

# **Strengthening Infant Feeding in Emergencies in the Asia Region: Role of IASC Global Nutrition Cluster**



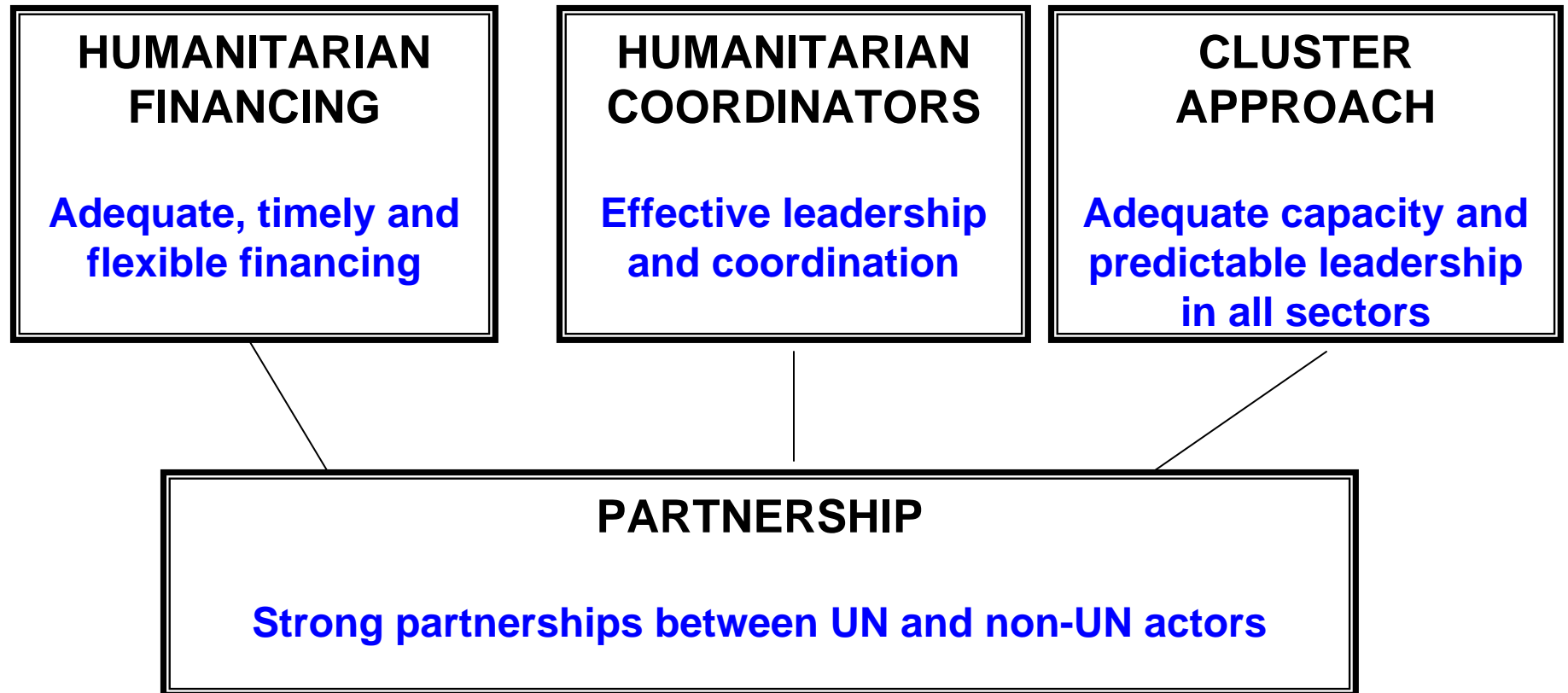
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**Global Cluster Coordinator**

**IFE Meeting  
Bali Indonesia**

**10 March 2008**

# Humanitarian Reform: “four pillars”



# Designated Key Gap Areas or “Clusters”

Technical	Water and Sanitation	UNICEF
	<b>Nutrition</b>	<b>UNICEF</b>
	Health	WHO
	Shelter	UNHCR (conflict) IFRC (natural disasters)
	Education	UNICEF /SC-UK
Cross-cutting	Camp Management	UNHCR (conflict) IOM (natural disasters)
	Protection	UNHCR
	Early Recovery	UNDP
Common Services	Logistics	WFP
	Telecommunications	OCHA/WFP/UNICEF

# Members of Global Nutrition Cluster

37 members with UNICEF as the lead agency.

Action Against Hunger or Action Contre la Faim (ACF)-France ACF-US, Concern Worldwide, **Emergency Nutrition Network**, Helen Keller International, International Medical Corps, International Relief and Development (IRD), Federation of Red Cross & Red Crescent Societies (IFRC), Interaction, International Rescue Committee (IRC), Merlin, Oxfam UK, Save the Children Fund (SCF)-UK, SCF-US, Valid International, World Vision

Center for Disease Control, ECHO/EU, Institute of Child Health/UK, Food and Nutrition Technical Assistance Project (FANTA)/USAID, the Global Alliance for Improved Nutrition (GAIN), Tufts University Feinberg International Center, Micronutrient Initiative, NutritionWorks, Office of Foreign Disaster Assistance (OFDA)/USAID

FAO, Standing Committee on Nutrition (SCN), UNHCR, UNICEF, UNU, WFP, WHO

(Medecins Sans Frontieres (MSF) - France is an observer)

# The Nutrition Cluster: Goal

## At Global level....

- *seeks to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies.. through a broader partnership that engages in...”*
  - Enhanced standard setting
  - Established surge capacity
  - Securing access to appropriately trained staff
  - Establishing or improving material stockpiles
  - Improved response capacity through pooling and complementarity of efforts and resources

## At Country level....

- “...ensure a more effective response capacity by mobilizing cluster of agencies...specifically to:.....”
  - Identify gaps and ensure well identified leadership
  - Create stronger partnerships between NGOs, UN and non-UN agencies
  - Strengthen the accountability of cluster leads to the HC
  - Improve strategic country-level coordination and prioritization

# Main Focus Areas of the Nutrition Cluster



- Coordination
- Preparedness, Assessment and Monitoring
- Capacity Development
- Supply

# Nutrition Cluster: Coordination

## Achievements

- **Strengthened inter-agency collaboration**
- **Consensus on tools, workplan and priorities including established Working Groups and web-tool**
- **Increased links with countries (horn of Africa, OCHA, Country Programs)**
- **Technical tool development with partners**
- **Fund-raising: \$4.5 million raised through IASC CAP over 2 years (2006)**
- **Website, communication, WG and cluster meetings**

## Opportunities and challenges

- **Cross-cutting issues (gender, HIV, recovery) still nascent**
- **Continued funds required beyond end 2008**
- **Strengthen links with SCN and others (e.g. TF AME, HNTS, evaluations)**
- **More realistic pace for inter-agency contributions**
- **Establish longer-term vision and guidance for cluster operation**

# NUTRITION



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## Introduction

A number of gaps and opportunities or focus areas have been identified by the Nutrition Cluster partners and the strategic opportunity lies in ensuring the right information gets to the right people in a timely and accessible manner. The four focus areas for the Nutrition Cluster are strategic and are not meant to be exhaustive and include a) coordination, b) capacity building, c) emergency preparedness, assessment, monitoring, surveillance, and c) supply. [read more...](#)

## Global Cluster Meetings

The Global Nutrition Cluster supports two face-to-face meetings of members as well as one separate face-to-face meeting for each working group. These meetings are a time during which members can be updated on nutrition cluster activities and provides a convenient forum for activity related decision making. Budget and work planning issues are also frequently tackled. A handful of representatives from country clusters participate in each meeting in order to improve support to the field clusters and to bring the country cluster experiences and lessons learned to the global cluster members. The next meeting will be in mid-May. Stay posted for more details.

## Cluster Coordinator Training

As part of the UN Humanitarian Reform process the Health, Nutrition and WASH Clusters are jointly planning to develop and run a training course for existing and potential Cluster Coordinators. Individuals who will have taken this training, and then have passed an assessment, will be placed on their particular Cluster's roster to respond to future emergencies.

The first five and a half day training will be held in Geneva from 27 April to 2 May 2008 and each cluster will have the opportunity to enroll 10 candidates. The plan is to run 3 or 4 subsequent courses in 2008, either as a tri-cluster or single cluster course. Generic TORs for Nutrition Cluster Coordinators can be found under key documents. To apply for the training/roster please send an updated P11 and CV to Maina Muthee ([mmuthee@unicef.org](mailto:mmuthee@unicef.org)).

<http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=74>

# Nutrition Cluster: Preparedness, Assessment Monitoring

## Achievements

- Initial Rapid assessment tool developed
- Review and recommendations for use of new WHO Child Growth Standards
- Review of use of MUAC in emergency settings for screening, monitoring and prevalence estimation
- Establishment and support to Health and Nutrition Tracking Service (HNTS)
- Surge Response with Roster
- SMART preparation for meeting underway

## Opportunities and challenges

- Added value of Health and Nutrition Tracking System (HNTS) demonstrates added value
- Review and establish benchmarks for classification for nutritional emergencies
- Implications on new WHO child growth standards for emergency programmes
- MAMI for infants under six months of age
- Future home for SMART materials as well as IRA and other Cluster developments

# Nutrition Cluster : Capacity Development

## Achievements

- TOR and profile agreed
- Toolkit for use by emergency nutritionists developed
- (21) Technical Training Modules under final review
- Proposal for Capacity Development prepared with specialist under recruitment
- Roster of Coordinators established and expanded
- Identification for additional coordinators
- Training for up to 30 cluster coordinators taking place (OCHA, inter-cluster)
- Personnel deployed for Emergencies in Bangladesh, Chad, and Ethiopia
- IRA tool and IFE training

## Opportunities and challenges

- Additional cluster coordinators will be trained and deployed
- Establish strategy for regional and national capacities
- Finalize template for national capacity mapping tool
- Strategy for capacity development rolled out including finalizing training package
- Expand technical training in community-based SAM, infant feeding
- Strengthen technical tools (fortified foods, NutVal)
- Improve dissemination and web based tools including updating websites



## RUTF -- RUF

### Management & Prevention of SAM

- India: Compacts eeZee Paste nut; Plumpynut with MSE
- Sri Lanka: Rollout CTC
- Myanmar: TopNutri (Compact c/ WFP food fort) MSF
- Cambodia: Nutriset with less sweet Plumpy
- Bangladesh: local RUTFs
- Some CTC in Indonesia, East Timor and Philippines



### Use for HIV

- Limited evidence of efficacy and effectiveness
- WHO Nutrition and HIV in Oct
- PEPFAR expanding focus – food by prescription
- Testing ongoing in Cambodia with MSF for RUTF for adults
- Vietnam starting integration nutrition and HIV programs (India and Cambodia receive PEPFAR funding)

# Nutrition Cluster: Supply

## Achievements

- Standardization of supply lists underway
- Advocacy for locally produced therapeutic foods

## Opportunities and challenges

- Update list of available nutrition commodities/equipment for both assessment and response
- Conduct analysis of stock-piling (cost-effectiveness etc)
- Prepare “commodity fact-sheets”



# In Practice – Principles of Partnership

## Global Humanitarian Platform

### Principles of Partnership

A statement of  
Commitment

- Equality
- Transparency
- Result-oriented approach
- Responsibility
- Complementarity

- A Global Humanitarian Platform initiative (July 2006)
- Re-examining the question of partnership
- Role of NGOs
- Leverage for institutional changes for strengthened partnerships
- Implications for systems, practices and behaviors

# Thank you!

