62^{nd} IASC WORKING GROUP

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REPORT FROM THE CLUSTER WORKING GROUP ON

NUTRITION AND FEEDING

August 2005

EXECUTIVE SUMMARY

1. Recommendations

General Recommendations to the IASC for All Cluster Groups

1. Establish the IASC Cluster Working Groups as the official coordination mechanisms for action in humanitarian crises;
2. Endorse measurable indicators developed by the agencies to hold them accountable for cluster and subcluster response areas, using the "Sphere Handbook", as appropriate;
3. Endorse concept of national lead agencies and develop a mechanism of coordination at country level for preparedness and rapid response;
4. Strengthen CERF or similar funding mechanism whereby funds can be made available to crises in a reliable, consistent and objective manner;

Specific Recommendations to the IASC for Nutrition and Feeding

5. Appoint UNICEF as lead agency for Nutrition and Feeding in Emergencies, as recommended by the NFCWG (see Section 6);
6. Endorse the development of Subcluster Task Forces and their respective lead agencies, for 10 subcluster areas in Nutrition and Feeding;
7. Prioritize human resources as an area that requires immediate attention to improve quality and quantity of deployable and available staff;
8. Invest in the strengthening and development of national early warning systems and effective response triggering for Nutrition and Feeding on objective criteria;
9. Support the standardization of assessment, monitoring, and evaluation methodologies and tools;
10. Secure sufficient financial resources for adequate supplies to cover preparedness and rapid response.

2. Next Steps

- Pending decision from IASC Principals on Nutrition and Feeding Cluster Report, reconvene in September to discuss outcomes
- Based upon identified mandate of NFCWG, establish performance indicators for NFCWG as well as the Subcluster Task Forces (STFs)
- Confirm membership of NFCWG, including reconfirming focal points and accountabilities of membership, and begin development of implementation plan for NFCWG
- Begin development of Subcluster Task Forces (STFs), including identifying agency focal points, mapping capacity, identifying/confirming gaps, and developing implementation plans for each subcluster area.

Table of contents

I. BACKGROUND AND INTRODUCTION

The recent crises in the Indian Ocean and Darfur have drawn increased global attention to humanitarian issues, resulting in greater visibility, funding and action in these crisis areas. The heightened focus has also, however, prompted increased scrutiny of the international community's demonstrated response to these emergencies and of its capacity to respond to comparable emergencies in the future.

In an effort to ensure a well-coordinated global response to emergencies, the Inter-Agency Standing Committee (IASC) agreed to create cluster working groups in 8 operational sectors to map current capacity and provide recommendations for an improved future response in each of the sectors.

Through several teleconferences, one face-to-face meeting and email exchanges, the Nutrition and Feeding Cluster Working Group (NFCWG) achieved consensus on recommendations and coordination mechanisms to strengthen global efficiency and capacity to respond to Nutrition and Feeding crises.

II. COMPOSITION OF IASC NUTRITION AND FEEDING CLUSTER WORKING GROUP (NFCWG)

The NFCWG was chaired by UNICEF and included representatives from OCHA, UNFPA, UNHCR, UNICEF, FAO, WFP, WHO, ICRC, Action Against Hunger, and Save the Children/Sphere Focal Point (for ICVA, InterAction, and SCHR).

III. OBJECTIVES OF THE NUTRITION AND FEEDING CLUSTER WORKING GROUP JULY 27TH-AUGUST 22ND, 2005

For the period July 27-August 22nd, the objectives of the Nutrition and Feeding Cluster Working Group were the following:

a. Define roles and responsibilities of involved agencies in the Nutrition and Feeding sector response

b. Produce actionable recommendations for improving the predictability, speed, and effectiveness of international humanitarian response in the Nutrition and Feeding Sector, taking into account relevant reports and Lessons Learned

c. Recommend to the IASC principles for decision, which IASC agency should lead the Nutrition and Feeding Sector in emergencies

d. Propose an implementation plan for short, medium, and long term actionable recommendations and prepare options if there is no consensus

IV. ROLES AND RESPONSIBILITIES OF INVOLVED AGENCIES IN THE NUTRITION AND FEEDING SECTOR RESPONSE

The process of defining global roles and designating responsibilities to agencies within the area of Nutrition and Feeding was multi-pronged. The NFCWG first defined Terms of Reference for the Working Group beyond August 22nd. Second, it was necessary to establish the technical scope of work the NFCWG could be held accountable for; several thematic and cross cutting areas within the area of Nutrition and Feeding were identified in this regard based on an objective set of criteria. Third, broad principles were developed to guide the management and coordination of the NFCWG.

4.1 Terms of Reference for Nutrition and Feeding Cluster Working Group

Several global evaluations have shown that a general weakness in coordination and harmonization has hampered international organizations' ability to respond optimally to emergencies. Lack of clarity in terms of cluster leadership, an uncoordinated designation of roles and responsibilities, as well as unreliable sources of funding for emergencies, has often led to an imbalanced and unpredictable response to humanitarian crises. It was therefore agreed that the primary long-term objective of the Nutrition and Feeding Working Group must be to ***ensure a predictable, speedy, effective, accountable and coordinated response to Nutrition and Feeding in emergencies.***

To achieve this objective, the NFCWG will perform the following functions regularly, with frequent meetings to review and assess progress:

a. Identify accepted criteria to declare and classify nutrition emergencies and agree on subsequent response triggers[1]

b. Strengthen the capacity of Governments to put in place adequate preparedness plans and early warning systems to monitor the nutrition situation

c. Harmonize tools and procedures for emergency preparedness, response and monitoring

d. Install, coordinate and mobilize Subcluster Task Forces to provide a timely and effective humanitarian response

e. Identify key Nutrition and Feeding concerns globally and contribute with:

    i. key messages to advocacy initiatives, with special emphasis on advocacy for forgotten crises and silent emergencies of undernutrition;
    ii. strategies, including for bridging gaps between relief and development

[1] Initial thinking on this is provided in Annex 1

4.2 Scope of Work and Responsibilities

The NFCWG will work in the early warning and preparedness phase of emergencies, in addition to the response phase of acute and chronic emergencies. In each of these contexts, the NFCWG will perform the above-mentioned functions within 10 agreed upon thematic and crosscutting subcluster areas. These subcluster areas, listed below, were identified based on the following criteria:

- relevance to global goals and commitments (e.g. MDGs etc.)
- evidence-based need for action
- achievability/feasibility of measurable results in these areas

Task forces will be developed for each of the thematic and crosscutting areas. These **Subcluster Task Forces (STFs)** will function as technical task forces, responsible for developing and monitoring a detailed work plan of action in their respective areas. Taking into consideration credible global competence, wide national presence at global level, and sufficient capacity and resources to respond, Lead Agencies have been identified to coordinate each STF, as follows:

Thematic Subcluster Task Forces	*Lead Agency*
Infant & Young Child Feeding	UNICEF
Micronutrients	UNICEF
Therapeutic Feeding	UNICEF
Supplementary Feeding	WFP
Food Security	WFP

Cross-cutting Subcluster Task Forces	*Lead Agency*
Norms and Policies	WHO
Response triggering	UNICEF
Assessment, Monitoring & Surveillance	UNICEF
Emergency Preparedness	UNICEF

It has been agreed that a cross-cutting STF should be developed to focus on HIV/AIDS, however it is not yet determined which agency will lead.

It has also been agreed that UNHCR should take the lead on Nutrition and Feeding in refugee settings, however it is not yet determined if a STF should be established for this area.

Each Lead Agency shall create their respective Subcluster Task Force with partners not only within the IASC, but also from external organizations representing bilaterals, the private sector and the scientific community. The recommendations of the STFs shall be forwarded to the NFCWG for final approval and implementation.

It should be noted that there should be a matrix management of thematic and cross-cutting areas, requiring collaboration and integration of thematic areas into cross-cutting areas, and vice versa (see matrix in Annex 2). For example, whereas WHO leads the setting of norms and standards in therapeutic feeding at global level, UNICEF leads the organization and implementation of therapeutic feeding at national

level, which are supported and often run by NGOs at community level. Thus, it is the responsibility of the thematic lead agencies to coordinate implementation of their area, which entails monitoring performance in each cross-cutting area related to their theme. Conversely, it is the responsibility of each cross-cutting lead agency to ensure their respective area is integrated into the thematic areas. These accountabilities need to be further elaborated upon and must be accompanied by a comprehensive work plan.

More detailed descriptions of the sub-cluster areas, challenges and gaps are provided in Annex 3. These descriptions should provide a basis for the formation of Sub-cluster Task Forces and action plans.

4.3 Management of Nutrition and Feeding Cluster Working Group

The NFCWG will be the overall decision-making body for Nutrition and Feeding in Emergencies and will be comprised, as possible, of one overall representative from each IASC member agency. The NFCWG will meet on a regular basis to review progress in each of the Subcluster Task Forces and identify issues requiring the Working Group's attention. The designated Lead Agency for the Nutrition and Feeding Sector will provide the secretariat for the NFCWG and will be the overall coordinator of the Subcluster Task Forces.

Each Subcluster Task Force will be composed of technical staff from organizations with the mandate to operate within the specific thematic or crosscutting area. The Subcluster Task Forces will make recommendations, develop action plans within their areas, and submit to the NFCWG for approval. Accountability for performance in the subcluster areas lies with the respective Lead Agencies of the Subcluster Task Forces.

V. ACTIONABLE RECOMMENDATIONS FOR IMPROVING THE PREDICTABILITY, SPEED, AND EFFECTIVENESS OF INTERNATIONAL HUMANITARIAN RESPONSE IN NUTRITION AND FEEDING

The recommendations to the IASC evolved after first doing an initial mapping of current capacity in Nutrition and Feeding. Second, the group identified gaps and challenges encountered in implementing programmes within various areas of Nutrition and Feeding. Based on availability of capacity and a gap analysis, the NFCWG came up with recommendations to the IASC principles to improve the predictability, speed and effectiveness of the international humanitarian response in Nutrition and Feeding.

5.1 Analysis of Current Capacity

Due to time constraints, it was not possible to undertake an exhaustive capacity mapping exercise. However, the NFCWG did initiate an identification of current capacity among the main UN actors (and 1 NGO) in the Nutrition and Feeding sector. This analysis is provided in annex 4 and it is recommended that this be expanded upon in future working sessions of the NFCWG.

5.2 Identification of Gaps

The following gaps were identified based on the experience, lessons learned and analysis of the agencies within the NFCWG.

1. ***Inadequate coordination***
   There is no straightforward network through which to coordinate responses to nutrition and feeding in emergencies. This problem, not only for reasons of efficiency, but because nutrition is so closely influenced by many sectors including food, health, water and sanitation, care and protection makes effective coordination key to achieving optimal nutrition results. Inadequate coordination occurs at all levels from global to local (during an emergency).

2. ***Lack of prepositioned supply items***
   Procuring necessary commodities in a timely manner is a challenge due to constraints related to resources, logistics and security. The unavailability of prepositioned items (drugs and nutrition products) in case of rapid onset emergencies, in addition to an over reliance on WFP and UNICEF's pipelines for such items (with a risk that these pipelines break), means supplies are often unreliable and unpredictable, hampering the ability to respond adequately.

3. ***Insufficient quality and quantity of human resources***
   Nutritionists skilled in emergency preparedness and response are sorely lacking for almost all organizations, particularly at country level. Not only are human resources sparse, but those who are skilled are difficult to retain for several reasons. First, skilled staff are known within the international community and are in high demand from many organizations simultaneously, resulting in a first-come, first-serve method of recruitment. Second, the nature of emergency contracts are short-notice deployment and short-term contracts, making it difficult to find staff willing to be deployed under difficult conditions without more substantial job security.

   This human resources gap affects not only individual agencies, but the entire Nutrition and Feeding Sector. Because the sector relies so heavily on partners for an integrated response, lack of skilled staff in one organization means lack of skilled partners to cooperate with at country or global level.

4. ***Insufficient Funding***
   Insufficient availability of private funds for rapid deployment, in addition to over reliance on institutional donors whose determination of nutritional emergencies may not always be technically guided results in unavailability and unreliability of financial resources, which hampers ability to provide a predictable and timely response.

5. ***Early Warning and Response Trigger***
   Early Warning and coordination during the onset of a crisis is often dependant on the agencies who happen to be on the ground. This can be positive if presence is significant; however, in countries with limited international presence, early warnings and coordination mechanisms may

be non-existent or significantly delayed. This has an impact on the ability to respond in a timely and effective manner. Furthermore where several agencies are present different methodologies are used for predicting the scale of a crisis, which can lead to conflicting information.

6. ***Slow operationalization of evidence and technology into action***
   There is a significant time lag in operationalizing evidence (scientific or lessons learned) into policies and practice so that the response reflects the latest knowledge and evidence available. This impedes the ability to respond in the most effective manner.

7. ***Participation.***
   Participation is a cornerstone of the human rights instruments and while agencies all support the principle, its application in emergency settings is very limited.

8. ***Application of common standards***
   The Sphere project has promoted the global adoption of minimum standards for disaster response and the standards have been used in multiple contexts for a number of years. They have not been as yet however, fully institutionalized within the UN system in spite of the endorsement of the standards by the IASC in 2000.

5.3 Recommendations

Taking into account the terms of reference of the NFCWG, current capacity to respond to Nutrition and Feeding in Emergencies, in addition to the identified gaps mentioned above, the NFCWG would like to propose to the IASC the following general and nutrition-specific recommendations to ensure a predictable, speedy, effective, accountable and coordinated response to Nutrition and Feeding in emergencies:

General Recommendations to the IASC for All Cluster Groups

1. Establish the IASC Cluster Working Groups as the official coordination mechanisms for action in humanitarian crises;
2. Endorse measurable indicators developed by the agencies to hold them accountable for cluster and subcluster response areas, using the “Sphere Handbook”, as appropriate;
3. Endorse concept of national lead agencies and develop a mechanism of coordination at country level for preparedness and rapid response;
4. Strengthen CERF or similar funding mechanism whereby funds can be made available to crises in a reliable, consistent and objective manner;

Specific Recommendations to the IASC for Nutrition and Feeding

5. Appoint UNICEF as lead agency for Nutrition and Feeding in Emergencies, as recommended by the NFCWG (see Section 6);
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10. Secure sufficient financial resources for adequate supply to cover preparedness and rapid response.

VI. RECOMMENDATION ON LEAD AGENCY IN NUTRITION AND FEEDING IN EMERGENCIES

The NFCWG recommends UNICEF to take the role as the agency with primary managerial responsibility and global accountability to OCHA and the ERC for Nutrition and Feeding in Emergencies.

The recommendation has been made taking into account the following criteria for selection:

- Technical competency
- National presence at country level
- Sufficient capacity and resources to respond

Proposed terms of references for the Global and National Lead Agencies are below:

6.1 Terms of Reference for Cluster Lead Agency

a. Provide the administrative, financial and human resource support for the secretariat of the NFCWG,

b. Ensure that systematic working arrangements at global and country level are in place to respond effectively to nutrition and feeding emergency areas. This includes providing overall technical coordination among the Subcluster Task Forces, and coordinating with other technical secretariats (e.g. Water and Sanitation, Health, etc.). [Details must still be worked out on the implementation mechanisms of coordination]

c. Clearly define preparedness requirements for specific crises

d. Identify the resources required for a predictable, speedy, and effective response in Nutrition and Feeding emergencies

e. Coordinate the development of capacity within the Nutrition and Feeding Cluster Working Group (e.g. standardizing training materials, developing standby arrangements, developing staff profiles, etc.)

f. Mobilize awareness within the international community to ensure an adequate response for Nutrition and Feeding 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

It should be noted that the lead agency will not be expected to do everything directly itself, nor will it have the authority to direct or supervise other agencies. The response to Nutrition and Feeding must be a collaborative and joint effort involving all agencies. ***The Lead Agency will, however, respond to the generic request made of all leads by the Emergency Relief Coordinator to exercise "primary managerial responsibility and accountability", consistently, and on a global basis.***

It should further be noted that the cluster Lead should not necessarily take the lead at the country level for all nutrition emergencies. It is recommended that lead agencies be identified at national levels for each nutrition and feeding crisis, using the above criteria described in section 5.3, among others, as they apply to the national context, and informing the IASC NFCWG of the outcome. In order to operationalize this recommendation, a coordination mechanism must be established between the NFCWG at HQ level, and implementing agencies at country level. A recommendation is put forth to the IASC principles to address this issue.

6.2 Terms of Reference for National Lead Agencies

It is suggested that the National Lead Agency will lead and be responsible for the following areas as they relate to Nutrition and Feeding:

a. **Planning and strategy development**
b. **Standard setting** at the national level
c. **Provide leadership** to ensure teamwork of all partners/agencies
d. Ensuring **coordination** of key partners in developing a technical response capacity
e. Ensure minimum **programme coverage** by the sector (from local to country wide coverage)
f. Ensure high quality **early and regular assessment** in the sector
g. **Monitoring**, tracking performance and reporting on results and
h. **Advocacy** in the specific sector
i. **Preparedness** (training, stock, deployment mapping, prepositioning).

Similar to global level, subcluster lead areas could be encouraged by the national leading agency in partnership with other agencies as appropriate.

A more detailed Terms of Reference for National Lead Agencies is attached in Annex 5.

VII. OUTSTANDING ISSUES

The following areas require further thought and development:

- Develop an implementation plan for actionable recommendations in the short, medium and long-term. A basis for the implementation plan is established, however more time is needed to develop this. A process for development is suggested in section 8 below.

- Determine the relationship between IASC NFCWG and the SCN Working Group on Emergency and in particular to the Nutrition Information on Crisis Situation (NCIS) [formerly Refugee Nutrition Information System (RNIS)]

- Determine the relationship between IASC NFCWG and bilateral agencies, such as USAID, DFID, CIDA

VIII. NEXT STEPS

- Pending decision from IASC Principals on Nutrition and Feeding Cluster Report, reconvene in September to discuss outcomes
- Based upon identified mandate of NFCWG, establish performance indicators for NFCWG as well as the Subcluster Task Forces (STFs)
- Confirm membership of NFCWG, including reconfirming focal points and accountabilities of membership, and begin development of implementation plan for NFCWG
- Begin development of Subcluster Task Forces (STFs), including identifying agency focal points, mapping capacity, identifying/confirming gaps, and developing implementation plans for each subcluster area

ANNEX 1: ACCEPTED CRITERIA TO DECLARE AND CLASSIFY NUTRITION EMERGENCIES

Note: DRAFT and for further development

While it is generally the high-profile, acute emergencies which attract media attention (and subsequently funding), a nutrition emergency often takes subtle and insidious forms. Indeed, undernutrition is called the "silent emergency" due to the fact that nutrition emergencies are often characterized by slow, often invisible, manifestations. Thus it is crucial to identify criteria by which a nutrition emergency is unambiguously defined by all agencies involved. Identifying these criteria and a subsequent action plan will enable a rapid response from the onset, with reduced time wasted on the long and often obstructive process spent determining when to respond and how.

Emergencies result from natural or man-made disasters and are characterized by abnormal conditions of stress and instability. An emergency may be the result of a single or series of disasters, or a slow, insidious progress of emergency. The disasters may be brief or protracted. In the unstable aftermath there are periods in which conditions become more or less acute, and the sequence and duration of these periods are unpredictable. The acuity of conditions may build to a peak or start at a pinnacle; a mending situation may worsen.

Although every emergency is unique and changing, certain departures from normal characterize nutritional emergencies. These include:

- *Changes in livelihood strategies*: Normal strategies for earning income and obtaining essential goods and services are interrupted or become less efficient. Less-desirable, less-efficient strategies (i.e., coping strategies) are adopted or expanded.
- *Expansion of poverty*, both in prevalence and intensity: Incomes drop and possessions necessary to households' short- or long-term viability are lost.
- *Reduced availability of and/or access to staple foods*: Food and productive resources are destroyed, production fails, trade is interrupted or access to markets is blocked.
- *Loss of protective social infrastructure, goods, and services* such as water and sanitation and health facilities and services.
- *Changes in household and community structures and functions*: Death, disability, migration or conscription to armed forces removes people from households and communities. Those who remain must compensate, assuming new roles. Political rifts, armed conflict or competition for diminishing resources increases intra- and intercommunity tensions, disrupting normal operations.
- *Increased susceptibility to death and disability*: These are attributed to the introduction of any of several new threats, such as malnutrition, increased disease transmission, interruption of or blocked access to health services.

Indicators:

While the above criteria provide a helpful qualitative basis upon which to assess a nutritional crisis, they should ideally be coupled with quantitative indicators, such as the following, in order to classify the severity of a crisis:

Table 1. Classification of severity of malnutrition in a community , based on the prevalence of wasting and mean weight-for-height Z-score, for children under five years of age

Classification of severity	Prevalence of wasting	Mean weight-for-height Z-score
Acceptable	<5%	>-0.40
Poor	5-<10%	-0.40 to >-0.7
Serious	10-<15%	-0.70 to > -1.0
Critical	≥15%	≤-1.00

Source: adapted from management of Nutrition in Major Emergencies; table 20 page 40 (WHO 2000)

ANNEX 2: MATRIX OF ROLES AND RESPONSIBILITIES

IASC Cluster Working Group							
Nutrition and Feeding							
Matrix of Roles and Responsibilities							
		Thematic Areas					
			Infant & Young Child Feeding	**Micronutrients**	**Therapeutic Feeding**	**Supplementary Feeding**	**Food Security**
		Accountable Organization	**UNICEF**	**UNICEF**	**UNICEF**	**WFP**	**WFP**
Cross Cutting Areas	**Norms and Policies**	**WHO**	→	→	→	→	→
	Assessment,Monitoring & Surveillance	**UNICEF**	→	→	→	→	→
	Emergency Preparedness	**UNICEF**	→	→	→	→	→
	Response Trigger	**UNICEF**	→	→	→	→	→
	HIV/AIDS	**?**	→	→	→	→	→

ANNEX 3: DESCRIPTION OF THEMATIC AND CROSSCUTTING SUBCLUSTER TASK FORCE AREAS

The following descriptions provide an initial overview of the technical content within each Subcluster Task Force. The descriptions provide a suggested outline of the basic scope of each STF, in addition to an initial gap analysis and identification of challenges within the area, which may be useful when developing STF workplans.

Thematic Subclusters

Infant and Young Child Feeding

Basic Principles:
In emergencies, infants and young children are more likely to become ill and die from malnutrition and disease than anyone else. In general, the younger they are the more vulnerable they are, and inappropriate feeding increases their risks. Supporting infant and young child feeding is therefore one of the first level immediate life-saving responses to be provided in emergencies to prevent excess mortality. Emergency preparedness and planning regarding infant and young child feeding is of crucial importance. The best preparedness is an established, ongoing national infant and young child feeding programme, including the preventive and skilled maintenance support needed for **early initiation** and **exclusive breastfeeding**, and continued breastfeeding with **complementary feeding** for up to two years or longer. In addition, an ongoing programme should include **treatment approaches** for those who are undernourished despite well-conceived preventive efforts. This ongoing national programme is the best basis for additional or intensified action required in emergency context; these are the primary working areas for emergencies as well.

Challenges, Constraints and Gaps:
While the following are all necessary for preparedness and response in emergencies, the absence of any one of the following is a common challenge, constraint and gap:

- Process for identification the National Ministry, Agency, Institution responsible for coordinating the emergency activities; ensuring adequate resources for coordination;
- Promulgation of the National IYCF policy and its endorsement by all emergency agencies, including implementation of the *International Code of Marketing of Breastmilk Substitutes* in ongoing and in emergency setting and ongoing Baby-friendly activities in all facilities and adequate availability of trained and skilled breastfeeding support and relactation personnel;
- Integration of active infant feeding protection and support as a priority for the first days of an emergency.[2]
- Assurance of full availability of the inter-agency guidelines and training tools, and that all staff are trained using the following training modules and guidance documents

[2]These services may be set up as part of the safe areas for the feeding of pregnant and lactating women, or may be integrated into other services for the mothers and infants at the earliest stage of emergency, especially in the establishment of safe spaces where pregnant and lactation mothers can receive their special rations, and ensure that the basic needs of mothers and infants are addressed

- Process to prevent donations of commercial infant feeding from reaching emergencies, and where this does occur, to ensure alternative uses or disposal[3];
- Create community and facility-based therapeutic feeding approaches for ongoing use that may be scaled up for emergencies.

While these steps are based on review and evaluation, the processes necessary for full implementation of these steps have not been well evaluated. Therefore, each of these steps merits further evidence gathering, analysis and feedback, with resources for development of effective response.

Micronutrients

Micronutrient deficiencies constitute a significant public health problem globally but are particularly problematic in humanitarian crises where deficiencies frequently develop or worsen. Micronutrient deficiencies otherwise rarely seen, such as of vitamin C and thiamin, emerge in emergencies. For both disease, and growth and development, of children, micronutrient deficiencies of vitamin A and iron will affect immune resistance to infections, and others such as zinc are limiting for growth and development. For all these reasons, it is essential to ensure that the micronutrient needs of populations in humanitarian crises are assessed, and adequately met.

Consequently, five areas must be addressed properly, with an emphasis on infants, children and women:

- Adequate assessment of the magnitude and severity of micronutrient (vitamin and mineral) deficiencies in the populations affected by the emergency
- Supplementation with appropriate micronutrients (likely to be a multimicronutrient supplement) needs to be in place, which means addressing supplies and logistics, storage and delivery to affected populations. In some populations iodine supplementation will be necessary
- Fortification with appropriate and adequate micronutrients, especially of donated foods, to which micronutrients may need to be added. This includes adequately iodized salt
- If food is inadequately fortified, then other mechanism must be in place e.g. ‘home fortification such as ‘sprinkles, ‘foodlets’ etc.
- Monitoring and evaluation of micronutrient coverage and delivery

Recognizing the critical importance of addressing the micronutrient needs of affected populations, the international development community has adopted several strategic approaches, including fortifying food aid and supplementing vulnerable groups such as pregnant women and young children, with essential vitamins and minerals. These commitments are embodied in several individual and inter-agency commitments, which

[3] On the rare occasions when commercial infant formula is needed, it is not UNICEF’s role to procure or purchase it; however in rare situations when UNICEF is the only source of finance, then the exact amount needed for the infant in need should be purchased from normal channels. This may be the same source as that for HIV positive mothers and for orphans.

form the basis of current humanitarian coordination and response. The joint WFP-UNICEF Memorandum of Understanding (MoU) outlines the roles and responsibilities of each organization in terms ensuring an appropriate response to humanitarian crisis. As mandated by the IASC, UNICEF is taking the lead, and accountability for the five bullet points above being adequately addressed. Within this, WFP has the mandate to ensure appropriately fortified food aid including iodized salt for the general population and UNICEF is responsible for covering micronutrient supplementation including vitamin A with measles, iron-folate tablets, and special micronutrient-fortified foods for moderately and severely malnourished children. In addition, UNICEF has its Core Commitments for Children (CCC), which requires UNICEF to provide for micronutrients in emergencies. WHO has the mandate to provide the normative values for micronutrient needs e.g. the recent WHO/UNICEF guidance on Multimicronutrients to women and young children in the Tsunami emergency.

Recent recognition of the co-existence of multiple micronutrient deficiencies and their impact on immune function and disease, make it necessary to address these gaps and further develop practices to improve micronutrient status of populations in crises:

- multiple micronutrient supplements to pregnant and lactating women above and beyond the current practice of distributing iron-folate tablets;
- pediatric multiple micronutrient supplements, which could be used to further fortify the foods of young children;
- iodized salt distribution with iodized oil capsules provision to pregnant women, where needed;
- zinc supplements with the improved ORS to treat diarrhoea;
- adequately fortified food in emergency rations;
- field-friendly micronutrient deficiencies assessment methods

Therapeutic Feeding

Those who are severely malnourished need special medical care and appropriate dietary support. Therapeutic feeding programmes target those who are severely malnourished and they play a major role in reducing malnutrition/ related mortality in conflicts and crises.

Tools
Guidelines and manuals: Besides the WHO guidelines on the hospital/based management of severe malnutrition, ACF and MSF have published guidelines.
Issue: lack of standardization.

Training manuals: WHO has developed training modules for doctors and senior health workers. WHO and UNICEF, and NGOs (Valid International with their own material) conduct trainings.
Issue: lack of coordination and standardization.

Equipment: Most health centres and hospitals lack appropriate equipment needed for the management of those who are severely malnourished. NGOs are usually better equipped.

Commodities: In many emergencies there is an inadequate or lack of appropriate therapeutic feeding formulas and combined mineral and vitamin (CMV) mix, and appropriate oral rehydration solutions (ORS) for the dietary management of patients who are severely malnourished.

Operational challenges

Progress has largely taken place in centralized, inpatient settings. Humanitarian agencies and government workers face the following operational challenges when implementing therapeutic feeding programmes in complex emergencies:

- Absence of trained staff
- Absence of national protocols in many countries
- High costs of staff, drugs, specialized foods
- Poor acceptability and low coverage
- Need for strategies for integration into longer-term health facility services and policies.

Gaps

Community therapeutic care is a promising option for increasing the numbers of severely malnourished children who have access to treatment. However, although programmes are in place in some countries, no international standards and guidelines in the area exist.

Standard guidelines are yet to be developed for the management of severe malnutrition and HIV&AIDS and for the severely malnourished infant under 6 months of age.

Monitoring, surveillance and evaluation: Needs to be standardized.

Recommendations

- Development of standardized guidelines on community/based treatment of severe malnutrition *Action: WHO is organizing a consultation on this in November 2005.
- Development of guidelines on the management of severe malnutrition and HIV&AIDS and for infants under 6 months of age. (This was discussed and a series of recommendations made for action during a consultation convened by WHO in September 2004).We need to know when there will be a final decision- Our understanding is that there is no difference in treating severe malnutrition in case of HIV infected children- is being told officially and/ or when the guidelines will be available?
- Harmonization& standardization of existing guidelines (so that Governments do not have to make choices). We (WHO & UNICEF) need to write a brief note on

how the countries / governments can do this harmonization & standardization. A situation analysis in this regard would be useful.
- Harmonization of training courses undertaken (discussions under way between WHO and UNICEF).- Any deadline?
- Coordination: the development on guidance agreed upon by the IASC to be shared at the country level for coordinated response (including roles and responsibilities on commodity procurement etc).
- Better dissemination of existing guidelines and training modules.

Linkages in this area should be made with the IASC Cluster WG on Health

Supplementary Feeding

In emergency context, it is imperative the reaffirm the fundamental right of every one to have access to adequate and safe food. The Humanitarian Charter and the Minimum Standards for Disaster Response [2004, often referred to as the "Sphere Handbook"] aim to quantify people's requirements for water and sanitation, food and nutrition, shelter and health care. Taken together, the Humanitarian Charter and the Minimum Standards contribute to an operational framework for accountability in diverse humanitarian efforts to provide assistance.

Food assistance should be adequate to cover the overall nutritional needs of all populations in terms of quantity, quality and safety. In emergencies, where populations are totally dependent on food assistance, an adequate food ration must be provided by the international community. However, in certain situations there may be a need to provide additional nutrition support to specific groups who are either already malnourished or at risk of getting malnourished.

Supplementary Feeding Programmes must have very clear objectives and criteria defined from the onset. This would include opening and closure of programmes, admission and discharge cineraria in the programme. In order to be effective, SFPs should be integrated into community health programmes, which offer crucial public healthy services.

Challenges, Constraints and Gaps:

Despite the policy that in absence of adequate general food ration, effectiveness of SFPs remains a challenge. In most of the emergencies, provision of adequate and timely food basket is a big constraint. SFPs act as a gap to fill the general ration or as safety net programme. This needs to address carefully.

Guidelines and Manuals: There are several of these published by ACF, MSF, and WFP/UNHCR. Admission and discharge criteria and the indicators used are not the same e.g, wasting, underweight and MUAC.

Equipment: Agencies use different equipment due lack of availability and easiness.

Commodities: WFP is responsible to provide the commodities but needs consensus on amount types etc.

Monitoring/ surveillance and Evaluation: Needs standardization.

Co-ordination: A big gap

Recommendations: It will be useful to develop one page flyer on guidance agreed upon by the IASC to be shared at the country level for coordinated response.

Food Security

Food security is one of the three underlying causes of malnutrition and therefore, wherever there is food insecurity there is a risk of malnutrition. However, food security is not the sole cause of malnutrition. Causal frame of malnutrition must be kept in mind while analysis the situation.

Food security includes availability, access and utilization. Food security can be achieved not only by production and food distribution, but also by increasing purchasing power.The resilience of people's livelihood and their vulnerability to food insecurity is largely determined by the resources available to them, and how these have been affected by the disaster. In conflict situations, insecurity and the threat of conflict may seriously restrict livelihood and access to markets and primary production mechanisms are affected.

In such situations, international community provides food assistance to affected population either as a free distribution or through food for work and other recovery activities.

Food basket for general food distributions are designed to bridge the gap between the affected population's requirements and their own food resources.

Tools:

Guidelines:
Joint WFP/UNHCR/WFP/WHO; Food and nutrition needs in emergencies are in line with SPHERE and NGO guidelines on 2,100 kcal. ICRC guidelines propose 2300 kcal. ICRC WFP MoU has addressed this issue.

Assessment Food security: Several guidelines and methodologies exist. But need harmonization. SMART made an effort to include Food Security methodology but not yet final.

Operational Challenges:

- Lack of skilled staff to under take Food security assessment
- Lack of consensus on food needs determined by various agencies
- Number of beneficiaries needing assistance
- Lack of adequate resources to provide adequate food basket in timely manner. and due security and logistics constraints
- Increased security risk including gender based violence.

HIV/AIDS

The crises faced by the countries e.g. in southern Africa has been directly linked to the HIV&AIDS epidemic. The epidemic is threatening the ability of households to recover from food insecurity, because the most productive household members are predominantly affected by the disease. Furthermore, people living with HIV&AIDS are at increased risk of malnutrition because of loss of appetite, eating difficulties, mal-absorption of micronutrients, increased metabolic rate, and loss of nutrients. Infant and young child feeding and the prevention of mother-to-child transmission of HIV, and the management of severely malnourished children with HIV/AIDS are other crucial areas.

During the consultation convened by WHO in Durban in April 2005 there was a working group on HIV&AIDS and nutrition in emergencies (see main findings below).

Tools

Guidelines and manuals: There are several WHO and joint WHO/FAO/WFP guidelines on nutrition and HIV/AIDS, also guidelines developed by FANTA and others. The joint UNHCR/WFP guidelines on "Integration of HIV/AIDS activities with food and nutrition support in refugee settings: specific program strategies" specifically targets emergencies. Implementation of these integrated strategies in Uganda and Zambia is being led by UNHCR in collaboration with UNICEF and WFP.

WHO & UNICEF developed joint statement regarding micro-nutrient supplementation during emergencies that was issues during Tsunami disaster.

Training manuals: WHO and partners are developing training and educational materials on nutritional care and support for people living with HIV/AIDS.

Main Findings from consultation in Durban:

Operational challenges

1. Limited evidence (operations research, program evaluations) on what works in emergency settings
2. HIV/AIDS requires thinking beyond traditional emergency response
    a. Work with national governments from the outset

    b. Development approach to HIV/AIDS for sustainability
3. Where refugees have been integrated into local communities, assistance should be through national systems
    a. National health and HIV/AIDS services
    b. Food security and self reliance: access to land, employment, mobility
4. Include affected local communities in assessments, programs
5. Many humanitarian interventions can be modified to better account for HIV/AIDS
6. Policy level: Include refugees in NACP and sub regional approach; revisit of IDP policies/guidance on HIV/nutrition in emergencies

Interventions:

1. General food distribution - Affected population
2. Supplementary feeding –
    a. *Blanket*: By age, pregnant, lactating
    b. *Targeted*: Malnourished and/or HIV status (and/or clinical findings), patients with chronic illnesses
3. *Home based care*: HIV status and/or clinical findings
4. Therapeutic feeding
5. Community-based therapeutic care (CTC): Malnourished
6. Micronutrient supplementation (e.g., vitamin A, iron)
    a. Children, pregnant/lactating women
7. Nutrition counselling, infant feeding
    a. Pregnant/lactating women
8. VCT + PMTCT (with supplementary feeding)
9. Pregnant HIV+ women

Promising Practices for Emergencies:

1. Implementation and rigorous evaluation of integrated nutrition and HIV and AIDS interventions
    a. HIV prevention activities, care/treatment/support activities
2. Expanding home based care and other community support-based care activities (w/ nutrition component)
3. CTC using locally produced high energy foods and working as entry point to VCT
4. Local production of ready to use therapeutic foods
5. Local (camp) level food fortification, home gardening
6. Increased emphasis on food security and income generation – requires capacity to distinguish among economically active and labor poor target households

Key challenges and opportunities for integrating nutrition into emergency programmes

1. Resource constraints for nutrition and research in emergencies
2. Inclusion and integration of refugees, IDPs and surrounding populations in government policies and implementing them.
3. Enhancement of food aid rations to meet nutritional needs (taking HIV prevalence into account)
4. Managing underlying malnutrition before ART
5. Infant feeding (recommendations do not accord w/ real options)

6. Capacity of governments (health and nutrition sectors) to address nutrition and HIV/AIDS in emergencies (e.g., treatment of malnutrition) is very low
7. Exit strategy: need criteria
8. Better assessment, program design re: gender and HIV, re: equity

Cross-Cutting Subclusters

Norms and Standards

Norms and standards are based on the principle that populations affected by disasters have the right to life with dignity. They are qualitative in nature, and are meant to be universal and applicable in any operating environment.

The main thrust of normative and standard-setting work in the context of emergencies is to provide effective technical support through the production and dissemination of scientifically validated and up-to-date guidelines, norms, criteria and methodologies on nutritional standards; food/ration composition; assessment of malnutrition including specific nutrient deficiencies; improved management of severe malnutrition; monitoring nutritional status; and nutritional surveillance for both prevention/early warning and response when emergencies arise.

- *Normative and standard-setting work, WHO in coordination with partners, examples:*

- Definition of criteria, indicators and procedures for creating "evidence" to inform the development of policies and strategies
- Definition of criteria, indicators and procedures for the monitoring of norms and standards
- Analyse on a regular basis the monitoring of norms and standards
- Manual on how to **manage nutrition in major emergencies,** intended for health and nutrition professionals, covers estimation of energy, protein, and other nutrient requirements in a population; assessment and management of malnutrition and related health problems; general and selective feeding programmes; and human resources development.
- The preparation of **simplified field guides** on determining nutrition requirements, assessing and monitoring nutritional status, and preventing and treating protein-energy malnutrition and micronutrient deficiency diseases in emergencies.
- Technical reviews on the prevention and control of **scurvy, pellagra, and thiamine deficiency** were prepared following a request from UNHCR; they are intended to help in the diagnosis, management and prevention of outbreaks of these deficiency disorders specifically in emergency-affected populations.
- **Guiding principles for feeding infants and young children in emergencies** providing basic guidance for feeding infants and young children in emergency-affected populations.
- **Training modules** for humanitarian aid workers on infant feeding in emergencies are being developed together with UNHCR, UNICEF, LINKAGES, and IBFAN.

– The development of **guiding principles for caring for the nutritionally vulnerable during emergencies** following a technical consultation that NHD organized jointly with UNHCR.
– Manuals and training modules for **improved management of severe malnutrition**.

– The SPHERE document on minimum standards for disaster response (based largely on WHO's normative and standard-setting work).

Some challenges:
- The appropriate dissemination of guidelines and training modules and making them available when and where needed.
- The adaptation of guidelines and training modules at the local level, e.g. translation into appropriate language; development of IEC material based on the guidelines.

Assessment, Monitoring, & Surveillance

Timely and accurate availability of data is crucial for appropriate decision making and reporting in emergency settings. Early Warning systems are needed to avoid as much as possible the collapse of livelihood systems. Rapid Assessments should be undertaken as soon as possible during the acute emergency phase, preferably within the first 48-72 hours of a crisis in order to guide the response. Subsequently, information about the response, the impact it is having and about the external environment needs to be collected and analysed on a continuous basis. In addition, adequate surveillance systems must ensure early warning mechanisms are triggered to prevent or slow escalation of an acute nutrition crisis.

It is important to standardize methodologies for determining needs based on nutritional status, mortality rate and food security.

Constraints, Challenges and Gaps:

- There is a lack of continuous flow of consistent and reliable data for decision making (e.g., early warning systems, nutrition surveillance)
- There is a lack of coherent understanding of need due to the use of many methodologies
- There is a 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. SMART methodology must be implemented consistently amongst UN agencies

Emergency Preparedness

Preparedness is the first step to preventing or slowing onset of nutrition and feeding crises. Effective emergency preparedness requires:

- timely dissemination of information and data to the appropriate people;
- adequately trained human resources who are able to respond to information in a timely manner;
- sufficient stock on emergency commodities for nutrition;
- clear definitions of accountabilities and procedures for rapid response and adequate simulation exercises for testing procedures and coordination; and
- development and maintenance of a monitoring system for preparedness.

Investing in preparedness measures is one of the most cost-effective interventions the international community can provide.

Constraints, Challenges and Gaps:

- Lack of technical capacity to analyze and respond to information in a timely manner
- Insufficient definitions of accountabilities
- Lack of standardized monitoring systems of adequate preparedness

Response Trigger

In addition to the availability of timely, reliable nutrition-relevant data, a set of clear minimum indicators must exist for adequate response interventions. This set of indicators must take into account the nature, magnitude, severity and causes of nutrition problems, the degree of vulnerability of the population, and the trends of changes. At the national level, an agreed set of minimal indicators need to be adapted to the country situation.

Once thresholds have been reached, a clear and established mechanism must be triggered for adequate actions.

Constraints, Challenges and Gaps:

- Lack of standardized minimal indicators for response triggers amongst international community once early warning signals are sounded
- 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.

ANNEX 4: INITIAL MAPPING OF CAPACITY IN NUTRITION AND FEEDING SECTOR, AMONG MAJOR UN ACTORS (AND 1 NGO)

Infant and Young Child Feeding

UNICEF works to establish ongoing national infant and young child feeding programmes, including promoting and building capacity of partners to support early initiation and exclusive breastfeeding in emergencies, and continued breastfeeding with complementary feeding for up to two years or longer. In addition, **UNICEF works with WFP** to review micronutrient specifications of blended or complementary foods for young children, and explores the procurement and distribution of special foods for orphans or children unable to be breast-fed.

Micronutrients

WFP micronutrient interventions involve procurement of fortified foods or local fortification to meet people's needs or address outbreaks of micronutrient deficiency.

UNICEF micronutrient interventions include:

- Support of the development of national supplementation and fortification guidelines
- Assessment of the magnitude and severity of micronutrient (vitamin and mineral) deficiencies in the populations affected by the emergency
- Supplementation with appropriate micronutrients (vitamin A, and in future likely to be a multimicronutrient supplement), which includes addressing supplies and logistics, storage and delivery to affected populations. In some populations iodine supplementation is necessary
- Fortification with appropriate and adequate micronutrients, especially of donated foods, to which micronutrients may need to be added. This includes adequately iodized salt
- If food is inadequately fortified, facilitation of other mechanisms to be put in place e.g. 'home fortification such as 'sprinkles, 'foodlets' etc.
- Monitoring and evaluation of micronutrient coverage and delivery

UNHCR works to enhance micronutrients in emergencies among refugee populations. Pilot projects **(with WFP)** include food fortification, enhancing monitoring and identification of deficiencies, routine distribution (Vitamin A, iron-folic acid, multiple micronutrients), gardening and other public health measures.

UNFPA provides reproductive health kits, which include folic acid, to pregnant and lactating women. Although UNFPA is currently not providing other micronutrients (such as vitamin A, zinc, iron and iodine) on a regular basis, in a future revision of these reproductive health kits, it could be feasible, as part of a package of prenatal care, to

include this broader set of micronutrients to meet the specific needs of pregnant and lactating women.

FAO works for the elimination of micronutrient deficiencies through support for an appropriate mix of interventions including dietary diversification, supplementation, fortification and public health measures.

Therapeutic Feeding

UNICEF supports and coordinates the organization of therapeutic feeding programmes and interventions, mobilizes the necessary resources for the supply and supports the training of staff on treatment of severe undernutrition.

Action Contre le Faim International Network (ACF IN) implements Therapeutic and Supplementary Feeding Centres, in liaison **with UNICEF and WFP**, with whom it has standing MoUs. ACF IN is also engaged in scientific research in that sector (development of F 100, of standard TFC protocol, research on Home Treatment, and involvement with the SMART process). The objective is to continually improve the standards of care in feeding centres.

Based on the prevalence of global acute malnutrition, joint decisions with **WFP and UNHCR** are made on opening selective feeding programmes to correct malnutrition. Procurement of feeding items is done based on the MOU between UNHCR and WFP. Monitoring of performance indicators and phasing in are specified in the joint UNHCR/WFP guidelines for selective feeding programmes in emergency situations. Nutritional needs for special groups including pregnant and lactating women**,** children and PLWHA are addressed through the feeding programme or community based interventions.

UNICEF supports and coordinates the organization of therapeutic feeding programmes and interventions that provide care, protection and feeding of children. This entails the mobilization of resources to ensure the availability of therapeutic milk and vitamin/mineral preparations, the training of staff on treatment of severe malnutrition, and the monitoring of TFC/CTC impact on severe malnutrition. In addition, UNICEF assesses the viability of home-based care methods in nutrition rehabilitation.

Supplementary Feeding

WFP takes the lead in meeting food aid requirements. Interventions in the area of supplementary feeding revolve around selective feeding interventions that complement general distribution aimed at reversing a deterioration of the nutritional status of vulnerable groups and stabilizing such gains:

- ***targeted supplementary feeding*** seeks to prevent moderately malnourished people from becoming severely malnourished and supports their recuperation or channels nutrients to specified vulnerable groups;

- ***blanket supplementary feeding*** is used to prevent malnutrition and related mortality when the threat is severe for sub-populations

WFP ensures the coordination and organization of supplementary feeding programmes. This entails supplying supplementary food commodities, organizing coordination meetings with partners to monitor and review the impact of supplementary feeding programmes, and developing protocols, guidelines and indicators to be used as a trigger to the initiation of supplementary feeding programmes.

WFP and **UNICEF** develop protocols, guidelines and indicators to be used as a trigger for supplementary feeding programs.

Food Security

WFP general nutrition support involves the distribution of a basket of food commodities to crisis-affected populations. The immediate aim is to meet food needs of people with constrained access to normal sources of food, and thus protect their nutrition.

FAO protects livelihoods, assists developing countries and countries in transition to modernize and improve agriculture, forestry and fisheries practices to ensure good nutrition for all. FAO is active in:

- the provision of education at all levels from the earliest stages of an emergency for the adoption of good nutrition practices for the utilization of such food, including hygiene and food safety
- general training for livelihood (agriculture) support for dietary diversification and to households with malnourished children in feeding centers to reduce the rate of relapse and to quickly restore self-reliance
- support to community, school, feeding centre and hospital gardens as part of efforts to build capacity and enhance people's resilience and ability to recover from crisis

HIV/AIDS

Under the recent Global Task Team led by UNAIDS, **UNHCR** was designated the lead agency for HIV/AIDS among displaced populations (the lead agency for HIV and uniformed services and humanitarian emergencies is the UNAIDS Secretariat). UNHCR has led an initiative **with WFP** to undertake and publish a manual on HIV, food and nutrition strategies in refugee settings and is currently leading the initiative to implement and evaluate the above strategies, in conjunction **with WFP and UNICEF**.

UNICEF takes a lead in identifying populations of high priority for addressing nutrition in HIV/AIDS interventions. Furthermore, **UNICEF** works to address the impact of HIV/AIDS on populations, and promote prevention and care activities. UNICEF ensures HIV/AIDS prevention messages are be disseminated, and an essential package of nutrition and other support will be developed for people infected and affected by HIV/AIDS. **UNICEF and WFP** work together to ensure appropriate fortified blended

(and other) foods are aimed at securing special nutrition needs of HIV/AIDS infected and affected populations.

Norms and Policies

WHO works closely as technical support agency and collaborating partner for Member States, UN partner agencies, NGOs, academic institutions and other concerned groups and organizations to achieve nutritional goals in emergencies.

WHO together with FAO provides effective technical support through the production and dissemination of scientifically validated and up-to-date guidelines, norms, criteria and methodologies on food and nutritional requirements and standards; food/ration composition; assessment of malnutrition including specific nutrient deficiencies; improved management of severe malnutrition; monitoring nutritional status; and nutritional surveillance for both prevention/early warning and response when emergencies arise.

Assessment, Monitoring & Surveillance

Through rapid assessments, surveys and/or a network of screening points, **ACF IN** determines the prevalence of acute malnutrition in a given area, issuing recommendations and advocating for their follow up. The immediate aim is to detect nutrition emergencies and allow for prompt action.

WHO strengthens health and nutrition surveillance systems to enable monitoring of any changes, early warning of deterioration, and plan appropriate interventions.

UNHCR and WFP conduct joint mission assessments in the context of the MOU signed in 2002 and guided by Joint Assessment Mission (JAM) guidelines; these include initial assessment, periodic review, in depth food-security review, assessment in preparation for repatriation, nutritional surveys and surveillance, and monitoring.

Periodic nutrition surveys are also carried out with UNHCR and WFP by using a standardized survey methodology among children (6-59 months). Minimum indicators include anthropometric, mortality, vaccination coverage, and infant feeding practices.

WFP takes a lead in organising joint Emergency Food Security Assessment (EFSA), supported by **UNICEF**.

FAO provides technical assistance to protect and promote good nutrition and household food security throughout relief, rehabilitation and disaster preparedness through:

- assessment of the impact of emergencies on the food and nutrition situation of affected households and communities and the formulation of appropriate interventions
- strengthening of local capacities to address household food security and nutrition issues and of coping mechanisms to reduce vulnerability and enhance resilience

- development and dissemination of information notes, guidelines and training materials for use by agencies and institutions involved in emergency situations to better incorporate household food security and nutrition considerations in emergency preparedness, relief and rehabilitation responses

UNICEF provides a lead role in nutrition assessment and surveillance including survey design, setting up systems, and training confirmed in the MOU with **WFP** signed in 2005.

Emergency Preparedness

ACF IN tackles the basic causes of malnutrition (Food Insecurity, poor Watsan, and poor Health Care). Specific to nutrition, considerable attention is given to educational programs (e.g. breastfeeding).
WHO provides technical assistance in supporting in the development of guidelines and activities of partners and the Ministry of Health (MOH) including capacity building and policy formulation as regards national emergency preparedness and response.

Response Trigger

UNICEF together with its partners develops clear and feasible indicators for triggering rapid, adequate response considering the different natures of undernutrition at different levels of magnitude and severity.

ANNEX 5: INITIAL RECOMMENDATIONS FOR NFCWG CONSIDERATION TO IMPROVE THE RESPONSE TO NUTRITION AND FEEDING CRISES

1. **Increase quantity of Human Resources**

    - Map agencies' human resources capacities at field level or regional/global level, deployable at short notice (under contract)
    - Review all standby agreements and identify potential stand-by partners for emergency deployments. Look at MOUs possibilities with NGOs, Gov, inclusive of standardized training
    - Establish and maintain an inter-agency roster. (and create a cross-agency Emergency Response Team for an easy coordination of deployments (with well trained regional response teams)

2. **Strengthen Capacity of Current Human Resources**

    - Establish and conduct inter-agency trainings

3. **Agree on standardized evaluation and monitoring tools**

4. **Ensure through training and support, that communities are involved and empowered to recognise, alert and respond to nutritional crisis**

ANNEX 6: GENERIC TERMS OF REFERENCE FOR NATIONAL LEAD AGENCY IN NUTRITION

SECTOR LEAD CONCEPT[4]

1. What is sector lead? [5]

An agency with operational responsibility for a given sector. The agency will lead and be responsible for:

(a) **Planning and strategy development**
(b) **Standard setting**
(c) **Provide leadership** to ensure teamwork of all partners/agencies
(d) Ensuring **coordination** of key partners in developing a technical response capacity,
(e) Ensure minimum **programme coverage** by the sector (from local to country wide coverage)
(f) Ensure high quality **early assessment** in the sector
(g) **Monitoring, tracking performance and reporting** on results and
(h) **Advocacy** in the specific sector
(i) **Preparedness** (training, deployment mapping, prepositioning).

2. What are the main features/assets of a lead agency?

- Recognized institutional know-how and experience
- A clear and sufficiently wide mandate in the given sector
- Sufficient dedicated staff to ensure the efficient execution of coordination, information management, reporting, translation and work planning functions and to help develop the capacity of the counterpart department to oversee and manage these functions
- Credibility, in particular with NGO partners and local authorities, largely through operational capacity
- Technical expertise necessary to guide policy and standard setting, both in HQ and CO
- A wide field presence and knowledge of affected/emergency-prone countries;
- A strong capacity, in particular human resources, including through senior staff dedicated to coordination;
- A proven fund-raising capacity and expertise;
- A strong commitment of senior management in the sector, including in investing heavily on capacity building
- Institutional financing mechanisms for rapid disbursement or revolving

[4] The notion of Sector Lead applies to country of origin only – i.e. not to a typical refugee crisis

[5] We assume that the sector lead responsibility would start from preparedness stage and end when handing it over to the appropriate transition structure.

fund system in place to start up early action and preparedness

3. **What are the specific tasks a lead agency will do**?
    - Ensure rapid response mechanisms are in place
    - Lead the development of a workplan for the sector
    - Be able to make a (quick) **cost analysis** in the sector

    - Fundraise for the sector
    - Work with host government/relevant ministry/ies
    - Build local/institutional capacity in the given area
    - Ensure transparency and information flow
    - Act in liaison with the HC in the given sector
    - Ensure advocacy and policy guidance
    - Organize regular donor briefings for the sector
    - Ensure periodic review with – or report to Authorities (local and central), RC/HC on basis of an agreed work plan
    - Ensure a time-bound plan for capacity development of the counterpart line secretariat/ministry for progressive transfer of coordination functions
    - Undertake a proper mapping of players, competencies, geographical and programmatic gaps
    - Ensure duplication of intervention/efforts are avoided and gaps are filled
    - Occasionally, second expertise to take on coordination either in the line ministry or with another operational agency
    - Be able to communicate (ITC) in difficult circumstances and provide adequate secretariat functions

4. **What are the implications/risks**
    - Ensure implementation means being **accountable**.
    - There may be need for building up **institutional capacity (i.e. staffing) and know-how in the given sector**.
    - It has major **funding implications.** The lead agency may have to look at its operational reserve

      Etc… (to be completed by agencies if deemed useful)

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