Global Food Security and Nutrition Cluster Meeting 26 April 2017
Review of Inter-Cluster Operational Responses in South Sudan, Somalia, Yemen, and Nigeria and the Development of an Integrated Famine Prevention Response Package

Meeting Report

Introduction
The global Food Security Cluster and Nutrition Clusters co-organized an event on the four countries at risk of famine: North East Nigeria, Yemen, South Sudan and Somalia. The event took place in the World Food Programme, HQ Rome on 26 April 2017.

The objectives of the meeting were to: review of current collective nutrition and food security responses and identify gaps; establish the parameters for an integrated food security and nutrition response; agree on an appropriate integrated famine prevention response package; and complete plans for scaling up responses across the four respective countries through the Food Security, Nutrition, Health and WASH clusters.

The meeting involved seventy participants from twenty-four NGOs (both international and national); UN agencies and the ICRC (list attached).

Highlights from the Meeting
The meeting was opened by Mr. Daniel Gustafson, Deputy Director General of FAO. He pointed out how, despite international efforts to address food insecurity, the world is facing the largest food crises in 70 years. He highlighted that, North-eastern Nigeria, Somalia, South Sudan and Yemen have the of the highest level of food insecure population, with more than 10 million people on the brink of famine, and a further 30 million severely food insecure. He cited that, in parts of South Sudan where famine has already been declared, an estimated 100 000 people are at risk, and more than 5.5 million people will not have any reliable source of food by July.

Mr Gustafson emphasized the need for developing new forms of engagement at the global, regional and national level to address the complex and multidimensional drivers behind food insecurity and hunger is an essential part of the solution. Note noted that, the progress that has been made at the global level, through a common vision integrating food and nutrition security that has emerged and is reflected in Sustainable Development Goal 2.

Preventing people dying from famine is possible, he said, but it requires funding, access to affected population and partnerships across the Food Security, Nutrition, Water, Sanitation and Hygiene and Health sectors. He pointed out that, all partners (humanitarian and development actors) responding to such complex emergencies have an opportunity and most importantly the obligation to work together and seek concrete operational solutions to prevent famine.

Mr. Manuel Fontaine, Director of Emergencies for UNICEF stressed the relevance and urgency of working better together as humanitarian agencies are currently finding themselves in a “perfect storm” situation: being stretched in different directions, four different crises in four different countries at the same time. The key drivers of this situation which are common across the four countries include the following: a) they are conflict-driven or if not driven at least exacerbated by conflict; b) physical access is a critical issue; c) there is a breakdown of

“We are here to work together to find a solution and we have the responsibility to do so. We need to be accountable and put our respective organisation behind that.”
capacity, infrastructures and a lack of front line responders; d) there is a significant protection risk if integration of the sectors is not effective.

With regards to access in particular, he highlighted that, although access problems have a political dimension and it required the mobilization of actors on whom the humanitarian community might have no or little influence over, practical solutions can be found and need to be looked for, based on with what is available in terms of local authority structures.

Protection, in its wider sense included the protection of beneficiaries but it also included consideration for the prevention of gender based violence and our accountability to affected population, all of which have to be central to what we do, which needs to be taken into account in all programmes as beneficiaries are extremely vulnerable. It is indeed about improving food security and nutrition situation, and other programmes/services, but it is also about making sure that no harm is done.

He also reminded the participants on the fact that malnutrition is an outcome and explained how water, sanitation and hygiene, food security as well as health are contributing factors, part of the problem and thus part of the solution for these crises, especially when it comes to children under five. He pointed out the importance of ensuring that the combination of all factors negatively impacting the nutritional status of the affected population are well taken in to consideration when planning our joint responses and designing joint response packages. The goal of the meeting is to find practical solutions, identify accountabilities among humanitarian partners and explore all possible concrete options to prevent famine in these four countries.

A contextual overview of the food insecurity situation in the four affected countries was jointly provided by Mr. Arif Husain, Head of the Food Security Analysis and Trends Service of WFP and Luca Russo, Senior Food Crisis Analyst for FAO.

Overall there are about 180 million affected by food insecurity (IPC Phase 3 and above) in 38 countries around the globe (35% increase compared to last year), out of which nearly 30 million people are located in the four affected countries, requiring urgent humanitarian assistance.

Reasons behind these crises include either weather (drought), conflict or a combination of them.

Where there is a conflict, both demand and supply chain will be impacted negatively. In both type of crises, farmers are no longer able to grow their food, livestock dies, access to water points becomes challenging, opportunity of earning wages decreases due to low purchasing power, markets cannot work well and prices peak.
People who had the means to leave, left the country before the crisis would worsen, while there are people stuck, often internally displaced, because without that possibility. These crises are also the result of the length of the duration of the crisis and a cumulative effect of many years of suffering.

Famine is an outcome and not a state of assessment, and it is declared when there is evidence of the following three conditions in a single location: a) at least 20% of the population faces extreme food shortages; b) at least 30% of children under 5 years old suffer from global acute malnutrition; c) daily deaths occur at double the normal rate.

A detailed analysis of the food insecurity for each country was provided including IPC analysis; contextual challenges; key drivers of deterioration; trade, prices and socio-economic influencing factors; agricultural activities and rainfall forecasts and main challenges to humanitarian assistance.

Ms. Josephine Ippe, Global Nutrition Cluster Coordinator provided a contextual overview of the nutrition situation, including information on Water, Hygiene and Sanitation as well as Health in the four affected countries.

Malnutrition is an outcome. When the prevalence of global acute malnutrition among children under 5 years old raises, it means we have failed to tackle the immediate and underlying cross sectorial factors that are inadequate dietary intake, diseases, household food insecurity, inadequate care and feeding practices, unhealthy environment and inadequate health services. Thus it is important to note that there is a clear common context among the crisis context we are dealing with in Yemen, North Eastern Nigeria, South Sudan and Somalia:

This common context is first of all social and political (drought, conflict/insecurity, access restriction, unemployment, dwindling oil production – particularly in Yemen, lack of access, internal displacement/population movement, influx of refugees into neighboring countries, breakdown of social services, non-payment of salaries). For the nutrition cluster, national health systems are key to deliver both preventive and curative nutrition specific activities.

Secondly the same baseline and situation for nutrition can be observed in the four affected countries (high levels of Stunting, Global Acute Malnutrition above WHO emergency thresholds, high Micronutrient deficiency – Vitamin A, Anemia, sub optimal Infant and young child feeding indicators – suboptimal key care practices, breastfeeding rates and introduction of food, low nutrition program converges).
**Yemen**

The map below shows prevalence of GAM in Yemen based on the most recent data, and the severity of the nutrition situation varies by both district and governorate. Acute malnutrition rates are higher in the densely populated Northwest of the country, along the Red Sea coastline, followed by Arabian Sea coastline into Abyan governorate.

Currently available data shows that 4 of the country’s 22 governorates have critical nutrition situations, covering either the whole governorate or partially, and this rate exceeds WHO classifications of a critical situation (GAM 15 percent or more).

**South Sudan**

South Sudan has had persistent acute malnutrition rate in most parts of the country. The IPC Acute Nutrition map below shows that most part of the country have critical nutrition situation, which is all the areas highlighted in red and the dark read is the Unity state which where famine has been declared. The rate of chronic under Nutrition (stunting) is at 33.4% while exclusive breast feeding rate is at 21.2%.

**North Eastern Nigeria**

The overall nutrition situation in the North Eastern Nigeria (Adamawa, Borno, and Yobe) from the results of a surveillance unveiled GAM exceeded the WHO crisis classification threshold for “serious” (10%) in Yobe and Borno while the nutritional situation in Adamawa is regarded as poor. The timing of these surveys could have partially masked the situation as early assessment conducted at the peak of the crisis had shown very high prevalence of acute malnutrition.
**Somalia**

Somalia one of the top ten countries with highest prevalence of malnutrition in the world and the third highest in the eastern and southern Africa region at 15.6% global acute malnutrition (GAM) amongst children under age 5, with 3.6 % being severely malnourished, which both are above emergency threshold as per global standards. Widespread acute malnutrition continues to persist across Somalia where rates of malnutrition have remained unchanged for the last ten years and beyond. Analysis on the seasonal surveys conducted by FSNAU from 2007 to 2017 reveal Acute Malnutrition trends in Somalia remains stable with an emergency level of GAM/SAM threshold with no significant variations in the malnutrition rates over the years. The map shows most areas highlighted in red are in critical nutrition situation.

**The Water, Hygiene and Sanitation (WASH) context** across the four countries has also strong implication in the nutrition situation. Millions of people affected by the crisis have currently no access to safe drinking water, basic sanitation or hygiene services. A high proportion of water and sanitation infrastructures have been damaged or destroyed in conflict-affected areas. IDPs and/or returnees are facing unsuitable WASH conditions. Cases of cholera, acute watery diarrhea and malaria are rising. Low water tables are causing competition between host community and IDPs themselves but also between people and animals, leading to the overuse of water sources. Water access as well as food access is a basic driver of the crisis in the arid lands, especially in Somalia.

Regarding **Health as another contributing factor** to malnutrition, the conflict has led to a high proportion of health facilities not being functional, damaged or destroyed. Functioning health facilities serving host populations are under strain from the influx of displaced families. Chronic shortage of medications is observed. Healthcare workers’ salaries are not paid for the last several months. Millions of children are at risk of diarrhoeal diseases (the second leading cause of mortality among children under five years old). Ongoing measles and meningitis outbreaks are reported despite vaccination campaigns. Insecurity is impeding access to and delivery of preventative and curative services, while attacks on health workers and health centers, attacks by armed groups on civilians are also commonly reported in all four contexts. For the nutrition cluster, breakdown in the national health system has huge implication of the delivery of nutrition specific activities.

Today, the **funding status** of the Nutrition, Food Security, WASH and Health sectors in the four affected countries is also a major concern from two different aspects: resources are not yet sufficient to reach the targeted beneficiaries and if we only focus on nutrition responses and not addressing the immediate and underlying causes of malnutrition, we are failing. It is therefore important to ensure in the near future that fundraising activities take into account all the aspects of the response by all the above mentioned sectors jointly.

**Lack of Integrated Information System:** The main point is how can we ensure the response is integrated and how do we monitor it? A strong information management is key to generate data that will support a clear assessment and analysis of needs and a strong and sounded monitoring of the response.

If we combine the nutrition situation described above with the current Water, Hygiene and Sanitation, Health and Food Security ones, we understand how critical the situation of millions of people and children is. The question is collectively how can we be innovative to overcome these challenges and scale up our coverage to deliver quality and timely response to the affected population?

**Nutrition and Food Security Famine Prevention Responses in Affected Countries**

Cluster Coordinators from both Nutrition and Food Security Clusters from each country affected have presented the respective Food security and Nutrition analyses as well as respective geographical coverage and convergence of mutual operational partners. Each country also provided an overview of joint Food Security and Nutrition
programmes already ongoing, opportunities to scale them up, the related challenges and a recommendations for overcoming them.

The challenges identified across all four countries could be clustered under three main thematic areas: a) systems; b) capacity; c) implementation.

Bottlenecks with regards to **Systems** include: a) the lack of a platform for integration at strategic level since the HNO/HRP is sector specific, M&E framework, advocacy and resource mobilization; b) lack of an accountability framework for Cluster Lead Agencies and partners, including government and state actors; c) limited availability of funding compared to needs; d) lack of comprehensive joint targeting for response due to the different types of beneficiaries and levels targeted by sectors.

With regards to **Capacity** the following challenges were identified: a) limited capacity within the implementing partners to implement both food security and nutrition interventions, partners are sector specific; b) high staff turnover and insufficient national and international HR capacities; c) poor infrastructure and weak governance; d) lack of global guidance on joint planning and response at cluster level; e) no clear sector transition strategy from life-saving to recovery interventions and longer-term development.

Bottlenecks related to **Implementation** include: a) different delivery platforms for Food Security and Nutrition interventions (health facilities vs HH); b) lack of physical access in needy areas; c) needs assessment & analysis are affected by access and security concerns by limiting data availability, quality and reliability. Joint needs assessments also conducted although strategic planning and prioritization for implementation have remained sector specific and there is no integrated analysis to inform programming; d) Frequent pipeline breaks due to lack of funds, restrictions on imports and dysfunctional markets.

**Actions to Address Bottlenecks for Integrated Response**

On the basis of the identified operational bottlenecks, a group work was organized with the aim to recommend and prioritize specific integrated actions that need to be taken in order to accelerate services to mitigate and prevent famine in the four countries. Integration of the two sectors Food Security and Nutrition is key, however effective outcomes could not be ensured if Health and WASH interventions were not included.

It is acknowledged that working across sectors is essential and yet there are some issues that are beyond the influence of individual cluster coordinators to address, such as system level bottlenecks that require significant support by agencies and partners.

There are however bottlenecks that can be influenced and shaped by specific decisions and actions and that can be relevant across all country contexts. While country-level stakeholders have the main role to play, there are challenges that go beyond the influence of specific individuals at country-level and that require the global humanitarian community to accompany and support them in the process.

With regards to the bottlenecks that are beyond the influence, the humanitarian global community has however a clear role for advocacy that is also critical to address some of the more operational country level issues.
Among the solutions and practical actions to optimize outcomes of integration, the following were proposed to be taken forward:

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<tr>
<th>Bottleneck to Address</th>
<th>Proposed Action</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td><strong>SYSTEMS</strong></td>
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<tr>
<td>Data collection and targeting</td>
<td>Increase capacity of local actors to collect data, including when and where access is limited</td>
<td>Multidisciplinary team with support from global level for tools and methodologies</td>
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<td>Multi-dimensional analysis</td>
<td>Create condition for in-country joint analysis (including through neutral and outsources expertise)</td>
<td>Global Clusters Coordinators Group or NGOs initiatives</td>
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<td>In-country leadership for timely integrated analysis and response</td>
<td>Guidance on how to integrate responses</td>
<td>HCT or ICCG with support from global level (by-in from donors needed)</td>
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<td>Optimizing the ways we do integrated response</td>
<td>Develop integrated response package (Food Security; Nutrition, Health, WASH clusters), including preparedness elements</td>
<td>All humanitarian actors and donors</td>
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<td></td>
<td>Ensure proper beneficiaries’ registration so that they can traced even if moving</td>
<td>Experts in new technologies</td>
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<td>Accountability frameworks</td>
<td>Advocacy towards donors – build the cost of accountability in budget design</td>
<td>All humanitarian actors</td>
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<tr>
<td><strong>CAPACITY</strong></td>
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<td>Funding</td>
<td>Advocacy – call for more funding flexibility</td>
<td>All humanitarian actors</td>
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<td></td>
<td>Advocacy – access to pool fund by NGOs</td>
<td>Cluster Coordinators</td>
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<td></td>
<td>Advocacy – collective resource mobilization</td>
<td>Cluster Coordinators</td>
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<td>Joint proposal for integrated programmes</td>
<td>All institutions</td>
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<td>Better understanding of donors’ strategy (requirements and attraction to integrated projects)</td>
<td>Cluster Coordinators</td>
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<td>Partnership and Human Resources/Technical Capacity</td>
<td>Advocacy for duration of partnerships/operational agreements between agencies and implementing agencies</td>
<td>All humanitarian actors</td>
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<td>Advocacy – longer term funding for implementing (short-term can be an issue to guarantee sustainability of staff and programs)</td>
<td>All humanitarian actors</td>
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<td>Increase integrated FS/N capacity building for implementing partners</td>
<td>All humanitarian actors</td>
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<td>Accountability to mainstream integration (staff, institution, across sectors)</td>
<td>To create enabling environment</td>
<td>Cluster Lead Agencies, OCHA, HC, HCT</td>
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<tr>
<td><strong>IMPLEMENTATION</strong></td>
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<td>Conflict and humanitarian access</td>
<td>Common analytical capacity</td>
<td>All partners</td>
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<td></td>
<td>Building relationships</td>
<td>All partners</td>
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<td>Mapping of access capacities among organizations/clusters</td>
<td>All partners</td>
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<td>Sensitisation of local communities and taking information from them</td>
<td>All partners</td>
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<td>Risk sharing with donors</td>
<td>All partners</td>
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<td>Update guidelines on dealing with armed groups</td>
<td>HC/HCT</td>
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<td>Localization</td>
<td>Increase capacity building of local actors</td>
<td>All partners</td>
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<td>Conduct rationalisation plans (which partners has which strength in which sector to maximize capacities and complementarity)</td>
<td>Cluster Coordinators</td>
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<td>Due diligence (building trust, sharing analysis)</td>
<td>All partners</td>
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Based on the proposed actions, on the following day Cluster Coordinators held a meeting to develop concrete integrated work plans for their respective countries which included specific set of actions to be implemented by Clusters at country-level with a clear timeline and responsibilities.
The Global Food Security and Nutrition Clusters have also agreed to develop a joint action plan in support of the country-level work plans and to advocate for their implementation with cluster lead agencies and global partners.

**Conclusion and Way Forward**

The Emergency Directors of WFP, FAO and UNICEF facilitated a discussion around the solutions proposed by the groups and have committed to work closely to support the actions at the global level. Adequate funding is critical to ensure timely, qualitative and sustainable staffing for clusters and cluster Lead Agencies will advocate for this to increase and for internal agencies’ HR mechanisms to reflect it.

Significant efforts need to be also put into advocacy for influencing humanitarian systems and architecture to support an effective integration across clusters/sectors at country level (i.e. multi-sectorial HRP).

It was also stressed that clusters are made of partners and that partners need to commit to actively participate in clusters activities at country level, share regularly their data and inputs and advocate on behalf of the cluster.

Effective advocacy with donors is needed to guarantee not only that the adequate amount of money is available but most importantly that the flexibility and the quality of funds are ensured in order to translate it into qualitative, multi-sectorial and multi-dimensional programmes to mitigate or prevent famine in the four affected countries.

When resources are made available, then it is of very high importance to measure the quality of the response and how are we more/better accountable to affected population.

Mr. Ramiro Lopes da Silva, AED of WFP, closed the meeting emphasising the fundamental role that Clusters, Cluster Lead Agencies and partners play in ensuring adequate and effective humanitarian assistance to the four countries at risk of famine.

‘Shoulder to shoulder’ humanitarian agencies have stood and are collectively doing a remarkable work across all of these countries and have significantly scaled up their respective interventions to keep people alive. However capacities are being stretched and not only there is a need to pull resources and strengths together, but to ensure that agencies are truly integrating not just converging interventions and that the limited resources are invested in all critical interventions and sectors, breaking down silos.

New approaches need to be pursued, with all risks entailed, leveraging also on local capacities, and new partnerships; and a more robust trust need to be built to ensure that the humanitarian community will not fail in preventing famine. There is no need to institutionalize frameworks and Terms of References, the humanitarian community needs to act fast and collectively.

The intention of bringing all partners together in the meeting was to capture the elements of an integrated famine prevention response package and understanding how humanitarian actors can take operations to scale. Issues related to systems, capacities, and implementation are the broad areas in which humanitarian actors face the greatest challenges. There is a need to address accountability across the entire spectrum from beneficiaries to donors.

Speaking on behalf of the Cluster Lead Agencies of UNICEF, FAO, and WFP he stated that they will fully commit to engage and pursue this work further through the Clusters at country level with the support of global teams, specifically the Emergency Directors, addressing the strategic global issues raised.