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

Deepening POVERTY

A DISPLACEMENT crisis

Low ACCESS to SERVICES

The WORST DROUGHT in decades
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
HDN SUCCESSES IN AFGHANISTAN SO FAR

**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
• 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
- Common coordination forum for donors on integration strategy
- Advocating to donors to adopt a funding strategy which incentivises integration.
- Global guidance needed.
• *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 - 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
nutrition