

Humanitarian-Development Nexus (HDN) Niger

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Why and what is HD Nexus?

- 201.5 million people living in 134 countries were in need of international humanitarian assistance in 2017.
- The complexity, the volume, the cost and length of humanitarian crisis over the past 10 years has grown dramatically.

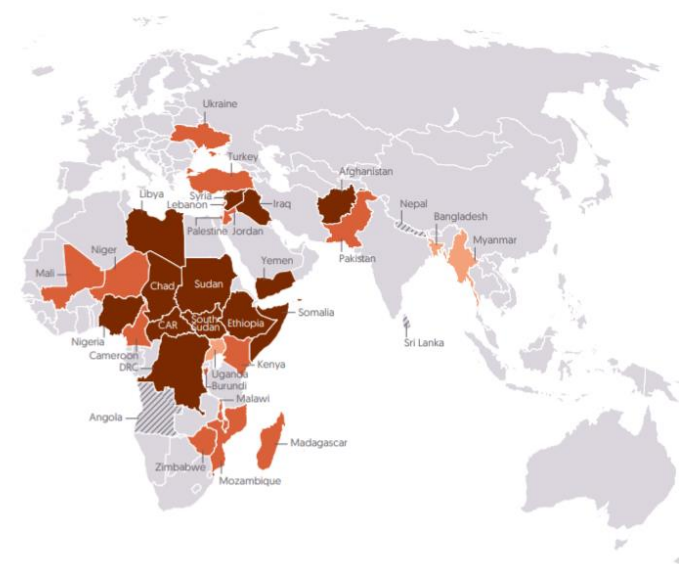
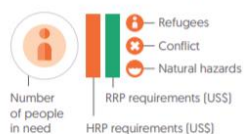
People affected by crisis

Figure 1.2
People in need, type and severity
of crisis, and funding requirements, 2017

Map – ACAPS severity level



Country summaries key



Why and what is HD Nexus?

- These long lasting and complex crisis
 - compromise development efforts,
 - challenge humanitarian and development assistance, with insufficient emergency resources coupled with programming difficulties to pursue development objectives.



- Long-standing discussion and evolving agenda around better connectivity between humanitarian and development efforts and how to bridge the divide.
- The New Way of Working frames the work of development and humanitarian actors, along with national and local counterparts, in support of collective outcomes that reduce risks and vulnerabilities and serve as investments towards achieving the SDGs.



Objectives of the session

- To reflect on key considerations around the HD Nexus concept with a nutrition perspective
- To explore possible enablers toward facilitating the HDN approach in Fragile and Conflict Affected States (FACS)
- To identify key actions Nutrition stakeholders need to undertake to contribute to advancing the HD Nexus concept
- To derive more specific actions for Nutrition Clusters to approach HD Nexus in more practical terms

What is HD Nexus from the Nutrition perspective?

- From a phased LRRD approach to concomitant actions including:
 - Risk-informed, multi-sectoral nutrition-specific and nutrition-sensitive programs
 - Political commitment for Nutrition and better governance
 - Health system Strengthening (HSS)
 - Nutrition-sensitive social protection scheme
- To address chronic nutrition deprivation / To create a foundation for nutrition resilience
- In others words, we propose to see HD Nexus has an approach / a means to reach nutrition resilience goal.

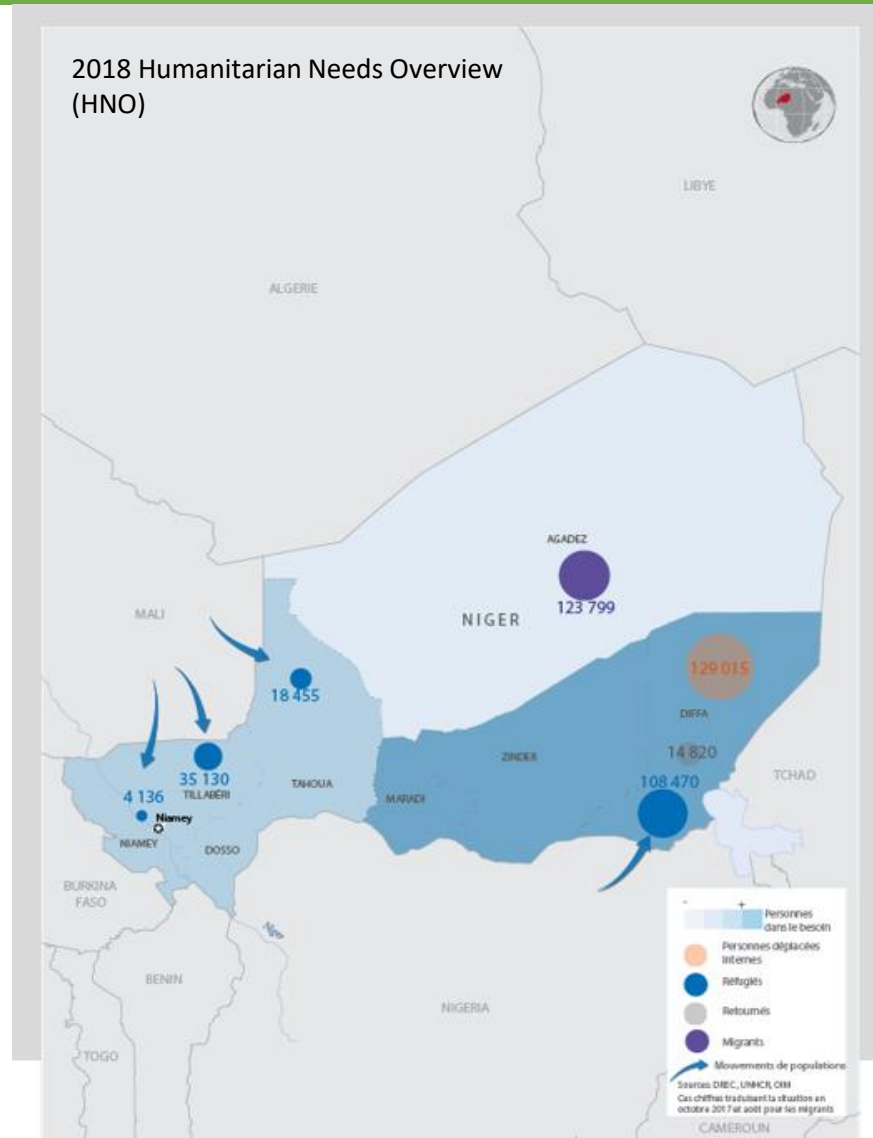


Niger example – contextual background

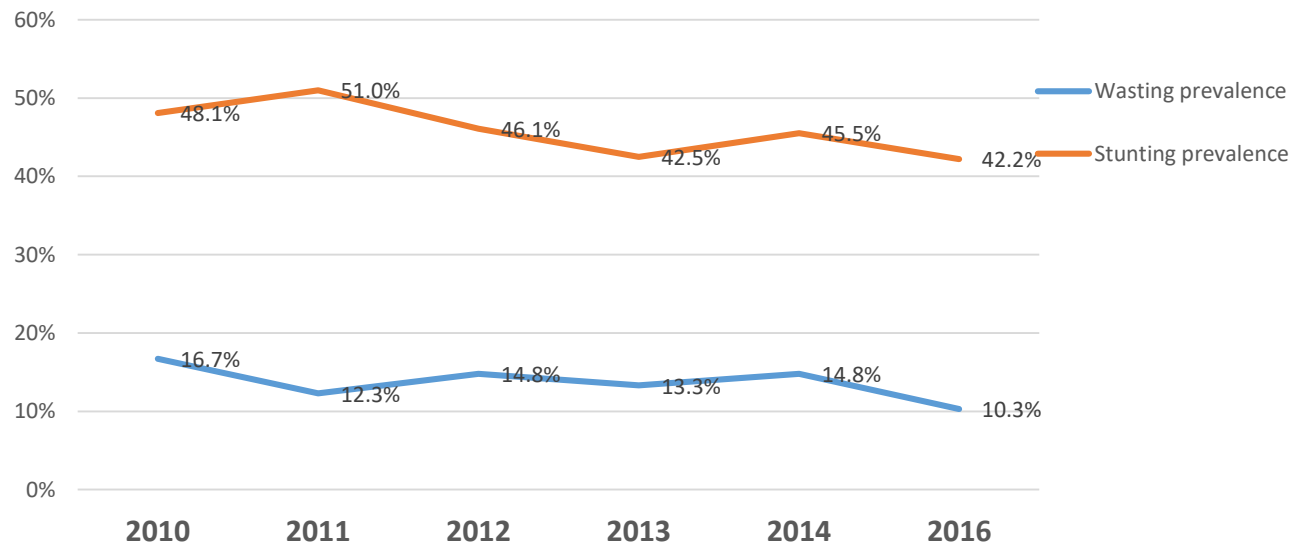
Localized acute humanitarian needs in areas subjected to armed conflict / terrorism

versus

areas with highest burden of acute malnutrition.



Niger example – contextual background



- Malnutrition is a chronic and stagnant problem with all forms of undernutrition above alarming/critical thresholds for over a decade.
- Burden of acute malnutrition is in Maradi and Zinder regions (bearing over 50% of annual SAM/MAM burden).
- Seasonal shocks - Predictable peak of admissions Jun – Oct associated with seasonal malaria, agricultural lean season



Background - Niger context

- IMAM program integrated to the health system since 2005, scaled-up nation-wide with humanitarian funding.
- Nutrition-specific interventions (Vit. A; deworming; iron-folate; IMAM, IYCF, MNPs, screening) are delivered in an integrated manner by a fragile health system.
- Nutrition-specific interventions are almost entirely dependent on external financial support (and mainly from humanitarian donors).
- Low political commitment, weak government capacities,
- Declining humanitarian resources, Partners phasing out

HD Nexus in Niger – what are possible enablers?

- NWoW and Nexus concepts are relevant for Niger but what does it mean in practical terms?
- What would be the possible facilitating factors?
 - Policies, governance
 - Financing
 - Programmes



Figure 3 Examples of Nexus programming in the MENA region by CARE International (regional Applied Economic Empowerment Hub, 2018)

HD Nexus in Niger – progress and challenges

Policy framework

- President's initiative (3N) on Food Security and Nutrition including resilience strategy
- Resilience building programs focus on food security et rural development
- Multi-sectoral Nutrition Security policy and its budgeted plan of action
- Nutrition security policy not implemented (not funded)
- Relatively low political commitments for Nutrition
- The potential of multi-sectoral nutrition-sensitive interventions not fully understood

HD Nexus in Niger – progress and challenges

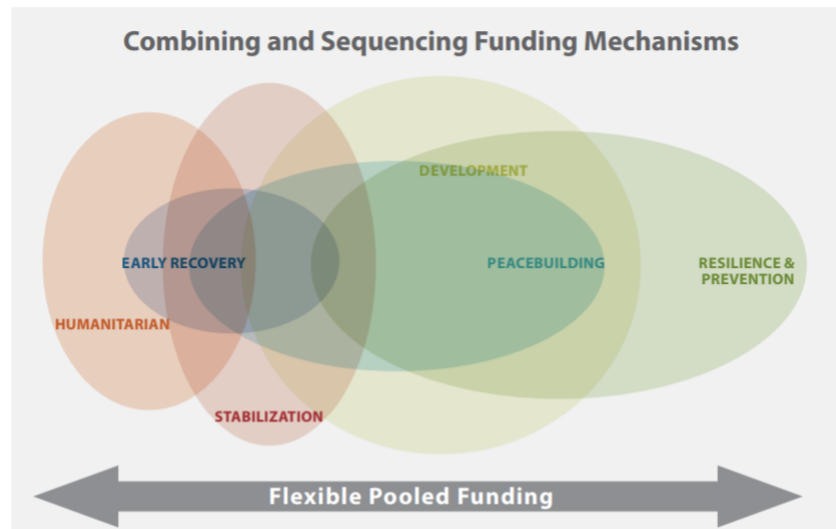
Coordination

- High level HD Nexus coordination mechanism and roadmap are being defined
- Not yet trickle down to any measures /actions
- Multiple actors and initiatives, limited true multi-sectoral approaches, some efforts toward convergence
- Fragmented coordination / Different coordination bodies struggling to break silos; even among 3N, SUN and NTG

HD Nexus in Niger – progress and challenges

Financing

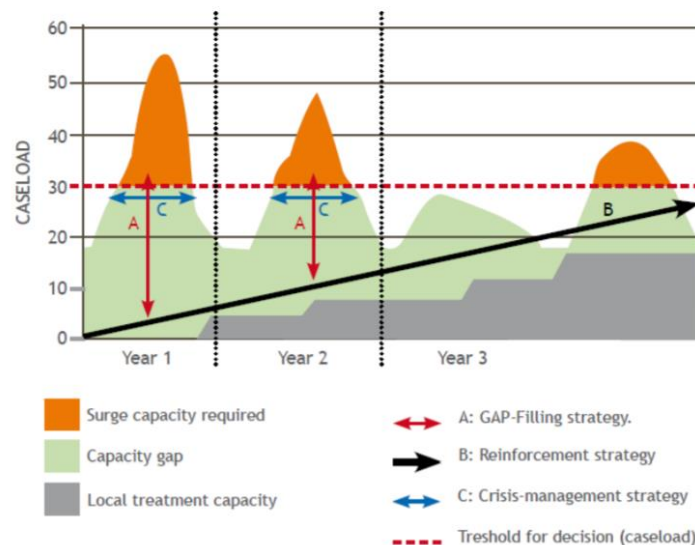
- Pooled funding mechanisms
- Development agencies embrace more and more the NWoW and HDN and include shock-responsive / resilience building programs in their strategies
- Room for more concerted funding strategies among donors
- Barely no domestic financial contribution for Nutrition-specific interventions



HD Nexus in Niger – progress and challenges

Programmes

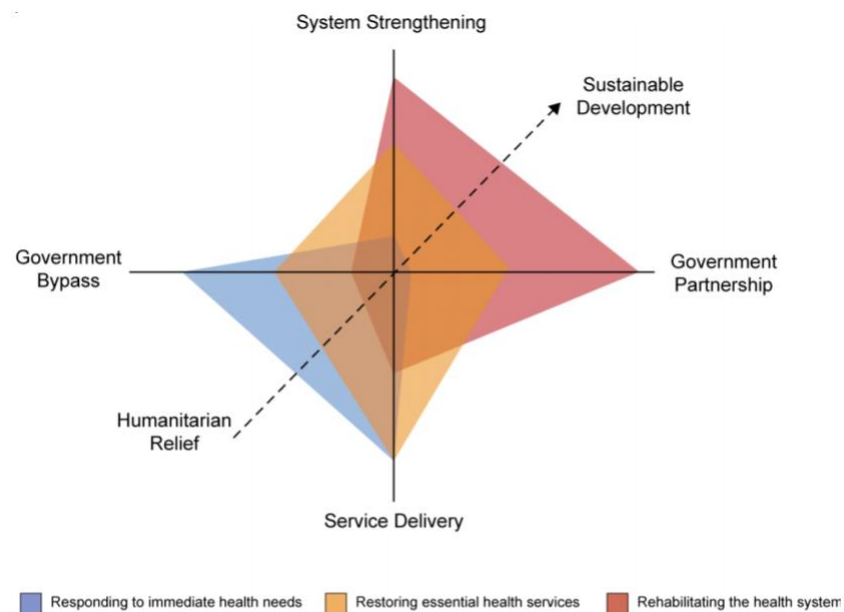
- Preparedness and resilience
 - CMAM surge approach
 - Community-based approaches such as Mother-MUAC
 - Limited capacities to cope with seasonal shocks / to prevent predictable peak of acute malnutrition
 - Weak EWEA and EPR planning capacities



HD Nexus in Niger – progress and challenges

Programmes

- HSS et decentralization of care
 - Agencies and NGOs accelerate transition from hand-on support to services delivery to system strengthening and technical support.
 - Bottleneck analysis (health facility diagnosis)
 - iCCM + Nutrition
 - Huge and persistent gaps in all HS building blocks
 - HSS goals down to infrastructure rehabilitation and purchasing equipment such as cars, ambulances, motorcycles, IT materials, solar equipment, vaccines, drugs, mosquito nets, etc.



HD Nexus in Niger – more questions arise



- How do you transition humanitarian programming when foundations to transition to are weak?
- How to foster / trigger political will for Nutrition in a fragile state like Niger that translate into increasing national budget for Nutrition?
- How do you build government capacity in coordination – navigate the difference between technical assistance and capacity building versus substitution of government role?
- What are the opportunities for HDN approach at sub-national levels (in a context of decentralisation)?
- What are the risks to the population of driving transition in the face of a fragile government system that lacks capacity?



HD Nexus in FACS – how to move forward?

- What are the facilitating factors / enablers of HDN in FACS?
 - Policy framework / governance
 - Financing arrangements
 - Programmes – especially those that strengthen integration into existing systems, that lead to nutrition resilience; that maximize nutrition impact
 - What needs to change or to be done in practical terms?
- Group work session