Monsoon Preparedness and Response Plan

Nutrition Cluster Nepal

May 2019

Table of Contents

Abbreviation 2

1. Introduction 4
2. Risk Profile 5
3. Nutrition situation in Nepal and WHO Defined Emergency Threshold for Nutrition 5
4. Estimated Affected Population: 7
5. Possible Consequences and Challenges: 7
6. RESPONSE OBJECTIVES: 8
7. PLANNING ASSUMPTIONS: 9
8. Response Strategy: 9
9. Nutrition cluster priority and approach: 9
10. Guiding Documents 10
11. Operational Plan for Emergency Nutrition Response 10
12. Activities, Indicators and Target: 11
13. Phase Procedure and Lead members 12
14. Supply Management and Prepositioning Stocks: 13

Annex I: List of National Nutrition Cluster Members 0

Annex II: Human Resource Mobilization Plan 3

Annex III: Roles of Nutrition Cluster lead, Co-Lead and Cluster Members 5

- **a. Roles of Cluster Lead Agency (CLA)** 5
- **b. Roles of Cluster Co-lead Agency (UNICEF)** 7
- **c. Roles and Responsibilities of National Nutrition Cluster (NNC) Partners/Members** 8

Abbreviation

ACF	Action Centrela Faim
AIDS	Acquired immunodficiency Syndrome
CCC	Core Commitment for Children
DACSW	Decentralized Action for Children and Women
DHS	Demographic Health Services
DDC	District Development Committee
DRR	Disaster Risk Reduction
EHNWG	Emergency Health and Nutrition Working Group
FCHV	Female Community Health Volunteers
FWD	Family Welfare Division
GAM	Global Acute Malnutrition
GHAN	Global Health Alliance
HCT	Humanitarian Country Team
HHESS	Himalayan Health and Environmental Services Solukhumbu
HIV	Human Immunodeficiency Virus
HKI	Hellen Keller International
HP	Health Post
HW	Health Workers
IEC	Information Education and Communication
IFE	Infant and Young Child Feeding in Emergencies
IFRC	International Federation of Red Cross
IMAM	Integrated Management of Acute Malnutrition
IRA	Immediate Rapid Assessment
IRHDTC	Integrated Rural Health Training Center
IYCF	Infant and Young Child Feeding
M	Magnitude
MAM	Moderate Acute Malnutrition
MNP	Micro-Nutrient Powder
MOHP	Ministry of Health and Population
MUAC	Mid-Upper-Arm Circumference
DHS	Demographic and Health Survey
NEPAS	Nepal Paediatric Society

NEPHEG	National Public Health and Education Group
NGO	Non-Governmental Organization
NNC	National Nutrition Cluster
NRH	Nutrition Rehabilitation Home
NTAG	Nepal Technical Assistance Group
NRCS	Nepal Red Cross Society
NGO	Non-Governmental Organization
OTP	Outpatient Therapeutic Programme
ORS	Oral Rehydration Solution
PLW	Pregnant and Lactating Women
PHCC	Primary Health Care Centre
ReSoMal	Rehydration Solution for Malnourished Children
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SDPC	Social Development and Promotion Center
SD	Standard Deviation
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring, Assessment, Relief and Transition
TB	Tuberculosis
TFP	Therapeutic Feeding Programme
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UN	United Nations
UNDP	United Nations Development Programme
UNHC/RC	United Nations Humanitarian Coordinator/Residence Coordinator
UNICEF	United Nations Children’s Fund
USAID	United States Aid for International development
WHO	World Health Organization
WVI	World Vision International

1. Introduction

Nepal has been exposed to various types of natural hazards and humanitarian crisis which have occurred with increasing frequency every year. The disasters frequently affect the economy and the population of Nepal damaging livelihoods, hampering sustainable development, and in worst cases killing people. When disasters occur, several human rights come under threat, including the right to a life with dignity, to an adequate standard of living including food, clothing, and housing, to quality education, and to the highest attainable standard of physical and mental health.

Every year, many children and women in Nepal are suffering from different types of humanitarian crisis. A database of past disaster events (covering the period 1971-2008) shows that in terms of numbers of persons affected the principle hazards that Nepal is exposed to are earthquakes, floods, landslides, fires droughts and disease epidemics. These situations affecting the lives and livelihood of the people, many lives haven lost as well as hampering the economy of Nepal which is hindering the sustainable development and human dignity and rights. During the emergencies, several human rights come under threat, including the right to a life with dignity, to an adequate standard of living including health and nutrition, food, clothing, and housing, to quality education, and to the highest attainable standard of physical and mental health. In addition of this, young children, pregnant and lactating mothers are extremely vulnerable and helpless in the emergencies.

In April and May 2015 Nepal experienced two significant earthquakes of 7.8M and 7.3M respectively which caused major loss of life and damage across Central and Western regions of the country. Following the initial earthquake in April 2015 Nepal was impacted by thousands of aftershocks as well as huge numbers of landslides. The likelihood of another major earthquake is high and the HCT has developed a specific contingency planning document to support earthquake preparedness. Nutrition cluster worked very actively to provide nutrition in emergency response and recovery services to the children, pregnant and lactating women. Approximately, 700,000 under five years children and pregnant and lactating women were benefitted different types nutrition services in the earthquake affected 14 districts.

Between 1971-2013 floods and landslides caused an average of nearly 200 deaths per year in Nepal with economic damage exceeding US$10 million (see http://www.desinventar.net/DesInventar/profiletab.jsp?countrycode=npl). Most floods in Nepal occur during the monsoon season, between June and September, when 80 per cent of the annual precipitation falls, coinciding with snowmelt in the mountains. Flash floods and bishyari (the breaking of natural dams caused by landslides) are common in the Mountains, whilst river flooding occurs when streams augmented by monsoon rains overflow in the Terai plains in the south of the country. These floods can go on to impact Uttar Pradesh, Bihar and West Bengal states in India as well as Bangladesh.

In 2016 droughts, especially mid and far western regions, nutrition cluster provided basic nutrition services focusing to the children, pregnant and lactating women in 9 districts. Approximately, 300,000 under five years children, pregnant and lactating women were benefitted from nutrition services in nine drought affected districts. Similarly, in 2017 floods, 18 Terai districts were severely affected and thousands of under five children, pregnant and lactating women were highly affected in terms of nutrition and care practices. Thousands of children were severely and moderately malnourished. In these districts, nutrition cluster provided effective emergency nutrition services to approximately 1.5 million under five children, pregnant and lactating women.

Moreover, in 2018 floods in Saptari district and 2019 Tornado in Bara and Parsa, nutrition cluster provided basic nutrition response services to the affected children and pregnant and lactating women.

Nepal is generally categorized into three geographical zones – the Terai, Hill and Mountain areas. The Hills and Mountains are highly susceptible to landslides and debris flows, including those caused by landslide damming, excessive erosion of hill slopes and rock falls. The flat plains of the Terai are at high risk to flooding, which can be exacerbated by large disposition of debris in riverbeds and by the construction of embankments across rivers. Approximately, more than 36 districts are supposed to be the vulnerable to landslide and floods. In order to provide high standard emergency nutrition services to the disaster affected population, Nepal nutrition cluster has prepared this contingency plan to address nutrition in emergency issues in flood and landslide affected districts/Palikas and endorsed from the Nepal nutrition cluster on **22 April 2019**.

2. Risk Profile

The nutrition cluster of Nepal lead by Ministry of Health and Population (MoHP) and UNICEF provides efforts for contingency planning focusing on the annual hazard of flooding in the 22 districts of the Terai region. 'Worst-case' planning assumptions, based on modelling of previous flood and landslide events, for a one-off flood event include:

Areas affected: Kanchanpur, Kailali, Bardiya, Banke, Surkhet, Dang, Kapilvastu, Rupendehi, Nawalparasi, Chitwan, Parsa, Bara, Rautahat, Sarlahi, Mahottari, Dhanusha, Siraha, Saptari, Udayapur, Sunsari, Morang and Jhapa districts.

Affected population: approximately 1.26 million people – 'worst-case' scenario.

Displaced households: 166,000 households – 'worst-case' scenario.

'Worst-case' scenario disaster impacts:

- Houses destroyed and/or submerged under flood waters causing displacement both short and long-term.
- Water and sanitation facilities destroyed leading to an increased risk of disease outbreaks both water and vector borne.
- Heightened exposure to protection risks for vulnerable groups including women, children and elderly and physically disabled persons. Specific social and caste groups are also exposed to increased protection risks during times of crisis.
- Agricultural livelihoods adversely affected as large areas of standing crops are flooded and destroyed and significant numbers of livestock killed in flood waters. This has knock-on consequences for food security and nutrition.
- Critical infrastructure including bridges, roads, airports and electricity and communication networks sustain major damage and, in some cases, are inoperable.
- Road links to India and within specific areas of Nepal are rendered impassable.
- Government services from all levels severely impacted.

3. Nutrition situation in Nepal and WHO Defined Emergency Threshold for Nutrition

According to the Demographic Health Survey 2016, the nutrition situation of under five years' children and pregnant women is as follows:

Table 2: Situation of maternal and under five undernutrition in Nepal

Indicator	Severity of malnutrition by prevalence threshold (%) (WHO threshold)				
	Low (acceptable)	**Medium (poor)**	**High (Public Health concern/Crisis)**	**Very high**	**Situation in Nepal (DHS-2016)**
Stunting	<20	20-29	30-39	>=40	36
Underweight	<10	19-29	20-29	>=30	29
Wasting	**< 5**	**5-9**	**10-15**	**>=15**	**10**
Anemia	< = 4.9	5.0 – 19.9	20 – 39.9	< = 40	U5 Children: 51 Women: 44

In the above table, the situation of four indicators are far behind of acceptable level. According to the above-mentioned situation, the nutrition situation in Nepal is in public health crisis also called "silent emergency" situation. In any types of emergency, the level malnutrition specially wasting goes up. Therefore, wasting has been considered as a single indicator for nutrition in emergency. To make clarity of the nutrition in emergencies, the following table 3 will explain clear information:

Table 3: WHO Classification of Nutrition in Emergencies:

Severity	Prevalence of Global Acute malnutrition (GAM)	Action required	Current Situation in Nepal
Acceptable	< 5 %		• None of the district fall in this box
Poor	5 – 9 %	• No need for population interventions • Attention to malnourished individuals through regular community services[	• Approx. 30 districts fall in this status • Even in the poor nutrition situation, attention should be given to prevent and manage acutely malnutrition in children
Serious (emergency Threshold)	10 – 14 % or 5-9% with aggravating factors*	• No general rations, but supplementary feeding targeted to individuals identified as malnourished among vulnerable population groups • Therapeutic feeding for severely acute malnourished individuals	• Most of the districts (approx. 40) fall in critical threshold • Plus, Nepal has 11% GAM and 2.6% SAM. Therefore, at the national level, acute malnutrition crosses the critical threshold, requiring urgent attention
Critical	> = 15 % or 10-14% with aggravating factors*	• General rations (unless situation is limited to vulnerable groups); plus • Supplementary feeding for all members of vulnerable groups. • Therapeutic feeding for severely acutely malnourished individuals	• A few districts (10) especially mid and far western hills and mountainous, some districts of central and western Terai fall in the serious situation; should be prioritized for urgent efforts through integrated prevention and preventive measures, plus using both facility and community-based approaches.

* The aggravating factors include: general food ration below the mean energy requirement, epidemic of measles of whooping cough (pertussis), high incidence of respiratory or diarrheal diseases, epidemic of HIV and AIDS, prevalence of malaria, natural disasters such as floods, earthquakes, droughts, heavy snow/hail falling, climate change and destroying humankinds or foods or livelihood, High prevalence of pre-existing malnutrition, e.g., stunting, Tsunami etc.; complex humanitarian situation such as arm conflict, Household food insecurity, Crude mortality rate greater than 1/10,000/day; Under-five crude mortality rate greater than 2/10,000/day etc.

4. Estimated Affected Population:

Due to the continuous and long-lasting rain fall over several districts for several days/months resulting in hasty rising rivers affects larger areas simultaneously across districts also stagnant floods for many days. Similarly, flooding may happen due to the heavy rainfall for few days. Based on the past experiences, following table shows the estimated affected population in 22 Terai districts from the flooding. Nutrition cluster Nepal plans to address the nutrition issues of following 22 Terai districts. But the nutrition issues in the landslide prone districts will also be addressed as needed.

Table 4: Estimated Target for Nutrition in Emergency Response in 22 Flood prone Terai Districts:

SN	District	Case Load 2019	
		Estimation of case load per district using weighted sum method from both model	Nutrition Caseload (20% of affected population)
1	Banke	27,009	5,402
2	Bara	1,727	345
3	Bardiya	83,951	16,790
4	Chitawan	47,620	9,524
5	Dang	39,925	7,985
6	Dhanusha	24,647	4,929
7	Jhapa	59,336	11,867
8	Kailali	91,020	18,204
9	Kanchanpur	61,149	12,230
10	Kapilbastu	32,305	6,461
11	Mahottari	30,737	6,147
12	Morang	31,678	6,336
13	Nawalparasi	51,042	10,208
14	Parsa	13,179	2,636
15	Rautahat	172,471	34,494
16	Rupandehi	47,672	9,534
17	Saptari	44,285	8,857
18	Sarlahi	93,359	18,672
19	Siraha	73,849	14,770
20	Sunsari	189,717	37,943
21	Surkhet	22,223	4,445
22	Udayapur	23,465	4,693
Grand Total		**1,262,366**	**252,473**

5. Possible Consequences and Challenges:

In the worst-case scenario, loss of human life is the serious consequence. Apart from this in the worst case, the other major consequences of floods will be; destruction of houses and crops, loss of livestock, damages of infrastructure, dysfunctional basic services such as; health, nutrition education etc.; internal displacement, separation of children from caregivers and

possible trauma and psychological distress. The water and sanitation sector will be highly affected due to disruption of the existing water distribution systems, sanitation facilities and infrastructures. In one hand, there is seriously dysfunction/disruption of water supply system and in the other hand, the available water is normally contaminated by debris, chemicals, raw sewage (from destroyed sewage systems) or even decomposing animal and human bodies, which easily leads to outbreak of diseases, such as diarrheal diseases and others. This situation seriously affects for malnutrition of young children, pregnant and lactating women as well as all people affected from the floods.

Diarrhea outbreaks are a major risk factor in flood situations especially in Terai districts which is a major factor of acute malnutrition. In the flood situation, there could be immediate break down of water and sanitation facilities and open defecation and use of contaminated water by the affected population is so common. Therefore, this situation leads to diarrhea outbreak and ultimately contributes to becoming acute malnutrition. In summary, following possible consequences can be appearing in flood emergencies that will have negative impact for nutrition:

- Increase in communicable diseases, such as diarrhoea and dysentery, helminthic infestation, measles, acute respiratory infections and
- Increased HIV/AIDS vulnerabilities
- Destruction and/or inaccessibility to health and nutrition programmes/services
- Loss of medical equipment, supplementary/therapeutic foods, micro-nutrients supplementation and drugs
- Aggravated malnutrition due to acute food shortage, increased risk of disease including malaria, cholera and diarrhoea, reduced access to health and social services, disruption of HIV/AIDS Therapeutic and Supplementary Feeding programmes
- Acute food insecurity due to loss of assets, livelihood, crops, livestock and coping strategy
- Inadequate and contamination of water sources; and unhygienic behaviours

Additional challenges in nutrition response

- Limited access to the affected area by both road and air
- Very few usable boats for transporting people and goods
- Disruption of road links with India making deployment of Indian response assets difficult
- Assessment and restoration of a large number of bridges required in a very short span of time
- Extremely limited capacity of the local government to either coordinate response at the local level or deliver relief assistance directly
- Lack of clarity on who will be local counterparts for the delivery of relief assistance
- Limited capacity with Government at provincial, district and local government levels for coordination of nutrition response
- Lack of existence of nutrition clusters at province and Palika levels

6. RESPONSE OBJECTIVES:

The overall objective of the Nutrition Cluster is “to meet the immediate nutrition requirements of flood affected people especially under five years children, pregnant and lactating women in the **22 focus districts”.** The Nutrition Cluster will prioritize the provision of assistance to highly vulnerable groups such as children aged <5 years and PLW. To achieve its objective the Nutrition Cluster will work under the guidance and leadership of the Ministry of Health and Population of the GoN to assess the nutrition context in the event of a disaster event.

7. PLANNING ASSUMPTIONS:

- The monsoon disaster will have serious impacts on the nutrition status of the children under five years of age, pregnant and lactating women, disabled children and children from marginalized communities, requiring special considerations and service provision for nutrition response
- Malnutrition, particularly acute malnutrition and micro-nutrient deficiency disorders will be increased at this stage of disaster among under five boys and girls, pregnant and lactating women and disabled and elderly aged people.
- The role of local governments, humanitarian nutrition actors and public health authorities should be rapid information gathering and dissemination

8. Response Strategy:

- Out of a total caseload of 1.26 million people the Cluster will target the needs of approximately **252,473** comprised of children <5 years and PLW. Prevention and treatment of moderate and severe acute malnutrition, and micro-nutrient deficiencies will be priority activities for nutrition cluster. Apart from this, infant and young child feeding and care and control of micro-nutrient deficiency disorders will be additional priorities for nutrition cluster also.

- Total US$ 8 million is required to deliver preventative and treatment activities for moderate and severe acute malnutrition targeting 255,000 children <5 years and PLW.

9. Nutrition cluster priority and approach:

The priority of Nepal Nutrition Cluster is **"to prevent death from starvation and diseases and to reduce malnutrition"** by supporting and protecting breastfeeding, especially;

- Protection, promotion and support for early initiation, exclusive and continuation of breast feeding;
- Promotion of on time and appropriate complementary feeding;
- Treatment of severe acute malnutrition (SAM) of children aged <5 years;
- Prevention and treatment of moderate acute malnutrition (MAM) of children aged <5 years,
- Prevention and treatment of acute malnutrition of pregnant and lactating women
- Control of micro-nutrient deficiency disorders of under five children, pregnant and lactating women; such as; vitamin A supplementation of 6-59 months children, iron and folic acid tablet distribution to pregnant and lactating women and adolescent girls and providing micronutrients supplements (MNP) to 6-59 months children.

Nutrition cluster will work together with other humanitarian clusters in the country such as Health, WASH, Food Security, Protection, Shelter and Logistics and so on as with Nutrition Technical Committee led by Family Welfare Division of MoHP and health sector disaster relief mechanism led by Disaster Management Unit of MoHP.

Given the above situation, there is an essential need for the country in providing humanitarian assistance in emergency in Nepal in a coordinated, timely and appropriate manner to reduce the negative impacts of emergency situations on Nutrition. Similarly, the humanitarian organizations including United Nations (UN) agencies, International and National Humanitarian Agencies and International Federation of Red Cross/Red Crescent (IFRC) should have a strong coordination mechanism and operational plan to support the Government of Nepal to address any types of humanitarian crisis. Therefore, Nutrition cluster prepares this Contingency Plan for nutrition response to each type of emergencies specially focusing to worst case scenario of flood emergencies of Terai districts.

The contingency plan provides a common framework to guide the action of all partners. It does not replace the need for planning by individual agencies in relation their mandate and responsibilities within clusters, but it provides focus and coherence to the various levels of planning that are required to effectively mount a humanitarian response.

10. Guiding Documents

The Nutrition Cluster has been guided by the following documents:

- National Disaster Response Framework and Disaster Management Act of Government of Nepal
- Sphere Standards
- Humanitarian Principles
- National Health Policy
- Nepal Health Sector Programme Implementation Plan
- Principles of Partnership
- National IMAM guideline
- Global Nutrition Cluster guidelines

11. Operational Plan for Emergency Nutrition Response

Support of nutritional needs in emergencies is lifesaving. Key actions will include protecting nutritional status of vulnerable groups through the provision of supplementary feeding, protecting, promoting and supporting breastfeeding, prevention and management of micro-nutrient deficiency disorders, and management of severe and moderate acute malnutrition.

Immediately following the request for assistance from the GoN, Nutrition Cluster members responsible for supplementary and therapeutic feeding will assess availability of stocks and procure food for distribution among identified vulnerable groups.

Regarding management of acute malnutrition, there are 19 Nutrition Rehabilitation Homes (NRH) in Nepal, with locations in ten of the priority districts (Jhapa, Morang, Saptari, Dhanusha, Parsa, Banke, Dang, Surkhet, Kailali and Kanchanpur), which are run jointly by the GoN and Nepal Youth Foundation. UNICEF currently provides F100, F75 and anthropometric equipment to the GoN to utilize in the NRHs. In a disaster, approximately 15-20 children with severe acute malnutrition can be managed in each NRH at a time. In total, more than 200 SAM children can be managed at a time in all NRH.

Out of the 22 priority districts, 16 districts have ongoing integrated management of acute malnutrition (IMAM) programme with the support of UNICEF, GoN and USAID supported Suahaara programme. The districts are Saptari, Siraha, Dhanusha, Mahottari, Sarlahi, Rautahat, Bara, Parsa, Nawalparasi, Rupendehi, Kapilvastu, Dang, Banke, Bardiya, Kailali and Kanchanpur. In these districts, all supports have been provided by UNICEF including RUTF, anthropometric equipment's, training/capacity building and other necessary supports for the IMAM programme. In these districts, all health workers and female community health volunteers (FCHVs) are trained on IMAM activities, as well as protecting, promoting and supporting of breast feeding, infant and young children feeding (IYCF), management of SAM, management of acute malnutrition with medical complications and micronutrient supplementation.

UNICEF and MoHP have jointly prepositioned stocks of emergency nutrition supplies such as RUTF for up to 3,000 severe acutely malnourished children, micronutrient powder (MNP) and

Vitamin A capsules for 50,000 children ages 6-59 months, F75, F100, and ReSoMal, as well as anthropometric equipment. Similarly, WFP and MoHP have managed 1000 metric tons Super Cereal Plus for the preventions of malnutrition in emergencies through blanket supplementary programme targeting to 6-59 months children, pregnant and lactating women. Immediate after the disaster, these materials can be utilized and need to be replenished as soon as possible for ongoing programmes. The above items are prepositioned in five different strategic locations of MoHP medical stores such as; Pathalaiya, Butwal, Nepalgunj, Dhangadhi and Kathmandu. Similarly, in order provide blanket and targeted supplementary feeding programme, WFP and MoHP have been jointly managing blanket supplementary food in different strategy locations.

12. Activities, Indicators and Target:

SN	Activities	Indicators	Targets
1	Strengthen coordination mechanism	Establish and strengthen effective nutrition cluster coordination mechanism link with other clusters/sectors	All nutrition partners/actors working at national levels lead by MoHP co-leading by UNICEF
2	Nutrition assessment and surveillance	Proportion of children age 6-59 months who are screened by using MUAC tape	All children age 6-59 months in the affected districts
3	Promote, protect and support for early initiation, exclusive breast feeding targeting to all 0-6 months children	# of organizations providing unsolicited donations, distribution and use of breast milk substitutes or milk powder	Immediately after disaster onwards)
		Proportion of affected mothers and children requiring support received counselling services	100% coverage of all mothers of less than 6 months children requiring support – however, it should be initiated as early as possible
4	Support for on time and appropriate complementary feeding targeting to 6-23 months children with continuation of breast feeding	Proportion of affected mothers and children requiring support received counselling services on complementary feeding with continuation of breast feeding	# dependent on caseload/assessment (100% coverage of all lactating women requiring support) – however, it should be initiated as early as possible
5	Provide blanket supplementary food for vulnerable groups (pregnant and lactating women, children 6-23 months, older persons, persons living with HIV, TB)	Proportion of people who meet the criteria for blanket supplementary feeding who receive supplementary feeding rations	90% in camp setting; 75% in urban area 50% in rural area
6	Treat moderate acute malnutrition of children 6-59 months, pregnant and lactating women	Proportion of children 6-59 months age with moderate acute malnutrition who are treated moderate acute malnutrition	90% in camp setting; 75% in urban area 50% in rural area
		Proportion of acute malnutrition of pregnant and lactating women who are treated acute malnutrition	90% in camp setting; 75% in urban area 50% in rural area
7	Treat Severe Acute Malnutrition of children 6-59 months	Proportion of children 60-59 months age with severe acute malnutrition children who are treated moderate acute malnutrition	90% in camp setting; 75% in urban area 50% in rural area
8	Micronutrient for children and women	Proportion of children age 6-59 months who receive multiple micro-nutrient powder for home fortification of nutritious food	90% in camps and urban areas, >80% in rural areas
		Proportion of children age 6-59 months who are supplemented Vitamin A capsules	90% in camps and urban areas, >80% in rural areas
		Proportion of pregnant and postnatal women who receive Iron and Folic Acid tablets as per rules	90% in camps and urban areas, >80% in rural areas

		Proportion of children suffering from diarrhea who receive zinc tablets with enough ORS	90% in camps and urban areas, >80% in rural areas
		Proportion of pregnant and lactating women who are screened by using MUAC tape	All pregnant and lactating women in the affected areas

13. Phase Procedure and Lead members

Phase	Procedure	Lead
0-72 hrs	Call Nutrition cluster meeting and establish coordination within nutrition clusters for quick mapping of the disaster response in terms of needs, capacity, gaps and commitment and report	FWD of MoHP and UNICEF
	Contact and coordinate with Emergency Operations Centre: working closely with Disaster Management Team (Ministry of Home Affairs)), National Planning commission, Logistic Management Section, MoHP/FWD and local municipalities	FWD of MoHP and UNICEF
	Flash Appeal for international assistance	UNICEF jointly with HCT
	Conduct Initial Rapid Assessment in the affected areas by using IRA tools (nutrition)	FWD of MoHP and UNICEF
	Analyze the overall situation based on the pre-crisis information and secondary data and make decisions for appropriate interventions/response	FWD of MoHP and UNICEF
	Send a nutrition team to support nutrition intervention for affected population	FWD of MoHP and UNICEF
	Protect, support and promote early initiation of exclusive breastfeeding of infants including establishment of 'safe spaces' with counseling for pregnant and lactating women Initiate monitoring the Code of Breast Milk Substitute Raise awareness through the media on the important of Breast Feeding	FWD of MoHP and UNICEF
	Support safe and adequate feeding for non-breastfed infants less than 6 months old & minimize the risks of artificial feeding;	FWD of MoHP and UNICEF
	Work closely with emergency shelter, WASH and food security clusters for the availability of appropriate food, safe drinking water, sanitation management, appropriate shelters for young children, pregnancies and lactating women	FWD of MoHP and UNICEF
	Timely and adequately distribution of nutritionally rich foods (Super Cereal Plus, RUSF, RUTF, blended foods etc.) to meet critical needs of young children, pregnancies and lactating women	FWD of MoHP and UNICEF, WFP
	Initiate BCC activities through distribution of IEC materials, mass communication and interpersonal communication	FWD of MoHP and UNICEF
	Initiate BCC activities through distribution of IEC materials, mass communication and interpersonal communication	FWD of MoHP and UNICEF
72h-2 weeks	• Order supplies for nutrition response for Super Cereal Plus, RUTF, RUSF, Relevant Micro-nutrients, • Initiate therapeutic feeding based on the pre-crisis information (primary and secondary data) • Provide training/refresher training to nutrition workers and volunteers on basic tasks such as IYCF counselling, IMAM intervention, referral management	FWD/MOHP, UNICEF, WFP
	Mobilize standby partnership to address identified nutrition needs	UNICEF/HCT
	Work out actual transportation, storage and distribution arrangements to and in the affected areas	FWD/UNICEF/WFP
	Continue exclusive breastfeeding of infants, including establishment of 'safe spaces' with counseling for pregnant and lactating women	MOHP, all cluster members
	Continue support of safe and adequate feeding for non-breastfed infants less than 6 months old, while minimizing the risks of artificial feeding;	MOHP, all cluster members
	Ensure quality monitoring of breast feeding Substitutes	MOHP, all cluster members in coordination with MoHA

	Ensure availability of safe, adequate and acceptable complementary/supplementary foods for children, pregnant and lactating women	WFP/MoHP
	Start planning Nutrition sector specific detail assessment,	MoHP/UNICEF
3-4 weeks	Continue coordination with other clusters to address the specific relevant issues	MoHP/UNICEF
	Detail assessment of the nutrition situation in affected areas; fore focusing to under five children, lactating and pregnant women	MOHP/UNICEF, all cluster members
	Continuously monitor the situation of emergencies and nutrition interventions	MoHP/UNICEF
	Coordinate with protection cluster to support psychosocial counseling to the mothers and affected caretakers as needed	MoHP/UNICEF
	Coordinate with food security cluster for General food rations provide adequate nutrition for vulnerable groups: Pregnant, lactating, HIV affected and children under 5 years	MoHP/UNICEF/ WFP and cluster members
	Support appropriate supplementary food and nutrition interventions - as requested and justified by MOHP in coordination with food cluster	WFP/MoHP
	Social mobilization and BCC for nutrition	All cluster members
	Promote locally available nutritious foods for children, pregnant and lactating women	All cluster members
	As and when required, conduct a follow up rapid nutrition assessment for making additional nutrition interventions in emergencies	MoHP/UNICEF/ WFP and cluster members
	Support for therapeutic feeding, supplementary feeding and micro-nutrient supplementations to prevent and treat acute malnutrition in facilities, communities and camp setting	MoHP/UNICEF/ WFP/ACF and cluster members
1-3 Months	Continue coordination with other clusters to address the nutrition problems in emergencies	MoHP/UNICEF
	Based on findings of monitoring and the in-depth assessment, decide on extension of emergency interventions and/or rehabilitation food interventions (duration is usually 1 year)	MoHP/UNICEF/ WFP/ACF and cluster members
	Based on the assessment and monitoring, support for therapeutic feeding, supplementary feeding and micro-nutrient supplementations if necessary	MoHP/UNICEF/ WFP/ACF and cluster members
	Continue supplementary feeding if the prevalence of Moderate Acute Malnutrition is more than 15%	WFP
	Distribute multiple micronutrient supplements to the vulnerable groups such as pregnant, lactating mothers and under 6-59 months children in addition to a distribution of balanced food basket	MoHP/UNICEF for MNP MoHP/WFP for food
	Provide breastfeeding counseling services to pregnant and lactating women	MoHP/UNICEF and cluster members
	Integrate the counseling program into regular Infant and Young Child Feeding program in the national government system	MoHP/UNICEF and cluster members
	Provide breastfeeding counseling services to pregnant and lactating women	MoHP/UNICEF and cluster members
	Initiate early recovery action focusing to IYCF, complementary/supplementary feeding, therapeutic feeding and micro-nutrient interventions	MoHP/UNICEF and cluster members

14. Supply Management and Prepositioning Stocks:

Ministry of Health and Population (MoHP) jointly with UNICEF, WFP and other cluster members has been managing the following emergency nutrition supplies as contingency stocks in different regional and central warehouses of MOHP. The emergency nutrition supplies are managed at warehouses (provincial and central) of Ministry of Health and Population as follows:

- 3,000 cartons of ready to use therapeutic food;
- 250 cartons of F100;
- 200 cartons of ReSoMal;
- 200 cartons of F75;
- 150 sets height boards;
- 300 Salter' scales;
- 40,000 middle-upper-arm-circumference tapes;
- 200,000 pack of micro-nutrient powder;
- 100,000 capsules of vitamin A capsules;
- 100,000 de-worming tablets;
- 110,000 iron and folic acid tablets;
- 1,000 Mt of Super Cereal for Pregnant and Lactating Women (PLW) and children 6 to 23 months

Annex I: List of National Nutrition Cluster Members

FP: Focal Person
AFP: Alternative Focal Person

S. N	Agencies	Name	Designation	CONTACT Landline	CONTACT Mobile	EMAIL ADDRESS
National Nutrition Cluster Lead						
1	**Family Welfare Division, DoHS, MoHP**	Dr. Ram Padarth Bichha	Director	01-4261660	9851121452	drrpbichha@gmail.com
2		Kedar Raj Parajuli	Chief, Nutrition Section	01-4261660	9851170442	parajulikedar90@yahoo.com
3		Harihar Sharma	Sr. PHO	01-4261661	9841266321	harihar6321@gmail.com
4		Meena Mote	Community Nursing Officer	01-4261660	9841319941	gautammeena01@gmail.com
5		Rajani Gyanwali	NUTEC Coordinator	14225558	9841337973	rajanigyawali@gmail.com
National Nutrition Cluster co-lead						
6	**United Nations Children's Fund (UNICEF)**	Stanley Chitekwe	Chief, Nutrition Section	Office - 01-5523200 ext. 1114	9801009624	schitekwe@unicef.org
7		Anirudra Sharma	Nutrition Specialist/Cluster Coordinator	Office - 015523200 ext. 1111 01-4287740 (H)	9851088567	ansharma@unicef.org
9		Naveen Paudyal	Nutrition Officer	15523299; Ext.-1142	9851007304	npaudyal@unicef.org
National Nutrition Cluster Members						
10	**Ministry of Federal Affairs and General Administration**	Reenu Thapaliya	Section Officer		9841720555	thapaliya_reenu@yahoo.com
11		Janak Raj Sharma	Section Officer		9851171671	jrsharmapoudel@gmail.com
12	**United States Agency for International Development (USAID)**	Debendra Adhikari	Nutrition Specialist (FP)	Office: 01-4234260	9801070054	dadhikari@usaid.gov
13	**United Nations World Food Programme (WFP)**	George Mutwiri	Chief of Nutrition Unit (Alternate Focal Person)	01-5260607 (Ext. 2435)	9808719621	george.mutwiri@wfp.org
14		Dr. Naomi Saville	International Nutrition Researcher	01-5260607 (Ext. 2000)	9851017232	naomi.saville@wfp.org
15		Macharaj Maharjan	National Rice Fortification Consultant	01-5260607 (Ext. 2000)	9851042497	macharaja.maharjan@wfp.org
16	**NPC**	Laxmi Ghimire			9841608352	lghimire@npc.gov.np
17	**Food and Nutrition Security**	Rohita Gauchan	Monitoring Officer		9861982448	rgauchan @unicef.org

	Secretariat/NPC					
18	**Food and Agriculture Organization**	Shrawan Adhikary	Programme Officer	977-1-5523200 Ext. 1416		Shrawan.Adhikary@fao.org
19	**Action Against Hunger | ACTION CONTRE LA FAIM (ACF)**	Sujay Nepali Bhattacharya	Head of Nutrition and Health Department	01-5542812, 5534094	9801187510	nnhhod@np-actionagainsthunger.org
20		Manisha Katwal	Sr. Programme Officer	01-5542812, 5534094	9801187513	nnhspo-ka@np-actionagainsthunger.org
21		Sudipta K Badapanda	Country Director	01-5542812, 5534094	9801018402	cd@np-actionagainsthunger.org
22	**NHSSP**	Dr. Rajendra Gurung	SRHA (FP)	01-4248991	9851088394	rajendra@nhssp.org.np
23		Dr. Maureen Dariang	Lead Advisor (AFP)	01-4248992	9818391781	maureen@nhssp.org.np
24	**Nepal Red Cross Society (NRCS)**	Pramila Rana	Clinical Coordinator (FP)	0-14279425	9849142569	pramila.rana@nrcs.org
25		Mona Aryal	Department Head, Health Service Department (AFP)	0-14279425	9851146777	mona.aryal@nrcs.org
26	**SUAAHARA II**	Pooja Pandey	Deputy Chief of Party	9851086353		ppandey@hki.org
27		Bhim Kumari Pun	Sr. Manager-INP (FP)	01-5260459 (O)	9841893632	bpun@hki.org
28		Raj Nandan Mandal	NASC Project Advisor (AFP)	01-5260459 (O)	9851222409	rnmandal@fhi360.org
29		Manisha Shrestha	NASC Specialist	01-5260459 (O)	9841393565	mshrestha@fhi360.org
30	**World Bank (WB)**	Manav Bhattarai	Senior Health Specialist (FP)	14236128	9849748359	mbhattarai@worldbank.org
31	**Global Health Alliance Nepal (GHAN)**	Binod K. Aryal	Senior Program Manager (FP)	01-4351285	9851027269	binodaryal36@gmail.com
32		Nishant Lama	Program Coordinator (AFP)	01-4351285	9860890934	nishant.tmg@gmail.com
33	**Sabal**	Dr. Jaganath Sharma	Senior Technical Manager Health and Nutrition (FP)	01-4465403	9801198648	jsharma@hki.org
34		Sangeeta Paudyal	Integrated Nutrition Program Manager (AFP)	01-4465403	9851139256	spaudyal@hki.org
35	**Helen Keller International (HKI)**	Dale Davis	Country Representative (FP)	01-5260459		ddavis@hki.org
36		Asha Banyat	Dep CD		9841476699	abasnyat@hki.org
37		Sabina Hora	IEC / Nutrition Specialist (AFP)	01-5260247 (O)	9841287602	shora@hki.org
38	**Nepal Public Health and Education Group (NEPHEG)**	Sushil Raj Dahal	President (FP)		9851013452	nepheg@gmail.com
39		Sudip Chiluwal	Program Co-ordinator (AFP)		9841887260	schiluwal77@gmail.com
40	**Nepal Youth Foundation (NYF)**	Sunita Rimal	Nutrition Coordinator (FP)	01-5574817, 5000154(O)	9851054505	sunita@nepalyouthfoundation.org.np
41		Sajan Nagarkoti	Project Associate (AFP)	01-5574817, 5000154(O)	9860240202	sajan@nepalyouthfoundation.org.np

42	**Nepali Pediatrics Association (NEPAS)**	Dr. Krishna Bista	(FP)	9851044474		kpbista@hotmail.com
43	**Nepali Technical Assistance Group (NTAG)**	Deepak Thapa	Executive Director (FP)	01-4224884, 01-4223477 (O)	9851017121	deepakthapa@ntag.org.np, deepak_td@hotmail.com
44		Dhiraj Karki	Project Coordinator (AFP)	01-4224884, 01-4223477, 01-4220385 (O)	9841726309	dhirajkarki@ntag.org.np
45	**Nutrition Innovation Lab (NIL)**	Aashish Lamichhane	(FP)			alamichhane@hki.org
46	**World Health Organization (WHO)**	Dr. Lonim Dixit	(FP)	**01-5523200**		dixitl@who.int
47	**World Vision International (WVI)**	Kuber Prasad Adhikari	Health and Nutrition Specialist (FP)	01-5548877	9852057993	kuber_adhikari@wvi.org
48		Abhilasha Gurung	(AFP)			abhilasha_gurung@wvi.org
49	**HHESS**	Ngima T.Sherpa	Chairperson (FP)		9851067997	sallery_sherpa@yahoo.com
50		Aarju Hamal	Central Program Coordinator (AFP)		9861320148	hamalaarju@gmail.com
51	**Kaamana Health Nepal**	Mr. Indra Bdr. Shrestha	Executive Director		9851133550	-
52	**Aasamaan Nepal**	Nawal Kishor Yadav	Organization Head (FP)			-
53		Bina Shrestha	Program Manager (AFP)		9849352494	shresthabina04@gmail.com
54	**NPHF**	Janak Thapa	(FP)		9851196386	janakthapa7@gmail.com
55	**IRHDTC**	Ram Bhandari	Executive Director (FP)		9851005620	rambhandari1@gmail.com
56	**PSD**	Ramanand Pandit	Executive Chair (FP)	01-4420669	9841509221	ramanandpandit38@gmail.com
57		Kamlesh Joshi	Program Coodinator (AFP)	01-4380109	9841125387	kamlesh.joce12@gmail.com
58	**Social Development and Promotion Centre (SDPC)**	Nanda Adhikari	Sr. Program Manager (FP)	01-5525967	9841298929	nanda@sdpc.org.np / nandaadhikari@gmail.com
59		Kreepa Bhattarai	Program Coordinator (AFP)	01-5525967	9841469757	kreepa.bhattarai@gmail.com / kreepa@sdpc.org.np
60	**Welt Hunger Hilfe**	Sushil Ghimire	(FP)	01-5552060		Sushil.Ghimire@welthungerhilfe.de
61	**Save The Children**	Sangita Khatri	Health Advisor (FP)	01-4465402	9851048543	sangita.khatri@savethechildren.org

Annex II: Human Resource Mobilization Plan

Position	Source	# of sites	# of staff per sites	Total Nos. of staff	Timing for requirement	Estimated duration of response (days)	TOR Available (Y/N)	Remarks
Nutrition Cluster coordinator	International	1	1	1	After the onset of emergency	150	Y	New cluster coordinator to be hired immediate after mega disaster
Nutrition Cluster coordinator	Local	1	1	1	Before and after the onset of emergencies	365	Y	Existing cluster coordinator will work before, and after disaster
Consultant for emergency nutrition (cluster coordination support)	Local	1	1	1	Before and Immediate after the onset of emergencies	365	Y	Need to hire new person for this position immediate after disaster
Volunteers	Local	7	50	350	After one week of emergencies	150	N	Need to identify the volunteers (FCHV can act as volunteers)
Coordinator (consultant) for therapeutic feeding services	Local	1	1	1	Before and Immediate after the onset of emergencies	365	Y	Existing IMAM officer will be working to coordinate IMAM activities in emergencies
Assessment and monitoring coordinator including IRA	Local	7	2	14	Before and after the onset of emergencies	30	N	Existing institutional capacity of cluster members agency will be enough for this action
Supply Manager	Local	1	1	1	Immediate after the onset of emergencies	150	N	Need to hire new person for supply management in mega disaster
Supply Officer	Local	7	1	7	Immediate after the onset of emergencies	150	N	Need to hire new person for supply management in mega disaster
Store Manager	Local	7	1	7	After two weeks of the onset of emergencies	150	N	All new persons need to hire

								immediate after disaster
Drivers/vehicles for OTP/SC	Local	7	1	7	After two weeks of the onset of emergencies	150	N	All new person need to hire immediate after disaster
Nutrition workers for Outpatient Therapeutic Programme (OTP) center	Local	49	2	98	After two weeks of the onset of emergencies	150	Y	All new persons need to hire immediate after disaster
Nutrition Worker for Stabilization Center (SC)	Local	7	4	28	Immediate after the onset of emergencies	150	Y	All new persons need to hire immediate after disaster
Messengers (daily wages) in OTPs/SCs	Local	7	1	7	After two weeks of the onset of emergencies	150	N	All new persons need to hire immediate after disaster
Cooks and Cleaners (daily wages) in the OTPs/SCs	Local	7	2	14	After two weeks of the onset of emergencies	150	N	All new persons need to hire immediate after disaster
SFP coordinator	Local	1	1	1	After two weeks of the onset of emergencies	150	N	New person need to hire immediate after disaster
SFP point distributors	Local	14	2	28	After two weeks of the onset of emergencies	150	N	All new persons need to hire immediate after disaster
SFP helpers/messengers	Local	14	2	28	After two weeks of the onset of emergencies	150	N	All new persons need to hire immediate after disaster
SFP Cooks and Cleaners (daily wages)	Local	14	2	28	After two weeks of the onset of emergencies	150	N	All new persons need to hire immediate after disaster
IYCF Counselors in the OTPs, SCs and SFPs	Local	14	3	42	After two weeks of the onset of emergencies	150	N	All new persons need to hire immediate after disaster
Total human resources				664				

Note:

- 1 NRH located in Sunakothi will provide emergency nutrition services to treat severe acute malnutrition as well as acute malnutrition with medical complications.
- Supplementation of micro-nutrients will be integrating with TFP and SFP in the affected areas

Annex III: Roles of Nutrition Cluster lead, Co-Lead and Cluster Members

a. Roles of Cluster Lead Agency (CLA)

Ministry of Health Population (MOHP) is the Nutrition Cluster Lead Agency (CLA) and the CLA is accountable to the Ministry of Home Affairs (MoHA), the coordinating body for all clusters for facilitating a process at the sectoral level aimed at ensuring the following:

1. **Inclusion of key humanitarian partners**
   - Ensure inclusion of key humanitarian partners for the nutrition, respecting their respective mandates and programme priorities

2. **Establishment and maintenance of appropriate humanitarian coordination mechanisms**
   - Ensure appropriate coordination with all humanitarian partners (including national and international NGOs and other organizations), through establishment/maintenance of appropriate sectoral coordination mechanisms, including working groups at the national and, if necessary, local level;
   - Secure commitments from humanitarian partners in responding to needs and filling gaps, ensuring an appropriate distribution of responsibilities within the cluster, with clearly defined focal points for specific issues where necessary;
   - Ensure the complementarity of different humanitarian actors' actions;
   - Promote emergency response actions while at the same time considering the need for early recovery planning as well as prevention and risk reduction concerns;
   - Ensure effective links with other clusters;
   - Ensure that cluster coordination mechanisms are adapted over time to reflect the capacities of local actors and the engagement of development partners;
   - Represent the interests of the cluster in discussions with the Overall Cluster Coordinator and other stakeholders on prioritization, resource mobilization and advocacy.

3. **Coordination with national/local authorities, province/state institutions, local civil society and other relevant actors**
   - Ensure that humanitarian responses build on local capacities;
   - Ensure appropriate links with national and local authorities, province/state institutions, local civil society and other relevant actors (e.g. district chapters of Nepal Red Cross Society) and ensure appropriate coordination and information exchange with them.

4. **Participatory and community-based approaches**
   - Ensure utilization of participatory and community based approaches in cluster needs assessment, analysis, planning, monitoring and response.

5. **Attention to priority cross-cutting issues**
   - Ensure integration of agreed priority cross-cutting issues in sectoral needs assessment, analysis, planning, monitoring and response (e.g. age, diversity, environment, gender,

HIV/AIDS and human rights); contribute to the development of appropriate strategies to address these issues; ensure gender sensitive programming and promote gender equality; ensure that the needs, contributions and capacities of women and girls as well as men and boys are addressed;

6. Needs assessment and analysis

- Ensure effective and coherent cluster needs assessment and analysis, involving all relevant partners

7. Emergency preparedness

- Ensure adequate contingency planning and preparedness for new emergencies;

8. Planning and strategy development

Ensure predictable action within the cluster for the following:

- Identification of gaps;
- Developing/updating agreed response strategies and action plans for the sector and ensuring that these are adequately reflected in overall country strategies, such as the National Nutrition Policy and Strategy;
- Drawing lessons learned from past activities and revising strategies accordingly;
- Developing an exit, or transition, strategy for the cluster.

9. Application of standards

- Ensure that cluster participants are aware of relevant policy guidelines, technical standards and relevant commitments that the Government has undertaken under international human rights law;
- Ensure that responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations.

10. Monitoring and reporting

- Ensure adequate monitoring mechanisms are in place to review impact of the cluster working group and progress against implementation plans;
- Ensure adequate reporting and effective information sharing, with due regard for age and sex disaggregation.

11. Advocacy and resource mobilization

- Identify core advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of different actors;
- Advocate for donors to fund humanitarian actors to carry out priority activities in the sector concerned, while at the same time encouraging cluster participants to mobilize resources for their activities through their usual channels.

12. Training and capacity building

- Promote/support training of staff and capacity building of humanitarian partners;
- Support efforts to strengthen the capacity of the national authorities and civil society.

13. Provision of assistance or services as a last resort

- Act as the provider of last resort (subject to access, security and availability of funding) to meet agreed priority needs with support from humanitarian partners;
- This concept is to be applied in an appropriate and realistic manner for crosscutting issues such as protection, early recovery and camp coordination.

b. Roles of Cluster Co-lead Agency (UNICEF)

1. Humanitarian coordination and communication

- Strengthen inter-cluster coordination at provincial and local levels and given support at national level, particularly with Food Security & Livelihoods, WASH, Health and Education Clusters to facilitate a comprehensive approach addressing the issue of nutrition;
- Support to ensure that humanitarian responses build on local capacities;
- Support to ensure appropriate links with national and local authorities, province/state institutions, local civil society and other relevant actors (e.g. district chapters of Nepal Red Cross Society) and ensure appropriate coordination and information exchange with them;
- Work closely with Chairs and Co-chairs of the Nutrition Technical Working Groups (Assessment TWG, IYCF TWG, Micronutrient TWG, Capacity Development TWG, IMAM TWG etc.).

2. Planning and strategy development

- Support the CLA in development of Nutrition Cluster Strategies and Plans at national and sub national level, based on solid analysis of the situation and past lessons learned;
- Support the CLA in providing technical inputs into relevant government plans (strong focus at provincial and local level) to ensure the emergency nutrition response is appropriately addressed;
- Support the CLA in developing an exit, or transition, strategy for the cluster.

3. Need assessment and response planning

- Support local clusters and the cluster partners to participate in nutrition needs assessments and response planning, ensuring that they are age and gender sensitive, using standardized tools and methods; and in coordination and/or collaboration with other sectors.

4. Application of standards

- Support the CLA to ensure that cluster participants are aware of relevant policy guidelines, technical standards and relevant commitments that the Government has undertaken under international human rights law;
- Support the CLA to ensure that responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations.

5. Monitoring and reporting

- Ensure adequate monitoring mechanisms are in place to review impact of the cluster working group and progress against implementation plans;
- Ensure adequate reporting and effective information sharing, with due regard for age and sex disaggregation.

6. Advocacy and resource mobilization

- Support the CLA to identify core advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of different actors;
- Support the CLA to advocate for donors to fund humanitarian actors to carry out priority activities in the sector concerned, while at the same time encouraging cluster participants to mobilize resources for their activities through their usual channels.

7. Training and capacity building

- Promote/support training of staff and capacity building of humanitarian partners;
- Support efforts to strengthen the capacity of the national authorities and civil society.

8. Provision of assistance or services as a last resort

- Act as the provider of last resort (subject to access, security and availability of funding) to meet agreed priority needs with support from humanitarian partners;
- This concept is to be applied in an appropriate and realistic manner for crosscutting issues such as protection, early recovery and camp coordination.

c. Roles and Responsibilities of National Nutrition Cluster (NNC) Partners/Members

1. Humanitarian coordination and communication

- Support to strengthen inter-cluster coordination at provincial and local levels (working areas), particularly with Food Security & Livelihoods, WASH, Health and Education Clusters to facilitate a comprehensive approach addressing the issue of nutrition;
- Actively participate in cluster meetings, technical working group meetings and teleconferences at different levels;
- Feeds relevant information to the CLA/CCLA for wider sharing;
- As representative of their respective agencies/entities, bring to the attention or share relevant issues/updates that require CLA/CCLA input in order to maximize complementarities;
- Chair/Co-chair Nutrition Technical Working Groups (Assessment TWG, IYCF TWG, Micronutrient TWG, Capacity Development TWG, IMAM TWG etc.).

2. Planning and strategy development

- Contribute to development of Nutrition Cluster Strategies and Plans at national and sub national level, based on solid analysis of the situation and past lessons learned;

- Support the CLA/CCLA in providing technical inputs into relevant government plans (strong focus at provincial and local level) to ensure the emergency nutrition response is appropriately addressed;
- Contribute in developing an exit, or transition, strategy for the cluster.

3. Need assessment and response planning

- Support local clusters (working areas) and the cluster partners to participate in nutrition needs assessments and response planning, ensuring that they are age and gender sensitive, using standardized tools and methods; and in coordination and/or collaboration with other sectors.

4. Application of standards

- Ensure that where the partner is responding as implementing agency, responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations.

5. Monitoring and reporting

- Ensure adequate monitoring mechanisms are in place to review response progress (where implementing) against implementation plans;
- Where the partner is responding, ensure adequate reporting and effective information sharing, with due regard for age and sex disaggregation.

6. Advocacy and resource mobilization

- Advocate for the mainstreaming of the Cluster Approach into their organization;
- Promote the Cluster Approach externally including support of fundraising efforts;
- Contribute to the fundraising strategy for the NNC;
- Contribute to the mobilizing and managing funds for the collective activities of the NNC;
- Mobilize funding for cluster activities assigned to their respective agency for implementation.

7. Training and capacity building

- Promote/support training of staff and capacity building of humanitarian partners at different levels;
- Support efforts to strengthen the capacity of the national authorities and civil society;
- Supports the identification, development and implementation of the necessary tools and trainings to ensure coordination capacity at different levels;
- Where possible, build capacity of organizational county level staff in Nutrition in Emergencies and the Cluster Approach.

8. Provision of assistance

- Support the NNC preparedness and response works with available resources.