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2021

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Nutrition Coordination Mechanisms in Refugee Response Settings

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Session overview

- **Introduction** of speakers and event overview
- **Nutrition coordination in refugee settings**
 - Background
 - What is the Refugee Coordination Model (RCM)?
 - Coordination in refugee settings (non HPC)
 - Coordination in refugee settings (HPC)
- Country example: **Uganda** (typical approach)
- Country example: **Bangladesh** (atypical approach)

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Nutrition Coordination in Refugee Response Settings

Date: 23.06.2021



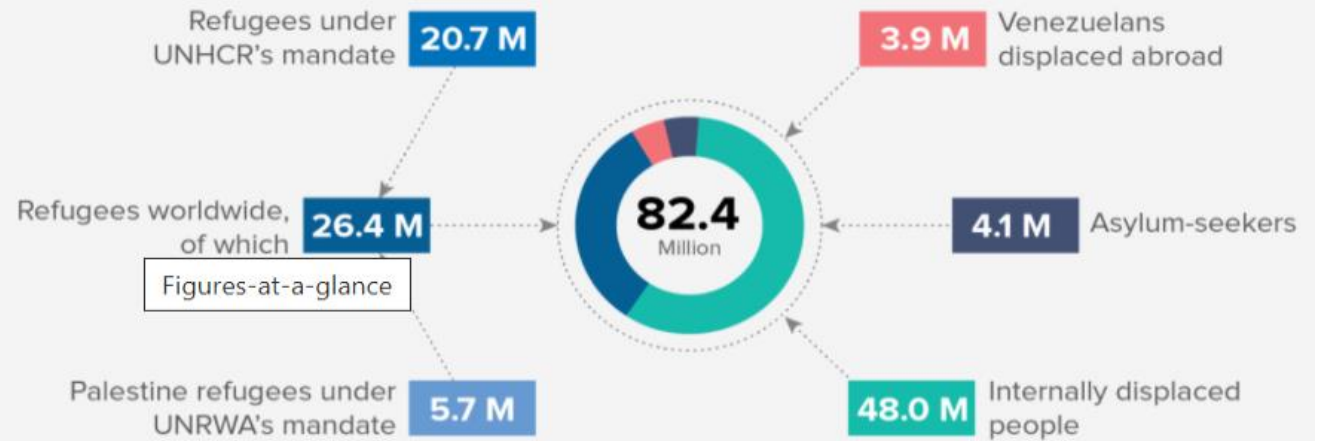
Nutrition Coordination in Refugee settings



Figures at a glance

82.4 million
FORCIBLY DISPLACED PEOPLE
WORLDWIDE

at the end of 2020 as a result of persecution, conflict, violence, human rights violations and events seriously disturbing public order.



Background

- The **IASC Cluster Approach coordinates** the international humanitarian response **in non-refugee humanitarian emergencies**
- International law and practice addresses refugee and internal displacement emergencies **differently**.
- Refugee **protection** and **assistance** linked to **finding durable solutions** beyond humanitarian assistance
- **Refugees** are not citizens of the country of asylum and therefore have **specific protection needs**
- The outflow of refugees across international borders creates an emergency situation which requires a coordinated response of its own
- **UNHCR is mandated to ensure or provide protection and deliver assistance**

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What is the Refugee Coordination Model (RCM)?

A **framework** for **leading** and **coordination in refugee operations** that:

- Is applicable to **all refugee situations** and throughout the duration of a refugee response
- **Reaffirms** the integrity of **UNHCR's mandate**, accountability, and leadership
- **Outlines roles and responsibilities** in refugee settings and mixed situations
- RCM supports international protection through advocacy, and provision of basic services that meet global humanitarian standards.
- Offers an **inclusive platform for** planning and **coordinating refugee operations**

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Coordination in Refugee Settings- engagement with partners

- **UNHCR coordinates** and **involves partners** in calling for or leading needs assessments, contingency planning, information management and response planning.
- **Sectors can be coordinated by partners under the leadership of UNHCR. Co-leadership recommended where possible using refugee tools/guidance**
- **UNHCR provides partners with a fundraising platform through the Inter-Agency Refugee Response Plans (RRP)**

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Coordination at refugee public Health -nutrition sector level

- UNHCR engages with both operational and implementing partners in the implementation of the refugee response. **Regular coordination** to allow information sharing/address arising issues
- **MoU/LoU with UN** agencies (WFP/UNICEF/WHO); MoUs with operating partners and **Partner Agreements** with CBO/LNGOs/INGOs. (UNICEF example)
- Public health and nutrition program monitoring done against **joint plan of actions and agreement RBM.**
- Public health and nutrition data reporting uses the irHIS.
- At global level, **collaboration with the GNC in place** (addressing helpdesk queries, WGs; capacity collaboration, advocacy for refugee hosting communities).

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Refugee specific tools and guidelines - Nutrition

- [UNHCR Emergency Handbook](#)
- Public health and nutrition emergency tool kit (response and accountability framework, updates, RRP health & nutrition, strategy, TORs for the various working groups)
- Technical Instruction Note - Nutritional Screening among New Arrival Refugees
- [Guidelines for selective feeding: The management of malnutrition in emergencies](#)
- [Infant and Young Child feeding in refugee situations: A multisectoral framework for action](#)
- [Infant and young child feeding practices Standard Operating Procedures for the Handling of Breastmilk Substitutes \(BMS\) in Refugee Situations for children 0-23 months](#)
- [UNHCR Standardized Expanded Nutrition Survey \(SENS\) Guidelines for refugee populations](#)
- [Integrated Refugee Health Information system](#)
- Balance score card
- UNHCR Guidance on Donations of Medicine, medical supplies, food and BMS

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Coordination in mixed, refugee and IDP, settings, where the **HPC is activated**

In contexts where refugees and IDPs are mixed, and there is an HRP:

- The **Joint UNHCR-OCHA Note on Mixed Situations: Coordination in Practice applies**.
- **Interface between the RCM and the Cluster Approach used**, with refugee operations forming an integral part of the humanitarian response.
- Where IDPs and refugees are in **separate locations, clusters and sectors respectively will continue to provide assistance to the respective population groups**, with close exchange of information at the capital level.
- Where IDPs and refugees reside in **same locations, HC and ERC can decide to use UNHCR sectors or IASC Cluster Approach capacities**. The respective UNHCR and OCHA accountabilities remain the same.

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Coordination in mixed, refugee and IDP, settings, where the **HPC is activated: Ethiopia example**

- **The Government and UNHCR are responsible for the coordination of the refugee response in Ethiopia.** In this context the **Cluster Approach mechanism** and the **Government/ UNHCR coordination mechanism** are **separated**
- The annual **HRP reflects an excerpt from the Ethiopia Country Refugee Response Plan**
- The refugee coordination approach is **based on the RCM, and reporting uses the RCM model**
- There are **active sector WGs for each of the main sectoral areas**. Nutrition is fused with Health to form the Health and Nutrition Sector; but also addressed under Food Security in the RRP. While **Cluster and nutrition partners are engaged separately** it is possible to have one agency working in both contexts

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Coordination in mixed, refugee and IDP, settings, where the HPC is activated example

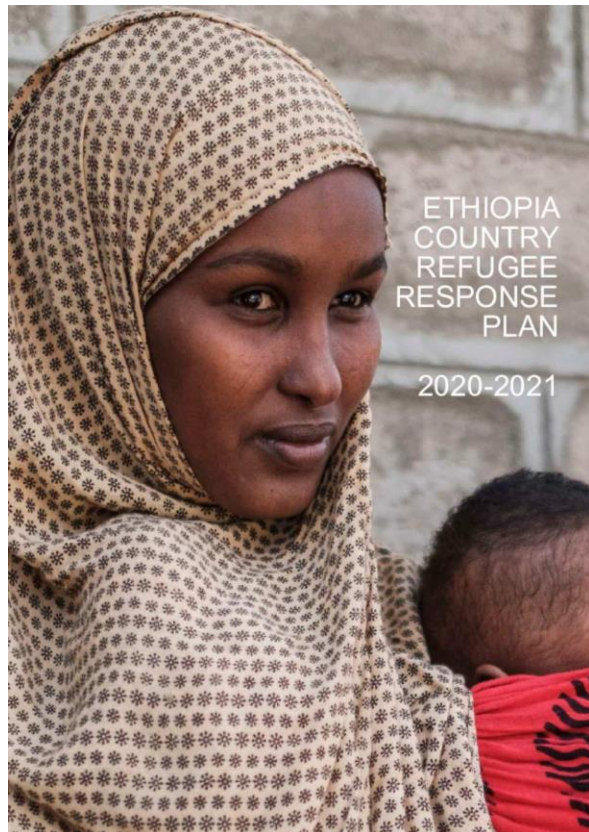


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Challenges

- Developed **refugee specific tools and guidance not used** when UNHCR does not coordinate or provide oversight to responses leading to **lack of a consistent and harmonized approach and data.**
- Lack of involvement of UNHCR from the beginning of an emergency often resulting in
 - systems that do not always **serve refugee best interests** in the **medium to long term;**
 - **Coordination and partnership challenges** which **delay timely responses** instead of **leveraging on comparative advantages;**
 - Short term emergency response when there is funding/visibility available whilst **support to refugees' key until a durable solution is found**

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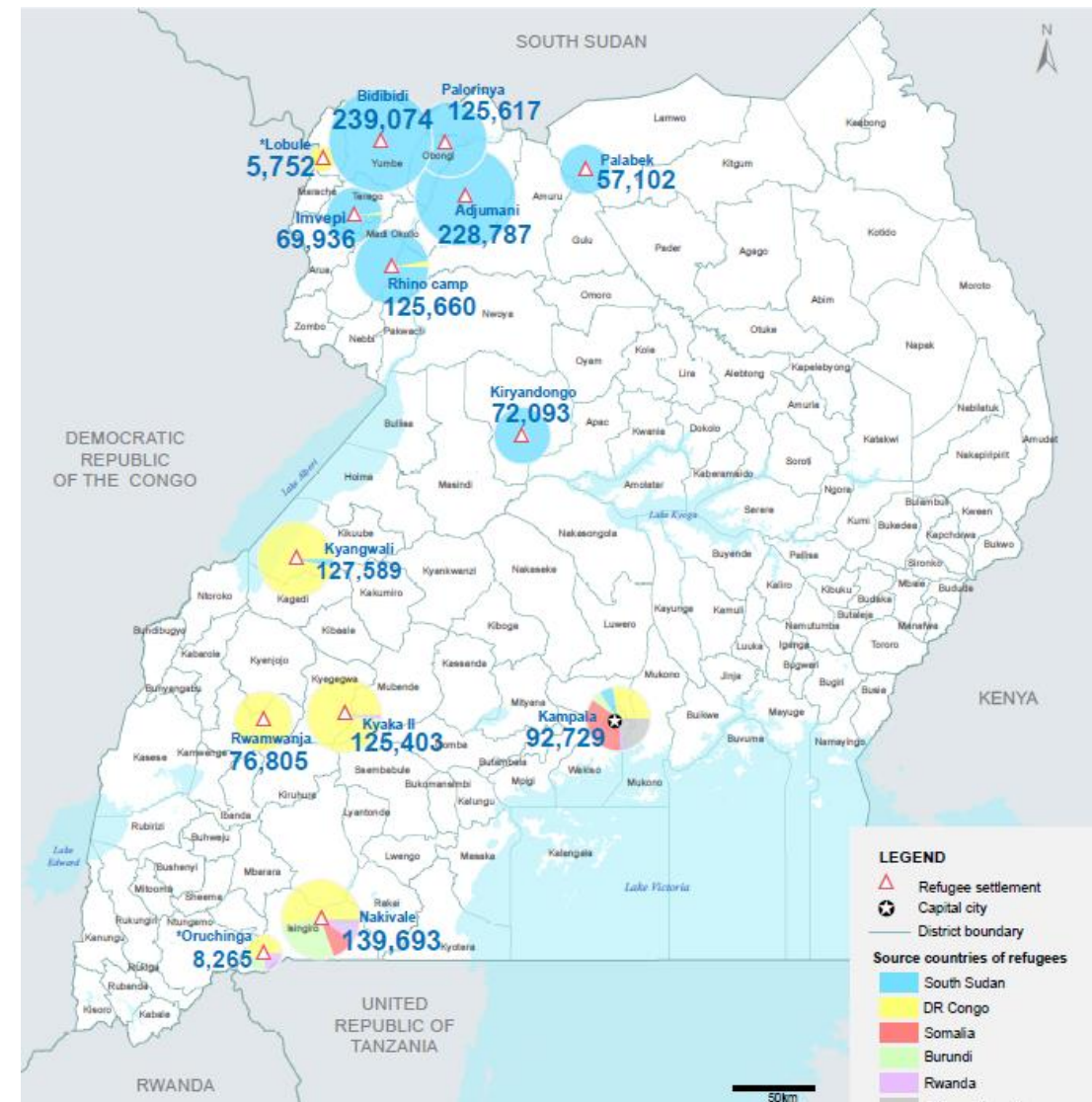


Country Example: Uganda

Uganda Refugee Response

- overview

- 1,494,505 refugees and asylum-seekers
- 62% South Sudan, 29% DRC, 3% Burundi, 3% Somalia, 3% Other
- 13 refugee settlements, urban refugee spaces (towns, cities).
- **OPM and UNHCR take lead in coordination of the Uganda Refugee Response**
- Close support from Gov line ministries, WFP, UNICEF, UNFPA, FAO, WHO, DLGs, Partners (IPs, OPs), and the Private Sector



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Nutrition Coordination in Refugee Settings in Uganda

- The **refugee coordination approach in Uganda is based on the RCM informed by the Uganda Refugee Response Plan (RRP) and Regional Refugee Response Plans.**
- Uganda implements the Refugee Response Plan for the three situations (SSD, DRC, BRU) as a transition plan towards sustainable refugee response in Uganda
- **Gov ministries take co-leadership in sectoral coordination**, sector RRP's developed and operationalized. **Sector RRP's provide for inclusion of refugees in national and district planning** e.g., HIRRP - inclusion of refugee into district planning for vaccines, RUTF, DHIS2 etc.
- Delivery of refugee nutrition services is **coordinated through the refugee Health and Nutrition sectoral coordination**
- **RCM feeds into the national Nutrition Technical Working Group (NTWG) led by MoH, and the Nutrition Multi-sectoral Collaboration** (SUN Secretariat, Nutrition Governance) **led by OPM**, both which collectively drive the national nutrition agenda for Uganda.

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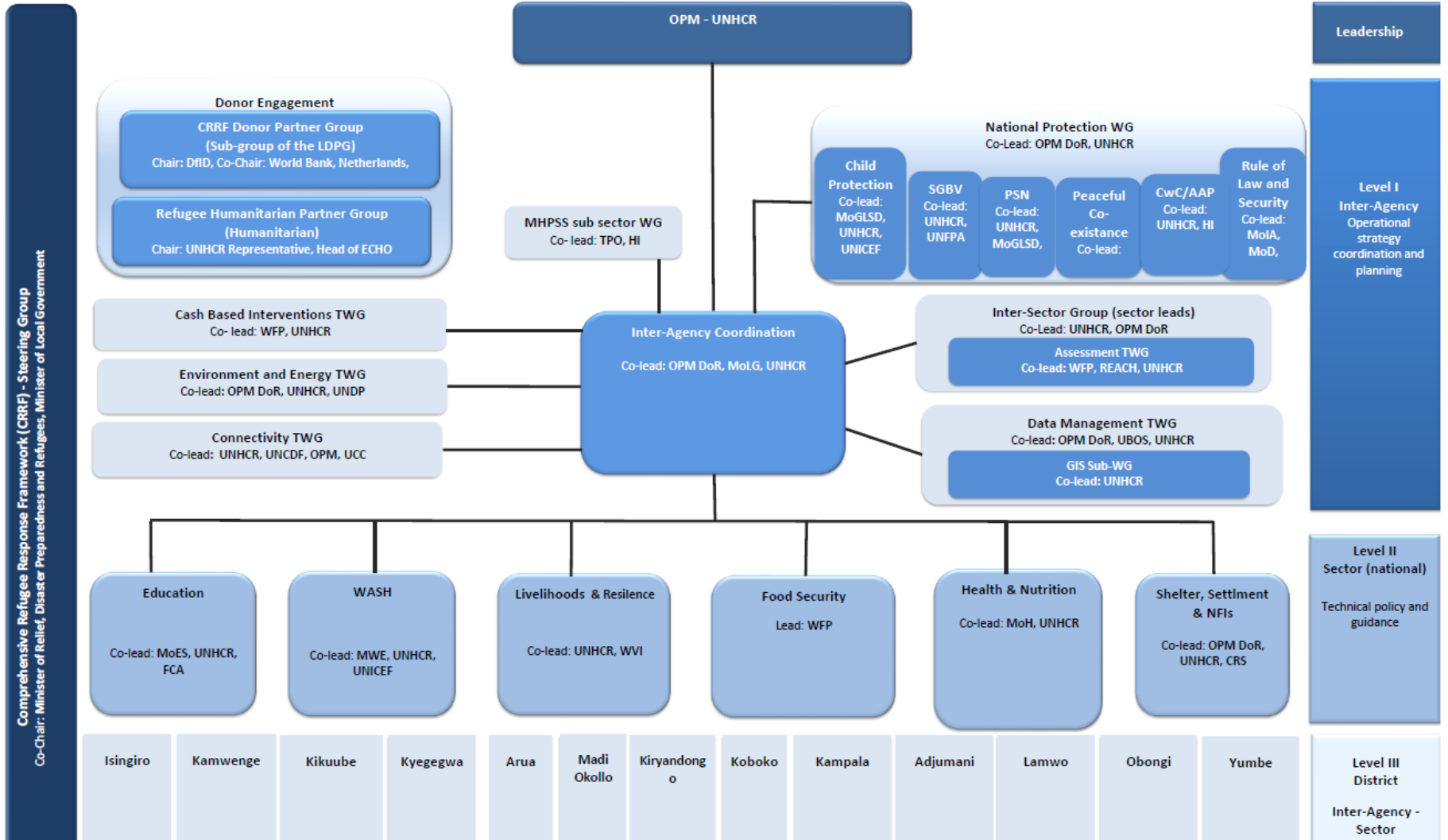
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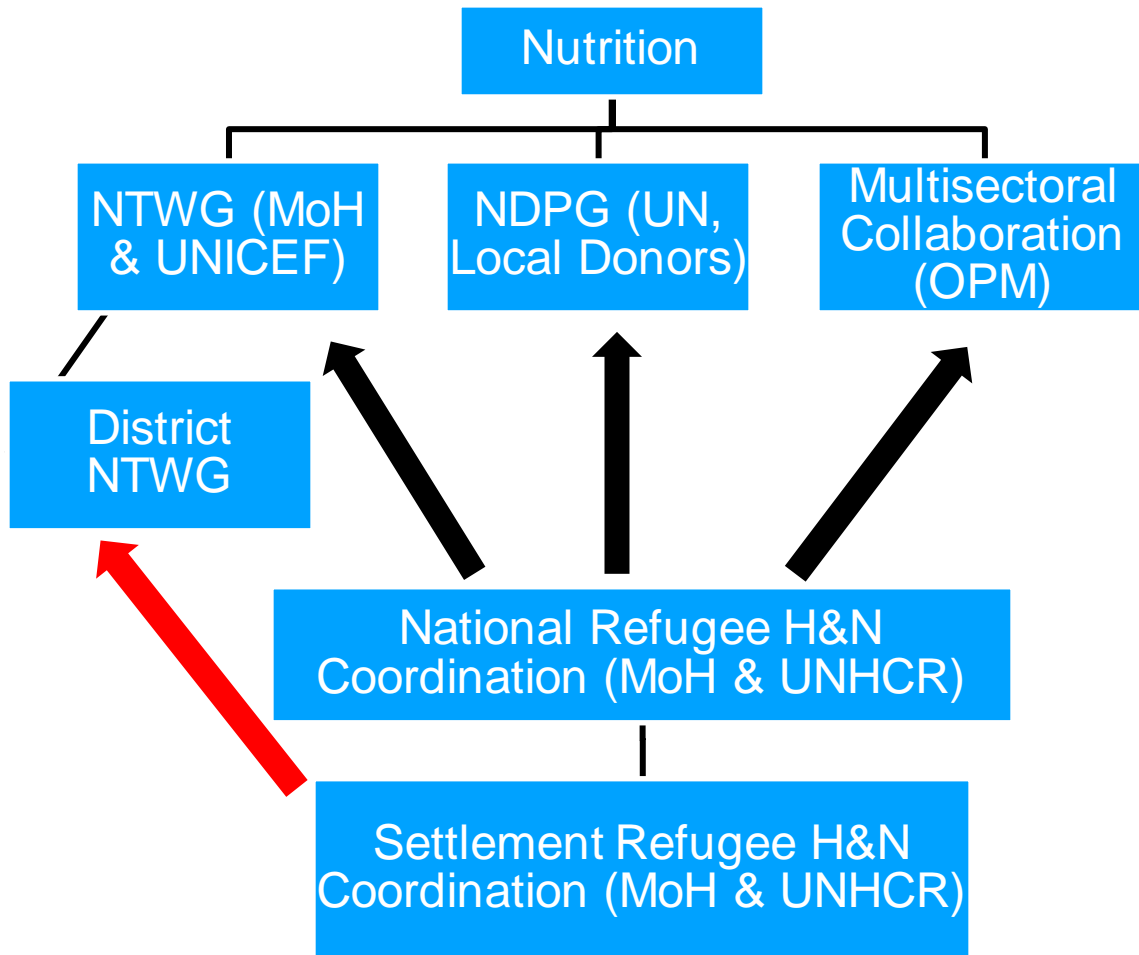
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Uganda Refugee Response Coordination Structure



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Nutrition Coordination in Refugee Settings in Uganda



- NTWG sub-pillars: NiE, IMAM, MIYCAN, NCDs, Anemia, Child Health Days, M&E
- Delivery of policy, guidelines, SOPs, strategies
- Advocacy for refugee affairs on the national nutrition agenda
- Joint planning, technical support, resource pooling, M&E
- Division of Labor, common space (UNHCR, WFP, UNICEF), LoUs, comparative advantage

Challenges

- Gaps in Gov funding for nutrition (largely donor-funded) – spillover to coordination, commodity pipeline, HR

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Country Example: Cox's Bazar



Cox's Bazar Rohingya response

Population statistics:

- 880,000 Rohingya refugees in Cox Bazar refugee camps and
- 18,000 in Banshanchar island

Total number of camps: 34 located in Ukhiya and Teknaf

Nutrition situation:

GAM prevalence 11.3% and SAM of 1.0%(2020 SMART survey)

Overall Coordination :

ISCG lead response since 2017

Thematic sectors led by different UN agencies and co –chaired by NGO'S (Protection, Health, Nutrition, Food Security and Livelihood, WASH , Site Management and Energy, and Environment.

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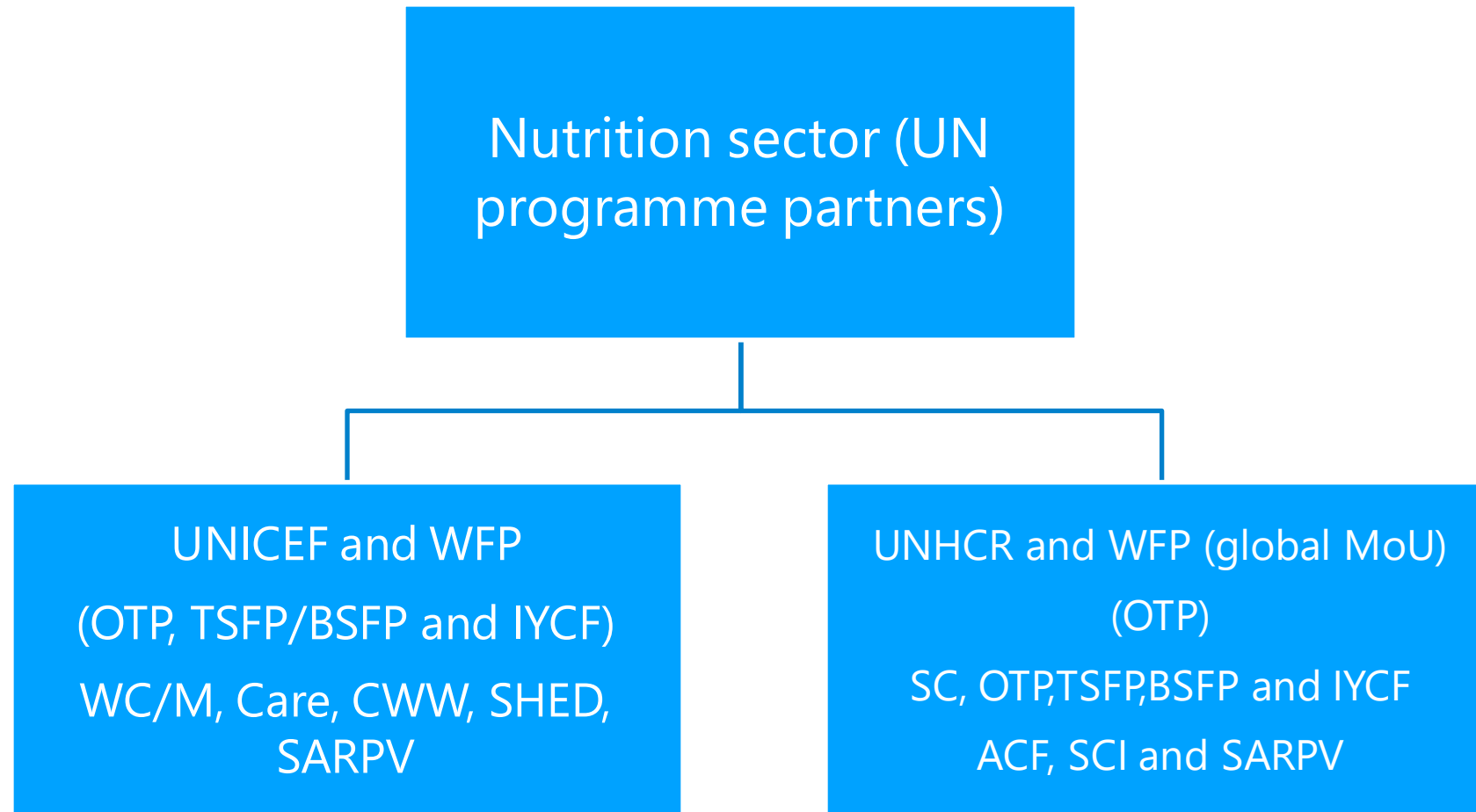
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Implementation and field coordination arrangements



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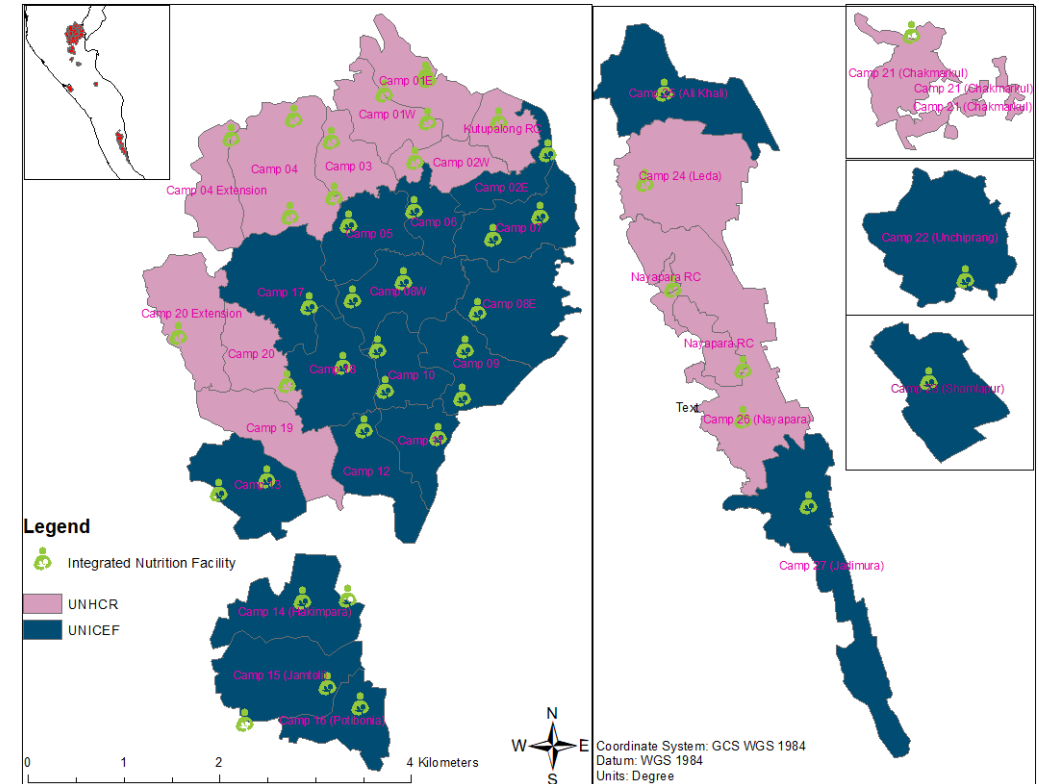
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Rohingya Refugee Response Nutrition Sector Coordination Mechanism

- UNICEF in Cox's Bazar chairs the nutrition sector's coordination unit.
- Coverage of Nutrition services divided between UNHCR and UNICEF managed camps (14 –UNHCR and 20 UNICEF) and WFP supports all the camps.
- 6 Implementing partners (4 INGO and 2 National NGO's).
- Global and local agreements between UN agencies and implementing partners.



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The sector's coordination platforms and Information management

- The SAG
- TWG: CMAM, IYCF, AIM
- NS meetings
- Consultative meetings with UN programme partners
- GNC-lead TWG
- The nutrition sector's coordination unit
- Information and data sharing (4W dashboard)



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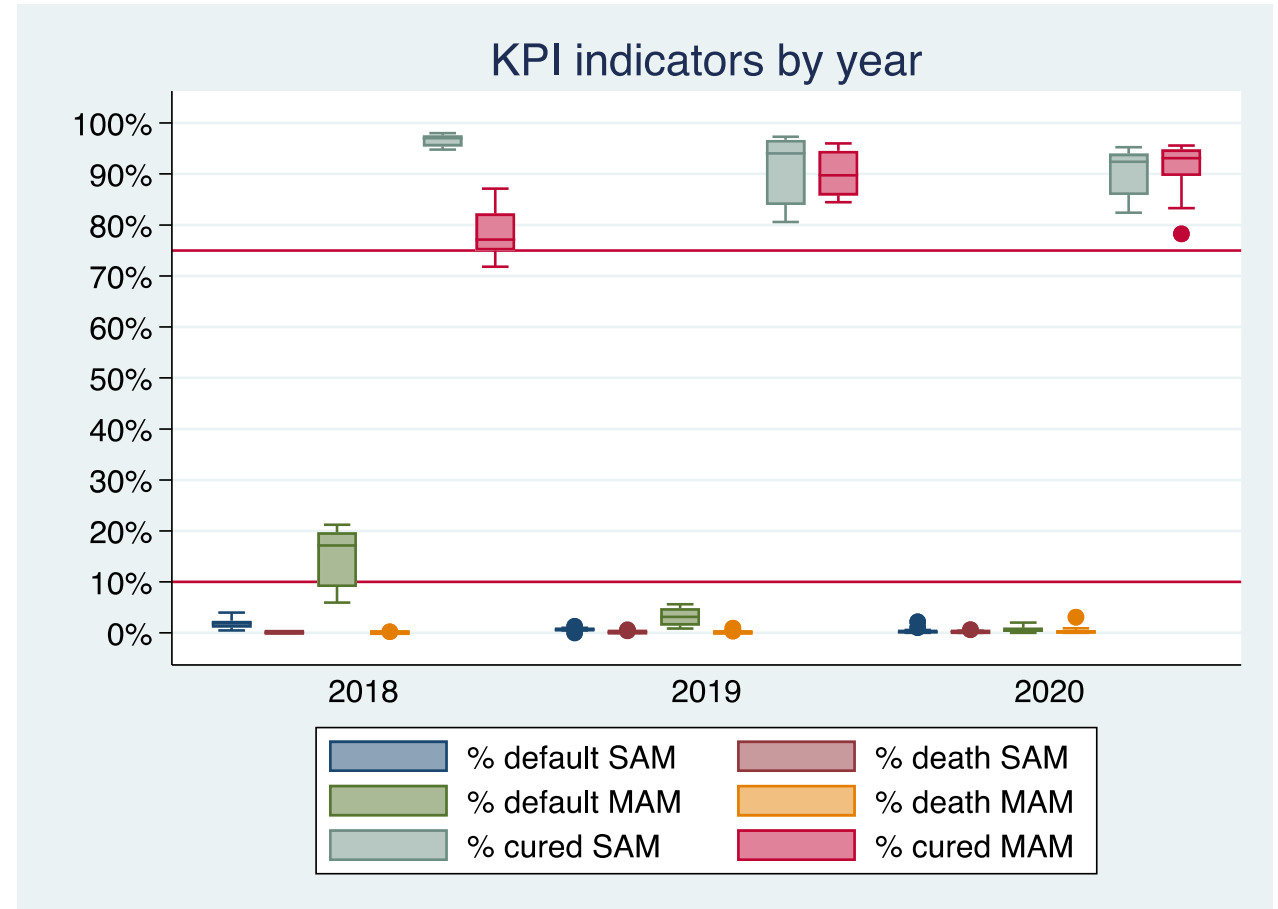
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Impact of Nutrition Coordination on Nutrition Services

- Coordination has been shown to positively impact the outcome of nutrition services for SAM
- Conversely, less impact seen on MAM
- Productive coordination and cooperation ensure high quality nutrition services in the camps and host communities.
- All UN agencies and IP evenly fulfill the right of beneficiaries to nutrition.



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Coordination observations- Cox's Bazar context

- Nutrition sector's coordination role under the ISCG, with the commitment of all UN agencies and IPs, ensures provision of high-quality harmonized nutrition services
- Global and local agreements between UN agencies and IPs supported by the relevant HNO, JRP and HPC synchronize efforts of all humanitarians
- The nutrition sector's coordination system maintains generating and exchanging of evidence for monitoring of the rights of Rohingya and Bangladeshi people to adequate nutrition
- The presence of comprehensive nutrition services in all camps is a direct and joint contribution of all UN agencies and partners

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Conclusion/Next Steps



Conclusion – Next steps

- The **RCM partnership and inclusivity principles allows other partners co-leadership** but to consider UNHCR oversight and involvement from the beginning to ensure refugee best interests and to leverage the various partners' comparative advantages.
- **Refugee tools/guidance** use for assessment, planning and response to ensure refugee specific programming
- **Support to refugee continues until a durable solution is found.**
- **Sharing of guidance** across coordination mechanisms, regardless of whether refugee or non-refugee settings to contribute to better capacity building efforts.
- Stronger **collaboration** across contexts, at national, regional and global levels

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Questions?





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Thank you

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