Promoting resilience: addressing malnutrition effectively in fragile and conflict- affected contexts

In recent years, conflict and climate shocks have emerged as the biggest drivers of the global rise in hunger (FAO et al, 2018). People impacted by violence and instability are especially vulnerable to malnutrition, and women and young children in these settings need special attention. To achieve the 2030 goal of ending malnutrition in all its forms, leaving no one behind, long term investments in nutrition must also benefit the most vulnerable groups in fragile contexts.

This annex should be read in conjunction with the Tokyo 2020 Nutrition for Growth Commitment Guide, and provides further information on what a SMART nutrition commitment could look like in fragile and conflict-affected contexts, and who could act for each commitment. This guidance is indicative, not an exhaustive and comprehensive framework.

This guidance is underpinned by some important underlying principles:

- o Commitments are intended to cover all forms of malnutrition, including stunting, wasting (acute malnutrition), overweight, obesity, low birth weight, noncommunicable diseases (NCDs) and micronutrient deficiencies in fragile and conflict-affected contexts.
- o Commitments should be inclusive, covering all people, particularly focusing on the most vulnerable, leaving no-one behind.
- o Commitments are underscored by the principle of 'do no harm', and uphold Humanitarian Principles enshrined in U.N. resolutions, conventions and customary law.

Commitment area	Who needs to act?
1. Coordination and division of responsibilities across stakeholders. Governments, multilaterals, civil society, and donors commit to improved coordination and agree a division of responsibiling the humanitarian and development actors, while being sensitive to the local context.	ities between
1.1 Commit to SMART targets, based on national evidence, to reduce and prevent all forms of malnutrition by x%1 in adults and children, leaving no-one behind.	Governments U.N. Donors Civil society Private Sector
1.2 Commit to jointly develop, implement and finance national plans and policies which are risk informed, conflict sensitive and correspondingly adaptive. Commitments may include jointly agreed coordination and oversight mechanisms, with a clear division of responsibilities and clear lines of accountability ² .	Governments U.N. Donors Civil society

¹ Targets should align with WHA 2025 targets on malnutrition, and 2025 targets on NCD and obesity.

² Commitments should build on 2016 'Grand Bargain' Commitments from World Humanitarian Summit that bridge the humanitarian-development divide

	Private Sector
1.3 Commit to transparent and responsible behaviours in fragile and conflict affected contexts, for example:	Governments
 transparent data systems in line with internationally recognised personal data protection laws; 	U.N.
- in kind donations and practices that do no harm and are appropriate (e.g. handling of breast milk substitutes is in line with global	Donors
guidance and best practice).	Private Sector
- strengthening national systems;	Civil society
- funding which can be traced through transaction chains and delivery mechanisms.	
1.4 Commit to joint multi-sector needs analysis before, during and after a humanitarian response and to include wider measures of nutrition need	U.N.
and progress. These measures could include:	Governments
- commitments to measuring minimum dietary diversity for women and girls; and	Donors
- measures to assess the impact of seasonal food availability patterns on infant and young child feeding practices and household dietary diversity.3	Civil society
1.5 Nutrition cluster and sector leads commit to developing and strengthening existing national and subnational coordination mechanisms, and	U.N.
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³ builds on World Humanitarian Summit commitment 161017.

⁴ builds on World Humanitarian Summit commitment 162043.

	 climate smart agriculture (drought resistant crops); shock responsive cash transfer programmes; surge response programmes for farmer subsidies; and women's empowerment programmes, including strategies to prevent teen pregnancy⁵. 	Donors
	Commit to increasing access to quality services for hard to reach populations ⁶ , including unimpeded access for service providers during conflicts. This could include the adoption of responsive service delivery models e.g. nomadic mobile clinics.	Governments Donors U.N. Civil Society
2.4.	Commit to building and strengthening the capacity of all stakeholders. This could include: - investments in national and subnational systems to prevent malnutrition more effectively; - strengthening the capacity of community and health workers to deliver quality preventative and treatment nutrition services; - strengthening food systems in fragile contexts, including the supply chain/procurement and consumption of nutritious foods; - rapid restoration of health services following conflict or shocks; - community-based health insurance; - communications infrastructure ahead of a climate hazard.	Governments Donors U.N. Civil Society
2.5.	Increased investment in data surveillance and early warning, drawing on digital and innovative approaches where appropriate to inform early and timely action in response to predicted shocks. ⁷	All
	3. Sufficient, long term and flexible financing. In a crisis, multi-year flexible financing allows governments and development partners to scale up of rapid and early respo and to help chronically at-risk people meet immediate needs. It also allows governments and development partners to add needs, and tackle the underlying causes of malnutrition.	
3.1	 Commit X% of flexible financing for nutrition to support capacity strengthening of local actors and communities. Examples include: donor and government investment in sub national coordination, data and health systems (including upgrading data capture for local government health services); expansion and capacity support for community health and nutrition workers; and strengthening local supply chains for essential nutrition commodities. 	Governments Donors

⁵ Builds on WHS commitment 204032.

6 Factors that render people hard to reach range from physical realities of the natural and built environment to man-made factors, such as insecurity, and regulatory barriers.

7 builds on WHS commitment 3906004, 160230, 162044, 16204.

3.2.	Commit to investing in government-led, costed risk and shock responsive action plans (see 2.1) with concrete SMART targets (see 1.1). Financing commitments to be flexible and multi-year with x% of total budget allocation for nutrition spread across government line ministries and programmes.	Governments
3.3.	Commit x amount of flexible funding to scale up nutrition in line with government policy (2.1) and national SMART targets (1.1), supported by the U.N. and civil society.	U.N. Donors Civil Society
3.4.	New, adaptive, and innovative risk financing instruments for situations where government and donor financing aren't adequate to allow for shocks. Include targets to reach at risk populations and population groups. For example:	U.N. Donors Civil society
	 Nutrition Resilience Multi-Year Funding to allow approaches which build resilience and respond to shocks, with agreement on sequencing dates and allocations and clarity on roles and responsibilities. Impact bonds or other innovative financing for surge activities around shocks - targets to reflect risk measures outlined in national 	Business Investors
	plans Commitments offer new financing models for agriculture and food systems research and development.	
3.5.	Commit to more investments in preparedness and recovery, for example, nutrition sensitive social safety nets for the most vulnerable households.	Donors
3.6.	Commit to pre-position and / or improve financing solutions for nutrition commodities, available for those most in need in the case of a sudden surge in needs.	Donors U.N.
	4. Responsible business behaviour.	
	Businesses commit to the wellbeing of their consumers and to 'do no harm' in fragile and conflict-affected contexts. Busin opportunities for innovation and expertise to improve production, access, affordability, demand and consumption of nutri fragile and hard to reach areas.	
	ndividual business commitments (e.g. direct investment, transfer of expertise) to invest in improved risk proofed solutions along the supply hain to improve demand for and ensure continued access to nutritious foods.	Business
4.2 N	lew financing mechanisms to support responsible business action across food systems, aligned with national health and nutrition priorities, lans and systems.	Investors Donors
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4.4 Commitments to fostering competition in specialised nutritious food to bring prices down, including introducing fortified foods. Commitments should be compliant with food-based dietary guidelines and global recommendations, e.g. on fortification.	Business Donors
4.5 Governments commit to implementing regulatory frameworks and monitoring mechanisms to enforce adherence to national legislation. Examples may include mandatory food fortification of food groups in line with global standards.	Governments
4.6 All actors, particularly businesses commit to doing no harm and in upholding the International Code of Marketing of Breastmilk Substitutes to protect and promote breastfeeding, especially in fragile and conflict-affected contexts.	All actors, particularly Business

Annex 1: Background to the consultation to develop a framework for action on building nutrition resilience

Methods

An initial consultation was held with a small group of experts and practitioners to identify the key areas where improvements are needed in how nutrition is addressed in contexts of fragility due to climate-related shocks, conflict and other stressors. This resulted in the identification of six overarching objectives as set out in the framework above. Indicative 'actions' that could be taken by different actors were then drafted for each of these six areas to help stimulate ideas on what SMART commitments could potentially look like. Advice was sought from this informal group on existing research, guidance, recommendations and commitments relating to nutrition in fragile contexts. A consultation plan was also developed with key informants identified across a range of organisations.

Targeted consultations were then undertaken with technical and policy experts from a range of academic institutions, operational agencies (including the UN) and donors, comprising 25 individual interviews and 3 civil society or donor network consultations. A standard set of questions was posed:

- 1. What are the biggest gaps or challenges in how malnutrition is currently addressed in fragile and conflict-affected contexts? These could relate to governance, coordination, policy, financing, implementation, evidence etc.
- 2. Considering these, what action could different actors commit to take to meaningfully improve how we deal with malnutrition in these settings? Is there evidence to support a SMART commitment in this area (i.e. what do we know works? Ask where this evidence is, if they know)
- 3. Are there any existing commitments or processes we could build on? (E.g. may have been some around humanitarian conferences, UN discussions on relief and recovery, documents or reports with suggestions). What reasonable expectations could we ask for?
- 4. Are there any documents we should be aware of for this process?