

INTER-AGENCY STANDING COMMITTEE
PRINCIPALS MEETING

**Cluster Working Group on
Nutrition
Executive Summary and Table of Cost Estimates**

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I Executive Summary

1.1 How to improve humanitarian response in Nutrition

Predictable, accountable, and effective humanitarian response in the Nutrition Cluster will be improved through the following strategic approaches:

- Recognizing the critical role that nutrition plays in survival and development and demonstrating inter-sectoral action to eliminate and mitigate the effects of under nutrition.
- Establishing linkages not only among Clusters, but also with agency focal points naturally mandated to lead in specific areas (e.g. UNHCR/Refugees, WFP/Food, UNICEF/Education, FAO/Food and Agricultural Livelihoods).
- Replicating and strengthening the cluster approach at country level while allowing the cluster to form according to in-country capacity, with the ultimate objective to build national capacity to respond to humanitarian crises.
- Supporting the national clusters to act within existing decentralized structures (e.g. UN/IASC Country Team, Humanitarian Coordinator, etc.), while concurrently supporting the global cluster to identify gaps and mobilize action when additional capacity and resources are required.
- Establishing mechanisms to draw attention and funding to countries that are in acute, as well as, a perpetual state of emergency nutritional status.

1.2 Cluster Participation

The Global Nutrition Cluster has held 5 teleconferences since September, and one face-to-face meeting on December 5-7, 2005. Inter-cluster coordination has taken place with the Cluster Chairs of Health and Water and Sanitation.

The Nutrition Cluster currently consists of 10 actively participating agencies, including 2 NGOs and the Red Cross Movement.

We would like to see added participation of key emergency nutrition NGOs, technical institutions, bilaterals, and, as appropriate, liaison with existing emergency nutrition working groups such as the UN Standing Committee on Nutrition (SCN). The Cluster has identified the following criteria for participation in the Cluster:

- Organizations should work in at least 2 continents.
- Organizations should demonstrate significant and recognized expertise or commitment to Nutrition.
- Organizations must commit to consistent participation in the Cluster.

Specific consideration is required with regard to the participation and role of SCN, which will be explored by the Chair of the Nutrition Cluster.

1.3 Capacities and Gaps

An initial capacity and gap assessment was presented in the August 22, 2005 Nutrition Cluster Working Group report and has been used as an indicative guide to propose priority actions. In addition, the Cluster has documented, presented and discussed lessons learned from the Pakistan response, which have informed the identification of activities articulated in the implementation plan. A more comprehensive gap analysis is a planned activity in the 2006 implementation plan.

Existing capacity has been recognized and identified, both within individual agencies and NGOs as well as within numerous working groups on emergency nutrition, including the UN Standing Committee on Nutrition (SCN), Emergency Nutrition Network (ENN), etc. When addressing gaps, the Cluster has been cognizant to build on the significant work that already exists in emergency Nutrition and to identify ways to maximize the impact of existing tools, structures, etc.

Preliminary gaps have been identified in the areas of: Cluster Coordination, Emergency Preparedness and Response Triggers, Assessment, Monitoring and Surveillance, Capacity Building, Supply, Norms and Policies, Infant and Young Child Feeding, Supplementary Feeding, Therapeutic Feeding, Micronutrients, and Nutrition and HIV.

1.4 Preparedness and Response

The Cluster recognizes the need to focus first on macro issues that will yield scale up and systematic improvements in nutrition humanitarian response. As such, we have identified 5 priority working areas where immediate action is critical for an improved response in 2006:

- *Cluster Coordination* (e.g. information exchange, capacity building of coordinators, etc.).
- *Capacity Building* (e.g. capacity building of the Cluster, stand-by arrangements and surge capacity).
- *Emergency Preparedness and Response Triggers* (e.g. classification systems for nutrition emergencies, country profiles).

- *Assessment, Monitoring and Surveillance* (e.g. standardized assessment tools, Health and Nutrition tracking system).
- *Supply* (e.g. systems for pre-positioned supplies, supply fact sheets, etc).

These 5 working areas are part of a wider conceptual framework that includes norms and policies as well as the technical areas mentioned in section 1.3 above. An implementation plan that addresses the wider conceptual framework will be considered as part of second phase approach (e.g. 2007 and beyond).

1.5 Additional Cluster Issues/Decisions

During the Nutrition Cluster face-to-face meeting on December 5-7, 2005, several key issues were raised and decisions made:

- It was recognized that Food Security is an integral dimension of Nutrition, and as such must be considered and integrated in assessments and early warning systems.
- Urgent guidance is requested from IASC to clarify the mechanisms of accountability and reporting of individual agencies (UN and non-UN) participating in the clusters at national and global level, as well as the mechanisms of accountability between national and global clusters.
- In particular, urgent guidance is requested from the IASC to establish a mechanism for global clusters to act when national clusters are not adequately responding in the area of emergency nutrition.

1.6 Next Steps

Assuming resources are in place to commence, the Cluster is prepared to begin implementation of the workplan on January 1, 2006. The Cluster has agreed to hold monthly teleconferences to coordinate and update on progress, with additional teleconferences, as crises require. The Cluster will also hold quarterly face-to-face meetings to monitor and modify the implementation plan as necessary.

II Table of Cost Estimates

Global Costs / Component of the IASC Appeal

1.1 Global Costs* / Components of the IASC Appeal

No.	Type of costs	Activities	Funds required
1	Cost of lead role	Limited support cell/extra Publication/Info exchange Funds for establishing standby Development of frameworks	US\$ 2,877,700
2	Capacity Building	Training and policy development	US\$ 1,443,850
3	System-wide costs	Logistics**	0
4	Global strategic stockpile	Stockpile of Nutrition supplies and NFIs for 1 new emergency of 700,000 people***	US\$ 4,148,000
5	Preparedness & contingency planning		US\$ Each individual agency to input
6	Cost per operation***	Coordination costs (including assessment and evaluation, surveillance and benchmarking Equipment + supplies Deployment of additional staff Capacity Building/Training	US\$ 7,848,000
TOTAL			US\$ 16, 317, 550

The cost of cluster activities (Nos. 1 and 2 in the table above), for one year, is \$4,321,550. This is the cost of activities that are above and beyond ongoing work in the area of emergency Nutrition encompassed within individual organizations and existing working group mandates. The activities and costing articulated in the work plan reflect priority strategic activities considered to have the most immediate impact on humanitarian response. It is important to highlight that Nutrition, Food Aid, and Livelihoods has been identified as a 'gap area' and as

* For 2006 only

** The assumption is that logistics cluster will reflect costs for Nutrition supplies in their budget

*** Service delivery is included in these costs

**** Assuming 500,000 children under 5, and 200,000 pregnant and lactating women

such, will require initial investment costs in order to generate a systematic improvement in this area. These “start-up” costs have been incorporated into the cluster cost estimate.

The cost of providing a minimum package of nutrition interventions in the first phase (3 months) of an acute crisis, to an affected population of 600,000 children and 200,000 pregnant and lactating women, is US\$7.9 million (\$3.73 per capita per month).

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