

Nutrition and Resilience Webinar

Q&A: Responses to Unanswered Questions

Thank you all for joining us last week. We could not get to all of the questions during the time allowed, so we have provided written responses to the missed questions here.

Name	Question	Response
Lisa Kuennen-Asfaw	Would you please share any HDP coherent examples of actions that incorporate peace, related to promoting improved nutrition and resilience? The "P" in HDP is the most difficult to grasp in some ways.	<p>Nancy Mock (NM): Some backbone projects in the Sahel that are trying to make that integration happen, but this needs more work worldwide. Social cohesion angle opens it up to broader consideration beyond just the peacebuilding community. The way in which all interventions work can improve social cohesion. For example, by training members from different villages/communities together. By identifying projects that groups in conflict both care about, which may open up avenues for joint projects/collaboration. Conflict sensitive programming also is gaining popularity.</p> <p>Joan Jennings (JJ): Conflict resolution and peace are extremely fundamental to households being able to focus on improving their livelihoods. Unfortunately, in many areas the positive aspects of peace-building are carried out sporadically by local government institutions.</p>

Name	Question	Response
Gwenelyn O'Donnell	<p>Could the speaker please explain what she meant by saying the COVID-19 epidemic had a relatively low impact on disease but significant impact on nutrition outcomes (not sure the wording recall is correct here, but it was something along these lines). Thank you.</p>	<p>NM: COVID was treated as a health emergency, where most efforts/interventions went to stopping disease transmission. A lot of governments' initial responses were things like border closures and lockdowns. Where they were enforced well, they tended to have a particularly pernicious effect on low income people who typically work in the informal sector and needed to move around to earn money. In many low income countries, the epidemic wasn't as widespread (referring to chronic disease burden in high income countries, age structure, etc). Epidemic itself didn't cause the worse impact; it was the lockdown that disrupted people's livelihoods. Therefore the nutritional impacts were quite high in some cases. And livelihood impacts which, in general, affected resilience.</p> <p>JJ: One positive effect of COVID that we heard from a Cost of the Diet study in northern Kenya was that market hygiene improved dramatically and households really appreciated that. For example, they became more open to purchasing fish which is a cost-effective nutrient-dense available food but which they often felt was handled unhygienically in markets.</p>
Sara Higgins (CRS)	<p>Can you speak to examples of strengthening the enabling environment for transformative capacity? Any efforts with policy coherence?</p>	<p>NM: Policy coherence around shock-responsive safety nets and the way those are implemented are really important. It's one of the areas of development that has enormous potential to reduce the burden of acute malnutrition in the face of shocks. Also must be targeted appropriately. An enabling environment for social & behavioral change is transformative; the better examples are at the more micro level, where you see for example, Mothers' Care Groups being more integrated with savings groups. The enabling environment is economic empowerment for women which is paired with SBC interventions. This gives more possibility to sustain behavioral change. Ultimately that can transform norms on the value of women (at a smaller scale).</p>

Name	Question	Response
<p>Temesgen Baleta</p>	<p>Resilience is an interface between humanitarian emergency and long-term development programming, and because both resilience and nutrition require multi-sectoral interventions, as Madeleine noted during her remark, we all agree that integrating these two fields in principles is critical. However, even if I see insertion of nutrition components in the resilience program, we do not see things happening as anticipated in practice. Therefore, my question is, what are the key and unique barriers from your experience that hinder organizations from effectively integrating, and what opportunities do you see moving forward as the triple nexus agenda takes centre stage in the international development discourse?</p>	<p>NM: Mindsets are a barrier. Bureaucracies are a barrier in terms of how HDP and nutrition interventions are administered. Mindset is most important. Nutrition community tends to be a little provincial. The community that's developed around resilience has become a bit sectoralized. If mindsets get to the right place, those bureaucratic barriers can be broken down and worked on.</p> <p>Bureaucratic barriers do exist both within the donor and IP communities. Financing is different within the humanitarian and development streams. Development assistance for nutrition is very low compared to other sectors within the development portfolio.</p> <p>We need to break down the sectoralization of nutrition. Nutritional status is the important set of outcomes for demonstrating attained resilience. We need to emphasize that and the need for monitoring shocks and stresses and adaptively managing to improve nutritional status.</p>
<p>Carmen Tse</p>	<p>Could you expand your thoughts on the question posed on the last slide on whether wasting levels could improve with resilience programming and in absence of CMAM? I am wondering about targeting in resilience interventions too.</p>	<p>NM: In those areas where persistent GAM is a feature (15% or more), it probably does require us to scale up those interventions to specifically address acute malnutrition. As we move people to lower rates, then we should be seeing this be less needed. Point being, one of our resilience strategies right now to protect nutrition now is to scale up CMAM in areas that have very high levels of malnutrition, but hopefully we can get out of that. In areas where it's not high, we shouldn't need that (e.g. middle income contexts).</p>

Name	Question	Response
<p>Eric Nshimiyimana</p>	<p>Thank you Nancy for comprehensive presentation, Could you please share with us the PPT?</p> <p>Comment: Here in Rwanda, there are some home grown solutions that have been implemented such as community health promoters initiative to enhance social behaviour change, Kichen garden promotion do you think can be good approaches in Humanitarian nutrition and resilience programming for emergency?</p>	<p>In the training module on Resilience 101 (Resilience 101 (resiliencelinks.org)); also see the link to other resources on Resilience in the final slides of this powerpoint presentation) it is noted that actions that promote adaptive capacity include actions that “bridge” and “link” individuals and groups across communities and to powerful institutions. In many countries CHPs or CHWs are considered part of the Ministry of Health community outreach and strengthening this link is important for building the health and nutrition resilience of households and for rapid response to sudden outbreaks of disease. Kitchen gardens that focus on sources of micronutrients that are missing in the diet and that are incorporated into the diet of infants and young children can strengthen their resilience to disease and thus protect their nutritional status. Unfortunately, in many emergencies there is disruption of services (health) and/or displacement of populations to areas where gardening or animal husbandry is discouraged.</p> <p>However, Rwanda is more open to these solutions and so you may have opportunities.</p>

Name	Question	Response
<p>Elysee Nibitanga</p>	<p>For nutrition non priority countries, whereby the nutrition funds is limited, it would be better to have such integration into REFS and BHA, instead of relying on GHS. So my concern is in case the integration does not address the key issues of malnutrition, how the nutrition fundraising and advocacy should be done to influence the change in decision?</p>	<p>The Global Nutrition Report provides links to groups and resources that can assist with advocacy for nutrition: Nutrition Advocacy Global Nutrition Report - Global Nutrition Report. In particular, the SUN Movement which is active in many countries where resilience programming is targeted (or in nearby regions) can be an excellent resource for building an effective advocacy agenda.</p> <p>Again, however, as you say, opportunities to bring nutritional outcomes to high prominence in the IP and donor communities should also help in this regard. If we monitor nutritional outcomes and adaptively manage to correct deficiencies in these, we remove ourselves from sectoral (health sector) approaches to improving nutrition.</p> <p>I believe that family MUAC approaches, where households monitor and identify nutritional problems may also help as this may raise community awareness to the problem and improve demand.</p>
<p>Chinagorom Anusim</p>	<p>How can Government be convinced to consider nutrition outcomes in implementing it's community- based infrastructures. Where I come from, most interventions are left for UN bodies and International NGOs Chinagorom J Anusim (Relief and Rehabilitation officer, Food & Nutrition Unit) from National Emergency Management Agency, NEMA, Nigeria</p>	<p>See above references to the Global Nutrition Report sections on Advocacy and to the SUN Movement.</p> <p>Also, a number of governments do take nutrition very seriously. So, we should remain optimistic that policy change is starting to happen.</p> <p>One important approach is to identify policy champions within your space and strategize with them about how to move nutrition more front and center on the agenda.</p>

Name	Question	Response
Temesgen Baleta	I think that information on underlying cases of malnutrition, even if available, is inadequate and does not provide a comprehensive picture of specific vulnerabilities; yet, I see gaps in what type of nutrition-specific interventions works best for those vulnerable locations.	<p>The document highlighted during this presentation - A Discussion Brief on Better Integration of Nutrition into Resilience-Strengthening Programs - suggests including nutrition indicators into a more robust resilience monitoring system.</p> <p>In the training module on Resilience 101 (Resilience 101 (resiliencelinks.org)) a focus on robust monitoring is explained, although the focus on nutrition is limited. As noted in the presentation, it is particularly important to monitor key indicators of resilience (including nutrition) during and after shocks and stresses to identify the factors which contribute to resilience, particularly the resilience of nutritional status.</p> <p>We advocate, in the document, for deep dives of analysis to be made into the causes of malnutrition, locally, when designing programs. We agree with you that this is highly contextual and needs to be done in order to identify the most effective, efficient and sustainable strategies for change.</p>

ABOUT THE REAL AWARD

The Resilience Evaluation, Analysis and Learning (REAL) Associate Award is a consortium-led effort funded by the USAID Center for Resilience. It was established to respond to growing demand among USAID Missions, host governments, implementing organizations, and other key stakeholders for rigorous, yet practical, monitoring, evaluation, strategic analysis, and capacity building support. Led by Save the Children, REAL draws on the expertise of its partners: Mercy Corps and TANGO International.

DISCLAIMER

This document is made possible by the generous support and contribution of the American people through the United States Agency for International Development (USAID). The contents of the materials produced through the REAL Award do not necessarily reflect the views of USAID or the United States Government.