

ROUNDTABLE REPORT: HEALTH AND FOOD INSECURITY CRISIS IN THE GREATER HORN OF AFRICA.

Session 1 - Regional Focus. September 2022

EXECUTIVE SUMMARY

SSHAP convened and hosted a virtual roundtable discussion with partners engaged at the regional level response of the health and food insecurity crisis in the Greater Horn of Africa region. The objective was to discuss the critical needs for the response to the Horn of Africa crisis. The priorities under consideration were organised under the themes of health, community engagement and data management. Broader matters of strengthening coordination of the response were also discussed. This report offers a summary of the main discussion points and a list of resources shared during the discussion, it was compiled by Tabitha Hrynck (IDS) and Olivia Tulloch (Anthrologica). The views expressed here are a summary of those presented and do not necessarily represent a consensus of the individual participant agencies. This brief is the responsibility of SSHAP. There will be future roundtables focused either at the national level for affected countries or thematically focused.

| THEME: HEALTH | THEME: DATA |
|--|--|
| <ul style="list-style-type: none"> • Better surveillance required for hidden and hard-to-reach populations • Greater focus on WASH information and services • Health issues and services to be better integrated across sectors of the response • Partners providing or coordinating on health services to pay due attention to them being socially and culturally appropriate | <ul style="list-style-type: none"> • Data needed on nutrition, behavioural drivers, food practices, language • Better information sharing between partners • 2-way data including feedback and information to communities • Donors should require and provide resources for data sharing and coordination for use • Data to be analysed and pooled to make recommendations for best response |
| THEME: COMMUNITY ENGAGEMENT | |
| <ul style="list-style-type: none"> • Recognise complexity of communities and contexts to feed into programme design • Attention to social, political conditions which systematically exclude marginalised people from assistance • Be more accountable – represent vulnerable and marginal groups • Greater sensitivity to language – collect data on language, dialects and hire staff with languages skills • Two-way communication through trusted platforms needed to design appropriate services • Health and WASH and nutrition to consider multiple dimensions (e.g. GEI) at community and local level. | |

ROUNDTABLE CONTEXT

Extreme weather events and drought induced by climate change – the worst in 40 years – are compounding challenges brought on by COVID-19 pandemic, higher international prices for food and fuel, and conflict in some settings in the Greater Horn of Africa region. Tens of millions of people are facing food insecurity including acute malnutrition. Many are being forced to leave their homes in search of food and healthcare and are at heightened risk from disease outbreaks. WHO has classified the situation as a Grade 3 health emergency.

The roundtable took place in September 2022 following the identification of a critical need to identify priorities for action by the Risk Communication and Community Engagement (RCCE) Technical Working Group (TWG) with support from the Collective Service. Over 40 participants attended the event include colleagues from UNICEF, OCHA FAO, WHO, WFP, IFRC, UNHCR, the UK FCDO, INGOs (e.g. World Vision, Save the Children, Oxfam), academic institutions and think tanks.

Questions for the session included:

- How are **health** dimensions of the crisis being focused on and addressed? How can they be better integrated into disaster response?
- How can **community** perspectives be better integrated into response and into overall strategic approaches, such as the WHO's strategic framework for readiness and response on food insecurity and health? What kinds of RCCE activities are partners currently working on?
- What **data** are being collected, and by whom? How is it being analysed and used? Is it being shared, or could it be shared?
- **Context.** What are some key considerations about the contexts in which the crisis and responses to it are occurring?

Short presentations relating to each theme were made by response partners followed by open discussion.

OVERALL COORDINATION OF THE RESPONSE

A cross-cutting theme throughout the session was discussion among partners to understand who is operating in the response and to what extent efforts are being coordinated. Overall, respondents felt that regional level coordination was weak and quite fragmented. Challenges noted by partners included:

- **Different responding organisations have different priorities.** There are a large number of organisations responding across the affected countries. They cover different countries or groups of countries in the region or work in different sectors or thematic areas. While this is not a problem per se, it results in a fragmented response. For example, coordination by various agencies occurs by regional offices responsible for several regions: the Middle East, Eastern Mediterranean and North Africa, and East Africa.
- There are **multiple and parallel coordination mechanisms** both within countries and across the region, some have unclear or vague terms of reference, leading to a situation in which partners are unsure which to join.
- **Data are not shared effectively and openly** between agencies and actors at local, national and regional levels (more on this below in the data section).

A response organised at the regional level was not deemed necessary, however it would be advantageous for lessons, data and good practices to be better shared across the region. There is an **overarching need for improved regional communication** between partners to allow them to recognise where there are opportunities for coordinated efforts, and to learn from one another.

HEALTH

Owing to a perception that the health dimensions of the crisis were being under-recognised and under-prioritised, participants discussed the challenges and priorities as well as sharing how they are integrating health issues into their work. Perspectives were shared on the significant impact on the health of affected populations in the region and the difficulties in responding to health needs. The health crisis is being driven by a number of factors including displacement, drought, lack of clean water, disease outbreaks, conflict over resources, food prices, risky behaviours, access to healthcare and malnutrition. The impact of some of these factors on health are often not being recognised as a health issue by humanitarian partners working beyond the health sector.

Food security demands for people are competing with other priorities such as access to healthcare, education, safe water and other basic needs. It has been observed that these demands were leading also to an increase in risky behaviours including transactional sex and engagement in exploitative work. There are strong interventions providing cash transfers, but these alone are not sufficient, community feedback suggests that finding ways to secure better provision of water would be more welcome and effective. Needs identified by participants in relation to health included:

- Greater focus on the role and provision of **WASH information and services**.
- Greater focus on identifying and responding to **mental health and psychosocial needs** which are often hidden and under prioritised.
- Health services and interventions delivered by response partners being **socially and culturally appropriate**.
- Stronger **integration of health across response**, including cross-service linkages and referral capacity (e.g. screening for and referring people onward for other health issues at malnutrition focused service points).

WASH is central to an effective health response

It is vital to recognise that WASH concerns and needs are at least as important as food security in relation to supporting better health outcomes during the crisis. So far this has not been adequately reflected in responses and coordination discussions.

Participants provided some **examples** of how their own organisations were responding to the health dimensions of the crisis, including:

- WHO shared the Food Insecurity and Health Preparedness and Response Strategic Framework which emphasises integration.
- IFRC shared that in Somalia and Kenya they have been working with communities via long established programmes (for example mobile clinics and community listening) to help address critical needs such as psychosocial support and gaps which have opened up in routine healthcare such as immunisations.

COMMUNITY ENGAGEMENT

Challenges faced by communities affected by the crisis, and the importance of appropriate and effective community engagement were discussed. Populations in the region are facing multiple intersecting crises beyond drought, including flooding, locust infestations, ill-health, COVID-19 and difficult social and political conditions. Managing supportive and effective two-way engagement with communities on this wide range of issues is extremely challenging in some areas.

Important failings for community engagement in the response were identified including:

- **Failure to reach communities with critical and potentially life-saving information** (e.g. communication of long-predicted forecasts on the failure of seasonal rains)
- **Inability to engage with hard-to-reach communities** and people due to terrain, conflict and social marginalisation (e.g. people who do not speak dominant languages)

- **Difficulty of providing predictable support** to the most vulnerable or inaccessible populations
- **Inadequate accountability structures** among response partners.

Beyond those who are geographically difficult to reach, women, people living with disabilities and elderly people were identified as being particularly vulnerable. For example a HelpAge study in the region was cited suggesting that 73% of elderly participants reported not having sufficient food. Gendered power relations were also noted as putting women and girls at particular risk, including in terms of access to food at the household level, and other issues such as sexual and gender-based violence.

In addition to finding ways of addressing the above challenges, participants also recognised the following priorities:

- Ensure response and programming is **sensitive and adapted** to the social and political complexities of the affected contexts and communities.
- **Pay attention to the social, political conditions** which systematically exclude marginalised people from assistance.
- **Be accountable** and ensure representation of vulnerable and marginal groups.
- **Ensure greater sensitivity to language** – e.g. collecting data on language, hiring staff who speak locally relevant dialects and languages, including those spoken by minority groups
- **Improve two-way communication** through trusted platforms and use this to design appropriate services
- **Recognise positive community action** and support them

Participants also shared **examples** of how their own organisations and programmes were engaging communities, or had done so in the past:

- Red Crescent Society reported on operating 24/7 toll-free hotlines in expanded, remote areas of Somalia.
- SCI reported on expanding its network of local partners already trusted by people.
- IFRC described their 'last mile project' through which they leverage the outreach capacities of national societies for two-way information flow.
- BBC Media Action reported working with community radio stations and providing radios and reflected on the success of providing community radios (and training) during the Sierra Leone civil war.

DATA

Reflections were offered in relation to how data are being collected, used and shared. There was discussion about the significant lack of early action and timely response across the region and the reasons for this may include issues with the early warning information (with early warning systems actually reporting current situation), difficulties linking the early warning information to actions or broader structural and institutional challenges:

- **Lack of monitoring and baseline data in some contexts**
- **Concerns about** data quality, timeliness and variation between countries
- **Poor data sharing** between agencies as well as between local, national and regional levels.
- Lack of consideration of how **local social, cultural and political conditions and power dynamics shape data**, and make the most vulnerable communities invisible to information systems.
- **Siloed, overlapping or competing** data-collection mechanisms and early warning systems
- **Lack of data that are available quickly** enough to inform programming,
- Data shared are **too technical** for decision-makers to know how to use it

- **Restrictive delivery frameworks**, limiting responsiveness to data

The proposed priorities in relation to the data challenges included:

- **More (high quality, usable) data on** nutrition, behavioural drivers, food practices and languages and dialects in affected areas
- **Greater information sharing** between response partners and across levels
- **Two-way data flows** in which information about ground conditions flow to responders, while responders remain accountable to communities through reporting back how their data (e.g. as provided through mechanisms such as hotlines and community engagement activities) is being used to shape response
- **Donors to insist on open data and information sharing**, as well as provide resources for collecting and sharing data

UNICEF colleagues offered a **successful example** of data sharing during the COVID-19 pandemic in which partners shared community feedback through national and regional mechanisms when led by national Ministries of Health, with support from UNICEF, IFRC and WHO. Colleagues from UNHCR, the Collective Service, Ground Truth and other organisations expressed particular interest in, as well as capacity for, supporting data sharing and welcome responders getting in touch with them.

LOOKING FORWARD AND RESOURCES

The regional focus of this round table will be complemented by further events which are country specific or more in-depth thematic focuses. Participants of the roundtable shared a range of resources (see table, next page) addressing issues such as tackling language-based exclusion, decision making for communication and community engagement and accountability to affected people, data-driven humanitarian action, guidelines for mental health and psychosocial support in emergencies, reports specific to country contexts and hubs for collated resources, including on RCCE. Participants and others are welcome to revisit the interactive Mural board for the session, which represents a record of the event, and direct contributions by participants as well as notes taken by the SSHAP team. The [Mural page](#) will remain live until 31 March 2023.

TABLE OF RESOURCES

| Resource | Organisation | Note | Resource link |
|---|---|--|---|
| Tackling language-based exclusion in the Horn of Africa hunger crisis: Lessons from Somalia | CLEAR Global | Illustrates importance of language sensitivity to reach marginalised | Language-based exclusion |
| Capacity Decision Framework for CCE/AAP | CDAC Network | CCE/AAP (communication and community engagement/accountability to affected people) | CCE/AAP framework |
| The Food Insecurity and Health Readiness and Response Strategic Framework | WHO | | Strategic framework |
| Famine in Somalia and the Failure of Data-Driven Humanitarianism | | Blog on data driven humanitarian action | Data-driven action |
| IASC guidelines for MHPSS in emergencies | IASC | | MHPSS in emergencies |
| Documentation and products by partners for supporting Community Engagement for Drought Response | Collated by the Collective Service | | CE for drought response |
| Nutrition and Mortality Monitoring in IDP Populations: Report on Round 1 – July 2022 | NRC | Report on IDP populations highlights importance of language and issues around clan | IDPs (incl. language and clan) |
| The participation gap persists in Somalia | Ground Truth Solutions | Perceptions of affected people on response | Participation gap |
| Another Humanitarian (and Political) Crisis in Somalia in 2022 | Tufts University, UCL, Centre for Humanitarian Change | Thorough report on Somalia | Crisis in Somalia |
| Somalia on the brink of famine: aid efforts risk failing marginalised communities yet again | | Media article on Somalia crisis | Aid and marginalised communities in Somalia |
| Real-time Learning on Cash-Preparedness within the 2022 Horn of Africa Drought Response | CALP Network | Considers enablers / barriers to quick cash provision; data aspects key | Data and cash provision |
| Needs Assessment of Older People – East Africa Drought – 21 June 2022 | Help Age | Describes needs of older people affected by the crisis | Older people's needs |

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This brief has been written by Tabitha Hrynck and Olivia Tulloch (oliviattulloch@anthrologica.com) and was reviewed by Rachel James, (UNICEF). We are grateful to all the roundtable participants for their contributions.

CONTACT

If you have a direct request concerning this report, or have questions about other SSHAP activities such as briefs, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisers, please contact the Social Science in Humanitarian Action Platform by emailing Annie Lowden (a.lowden@ids.ac.uk) or Olivia Tulloch (oliviattulloch@anthrologica.com). Key Platform liaison points include: UNICEF (nnaqvi@unicef.org); IFRC (ombretta.baggio@ifrc.org); and GOARN Research Social Science Group (nina.gobat@phc.ox.ac.uk).

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