



# NUTRITION CLUSTER ADVOCACY STRATEGIC FRAMEWORK 2016-2019

Responding to the  
nutritional needs of  
emergency affected  
populations

# ACKNOWLEDGEMENTS

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# CONTENTS

<b>ABBREVIATIONS AND ACRONYMS</b>	04
<b>EXECUTIVE SUMMARY</b>	05
<b>BACKGROUND INFORMATION</b>	06
<b>AN ADVOCACY DEFINITION FOR THE NUTRITION CLUSTER</b>	07
<b>PURPOSE OF THE ADVOCACY STRATEGIC FRAMEWORK</b>	08
<b>CURRENT NUTRITION CLUSTER ADVOCACY ENVIRONMENT</b>	09
<b>IMPLEMENTATION OF THE ADVOCACY STRATEGIC FRAMEWORK</b>	10
<b>MONITORING, EVALUATION AND LEARNING</b>	11
<b>ADVOCACY GOALS, OBJECTIVES AND RESULTS OVERVIEW</b>	12
<b>ADVOCACY GOALS, OBJECTIVES AND RESULTS IN DETAIL</b>	15
<b>CONCLUSION</b>	27

# ACRONYMS

<b>ANS</b>	African Nutrition Society
<b>BM</b>	Breast Milk Substitutes
<b>CLA</b>	Cluster Lead Agency
<b>CoP</b>	Community of Practice
<b>GAM</b>	Global Acute Malnutrition
<b>GFF</b>	Global Financing Facility
<b>GNC</b>	Global Nutrition Cluster
<b>GNC-CT</b>	Global Nutrition Cluster Coordination Team
<b>GNR</b>	Global Nutrition Report
<b>HCT</b>	Humanitarian Country Team
<b>IASC</b>	Inter-Agency Standing Committee
<b>IBFAN</b>	The International Baby Food Action Network
<b>ICAN</b>	International Coalition on Advocating Nutrition
<b>IMOs</b>	Information Management Officers
<b>IYCF-E</b>	Infant and Young Child Feeding in Emergencies
<b>NCCs</b>	Nutrition Cluster Coordinators
<b>NiE</b>	Nutrition in Emergencies
<b>NIERT</b>	Nutrition in Emergencies Regional Training
<b>PLW</b>	Pregnant and Lactating Women
<b>PMNCH</b>	Partnership for Maternal, Newborn and Child Health
<b>REACH</b>	Renewed Efforts Against Child Hunger and undernutrition
<b>SAG</b>	Nutrition Cluster Strategic Advisory Group
<b>SAM</b>	Severe Acute Malnutrition
<b>SDGs</b>	Sustainable Development Goals
<b>SUN CSO Network</b>	Scaling Up Nutrition Civil Society Network
<b>SUN Movement</b>	Scaling up Nutrition Movement
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHA</b>	World Health Assembly
<b>WHS</b>	World Humanitarian Summit

# EXECUTIVE SUMMARY

**W**ith operational responses to all major humanitarian crises worldwide, Nutrition Cluster partners have distinct access to information about the impact and the response to crises that can –and should- be used to inform and influence major stakeholders at national, regional and international level to ensure nutrition impact in emergencies, identifying gaps and bottlenecks and proposing solutions to problems that programs alone cannot solve.

The Nutrition Cluster Strategic Plan 2014-2016 included, for the first time, Advocacy as a cluster core function to support the achievement of its strategic priorities. Within this context, the **Nutrition Cluster Advocacy Strategic Framework 2016-2019** aims to provide high level overall strategic direction and focus for Nutrition Cluster advocacy efforts to ensure linkages across global and country levels and cluster partners and to support the development of common messages and activities to leverage impact.

The Advocacy Strategic Framework defines **three Goal areas** for advocacy. Goals are broad outcome statements; which estate what the Nutrition Cluster is seeking to achieve and the change it wants to see. Aligned with the Nutrition Cluster mandate and vision, the Advocacy Goals respond to challenges identified by the Nutrition Cluster to respond to the nutritional needs of emergency affected population and seek to address problems that programs alone cannot solve.

<p><b>GOAL 1</b></p> <p><b>focuses on effectiveness of the humanitarian response</b></p>	<p><b>GOAL 2</b></p> <p><b>is about resource mobilisation for nutrition in emergencies</b></p>	<p><b>GOAL 3</b></p> <p><b>seeks to foster the accountability of humanitarian and development actors towards emergency preparedness, response and transition to development ensuring that expertise and technical capacity on Nutrition in Emergencies (NiE) contributes to inform and shape nutrition policies</b></p>
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Each advocacy Goal area is supported by **Objectives** and **Results**, specifying the changes required to contribute to the achievement of the 'bigger' goal. For each result, the Advocacy Strategic Framework assesses the current external context and barriers to be addressed, opportunities ahead for influencing, and the Nutrition Cluster role to date. Sample activities tapping into the Global Nutrition Cluster global-level presence and access to decision-makers are also proposed for some results, although activities should be further defined and agreed as part of the GNC annual planning process.

Finally, the Advocacy Strategic Framework proposes **Indicators** to support the monitoring and evaluation of cluster advocacy and to ensure that learning is embedded in the GNC annual planning cycle to inform future advocacy priorities.

The current Advocacy Strategic Framework has been developed with a timeframe that covers the period up to the end of 2019 to allow the continuous development of strategic advocacy within the Nutrition Cluster Strategy 2014-2016 and it is also aligned to the next GNC Strategic Plan 2017-2019.

A participatory process was followed to develop the Advocacy Strategic Framework to ensure it was relevant and grounded on Nutrition Cluster partners' experience. Input from Nutrition Cluster partners gathered during an advocacy session at the GNC Working Meeting in March 2015 informed the development of an online advocacy questionnaire to gather responses from all Nutrition Cluster partners and allow wide participation. The responses to the questionnaire informed the drafting of the Advocacy Strategic Framework with input from the GNC Strategic Advisory Group (SAG) members and the GNC Coordination Team (GNC-CT) during an Advocacy Workshop conducted in July 2015. The Nutrition Cluster Advocacy Strategic Framework 2016-2019 was also presented for discussion and collective validation at the GNC Annual Meeting in October 2015 to guide the advocacy work of the Nutrition Cluster.

## BACKGROUND INFORMATION

As part of the Humanitarian Reform process<sup>1</sup>, the Cluster Approach was initiated in 2005 as one way to improve the effectiveness of humanitarian response through greater predictability, accountability, responsibility and partnership. In order to efficiently carry out these accountabilities, UNICEF as a Cluster Lead Agency (CLA) created the Global Nutrition Cluster Coordination Team (GNC-CT) in 2006 responsible for the day-to-day coordination around cluster coordination and information. Through the collective global level partnership which currently stands at 40 members from UN, NGOs, Academia and other institutions, significant achievements were made.

In 2013, in order to enhance performance of the Global Nutrition Cluster (GNC) and align its focus with the Transformative Agenda<sup>2</sup>, the overall Humanitarian Project Cycle<sup>3</sup> and other Transformative Agenda related guidance, the GNC conducted a governance review. Recommendations from this review included the development of a three-year Strategic Plan with a revised focus to reflect the functional areas set out in the Transformative Agenda.

The Global Nutrition Cluster three years Strategic Plan (2014-2016) was developed with a renewed focus on support to Country Clusters to ensure strong leadership, capacity and skills for coordination and mutual accountabilities. The GNC partners then proposed the establishment of a Strategic Advisory Group (SAG) and agreed to revisit the structure, governance and operational modalities of the Global Nutrition Cluster. Since March 2013, the Strategic Advisory Group has been operational and supporting strategic discussion within the Global Nutrition Cluster.

In addition to this structure and in partnership with four GNC partners, the GNC has a Rapid Response Team (RRT) to increase the capacity of the GNC to support Cluster coordination and information management functions through rapidly deployable Nutrition Cluster Coordinators (NCCs) and Information Management Officers (IMOs)' technical capacity in humanitarian situations. This enables timely and coordinated response which then ensures improved emergency nutrition interventions, while the GNC has also recently included in its 2014-2015 workplan the need for technical surge capacity.

The Strategic Plan 2014-2016 informs the annual GNC workplan. The implementation of the GNC workplan is a shared endeavour. Some activities are managed by the Global Nutrition Cluster Coordination Team, while other activities in the GNC workplan are assigned to specific global cluster partners, to increase partnership and accountability.

In recognition of the need to develop advocacy in a strategic manner to support the achievement of the Nutrition Cluster mandate; the Nutrition Cluster Strategic Plan 2014-2016 supports the development of an Advocacy Strategic Framework and an Advocacy Toolkit under its *Strategic Pillar 1* (Partnership, Communication, Advocacy and Resource Mobilisation) and was assigned to *Action Against Hunger UK*. The aim is to ensure that relevant advocacy messages are developed and appropriately communicated to enhance policies, coordination and response capacity, under activities 1.18-1.20.

<sup>1</sup> The Humanitarian Reform process was initiated by the Emergency Relief Coordinator, together with the Inter-Agency Standing Committee (IASC) in 2005 to improve the effectiveness of humanitarian response through greater predictability, accountability, responsibility and partnership.

<sup>2</sup> As part of the Humanitarian Reform process and following a comprehensive inter-agency review of the approach to humanitarian response and the lessons learned from the major emergencies in Haiti and Pakistan, the Transformative Agenda, agreed in December 2011, consist on a set of actions to address acknowledged

challenges in leadership and coordination, as well as to enhance accountability for improved collective action in humanitarian emergencies.

<sup>3</sup> The Humanitarian Project Cycle was defined to ensure greater coordination, information management and preparedness within humanitarian response. It articulates how and when humanitarian programming should address the areas of coordination assessment and needs analysis, strategic planning, resource mobilisation (flash appeal etc), implementation and monitoring, operational peer review and evaluation.

# AN ADVOCACY DEFINITION FOR THE NUTRITION CLUSTER

Fundamentally, advocacy is a set of organised activities aimed at influencing the policies and actions of those in power to achieve positive outcomes. While there can be many different definitions of advocacy, some of its key elements which are considered throughout the Advocacy Strategic Framework are as follows:

- ◆ **It is about influencing policies, practice, attitudes and the political enabling environment**
- ◆ **It aims to achieve lasting and positive outcomes in peoples' lives**
- ◆ **It is strategic. It is planned. It is with clear goals and objectives**
- ◆ **It is a long term process rather than a one-off event**
- ◆ **It is not an end in itself**
- ◆ **It draws legitimacy and credibility from knowledge and experience (evidence-base)**

Developing a common definition of advocacy brings coherence and focus and can improve communication in the advocacy planning process. As part of the process to develop the Advocacy Strategic Framework, the Nutrition Cluster has developed its own definition of advocacy to inform a common understanding of what advocacy means for the Nutrition Cluster. This definition is tailored to the Nutrition Cluster mandate<sup>4</sup>, with a specific focus on nutrition in emergencies (from preparedness to recovery) and influencing policies, practice and behaviours of relevant stakeholders based on cluster partners' expertise and common experiences on what works well or what needs to change.

## DEFINITION OF NUTRITION CLUSTER ADVOCACY



**Humanitarian nutrition advocacy is a strategic and evidence-based process aiming to influence policies, practices and behaviours that safeguard and improve the nutrition of individuals affected by emergencies.**

<sup>4</sup> The Nutrition Cluster mandate is to safeguard and improve the nutritional status of emergency affected populations by ensuring an appropriate response that is predictable, timely, effective and at scale

# PURPOSE OF THE ADVOCACY STRATEGIC FRAMEWORK

While some advocacy initiatives have been developed within the Nutrition Cluster at both global and national levels during the past years, there is not yet a systematic approach to advocacy. Hence, the Advocacy Strategic Framework aims to provide a **high level overall strategic direction and focus** for the Nutrition Cluster advocacy efforts to support increased linkages across levels to maximise impact and to help build the cluster advocacy capacities.

The identified Goals and Objectives should serve as a **global roadmap** to support the development of common positions, messages and activities to influence the global nutrition agenda.

Further, it should act as an **umbrella for more context-specific advocacy at national level** aligned as much as possible with global Goals and Objectives for which key messages/positions would be progressively developed and which can also inform national advocacy work.

Thus the Advocacy Strategic Framework provides an **overall framework to support operational advocacy** at all levels within the Nutrition Cluster to advance and support programmatic priorities. The Nutrition Cluster Advocacy Strategic Framework aims to assist the progressive development of strategic advocacy within the cluster. It has operational advocacy as a starting point ensuring strong linkages between cluster programmatic priorities and advocacy.





# CURRENT NUTRITION CLUSTER ADVOCACY ENVIRONMENT

Discussions with the Strategic Advisory Group, the Coordination Team and GNC partners during the GNC Working Group Meeting in March 2015 highlighted some of the strengths, weaknesses, opportunities and threats for advocacy that need to be borne in mind as the Nutrition Cluster advocacy progressively develops.

## STRENGTHS

- **Inclusiveness/variety of stakeholders**
- **Donors presence**
- **Legitimacy**
- **Advocacy capability**  
(every GNC partners does advocacy)
- **Technical capacity/knowledge**
- **Shared resources**
- **Long term institutional knowledge** (low turnover)
- **High reach**
- **Highly committed diverse group of GNC members**
- **Strong set of resources** (i.e. website)
- **Diversity of profiles** (NiE, development actors)

## WEAKNESSES

- **Siloed approach** (NiE is a closed community and has limited links with development partners)
- **Limited communication across sectors**
- **Poor performance in NiE affects credibility**
- **Lack of simple/unified messages**
- **Lack of established legitimacy of GNC**
- **Lack of advocacy expertise on GNC/GNC-CT**
- **No single GNC partner covering all aspects of advocacy**
- **Limited representation of local/ NGOs in the Nutrition Cluster**
- **Lack of (binding) accountability**
- **Limited translation of materials**
- **Lack of technical leadership in NiE**  
(need for a global technical forum for NiE)
- **Little impact ensuring NiE is included in university curricula despite years of advocacy & nutrition interventions in the field Focus on children and pregnant and lactating women, exclusion of other vulnerable groups such as older people**

## OPPORTUNITIES

- **Political momentum for nutrition**
- **Global Nutrition Report**
- **SUN Movement/REACH**
- **World Humanitarian Summit and follow up**
- **SDGs and other global targets and accountability mechanisms** (e.g. WHA)
- **Engagement with regional platforms**
- **Documentation of success stories**
- **Use of Cluster Lead Agency (UNICEF)/partners advocacy & communication capacities**
- **Structure of countries + Global cluster**
- **Ebola for its current focus on Health System Strengthening**
- **Existence of several external trainings in advocacy**

## THREATS

- **Lack of common messages between global/ national levels**
- **Risk of being side-tracked**
- **Sustainability** (currently funding is too short term/ rely on few donors)
- **Limited consensus on advocacy messages**
- **Different agencies workload/capacities**
- **Loss of motivation from GNC members**
- **Funding competition**
- **The Nutrition Cluster can be left behind if NiE is not made part of high profile movements such as SUN Movement**

## IMPLEMENTATION OF THE ADVOCACY STRATEGIC FRAMEWORK

The Advocacy Strategic Framework provides overall strategic direction for the Nutrition Cluster advocacy at all levels. Yet, under the umbrella of the Advocacy Strategic Framework, a large amount of cross-team and cross-partner working and planning to develop and implement specific advocacy strategies to influence both global and national policy processes will be crucial for its successful implementation.

With a focus in all emergency settings [protracted, sudden-onset, slow-onset] the Goals and Objectives in the Advocacy Strategic Framework reflect a broad vision for the 2016-2019 period of changes needed to support the achievement of the Nutrition Cluster programmatic priorities and areas where advocacy can make a difference.

The capacity to reach each advocacy Objective will very much depend on the capacity of cluster partners to engage and support advocacy at both global and national levels. Priorities for advocacy under each Goal will be agreed annually as per normal GNC annual planning process.

Further, an **Advocacy Taskforce** could be established to lead on the development of advocacy. The Advocacy Taskforce would be ideally formed by advocacy staff from cluster partner organisations to maximise internal capacities and further contribute to build-in cluster advocacy within their organisations. The Advocacy Taskforce will play a key role in the development and validation of policy positions and common messages in close coordination and cooperation with the Nutrition Cluster Strategic Advisory Group (SAG) and the Coordination Team (GNC-CT). The Advocacy Taskforce will work at the global level and could also support country teams in the development and implementation of advocacy when there is limited advocacy expertise at the country level.

An advocacy toolkit will also be developed to assist National Cluster Coordinators, Information Manager Officers and cluster partners at country and global level to develop, implement and monitor the parts of the Global Nutrition Advocacy Strategic Framework 2016-2019 that relate to them. When possible, some face-to-face and remote advocacy support will also be provided to support advocacy work.



# MONITORING, EVALUATION AND LEARNING

Assessing progress towards advocacy Goals and Objectives is crucial to understand the Nutrition Cluster capacity to influence/contribute to changes in policy and practice. Further, this analysis will support the continuous development of cluster advocacy ensuring that learning from what works and does not work informs planning processes and future advocacy.

The Advocacy Goals defined in the Advocacy Strategic Framework are about **change to specific policies and practices at operational level** to enhance the Nutrition Cluster capacities to deliver its mission.

Advocacy Monitoring and Evaluation will focus on the cluster contribution to specific change(s). Yet, change can sometimes take years to achieve and it is equally important to capture important progress along the way, such as enhanced Nutrition Cluster advocacy capabilities (strengthened organisational capacity, partnerships, advocacy champions) and/or progress at the different stages of the decision-making process (policy progress) that will lead towards larger change(s).

The following indicators will be used to assess progress towards advocacy objectives and results:



## Indicators of policy change:

new policy proposal developed; policies formally established; negative policy proposals blocked; funding levels increased/sustained for policies and programmes; policies implemented in accordance with requirements [Example of policy change: nutrition included at goal and target level in the 2030 Agenda for Sustainable Development](#)



## Indicators of significant steps towards policy/practice change:

- ◆ **Partnerships or alliances:** policy agenda alignment with partners; representation of Nutrition Cluster issues in appropriate platforms at global and national levels. [Example of significant progress in developing partnerships: partners in the SUN Movement join a global call for the inclusion of a nutrition goal in the Sustainable Development Framework to 2030.](#)
- ◆ **Advocacy champions:** key individuals who adopt and support an issue or position [Example of significant progress: public health nurses working on nutrition in countries with high rates of undernutrition support local advocacy efforts and share their experiences in global gatherings calling for a nutrition goal in the Sustainable Development Framework](#)
- ◆ **Policy progress:** citations of cluster positions/messages by decision-makers in policy debates; government officials/key stakeholders publicly supporting the advocacy effort; cluster issues included in the policy agenda/at different stages during the decision-making process. [Example of policy progress: nutrition included in a set of Sustainable Development Goals proposed in the Outcome Document of the Open Working Group on the Sustainable Development Goals to be discussed by the UN General Assembly](#)

To facilitate monitoring of progress, the above indicators of success have been linked to each advocacy Result in the Advocacy Strategic Framework.



## Progress indicators:

Strengthened Nutrition Cluster advocacy capacities also indicate positive steps towards the cluster contribution to policy/practice change. In this regard, the following process indicators will be used to track overall annual progress on the Nutrition Cluster **advocacy capacities: advocacy plans developed/updated as part of cluster planning processes; financial and human resources for advocacy.**

# ADVOCACY GOALS, OBJECTIVES AND RESULTS OVERVIEW

The following table summarizes advocacy Goals, Objectives, Results and Indicators of change to provide a general overview of advocacy priorities. Below the table, each advocacy Goal is developed in detail.

## SUMMARY

### GOAL 1

#### HUMANITARIAN RESPONSE IS WELL COORDINATED, ALIGNED AND INTEGRATED FOR AN EFFECTIVE, TIMELY AND QUALITY NUTRITION RESPONSE TO ADDRESS THE NUTRITIONAL NEEDS OF EMERGENCY AFFECTED POPULATIONS

OBJECTIVES	RESULTS	INDICATORS OF CHANGE*
<p><b>1.1 Nutrition analyses are consistently included in the Humanitarian Country Team (HCT) decision-making processes for appropriate cluster activation to respond to the nutritional needs of emergency affected populations, including in contexts with low GAM levels, by taking into account other nutrition vulnerability parameters in addition to GAM.</b></p>	<p><b>1</b> The Nutrition Cluster is appropriately activated in new emergencies as per the nutritional needs of emergency affected population and the capacity of the hosting government.</p>	<p>Nutrition Cluster activation based on nutrition parameters other than high levels of GAM only.</p>
<p><b>1.2 Clearly articulated nutrition-sensitive approaches are systematically included in emergency responses of other relevant clusters (in particular WASH, Food Security and Health Clusters).</b></p>	<p><b>1</b> Nutrition-sensitive objectives are included, implemented, monitored and evaluated in relevant cluster plans (WASH, Food Security and Health Clusters in particular).</p> <p><b>2</b> IYCF-E interventions are systematically included, implemented, monitored and evaluated in emergency responses of the Nutrition Cluster and other relevant clusters (Food Security, WASH, Health, Shelter and non-food items (NFI), Camp Coordination and Camp Management (CCCM), Child Protection and Education Clusters).</p>	<p>Nutrition-sensitive objectives are included/implemented in relevant cluster plans.</p> <p>IYCF-E interventions are systematically included/implemented in emergency responses.</p>

### GOAL 2

#### SUFFICIENT RESOURCES ARE MOBILISED FOR AN EFFECTIVE, TIMELY AND QUALITY NUTRITION RESPONSE TO ADDRESS THE NUTRITIONAL NEEDS OF EMERGENCY AFFECTED POPULATIONS

OBJECTIVES	RESULTS	INDICATORS OF CHANGE*
<p><b>2.1 Increased timely allocation of resources for nutrition in emergencies in underfunded areas.</b></p>	<p><b>1</b> Increased funding for neglected nutrition interventions (e.g. IYCF-E, micronutrients supplementation).</p>	<p>Increase in funding levels [against established baseline] for a wider range of nutrition-specific interventions beyond the treatment of SAM/MAM.</p>

- 2 Increased funding to address the nutritional needs of neglected population groups (e.g. older people, pregnant and lactating women...).
- 3 Increased allocation of resources for nutrition in emergency response in protracted and slow-onset crises.

Increase in funding levels [against established baseline] for nutrition interventions in at-risk groups outside the under-5.

Increased in funding levels/capacity [against established baseline] for nutrition interventions in protracted and slow-onset crises.

# GOAL 3

## APPROPRIATE PREPAREDNESS, RESPONSE AND RECOVERY STRATEGIES ARE INCLUDED AS PART OF THE GLOBAL AND NATIONAL NUTRITION AGENDAS TO SAFEGUARD THE NUTRITIONAL NEEDS OF EMERGENCY AFFECTED POPULATIONS

OBJECTIVES	RESULTS	INDICATORS OF CHANGE*
<p><b>3.1 Improved transition of emergency nutrition programmes to development from cluster coordination to multi-sector coordination systems at sub-national, national, regional and global levels including improved government leadership.</b></p>	<p>1 Preparedness, response and transition for Nutrition in Emergency (NiE) activities is included in costed and adequately funded national nutrition plans and coordination mechanisms.</p>	<p>National nutrition plans allocate specific budget for activities aimed at improving preparedness, response and transition for NiE.</p>
<p><b>3.2 Strategic engagement with development actors to improve preparedness, response and transition in crisis prone and affected countries to ensure the humanitarian-development continuum.</b></p>	<p>1 Countries within the SUN Movement mobilize support for NiE as an essential component of national and/or sector plans and actions to address malnutrition in crisis prone and affected countries.</p> <p>2 The REACH Approach facilitates improved multi-sectoral nutrition governance in REACH countries that takes into account emergency preparedness, response and recovery in their strategies.</p> <p>3 Resources for capacity building are included for NiE in pre- and in- service education and training curricula of health workers to address the capacity gaps in Human Resources delivering nutrition and coordination services.</p>	<p>Preparedness and response strategies that address NiE are adequately reflected in national and/or sector plans and actions in SUN countries in crisis prone and affected countries.</p> <p>The REACH Approach takes into account preparedness, response and recovery as part of its coordination.</p> <p>Nutrition in Emergencies is included in pre- and in- service education and training curricula of health workers.</p>

\*APPLIES TO ALL RESULTS

### INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE

Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.





## ADVOCACY GOALS, OBJECTIVES AND RESULTS IN DETAIL

### OVERALL ADVOCACY AIM

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**To support an appropriate  
nutrition response in  
emergencies that is predictable,  
timely, effective and to scale**

# GOAL 1

## **HUMANITARIAN RESPONSE IS WELL COORDINATED, ALIGNED AND INTEGRATED FOR AN EFFECTIVE, TIMELY AND QUALITY NUTRITION RESPONSE TO ADDRESS THE NUTRITIONAL NEEDS OF EMERGENCY AFFECTED POPULATIONS.<sup>5</sup>**

**RATIONALE:** Goal 1 focuses on policy change to ensure an effective response for nutrition impact, ensuring that nutritional needs of all population groups in nutritionally vulnerable contexts are identified and responded to. It focuses on changes at operational/coordination level (including inter-cluster linkages) rather than at the humanitarian system level to ensure it falls within the Nutrition Cluster responsibilities. Objectives under Goal 1 seek to enhance internal alignment within the Nutrition Cluster and also with overall humanitarian actors.

**TO REACH THIS GOAL, WE WILL UNDERTAKE ADVOCACY SUCH THAT:**

### **Objective 1.1** .....

**Nutrition analyses are consistently included in the Humanitarian Country Team (HCT) decision-making processes for appropriate cluster activation to respond to the nutritional needs of emergency affected populations, including in contexts with low GAM levels, by taking into account other nutrition vulnerability parameters in addition to GAM.**

### **Result 1** .....

**The Nutrition Cluster is appropriately activated in new emergencies as per the nutritional needs of emergency affected population and the capacity of the hosting government.**

#### **HIGHLIGHTS OF CURRENT EXTERNAL CONTEXT/BARRIERS TO BE ADDRESSED:**

- ◆ Activation of the Nutrition Clusters in sudden-onset emergencies is based on previous knowledge and the implication of the emergency/sudden-onset situation (e.g. flood etc.) on nutrition. Activation of relevant clusters in slow-onset emergencies is agreed by the Humanitarian Country Team in consultation with the government.
- ◆ The Nutrition Cluster is generally activated based on levels of acute malnutrition. This makes cluster activation in other contexts more challenging, where the nutritional needs of crisis affected population might be excluded (e.g. in low GAM contexts, elderly people etc. ...). For example, in the response to the crisis in Syria, the Nutrition Cluster was not activated in Turkey because of low GAM levels.
- ◆ Activation of the Nutrition Cluster also helps to elevate the nutrition problem and the Nutrition Cluster collectively fundraising efforts to implement specific activities. When a cluster is not activated, such opportunity to elevate the issue is missed.
- ◆ Other forms of malnutrition, besides acute malnutrition, are not always visible which makes the justification to activate the Nutrition Cluster more difficult, especially in the context of low GAM levels.
- ◆ Furthermore, nutrition is often seen as part of a related sector (e.g. Health, Food Security).

<sup>5</sup> The current strategy looks into addressing the nutritional needs of all populations affected by a crisis taking into consideration all contexts (i.e. protracted crises, sudden-onset and slow-onset crises)



## INDICATOR OF CHANGE

**Nutrition Cluster activation based on nutrition parameters other than high levels of GAM only.**

## INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE

**Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.**

In situations where Nutrition is a sub-cluster under health or food security the risk of being deprioritized or overlooked is great.

- ◆ The Nutrition Cluster should not be systematically activated in all emergencies, but the decision of activation or not should be based on analysis of all nutrition indicators beyond GAM and other underlying causes.

### NUTRITION CLUSTER CONTRIBUTION IN THIS AREA:

- ◆ The Nutrition Cluster can do more to clearly communicate why addressing nutrition in emergencies is important (particularly relevant in contexts with low GAM levels) to influence decision-making. For example: in Syria it took the Nutrition Cluster three to four years to make the case for the activation of a stand-alone Nutrition cluster; in Ukraine it took the Nutrition Cluster six months to elevate the need for attention in nutrition.
- ◆ More can be done at the global level. Clear messages can be developed to better influence government and donors to ensure that the activation of the Nutrition Cluster is based on a wider set of nutrition indicators beyond GAM right from the onset of an emergency (particularly in contexts with low GAM levels).

### OPPORTUNITIES AHEAD FOR INFLUENCING:

- ◆ Global Nutrition Report 2016 and further work with the SUN Movement on challenges to respond to the nutritional needs of emergency affected population in new emergencies.
- ◆ Regional UN Network meetings.
- ◆ Cluster lead Agency (CLA) Regional Management Team meetings which are normally attend by UNICEF Representatives who are part of the Humanitarian Country Team and contribute to the final decision on activation.

### ACTIVITIES TO ACHIEVE THESE RESULT COULD INCLUDE:

- ◆ Build common messages: Develop a short paper with key messages/recommendations on nutrition in emergencies and its importance, including an analysis on Nutrition Cluster activation in past emergencies (including analysis of activation in Syria and Ukraine), its timeliness, issues and concerns, and missed opportunities as a result of the lack of activation.
- ◆ Develop partnerships and influence decision-makers: Dissemination of key messages/recommendations during key meetings attended by cluster partners, including:
  - ▶ IASC Secretariat meetings in Geneva [GNC-CT]
  - ▶ Present paper in meetings attended by the GNC-CT with permanent missions, governments and NGOs in the United Nations Office at Geneva
  - ▶ Publication of articles in key publications (e.g. Field Exchange, contribution of material to the 2016 Global Nutrition Report)
  - ▶ GNC Partner focal points to disseminate/promote key messages to their agencies & field operations
  - ▶ Facilitate dialogue with the Humanitarian Country Teams (HCT)

## Objective 1.2

### Clearly articulated nutrition-sensitive approaches are systematically included in emergency responses of other relevant clusters (in particular WASH, Food Security and Health Clusters).

This objective specifically looks into inter-cluster linkages and increased alignment for nutrition outcomes.

## Result 1

### Nutrition-sensitive objectives are included, implemented, monitored and evaluated in relevant cluster plans (WASH, Food Security and Health Clusters in particular).

#### INDICATOR OF CHANGE

**Nutrition-sensitive objectives are included/implemented in relevant cluster plans.**

#### INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE

**Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.**

#### HIGHLIGHTS OF CURRENT EXTERNAL CONTEXT/BARRIERS TO BE ADDRESSED:

- ◆ The silo approach is commonly used – individual cluster priorities are often discussed separately. There is limited joint discussions and processes.
- ◆ Limited understanding of nutrition-sensitive interventions and their cost-effectiveness.
- ◆ There is poor articulation of the best approaches/what other clusters can do for nutrition– there is a need to be clear on the objectives.
- ◆ Difficulty in articulating nutrition-sensitive objectives and activities in relevant clusters in ways that reflect their links with nutrition impact.

#### NUTRITION CLUSTER CONTRIBUTION IN THIS AREA:

- ◆ Several cluster documents exist that can serve as reference for the development of a short position paper on nutrition-interventions, including:
  - ▶ The inclusion of examples of nutrition-sensitive interventions in the Nutrition Cluster Handbook [currently being updated].
  - ▶ Document on how to work with the Food Security Cluster and other clusters.
  - ▶ The Infant and Young Child Feeding in Emergencies Framework developed by Save the Children and UNHCR.
- ◆ Some examples of best practices: South Sudan and Ukraine, where the Food Security platform was used to deliver nutrition programmes/activities (in both cases, those clusters had the capacity -resources and framework- to achieve what we wanted to achieve for nutrition).
- ◆ The Nutrition Cluster response plans should also be more nutrition-sensitive and highlight WASH, Health and Food Security, Protection and Education where relevant.

#### OPPORTUNITIES AHEAD FOR INFLUENCING:

- ◆ Global Cluster coordinator Group (GCCUG) meetings.
- ◆ Ongoing discussions between the four clusters (WASH, Nutrition, Health and Food Security).
- ◆ The Inter-cluster Working Group between the Nutrition and Food Security Clusters.
- ◆ Update of Cluster Handbook in 2016 where concrete examples of how to include nutrition-sensitive objectives in relevant cluster plans could be included.

#### ACTIVITIES TO ACHIEVE THESE RESULT COULD INCLUDE:

- ◆ Build common messages: Develop a short position paper with concrete examples of nutrition-sensitive objectives that should be included in relevant cluster plans.
- ◆ Develop partnerships/Influence decision-makers:
  - ▶ Use the position paper to influence the Humanitarian Country Teams (HCT) and other clusters to consider nutrition-sensitive interventions
  - ▶ Further disseminate key messages (i.e. include in 2016 update of the Cluster Handbook, communicate through existing partnerships)
  - ▶ Use the Health, WASH, Food Security and Nutrition inter-cluster meetings as a forum to develop a promote common messages

## Result 2

**Infant and Young Child Feeding in Emergencies (IYCF-E) interventions are systematically included, implemented, monitored and evaluated in emergency responses of the Nutrition Cluster and other relevant clusters (Food Security, WASH, Health, Shelter and non-food items (NFI), Camp Coordination and Camp Management (CCCM), Child Protection and Education Clusters).**

### INDICATOR OF CHANGE

**IYCF-E interventions are systematically included/ implemented in emergency responses.**

### INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE

**Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.**

### HIGHLIGHTS OF CURRENT EXTERNAL CONTEXT/BARRIERS TO BE ADDRESSED:

- ◆ IYCF-E not seen as an intervention and, therefore, there is lack of buy-in from donors.
- Breastfeeding:
  - ▶ Misconceptions about breastfeeding from traditional and non-traditional donors – many believe that women are unfit or too stressed to breastfeed their babies during emergencies, so the first reaction is to give them breast milk substitute. However, this jeopardizes the success of breastfeeding further and puts the mother at risk of losing her milk supply and the baby at higher risk of disease.
  - ▶ Donors still include breastmilk in their donations
  - ▶ Red Cross still includes breast milk substitutes in their food parcels in inappropriate contexts
  - ▶ Non-nutrition partners volunteer to distribute Breast Milk Substitute (BMS) without awareness on negative consequences. While there are circumstances where breast milk substitutes (BMS) should be provided, this needs to be managed and it should not undermine breastfeeding for those mothers who can and should breast feed.
  - ▶ Private sector very active in promoting & lobbying governments in favour of breast milk substitutes.
  - ▶ If it is not possible to achieve 100% breastfeeding (for example in Ukraine where only 20% of women breastfeed exclusively) thus in such context, targeted and properly managed breast milk substitute (BMS) might be required. At the moment there are no tailored messages on the alternatives for breastfeeding for those who really need breast milk substitutes and there is a need to clearly articulate these alternatives.
- ◆ Complementary feeding: There is an emphasis/focus on infants 0-6m that results in lack of support to infants 6-23m and lack of focus on complimentary foods, especially in low GAM contexts.

### NUTRITION CLUSTER CONTRIBUTION IN THIS AREA:

- ◆ Joint statement from the Nutrition Cluster on breastfeeding and breast-milk substitutes in 2011.
- ◆ Despite having common messages we need to widen the audience to reach those who need to be influenced and further develop a strategic approach to influencing. Messages on safe alternatives to breast milk should also be developed.

### OPPORTUNITIES AHEAD FOR INFLUENCING:

- ◆ Connect with local/small NGOS – there is a lot of willingness to work and collaborate especially with this organizations that are distributing breast milk substitutes and other foods, as at the moment there is no clear way to systematically approach the problem.
- ◆ Connect with special interest groups like IBFAN, Alive and Thrive, 1,000 days, etc.
- ◆ Connect with the Infant Feeding in Emergencies Core Group, an expert advocacy and resource group on infant and young child feeding in emergencies.
- ◆ Build on the Joint Statement to reach key decision-makers in a focus and targeted manner.

### ACTIVITIES TO ACHIEVE THESE RESULT COULD INCLUDE:

- ◆ Build common messages: building on the Joint Statement but tailored to each specific target and further developing messages on safe alternatives to breast milk.
- ◆ Develop partnerships/ Influence decision-makers: Identify key targets (donors, national governments and local partners) and disseminate key messages.

# GOAL 2

## SUFFICIENT RESOURCES ARE MOBILISED FOR AN EFFECTIVE, TIMELY AND QUALITY NUTRITION RESPONSE TO ADDRESS THE NUTRITIONAL NEEDS OF EMERGENCY AFFECTED POPULATIONS.

**RATIONALE:** Goal 2 focuses on resource mobilisation for nutrition in emergencies, with a specific focus on nutritional impact and resource mobilisation for identified underfunded areas such as (but not limited to) contexts of protracted crisis and low GAM levels. Resource mobilisation for an effective response refers to financial and human resources as well as supplies.

**TO REACH THIS GOAL, WE WILL UNDERTAKE ADVOCACY SUCH THAT:**

### Objective 2.1

**Increased timely allocation of resources for nutrition in emergencies in underfunded areas.**

#### INDICATOR OF CHANGE

Increase in funding levels [against established baseline] for a wider range of nutrition-specific interventions beyond the treatment of SAM/MAM.

#### INDICATOR OF CHANGE

Increase in funding levels [against established baseline] for nutrition interventions in at-risk groups outside the under-fives.

#### INDICATOR OF CHANGE

Increased in funding levels/ capacity [against established baseline] for nutrition interventions in protracted and slow-onset crises.

### Result 1

**Increased funding for neglected nutrition interventions (e.g. IYCF-E, micronutrients supplementation).**

### Result 2

**Increased funding to address the nutritional needs of neglected population groups (e.g. older people, pregnant and lactating women...).**

### Result 3

**Increased allocation of resources for nutrition in emergency response in protracted and slow-onset crises.**

## INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE

**Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.**

### HIGHLIGHTS OF CURRENT EXTERNAL CONTEXT/BARRIERS TO BE ADDRESSED:

- ◆ Neglected Nutrition interventions:
  - ▶ Limited funding for nutrition programmes to address the nutritional needs of under-fives besides SAM treatment (including MAM treatment for effective integrated CMAM programming).
  - ▶ Limited funding for IYCF-E programmes and other preventive interventions, among other reasons because it is difficult to measure impact and hence communicate on it.
- ◆ Neglected population groups: Low level of funding for addressing the nutritional needs of neglected population groups such as the elderly. It is important to ensure adequate funds to address the nutritional needs of population groups affected by an emergency.
- ◆ Protracted crisis: Limited resources in slow-onset and protracted emergencies (in terms of financial resources and/or capacity).

### NUTRITION CLUSTER CONTRIBUTION IN THIS AREA:

- ◆ Joint statement from the Nutrition Cluster on breastfeeding and breast-milk substitutes. We can build on this work and further develop common messages on identified underfunded areas with strategic advocacy towards key actors.
- ◆ Contributed to building capacity or providing capacity support in low capacity contexts.
- ◆ Highlighted the need for increased funding to adequately and effectively respond to slow-onset and protracted emergencies and show the consequences of poor funding on affected populations and quality of response by Cluster Lead Agency and cluster partners.

### OPPORTUNITIES AHEAD FOR INFLUENCING:

- ◆ World Humanitarian Summit, Istanbul, May 2016 as a key forum to present key challenges.
- ◆ Nutrition for Growth 2016 Rio.
- ◆ 2016 Global Nutrition Report and further work with the SUN Movement to raise visibility and gather support for identified underfunded areas.
- ◆ National process to set up national nutrition targets to contribute to the achievement of the WHA nutrition targets and the SDGs nutrition goal and targets.
- ◆ UNITLIFE fund as an opportunity to gain additional funds for underfunded areas.
- ◆ PMNCH update of the Global Strategy for Women's, Children's, and Adolescents' Health/Global Financing Facility (GFF).

### ACTIVITIES TO ACHIEVE THESE RESULTS COULD INCLUDE:

- ◆ Build common messages:
  - ▶ Develop a list and accompanying narrative of main neglected nutrition interventions and associated negative consequences and dissemination of common messages to influence key donors.
  - ▶ Common messages can be tailored to specific crises to highlight the negative consequences if funding for certain components of the Nutrition in Emergencies package is insufficient provided the package is clearly articulated in the Strategic Response Plans.
  - ▶ In contexts of protracted crises, map opportunities of including an emergency component in development programmes to support advocacy.
- ◆ Develop partnerships/Influence decision-makers:
  - ▶ Engage with Global Nutrition Report to include key challenges for NiE for wide dissemination.
  - ▶ Further engagement with major nutrition initiatives (SUN Movement, REACH...) to build long term capacity and integrate messages on underfunding areas for nutrition in emergencies in their narrative for common approaches and joint support to fulfil global nutrition targets (WHA, Agenda 2030 on Sustainable Development)
  - ▶ Holding side event during Rio 2016 Nutrition for Growth/ World Humanitarian Summit 2016 or other key opportunity in 2016.
  - ▶ Use of media.

# GOAL 3

**APPROPRIATE PREPAREDNESS, RESPONSE AND RECOVERY STRATEGIES ARE INCLUDED AS PART OF THE GLOBAL AND NATIONAL NUTRITION AGENDAS TO SAFEGUARD THE NUTRITIONAL NEEDS OF EMERGENCY AFFECTED POPULATIONS.**

**RATIONALE:** Goal 3 focuses on preparedness, response and recovery to link up nutrition in emergencies and development within the cluster mandate ensuring that the expertise, technical knowledge and role played by the Nutrition Cluster is captured.

**TO REACH THIS GOAL, WE WILL UNDERTAKE ADVOCACY SUCH THAT:**

## Objective 3.1

**Improved transition of emergency nutrition programmes to development from cluster coordination to multisector coordination systems at sub-national, national, regional and global levels including improved government leadership.**

### INDICATOR OF CHANGE

**National nutrition plans allocate specific budget for activities aimed at improving preparedness, response and transition for NiE.**

### INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE

**Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.**

## Result 1

**Preparedness, response and transition for Nutrition in Emergency (NiE) activities is included in costed and adequately funded national nutrition plans and coordination mechanisms.**

### HIGHLIGHTS OF CURRENT EXTERNAL CONTEXT/BARRIERS TO BE ADDRESSED:

- ◆ Divide humanitarian/development risks losing gains during emergency phase.
- ◆ Many GNC partner representatives are not members of SUN or a number of the global initiatives and funding arrangements are in support of the SUN Movement.
- ◆ The SUN Movement also focuses on children and pregnant and lactating women, which excludes other vulnerable groups such as older people.

### NUTRITION CLUSTER CONTRIBUTION IN THIS AREA:

- ◆ Good transition in places with recurrent emergencies (best practice), where there is good Cluster Lead Agency capacity and strong government leadership.
- ◆ The Nutrition cluster has contributed in elevating pre-existing nutrition problems and laid foundations for SUN through the emergency response.

### OPPORTUNITIES AHEAD FOR INFLUENCING:

- ◆ Use the coordination mechanisms developed as part of Nutrition Cluster during emergencies to build stronger and sustainable nutrition sector coordination.
- ◆ World Humanitarian Summit as a forum to disseminate key messages. 2016 Global Nutrition Report.
- ◆ SUN/REACH Coordination structure at country level are an opportunity to build longer term structures and capacity for nutrition in emergencies to safeguard the nutritional needs of all population groups affected by an emergency.

**ACTIVITIES TO ACHIEVE THESE RESULT COULD INCLUDE:**

- ◆ Build common messages: Develop case studies of where this is working well to further engage with national governments.
- ◆ Develop partnerships/Influence decision-makers:
  - ▶ Engage with national nutrition platforms to influence the development of national nutrition plans.
  - ▶ GNC-CT/Humanitarian Country Team participate in UN Coordination meetings under the United Nations Development Assistance Framework (UNDAF).
  - ▶ Issues can be raised in a World Humanitarian Summit GNC side event/roundtables.
  - ▶ Write an article for ENN, e.g. the UNICEF/GNC case study on Transition.
  - ▶ Advocate for the inclusion of this section in the 2016 GNR – the 2015 GNR did not quite get there.

## Objective 3.2

**Strategic engagement with development actors to improve preparedness, response and transition in crisis prone and affected countries to ensure the humanitarian-development continuum.**

### INDICATOR OF CHANGE

Preparedness and response strategies that address NiE are adequately reflected in national and/or sector plans and actions in SUN countries in crisis prone and affected countries

### INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE

Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.

## Result 1

**Countries within the SUN Movement mobilize support for NiE as an essential component of national and/or sector plans and actions to address malnutrition in crisis prone and affected countries.**

### HIGHLIGHTS OF CURRENT EXTERNAL CONTEXT/BARRIERS TO BE ADDRESSED:

- ◆ Limited contact of the Nutrition Cluster with the SUN Movement and how SUN countries can be better prepared for NiE response still remains a gap.
- ◆ Smooth transition of coordination from NiE to Sector coordination at national level still remains a challenge.
- ◆ Yet, in 2015, the SUN Movement Lead Group reiterated its encouragement on the integration of nutrition across all humanitarian activities from preparedness planning, to response capacity, to recovery.
- ◆ Competition for resources for development vs. humanitarian context still exists.
- ◆ There are many SUN Countries with an active Nutrition Cluster and these are: Bangladesh, Chad, DRC, Ethiopia, Kenya, Mali, Myanmar, Nepal, Niger, Pakistan, Philippines, Somalia, South Sudan and Yemen. Non-SUN Countries with an active Nutrition Cluster are: Afghanistan, CAR, Sudan, Syria, Ukraine, Vanuatu, so these linkages can effectively be initiated in these countries.

### NUTRITION CLUSTER CONTRIBUTION IN THIS AREA:

- ◆ Ongoing discussions at global level SUN Movement Secretariat/GNC-CT on common ground and areas of common interest. This will impact ways of engagement.
- ◆ Ongoing engagement of the GNC Coordinator with the UN SUN Network including presentations on how the emergency-development gap can be bridged.

### OPPORTUNITIES AHEAD FOR INFLUENCING:

- ◆ At the global level:
  - ▶ Ongoing engagement with the SUN Secretariat at global level – build on this relationship during the implementation of the new SUN Strategy to articulate and gain support from the

SUN Secretariat on the importance of preparing for NiE adequately in order to protect populations from all forms of malnutrition in all contexts and for all age groups.

- ▶ SUN Movement Global Gatherings – usually an annual event for the Nutrition Cluster to start systematic engagement in all the annual events.
- ▶ The SUN Civil Society (CSO) Network and the UN Network for SUN/REACH Coordination can potentially be a source of advocacy expertise and support for the Nutrition Cluster. The GNC needs to get an entry point into both SUN Networks through GNC Partners who are already part on them.
- ▶ The Global Nutrition Report is set to be an important feature of the SUN Movement's wider framework for monitoring and evaluation in the future and could be made stronger in NiE– thus GNC should engage in the writing of the next GNR. Presence and participation of the Nutrition Cluster partners in global advocacy groups, such as the International Coalition for Advocacy on Nutrition (ICAN) and the SUN Civil Society Network, is an opportunity to influence the content of the Global Nutrition Report.
- ▶ The SUN Movement Lead Group has reiterated its encouragement on the integration of nutrition across all humanitarian activities from preparedness planning, to response capacity, to recovery – there is an opportunity for the Nutrition Cluster to continue engaging with the SUN Movement Lead Group to advocate for this in all SUN Countries where the Cluster has been activated and motivate the SUN Lead Group to ensure there are indicators to turn this 'encouragement' into action in SUN countries:
- ◆ At the national level: Strengthen the synergy between the Nutrition Cluster and national SUN/REACH multi-sectoral platforms to increase sharing, learning and capacity development on NiE.

#### **ACTIVITIES TO ACHIEVE THESE RESULT COULD INCLUDE:**

- ◆ Build common messages:
  - ▶ GNC-CT support the preparation and organisation for one series of the SUN national platforms meetings on the theme of Nutrition in Emergencies.
  - ▶ GNC-CT support the development of one SUN Movement in Practice Brief on Nutrition in Emergencies, based on the learnings of country experiences derived from the SUN Country Network Meetings.
  - ▶ Develop advocacy materials targeted to the SUN Lead Group, SUN Donor Network and SUN Business Network.
  - ▶ Key common messages on the linkages between the Nutrition Cluster and the SUN Movement developed to be shared with the Global Nutrition Report directly and through key platforms (e.g. ICAN) and contribute to the 2016 GNR consultations.

#### **DEVELOP PARTNERSHIPS/INFLUENCE DECISION-MAKERS:**

- ▶ Contribute to the implementation of the new SUN Movement Strategy 2016-2020 and its associated road map at multiple levels.
- ▶ Support SUN national multi-stakeholder platforms to analyse their nutrition plans for inclusion of emergency preparedness, response and recovery and disaster risk reduction strategies and activities.
- ▶ GNC Partners active in the SUN Movement Communities of Practice be empowered to advocate for NiE with GNC common messages to advocate for NiE within their broader nutrition advocacy messages or at least alongside their own agency positions in the CoP.
- ▶ Advocate for the 2016 GNR to include aspects of NiE of SUN countries as part of its wider monitoring and evaluation.
- ▶ GNC-CT to work closely with the SUN Movement Secretariat to develop a knowledge repository on the SUN Movement website where site visitors can find key materials and tool kits related to NiE and be directed to the Nutrition Cluster website.



#### INDICATOR OF CHANGE

The REACH Approach takes into account preparedness, response and recovery as part of its coordination.

#### INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE

Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.

## Result 2

### The REACH Approach facilitates improved multi-sectoral nutrition governance in REACH countries that takes into account emergency preparedness, response and recovery in their strategies.

#### HIGHLIGHTS OF CURRENT EXTERNAL CONTEXT/BARRIERS TO BE ADDRESSED:

- ◆ REACH was established in 2008 by the Food and Agricultural Organisation (FAO), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), and the World Health Organization (WHO) to assist governments of countries with a high burden of child and maternal undernutrition to accelerate the scale-up of food and nutrition actions.
- ◆ The REACH is steered by neutral facilitators – international and national - who work closely with the UN country team and government officials, including the Scaling Up Nutrition SUN focal point and other stakeholders to facilitate improved multi-sectoral nutrition governance in 17 countries, namely: Bangladesh, Burkina Faso, Burundi, Chad, Ethiopia, Ghana, Guinea, Haiti, Mali, Mozambique, Myanmar, Nepal, Niger, Rwanda, Senegal, Tanzania and Uganda.
- ◆ The REACH has taken on the leadership of the UN Network for SUN aiming to improve coherence of UN approaches, programmes and action in countries signatories to SUN.
- ◆ There are six recommended actions for the SUN UN Network at country level to undertake, including drafting of the UN nutrition strategy/agenda which could also be an opportunity for nutrition (and other) cluster to input in crisis-affected countries. Similar to the SUN Movement, the REACH approach has just being subjected to an independent evaluation in 2015, however the results were not accessible at the time of writing this strategic framework.

#### NUTRITION CLUSTER CONTRIBUTION IN THIS AREA:

- ◆ As the REACH Approach process operates in some emergency affected countries e.g. Bangladesh, Haiti, Myanmar, Nepal, Niger, the Nutrition Cluster can bring its experience of coordination in NiE to the considerations for improved multi-sectoral nutrition governance that is developed. This will be increasingly important as the REACH process is being expanded to support additional SUN countries.

#### OPPORTUNITIES AHEAD FOR INFLUENCING:

- ◆ Not clear until the outcome of the review is assessed, but the opportunities to engage at the moment are either directly with REACH Global Coordinator or at country-level with the REACH Country Coordinators, or indirectly through the SUN Movement, particularly through the SUN UN Network.

#### ACTIVITIES TO ACHIEVE THESE RESULT COULD INCLUDE:

- ◆ To be further defined depending on the outcome of the evaluation process and how REACH will concretely support SUN Countries as part of the development of the new SUN Strategy and the new REACH 2.0 Strategy.
- ◆ GNC to monitor this development through connection with the Global UN Network for SUN/ REACH Coordinator, the SUN Secretariat, and SUN Country Focal Points.

**INDICATOR OF CHANGE**

**Nutrition in Emergencies is included in pre- and in- service education and training curricula of health workers.**

**INDICATORS OF SIGNIFICANT STEPS TOWARDS CHANGE**

**Partnerships or alliances developed; GNC position on this issue supported by decision-makers/key stakeholders in policy debates; cluster position included in the policy agenda/at different stages during the decision-making process.**

**Result 3**

**Resources for capacity building are included for Nutrition in Emergencies in pre- and in- service education and training curricula of health workers to address the capacity gaps in Human Resources delivering nutrition and coordination services.**

**HIGHLIGHTS OF CURRENT EXTERNAL CONTEXT/BARRIERS TO BE ADDRESSED:**

- ◆ Inadequate formal training for nutritionists and other health front line professional in NiE in crises prone or affected countries.
- ◆ Education and capacity building is often overlooked (e.g. in the SUN Movement) - The education aspect needs to be activated in order to be successful in the long term.
- ◆ Capacity building activities do not include preparedness for NiE.
- ◆ Lack of clarity on who is responsible in ensuring NiE is part of under-graduate and post-graduate studies in developed and developing countries. A few donors already fund trainings on NiE in crisis prone countries (best practice).

**NUTRITION CLUSTER CONTRIBUTION IN THIS AREA:**

- ◆ The experience of the Nutrition in Emergencies (NiE) Regional Training (NIERT), a collaboration of academic institutions in Africa, Asia, and the Middle East, coordinated by the UCL Institute for Global Health (part of University College London) in close association with the Emergency Nutrition Network (ENN). While the experience was positive in terms of impact, to ensure sustainability such projects need to be absorbed by the Universities building also the capacities of in-house lectures. (see more information here on The impact of the NiE regional training initiative: the Lebanon experience 2010-2014).
- ◆ Other experiences include the inclusion of Nutrition in Emergencies in the curriculum in the London School of Hygiene and Tropical Medicine (LSHTM) and the TUFT University.

**OPPORTUNITIES AHEAD FOR INFLUENCING:**

- ◆ SUN Movement Community of Practice on capacity to deliver
- ◆ SUN Global Gathering 2016
- ◆ 2016 Global Nutrition Report

**ACTIVITIES TO ACHIEVE THESE RESULT COULD INCLUDE:**

- ◆ Develop partnerships/Influence decision-makers:
  - ▶ Major nutrition initiatives (SUN Movement, REACH) – there is an opportunity to build strong partnerships with common messages to influence key actors/decision-makers.
  - ▶ Connecting and influencing with other actors such as the International Malnutrition Task Force that have connections with professional health organisations and professional nutrition associations e.g. African Nutrition Society (ANS) who have connections with educators.
  - ▶ ANS has a bi-annual meeting and may be influenced to include issue of capacity in the agenda of the next meeting which should be in 2016.
  - ▶ Individual country curricula reviews committees of boards.

## CONCLUSION

Advocacy became a Nutrition Cluster priority with its inclusion as a key strategic pillar in the Nutrition Cluster Strategic Plan 2014-2016. Aligned with the Nutrition Cluster programmatic priorities, the Nutrition Cluster Advocacy Strategic Framework is a tool to support the systematic development of advocacy within the Nutrition Cluster to influence national, and international humanitarian and nutrition policy agendas. The Advocacy Strategic Framework sets out the Nutrition Cluster global advocacy priorities for the period 2016-2019 and how the strength of nutrition cluster partners at different levels can come together to extend the Nutrition Cluster influence and impact.

