

# Summary of the Side Event on Afghanistan and DRC

Joanne Chui and Alison Donnelly (GNC consultants)

We associate both Afghanistan and DRC with conflict

But this isn't the only story

# Why Afghanistan is more dangerous than ever

 **Protracted CONFLICT**

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The Taliban have taken Ghazni city

Huge death toll

WORLD NEWS JUNE 18, 2019 / 12:45 PM

## Afghanistan ranked world's least peaceful nation; U.S. No. 128

By Nicholas Sakelaris



**Low ACCESS to SERVICES**



**A DISPLACEMENT crisis**

BUSINESS NEWS MAY 7, 2018 / 2:05 PM / A YEAR AGO

### Afghanistan's poverty rate rises as economy suffers

Rupam Jain

KABUL (Reuters) - Afghanistan's poverty rate has worsened six years as the economy has stalled and the Taliban insurgency has left half the population living on less than a dollar a day, a survey published Monday showed.



### Food security

## 'The country could fall apart': drought and desertification threaten food security

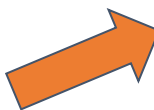
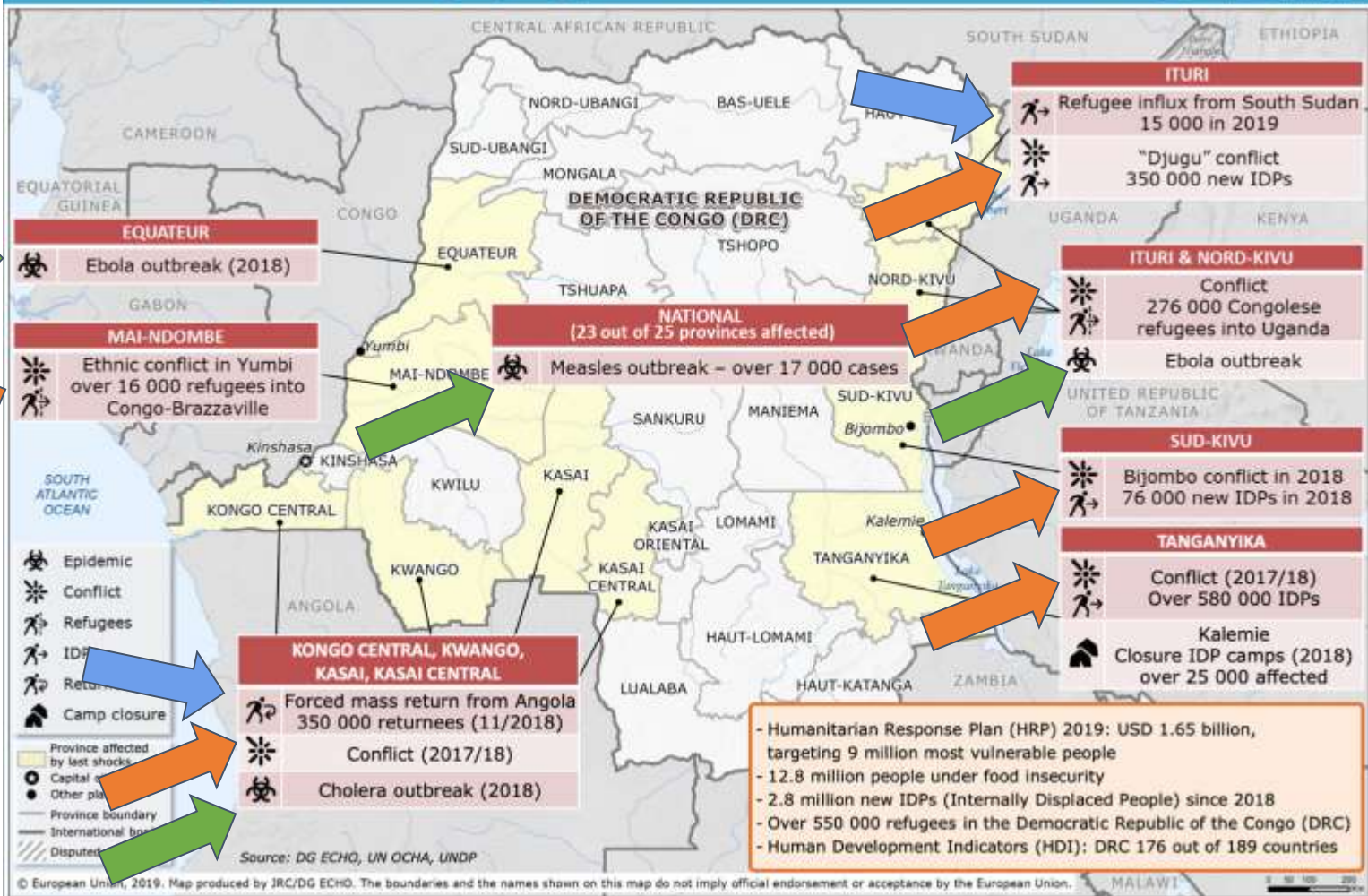
As a full drought



**The WORST DROUGHT in decades**

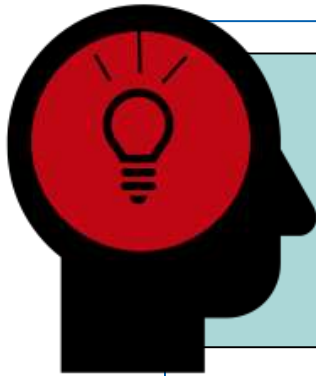
 **Deepening POVERTY**





In both locations the humanitarian situation is  
*deteriorating*

And both have **critical funding challenges**



Making it *necessary* to  
adopt *different approaches*

# AFGHANISTAN - HDN

- **Joint risk vulnerability analysis and planning** (HRP developed by humanitarian, development and peace-building actors)
- Use of **development health programme** as a platform for emergency nutrition response
- Preparedness planning and capacity-building to the **provincial level**



## Coverage

Increase access and  
maximize reach

**35%**



in number of  
facilities

## Convergence

Preventive and Curative  
care

Natural linkage with referral  
between different nutrition  
services as they are all  
provided by the BPHS.

## Cost

Deliver more with less

Reduction in the cost of  
establishing new sites

About 30% reduction in per  
capita cost for treatment of  
SAM

## **DRC**

- **Has a number of rapid response mechanisms which respond to “alerts” on the nutrition situation.**
- **Has rolled out a highly technical, non-standard response to Ebola.**
- **Is piloting the Nexus approach in 3 locations.**



For both countries we had a closer look at the following:



- 1** How to optimize funds that are available for development across sectors to prevent malnutrition, reduce humanitarian needs and embed nutrition?
- 2** What innovations and options can be explored to ensure a quality, integrated, scaled-up response through fragile systems?
- 3** Capacity building and delivering quality programming at scale is a challenge for us all. We spend a lot of money, but are our current methods effective?

# HIGHLIGHTS FROM GROUP WORK

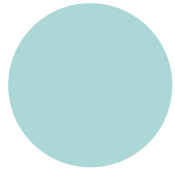
Afghanistan - Q1

Galvanising *development  
funding*

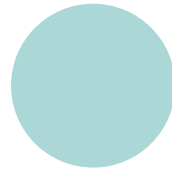
- **Reframe messages** on NIE in protracted crises. SAM and MAM are no longer in the capacity of humanitarian actors only
- Demand globally for **inclusion of wasting** in development indicators
- Learn from education team: Made a case for **funding education as a whole** using pooled funding. Education has a global financing mechanism/fund. GAVI is a global fund. Education couldn't get country pooled funds, but now have "Education cannot wait" - does not divide.
- Learn from Sudan: **sensitize** and bring **development partner** (UNDP, SUN) to cluster mechanism and coordination mechanism.

# Afghanistan

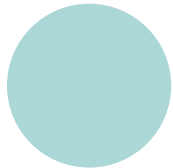
## Question 2: integrated response



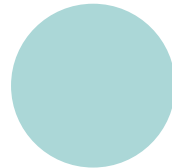
**Mapping examples of integration where it has worked well**



**Advocating to donors to adopt a funding strategy which incentivises integration.**



**Common coordination forum for donors on integration strategy**



**Global guidance needed.**

# Afghanistan: Q3 Capacity Building

- *We need to rethink how we work with senior, (non-health) ministers if we want them to support nutrition ( ie. speech preparation and advocacy notes)*
- Widening training topics in pre and in service training. Topics need to go to programme management as well as advocacy and communications skills.
- Mentors for midwife program. Mentor to stay in the field for weeks to keep guiding the person. SUGGEST mentorship
- Review existing methods of training - too much power point. Need to adult learning techniques beyond this and different methods
- UNICEF is developing package of minimum 3 package training targeting non-nutritionists to create appetite for nutrition in other sectors.

# DRC

## Question 1 galvanising development actors/funds

- Working with **development partners** to make sure that they are more aware of emergency needs
- Conduct causal and bottleneck analysis
- Better understand *who is* responsible for **non-emergency nutrition** as the structures are different
- Specific micro plan and knowing who is responsible for what.
- Evidence for drivers of undernutrition in DRC. IPC data is based on presence of partners which does not paint a vulnerability as a whole. Limiting factor that it's NGOs - data comes from area where there are already partners

# DRC Question 2: Integration

- Common Narrative (how): Necessary to have a common narrative to allow to work on the how. Quite a lot of discussions about how to develop this common narrative.
- Have common objectives - tie people down to sectoral accountability. What are we going to monitor, what indicators are we going to set
- Situation analysis - not only looking at the principal indicators of stunting and GAM Decision frameworks: Questioning of the decision-making frameworks. Is it okay that we walk away if the GAM rate is less than 10%?
- Multiple purpose cash something to be explored on day 3 work on the GTAM

# DRC 3

- **Capacity-building should be both technical and managerial**
- **Coordinate of training between sectors sectors - cross training**
- **Possibility of doing videos and sending them to the field for trainings**
- **Training/capacity-building strategy linked to a capacity assessment**
- **GTAM could have a role in curating NIE guidance and country experiences**

