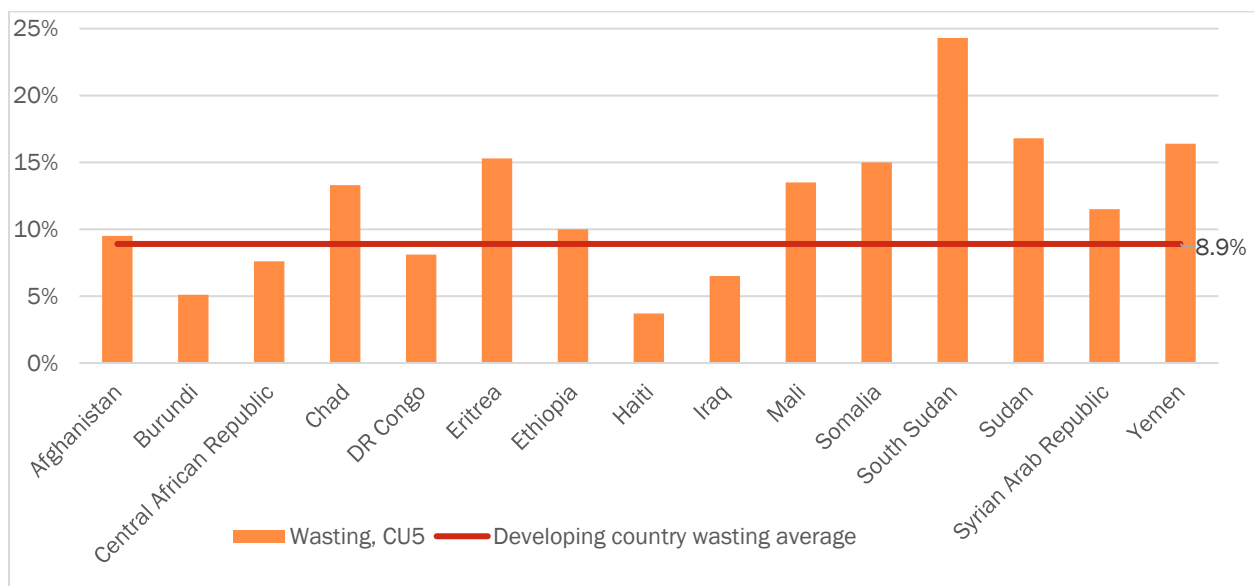
The [UN New Way of Working](#) (OCHA 2017), overseen by the [Joint Steering Committee to Advance Humanitarian and Development Collaboration](#), calls on humanitarian and development actors to work collaboratively, based on their comparative advantages, towards **collective outcomes** that reduce need, risk and vulnerability over multiple years (OCHA 2018a).

The [Organisation for Economic Co-operation and Development/OECD Development Assistance Committee/DAC Recommendation on the Humanitarian-Development-Peace Nexus](#) (OECD 2019), adopted by Member States in February 2019, is a significant development, a political and legal instrument—overseen by the [International Network on Conflict and Fragility](#)—setting out a series of principles by which DAC members will hold one another to account.

## Nature and drivers of undernutrition in protracted crisis

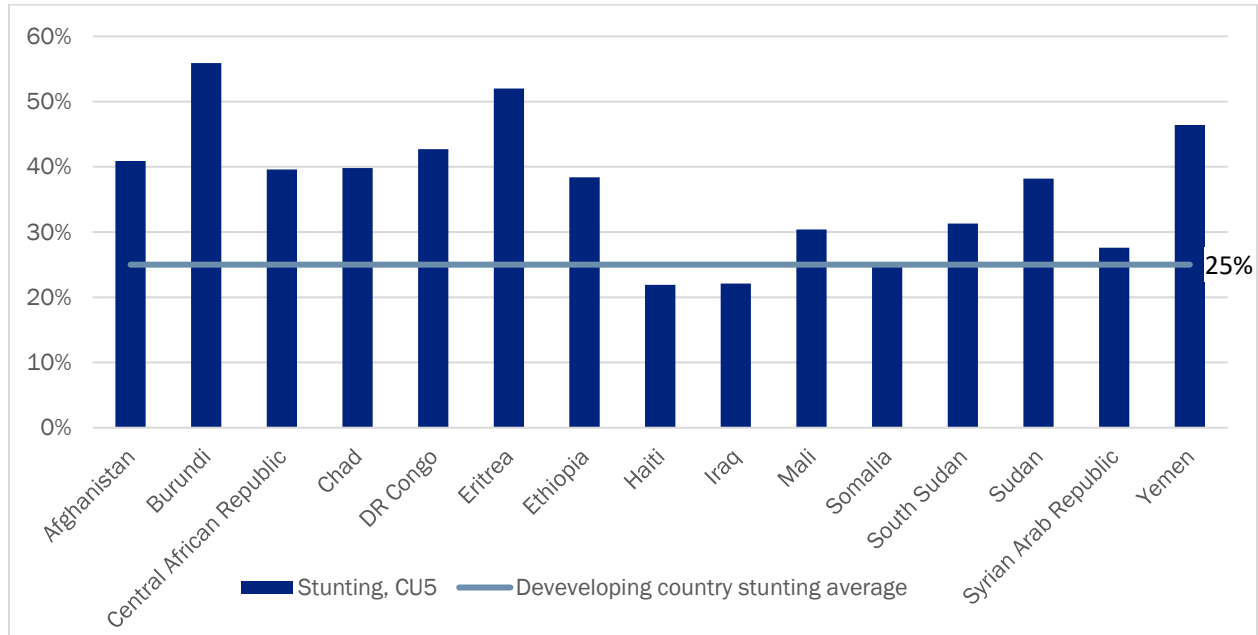
Fragile and protracted crisis contexts have persistent stunting and wasting, with higher than average levels and a considerable proportion of the global burden of stunting (ENN 2016) (**Figures 1 and 2**).

**Figure 1. Childhood wasting in fragile compared to developing country contexts.**



Source: (Development Initiatives 2018). Abbreviations: CU5, children under five year of age

Figure 2. Childhood stunting in fragile compared to developing country contexts.



Source: (Development Initiatives 2018). Abbreviations: CU5, children under five year of age

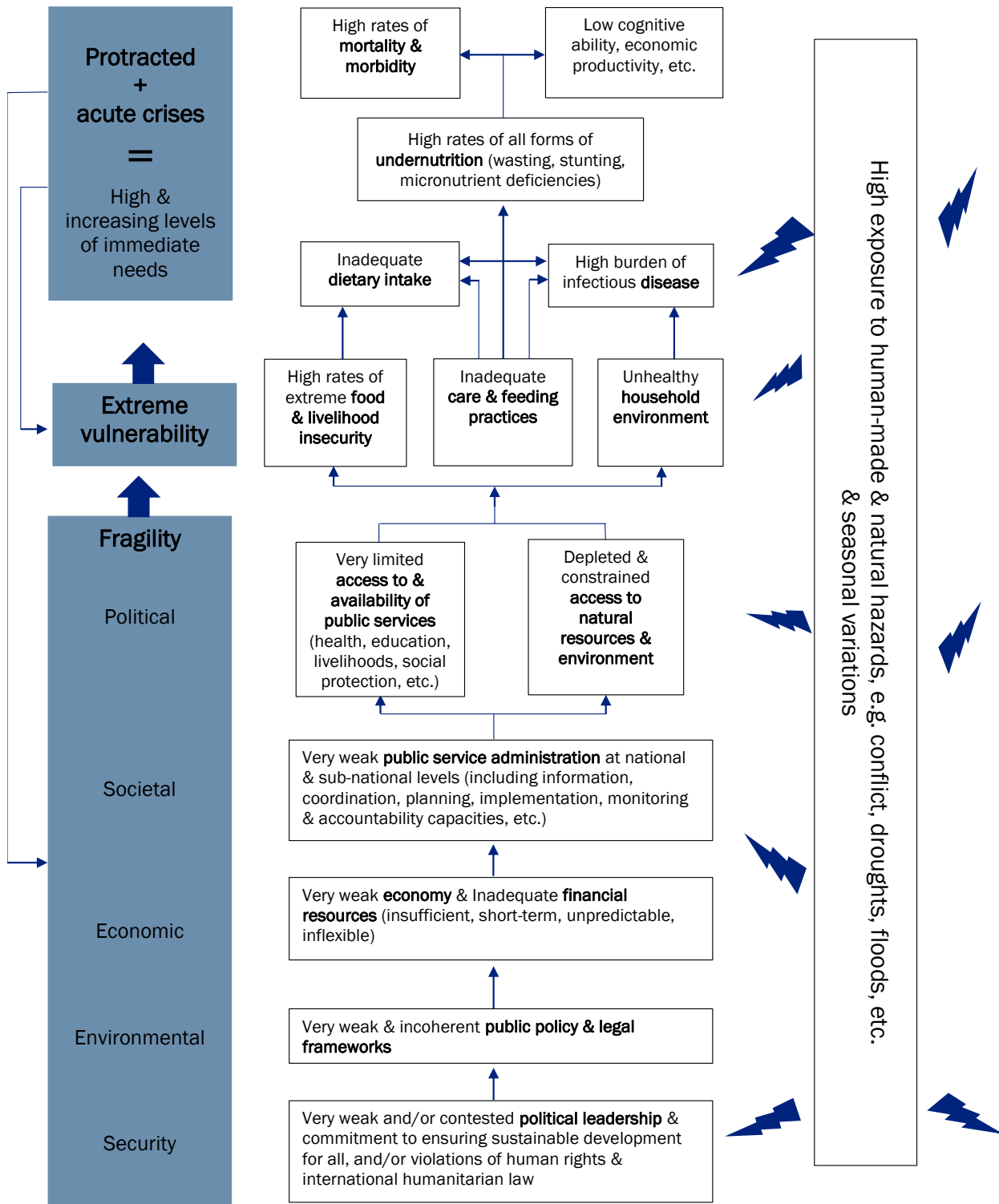
Extreme, chronic poverty, food insecurity and disease are important underlying and immediate drivers of undernutrition. They can be a consequence of weak public service provision, depleted natural resources, highly constrained economic growth, climate fragility and weak governance or an unstable political environment. The capacity and willingness of governments to protect and promote well-being often distinguishes contexts of protracted fragility; where there is strong political commitment and governance, countries and people are better able to deal with shocks.

The key characteristics of the nutrition situation<sup>ii</sup> in protracted crises can be summarised as follows and are represented in **Figure 3**:

- Higher and more persistent rates of all forms of undernutrition than in other contexts.
- High and persistent rates of undernutrition exacerbated by chronic structural deficits (i.e. eroded health and other systems as well as political, economic and/or environmental insults).
- High exposure to acute shocks (e.g. conflict and natural hazards), which exacerbates protracted nutritional crises and increases vulnerability, resulting in further deterioration in the nutrition situation.

<sup>ii</sup> This study has not looked at the trends in overweight/obesity and noncommunicable diseases in relation to protracted fragility, and it is likely that undernutrition is not the only problem these countries confront.

Figure 3. Conceptual framework of undernutrition in protracted crises.



Major variations between different protracted crisis contexts (Annex 1) require context-specific approaches to types of assistance and ways of working (e.g. relationships with political authorities and other local actors, reliance on international actors). One of the most important factors is the willingness of governments and other political authorities to ensure all citizens are able to meet their



nutritional and other basic needs and experience sustainable development. Kenya and Ethiopia have relatively stable political environments and, as a result, are better equipped to address protracted crisis. Political economy analysis is vital for determining appropriate approaches (DFID 2009). Where the analysis shows political instability and an absence of equity-oriented policies and programmes, it is necessary to map these in relation to the most vulnerable populations and contexts and subsequently invest in addressing inequity in overlooked or underfunded pockets.

## Resilience

Central to the HDN discourse is the concept of resilience—definitions of which include a combination of ‘adaptation, adoption and transformation’. The term ‘nutrition resilience’ is sometimes used as a subset of ‘resilience’ and is less clearly defined and articulated than the generic term. This study uses the term ‘nutrition security’, as nutrition is effectively a component of resilience and should be a measure of the success of resilience building. Nutrition security exists when all people have adequate nutritional status which is sustained over time even in the face of man-made and natural hazards, such as conflict, political instability, displacement, disease outbreaks, floods or droughts. It is particularly relevant in fragile contexts, which affect nutritional status.

## Good Practice in Programming

### Overview

Ensuring adequate nutrition for all in protracted crises and in the face of recurrent shocks (i.e. ‘nutrition security’) requires a multiyear, comprehensive approach in which actions to prevent, prepare for, scale up and treat undernutrition are integrated into sectoral programmes, are implemented through local systems as much as possible and converge on the same at-risk populations (**Box 2**).

**Box 2. Nutrition security approaches.**

Broadly, two types of approaches are needed to enable greater nutrition security in protracted crisis:

- **Immediate lifesaving interventions** for children who are wasted and/or ill. These approaches include evidenced treatment interventions; food assistance or cash transfers to support short-term needs, backed by early warning systems; pre-stocking of supplies as part of preparedness; surge support; and capacity scale up where health systems need strengthening.
- **Longer-term, longer-lasting interventions focused on the underlying and basic causes** of undernutrition and the risks and vulnerabilities to which populations are exposed in protracted crises. These may include building and strengthening more resilient livelihoods, delivery capabilities of health systems, safety nets and social protection and sustainable food systems and diets.

These two approaches can, to some extent, be delineated as prevention- or treatment-oriented and fit the way the humanitarian nutrition response has distinguished itself from the development nutrition response.

Focussing on underlying and basic drivers through, for example, the convergence of multisectoral approaches on a population group or an increase in the coverage and quality of the health system contributes to preventing undernutrition. Prevention is also sometimes approached by linking households whose children have been treated for wasting with livelihood or social safety net services to prevent future malnutrition.

This vision must be shared by government and humanitarian and development partners (donors and implementation agencies). Conceptually, a road map towards achieving this must delineate between phases and ‘moments’ of acute instability, chronic instability and resilience.

Nutrition-related programming undertaken in protracted crisis contexts has been changing in recent years and can now broadly be described as (1) actions which aim to meet immediate needs and prevent near-term mortality through treatment and (2) actions which aim to address the underlying causes and prevent undernutrition.

## Addressing immediate cases of undernutrition

Emergency programmes to treat wasting and meet immediate food and nutrition needs have historically been short-term, based on the assumption that needs are acute and a consequence of shocks. With this lens, to address the immediate need for action, all four countries have national nutrition early warning systems:

- Kenya utilises a surge model (CONCERN Worldwide 2016) for scaling up treatment of wasting, involving health centre nutrition caseload monitoring.
- Ethiopia employs a ‘hot spot’ approach based on a set of six sector-specific indicators<sup>iii</sup> assessed biannually.
- Somalia utilises its long-running Food Security Nutrition Assessment Unit system based on the Integrated Phase Classification (IPC); and

<sup>iii</sup> Food availability; water, sanitation and hygiene; access to markets; health and nutrition; education; and others (e.g. migration, significant disruption to normal livelihoods).

- Yemen undertakes nationwide Multi-Cluster Location Assessments and cluster-specific assessments such as Famine Risk Monitoring, IPC analyses and SMART (Standardized Monitoring and Assessment of Relief and Transitions) surveys.

To meet the immediate needs of people in emergency, cash transfers are used (**Box 3**).

#### **Box 3. The case of cash transfer interventions in emergencies.**

The primary purpose of cash transfers in emergencies is to help people meet immediate needs, as an alternative or complement to in-kind food and non-food distributions. Cash delivery is seen as easier to implement than food distributions and appropriate where markets are functioning adequately. These interventions have increased significantly in humanitarian responses in recent years, with the assumption that they are suited to resilience building, especially if they are multipurpose (not tied to a particular sector or set of commodities) and strengthen assets and livelihoods. The nutrition sector, however, is still learning how best to influence cash transfers to yield nutrition impact, including prevention of undernutrition in the context of predictable shocks, such as seasonal stresses (Action Against Hunger 2019).

The limited role of nutrition actors in influencing cash-transfer programme design as part of the humanitarian response or when implemented as a national safety net programming is sometimes a reflection of the absence of nutrition-related thinking in governance mechanisms. The cluster system, led by the Office for the Coordination of Humanitarian Affairs, does not have a cluster for cash, although there may be cash working groups formed under the aegis of the Food Security Cluster. To address this gap, the Global Nutrition Cluster is conducting a review into the role of nutrition in cash transfers to produce generic guidance.

## **Addressing underlying causes of undernutrition**

Although shocks typically drive emergency programmes, in protracted crises, the needs are often chronic and largely due to structural issues and so should be implemented through strengthened service delivery systems. In the countries reviewed which have recurrent humanitarian response plans (HRPs), there appears to be an increasing role for prevention programming and health systems strengthening (HSS) as part of the humanitarian response. The targeted population includes households not affected by proximate shocks but which are nonetheless chronically vulnerable. However, it appears that in chronically vulnerable areas, there is still very little longer-term prevention or developmental programming, rather a reliance on annual cycles of humanitarian response. Longer-term development programming is sometimes observed in less chronically vulnerable areas.

There are a number of programmes delivered as part of humanitarian response that purport to increase resilience and, more specifically, prevent undernutrition (build nutrition security). Some of these are multi-cluster initiatives implemented under HRPs since new cluster guidance on multisectoral programming was produced in 2016 (e.g. Integrated Famine Risk Reduction in Yemen, emergency integrated packages in Somalia). These utilise short-term humanitarian funding and provide potential templates and infrastructure through which governments and development partners can begin targeting longer-term, multisectoral programmes in the same chronically vulnerable areas. However, there is still a scarcity of initiatives which aim to converge humanitarian and development assistance on the same at-risk populations. This reflects limited coordination between humanitarian and development actors, different targeting criteria of donors and/or implementing partners and financing silos.

Despite the number of programmes that aim to prevent undernutrition, there is limited evidence for how well these programmes work, and there is a pressing need to generate evidence of impact on the prevention of wasting and stunting in these contexts. Across the four countries reviewed, there is a lack of evidence around what works to prevent undernutrition in these contexts. This is a concern that reflects a lack of an endorsed methodology for measuring prevention of undernutrition, the short-term nature of humanitarian programming and the difficulty of carrying out practical, ethical and robust research in crisis contexts. Even large-scale investments in preventive approaches, like the Ethiopian Productive Safety Net Programme, have yet to show nutrition impact or resilience building in terms of recipients attaining self-sufficiency or graduating from the scheme. Demonstrating nutrition impact, however, is challenging and a source of frustration—resulting in a lack of accountability for effectiveness. Many of these programmes do, however, record progress with other measurements, such as dietary diversity, asset creation and increased income, but these outcomes are rarely tested for sustainability post-intervention.

## Policies and Plans

### Overview

The review examined policies and plans to understand the framing of the HDN and resilience building, the vision for a stronger nexus and—where relevant—the nutrition approaches planned. It also reviewed the institutional architecture in each country to identify whether and where humanitarian and development actors coordinated and the institutional location of nutrition in relation to the HDN.

Though there is still more to be done, Kenya is perhaps a ‘silver standard’ with regard to the HDN in that it has succeeded in shrinking the need for humanitarian aid through a variety of development processes. Ethiopia and Yemen are developing multiyear resilience and HDN strategies, which is very positive. These are primarily UN-led initiatives, separate from national development plans and HRPs, although they do intend to bridge both. The Federal Government of Somalia (FGS), is committed to fully integrating humanitarian and risk reduction into their National Development Plan. This study concludes that developing separate resilience and/or prevention strategies may be counterproductive, and the aim should be to integrate these into sectoral development plans. However, this requires a high level of political commitment and active coordination.

There is a long overdue need for a review of HRPs to determine the degree to which these are being used to make up for the lack of development, which can help prevent undernutrition. There is a compelling argument that HRPs need to retain their focus on life-saving response to acute shocks and that long-term approaches to meet and prevent chronic needs should be integrated into national development plans. To increase clarity around this, there is a need to categorise what types of activities should fall under the remit of HRPs rather than development plans. Activities across sectors that are included in HRPs, furthermore, require recalibration:

- For nutrition, only short-term programmes to treat undernutrition and address immediate causes of undernutrition (food, health and care needs) as a result of recent, acute/proximate shocks should fall under the humanitarian response.

- For all other approaches, including long-term HSS, universal health coverage, productive safety nets, food systems and diets and other sectoral approaches which tackle the underlying and basic causes of undernutrition must be the responsibility of the development system, led by governments wherever possible. Development planning and systems strengthening should be rapidly scalable to respond to acute needs, with the international humanitarian system being called upon when development capacities are outstripped.

**Annex 2** provides an overview of ownership and financing of HDN policies, plans and frameworks across the four case studies. All four case study countries have plans, policies or frameworks which aim to promote greater coherence between humanitarian and development actions with a view to reducing humanitarian needs, risks and vulnerabilities. These have a strong emphasis on building resilience at different levels in order to prevent humanitarian needs. An indicative framework for meeting long-term and short-term nutrition needs is presented in **Table 1**.

**Table 1. Indicative framework for addressing immediate needs and underlying causes.**

Level	Long-term needs (structural causes)	Short-term needs (due to acute shocks)
Immediate causes of undernutrition and prevention of near-term mortality	Development approaches (e.g. integrating treatment into health systems, social or productive safety nets, food security approaches, scaled-up water, sanitation and hygiene)	Scale-up of existing development programmes (e.g. IMAM/CMAM, health system strengthening, safety net programmes, maternal nutrition, micronutrient supplementation)
		Humanitarian response system activated when development scale-up capacities are outstripped (e.g. cash transfer & BSFP either outside of government systems or, ideally, built onto and supporting government systems)
Underlying causes of undernutrition	Development programmes to address structural causes (e.g. livelihoods diversification, access to basic services, watershed management, multisectoral programmes through government systems)	Programmes to minimise the impact of shocks, build short-term resilience and nutrition security, promote early recovery (e.g. livestock offtake and vaccination, multi-purpose cash transfers, integrated sector cluster programmes)

*Abbreviations: Water Access, Sanitation and Hygiene, WASH; Integrated Management of Acute Malnutrition, IMAM; Community-based Management of Acute Malnutrition, CMAM; Blanket Supplementary Feeding Programme, BSFP.*

The above framework (**Table 1**), which cross-references addressing immediate and underlying causes with responding to acute shocks (short-term needs) and structural causes (longer-term needs), can help recalibrate humanitarian and development approaches in protracted crises where roles and approaches have become blurred and confused. In essence, the ‘long-term needs’ should be led by strong governments supported by development partners and benefiting from longer-term financing. The ‘short-term needs’ can be included in the humanitarian system response and supported by delivery partners using short-term financing, including crisis modifiers and contingency funding.

This type of analysis should help determine across sectors the type of long-term development assistance needed to address underlying structural causes of undernutrition, minimise the impacts of shocks and respond to chronic needs in ways that can be scaled up, thereby enabling humanitarian assistance to focus on life-saving actions in contexts where development capacities are outstripped and where adherence to humanitarian principles is critical. An equivalent analysis can be used for different sectors to help separate out caseloads requiring longer-term support.

## Nutrition targets and indicators

Nutrition targets and indicators differ substantially across the four countries' plans and frameworks. In Kenya, stunting is one of the key indicators for monitoring the progress of the Ending Drought Emergencies—a government initiative to support livelihoods in drought-prone areas. It is prioritised over wasting as an outcome measure on the basis that stunting prevalence does not fluctuate as much as wasting. In Somalia, the HRP and Recovery and Resilience Framework, a road map for the Drought Impact Needs Assessment initiative to identify and prioritise drought-caused needs, focus on wasting rather than stunting. In Ethiopia, the HRPs focus on wasting, but the nutrition policy and Multisectoral Resilience Strategy both identify the need to reduce wasting and stunting. In Yemen, the HRP only has 'reduced wasting' as a target, and the UN Strategic Framework for Yemen and the World Bank Engagement Plan do not have specific targets for reducing undernutrition and only make reference to acute malnutrition.

## Clarity around the collective outcome

The number of higher-level policies, plans and frameworks focussing on resilience building in all four countries is encouraging, as is the increasing alignment between them. However, in the absence of a supporting architecture and financing, these are unlikely to lead to an enhanced HDN in terms of comprehensive, coherent and appropriately targeted approaches. The case studies illustrate how the collective outcome approach is often insufficiently detailed and lacks clear lines of institutional responsibility. In addition, the tensions and overlap between resilience plans and frameworks and HRPs can lead to duplication, competition and, at worst, poorly prioritised resource allocations and programmes on the ground.

Government leadership (where this exists)—supported by a lead agency with a strong track record in coordination, accountability and technical leadership—can help provide clarity about not only which approaches should (and should not) be part of a humanitarian response but also where longer-term nutrition security efforts need to be strengthened and for which population groups. Additionally, there is a need for guidance and leadership on the range of indicators which are best suited to fully capture the impact of resilience-building and nutrition-security improvements on the dominant forms of undernutrition and the population groups most affected. It is no longer acceptable to focus on just one form of undernutrition (i.e. wasting) in these complex and high-risk contexts, nor to focus only on treatment when the burden of undernutrition is disproportionately high, and both prevention and treatment approaches are needed.

## Coordination

The absence of high-level focal points or mechanisms to ensure coordination between humanitarian and development actors is a major constraint. Often National Disaster Management Authorities are tasked with ensuring that risk management is mainstreamed into sectoral development plans, as is the case in Ethiopia. However, limited progress raises the question of whether such agencies have the ability and authority to coordinate across humanitarian and development actors.

Significant efforts are evident in the case study countries to operationalise the New Way of Working in order to promote greater coordination and coherence between humanitarian and development actions (**Box 1**). Ethiopia, Somalia and Yemen are all in the process of establishing high-level, political forums to bring actors together to oversee joint strategies to achieve collective outcomes, yet these have been criticised for a lack of detail, leadership and accountability.

The humanitarian system benefits from identifiable lead agencies who support governments (where they exist) to coordinate response across multiple actors and sectors. These cluster efforts provide technical leadership and coalesce around agreed financing facilities. Building greater nutrition security in protracted fragile contexts, however, lacks an equivalent identifiable ‘lead’ or ‘bridging’ function to navigate the nexus between developmental nutrition objectives and the humanitarian nutrition-focused response, particularly where the state is weak or absent. Building greater nutrition security needs a level of leadership (ideally, government-driven) which ramps up coordination, financing facilities and consensus about the types of approaches best suited to prevent undernutrition in these contexts. This is further outlined below.

To better blend approaches, engagement of both humanitarian and development actors in longer-term HRPs can help them communicate and plan how to move together towards one direction or the other as situations worsen or improve (Obrecht 2018). This sort of strategic-level alignment needs to flow also to the field level, because at the field-implementation level, efforts to coordinate ‘development’ and ‘humanitarian’ implementing partners have proven challenging. There are practical issues of partner capacity and flexibility of funding with donors finding management of arrangements complex. There may also be issues of competition between implementing partners for ‘pots of money’. Financing mechanisms need to align and allow adaptation (**Box 4**).

## Financing

### Overview

A major constraint (beyond domestic political fragility) to scaling up actions to prevent undernutrition in protracted crises is the lack of appropriate financing mechanisms. Humanitarian funding is short-term and restricted in the extent to which it can address underlying causes. Longer-term development financing is constrained by political risk aversion in donor countries and invariably squeezed out in areas where there are recurrent humanitarian programmes and where longer-term development and prevention-oriented financing is most needed. Recurrent humanitarian financing may also incur substantial transactional costs and, in many contexts, have lower cost efficacy than direct budget support and/or pooled sector support. Relative cost efficacy of these two financing modalities needs more scrutiny and rigorous determination.

Three key financing characteristics required to consider nutrition security in protracted crises are:

- A shift from external to domestic sources and channels.
- Scaled-up multiyear, predictable, flexible financing.
- Financing better linked to early warning triggers.

## Aid channels in the HDN

Key concerns with understanding the HDN are aid flows—the proportion of humanitarian aid relative to development-assistance aid and the periodicity of humanitarian appeals. Aid flows influence the scope and type of nutrition programmes implemented and highlight the dominance of short-term financing. Despite universal, high-level commitments within UN agencies and donors to work differently in protracted crises, the scale of development assistance to affected populations is limited, and there is often reticence to downsize humanitarian assistance to at-risk populations.

## Multiyear and flexible financing

There are significant amounts of development assistance provided to many countries affected by protracted crises, but it is inadequate and largely not targeted at the most vulnerable areas and populations. Some donors have made impressive efforts to scale up developmental programming in these countries. The World Bank, European Union and DFID are notable examples in the case study countries. The World Bank makes a strong case for scaling up development assistance in Yemen in its Country Engagement Strategy: ‘Although engagement in Yemen under the current context presents IDA [International Development Association] with multiple risks, results are significant and the risk of inaction is exponentially greater’ (World Bank 2019b). They argue that not only would inaction escalate humanitarian needs, but it would also make eventual reengagement much costlier and more time-consuming.

Whilst it is clear that additional development assistance targeted at protracted crises is required, it is necessary to also examine existing development flows and consider whether they could be made to work better to prevent and respond to chronic needs.



**Box 4. Flexibility in development and emergency financing.**

Donors employ devices like contingency funding, crisis modifiers and blended finance to offer the flexibility to allow switching rapidly between humanitarian and development support in fragile contexts. As they do so, they continue to learn about best practice. For example, in 2015 and 2016, the US Agency for International Development (USAID) had two different development activities affected by the El Niño drought in Ethiopia. The Office of US Foreign Disaster Assistance topped up implementors' development funding with humanitarian funding as a crisis modifier. As a result, all of the USAID development activity designs include crisis modifiers, but rather than using humanitarian funding for this, USAID requires that a proportion of the development funds be dedicated to emergency response or that a development activity include a dedicated rapid/emergency response budget line item.

On the other hand, Irish Aid allocates a small amount of annual budgets to enable response to humanitarian needs. In the event of a large-scale crisis, headquarters gives favourable consideration to partner organisations' support requests; in turn, missions redirect previously assigned development programme initiatives and actions to emergency interventions. For example, in Sierra Leone and Liberia, initial programmes were humanitarian-focused but have evolved into longer-term development ones. Irish Aid's three complementary funding streams available to nongovernmental organisation partners are as follows: (1) programme grant (PG) / multiannual development programmes; (2) Humanitarian Programme Plan (HPP) / multiannual protracted crises programmes; and (3) Emergency Response Funding Scheme / pre-positioned funding for sudden-onset crises. There is a high degree of flexibility in the PG and HPP mechanisms, and the Emergency Response Funding Scheme enables partners to respond quickly to sudden deteriorations. Irish Aid is planning a formative evaluation of its HPP and PG programmes in 2020 to consider how to enable greater programme flexibility in fragile contexts and to inform the 2022-2026 funding cycle.

## Humanitarian aid to reduce risks and build resilience

In all countries, there are efforts to utilise humanitarian funding for prevention and resilience-building programmes (e.g. supporting households, supporting the linkage of CMAM to safety nets, funding vitamin A campaigns, deworming and monitoring and promoting growth). This is particularly the case in Somalia and Yemen, for which many donors have a strong political reticence to providing long-term development aid.

On the other hand, many humanitarian actors flag the risk of trying to 'do too much development' under HRPs (so-called 'development creep') and the fact that there is a need to set firmer boundaries in order not to compromise the primary life-saving aim of humanitarian assistance. If HRPs include more resilience-building activities, then there would need to be an increase in funding.

**Annex 3** highlights differences in humanitarian and development spend.

## Financing early interventions

One means of financing that ensures a stronger link between humanitarian and development programming is the use of what some donors refer to as crisis modifiers attached to longer-term development-type programmes. USAID has been using this tool for many years in Ethiopia. The aim is to ensure that, if a shock occurs, there are enough funds to address acute humanitarian needs and ensure that the progress of the longer-term programme is not interrupted or negated.

The Productive Safety Net Programme in Ethiopia and the Hunger Safety Net Programme in Kenya have their own forms of crisis modifiers (referred to as contingency funding) which allow scale up to emergency-affected communities and include non-programme-identified households where a malnourished child is identified and referred into the programme.

## Ways forward

Systematic financial tracking of longer-term development funding allocated by sector (including nutrition-specific and nutrition-sensitive spend) and scale of resources are needed. There is a need to model cost efficacy of direct budget support and/or pooled sector support versus financing programming through international humanitarian and development partners. This should be carried out for nutrition approaches and programmes and should contribute to an analysis and position on whether it is more cost-effective to expand the remit of humanitarian financing to enable more nutrition security-type programming (prevention) or whether cost efficiency will be improved by financing longer-term nutrition security-building initiatives through the government with international support and all of the flexibility and scope that this entails. The challenge is to not only provide more money to these contexts but also explain 'how existing financing flows from both humanitarian, development, climate and peace streams can be better aligned and provided in a sequential way towards the achievement of collective outcomes' (OECD 2018).

## Steps to Strengthen the Humanitarian-Development Nexus for Nutrition

This study proposes the following actions, in no order of priority, for countries in protracted crises:

- Bringing nutrition stakeholders together:
  - Bring humanitarian and development nutrition stakeholders together at the country level in a common forum (if they are not already), led by the government as much as possible to enable joint analysis, planning and integrated implementation of programming.
  - Where there is a SUN-type multi-stakeholder platform and clusters, consider a government-led joint forum. Where there are only humanitarian clusters, build on these, with the Nutrition Cluster taking the lead in bringing together relevant other clusters and other nutrition stakeholders, especially development donors.
  - Where government is unwilling or unable to take the lead, identify a lead organisation or consortium of agencies at the country level for 'nutrition security-focused approaches' who will work closely with nutrition and other cluster coordinators and donors and assume a level of responsibility for strengthening nutrition security building in-country.

- Analysing jointly:
  - Undertake a joint analysis of the nutrition situation in-country, including trends in rates of all forms of malnutrition; immediate, underlying and basic causes (including the political will to promote nutrition security for all); the nature and frequency of shocks; coping capacities; etc.
  - Identify areas / population groups where most HRPs are targeted. Determine how possible it is to differentiate between populations experiencing chronic humanitarian needs and those affected by recent acute shocks.
  - Identify needs for the different types of assistance in these identified areas (**Table 1**).
  - Compare with current plans, programmes and funding flows (e.g. short-term humanitarian versus multiyear funding and treatment versus prevention of malnutrition). Identify overlaps, gaps, etc.
- Planning jointly:
  - Develop collective outcomes for preventing undernutrition.
  - Identify a comprehensive approach for achieving collective outcomes in which different types of multiyear programmes converge on the same populations, building on existing country-specific evidenced programme design and practice and filling gaps.
  - Only after programmes have been identified (to avoid being supply-driven), decide who will be responsible for implementation, based on comparative advantage.
  - As much as possible, implement these approaches through, and strengthen the capacity of, local service delivery systems and measure the extent of systems strengthening.
- Integrating a comprehensive approach to nutrition:
  - Undertake a political economy analysis which will include determining the role of international agencies, their relationship with the government and other authorities and their ways of working.
  - Determine whether an HDN approach in-country should comprise linking humanitarian and development programming, right-sizing humanitarian investment by increasing development resources whilst reducing humanitarian spend or combining the two approaches.
  - Analyse the wider humanitarian-development context, including national development plans and HRPs, humanitarian-development architecture and financing. Consider whether existing initiatives improve coherence and effectiveness of humanitarian and development actions and—if so—determine how to ensure nutrition is adequately located in the evolving architecture and HDN processes. If not, consider how nutrition stakeholders work with others to advocate for or promote wider HDN strengthening and the role of nutrition.
  - Analyse the feasibility of multiyear funded programmes through government (direct budget support and pooled sector) and government programmes (e.g. HSS and safety net). Compare the cost-effectiveness of current approaches which channel financing through external partners.

## References

- Action Against Hunger. 2019. 'REFANI: News & Updates.' 2019.  
<https://www.actionagainsthunger.org/refani/news-updates>.
- CONCERN Worldwide. 2016. 'Global CMAM Surge Approach: Operational Guide.'
- Development Initiatives. 2018. *Global Nutrition Report 2018: Shining a Light to Spur Action on Nutrition*. <https://doi.org/10.2499/9780896295643>.
- DFID. 2009. 'Political Economy Analysis. 'How to Note.'" *DFID Practice Paper*.  
<https://doi.org/10.1109/91.531769>.
- ENN. 2016. 'Stunting in Protracted Emergencies.' 2016.
- . 2017. 'Humanitarian-Development Nexus: Nutrition Programming and Policy in Kenya.'  
<https://www.ennonline.net/hdnkenya>.
- . 2018. 'Bringing Humanitarian and Development Frameworks, Financing and Programmes Closer Together: A Case Study of Nutrition Resilience Building in Somalia.'  
[https://www.ennonline.net/attachments/3050/HDN-Report\\_Somalia.pdf](https://www.ennonline.net/attachments/3050/HDN-Report_Somalia.pdf).
- FAO & WFP. 2010. *The State of Food Insecurity in the World*.
- Harmer, Adele, and Joanna Macrae. 2004. 'Beyond the Continuum The Changing Role of Aid Policy in Protracted Crises Humanitarian Policy Group.'
- Maxwell, Daniel, Luca Russo, and Luca Alinovi. 2012. 'Constraints to Addressing Food Insecurity in Protracted Crises.' *Proceedings of the National Academy of Sciences of the United States of America*. <https://doi.org/10.1073/pnas.0913215108>.
- MQSUN+ & ENN. 2019. 'Strengthening the Humanitarian Development Nexus for Nutrition: An Analysis of Practices in Promoting Nutrition Security in Contexts of Protracted Fragility.'
- Obrecht, Alice. 2018. 'Dynamic Gridlock: Adaptive Humanitarian Action in the Democratic Republic of Congo.' [www.alnap.org](http://www.alnap.org).
- OCHA. 2017. 'New Way of Working.' 2017.  
[https://www.agendaforhumanity.org/sites/default/files/20170228 NWoW 13 high res.pdf](https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf).
- . 2018a. 'Collective Outcomes: Operationalizing the New Way of Working.'  
[https://www.agendaforhumanity.org/sites/default/files/resources/2018/Apr/OCHA Collective Outcomes April 2018.pdf](https://www.agendaforhumanity.org/sites/default/files/resources/2018/Apr/OCHA%20Collective%20Outcomes%20April%202018.pdf).
- . 2018b. 'World Humanitarian Data and Trends 2018.' 2018.
- OECD. 2018. 'States of Fragility 2018.'
- . 2019. 'DAC Recommendation on the Humanitarian-Development-Peace Nexus.' 2019.
- World Bank. 2019a. 'Country Engagement Note for the Republic of Yemen for the Period FY20-FY21.'
- . 2019b. 'COUNTRY ENGAGEMENT NOTE FOR THE REPUBLIC OF YEMEN FOR THE PERIOD FY20-FY21.'

## Annex 1. Characteristics of Protracted Crisis

Protracted crises<sup>iv</sup> are defined as situations in which a large proportion of the population is at high risk of death, disease and loss of livelihoods over a prolonged period of time (Harmer and Macrae 2004). **Box 5** provides a description of key characteristics of protracted crises (Maxwell, Russo, and Alinovi 2012).

**Box 5. Key characteristics of protracted crises** (Maxwell, Russo, & Alinovi, 2012).

Time duration and magnitude: Many have lasted  $\geq 30$  years and have extreme food insecurity.

Complexity of drivers: Few protracted crises are traceable to a single acute shock. Conflict is often one cause, but climatic, environmental or economic factors may also be causes. Unsustainable livelihoods are both a consequence and cause of protracted crises.

Weak intervention mechanisms: In protracted crisis contexts, development donors are often not willing to make significant investments, and private-sector engagement is often lacking or dominated by informal or illegal economic activities that extract wealth but do little to invest in sustainable improvements, making market-led or technology-driven development extremely difficult to sustain in protracted crises.

Outcomes vs. architecture: Protracted crises remain on the humanitarian agenda (a) because of poor food security or nutritional outcomes and (b) because humanitarian agencies are often the only available vehicle for intervention under the prevailing international assistance architecture.

Political will: Protracted crises often occur in contexts in which states are incapable of providing or unwilling to provide basic services or infrastructure or are predatory towards the population.

***Protracted crises—and populations caught in them—fall between standard intervention categories and so are often forgotten.***

These contexts experience protracted and/or recurrent acute crises resulting from a complex mix of political, social, economic and environmental fragility. **Table 2** highlights these characteristics, particularly distinguishing them from other contexts and how they can lead to higher levels of undernutrition.

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<sup>iv</sup> Protracted crisis is used interchangeably with protracted fragility or fragility in the literature.

**Table 2. Common characteristics of protracted fragility**

Crisis type	Common characteristics of protracted fragility versus other developing country contexts
Protracted crisis	Higher, ongoing prevalence of undernutrition and disease
	Higher levels of protracted, extreme poverty and food insecurity (i.e. large numbers of people unable to meet their food, income and other basic needs)
Recurrent acute crises	More frequent and larger-scale acute crises, with increased prevalence of wasting, stunting, micronutrient deficiencies, disease and food insecurity
	Higher vulnerability of individuals, households, communities, public services and governance systems to impacts of hazards
	Higher incidence of natural / human-made hazards
Fragility	More complex range of basic and underlying causes
	Much weaker governance, finance and operational capacities leading to higher dependence on international assistance
	Lack of political will, violations of human rights and international humanitarian law

*Abbreviations:* FAO, Food and Agriculture Organization; OECD, Organisation for Economic Co-operation and Development; WFP, World Food Program. *Source:* (FAO & WFP 2010; OECD 2018).

## Annex 2. Ownership and Financing of Humanitarian-Development Nexus Policies, Plans and Frameworks

In Kenya, the Ending Drought Emergencies (EDE) framework is entirely government-owned and largely implemented through the National Disaster Management Authority. The EDE is increasingly being integrated into the Midterm Development Plan, although it is realised that considerable investment is needed to fully operationalise the framework. A key challenge for nutrition is that being located in the Ministry of Health has meant that nutrition has limited traction and input into the design of key EDE programmes (e.g. social protection, livelihood recovery and building, etc.).

In Ethiopia, the 2019 Multisectoral Resilience Strategy is to be led by the National Disaster Risk Management Commission, Ministry of Peace and Office of the Prime Minister, with resourcing to be realised through realigning government funds, mainstreaming disaster risk-management contingency funds, harmonising cash and food assistance and mobilising new funds. However, as the strategy was developed by an external consultant at the behest of the United Nations Resident Coordinator Office, it is unclear how much government ownership there is of the strategy. In addition, it is unclear who is going to input into the collective outcomes, which many argue are too broad to report against, especially for humanitarian activities.

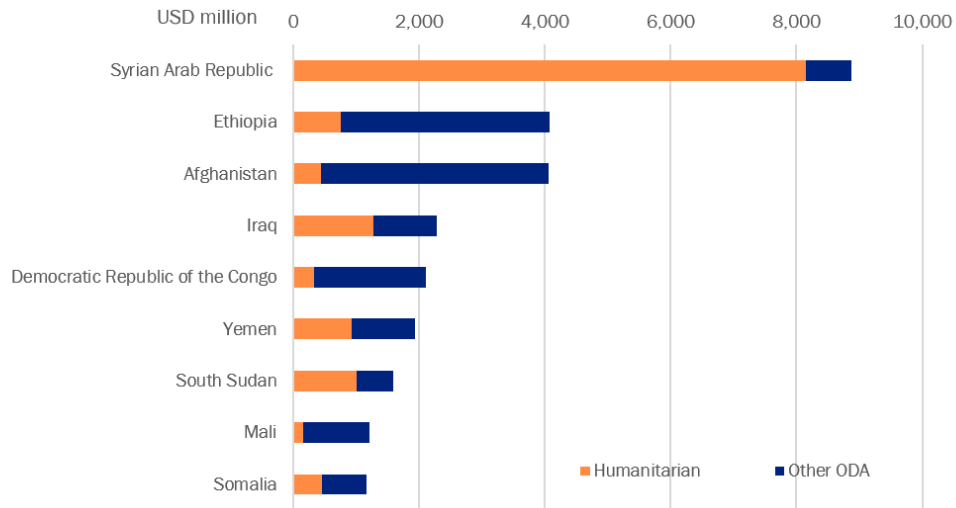
The Federal Government of Somalia (FGS) has had very little involvement in the development of humanitarian response plans (HRPs) and has mainly been asked to rubber-stamp the plans when in final draft form. Conversely, stakeholders felt that the FGS process for developing the 2018 Recovery and Resilience Framework was not sufficiently transparent and that the framework was too aspirational and dependent on new and untried ways of financing. Furthermore, there is overlap and lack of clear delineation of activities between the Recovery and Resilience Framework and HRP. One reason for this is that, in the absence of development funding, the HRP has been under pressure for a number of years to include recovery and resilience-building activities—a form of ‘development creep’. Another challenge is the difficulty donors have with financing the FGS directly, which this framework largely necessitates.

In Yemen, the United Nations Strategic Framework is inevitably (given the political context) an externally-driven initiative with funding to be largely provided by donors rather than the government.

## Annex 3. Humanitarian Versus Development Spend

**Figure 4** shows humanitarian aid relative to other forms of Official Development Assistance (ODA) in the top nine extremely fragile recipient countries, highlighting that such aid represents a high proportion of international assistance, particularly to more conflict-affected contexts: Syria (92 percent); Iraq (56 percent); South Sudan (63 percent); Yemen (48 percent); and Somalia (39 percent). On the other hand, development-assistance aid is also substantial in most of these contexts, raising the question of whether it could be made to work better to reduce risks and vulnerabilities and prevent humanitarian needs, including undernutrition.

**Figure 4. Humanitarian versus other ODA in the top 9 extremely fragile ODA recipients**

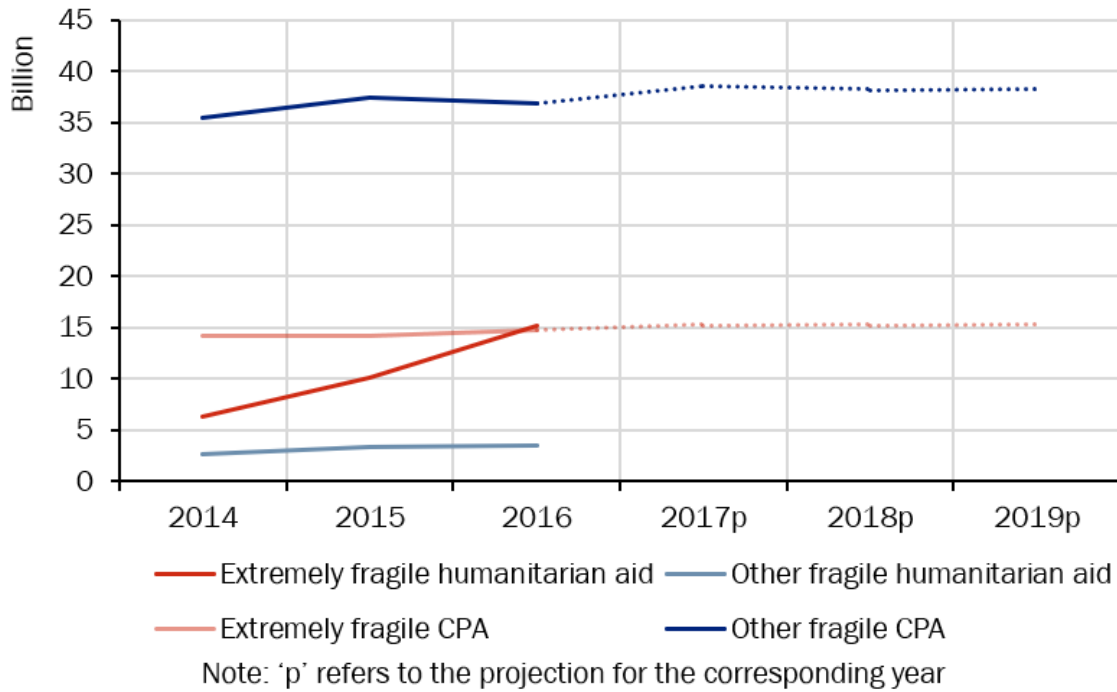


Source: (OECD 2018). *Abbreviations:* ODA, Official Development Assistance; OECD, Organisation for Economic Co-operation and Development.

As shown in **Figure 5**, Country Programmable Aid in fragile contexts has not been growing and was not expected to do so. On the other hand, humanitarian assistance, particularly to extremely fragile contexts, increased by 144 percent from 2009 to 2016, reaching a historical peak in 2016 (OECD 2018).



Figure 5. CPA and humanitarian aid in fragile contexts, 2014–2019.



Source: (OECD 2018). Abbreviations: CPA, Country Programmable Aid; OECD, Organisation for Economic Co-operation and Development.

Close to 90 percent of humanitarian aid goes to protracted crises. Interagency humanitarian appeals now last an average of seven years, and the size of appeals has increased by nearly 400 percent in the last decade (OCHA 2018b). The share of ODA going to fragile contexts as humanitarian assistance supports the assertion that ‘humanitarian aid, especially in extremely fragile contexts, is often stretched beyond its original mandate to save lives and that this is due in part to insufficient development assistance to address the drivers of fragility’ (OECD 2018).

Development of funding flows are substantial and yet humanitarian needs and assistance are not falling. In fact, requests for humanitarian funding have been increasing in Ethiopia, Somalia and Yemen. In all countries, it was very difficult to obtain data on the amount of spend on nutrition allocated to humanitarian versus development nutrition programmes.

In all case study countries, there are substantial efforts to increase financing for programmes to reduce risks and vulnerabilities as well as meet immediate needs. In Somalia, the National Development Plan 2017-2019 explicitly seeks to reduce the current humanitarian caseload by scaling up developmental solutions and priorities in place of humanitarian actions. There is an increasing consensus amongst donors that Ethiopia needs to transition to government-led development, safety net and emergency response programmes—with international humanitarian actors only intervening when an agreed emergency threshold is reached.

The scale of development financing in Yemen and the collaboration between humanitarian and development actors is impressive when compared to many other fragile contexts. There is clear high-level commitment to scaling up development finance and programming and for humanitarian, development and peace actors to work together to support those most in need. However, more donors need to recognise that such programmes implemented through public systems and other

local actors are appropriate and feasible in many parts of the country. Many donors are still looking at Yemen as if it were a pure emergency and are highly cautious about providing multiyear investments and supporting local institutions.

There are strong calls from implementing agencies in Ethiopia, Somalia and Yemen for less risk-averse attitudes by donors. Some donors have made impressive efforts to scale up developmental programming in these countries. The World Bank, European Union and UK Department for International Development are notable examples in the case study countries. The World Bank makes a strong case for scaling up development assistance in Yemen in its Country Engagement Strategy: 'Although engagement in Yemen under the current context presents IDA [International Development Association] with multiple risks, results are significant and the risk of inaction is exponentially greater' (World Bank 2019a). They argue that inaction would not only escalate humanitarian needs but also make eventual reengagement much costlier and more time-consuming.