Nutrition Emergency Preparedness and Response Toolkit

UNICEF East Asia Pacific Region

VERSION 3 – LAST UPDATED: APRIL 2017
Overview of the NiE toolkit

This toolkit is designed to guide Nutrition personnel with regards to Nutrition Emergency Preparedness and Response planning toward effective protection of the nutritional status of girls, boys, men and women at time of crisis.

The toolkit comprises of this very manual and several folders (listed in the table of content) that contain reference materials, drawn from global resources and regional examples as well as “how to” guidance, with web links to existing tools and training modules (HTP, CMAM forum toolkit, GNC, etc.). It also complements the global UNICEF NiE toolkit that targets a broader audience and provides a more general overarching guidance.

The EAP NiE toolkit can be accessed in the dropbox: https://www.dropbox.com/home/EAPRO%20NiE%20toolkit%20version%203

Though the bulk of toolkit is available to all a few selected resources e.g., related to procedures and processes internal to UNICEF are only accessible to UNICEF staff (hosted on the UNICEF intranet).

This toolkit is a living document and a work in progress so please, direct any feedback, questions and suggestions for any additional references or relevant materials to Cecile Basquin, NiE Consultant – cbasquin@unicef.org and Christiane Rudert, Regional Nutrition Adviser – crudert@unicef.org

How to use the NiE toolkit

The table of content below lists different chapters (and sub-chapters) each having a corresponding folder hosted on dropbox. The manual summarizes key concepts, proposes main actions and refers the reader to more guidance and references available elsewhere. References have embedded web-links making the reader one click away from the desired tool. In some cases, the reader is referred to existing resources (hosted on other platforms e.g., Global Nutrition Cluster website), in other cases the reader is referred to a briefing note specifically created for this NiE toolkit (physically included in the corresponding toolkit folder).

Please note that web-links are embedded as hyperlinks, the presence of an hyperlink is materialized by the reference name being underlined and in a different color.

The toolkit manual is the go-to document, this is where the user will find many concepts summarized all combined in one location with links to relevant resources. It is strongly recommended to search for tools of interest in the manual first because only browsing the different folders will not give a full picture on a given matter. The toolkit manual is not necessarily meant to be read from page 1 or from chapter 1 to chapter 2 to chapter 3 and so on. Instead, the user can directly click on the chapter of interest (in the table of content), go through the summarized concepts and steps, and click on the proposed links to access to more detailed guidance and tools.

• Example 1: a user looking for guidance on how to prepare and plan for provision of micronutrient powders (MNP):
  o  Step 1) open the toolkit manual, scroll down to the table of content and ctrl+click on chapter V.Micronutrients.
  o  Step 2) read the short paragraph providing basic information around minimum preparedness activities; appreciate the proposed resources listed whether referring to a policy, an implementation guidance, a training module etc.
Step 3) click and access to the specific guidance or tool of interest whether it’s a policy (e.g., UNICEF WFP WHO 2006 Joint Statement on controlling micronutrient deficiencies in emergencies), a template implementation plan for provision of MNPs intervention or a tool to estimate number of beneficiaries, necessary supply quantities and estimate costs.

Step 4) download the policy or template or tool of interest, use it, contact the EAPRO NiE Consultant in case of any questions, and possibly give feedback on the usefulness of the tool and/or on how to further improve it.

Example 2: a user looking for guidance on how to get started with Nutrition Emergency Preparedness and Response (EPR) planning and for example estimate targets, supplies and costs?

- Step 1) open the toolkit manual, scroll down to the table of content and ctrl+click on chapter II.Emergency Preparedness and Response Planning.
- Step 2) read the short paragraph providing basic information around the goal of EPR planning, how to go about it, appreciate that this chapter is broken down in sub-chapters; appreciate the proposed resources listed whether referring to IASC guidance or to a country example of EPR plan, etc. If there is a willingness to go into more details about basic EPR planning principles click on the 2-pager for a snapshot on goals of EPR planning.
- Step 3) click and access to the specific guidance or tool of interest e.g., the tool to derive nutrition supply quantities and estimated costs;
- Step 4) download the tool, use it, contact the EAPRO NiE Consultant in case of any questions, and possibly give feedback on the usefulness of the tool and/or on how to further improve it.

To note that in the above example the user can alternatively look for guidance or tools simply by doing a key word search in the toolkit manual e.g., with “target” or “supply” and will directly be led to the relevant sub-chapter 2.6.Caseload and supply forecast.

The use of key word search can be very effective given that some topics might be covered under different chapters for example aspects linked to multi-sectoral interventions in emergencies or cross-sectoral coordination in emergencies can be found in Chapter III.3. Inter-cluster coordination, Chapter IV.Assessments, Chapter VIII.C4D and Chapter X.Multi-sectoral interventions... try it → Ctrl+F and then type “multi-sectoral”.
## Table of Contents

1. **Strategic guidance** ............................................................................................................. 5

### I. HUMANITARIAN SYSTEM, STANDARDS AND PRINCIPLES .............................................. 5

### II. EMERGENCY PREPAREDNESS AND RESPONSE PLANNING (EPRP) ......................... 7

- **1. GOALS OF EPRP** ........................................................................................................... 7
- **2. RISK ANALYSIS** ............................................................................................................ 8
- **3. RESPONSE PLANNING** ................................................................................................. 8
- **4. CAPACITY MAPPING AND GAP ANALYSIS** ................................................................. 9
- **5. MINIMUM PREPAREDNESS ACTIONS (MPAs)** ............................................................. 11
- **6. CASELOAD AND SUPPLY FORECAST** ........................................................................... 12

### III. COORDINATION ................................................................................................................ 13

### IV. ASSESSMENTS .................................................................................................................. 18

### V. MICRONUTRIENTS .............................................................................................................. 20

### VI. IYCF-E ................................................................................................................................ 22

### VII. MANAGEMENT OF ACUTE MALNUTRITION (SAM and MAM) .......................................................... 26

### VIII. COMMUNICATION FOR DEVELOPMENT (C4D) ............................................................ 28

### IX. FOOD AID .......................................................................................................................... 30

### X. MULTI-SECTORAL APPROACHES IN EMERGENCIES ..................................................... 33

### XI. DRR AND RESILIENCE ....................................................................................................... 34

### XII. INFORMATION MANAGEMENT .......................................................................................... 35

### XIII. MONITORING AND EVALUATION ................................................................................... 36

### XIV. CAPACITY DEVELOPMENT ............................................................................................... 37

### XV. CROSS-CUTTING ISSUES ................................................................................................... 40

- **1. GENDER-SENSITIVE NUTRITION PROGRAMMING** .................................................. 40
- **2. DISABILITY-SENSITIVE NUTRITION PROGRAMMING** .............................................. 40

### XVI. RESOURCES MOBILIZATION ............................................................................................. 41

- **1. FUNDS MOBILIZATION** .................................................................................................... 41
- **2. HR MOBILIZATION** .......................................................................................................... 42

### XVII. ADMIN, OPERATIONS, PROCESSES AND PROCEDURES ........................................... 44

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4
### ii. Strategic guidance

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NiE toolkit manual</td>
<td>This very <strong>NiE toolkit manual</strong> to be read first!</td>
<td>✓ NiE toolkit manual</td>
</tr>
<tr>
<td></td>
<td>The NiE toolkit manual is located in the folder <strong>“OPEN THE MANUAL FIRST”</strong></td>
<td></td>
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</tbody>
</table>
| The Regional NiE Strategy | **The folder “Strategic guidance” contains:**  
  - The UNICEF EAP Regional NiE strategy  
  - The UNICEF EAPR Nutrition emergency readiness matrix (excel file) and a word document describing this analytical tool.  
  Nutrition personnel are encouraged to use the generic Theory of Change and results framework toward more effective protection of nutritional status proposed in the Regional NiE strategy package as a basis to develop their own contextualized country-specific NiE strategy and monitor achievements. *Currently available for UNICEF staff only.* | ✓ UNICEF EAPR NiE strategy  
✓ EAPR Nutrition emergency readiness matrix (*excel file*) and description of the tool (*word doc*) |

### I. HUMANITARIAN SYSTEM, STANDARDS AND PRINCIPLES

<table>
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<th>Domain/Folder</th>
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| Humanitarian system, standards and principles | This folder contains a **2-pager** summary including basic and general information to refresh knowledge on:  
  - The humanitarian standards and principles  
  - The Inter Agency Standing Committee (IASC) transformative agenda  
  - The Accountability to Affected Population (AAP) principles (See also chapter and folder 3.Coordination)  
  The first responders in any emergency are disaster-affected people and their Governments. When Governments request international humanitarian support to respond to disasters, national legal systems are the main regulatory frameworks to ensure the protection of disaster-affected people.  
  States are always responsible for disaster response efforts on their sovereign territories. External support for response is only triggered if a State’s national capacities are exceeded, and if it requests and/or accepts international assistance. | ✓ HTP module 2  
✓ SPHERE standard handbook  
✓ IASC reference module for the implementation of the Humanitarian Program Cycle  
✓ IASC AAP principles  
✓ Guidance document to assist with the AAP commitments implementation |
For a snapshot on the Asia-Pacific humanitarian structure and how humanitarian action is regulated in this region see OCHA Asia Disaster Response website from which information presented were extracted. In addition the overall regulatory agreements and guidelines, the region is regulated notably by the ASEAN Agreement on Disaster Management and Emergency Response (AADMER). Through its Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP), the AADMER enables ASEAN Member States to mobilize and deploy resources and for emergency response. It was signed by ASEAN Member States in 2005 and entered into force in December 2009.

Regional intergovernmental organizations and forums active in emergency preparedness and response are described here:

- Association of Southeast Asian Nations (ASEAN), the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) and the ASEAN Regional Forum (ARF)
- Pacific Islands Forum
- Secretariat of the Pacific Community
- East Asia Summit
- Asia Pacific Economic Community

From HTP module 2: “Whatever the context, and whatever the specific mix of actors involved, there is always going to be a need for some level of coordination in order to maximize the overall efficiency and effectiveness of the effort. Coordination is thus a means to creating an enabling environment where independent organizations can collaborate as necessary according to the specific context.”

Information management is also an essential enabler to a successful implementation of the humanitarian program cycle.

For more on nutrition cluster / sector coordination mechanism see Chapter III and NiE toolkit folder 3.Coordination, and for guidance on nutrition information management see chapter XII of this manual.
II. EMERGENCY PREPAREDNESS AND RESPONSE PLANNING (EPRP)

1. GOALS OF EPRP

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<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
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| II.1. Goals of EPR planning | This folder contains a 2-pager summary aiming:  
  o To review overall goals of Emergency Preparedness and Response (EPR) planning  
  o To better understand how to go about preparing to respond to potential emergencies  
  o To propose recommendations for the development and content of EPR plans  

  It also briefly discuss the return on investments emergency preparedness has in terms of time and cost saved.  

  **Proposed steps toward preparing to respond to potential emergencies:**  

  • To develop a common understanding of risks (natural hazards, conflict, etc. as well as nutrition vulnerabilities) and to develop a system to monitor those risks to ensure early action is taken when required (early response). See toolkit folder 2.2.Risk analysis  

  • To establish a minimum level of preparedness actions. See toolkit folder 2.5.Minimum Preparedness Activities  

  • Among the above mentioned actions, the development of Nutrition EPR plan can be used as the basis for initial planning, including actions the Nutrition sector needs to undertake to meet the needs of an affected population in the first weeks of an emergency. See toolkit folder 2.3.Response planning  

  • To evaluate how the Nutrition EPR plan is aligned with other national level EPR plan processes and importantly, Government processes and existing disaster response plans.  

  • In countries where national preparedness and response plans exist, the nutrition sector specific plan should be included as an annex. This is a particular opportunity for inter-sector coordination and planning of joint responses. In countries where there is an ongoing nutrition response, i.e. Myanmar, and response activities are well defined in the Strategic Response Plan and the Humanitarian Response Plan, the focus will be more on what is the capacity of the nutrition sector to manage another emergency i.e. floods response of large scale as well as the ongoing protracted emergency response.  

  • Very importantly, for most countries of the EAPR, the Nutrition EPR planning to be done through strengthening local government structures and health systems as well as existing service delivery platforms to deliver CMAM/IYCF-E/MN supplementation interventions. Strengthening  |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 Fast production times. | 1. Proposed Nutrition EPR Plan outline  
  2. Philippines preparedness and response plan (2015 working draft)  
  ✓ IASC ERP guidance from 2015 |
the local health system on a regular basis through regular programming will maximize the capacity of the health system to cope with disaster and to roll-out more timely and effective nutrition emergency responses.

2. RISK ANALYSIS

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<th>Domain/Folder</th>
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<th>Link to key resources</th>
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| II.2 Risk analysis /scenario building | This folder contains:  
  - a 2-pager that provides key messages on risk analysis i.e., the first pillar of emergency preparedness planning (as per IASC ERP guidance).  
  - a 1-page document with recommendations for scenario building  
  - More guidance on risk-informed programming will be coming soon and complements other / existing tools e.g., UNICEF child-centered risk assessment.  
  - To note that the Regional NiE Strategy package (NiE toolkit folder Strategic guidance) proposes a tool that looks at multi-hazard risks and nutrition vulnerabilities as a function of NiE competencies. This analytical matrix can be used to propose a risk classification for each country (low risk low impact; medium level of risk moderate impact; high risk major impact). Then, for each country, the level of Nutrition preparedness is assessed against this level of risk / impact and can serve the definition of priority actions to increase Nutrition readiness accordingly. See also toolkit folder 2.4.Capacity mapping. | 1. [Snapshot on risk analysis](#)  
2. [Scenario building](#)  
✓ IASC ERP guidance from 2015  
✓ UNICEF Child-centered risk assessment methodology  
✓ UNICEF guidance on risk-informed programming ([coming soon](#))  
✓ [ACAPS Scenario development method](#)  
✓ [UNICEF EWEA platform](#)  
✓ [UNICEF EAPR Nutrition Readiness matrix](#) |

3. RESPONSE PLANNING

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<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Link to key resources</th>
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| II.3 Drafting Nutrition response plan | This folder contains a 2-pager that provides key messages on response planning  
In an emergency the nutrition sector/cluster will be required to articulate a first draft response plan within a very rapid timeframe (usually days). It is extremely helpful (in terms of time and cost saving) to have a draft response plan ready in the preparedness phase, which can then be quickly amended based on the specific context of the emergency.  
A draft response plan can be as simple as a matrix/table that specifies the activities that will/can be implemented for the nutrition response, based on either a specific or more generic | 1. [Snapshot on response planning](#)  
2. [The Philippines Haiyan Strategic Response Plan (Dec 2013)](#)  
✓ UNICEF Nutrition Core Commitments for Children in Humanitarian Action (CCCs)  
✓ GNC Tips on NiE interventions for HRP |
disaster scenario. The draft response plan is usually part of a broader emergency preparedness and response plan for the nutrition sector, but can also be a standalone document. In countries where there is not a broader EPR plan for the nutrition sector/cluster, it is strongly encouraged to at an absolute minimum, agree on a draft response plan amongst the nutrition sector partners.

The folder contains examples of SRP and HRP from the Philippines and Myanmar as examples of how the nutrition activities are consolidated into an interagency plan as well as the Philippines Nutrition EPRP that includes the response plan.

4. CAPACITY MAPPING AND GAP ANALYSIS

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<th>Domain/Folder</th>
<th>Explanation/Considerations</th>
<th>Key resources</th>
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| II.4 Mapping  | **Mapping of existing development and emergency nutrition programs and geographical coverage (3Ws)** An overview of where nutrition partners are and what activities/programs are being implemented by which partner is a basic IM product that can be presented in the form of either a map or a table and called 3W (Who does What Where also called 4W to include the “When”). Development of 3Ws is one of the minimum preparedness activities (MPAs) undertaken during preparedness phase and included in Nutrition contingency plans. In the event of an emergency, partners on the ground, and their main nutrition activities in the affected area will be quickly identifiable. This folder includes the example of The Philippines 3W map and table. The user of the toolkit is also referred to the GNC 4W template. | 1. Philippines CMAM capacity map  
2. The Philippines 3W table template  
✓ Global nutrition cluster generic 4W template of the IM toolkit |
| Gap analysis  | Based on the 3Ws, a more detailed analysis may be undertaken to assess the capacity of routine and established emergency programs to quickly scale up or change intervention area if needed in an emergency. This may be conducted by partner (Gov department/NGO) or by administrative/geographical area. The routine nutrition systems and activities are ideally the backbone of a nutrition response and all efforts should be made to support national systems to be able to scale up to meet the additional needs in an emergency.

In 2008 a guide was developed by the WASH cluster for this process, which outlines a comprehensive process for conducting a national level capacity assessment. A similar guidance

✓ Guide to Capacity Mapping and Assessment of WASH Emergency Response at the Country Level http://washcluster.net/topics/capacity-mapping/
document for nutrition does not currently exist, however the WASH guidance contains relevant information in regards to the principle of the process.

Based on the existing programs, and a contingency planning scenario, it is possible to estimate and roughly forecast what additional support in terms of supplies, financial and human resources would be required from sector/cluster partners to meet additional needs for nutrition services in an emergency.

Gaps may be immediately apparent, for example there may be no routine SAM management program in a location with high prevalence of wasting that is hazard prone. This can then be the basis of a discussion within the sector meeting of which partners are present in that given location to either support the health services to deliver SAM treatment, or to establish a NGO-led program, and so on.

For a more detailed analysis on core NiE competencies, the EAPRO Nutrition preparedness matrix of the regional NiE strategy can be useful (located in NiE toolkit folder Strategic guidance). For the NiE competency scoring, 12 technical NiE domains (in line with the CCCs) and inspired from the technical competency framework for NiE practitioners developed by the NIERTI consortium are evaluated. These NiE domains include evaluation of the following competencies: from coordination to assessment, to CMAM, IYCF-E, C4D capacities, understanding of humanitarian system, standards and principles, and more (see matrix NiE competency tab of the EAPR Nutrition emergency readiness matrix).

Development of a capacity building plan

Based on the capacity mapping, gap analysis and anticipated scenarios, a detailed capacity building plan to address the priority capacity gaps can be developed. This plan should seek linkages with broader national plans as much as possible. The plan ideally should specify capacity gap, activities, objectives, outcomes, lead, timeframe and budget. The capacity building plan can be implemented as part of the minimum preparedness activities (MPAs) see below/next toolkit folder.

See also chapter 14.Capacity development

✓ UNICEF EAPR Nutrition emergency Readiness matrix
✓ NIERTI consortium Technical Competency Framework for NiE Practitioners.
## 5. MINIMUM PREPAREDNESS ACTIONS (MPAs)

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<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Key resources</th>
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</table>
| II.5 Minimum Preparedness Actions (MPAs) | This folder contains a 2-pager that provides key messages on Minimum Preparedness Activities (MPAs) for effective nutrition response. MPAs are a set of activities that national (and sub-national) emergency team/task force/cluster must implement in order to establish a minimum level of preparedness to respond timely and effectively to emergencies and mitigate disaster risks. MPAs ideally include notably:  
- A nutrition situation analysis is undertaken (at baseline), trends of nutrition indicators are monitored, early warning indicators, thresholds-based response trigger and early actions defined, responsible for EWEA/surveillance system designated.  
- An emergency nutrition coordination platform is established, stakeholders mapped (3W), pre-definition of role and responsibilities, information management responsibilities, anticipate on intra- and inter-cluster/sector coordination mechanism, on national and provincial coordination mechanisms, MoH and/or NDMO-led coordination and response mechanisms (also see toolkit folder 3.Coordination).  
- To prepare for joint initial rapid assessments, for any nutrition-related assessment that might need to be done as follow up, that includes pre-defined methodologies, questionnaires, field teams, data analysis and finding interpretation approach, reporting template in place and understood (also see toolkit folder 4.Assessments).  
- To anticipate on information management responsibilities and approach to nutrition response monitoring (also see Chapter 7.Information management and Chapter 8.Monitoring and evaluation).  
- To pre-define operational capacity and arrangements to deliver the response in the areas of CMAM, IYCF-E, Micronutrients, C4D, etc. (also see Chapters 5 to 8).  
- To identify learning needs, design and implement capacity building plans to address gaps (see previous paragraph and toolkit folder 2.4.Capacity mapping/gap analysis). | 1. [Snapshot on Minimum preparedness Activities (MPA)](#) for Nutrition response  
✓ [IASC ERP guidance from 2015](#) |
Preparedness outputs uploaded to the UNICEF EWEA system
(for UNICEF staff only)

The UNICEF EWEA system is a performance management tool for emergency preparedness. The EWEA system should be updated on a bi-annual basis. The nutrition inputs can be updated as regularly as needed, and key documents uploaded to the site (3W maps, preparedness and response plans, sector contact lists, detailed baseline data, national nutrition documents and plans) as they are developed and revised.

The specific requirements are completion of the Key Actions nutrition readiness (KA 20), contribution to the humanitarian scenarios and response plan (KA 5), baseline data and assessments (KA 7), mapping of potential partners (KA 9), staff mobilization (KA 10), supplies (KA 11), mapping of donors (KA 12), performance monitoring (KA 13), C4D (KA 14).

In the Preparedness Tab, under Programme, there is a nutrition tab to record PRIORITY preparedness activities from the Annual Work Plan, with timeframes and accountabilities. Areas where support is needed from Regional Office may be documented here.

6. CASELOAD AND SUPPLY FORECAST

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<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
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</table>
| Caseload and targets estimates, Supply requirements and distribution plans are developed for SAM treatment, addressing micronutrient deficiencies, IYCF-E and C4D interventions. | The folder includes a calculation tool (excel file) with 2 spread sheets. The first spread sheet labeled “targets” allows calculation caseload and target estimate for Nutrition in emergencies interventions.

The toolkit user needs to input country specific demographic information (e.g. x % of population is 0-5 m, 6-24 m, 24-59 m, pregnant, lactating) into box 1 and information about expected coverage in boxes 2, 3 and 4 (and duration of the intervention in box 2) and targets are automatically calculated as well as required supplies quantities and costs accordingly shown in the second spread sheet labelled “supplies”.

The toolkit user need to adjust supply items prices in the “supplies” spread sheet column unit cost and note that freight and custom charges, storage cost etc. need to also be forecasted as well.

A number of affected population can be entered in lieu of total population, and be used to estimate supply quantities for prepositioning purposes (see below). This calculation tool was adopted from the UNICEF Supply division matrix.

Key resources

1. Caseload_targets_supplies_calculation tool
The GNC Information Management toolkit also offer a tool for caseload and supply calculation, link here.

UNICEF nutrition contingency supplies procured and prepositioned before high risk seasons

The need to preposition nutrition contingency supplies is very context specific. Some nutrition supplies have a limited shelf life or need particular storage conditions. At a minimum an analysis should be conducted on where supplies are in country, or where will they be procured from and what is the necessary procedure to obtain essential emergency supplies rapidly in an emergency.

The UNICEF Early Warning, Early Action platform as a specific template (Key action 11) for planning for supplies for an emergency situation (for UNICEF staff only).

2. Myanmar EWEA example KA 11 supply list.

III. COORDINATION

<table>
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<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Key resources and/or examples</th>
</tr>
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| Nutrition emergency coordination group/cluster established | In EAPR, formally activated clusters are infrequent and when activated, usually transition back to sectoral coordination quickly. In non-cluster countries, a nutrition sectoral working group should assume the responsibility for nutrition in emergencies (NiE), including preparedness. It is important to ensure that emergencies remain on the agenda of the nutrition sector group, to ensure that preparedness is addressed by all participating organizations and that there is a structure in place that can become the cluster/emergency nutrition sector group/NiE task force in the event of an emergency. Linkages should be made to other relevant nutrition platforms, depending on the nutrition coordination landscape in the country. The emergency coordination capacity of the Government department responsible for nutrition should be assessed and investments made in strengthening this capacity. This as well as the actions described below can constitute a set of key Minimum Preparedness Activities (MPAs). For capacity assessment purposes, the use of the Nutrition emergency preparedness tool (looking at 12 core NiE competencies) can potentially be useful (see toolkit folder Strategic guidance). Importantly, coordination mechanisms for preparedness and response to nutrition emergencies also need to be built/strengthened at subnational levels, i.e., include effective linkages between sub-national and national level of coordination. The purpose of the cluster approach is to ensure a well-coordinated, strategic, adequate, coherent and effective response, as outlined in the IASC Reference Module for Cluster Coordination at Country Level and in accordance with the Principles of Partnership (see below). | ✓ Global Nutrition Cluster Coordination (NCC) Handbook GNC_Handbook_v1_FINAL.pdf ✓ Cluster Coordination Reference Module, IASC, 2015 CCRM_2015.pdf ✓ UNICEF cluster accountability and guidance for Country Offices - ppt presentation of the GNC cluster coordination toolkit (website link here) ✓ Consideration for sub-national level of coordination - ppt presentation of the GNC cluster coordination toolkit (website link here)
The cluster approach is not the only solution to emergency coordination. In some cases, it may coexist with other forms of national or international coordination, and its application must take into account the specific needs of a country and the context.

1. **Supporting Service Delivery**
   - ✓ Provide a platform to ensure that service delivery is driven by the agreed strategic priorities
   - ✓ Develop mechanisms to eliminate duplication of service delivery

2. **Informing Strategic Decision-Making of the HC/HCT for the Humanitarian Response**
   - ✓ Needs assessment and response gap analysis (across sectors and within the sector)
   - ✓ Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues including age, gender, environment, and HIV/AIDS
   - ✓ Prioritization, grounded in response analysis

3. **Planning and Strategy Development**
   - ✓ Develop sectoral plans, objectives and indicators that directly support realization of the HC/HCT strategic priorities
   - ✓ Apply and adhere to existing standards and guidelines
   - ✓ Clarify funding requirements, prioritization, and cluster contributions for the HC's overall humanitarian funding considerations (e.g. Flash Appeal, CAP, CERF, Emergency Response Fund/Common Humanitarian Fund) (see also Chapter XVI.1.Funds mobilization)

4. **Advocacy**
   - ✓ Identify advocacy concerns to contribute to HC and HCT messaging and action
   - ✓ Undertake advocacy activities on behalf of cluster participants and the affected population

5. **Monitoring and Reporting**
   - ✓ Recommend the implementation of the cluster strategy and results; recommending corrective action where necessary

6. **Contingency Planning/Preparedness/Capacity Building** in situations where there is a high risk of recurring or significant new disaster and where sufficient capacity exists within the cluster.

To better appreciate the different roles and responsibilities of UNICEF and WFP in the management of acute malnutrition, provision of micronutrients, promotion of adequate breastfeeding practices in emergencies, etc. and how the two UN agencies can complement each other see this other UNICEF NiE toolkit (link here) that highlight the agreed commitments of UNICEF and WFP for each Nutrition emergency interventions as per defined in their MoU.

III.1 TOR drafted for cluster/NiE working group for emergency coordination

<table>
<thead>
<tr>
<th>TOR drafted for cluster/NiE working group for emergency coordination</th>
<th>A TOR for the cluster/sectoral working group should document roles and responsibilities of the Government, UNICEF, and other partners, and the key functions. The TOR should be agreed to by the cluster/NiE working group members and reviewed each year. Where another group or forum is de facto responsible for coordination in an emergency, emergency coordination should be included in the corresponding TOR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Philippines health and nutrition cluster (Government-led) TOR</td>
<td>To add Global UNICEF NiE toolkit link when available</td>
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</tbody>
</table>
Where sub-national clusters/sectoral coordination is needed, for example in Myanmar (Rakhine and Kachin), a sub-national TOR may be needed. The Kachin TOR is an example of a very brief guiding document for the sub-national coordination group for nutrition.

There are a number of examples of TORs in this region, and globally. The NCC handbook contains more specific information on developing a cluster TOR (p. 45 and table 1.4 of the NCC handbook).

| TOR agreed for sector technical working groups (TWGs) | Where there are technical tasks that need to be progressed, such as development of guidelines, operational standards, and tools, it may be necessary to establish TWGs to concentrate on specific technical areas and outputs. The TWGs generally meet independently, update the nutrition cluster/sector on the status of the work, and present the final outputs for feedback and agreement. This allows for technical work to be progressed and coordination meetings remain concise and focused (See NCC handbook p.64 table 2.3). The TWGs should be guided by a TOR that identifies objectives and key outputs. When the task is completed, the TWG may be disbanded or become dormant, ready to be reactivated as needed. A regional example is the Philippines nutrition cluster, which established four TWGs during the Haiyan response in 2013-14: IYCF, CMAM, Assessments, Communication and Advocacy, and now maintain the TWGs, activating on an ad hoc basis to complete specific pieces of work. |
| Cluster/sector strategic advisory group established and TOR agreed | In larger clusters/sectoral working groups, a Strategic Advisory Group (SAG) should be established. The SAG (or equivalent) enables decision-making on behalf of the larger group through representation of stakeholder groups. The SAG of the nutrition cluster/sector is usually led by the Government and co-chaired by UNICEF. There are no SAGs formally established in this region. The SAG is explained in more detail in the NCC handbook. |

III.2 Contact list of nutrition sector partners is available and updated

A simple contact list should be maintained that is easily accessible by all partners. Outdated contact lists are a barrier to rapid communication and coordination in a sudden onset emergency. The Global Nutrition Cluster website proposes a contact list template and a brief description of the tool. The toolkit folder also includes an example (from the Philippines).

III.3 Inter-cluster coordination: activity and

Effective inter-cluster/cross-sectoral or multi-sectoral coordination is important for all sectors and especially important for nutrition, as the nutritional status of the population is closely linked to other sectoral outcomes; particularly WASH, health, education, food security, and protection.
Opportunity mapping

Nutrition is usually one of the smaller sectors in terms of resources and partners and as such it is particularly important for nutrition to leverage opportunities with other sectors. Often inter-cluster coordination is limited to conversations in inter-cluster meetings during an emergency response and opportunities for meaningful coordination and planning ahead are missed.

How the nutrition sector coordinates and programs with other sectors should be a key conversation in the preparedness phase, when response activities are mapped and ideas or opportunities for alignment are documented.

Appropriate linkages will depend on the specific context of the emergency, however, discussion amongst clusters coordinators/sector leads in the preparedness phase and analysis of realistic opportunities based on key interventions by each sector will promote quick coordination action in the immediate response phase. Where possible, the linkages should be articulated in each sectors preparedness and response plans.

See also chapter X. Multi-sectoral interventions in emergencies, which corresponding folder includes a matrix of possible cross-sectoral linkages in emergency responses.

This folder includes examples of Nutrition and Child Protection and Nutrition and Food Security sectoral coordination and programming.

The NCC handbook contains a list of examples of inter-cluster linkages to consider in nutrition, table 5.5 p. 217. A matrix of examples of linkages specified by sectors/clusters is in the folder 3.3. The folder also contains the nutrition and child protection minimum standards in humanitarian action and the Guidance Checklist for Good Coordination and Programming between Food Security and Nutrition Clusters.

III.4 Sector partners are familiar with humanitarian principles and have a basic understanding of the transformative agenda, the cluster approach and accountability to

The members of the sector/nutrition partners should have a basic understanding of humanitarian principles, the role of the cluster, components of an effective nutrition response and international standards and guidelines. As a sector/cluster co-lead, it is UNICEFs responsibility to facilitate this awareness and knowledge in the sector partners.

Depending on the level of risk, and if there is an ongoing emergency response in country, a greater level of knowledge about IASC international tools and processes such as the Humanitarian Program Cycle and the Strategic Response Plan may be indicated. In all countries, partners should be familiar with the principles and commitments of Accountability to Affected Populations (see below) and how these commitments can be translated into action in an emergency.
**affected populations.**

A simple assessment may be conducted via a survey amongst the cluster partners to assess level of knowledge and confidence in applying key principles, to inform the need for a training. Where OCHA is present, support may be provided to all clusters/sectors in these areas.

The GNC has developed a three day standardized training package for nutrition cluster partners, which can be adapted to the needs at the country level.

<table>
<thead>
<tr>
<th>Cluster/sector partners are familiar with the five commitments to Accountability to Affected Populations.</th>
<th>The five commitments of the AAP were adopted by the IASC in 2011: leadership/governance, transparency, feedback and complaints, participation, and finally design, monitoring and evaluation. Communicating with all nutrition stakeholders including communities is one aspect of AAP and the nutrition sector should document how information will flow from and to communities affected by an emergency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feasible strategies have been discussed and documented for upholding commitments in a nutrition response.</td>
<td>In the preparedness phase, discussions and brainstorming can be facilitated by the nutrition's sector/cluster to identify strategies and activities for each commitment. Addressing this as a preparedness activity is likely to greatly improve the quality of this important aspect of a nutrition response. See also the 2-pager in toolkit folder 1. Humanitarian principles and standards, an example from the Haiyan response (CDAC Network review), as well as the guidance for mainstreaming AAP in the humanitarian program cycle through the cluster approach jointly developed by the Global Nutrition and Food Security clusters. The guidance includes a Nutrition Cluster operational framework on AAP and associated tools intended for use by nutrition actors. Hosted on the GNC website: <a href="http://nutritioncluster.net/guidance-mainstreaming-accountability-affected-population-core-people-related-issues-humanitarian-programme-cycle-cluster-system/">http://nutritioncluster.net/guidance-mainstreaming-accountability-affected-population-core-people-related-issues-humanitarian-programme-cycle-cluster-system/</a></td>
</tr>
</tbody>
</table>

**III.5 Tools and resources for response phase**

Timeline for specific actions of UNICEF country representative and country office to support cluster and Areas of Responsibilities (AOR) coordination functions for L3/L2 emergencies is outlined in the UNICEF Cluster Coordination Guidance for UNICEF Country Offices (Annex 1 p.76).

Templates for basic coordination functions and other tools should be made available and easily accessible in case a response is triggered. The GNC website has a Nutrition Cluster Coordination toolkit that includes examples of nutrition cluster meeting agenda template, meeting minutes template, nutrition inputs for situation report template, etc.

- UNICEF Cluster Coordination Guidance for UNICEF Country Offices 2015 (link here)
- Nutrition cluster meeting minutes template – GNC website cluster coordination toolkit
- Meeting agenda template - GNC website cluster coordination toolkit
**GNC Tips on NiE interventions for HRP.** This is a useful and practical guidance to support the collective development of a Humanitarian Response Plan (HRP) and the design of NiE interventions by cluster partners.

10. **UNICEF situation report nutrition inputs exemple (bullet points).**
✓ **GNC Tips on NiE interventions for HRP.**

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### IV. ASSESSMENTS

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Link to key resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline datasets</strong> are identified and refined/organized for key information to inform a response</td>
<td>Organization of nutrition data at baseline enables a basic understanding of the nutritional vulnerability in the affected area and will inform initial decisions for the response in the first hours and days of an emergency, before more detailed information becomes available through rapid assessments and other sources. The baseline data should be layered and analyzed with other sources of data such as multi-hazard risks mapping and relevant indicators of vulnerability. Baseline data for nutrition will most often include wasting, stunting, anemia and exclusive breastfeeding rates, disaggregated geographically and by sex and age. Other indicators may be relevant depending on the country context. For example, the National Institute for Nutrition (NIN) in Vietnam collects, analyzes and disseminates annually results of country-wide survey including a number of nutrition-related indicators (province-level of disaggregation) called the nutrition profile, available on the NIN website.</td>
<td>1. <a href="#">Vietnam provincial nutrition profiles 2013</a></td>
</tr>
<tr>
<td><strong>Priority nutrition questions for inclusion in joint/multi-sectoral rapid assessment tools are agreed to by sector partners and communicated to OCHA or lead actor for joint assessments.</strong></td>
<td>In most countries, an initial, joint (multi-sectoral) rapid assessment tool and methodology will be agreed to at the country level, with input by cluster/sector coordinators. Nutrition focal points will be responsible for ensuring that priority nutrition questions are included in the joint initial rapid assessment questionnaire, and that the data can be analyzed, interpreted and reported appropriately. Serious limitations in the joint assessment methodology for the nutrition sector are often reported, which highlights the need for solid, disaggregated and organized baseline data on the nutrition situation prior to a disaster. Initial joint assessments most of the time do not include MUAC and other anthropometric measurements due to time and capacity restrictions. These joint assessments most of the time</td>
<td>✓ <a href="https://www.humanitarianresponse.info/en/programme-cycle/space/document/multi-sector-initial-rapid-assessment-guidance-revision-july-2015">IASC MIRA guidance:</a></td>
</tr>
<tr>
<td>Responsibilities for collecting, analyzing and reporting the data of the joint assessment are pre-determined.</td>
<td>include qualitative information only, collected through key informant interviews in order to assess immediate needs and evaluate the possible immediate changes directly caused by the crisis/shock. These initial needs assessments collect information on the current situation (or rapidly evolving or worsening) situation and analyze against background (or baseline information) from existing programs, surveillance systems, nutrition surveys that provide information on the preexisting situation and on trends. The goal of these initial assessments/analysis is to identify the priority problems, risks and anticipated gaps in service provision. Where results of a joint initial assessment indicates that in the backdrop of a serious and worsening situation more information on the nutritional status of the affected population is required, a nutrition sector specific assessment including anthropometric measurements is warranted. The Multi-Cluster/Sector Initial Rapid Assessment (MIRA) is a joint needs assessment tool that can be used in sudden onset emergencies, including IASC System-Wide level 3 Emergency Responses (L3 Responses). It is a precursor to cluster/sectoral needs assessments and provides a process for collecting and analyzing information on affected people and their needs to inform strategic response planning. The MIRA methodology has been adapted in several EAPR countries, while other countries have their own methodology.</td>
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| Parameters for conducting nutrition assessments are discussed within the cluster/sector or the nutrition information working group (if existing) and documented | Nutrition assessments in an emergency will ideally be harmonized across the nutrition sector partners, with agreement in place for when different assessments should be conducted. Often capacity for conducting rapid and detailed nutrition assessments is limited; this is important to assess in the preparedness phase and to initiate capacity development and plan ahead for external support. |

| Approach to rapid assessment for nutrition is drafted and pre-agreed to by sector/cluster partners. A guideline is developed that details parameters for when and why to conduct, methodology, | Rapid Nutrition Assessments must be well designed and executed to obtain accurate information on the nutrition situation to inform immediate programming needs. Careful consideration should be given to ensuring the rapid assessment has clear objectives and will meet the information needs of the sector for the specific time period. A rapid SMART methodology was launched in 2014, which focuses the assessment to anthropometric information that can be collected in minimal time by a smaller team. This methodology provides representative anthropometric information. The CDC also produce a tool |
data collection, data entry, analysis and reporting and which partners are responsible. for rapid MUAC assessments, a simple excel file that provides a standard approach to enter, analyze and interpret results from MUAC screening exercises. The IYCF-E toolkit of Save the Children contains a background paper on choosing adequate IYCF questions, and several tools for rapid assessments (IYCF-E toolkit folder determine the needs/initial rapid assessment).

<table>
<thead>
<tr>
<th>Detailed nutrition assessment tools and methodology are agreed to. Lead partners and capacity gaps identified.</th>
<th>More in-depth nutrition assessments generally follow the SMART methodology approach and quality standards. National capacity for conducting SMART surveys should be fostered at preparedness phase. An example of SMART survey methodology from the Philippines is in the folder toolkit 4. Assessment</th>
</tr>
</thead>
</table>

Links with Nutrition surveillance and nutrition information systems

Depending on the country context and level to which early warning systems are in place, working with Government and other partners to ensure that sources of nutrition surveillance, assessment and program data feeds into national early warning systems will promote inclusion of nutrition as an indicator of vulnerability.

V. MICRONUTRIENTS

<table>
<thead>
<tr>
<th>5. Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micronutrient supplementation in emergencies</td>
<td>Children and women access micronutrients (MN) from fortified foods, supplements or multiple-micronutrient powders/tablets. Key Minimum Preparedness Activities:</td>
<td></td>
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<tr>
<td></td>
<td>➢ Roles and responsibilities for MN supplementation program implementation pre-defined and agreed. Considerations should be given to how national or routine MN supplementation programs can be refocused to respond to needs in an emergency and what are the key differences (e.g. age categories of beneficiaries).</td>
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<td></td>
<td>➢ Procedures for MN distribution during emergencies should be agreed to, and roles and responsibilities amongst partners clarified. Simple implementation plan templates and checklists are available to assist with planning. Examples of implementation plans can be found in the folder.</td>
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<td></td>
<td>✓ HF-TAG Planning for Implementation Manual March 2015</td>
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<td></td>
<td>✓ WHO Guidance MNPs (2011)</td>
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<td></td>
<td>✓ HTP module 14</td>
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</tbody>
</table>
➢ Anticipated number of beneficiaries, necessary supply (Vit A capsules, MNPs, MN tablets, etc.) quantities and costs estimated/anticipated (see toolkit folder 2.6. Caseload/Target Supply forecast).
➢ Anticipate on nutrition supply procurement, storage and distribution plan.

This folder includes a template document that can help developing an MNP program design description. This example of program description is very useful to guide implementation of the program in country. The proposed template is not exhaustive, and depending on the context not every heading suggested will be applicable, additional headings and subheadings may also be required. Under each header (bolded) and sub-header (italicized), there are brief explanations of the type(s) of information to include in each section.

At the very start of planning for an MNP program all the details required for writing an implementation plan may not be available, but using this template as a guide should assist program planners develop and refine their plan.

The checklist describes steps to be undertaken for program planning purposes (once a decision to implement an MNP program has already been made, a preliminary situational analysis been conducted, formulation selected and program concept note drafted).

The excel file proposes examples of indicators that can possibly be used to monitor activities undertaken during MN supplementation interventions, complementing the guidance provided by the MN implementation planning template and checklist.

The Harmonized Training Package (HTP) module on micronutrients is also a useful resource.

In the EAPR, in most cases local government structures and local health systems are utilized to deliver MN supplementation interventions. Hence, strengthening of the local health system to deliver MN supplementation on a routine basis will maximize the capacity of the health system to scale up these nutrition services in case of emergencies.

Note on micronutrient supplementation among women of reproductive age:
Unicef EAPRO recommends that national iron/Folate (IFA) supplementation guidelines be developed based on the 2012 WHO recommendations and guidelines (see the WHO guidance summary (here on p.19) and the practical guidelines The International Nutritional Anemia Consultative Group (INACG) of USAID/UNICEF/WHO (here) and that IFA supplementation protocols be harmonized across health and nutrition guidelines and protocols.
For emergency settings, UNICEF and WHO developed the multiple micronutrient tablets (MMT) to reduce anaemia and improve pregnancy outcomes, work is ongoing partners to draft global guidance on this intervention. In the meantime, key recommendations are compiled in the briefing note included in this folder (here).

To note that as stated in the 2012 WHO guidelines, special attention and adjustments are required in settings where anaemia is a severe public health problem (where anaemia prevalence is ≥40% among pregnant women); as well as in malaria-endemic areas, and in high thalassemia and sickle cell disease prevalent region.

VI. IYCF-E

<table>
<thead>
<tr>
<th>6. Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
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</thead>
</table>
| Infant and young child feeding in emergency | Support for appropriate infant and young child feeding is accessed by affected women and children | ✓ UNICEF IYCF programming guide includes a chapter on IYCF-E (p.118)  
✓ IFE Core Group - IYCF-E Operational Guidance 2007 operationalguidanceiycfv2.1  
✓ HTP module 17  
✓ Model Joint Statement – IFE core group model-joint-statement-call-for-support-on-ife.doc |
| Support for appropriate infant and young child feeding is accessed by affected women and children | The UNICEF IYCF programming guide includes a chapter on IYCF-E (p.126) in the form of a brief summary of the key aspects of infant feeding in emergencies, as key policy and guidance tools such as the IYCF-E: Operational Guidance (IFE Core Group 2007) and list existing training materials. The IYCF-E Module 2 v1.1 of the IFE Core group is very useful with additional chapters on re-lactation (chapter 6), on breast conditions (chapter 7), on the young severely malnourished infant (chapter 8), and on when infants are not breastfed (chapter 9) and has resources for counsellors on integration of IYCF into CMAM programs. In addition to the e-learning module on infant feeding in emergencies developed by the Emergency Nutrition Network (ENN) and the Harmonized Training Package (HTP) module on IYCF in emergencies, UNICEF also has an e-learning on IYCF in emergencies as part of its Nutrition in Emergencies e-learning series. UNICEF has also developed a generic community-based infant and young child feeding counselling package. |  

Key Minimum Preparedness Activities:  
- **Strategy/operational guidance developed**  
  o Operational guidelines to be developed at preparedness phase. A national IYCF-E/IFE strategy and operational guidance aim to consolidate global and national guidance and good practices on IYCF-E to guide international, national and sub-national decisions makers, program managers and field officers during the preparedness, response and recovery phases. Where a national strategy does not exist, the IYCF-E Operational Guidance from the IFE Core Group can inform IYCF-E actions. |
Discussions should take place in the nutrition sector/cluster to review the global operational guidance and address key issues such as provision of appropriate feeding for eligible infants with no possibility of breastfeeding and mechanisms to monitor Code infringements. There are also policy level guidance materials in the Save the Children International IYCF-E toolkit.

Pre-agreed key messages for communication on exclusive breastfeeding and complementary feeding including pre-approved radio spots, ready to use leaflets, posters, and any relevant communication materials;

Joint Statement (JS) on IYCF-E developed, pre-approved and ready to be applied
The Joint Statement should be released as soon as possible by the nutrition sector/cluster in an emergency, to reinforce the position of the nutrition cluster on appropriate infant feeding in an emergency. The JS should be quickly disseminated to the media, to humanitarian actors and the different sections of the Government by the MoH.

In the preparedness phase, the statement can be drafted and then updated rapidly with the specific emergency information. The Joint Statement may be signed by the Government, UNICEF, WFP, WHO (and in some cases NDMO) or a combination of these depending on the country context and lead coordinating bodies for nutrition in your country.

A model joint statement on IFE has been developed by the IFE Core Group, which can be easily adapted for each country. Using a common format ensures the standardization of key messages for IFE.

Awareness raised on the international BMS Code standards and recommendations is fostered across all levels of Government, humanitarian and development partners, and the private sector
The implementation and enforcement of the standards and recommendations contained in the Code by countries is critical in ensuring proper infant and young child feeding practices are in place to mitigate the risks posed to infants in an emergency.

UNICEFs and other nutrition partner’s support to the Government to adapt the Code as law is a longer term process, and in the shorter and medium term, measures can be taken to sensitize nutrition partners to the principles of the Code and the importance of enforcing the code in an emergency setting through advocacy and training of key actors.

The SCI IYCF-E toolkit is a very comprehensive, useful and practical guidance also providing tips for assessing the needs, listing key information required and key related questions that arise at
onset and throughout an emergency see link here for more on IYCF-E related assessment and monitoring process at a population level, from initial rapid assessment to statistically representative surveys. The toolkit also provides guidance for planning, implementing and monitoring IYCF interventions in emergencies.

It is useful to review the IYCF – IYCF-E linkages using the IYCF-IYCF-E hand-shake concept to further appreciate the strong complementarity between IYCF and IYCF-E and that strong IYCF programming at regular times provides a firm foundation to ensure effective IYCF-E. The IYCF – IYCF-E hand-shake presentation available in the IYCF-E toolkit of Save the children link here.

The GNC includes in the NC coordination toolkit guidance to monitor, record and report BMS Code violations (link here).

UNICEF Standard Operating Procedure on the procurement and use of breastmilk substitutes in humanitarian settings are included in the toolkit folder.

To ensure IYCF interventions be integrated with CMAM programs to maximize nutrition impact, the user of the toolkit will find plethora of guidance document on the ENN resources webpage as well on the CMAM Forum website.

In the EAPR, in most cases local government structures and local health systems are utilized to deliver IMAM and MN supplementation interventions. Hence, strengthening of the local health system to mainstream IYCF in IMAM/MN supplementation on a routine basis will maximize the capacity of the health system to scale up these nutrition services in case of emergencies.

Complementary feeding in emergencies is often overlooked and access and availability to timely and appropriate, nutritionally adequate and safe complementary foods for children 6 to 23 months often a challenge. Refer to the HTP module 17, there are a variety of complementary food options in an emergencies, depending on the context. At preparedness phase, it is important to anticipate on recipes based on locally available foods that could be used depending the crisis scenario. See HTP module 17 Annex 8 for types of foods suitable for different ages of breastfed and non-breastfed children and Box 6 for some complementary food options in emergencies. Longer term initiatives to strengthen complementary food provision in a community include supplying tools and seeds to enable cultivation of suitable complementary foods and strengthening links between livestock and nutrition programming to enhance food quality available to children. Cash or voucher distributions to families with
We consider children of complementary feeding age where markets are functioning and there is good food diversity.

There are examples in the EAPR of community-based IYCF activities that are worth considering adopting such as the Indonesia emergency preparedness to complementary feeding approach. In the wake of repeated emergency in 2008 floods in Jakarta, UNICEF supported training of 200 Government staff and humanitarian actors in Jakarta province and five municipalities and equipped them with skills to prepare and provide adequate complementary food for children in emergencies through “public kitchens”. In collaboration with Red Cross, Government, and NGOs “model public kitchens” were built in flood prone areas to demonstrate how these “kitchens” can prepare complementary food (using locally available foods) for emergency-affected children.

<table>
<thead>
<tr>
<th>Mother-baby friendly spaces (draft)</th>
<th>Anticipating the setup, implementation and monitoring of activities ran in baby friendly spaces (BFS) in a key preparedness action.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Inter-sectoral coordination: to consider consulting and collaborating with the Camp management cluster (to plan for physical space), with the Education cluster (to plan for ECD kits), with the Child Protection cluster (for possible integration of safe baby-friendly areas within child-friendly spaces and linkages with Mental Health and Psychosocial Support Services); and to define referral mechanisms to and from BFS.</td>
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<tr>
<td></td>
<td>• Planning for type of structures, activities, materials and small equipment: this guidance document from WVI on the use of baby tents in emergencies might be a good first read. It’s important to keep in mind that BFS can be a standalone tent, a room or a corner in a health facility or others available spaces, or can even be a mobile team (e.g., part of a mobile clinic). The ACF manual on Baby Friendly Spaces explains that modality of intervention and activities should be adapted to the context, situation and the feasibility. The document not only provide guidance on activities implemented in BFS but also lists possible materials to include in contingency stocks in order to prepare for BFS.</td>
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<td>• Train a pool of counselors, i.e. anticipate on a BFS team with solid knowledge at least on breastfeeding.</td>
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<td></td>
<td>• Pre-define and pre-agree on some few indicators for monitoring purposes.</td>
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<td></td>
<td>• Anticipate on communication and advocacy messaging with C4D.</td>
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<td></td>
<td>• Think phase out strategy / criteria for winding down or transitioning of services to other facilities.</td>
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</tbody>
</table>
### VII. MANAGEMENT OF ACUTE MALNUTRITION (SAM and MAM)

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
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</thead>
</table>
| CMAM/IMAM     | **Children and women with acute malnutrition access appropriate management services.** The user of this toolkit is encouraged to use the UNICEF programmatic guidance for the management of SAM, will find plethora of guidance document on the ENN resources webpage, on the CMAM Forum website (including the very useful and practical CMAM toolkit), as well as in the HTP modules 12 (MAM management) and 13 (SAM management). | ✓ UNICEF programmatic guidance to the management of SAM  
✓ HTP modules 12 and 13  
✓ CMAM toolkit: Rapid start-up resources for emergency nutrition personnel. |

**Key Minimum Preparedness Activities for CMAM programming:**

- A national guideline for CMAM/IMAM or SAM management serves to guide and standardize treatment of acute malnutrition. In countries where a national protocol has not been developed, agreement should be reached on an interim treatment protocol based on international standards.
- Anticipate number of beneficiaries, necessary supply (Routine medicines, ReSoMal, Therapeutic milks, RUTF, MUAC tapes, scale, height board, small equipment, etc.) quantities and costs estimated (see toolkit folder 2.6.Caseload/Target Supply calculation tool).
- Anticipate on nutrition supply procurement, storage and distribution plan.

**In the EAPR,** local government structures and local health systems are utilized to integrate CMAM/IYCF-E/MN supplementation interventions. Hence, strengthening of the local health system to deliver CMAM/IYCF-E/MN supplementation on a routine basis will maximize the capacity of the health system to scale up these nutrition services in case of emergencies.

**Note on flexible scale up and back down surge capacity model**

Most countries have or are in the process of developing national IMAM guidelines and it’s is important these includes operational guidance to timely scale up SAM treatment in emergencies through the local health systems.

Surge model for scale up / down support to IMAM services:

- Coordination mechanisms and responsibilities during emergencies are pre-defined and pre-agreed upon, including who takes the lead in coordinating the IMAM program, who’s implement what activities, who is responsible for monitoring the IMAM program, for IMAM program data management, for nutrition supply chain management, for reporting, etc.;

1. Example of the Philippines guidelines for the management of SAM
• Plausible scenario, recommended actions for each, undertaken by whom, with what timeframe are pre-defined and pre-agreed upon. This includes definition of what are the thresholds-triggered indicators/criteria used to decide to scale-up and/or establish the IMAM services, what additional resources are needed, who takes those decisions/takes the lead where, who and how does intensified screening activities take place, etc.;
• Recommended actions for scale-up in areas where treatment is available versus recommended actions for establishing services in areas where SAM treatment is not available to be included in the operational section of the IMAM guidelines;
• Considerations on IMAM data and nutrition supply management in emergencies pre-agreed;
• Recommendations for exit strategies / scale back down are included in the operational guidelines.

Note on possible solutions to MAM
Some in the EAPR more and more often ask whether RUTF could be used for MAM treatment and if yes, at what dosage. Nutrition Specialists also often inquire whether any international guidance or suggested good practices are available on optimized RUTF dosage throughout SAM treatment that could reduce RUTF amounts required and hence reduce treatment cost. Hence, a short briefing note was drafted and included in this toolkit folder and includes considerations on:
• RUTF dosage reduction through the course of SAM/MAM treatment and use of RUTF for MAM treatment;
• The management of MAM with non-product based approaches.

Recommendations on SAM management among children above 5 years of age.
In the EAPR, several countries have reported to have a significant number of SAM cases in children above 5 years of age and requested recommendations. Based on a review of recommendations from various experts (see Table 1 of the SAM in older children note in the toolkit folder), taking into account practical considerations for SAM services delivery it is proposed:
  a) Age group:
  Most preferred recommendation:
Given that the needs and the severity of the situation call for inclusion of all children (regardless their age) affected by SAM in the treatment protocol and based on the assumption that the admission criteria recommended below is adopted, it is recommended that all 5- to 18-year children be eligible for treatment.
Less preferred recommendation:
If SAM services providers were to decide to put an age limit given the limited resources and to prevent a situation where the program caseload would become difficult to manage, the recommended age group would then be all 5- to 9-year children be eligible for treatment.

b) Admission criteria:
- MUAC:
  Given there is no international agreed / recommended MUAC cut off to diagnose SAM in > 59-month children yet and that more research is needed in that area, it is recommended not to use MUAC as admission criteria among older children.
- BMI-for-age:
  It is recommended to use BMI-for-age < -3 SD to classify SAM in older children (above 5 and up to 18 years of age) and simplified tables for use in field are available (link here).
- WFH:
  UNICEF does not recommend the use of WFH z-score to diagnose SAM among children older than 59 months.
- Edema
  As for 6-59-months children, bilateral pitting oedema and visible wasting are also clinical signs of SAM in this age group.

Therapeutic food

It is recommended to use the same RUTF dosage used for 6-59 month old, i.e., based on kcal per kg body weight.

Note on MUAC cut-off for PLW admission in TSFPs
Although TSFP are not common in the EAPR, in some instances Nutrition Specialists may need guidance on MUAC cut-off used as admission criteria among pregnant and lactating women hence, the toolkit folder includes a 1-pager summarizing considerations around MUAC cut-off to use for admission of pregnant and nursing women (PLW) in TSFPs.

<table>
<thead>
<tr>
<th>VIII. COMMUNICATION FOR DEVELOPMENT (C4D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain/Folder</strong></td>
</tr>
<tr>
<td>Key messages for affected populations are drafted and agreed to</td>
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</table>
Key messages can be developed jointly with WASH, health, food security, protection and other clusters. If need be messages should be translated (back translated to verify meaning is not lost) and tested before dissemination.

UNICEF has developed a generic community-based infant and young child feeding counselling package.

The folder contains examples from the region. The reader can also find useful and practical IFE factsheet and key messages from the IFE core group and in the IYCF-E toolkit.

**Key messages for media and humanitarian community and media are drafted and agreed to**

Similar to the key messages for the affected populations, the messages for the media and humanitarian partners can be pre-developed. The modality for disseminating key messages to the media should be explored with the inter-agency partners - this should be defined in communication SOPs or strategies at the national level.

The IYCF-E toolkit contains a useful reference document with key messages for the humanitarian community about IYCF-E and the roles of all partners in protecting women and infants. It can be quickly adapted to the specific context. The Global Nutrition Cluster developed *Protecting infants in emergencies - Information for the Media* that contains sample information on IFE that can be contextualized.

**Establish a communication protocol with UNICEF communication team to ensure that nutrition messages are incorporated into multi-sectoral communication initiatives**

Close coordination between the nutrition team and the communications unit at UNICEF will promote that all opportunities for disseminating nutrition messages and information are utilized. UNICEF has high capacity in communications and nutrition should be working closely with the communication teams to promote nutrition.

Human interest stories on nutrition can be very effective tools for raising awareness of key issues on nutrition in emergencies and raising funds.

At a minimum, a meeting should be initiated with the communications team to review key communication outputs for nutrition in an emergency - for example dissemination of the joint statement on IFE.

- IFE messages for caregivers (IFE core group)
- IYCF-E fact sheet for mothers and for health workers examples (IYCF-E Toolkit [link here])
  1. Flipchart – nutrition cluster-IYCF (Philippines)
  2. Flyer – Vit A Flyer (Philippines)
  3. Flyer – Vitamix Flyer (Philippines)
  4. Nutrition flyer_Vanuatu
  5. IYCF community mobilization guide (Philippines)

- Protecting infants in emergencies - Information for the Media [ife-media-flyer-final.pdf](#)
- Information for All Aid Workers and Volunteers in Disasters Infant and Young Child Feeding – Why should it Matter to Me. ([IYCF-E toolkit](#))
Map community capacities and existing communication channels to identify the most effective ones for nutrition information

This action is also relevant for 'accountability to affected population' as it aims to ensure appropriate two-way communication to and from affected communities. This action is focused on the 'to', and understanding what mechanisms are most appropriate in a specific context at the preparedness phase. This analysis can be undertaken multi-sectorally.

In the 2015 Cyclone PAM response, the Vanuatu nutrition cluster identified text messages, radio spots, printed media as communication channels for key nutrition messages, particularly focused on IFE. Simultaneously, nutrition information was printed on flyers that were distributed with the general food distribution and by partners distributing other relief items to reach as many of the affected population as possible. In this specific context, it was also possible for nutrition to coordinate with the communications working group established by the health and nutrition cluster, which proved effective in ensuring the key nutrition messages were included in all health and health promotion messaging.

Develop, translate and pre-position appropriate materials for IYCF

Information Education and Counselling materials for IYCF (job aids, posters, and counselling cards) in local languages are essential for delivering appropriate IYCF interventions and take time and resources to develop and print.

Ensuring an easily accessible repository of resources (in PDF/soft copy) that can be printed and used by partners can simplify access to IEC in an emergency. An LTA for printing is highly recommended.

UNICEF has developed a generic community based infant and young child feeding counselling package.

In 2006 UNICEF developed the Behaviour Change Communication in Emergencies: A Toolkit. This toolkit aims to generate ideas and provide some stepping stones for programmers to get started in planning, managing and monitoring behaviour change communication for emergencies. Chapter 5 is about breastfeeding.

✓ IYCF IEC templates are available from the SCI IYCF-E toolkit and can be modified to a specific country context

 ✓ Community-based infant and young child feeding counselling package (UNICEF 2010, 2nd edition 2012)


IX. FOOD AID / FOOD ASSISTANCE

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Cluster / sector actors / NiE working group</td>
<td>In the EAPR, local government, national disaster management office and/or other national stakeholders tend to take the lead in the provision of food rations to the affected population in case of emergencies.</td>
<td>✔ HTP module 11 - GFD</td>
</tr>
</tbody>
</table>
In some instances, Nutrition Specialists may be asked to advice on the content of a food basket and/or to provide technical support to ensure that whatever intervention or combination of interventions implemented enables affected populations to meet their nutritional requirements and protects the nutritional status of vulnerable groups (such as non-breastfed infants and young children, pregnant and lactating women, individuals with HIV – AIDS or chronically ill, the elderly). This largely involves ensuring that the combination of foods put together for a General Food Distribution (GFD) ration (or a costed food basket used for determining the size of a cash transfer) meets nutritional requirements. It also includes assessing and responding to micronutrient deficiencies and identifying specific commodities or products that can be distributed to specific target group to manage/prevent such deficiencies. Extracted from the Afghan Nutrition Cluster NiE training curriculum hosted on the CMAM forum website.

However, GFD is only one of the different possible modalities of food assistance in emergency contexts. Food assistance in emergencies can involve a combination of the following:

- General food distributions (GFD)
- Provision of conditional or unconditional cash transfers
- Provision of vouchers to enable households to access certain commodities
- Cash-for-work, Income-generating activities,
- Crop production and livelihood support, etc.

In fact, and especially in the EAPR, many food stresses/crises are often due to vulnerable populations lacking access to food (rather than a lack of food availability in affected areas). This prompted an evolution in food assistance in recent years towards the provision of cash or vouchers for direct purchase in the local market and exchange with designated local vendors, respectively, so that populations can meet their own food needs using the same market channels they would in stable times. In cases where commodity markets cannot function, are insufficiently integrated, or lack adequate supply, in kind (commodity) food assistance, or food aid, is more likely to be an appropriate response. Cash or voucher programming, unlike food aid, can offer families the flexibility required to meet multiple basic needs at the same time, to invest in livelihood recovery or to prevent them from selling off household assets to meet other needs. Food aid may also cause price fluctuations, inflation or deflation in local market systems, which may negatively affect local producers and retailers in the short-term and in the medium- to long-term, as well as vulnerable household consumers. Cash-based assistance is better able to contribute to holistic household needs and local market recovery after a crisis, and can lay the groundwork for a transition to market support and economic recovery initiatives. Market- sensitive interventions and direct market support to complement cash-based assistance may even improve on the status quo following a crisis, by supporting market integration between urban and rural areas, re-establishing consistent food supply to the affected area, and encouraging uptake of local products rather than imported

✓ Research on Food Assistance for Nutritional Impact (REFANI) project (ACF, Concern Worldwide, the Emergency Nutrition Network (ENN) and the University College of
In-kind food assistance or Food aid in the form of GFD has for objectives i) to meet immediate food needs of populations cut off from their normal sources of food, therefore preventing undernutrition; and ii) to protect or recover livelihoods by preventing the sale of assets, or allowing households to spend time on productive activities that will restore livelihoods. GFD must be seen as an option in acute/large scale emergency where food is not available and markets not functioning.

Food assistance in an emergency should aim to meet the caloric and nutrient needs for a specific amount of time until usual food access is restored. In EAPR countries, it is likely that in most emergency contexts the affected population will have some access to other food sources and that the duration of the assistance will be short (weeks rather than months).

An assessment should be conducted to estimate how much food assistance is needed considering the probable access to food stocks, functional markets etc. This assessment may be made based on broad assumptions and secondary data sources rather than a community level assessment in the very initial phase of an emergency response.

In some critical emergency scenario, in the first days after the emergency households may have very limited access to dry fuel, water and household items that are needed for the preparation of foods such as rice. In this circumstance, ready-to-eat foods are appropriate.

The NiE toolkit folder includes a short guidance and suggests possible rations for covering both 100 and 50 percent of the energy and nutrient needs and considers contexts where there is, and is not, access to cooking utensils, dry fuel and basic household items for preparation of food. The analysis has been conducted with the NutVal spreadsheet on the basis of a general population’s nutrient requirements.

Under no circumstance should milk powder, infant formula, fluid milk be included in a non-targeted food ration.

See the next chapter 10. Multi-sectoral approaches for more on cash transfer programming.
## X. MULTI-SECTORAL APPROACHES IN EMERGENCIES

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
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</thead>
<tbody>
<tr>
<td>Package of nutrition-specific and nutrition-sensitive interventions in emergency situations.</td>
<td>The Lancet series on Maternal and Child Nutrition published in 2013 presented the scientific evidence that achieving 100% coverage of the set of 10 nutrition-specific interventions will only for example lead to only a 20% reduction in stunting, highlighting the importance of combining nutrition-specific interventions with nutrition-sensitive interventions to maximize nutrition impact of interventions, i.e., to maximize the potential to effectively reduce mortalities and morbidities hence, to prevent all forms of malnutrition and their inter-generational adverse effects. The 1,000 days window from conception to 2 years is the most critical time for positive nutrition and health outcomes as well as positive impact on child’s cognitive, intellectual and physical development. If not addressed during this critical window, negative effects of malnutrition can be irreversible. All forms of malnutrition can be found in both emergency and non-emergency settings and should be tackled wherever they are found and the notions mentioned above apply at regular times as well as times of crisis. Therefore, toward a maximized impact nutrition emergency responses require a combination on preventive and curative approach, a package of nutrition-specific and nutrition-sensitive interventions. This NiE toolkit focuses on key nutrition-specific interventions most relevant in emergencies for their direct impact on reducing morbidities and mortalities associated with malnutrition including the management of acute malnutrition, of infant feeding in emergencies, on addressing micronutrient deficiencies and their respective impact can be maximized when combined notably with: • Water, Sanitation and Hygiene • Social Protection / Safety net • Early Childhood Development • Health, Family planning, Mental health services</td>
<td>2013 Lancet series on Maternal and Child malnutrition</td>
</tr>
<tr>
<td>Example of cross-sectoral linkages in emergency situations.</td>
<td>Appropriate linkages will depend on the specific context of the emergency, however, discussion amongst clusters coordinators/sector leads in the preparedness phase and analysis of realistic opportunities based on key interventions by each sector will promote quick coordination action in the immediate response phase. Where possible, the linkages should be articulated in each sectors preparedness and response plans.</td>
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</table>
Cash-Based Interventions in Humanitarian settings

This folder includes a matrix documenting possible cross-sectoral linkages / multi-sectoral programming in emergencies.

See also Chapter III.3 Inter Cluster Coordination which toolkit folder includes examples of Nutrition and Child Protection (link here) and Nutrition and Food Security sectoral coordination and programming (link here).

See also the UNICEF EAPR WASH and Nutrition toolkit chapter 6 for more detailed guidance on WASH and Nutrition integrated interventions in humanitarian situations.

UNICEF supports and has been expanding the use of cash transfers in humanitarian settings. To further understand the overall potential of Cash-Based Interventions (CBIs):

- Browse the UNICEF Cash-based approaches in humanitarian situations web page and have a look at the brief summary discussing the UNICEF positioning, its “Delivering the CCCs: a checklist for the use of unconditional cash transfers” and review the UNICEF 6 Key messages on Cash Transfer in Humanitarian settings.
- Navigate the CaLP website and its wealth of resources and capacity building tools on CTP (link here).
- Read the brief note on CBIs added to this folder (link here).


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<thead>
<tr>
<th>XI. DRR AND RESILIENCE</th>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
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</thead>
</table>
| DRR as a mean to increase resilience and linkages between DRR DRM Resilience and Nutrition | The 1-pager included in this NiE toolkit folder lists a few key resources (policy brief, scoping study, positioning papers, etc.) focusing on nutrition and resilience. Most of these papers describe nutrition as both a driver for, and an outcome of, resilience. | 1. | 1. 1-pager listing resources on nutrition and resilience

Among the documents listed in the 1-pager, there is a short study report from the Emergency Nutrition Network (ENN) proposes how nutrition can strengthen resilience and how resilience can strengthen nutrition: a) systematically building multi-hazard risk assessments into programs; b) requiring the undertaking of sound causal and context analyses (especially in spanning all levels of causality for undernutrition); which should then inform: c) more holistic approaches to undernutrition (and less differentiation between stunting and wasting); d) longer-term, more flexible funding; e) consideration of how nutrition indices could illuminate understanding of resilience capacities at

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<tr>
<th></th>
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<th>1-pager listing resources on nutrition and resilience</th>
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<tr>
<td></td>
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<td>UNICEF 1-pager on Disaster Risk Reduction and Nutrition</td>
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<td>ECHO thematic policy document on DRR</td>
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individual, household and population levels; and f) greater attention on the outcomes of programs rather than outputs.

The toolkit user is also encouraged to look at the UNICEF 1-pager, at the DG ECHO Thematic policy document *Disaster Risk Reduction: Increasing resilience by reducing disaster risk in humanitarian action*, or to look online for any other useful resources.

### XII. INFORMATION MANAGEMENT

<table>
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<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
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<tbody>
<tr>
<td>Responsibilities for IM</td>
<td>The division of responsibilities between the Government, UNICEF and other cluster/sector partners for Information Management (IM) should be discussed and documented, based on capacities and resources in country. In larger emergencies, and where the cluster is activated UNICEF has a responsibility to ensure there is adequate human resources for Information Management (IM). Regardless the Cluster approach is activated or not the Nutrition Cluster Handbook Chapter 3 – Nutrition Information Management provides a good review of overall core functions of nutrition information management in emergencies.</td>
<td>✓ Global Nutrition Cluster Handbook and IM toolkit</td>
</tr>
</tbody>
</table>
|                               | “The Global Nutrition Cluster Information Management (IM) Toolkit is a resource to help Information Management Officers, Coordinators, Partners or other interested groups improve the flow of critical information during an emergency response. The Toolkit consists of more than 20 tools presented into five sections, covering different phases of the Emergency/Humanitarian Programme Cycle and includes: ✓ general / administrative tools, e.g., a generic ToR for the IM Officer function, templates for contacts list, for cluster meeting agenda, minutes, etc. ✓ needs assessments and analysis tools, e.g., indicator registry ✓ strategic planning tools, e.g., templates for capacity mapping, 3/4Ws, caseload, targets, supplies calculation spreadsheet, etc. ✓ monitoring and reporting tools, e.g., and M&E framework

The comprehensive IM checklist of the GNC is included in this folder of the NiE toolkitm, it is very useful not only for understanding standard IM functions but as well to help the nutrition cluster/sector ensure consistency and completeness in carrying out IM functions. | 1. IM checklist of the GNC
A platform for sharing and storing key documents is established and drafted, i.e. sector/cluster webpage

Among the standard IM functions listed in the GNC IM toolkit checklist, examples of platform for effective sharing of data are proposed. Effective sharing of data and of important information amongst partners is essential during an emergency response and should be considered during the preparedness phase. Options include cluster share drive, websites, Government websites, drop boxes or google groups.

Cluster countries have migrated to the humanitarian response webpage platform (e.g., the Philippine humanitarian response info website [link here]). During the Yolanda typhoon response, the Philippines nutrition cluster developed a drop box to house key documents for easy access by cluster partners and stakeholders outside of the Philippines, to complement the information on the HR website.

Options for information sharing with partners who have limited connectivity should be considered in the preparedness phase.

This NiE toolkit includes an example of good practice from the Philippine’s Haiyan response is management of a contact list and email dissemination via Mail Chimp.

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XIII. MONITORING AND EVALUATION

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<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
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| XIII.1 Nutrition Cluster and UNICEF response indicators are agreed to and are consistent. | Defining appropriate objectives or results for the planned nutrition interventions, their respective activities and tying them to indicators (process, output and outcome level indicators) in the preparedness phase will greatly improve efficiency of planning for and monitoring an emergency. While there will be some different indicators for UNICEF and the sector/cluster, the indicators that pertain to the same activities should be consistent between the two. Addressing this in the preparedness phase will allow for sufficient time to develop simple, feasible and realistic indicators, monitoring framework and will minimize the risk of misalignment between UNICEF and the cluster/sector. | 1. UNICEF Humanitarian Response Monitoring Toolkit: Indicator Guide (2012)  
✓ Indicator Registry (HR.info)  
✓ Myanmar Humanitarian Response Plan 2015 – see folder II.3 |
| Cluster/sector data collection tools and reporting formats are developed and agreed to by cluster/sector partners - with consideration to | UNICEF specifies standard indicators for nutrition, aligned to the priority results areas articulated in the CCC’s. The indicator guide (2012) is a key resource. Additionally, the OCHA humanitarian indicator registry (complimentary to the Inter-Agency Standing Committee (IASC) Humanitarian Programme Cycle (HPC) reference module) contains indicators that have been developed by the global clusters. Examples of nutrition cluster/sector response indicators can be found in the Myanmar Humanitarian Response Plan, Haiyan Strategic Response Plan and Cyclone PAM – health and nutrition indicators (UNICEF specific) |
Data collection and reporting tools should be harmonized amongst the cluster/sector partners. Ideally, there will be a harmonized reporting format for the cluster/sector that will meet the information needs of the Government, UNICEF, WFP and the partner organization. Implementing partners bear the burden of having to report in multiple forms and tools when there is poor harmonization within the cluster/sector.

Existing Government tools and reporting systems should be reinforced whenever possible.

Data collection tools can quickly become too lengthy and complicated; all efforts should be made in the preparedness phase to agree to key indicators and simple tools that collect only information that will be analyzed and used to improve a response.

By not addressing this area in the preparedness phase, there is a greater risk of developing heavy processes during an emergency when there are more resources available, which will not be sustainable in the longer term.

XIII.2 Data collection and reporting framework is agreed to by cluster/sector partners

Clear processes should be established for sector partners to collect and transmit information on the nutrition response. As much as possible, reporting structures should integrate with and aim to strengthen Government reporting structures. This is much more achievable when meaningfully addressed in the preparedness phase rather than at the beginning of an emergency.

The Philippines partner reporting flowchart illustrates the steps of reporting for the cluster and for UNICEF program, and timelines.

XIII.3 Cluster/sector database for tracking response data and performance indicators is established

A database can be established for emergency nutrition response activities, in excel or access, to track the indicators as reported by each partner.

XIV. CAPACITY DEVELOPMENT

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Philippines Haiyan Strategic Response Plan (Dec 2013) see folder II.3</td>
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<tr>
<td></td>
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<td>2. Philippines nutrition cluster partner reporting format and instructions</td>
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<td>3. Dashboard format Haiyan</td>
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<td>4. Rakhine State Nutrition Information analysis – example from Sept 2014</td>
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<td></td>
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<td>5. Philippines nutrition cluster partner reporting flowchart</td>
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<td>6. Nutrition cluster database example Philippines</td>
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</table>
Here are a few proposed suggestions for approach, methodologies and tools to be used to map technical NiE competencies, assess learning needs and develop capacity building plans accordingly.

One very simple way to go about this would be to use the capacity mapping tool of the Global Nutrition Cluster (GNC) Information Management Toolkit. It is an excel file called GNC capacity mapping with very minimal but clear explanations (see the different tabs). It looks at “implementation capacity” in various core NiE programmatic areas (CMAM, MN supplementations, IYCF-E) and at the “number of staff” in country that can facilitate trainings in relevant technical areas, and at the number of staff who need to be trained on various technical domains.

It can be argued that such tool would need to be complemented by more guidance on the approach/process itself and could go into more details in order to increase the chance of producing a relevant capacity building plans well designed and responding to specific learning needs.

Some years ago the WASH cluster developed a capacity mapping guide that outlines a comprehensive process for conducting a country wide capacity assessment (at national level). A similar guidance document for nutrition does not currently exist (to our knowledge). However, the WASH guidance contains relevant information in regards to the principle of the process. The proposed (participatory) process includes seven steps, from reaching an agreement among stakeholders on why the need for capacity assessment (and forecasting the financial resources required), to mapping/listing the vulnerabilities, to analyzing the capacity gaps (be them sector- or agency- specific) and developing a capacity building plan accordingly.

Inspired from the above mention guide, some recommendations include:

Methodology:
- Before embarking in the capacity assessment exercise, the NiE task force or NiE sub-working group of the nutrition sector/nutrition cluster to review the nutrition contingency plan, i.e., review the risks and crisis scenario, the type of response anticipated for each and any existing capacity mapping (presented in either a map or a 3W (Who does where what, and 4W + When) table format) and look at any existing gap analysis.
- If no 3W or 4W exist then use the tool of the GNC to start the mapping.
- Based on existing programs, the nutrition contingency plan and 3W map, to estimate and roughly forecast what additional support in terms of supplies, financial and human resources would be required from partners to meet additional needs for nutrition services in an emergency.

1. WASH Cluster capacity mapping guide 2009
• From that, gaps can be identified, for example there may be no routine SAM management program in a province/district that is hazard prone and where the prevalence of wasting is close or equal to 10%. This can then be the basis of a discussion within the sector partners, looking at who is present in that location to support the health services to deliver SAM treatment.
• The capacity mapping exercise to be done collectively / collaboratively with all members of the NiE task force/nutrition cluster as a group toward a common goal, i.e., effective nutrition response.
• Possibly the mapping/analysis to be done at sub-national level to be more specific and nuanced. For example, a certain province might need to prioritize on developing nutrition assessment and coordination capacities while another province needs to prioritize on developing NiE-related advocacy and communication tools and approaches.
• Possibly consider going into a more thorough analysis to assess further the level of Nutrition preparedness/readiness (using the EAPR Nutrition Readiness matrix proposed in Chapter II.4 of toolkit on p.8 of this manual).
• Based on these capacity mapping / analysis, to design a capacity building plan and the NiE task force/nutrition cluster to start implementing it as part of minimum preparedness activities for effective nutrition responses.

Tools:
• The tool proposed by the GNC can be used to generate the 3W mapping and rough training needs.
• The WASH cluster capacity mapping guide.
• For a more detailed analysis of how much a country or a province is “NiE ready”, the EAPRO Nutrition preparedness matrix of the regional NiE strategy can be useful (located in toolkit folder Strategic guidance). For the NiE competency scoring, 12 technical NiE domains (in line with the CCCs) and inspired from the technical competency framework for NiE practitioners developed by the NIERTI consortium are evaluated.

See also Chapter II.2 Capacity mapping and gap analysis
Training materials are available

Whether planning for and designing the content of a face to face training for your organization staff or local health workers or out of a willingness to develop your own capacity, there are a wealth of training package and materials as well as eLearning course available online for free that can help you. This folder contains a 1-pager that provides a list of relevant training materials and eLearning courses.

This folder also includes examples of short scenario (inspired from HTP module 17) that can be used during a training to make participants reflect on risks of artificial feeding, identify potential Code violation in emergencies and discuss possible mitigation options. The document includes model answers and points at existing relevant guidance document.

This folder also includes an example of a training plan for a 3-day event aiming to provide an overview of all key NiE aspects and initiate the Nutrition Emergency Preparedness and Response planning based on experience from the Pacific Islands in 2016.

2. List of key training materials and eLearning courses

3. Example of Code violation scenario with model answers

4. Example of a 3-day NiE training plan

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### XV. CROSS-CUTTING ISSUES

#### 1. GENDER-SENSITIVE NUTRITION PROGRAMMING

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/Considerations</th>
<th>Links to key resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Cluster/sector actors / NiE working group members are sensitized aware familiar with IASC minimum gender commitments to be systematically part of nutrition responses</td>
<td>IASC</td>
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#### 2. DISABILITY-SENSITIVE NUTRITION PROGRAMMING

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<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/Considerations</th>
<th>Links to key resources</th>
</tr>
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## XVI. RESOURCES MOBILIZATION

### 1. FUNDS MOBILIZATION

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
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</thead>
</table>
| **XVI.1** A list of contacts for in country donors and technical focal points for nutrition is compiled (e.g. ECHO) | Establishing regular contact with key donors for nutrition in the preparedness phase and fostering mutual understanding of respective needs in an emergency can result in better funding outcomes for the nutrition sector. At a minimum donors should be engaged and kept informed of sector updates in non-emergency times. In some contexts donors may be regular or intermittent participants of the nutrition sector coordination meetings. | ✓ OCHA CERF Guidance: [how-apply/rapid-response](#)  
1. CERF template – updated January 2015  
2. Cyclone PAM CERF – health and nutrition 2015  
3. Myanmar Nutrition CERF 2014  
4. One pager – difference between rapid response and underfunded CERF  
FLASH Appeal  
5. FLASH Appeal Cyclone PAM 2015  
6. Flash appeal project sheet – nutrition – Cyclone PAM |
| Familiar with resource mobilization procedures such as CERF and common appeals processes such as Flash Appeal. | There is a range of funding sources for emergencies. Chapter 8 of the NCC handbook provides a concise summary of resource mobilization and the role of the nutrition sector/cluster coordinator.  
CERF is a global funding mechanism, for protracted and underfunded emergencies and rapid onset emergencies such as the Solomon Islands flooding in 2014 and Cyclone PAM in 2015. The CERF template has been updated in 2015.  
CERF proposals are generally developed in parallel with a common appeals process such as a Flash Appeal. Once the Humanitarian/Resident Coordinator in coordination with the Humanitarian Country Team gives an indication of the estimated monetary ceiling of the CERF and the sectoral priorities, each sector/cluster coordination team will decide which UN agencies will submit a proposal (and to what amount). In the recent example of Cyclone PAM, the health and nutrition cluster submitted three linked and complementary proposals by WHO, UNICEF and UNFPA.  
The process can be very rapid and should be considered in the preparedness phase and then from the very onset of an emergency. Being familiar with the requirements of CERF, the overall process of coordination and development within UNICEF and the cluster is an advantage and can be included in the preparedness process. Please refer to the examples of                                                                 |
The **Flash Appeal** (FA) is a joint funding appeal that outline a prioritized set of actions that need donor commitment. The nutrition sector must contribute priority activities for funding for three to six months from the emergency onset, with justification and a budget. The FA contains project sheets, which donors can choose to fund directly. More information can be found here: [www.ocha.org/cap](http://www.ocha.org/cap). An example from Cyclone PAM can be found in the folder.

## 2. HR MOBILIZATION

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
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<tbody>
<tr>
<td>XVI.2 TORs for emergency specialists and coordinators available (surge)</td>
<td>The responsibilities for nutrition sector coordination should be clearly designated within the UNICEF nutrition team. A second coordinator should be identified to back stop the primary coordinator during times of leave, missions etc. The coordination role should be included in the staff’s TOR.</td>
<td>1. <a href="#">Generic nutrition TOR examples</a> (Coordination/Information Management/CMAM/IYCF/MNPs/Surveys and Surveillance)</td>
</tr>
<tr>
<td>Designated nutrition coordinator and tasks included in TOR of UNICEF nutrition specialist in country</td>
<td>In the event of a L2/L3 emergency, external support from EAPRO or Global Nutrition Cluster for cluster coordination will be extended. Additional support for nutrition program may also be requested from the Rapid Regional Response Mechanism (RRRM) that is administered by EAPRO, or Standby Partners. Standby partners (i.e. RedR Australia) are a source of additional capacity for nutrition coordination, program and IM.</td>
<td>2. <a href="#">TOR emergency nutrition specialist (surge) example – Cyclone PAM</a></td>
</tr>
<tr>
<td></td>
<td>There are clearly defined processes for requesting both cluster Rapid Response Team support (coordination and IM) and support from SBPs for nutrition. The forms for requesting support are accessible in this folder.</td>
<td>3. <a href="#">Standby partner request form</a></td>
</tr>
<tr>
<td></td>
<td>Generic TORs for all functional areas of nutrition are available. An example of a TOR for nutrition surge support for Cyclone PAM is included in the folder.</td>
<td>4. <a href="#">SBP request example – Cyclone PAM – emergency nutrition specialist</a></td>
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<tr>
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<td>Designated Information Management Officer/ or clarification of roles and</td>
<td>5. <a href="#">RRT (coordination) deployment request form</a></td>
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<td></td>
<td>The responsibilities for IM for the sector and for UNICEF program should be clearly designated. In smaller emergencies, one staff may be responsible for both the UNICEF program and for the sector/cluster; in larger emergencies external support for IM can be sourced from the GNC RRT or Standby Partners.</td>
<td>✓ <a href="#">UNICEF request forms</a></td>
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<td>6. <a href="#">IMO Generic TOR</a></td>
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### Responsibilities of IM tasks

**Mapping of nutrition HR for coordination and program and estimation of how many additional/external staff will be needed for L1/2/3 emergency**

This mapping should be aligned with the humanitarian scenarios developed by the CO and can be as simple as a matrix/table that shows how many current staff and how many surge/additional staff would be needed (estimated) per scenario and what skills should the additional staff have. For example, if there is lower experience levels in IYCF-E, this may be requested as a specific skill of surge staff.

### All UNICEF staff trained on NiE

All UNICEF nutrition staff (both national and sub national) should be trained in NiE; in high risk countries, at least two staff trained in cluster coordination. A quick capacity mapping exercise can be conducted to assess any key gaps in knowledge and skills for NiE.

- The Harmonized Training Package (HTP) developed by the GNC is a key resource containing detailed training on 23 NiE topics. There are also a number of online resources.
- UNICEF has partnered with Cornell University to develop an online IYCF course that covers IYCF-E.
- UNICEF NiE course: This course covers basic concepts around the humanitarian system and reform, under nutrition and response in emergencies, individual assessment and micronutrients. The package aims to increase the accessibility of information within key modules of the Harmonized Training Package to strengthen the technical knowledge of individuals working in emergency nutrition.
- The Asia Disaster Preparedness Center (ADPC) runs annual NiE trainings.
- The NiE Consultant of the EAPRO can also work with you organizing and facilitating NiE training in your country. Several NiE training took place in selected countries and were used also as an opportunity to initiate the drafting of Nutrition Emergency Preparedness and Response Plans.

- **Harmonized Training Package (V2-2011) for NiE**
- **Online IYCF course that covers IYCF-E**
- **UNICEF NiE course (online)**
- **Regional trainings organized by ADPC for NiE**
notably in Vietnam, Fiji and the Solomon Islands. NiE training materials are available upon request.

### XVII. ADMIN, OPERATIONS, PROCESSES AND PROCEDURES

<table>
<thead>
<tr>
<th>Domain/Folder</th>
<th>Explanation/ Considerations</th>
<th>Links to key resources</th>
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| Contingency   | Delayed PCA agreements are a significant barrier to a timely nutrition response. One mitigating measure is to ensure that all nutrition PCAs include an emergency clause. In higher risk contexts, it may be appropriate to develop stand-alone contingency PCAs with key nutrition partners that can be rapidly activated through a letter of agreement between the representative and the head of partner organization. | 1. [Philippines -PCA emergency clause text](#)  
2. [Guidance for activating emergency clause in PCAs – Philippines Ruby 2014](#)  
3. [Contingency PCA example- Pakistan](#)  
4. [SSFA template](#)  
5. [SSFA example – WVI – Cyclone PAM](#) |
<p>| Small-Scale Funding Agreements (SSFA) | In early 2015 the Small-Scale Funding Agreement (SSFA) was released, which enables partnerships to be established rapidly in an emergency. The cash transfer to a partner organization is capped at USD 50,000 plus supplies (unlimited). The SSFA was employed during Cyclone Pam to partner with INGOs within the first 10 days, which is a marked improvement on the usual timeframes to finalize PCAs. The template and the example for health and nutrition agreement with World Vision can be accessed in the folder. | |
| Review of the financial situation of existing PCAs | PCA partners with outstanding financial issues may not be able to receive additional funds from UNICEF in an emergency situation. Early identification of any problems and systematic review prior to high risk periods (i.e. monsoon) can minimize the risk of this situation eventuating. | |
| Potential new nutrition partners are assessed and vetted for capacity in different areas of nutrition response (IYCF, CMAM, Assessment etc.) | In larger scale emergencies, new PCA partners may be needed urgently to meet the needs of the response. Pre-assessment of partners and what their capacities are for scaling up in nutrition is one tool to speed up the process during an emergency. It may also avoid distribution of UNICEF funds to partners for activities for which they are not able to implement to a suitable standard. | |</p>
<table>
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<tr>
<th>Process for DCTs to Government partners for nutrition response clarified and pre-vetted</th>
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<tr>
<td>In contexts where DCTs are not a usual part of nutrition programming, it is important to clarify (before a situation arises) what will be the process and the ceiling for transfer to Government during an emergency. Any barrier to the DCT can result in critical delays to supporting a national response with financial resources.</td>
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<th>Nutrition emergency focal point participates in office wide preparedness planning processes and sits on key teams for preparedness and response (e.g. emergency management team). Nutrition focal point is familiar with the Simplified Standard Operating Procedures (SSOPs) in a L2 and L3 emergency.</th>
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<td>The nutrition focal point should be engaged in the update of the EWEA system, and contribute to planning processes within the CO. UNICEF’s procedures are modified in specific ways when a level 2 and level 3 emergency is declared. This is designed for the UNICEF Country Programs response (sectors and cross-cutting areas) to be timely, appropriately assessed, and designed and executed according to the Core Commitments for Children in Humanitarian Action. It is important that there is a basic understanding of the Simplified SOPs for the L2 and L3 emergency. For example, in a level 3 emergency, there is a procedure for simplified management of PCA reviews and approvals within the CO, to fast track new PCAs and modification of existing PCAs to meet urgent needs in a large scale emergency. A multitude of resources are available on the emergencies portal of the intranet. Key documents can be accessed by the links.</td>
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✓ [UNICEF intranet - emergencies portal procedures/level-3 procedures/level-2](#)  
✓ [UNICEF intranet - early warning early action EWEA](#)