



Guidance on the Nutrition Sector 2020 Humanitarian Response Plan in northeast Nigeria (Adamawa, Borno and Yobe States)

1. Introduction

In 2020, the Nutrition Sector is 915,620 children under five, pregnant and lactating women affected by the conflict or vulnerable and require nutrition services prioritized. The focus of the Enhanced HNO is on lifesaving interventions and on the unmet needs.

This document provides guidance to enable partners understand the changes in the approaches in the Humanitarian Planning Cycle for 2020.

This guidance tool outlines the monitoring framework (strategic objectives, indicators and targets) for the Nutrition Sector humanitarian response in 2020. Nutrition partners are invited to use this tool as a guidance to develop projects and to measure and report on Nutrition services delivery and quality for the humanitarian response in 2020.

humanitarian planning cycle – changes in approaches for 2020

- The analysis of the Humanitarian Needs Overview focuses on the specific population groups or sub-groups, needs and geographic areas, articulated around:
 - Physical and mental well-being related to survival;
 - Living standards and self-sustenance capacity; and
 - Recovery and resilience.

The analysis of the needs centered around three key humanitarian consequences. Humanitarian consequences are the effects of stresses and shocks on the lives and livelihoods of affected people, and their resilience to future negative events. They are manifested by damages on people's health, physical and mental conditions, their ability to meet their essential survival and maintenance needs and expenditures, and their ability to withstand future stresses and shocks. Humanitarian consequences reflect the impact of the crisis on people. The three key humanitarian consequences are:

- a. **Physical and mental wellbeing consequences** are those humanitarian consequences that have a direct effect on people's mental and physical integrity and/or dignity in the short term (within the next six months), recognizing they also have longer term effects. These include but are not limited to:
 - Death and injuries
 - Morbidity (infectious and chronic diseases)
 - Malnutrition (acute and chronic)
 - Physical and mental disability, impairing people's ability to move, communicate, learn etc., such as handicap, post-traumatic stress disorders, etc.
 - Human rights violations such as arbitrary detention, targeted violence, killing.

While life physical and mental wellbeing consequences are, by definition, severe, the urgency of the response can differ based on the timeframe of their effect (short term versus longer term survival) and their degree of irreversibility in the absence of response.



- b. **Living standards consequences** are those humanitarian consequences that have a direct effect on people's ability to pursue their normal productive and social activities and meet their basic needs in an autonomous manner. They manifest in different types of deficit and the use of various coping mechanisms to meet basic self-sustenance needs such as the lack of:
- Food, income, productive assets (e.g. land, animals, tools, shop, etc.), access to markets;
 - The ability of the affected population to meet their basic needs, including essential goods and services such as water, shelter, food, healthcare, education, protection, etc. Basic needs may vary from one context to the other and are contextually defined;
 - Access to legal documentation.
 - Living standards are measured by assessing accessibility, availability, quality, use and awareness of/to essential goods and services.
- c. **Resilience consequences (also referring to coping mechanism consequences)** in the framework of the humanitarian programme cycle are those humanitarian consequences that reflect the ability of people to withstand future stresses and shocks on the short and longer term. Resilience capacities and associated causes are analyzed notably as part of the humanitarian-development-peace nexus and to inform joined-up planning between humanitarian, development and peace actors as appropriate.

2. Humanitarian needs of the affected population

The Nutrition Sector humanitarian needs analysis for 2020 fall under the Physical and Mental Well-Being Consequence.

3. Nutrition Sector Strategic Objectives

The Sub-Sector 2020 strategic objectives fall solely under the Physical and Mental Well-Being Consequence and are as follows:

Strategic Objective 1:

- Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition

Strategic Objective 2:

- Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability

Strategic Objective 3:

- Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection



5. HRP Indicators for 2020

SECTOR STRATEGIC OBJECTIVES	RELATES TO HRP SO	SECTOR INDICATORS
Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.	S1	# of beneficiaries (disaggregated by sex/age) reached with BSFP in a community
Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.	S1	# of children 6-59 months of age receiving micronutrient supplements that contain adequate iron
Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.	S1	# of caregivers (including fathers) receiving skilled IYCF support
Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.	S1	# of beneficiaries receiving cash / cash vouchers for prevention of acute malnutrition
Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.	S1	# of women reached with key GBV messages through nutrition services.
Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability.	S2	# of screening for acute malnutrition conducted



Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability.	S2	# of new SAM cases new admitted for treatment
Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability.	S2	# of New MAM cases admitted for treatment
Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability.	S2	% of Nutrition treatment sites integrated within a health facility
Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability.	S2	% of nutrition sites where community members reporting improved safety and comfort accessing nutrition services.
Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection.	S3	# of reception sites receiving new arrivals with routine assessment done
Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection.	S3	# of Joint assessment conducted with other sectors such as Food security, WASH, Health
Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection.	S3	# of Nutrition sector assessments and monitoring that includes GBV risk analysis.



Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection. S3	% of nutrition staffs who have received orientation on the GBV referral pathway and can refer survivors to appropriate care
Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection. S3	% of nutrition partners project interventions integrating at least 2 other sectors.

6. Humanitarian consequences Strategic objectives and Indicators:

a) Addressing Critical Problems Related to Physical And Mental Well-Being

Strategic Objectives	Outcome indicators	Indicator Registry Code/ Country Example
Crisis-related morbidity and mortality of [number] of [target population] in [geographical area] are reduced by [X and Y percentage respectively] by [date].	Mortality rate of [target population] Under-5 mortality rate Incidence for selected diseases relevant to local context / morbidity rate of [target population] Prevalence of global acute malnutrition in children under the age of 5 years in [geographical areas].	N-028 H-R.1 IR N-002
Supporting Specific Objectives	Outcome indicators	
Prevalence of global acute malnutrition among children under the age of 5 years in [geographical areas] is below [percentage] by [date]. b	Prevalence rate of global acute malnutrition in children under the age of 5 years in [geographical areas].	IR N-002
Proportion of infants 0-5 months of age who are fed exclusively with breastmilk in [geographical areas] is maintained to pre-crisis rates or is higher.	Proportion of infants 0–5 months of age who are fed exclusively with breast milk	N-030



Excess morbidity and mortality rates from [selected preventable diseases relevant to the local context] among [number] [target population] are decreased by [percentage] by [date].	Incidence of [selected diseases relevant to the local context] in [target population]. Coverage of measles vaccination (6 months–15 years)	H-R.3 H-R.1
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b) Addressing Critical Problems Related to Protection

Strategic Objectives	Outcome indicators	Indicator Registry Code / Country Example
The right to safety and dignity of [number] [target population] in [geographic locations] is respected.	Percentage of [target population] who report feeling informed about the different services available to them. Percentage of [target population] who report feeling treated with respect by humanitarian actors.	Perception indicator (AAP/CE), example from
Supporting Specific Objectives	Outcome indicators	
Population groups targeted to receive assistance are consulted throughout the entire cycle of the response.	Percentage of feedback received (including complaints) which has been acted upon	AAP-1
Children less than 12 months that are not breastfed receive safer alternatives for the entire cycle of the response	Proportion of non-breastfed infants under 6 months of age who have access to BMS supplies and support	N-081

7. Prioritization and Humanitarian-Development Nexus

The Nutrition response is targeting all accessible LGAs on the bases of providing lifesaving interventions. In 2020 HNO, a total of 13 LGAs with high humanitarian needs (mainly in Borno State) and 40 LGAs with moderate humanitarian needs (in Adamawa, Borno and Yobe States) will be targeted with humanitarian-development nexus and early recovery activities. Particular attention will be given to newly-accessible and hard-to-reach areas based on increased humanitarian access to assist the most vulnerable. A total of 10 LGAs exhibit needs related to poverty and structural development, that are not directly related to the conflict and that will be better met through longer-term recovery and development assistance rather than humanitarian aid.

Reinforcing community-based structures to prevent, identify and referral acute malnutrition will enhance the community resilience and capacities to better care for children and PLW. Strengthening of institutional



capacities of national actors particularly the SPHCDA/healthcare workforce will contribute to building the overall resilience to address emergency and development issues related to acute malnutrition.

8. Capacity Development

The nutrition response will be delivered through the existing State and community structures, and it is expected partners will integrate their intervention into them, with a focus on capacity building. The nutrition partners are expected to focus on the strengthening the capacity of both the healthcare workers and affected communities to address issues related to acute malnutrition.

9. Gender Marker

The IASC Gender with Age Marker (GAM) looks at the extent to which essential programming actions address gender- and age-related differences in humanitarian response. It was developed in response to requests to strengthen the original IASC Gender Marker by including age and, most significantly, by adding a monitoring component. In addition to measuring programme effectiveness, it is a valuable teaching and self-monitoring tool, allowing organizations to learn by doing in developing programs that respond to all aspects of diversity.

With the 2019 Humanitarian Planning Cycle (HPC), the GAM replaces the previous IASC Gender Marker applied to appeal projects since 2009. Its use will be similarly required in the Financial Tracking System (FTS), and Member States asked to commit to only funding partners who report to the FTS using the IASC Gender with Age Marker, and subsequently update the marker based on monitoring data.

10. Guiding Principles

Nutrition Sector actors will be guided by and will promote protection principles including do no harm, best interests of the child, woman/caregiver confidentiality, informed consent and accountability to girls, boys and caregivers.

- Best-interests of the child.
- Do-no-harm.
- Inclusion of age, gender and
- Child Participation
- Women participation

For additional information and guidance, please contact:
