INTER-AGENCY STANDING COMMITTEE
PRINCIPALS MEETING

Cluster Working Group on Nutrition Progress Report

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I Introduction

Following the September 12 meeting of the IASC Principals, Cluster Leads were requested to undertake the following actions between September and December:

1. Decide how the cluster will substantially improve the humanitarian response within the sector for new emergencies
2. Complete assessment of capacities and gaps in the sector
3. Carry out specific capacity mapping and response planning in consultation with the Humanitarian Coordinators to improve response in a selected number of existing emergencies
4. Improve non-UN actor involvement in the process, building on regional/national capacities
5. Ensure integration of cross-cutting issues such as gender, age and diversity; HIV/AIDS; human rights
6. Undertake coordinated response planning and preparedness measures, build links between clusters and prevent duplication with other structures
7. Prioritize actionable recommendations for 2006 implementation
8. Develop recommendations on outstanding cluster specific issues, such as the broader protection framework
9. Develop a plan for a phased introduction
10. Prepare cluster-specific resource requirements

Since September, the Nutrition Cluster has continued to meet regularly through 5 conference calls, and one face-to-face meeting (December 5-7, 2005 to finalize the 2006 Cluster Implementation Plan. The Cluster Chair has also had face-to-face meetings with OCHA (Ms. Yvette Stevens) the WASH Cluster Chair as well as the WHO/Health Cluster Chair.

The Global Cluster has been significantly involved in the response to the South Asia Earthquake, providing support and guidance, and serving as a conduit of information flow between country and global level. The South Asia Earthquake provided timely experience and a wealth of lessons learned to guide the Cluster forward, which have informed the recommendations and suggestions of this report as well as the activities identified in the implementation plan. It was challenging to respond comprehensively to the South Asia Earthquake while simultaneously moving forward on conceptual issues in accordance with the agreed timeframe. Nonetheless, we have made significant progress in the 10 areas above.

It should be flagged that the de facto application of the cluster approach in Pakistan has generated significant discussion regarding process and realistic implications of the cluster approach. We would like to highlight the importance of ensuring participating agencies and organizations have been able to absorb the implications of the cluster approach, both as it impacts their individual agencies as well as the wider context of humanitarian response and the way we do business. If one thing has been clarified, indeed it is the realization that business-as-usual will not be sufficient. We will have maximal success with the cluster approach if we move

forward with realistic commitments from agencies that can be monitored and feasibly applied in practice.

II How to Improve Humanitarian Response in the Cluster Area

Since the endorsement of the IASC Principals document in September, the Nutrition Cluster Working Group has continued work to develop an implementation plan with the aim to improve the predictability, effectiveness and accountability of humanitarian action in Nutrition. Experience with the Cluster approach to date has underscored the following underlying principles as essential for an improved humanitarian response in the Nutrition sector:

- Although undernutrition has proven direct and indirect impact on survival and development, and is particularly critical in crisis contexts, it has been established that Nutrition has not been consistently and sufficiently addressed in prior emergencies. **The critical role that Nutrition plays in survival and development must be given more attention as a vital part of humanitarian response and strategies.** The nutritional status of young children is the outcome of i) access and utilization of adequate foods, ii) effectiveness of health services and healthiness of the environment, and iii) quality and level of maternal and child care. As such, Nutrition interventions are most effective when integrated inter-sectorally and require not only the commitment of the Nutrition Cluster (and Nutrition staff at regional and country level), but also of the Health, Water and Sanitation, Food and Education sectors and clusters.
- It will be the primary role of the global Nutrition Cluster to advocate for and **support the implementation of Nutrition activities through the various IASC Clusters as well as through agency focal points naturally mandated to lead in specific areas (e.g. UNHCR/Refugees, WFP/Food, UNICEF/Education, FAO/Food and Agricultural Livelihoods** --at global, regional and country level.
- Lessons learned from the South Asia Earthquake have demonstrated that in order to ensure a predictable, effective and accountable response in Nutrition, **the cluster approach must be replicated and strengthened at country level**. The cluster approach will be most effective with buy-in and commitment not only from global clusters, but also from Government, bilateral, and non-UN actors at the national level who can leverage this approach to respond more efficiently within existing capacity, structures and procedures in-country. Efforts must be made to ensure Country/IASC Teams are able to form according to the situation in-country, and that they are brought into the process and discussions as soon as possible.
- The national clusters should be supported to act within decentralized structures (e.g. UN Country Teams, Humanitarian Coordinator, etc.) while global clusters should be concurrently supported in their mandate to identify gaps and mobilize action when additional capacity and resources are required**. 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**.
- While appeals and funding mechanisms exist for countries in which undernutrition is a direct consequence of conflict or natural disaster, almost half of all under-five deaths linked directly or indirectly to undernutrition do *not* occur in acute emergency contexts. In addition to increasing funding dedicated to Nutrition in acute emergency contexts, **mechanisms should be established to draw attention and funding to countries that**

are in a perpetual, chronic state of emergency nutritional status. The Nutrition Cluster welcomes the upgraded CERF proposal as a potential funding mechanism to do so and we look forward to continued work with the IASC to identify further mechanisms to bring attention and resources to these silent and forgotten emergencies.

- In order for the IASC cluster approach to be truly effective and to distinguish itself from existing or past initiatives with similar humanitarian objectives, **the Nutrition Cluster welcomes additional guidance from the IASC on proposed measures of accountability and reporting of individual agencies (UN and non-UN), as well as mechanisms of accountability between national and global levels of cluster work.**
- It is the intention and objective of all agencies to use existing funds in the most efficient ways possible. Efforts will continue to be made to enhance cost-effectiveness and efficiency, **but measurable impact will only be seen in emergency Nutrition if and when additional resources are injected to facilitate action.** It should also be stressed that additional funding is required not only for the lead agency to coordinate and deliver in many technical areas for which it is leading, but also for the participating IASC members and NGOs who also manage Nutrition interventions globally and who will be required to contribute to the activities in the Nutrition Cluster implementation plan.

III Cluster Participation

- The following UN and non-UN actors are current active participants in the Nutrition Cluster globally:
- *UN:* WHO, UNHCR, WFP, FAO, UNICEF, UNFPA, OCHA
- *Non-UN:* IFRC, ICRC, ACF, Save the Children UK/SPHERE

In the South Asia Earthquake, a significant number of non-UN actors are involved, including bilaterals.[1]

We have made proactive attempts to increase non-UN participation at the global level, and will continue to make additional attempts to do so. At a minimum, we would like to see the participation of key emergency Nutrition NGOs.

Distinction of accountabilities and expectations of NGOs vis a vis UN actors in the global Cluster approach would likely clarify objectives of NGO involvement and improve participation.

The Nutrition Cluster considers bilaterals to be key actors in the general Cluster approach. Related specifically to Nutrition, there are particular bilateral agencies that are actively involved in emergency Nutrition activities, strategic guidance and in some instances, implementation. We consider their participation crucial and would like to see the eventual inclusion of CDC, CIDA, USAID, DFID and ECHO.

[1] UNICEF, Netherlands Embassy, USAID, HIC, CRS, Caritas, IFRC, WASEP-AKPBS-P, WHO, Mercy Corps, Oxfam, LIFE, CIDA, JEN, DFID, THW, NCA, Islamic Relief, Save the Children, USAID, Interfaith League Against Poverty, World Bank, ACF, Concern, GOAL, IMC, INTERSOS, MERLIN, MSF,PSI, ACTED, ALISEI, CARE, ARC, CESVI. Coordinated effort with the Ministry of Environment and the Ministry of Science and Technology

In order to facilitate the participation of these organizations that are beyond the membership of the IASC, the Cluster has identified the following criteria for participation:

- 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.

IV 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.[2] In addition, the Cluster has documented, presented and discussed lessons learned from the Pakistan response, which have informed the identification of further gaps and the activities articulated in the implementation plan. A more comprehensive gap analysis is a planned activity in the 2006 implementation plan (see annex 2).

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.

The Cluster has identified the following areas where immediate action is critical for an improved response, and will focus its 2006 implementation plan on addressing these priority areas:

- **Sector Coordination**: Inadequate coordination at all levels (global, regional and country); no common definition of what it means to coordinate.
- **Staffing and surge capacity**: Insufficiently trained staff with technical capacity to analyze and respond to nutrition data, inadequate number of trained staff in management of severe malnutrition,
- **Emergency Preparedness and Response Triggers**: Lack of standardized minimal indicators for response triggers; lack of standardized Nutrition early warning systems,
- **Assessment, Monitoring and Surveillance**: Lack of continuous and reliable data that is comparable between agencies and over time,

[2] Page 10 and Annex 3

- **Supply:** Insufficient stock on emergency commodities for nutrition
- A comprehensive and credible capacity assessment is important for future planning and resource prioritization. It is, however, a significant task to conduct a global capacity assessment and as such the activity has been placed into the Nutrition Cluster's implementation plan as a priority action[3] for completion by April 2006.
- While each agency is mandated by specific core commitments in Emergencies and could assess sector performance based on agency-specific corporate benchmarks, **a sector-wide capacity and gap assessment would be maximized if measured against a context of benchmarks that are agreed to be the minimum standard by all IASC cluster members.** Thus we propose that a capacity assessment go hand in hand with a commitment to endorse, establish and/or agree upon emergency Nutrition benchmarks by April 2006. We are optimistic progress will be made in this area building on SPHERE standards, and following the WHO-led workshop on Assessing and Tracking Humanitarian and Health Outcomes (1-2 December, 2005).

V Response in selected existing emergencies

The Nutrition Cluster is in agreement with the current position of the IASC to focus on a select number of existing emergencies to pilot and learn how to improve humanitarian response by the cluster approach. However, it is unclear what the agreed upon criteria have been to identify pilot countries to date. We would like to see the following factors taken into consideration to inform the choice of pilot countries:

- Potential for a synergistic response across sectors
- Balance between natural disasters/complex emergencies
- Regional parity[4]
- Attempted consistency with pilot countries selected by other global initiatives (e.g. Ending Child Hunger and Undernutrition Initiative and others) to capitalize on existing resources and multiply impact

VI Cross-Cutting Issues

Several cross-cutting issues are integral to Nutrition security in emergencies:

- *Gender:* Nutrition security is impacted by gender roles and a woman's ability to access food safely and equitably, by her ability to safely access water, firewood or fuel, and by the amount of other demands placed on her that may detract from her ability to care for her children and prepare food (such as whether she must care for sick family members, whether she herself is sick of infected with HIV, whether or not she can control the number and timing of her children, etc). Gender is mainstreamed into many IASC member agencies' current mandates and demonstrated programmes in Nutrition, and is an

[3] Pending resources

[4] Most under-five deaths are clustered in two regions of the world: sub-Saharan Africa, which accounts for 44% of deaths; and South Asia, which accounts for 32%. We would like to see a country focus that at a minimum represents these two regions.

area that provides further opportunities for cross-sectoral work between Nutrition, Livelihoods and Agriculture, Health, and Education.

- *Nutrition and HIV/AIDS:* HIV/AIDS has devastating impacts on nutrition, at individual, household and community level. Undernutrition in turn increases both the susceptibility to HIV infection and the vulnerability to other HIV-related infections. Knowledge of the devastating interactions between HIV/AIDS and food and nutrition security has been growing in recent years, but the crucial next step - of using this knowledge to improve and scale up effective actions - has yet to be taken. Initiatives on mainstreaming nutrition in HIV/AIDS programming strategies in emergency situations do exist and it is important to build on and learn from them. Particularly, it is imperative that the HIV/AIDS-Nutrition work that has been undertaken in Sub-Saharan Africa is built upon and utilized for better preparation in other areas where comparable impacts of HIV and food and nutrition insecurity may soon be experienced, such as South Asia. More work needs to be done in this area, in terms of empirical evidence, increased action and scaling up, and monitoring and evaluation.

VII Plan for a Phased Introduction and Recommendations for 2006 Implementation

7.1 Planning and Preparedness

As mentioned in section II of the Report, it is imperative that the cluster approach be country-led. As such, the IASC must support country planning and preparedness to ensure that all countries are aware of the cluster approach and related accountabilities before an emergency strikes. Immediately following the South Asia Earthquake, UNICEF as lead agency advised agencies within the Cluster to communicate information regarding the cluster approach with their country offices and with Government, including sharing global and national TORs for the Nutrition Cluster. ***These TORs have been revised in light of lessons learned from Pakistan and will be disemminated to all Country Teams.***

The following select steps are critical for effective response planning and coordination:

- *Standardized rapid assessment and survey methodologies* that facilitate consistent Nutrition-related data collection and analysis among agencies. A uniform analysis of relief requirements will ensure a more coordinated and complementary response from agencies throughout all stages of an emergency. **The Cluster plans to endorse a standardized food and nutrition rapid assessment methodology and tool by the first quarter of 2006.**
- *Development of a Health and Nutrition Tracking System:* Once data has been collected and analyzed, a predictable, accountable and consistent response chain should be set in motion. This entails identifying a set of indicators to consistently monitor-- before, during, and in the transition phase of an emergency—that identifies the nature, severity and scale of the crisis. Subsequently, the performance and impact of the humanitarian sector must be measured against agreed benchmarks in order to ensure an accountable response of the international system. **A tracking system to perform these functions will be jointly developed with the WHO/Health Cluster by the 3rd quarter of 2006.**

- *Synergy with Health, Water and Sanitation, Food and Food Security, and HIV/AIDS:* It is critical not only for these sectors to respond jointly, but also to plan jointly. **The Chair of the WHO/Health Cluster attended the Nutrition Cluster face-to-face meeting, ensuring synergy and inter-cluster linkages between the Health and Nutrition Cluster implementation plans. Information-sharing has taken place with both the Water and Sanitation Cluster as well and a "triple-cluster" meeting has been tentatively agreed upon to review and identify areas of collaboration within all 3 Cluster Implementation Plans.** We hope also that there will be an official IASC mechanism whereby the cluster approach and individual cluster workplans are reviewed with an overall lens of inter-sectoral coordination.
- *Coordination Cell:* The Nutrition Cluster has developed an implementation plan to ensure many of the above activities are completed. In addition**, UNICEF, as lead agency, has proposed to host a Nutrition Coordination Cell to coordinate overall humanitarian preparedness, response and transition for emergency Nutrition.** The Terms of Reference of the Coordination Cell will be to:
  - Serve as the secretariat of the Nutrition Cluster Working Group
  - Support the implementation of the Nutrition Cluster implementation plan including coordination, monitoring and reporting on progress
  - Organize and facilitate IASC Cluster processes, including preparing draft reports, organizing meetings, and sharing information
  - Ensure joint planning and response with the IASC Secretariat and other Cluster Secretariats (particularly Health, Water and Sanitation, and Food)
  - Build relevant partnerships with organizations and individuals to ensure implementation of the Nutrition Cluster Implementation Plan and TOR
  - Coordinate the development of capacity within the Nutrition Cluster (e.g. helping to standardize training materials, developing inter-agency standby arrangements, developing staff profiles, etc.)
  - Identify the resources required for a predictable, speedy, and effective response in nutrition emergencies
  - Maintain updated knowledge of nutrition crises globally, and mobilize awareness within the international community to ensure an adequate response for nutrition in declared emergencies (e.g. raising attention related to lack of access or limited resources, etc.), and raise early warning signals for imminent or foreseeable emergencies

7.2 Recommendations for 2006 Implementation

The Nutrition Cluster recognizes the need to focus first on macro issues that yield scaled 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:

1. Cluster Coordination
2. Emergency Preparedness and Response Triggers
3. Assessment, Monitoring and Surveillance

4. Capacity Building
5. Supply

These 5 working areas are part of a wider conceptual framework that includes norms and policies as well as the technical areas mentioned as gaps in section 3 above[5]. An implementation plan that addresses the wider conceptual framework will be considered as part of second phase approach (e.g. 2007 and beyond).

Key elements of the Implementation Plan include the following:

7.2.1 Cluster Coordination

Results to be achieved:

- IASC roles, accountabilities and processes are communicated and coordinated at global and country level
- Skilled Nutrition coordinators exist and can be rapidly deployed
- Timely and systematic information sharing and advocacy for Nutrition emergencies takes place during all phases of the emergency
- Funding is readily available to respond to nutrition crises, at all phases of the emergency

7.2.2 Capacity Building

Results to be achieved

- Global capacity of the Nutrition Cluster is assessed and national capacity assessments supported
- Staff have the skills to effectively assess Nutrition emergencies
- Staff have the skills to effectively respond to Nutrition emergencies

7.2.3 Emergency Preparedness and Response Trigger

Results to be achieved:

- There is consensus on what determines a Nutrition emergency (chronic and acute)
- Relevant information is available in order to generate prompt programmatic action

7.2.4 Assessment, Monitoring and Surveillance

Results to be achieved:

- Timely, accurate and standardized data exists for an appropriate and rapid response

[5] Norms and Policies, Infant and Young Child Feeding, Supplementary Feeding, Therapeutic Feeding, Micronutrients and Nutrition and HIV.

- Performance quality and programme impact is monitored and evaluated

7.2.5 Supply

Results to be achieved:

- Relevant supplies are readily available during the immediate onset of an emergency

VIII Recommendations on Cluster Specific Issues

- It is agreed that UNHCR should continue to be responsible and recognized as the lead agency for Nutrition in refugee settings in accordance with its mandate. It is also recommended that FAO be recognized for its lead role in Food and Agricultural Livelihoods.[6]
- Although it was decided to change the name of the Cluster from "Nutrition and Feeding" to "Nutrition."[7], the Cluster recognizes that food security is an integral dimension of Nutrition and as such must be considered and integrated in assessments and early warning systems.
- During the South Asia Earthquake, we saw a combining/addition of Food into the Nutrition Cluster to form a Food and Nutrition Cluster. Formal clarity is needed on the balance to strike between agreed upon global Clusters and the autonomy/decentralization of Country Teams to determine an individualized response mechanism that is appropriate to their needs.
- 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 to establish a mechanism for global clusters to act when national clusters are not adequately responding in emergency nutrition.

IX Cluster-specific resource requirements

9.1 Cluster-costing

The cost of cluster activities (coordination, capacity development, and policy and systems development), for one year, is $4,003,867 (see annex 2 for more detail). 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 workplan 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' by the Humanitarian Response Review and as such the Cluster will require initial investment costs in order to

[6] This issue has been brought to the the attention of the Chairperson of the IASC Working Group who has agreed to further refer this recommendation from the Nutrition Cluster to the IASC Working Group for their consideration.

[7] Outcome Statement of the 12 September IASC Principals meeting, pg. 10

generate a systematic improvement in this area. These "start-up" costs have been incorporated into the cluster cost estimate.

X Cluster Response Costing

It will be immensely valuable to have a figure on hand that quantifies what it will take to deliver on nutrition in emergencies. This can greatly assist in the rapid mobilization of funds to facilitate an immediate response to humanitarian crises. The Cluster has come up with an initial estimate of $7.9 million for an initial phase of an emergency (first 3 months), which would provide assistance to a beneficiary population of 600,000 children under 5, and 200,000 pregnant and lactating women. This costing is based, of course, on numerous assumptions (detailed in annex 1) that can significantly alter the total required cost. Our current estimate of $7.9 million amounts to a per capita cost of $3.73.

We believe the costing can be further reduced with effective synergy and collaboration between the various clusters to reduce individual transaction costs and streamline activities so that standard mechanisms exist in areas such as assessment, surveillance, etc.

Prepared by Cluster Working Group on Nutrition – November 2005

Annexes and list of their content:

- Annex I: Estimated Cost of Financing a New Emergency in 2006
- Annex II: 2006 Implementation Plan for the Nutrition Cluster
- Annex III: Revised Terms of Reference for the Global and National Lead Agency (following lessons-learned from the South Asia crisis)

XI Annex 1

Financing Nutrition Emergency Interventions: 2006

Assumptions for Ball Park Estimate:

- An affected population of approximately 4 million people. Average proportion of children under 5 is 15%, beneficiaries are 600,000 children under 5; 200,000 pregnant and lactating women
- 10% of children under 5 suffer from moderate or severe acute undernutrition: 60,000 children.
- 25% of undernourished children are severely undernourished: 15,000 children suffer from severe malnutrition
- The emergency has been sudden[8] with little warning and no preparation
- Existing staff is not sufficient
- Security/terrain/weather is not a problem and there is sufficient access to children and women

Action	Cost (US$)
Rapid assessment (+staff)	200,000
Cooking Supplies[9]	658,000
Multimicronutrients for children[10], pregnant and lactating women[11]	400,000
Therapeutic Feeding Centres[12]	830,000
Vitamin A supplementation through measles vaccination campaign[13]	100,000
Training/capacity building of all Health Care Providers and Community workers on key health and nutrition messages with focus on safe infant feeding practices	1,500,000
Baseline for Health and Nutrition situation followed by a functional monitoring and surveillance system	1,000,000
Supplementary Feeding[14]	$2,160,000
Surge Capacity[15]	1,000,000
Total for one emergency	**7,848,000**
Total for three emergencies	**23,544,000**
Unit cost per beneficiary per month	*3.73*

[8] Assumption is an acute emergency

[9] Assuming 700,00 affected families, 10% dependant on ext. assistance, and $9.40 unit cost per cooking set

[10] Assuming 2 RDAs weekly for 600,000 children under 5 for 3 months. $8/1000 tablets=$250,000

[11] Assuming 1 RDA/daily for 170,000 pregnant and lactating women for 3 months. $8/1000 tablets=$150,000

[12] Given above assumptions and 80% programme coverage, 12,000 children would be covered by TFCs. Assuming each TFC would have the capacity of 100 children, 20 TFCs would be required. Cost estimates include supplies, logistics, and staff to run TFC for 3 months

[13] Including logistics, distribution, etc

[14] .30 cents/beneficiary

[15] Includes capacity for sector coordination and consists of at least 1 IP, 2 National Professionals or IPs in 4 field offices, 4 admin assistants, as well as costs of travel, meetings, technical assistance. Also assuming high-quality staff would be less inclined to work for <6 months, so costs are based on a 6 month period.

XII Annex 2

Preliminary Gap Analysis and Recommendations 2006 Implementation Plan

Working Area: Cluster Coordination

Lead Agency: UNICEF

Gaps Identified:

- No straightforward network through which to coordinate responses to nutrition in emergencies. There is inadequate coordination, management and accountability at all levels—HQ, regional, and country
- Not a clear and standard definition of what it means to coordinate at HQ, Regional and Country Level
- Staff resources--each agency asks for nutrition staff and does its own thing. Need better coordination and to share resources at the country level among partners and government
- Lack of sufficient information sharing within UN Agencies
- Lack of systematic inter-sectoral collaboration
- Unpredictable capacity for nutrition across regions, countries and agencies

Result	Activities	Focal Point	Partners	Timeline
IASC roles, accountabilities and process are communicated and coordinated at global and country	1. Finalize TORs for Nutrition Cluster coordination at country and global level	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter, 2006

Result	Activities	Focal Point	Partners	Timeline
coordinated at global and country level	2. Support IASC mechanisms to ensure that the IASC process and commitments are communicated, and endorsed within agencies at country, regional and global level	**UNICEF/Nutrition Cluster**	**Nutrition Cluster**	First quarter, 2006
	3. Quarterly face to face meetings of the global Cluster and missions as appropriate	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter and ongoing
	4. Transparent and effective coordination of IASC Nutrition cluster, as well as inter-cluster coordination with Health Cluster, Water and Sanitation Cluster and others as appropriate	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter and ongoing
	5. Develop generic TORs for emergency Nutrition Coordinators	**UNICEF/Nutrition Cluster**	Nutrition Cluster	First quarter, 2006
	6. Review WHO/Health Cluster HEAR-NET training course and develop an emergency nutrition coordination module to be integrated	**UNICEF**	WHO/Health Cluster, Nutrition Cluster	First quarter, 2006
	7. Ensure at least 20 Nutrition Coordinators are trained by 2006	**UNICEF/Nutrition Cluster**	WHO/Health Cluster, Nutrition Cluster	End 2006
	8. Develop inter-agency roster of surge capacity to be deployed in emergencies	**UNICEF**	Nutrition Cluster	2nd quarter and ongoing
Timely and systematic information sharing and advocating for Nutrition emergencies takes place during all phases of the emergency	9. Facilitate timely dissemination of relevant information to the Cluster, partners, media, donors, governments, through the development of an inter-linked Health and Nutrition Information System .	**UNICEF/Nutrition Cluster**	WHO/Health Cluster, Nutrition Cluster	First quarter and ongoing

Result	Activities	Focal Point	Partners	Timeline
Funding is readily available to respond to nutrition crises, at all phases of the Emergency	10. Ensure Nutrition is systematically included in CAP appeals	**UNICEF**	Nutrition Cluster	First quarter and ongoing
	11. Fundraising for Nutrition is undertaken on behalf of the Cluster	**UNICEF/Nutrition Cluster**	Nutrition Cluster	First quarter and ongoing

12.1 Working Area: Capacity Building

<u>*Gaps Identified:*</u>

- Unpredictable and insufficient capacity for nutrition across regions, countries and agencies

Result	Activities	Focal Point	Partners	Timeline
Global capacity of the Nutrition Cluster is assessed and national capacity assessments supported	12. Coordinate a capacity analysis of the international community's response to Nutrition emergencies using the IASC framework template	**UNICEF/Nutrition Cluster**	Nutrition Cluster	1st quarter 2006
	13. Develop a national capacity assessment format/checklist	**UNICEF**	Nutrition Cluster	1st quarter 2006
Staff have the skills to effectively assess Nutrition emergencies	14. Develop objectives/TOR for nutrition in emergency assessment training	**UNICEF**	Nutrition Cluster	1st quarter 2006
	15. Review existing training modules	**UNICEF**	Nutrition Cluster	2nd quarter 2006
	16. Harmonize training packages for ultimate development of a standardized inter-agency training curriculum on nutrition in emergency assessment	**UNICEF/Nutrition Cluster**	WHO/Health Cluster, Nutrition Cluster	End 2006

Result	Activities	Focal Point	Partners	Timeline
	17. Develop a strategy for rolling out the training	**UNICEF/Nutrition Cluster**	Nutrition Cluster	***End 2006***
Staff have the skills to effectively respond to Nutrition emergencies	18. Develop objectives/TOR for emergency nutrition response training	**UNICEF**	Nutrition Cluster	1st quarter 2006
	19. Review existing training modules	**UNICEF**	Nutrition Cluster	2nd quarter
	20. Harmonize training packages for ultimate development of a standardized inter-agency training curriculum on nutrition response	**UNICEF/Nutrition Cluster**	WHO/Health Cluster, Nutrition Cluster	End 2006
	21. Develop a strategy for rolling out the training	**UNICEF/Nutrition Cluster**	Nutrition Cluster	**End 2006**

Working Area: Emergency Preparedness and Response Triggers

<u>*Gaps Identified:*</u>

- Lack of technical capacity to analyze and respond to information in a timely manner
- Lack of consensus on what classifies a “nutrition emergency”
- Lack of standardized monitoring systems of adequate preparedness; no test to see whether agencies are prepared (simulation exercises suggested)
- Lack of timely information and data to the appropriate people
- Insufficient stock on emergency commodities for nutrition due to constraints related to resources, logistics and security
- Lack of standardized minimal indicators for response triggers amongst international community once early warning signals are sounded
- Insufficient definitions of accountabilities and procedures for rapid response.
- Prioritization of emergencies often impedes ability to respond appropriately even when early warning signals are sounded

- Lack of internationally agreed mechanism for triggering appropriate response.
- The many guidelines/protocols for operational purposes need to be mainstreamed

Result	Activities	Focal Point	Partners	Timeline
There is consensus on what determines a Nutrition emergency (chronic and acute)	22. Identify indicators/thresholds to classify Nutrition emergencies	***UNICEF***	SCN, Nutrition Cluster	1st quarter 2006
Relevant information is available in order to generate prompt programmatic action	23. Ensure that the information systems of the Cluster organizations include food security, livelihoods and nutrition indicators, as well as linkages to the Health and Nutrition Clusters 24.	**UNICEF/Nutrition Cluster**	WFP, FAO, WHO/Health Cluster, Nutrition Cluster	2nd Quarter 2006
	25. Mapping of country profiles to identify vulnerability to emergencies and capacity to respond.	**UNICEF**	WFP, FAO, WHO/Health cluster, Nutrition Cluster	1st quarter, 2006

Working Area: Assessment, Monitoring and Surveillance

Gaps Identified:

- Lack of continuous flow of consistent and reliable data for decision making (e.g., early warning systems, nutrition surveillance). Information may be available but not shared which could be due to lack of trust and transparency amongst agencies
- Information gaps between HQs and Country Offices
- Too many assessments which are not coordinated
- Lack of coherent understanding of need due to the use of many methodologies, which make it difficult to compare results.
- Lack of technical capacity to collect and analyze reliable data

- Lack of comprehensive, long-term technical support for strategic and sustained capacity building
- Lack of standard indicators and tools to measure programme quality and evaluate programme impact in emergencies.
- Lack of equipment at country level for assessment and use of faulty equipment

Result	Activities	Focal Point	Partners	Timeline
Timely, accurate and standardized data exists for an appropriate and rapid response	26. Agree upon rapid assessment tool on food and nutrition issues endorsed by all agencies as the standard tool to be used	WFP, WHO/Health Cluster, UNHCR, FAO, Nutrition Cluster	WFP, WHO/Health Cluster, UNHCR, FAO, Nutrition Cluster	2nd quarter 2006
Performance quality and programme impact is monitored and evaluated	27. Agree upon Nutrition benchmarks to be used in humanitarian response	Nutrition Cluster	Nutrition Cluster	2nd quarter 2006
	28. Tool is developed/endorsed to monitor performance against agreed benchmarks and linked to tracking service 29.	WFP, Nutrition Cluster	WFP, Nutrition Cluster	3rd quarter 2006
	30. Joint country evaluations are conducted together with WHO/Health Cluster	UNHCR, WFP, WHO/Health Cluster, Nutrition Cluster	UNHCR, WFP, WHO/Health Cluster, Nutrition Cluster	End 2006

Supply

<u>*Gap Identified:*</u>

- Insufficient stock on emergency commodities for nutrition due to constraints related to resources, logistics and security

Result	Activities	Focal Point	Partners	Timeline
Relevant supplies are readily available during the immediate onset of an emergency	31. Support the development and production of Nutrition commodities that better address the needs of affected population (e.g. Ready to Use Therapeutic Foods, multi-micronutrients, etc.)	**UNICEF**	WFP, UNJLC, UNHAS, CWG on logistics, Nutrition Cluster	1st quarter and ongoing
	32. Investigate ways to revise/strengthen process for procuring prepositioned supplies	**UNICEF/Nutrition Cluster**	WFP, UNJLC, UNHAS, CWG on logistics, Nutrition Cluster	1st quarter and ongoing
	33. Develop standardised operational procedures (fact sheets) to streamline and prepare for the emergency response	**WFP**	SCN Working Group on Emergencies, Nutrition Cluster	2nd quarter 2006