

Aerial view of Monguno town, hosting around 122,888 IDPs, North East Nigeria, 2017

Kirathi Mungai

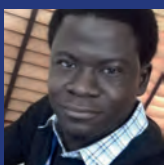
## Post-Rome integrated action: Experiences from North-eastern Nigeria

By Kirathi Reuel Mungai and Adeola Goriola Makanjuola



Kirathi Reuel Mungai is a nutrition specialist currently working with UNICEF as a Nutrition Sector Coordinator in Nigeria, based in Borno. He has worked

as a public health nutritionist for the last 11 years in Kenya, South Sudan and Nigeria for UNICEF, Action Against Hunger, Concern Worldwide, World Food Programme (WFP) and the Government of Kenya. He has also worked as the Nutrition Cluster Coordinator in South Sudan.



Adeola Goriola Makanjuola is an information management and technology expert with ten years' experience in

telecommunications in humanitarian emergencies. He is currently seconded from iMMAP to UNICEF as an information management officer for the Nutrition Sector in North-eastern Nigeria. He previously worked as a geographic information system officer for the International Organization for Migration Displacement Tracking Matrix (DTM) in Nigeria.

The authors would like to acknowledge the input of the UNICEF Cluster Lead Agency, World Food Programme (WFP), Nutrition Sector partners and donors and the Food Security Cluster in Nigeria to the work described in this article.

The findings, interpretations, and conclusions in this article are those of the authors. They do not necessarily represent the views of UNICEF, its executive directors, or the countries that they represent and should not be attributed to them.

### Location: Nigeria

**What we know:** Conflict in North-eastern Nigeria has led to mass population displacement and an unstable nutrition situation.

**What this article adds:** Nutrition sector coordination is led by government with UNICEF support. Prior to the Rome 'call for action on integrated famine prevention', the Nutrition Sector was engaged with the Food Security and other sectors on joint programming and preventative activities. Post-Rome country action plan priorities included development of multi-sector assessments and associated guidance to include nutrition, food security, WASH and health; joint fundraising; and development of a joint response package. Achievements to date include joint contingency planning and geographical targeting; increased availability of data and partner participation in the Cadre Harmonisé; and multi-sector programming funds secured. Significant challenges include poor and militarised access to those affected; inconsistent naming of administrative boundaries; and tools that are designed for sector-specific rather than integrated planning. Joint programming has presented opportunities to link emergency and development programming.

### North-eastern Nigeria nutrition context

The conflict in North-eastern (NE) Nigeria has significantly affected physical infrastructure, disrupted social services and displaced approximately 1.7 million people, with the bulk of the internally displaced persons (IDPs) in Borno state, at the epicentre of the crisis (DTM, 2017). Over half of the IDPs, mostly women and children under 18 years of age (56 per cent of whom are girls under 17 years old), are living outside IDP camps in local communities in overcrowded conditions under makeshift shelters. Weak protection and safety measures are in place for this population, who experience increased risk of gender-based violence, harassment, disease outbreak, food insecurity and malnutrition.

The nutrition situation in NE Nigeria has been unstable following the crisis. An estimated 450,000 children are at risk from severe acute malnutrition (SAM) in the region, many of whom require urgent access to treatment. A nutrition surveillance system conducts surveys in February to March, July to August and October to November each year. Data from these surveys for 2017 so far suggest that the prevalence of global acute malnutrition (GAM) declined between the first two rounds: from 11.4 per cent (9.7-13.3; 95 per cent CI) to 8.0 per cent (6.7-9.4; 95 per cent CI) in Yobe, and from 11.3 per cent (9.7-13.0; 95 per cent CI) to 6.7 (5.4-8.3; 95 per cent CI) in Borno. However, pockets of high malnutrition remain, mostly observed in areas with access challenges and areas that lack the necessary intensity of humanitarian action; GAM rates above 15 per cent emergency thresholds are reported in Jakusko and Northern Yobe, Karasuwa, Machina, Nguru, Yunusari and Yusufari.

### Coordination arrangements in Nigeria

Humanitarian coordination arrangements have been modified to incorporate federal and state

government efforts to strengthen linkages with humanitarian actors. The Presidential Committee on the North East Initiative (PCNI) was established by President Muhammadu Buhari to serve as the primary national strategy, coordination and advisory body for all humanitarian interventions, transformational and developmental efforts in the North-east region. The PCNI works closely with other state agencies such as the National Emergency Management Authority (NEMA). At federal level, nutrition sector (cluster) coordination is chaired by the Head of Nutrition under the Director of Family Health. At the state level, nutrition sector coordination is chaired by the Director of Primary Health and co-led by UNICEF. For more in depth details on nutrition coordination in Nigeria, see article in this issue of *Field Exchange*.

### Nutrition Sector priorities, capacity and preparedness

The Nutrition Sector developed a humanitarian response strategy for 2017 which aims to save lives by scaling up nutrition services to manage and prevent acute malnutrition in Adamawa, Borno and Yobe States. It has the following objectives:

**Nutrition Sector Objective #1:** Improve equitable access to quality life-saving services for management of acute malnutrition for children aged 6-59 months and pregnant and lactating women (PLW) through systematic identification, referral and treatment of acutely malnourished cases.

**Nutrition Sector Objective #2:** Promote access to services preventing undernutrition for the vulnerable groups (children under the age of five and PLW), focusing on infant and young child feeding in emergencies (IYCF-E), micronutrient supplementation and blanket supplementary feeding.

<sup>1</sup> The current regional framework that aims to prevent food crisis by quickly identifying affected populations and appropriate measures to improve their food and nutrition security, similar to the Integrated Food Security Phase Classification (IPC).

The nutrition partners further elaborated the strategy in a response plan, which outlines the key priorities and strategies to be undertaken by all sector partners in responding to the nutrition crisis. The response plan identifies the following priorities:

- Provision of quality care for treatment and management of acute malnutrition;
- Strengthen community capacity and linkages to enhance early identification of malnutrition and referral to facilities;
- Promotion and support of optimal infant and young child feeding (IYCF) practices;
- Protection of vulnerable groups against deterioration in nutrition status (prevention) and mainstream gender and protection in programme delivery;
- Strengthen nutrition surveillance systems to monitor the nutrition situation; and
- Strengthen Nutrition Sector coordination and partners’

engagement with and across sectors such as Food Security; Health; Water, sanitation and hygiene (WASH); and Education, where possible.

Realising the complexity and unpredictability of the operational space in NE Nigeria, Nutrition Sector partners identified preparedness actions to deal with events such as flooding and increased hostility resulting in further displacements. These are captured in the Nutrition Sector response plan. Nutrition actions are also included in other preparedness and contingency plans, including the inter-sector disaster response plan, led by the state emergency management authority, and joint food and nutrition emergency contingency plans for both flood and lean seasons.

The number of partners responding to nutrition in NE Nigeria has continued to increase since the beginning of 2017 (see Figure 1). Currently the Nutrition Sector has 25 partners, including 14 international non-governmental organisations (INGOs), three United Nations (UN) organisations, three donors and three observers. The ca-

capacity to respond has been strengthened by the human resources deployed by the partners and the increased ability to scale up in the newly accessible areas, where the need for nutrition services is immense.

In collaboration with the state government, the federal government has also strengthened the emergency response by deploying 25 health and nutrition teams, made up of 12 additional health workers (who work in two groups for alternate periods of two weeks) to 25 local government areas to boost the current human resource.

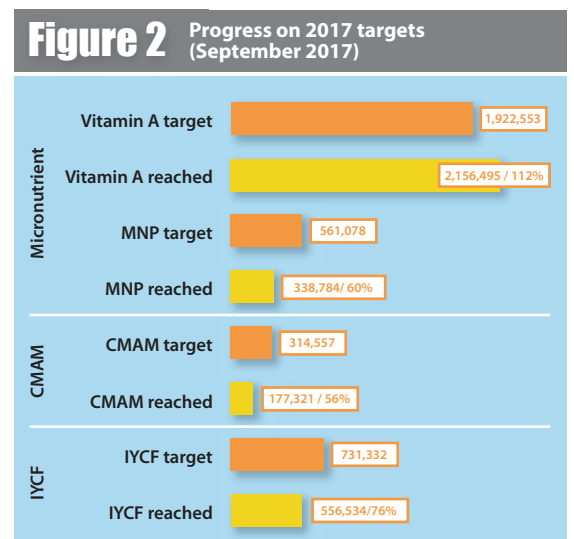
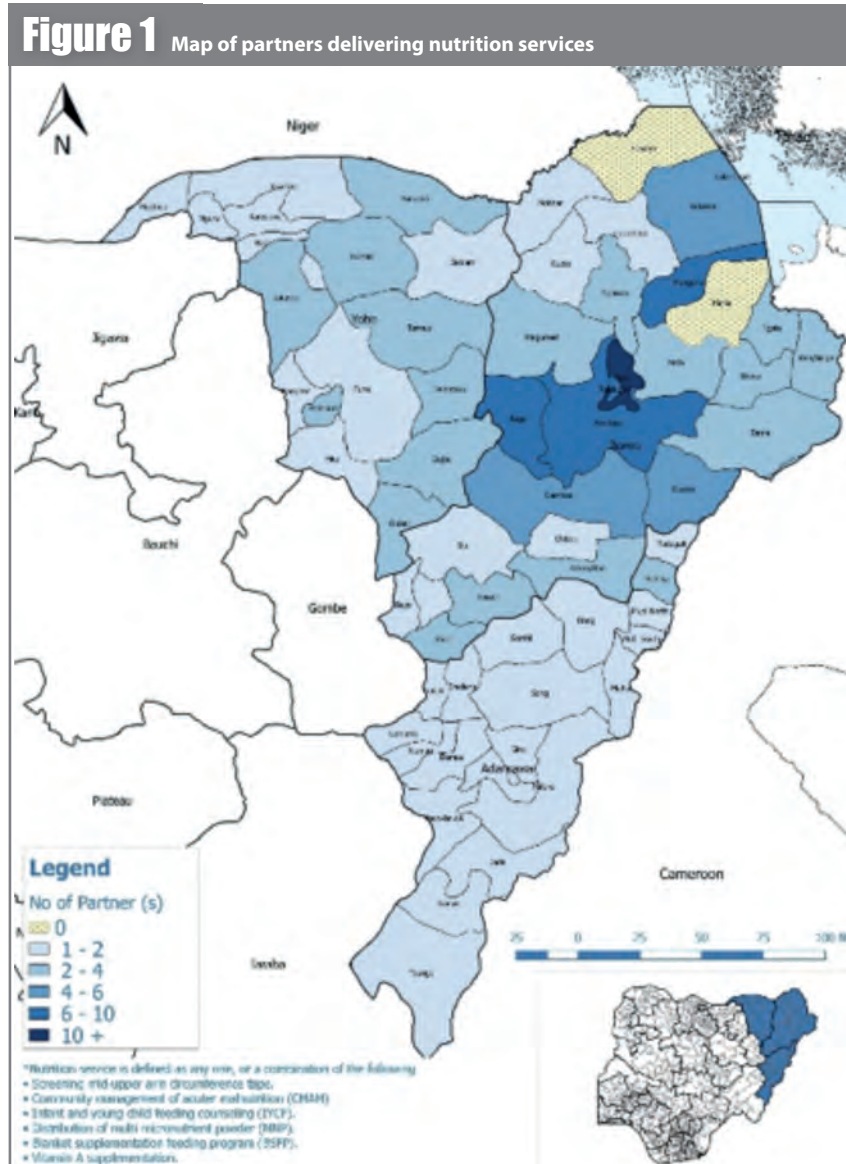
### Nutrition Sector pre-Rome famine response preparedness

Prior to the Rome call for action on integrated famine prevention, the Nutrition Sector was engaged with Food Security and other sectors on joint programming and preventative activities involving:

- Joint targeting: Households with SAM children were targeted for general food distributions;
- Conditional cash transfers to the poor linked to uptake of nutrition services;
- Evidence-based, multi-sector assessment using Cadre Harmonisé;
- Prepositioning commodities in access-challenged areas;
- Strengthening human resource capacity through state government by supporting its work in remote areas; and
- WFP-UNICEF joint scale-up plan.

### Country buy-in to the Rome commitments

Following the Rome meeting and the call for action on famine prevention, both the Nutrition Sector and the Food Security Sector coordinators in Nigeria undertook consultation to secure buy-in from the different stakeholders in-country. The country action plan, drafted in Rome by Nutrition and Food Security country cluster coordinators, was presented to government counterparts and partners in both sectors, accompanied by a briefing on the Rome call for action. The validated action plan was then presented to the heads of cluster lead agencies (food security and nutrition). An update of the action plan was undertaken in the Humanitarian Coordination Working Group comprised of all the humanitarian actors in the North-east and other government agencies. Implementation was overseen by a task force made up of three partners each from the Nutrition and Food Security Sectors. The final plan was shared with the Global Food Security Cluster (GFSC) and the Global Nutrition Cluster (GNC).





## Country plan: Highlights and progress

The need to conduct joint multi-sector assessments (involving all four clusters: Nutrition, Food Security, WASH and Health) was identified; a guideline on joint assessment existed but needed to be contextualised to facilitate multi-sector assessment in the region. The funding situation (gap) of both sectors required attention; advocacy on the need to fund both food and nutrition interventions to avert a famine prompted joint fundraising based on an integrated approach to famine prevention. Presence on the ground of both sectors was necessary to maximise the impact of each sector's intervention; hence a joint response package involving both food security and nutrition partners was called for, especially in areas with limited access. To strengthen mutual commitment and collaboration, both sectors also felt the need to develop a joint accountability framework. By the end of October 2017, the following initiatives had been achieved:

- Joint food and nutrition lean season and floods contingency planning;
- Joint funding advocacy, with a larger allocation of Central Emergency Response Fund (CERF) funds for multi-sector programming secured as a result;
- Two meetings of the joint task force to oversee implementation of the country plan;
- Joint geographical targeting through analysis of both food and nutrition vulnerability;
- Alignment of the timing of assessments conducted by the Nutrition and the Food Security sectors (discussions to undertake joint assessments are ongoing);
- Implementation of the WFP-UNICEF joint scale-up plan, which has contributed to multi-sector funding; and
- Increased availability of nutrition data and partner participation in the Cadre Harmonisé.

## Progress of the Nutrition Sector to date

The Nutrition Sector estimated a financial requirement of US\$110 million to respond to the crisis in 2017. By the end of September 2017 the sector had received US\$87 million (78 per cent of required funds). With the ongoing advocacy and donor interest, it is highly likely that the sector will realise 100 per cent funding. As a result, the Nutrition Sector is on track and projected to reach 90 per cent of its targets by the end of 2017 (see Figure 2).

## Key challenges in the implementation of the integrated country action plan

Despite significant scale-up efforts during the last six to nine months and increased global attention, humanitarian needs have continued to rise, and dwarf, the response capacity. As more areas become accessible following the insurgency, demand on existing partners is ever-increasing, but they have limited logistical capacity and

operational presence to respond in these places. Most partners have been in the country for less than one year and face the challenge of mobilising the experienced human resources necessary to support the fast-evolving crisis. Agencies must operate in a highly insecure environment, dominated by the military, with an extremely limited capability of civilian authorities in local government areas (LGAs) to assist humanitarian delivery and provide basic and essential services. Large areas of Borno in particular are inaccessible or only partly accessible to the humanitarian community, which is forced to rely on – and to a degree be directed by – the Nigerian military in delivering aid. Progress has been made in establishing a civil-military interface with the Nigerian army; however, there is still more work to be done. Parameters must be agreed internally among the humanitarian community and then externally with the government and military; for example, with regard to armed escorts and military presence during humanitarian activities.

Another challenge is that the names of administrative boundaries of LGAs, wards and settlements are not consistent. This hampers harmonisation of the 5Ws (who does what, where, when and for whom) common operations database and makes it difficult to identify activity overlap between sectors. The multi-sector humanitarian needs overview (HNO)/humanitarian response plan (HRP) has been the most difficult to advocate for, as the tools are limited to 'silo' planning (the online project sheets are sector-specific and do not provide an option for multi-sector planning). Emergency humanitarian coordination is relatively new and commitment of partners to coordination is still not optimal – most do not have adequate human resources and capacity to respond and engage on coordination.

## Next steps to strengthen implementation of the action plan

Immediate plans are to continue to implement pending actions, especially the development of joint dashboards and presence maps. The Cadre Harmonisé analysis of the food and nutrition situation in October 2017 will inform the HRP 2018-2019 process and planning, and joint vulnerability mapping for food security and nutrition will inform prioritisation. Emphasis will be placed on partners responding to out-of-camp populations and people who are displaced in urban settings. Discussions on harmonisation of joint assessment methodology and timing of a joint nutrition and food security assessment will also be finalised.

## Reflections and lessons learned

The critical role of the government in the humanitarian response as sector lead and its support to decentralise coordination to state level has facilitated increased engagement with partners and strengthened accountability as all response activities are now aligned to government priorities.

Joint programming has presented an opportunity for the Nutrition and Food Security sectors to link emergency to early recovery and

development through some innovative approaches, such as cash-based transfers that have enabled the revitalisation of markets and the stocking of nutritious foods.

Deep field presence has been strengthened for all partners through the operationalisation of 'humanitarian hubs' in locations where humanitarian partners previously had no physical presence. The hubs have enabled partners to work more closely with beneficiaries and have enhanced monitoring and supervision of the quality of response activities.

Deconstructing the silo mentality of sectors has been important, enabling increased engagement with other sectors (WASH and Health) and increased use of cash in the emergency response, which has led to plans to strengthen multi-purpose cash grants in the 2018 HRP.

The action planning and commitments described in this article have increased the frequency of engagement between country and global clusters and have facilitated learning from the other countries facing near-famine situations.

Support required from the GNC and its partners is necessary to continue to progress, including:

- Advocacy by the GNC with agency HQs for increased capacity of partners in-country;
- Guide the taskforce in Nigeria with the development of an accountability framework;
- Clearly illustrate the protracted nature of the crisis in North-east Nigeria and the need for sustained funding;
- Partners in-country to increase their human-resource capacity with adequate experience to respond to the complex situation; and
- Address the system challenges inherent in the multi-sector HRP, which hamper putting the vision of multi-sectorality into practice.

Progress to date has been the result of the work of many stakeholders. State actors have been very supportive of coordination activities at federal and state levels. The Nigerian government's investment in health and nutrition emergency response in the North-east to support humanitarian assistance and recovery needs has been and remains crucial. The commitments of the cluster co-lead agencies to support coordination staff is also greatly appreciated. The GNC has provided invaluable support through monthly phone calls to support, guide and receive updates of the response to the four famine countries. Finally, donor support has enabled us to keep the nutrition response on track.

For more information, contact: Kirathi Reuel Mungai [rkmungai@unicef.org](mailto:rkmungai@unicef.org)

## References

DTM, 2017. Displacement Tracking Matrix (DTM) Nigeria Round XVIII Report – August 2017. [www.globaldtm.info/dtm-round-xviii-report-and-dashboards-august-2017](http://www.globaldtm.info/dtm-round-xviii-report-and-dashboards-august-2017)