Global Nutrition Cluster

Strengthening Nutrition Emergency Response Preparedness (ERP)

Interim ERP step-by-step guide

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July 2022

Contents

Acknowledgements

Overview of the guide

The GNC Emergency Response Preparedness (ERP) guide brings Nutrition clusters / sectors through several actions toward strengthening capacities to timely and effectively respond to potential Nutrition crisis. The ERP guide outlines a step-by-step process describing how to undertake ERP planning. It is the central element of the GNC ERP toolkit that, in addition to this guide, includes templates, tools and e-leaning modules to support Nutrition ERP planning.

Key objectives of the ERP approach encompass the identification of disaster risks, predicting crisis scenario against which the ERP planning will be done, mapping capacities for response, and planning for operational arrangements required to scale up. It allows to estimate the needs of vulnerable groups, undertake response analysis and design (for immediate response delivery), anticipate any obstacles that could slow down and hinder the timely implementation of the humanitarian response, identify prioritized interventions, forecast budget requirements, and define preparedness actions. As such, ERP planning contributes to countries' longer-term efforts on Disaster Risk Reduction and Sustainable Development Goals.

Entering a join Entering a joint Nutrition-specific ERP planning reinforces collaboration and contributes to building stronger alliances and partnerships that could be instrumental later-on for timely scaling up and/or effectively responding to a Nutrition crisis.

| Steps 1, 2, 3 | Risk Analysis and monitoring | Scenario building | Mapping existing response capacities |

| Steps 4, 5 | Response analysis and design | Planning for operational arrangements and anticipating constraints |

| Steps 6, 7, 8 | Preparedness actions workplan | Risk-specific contingency plan document and immediate response plan | ERP plan dissemination |
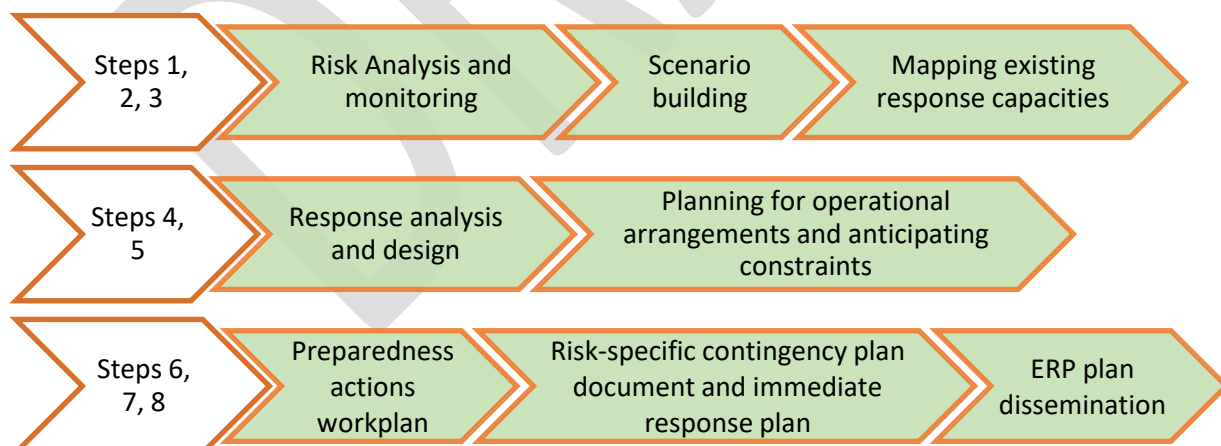
I.   Section 1 Background and introduction to Emergency Response Preparedness (ERP)

As the number of people in need of humanitarian assistance is significantly growing worldwide, the global agenda and policies have increasingly focused on linking humanitarian actions and development programming for building long-term national and local resilience to disasters. The 2030 Agenda for Sustainable Development and the Sendai Framework for Disaster Risk Reduction, all highlighted the need to shift from reactive crisis management to prevention and early actions.

What is Emergency Response Preparedness (ERP)?

The aim of Emergency Response Preparedness (ERP) is to optimize the speed and volume of assistance delivered immediately after the onset of an emergency and in a coordinated manner. ERP is an approach to enable the humanitarian system to improve collective actions undertaken to strengthen emergency preparedness and in turns, to augment the readiness to respond timely and effectively (Figure 1). It contributes and complements wider Disaster Risk Reduction strategies and Development planning to build national and local resilience to disaster. The Inter-Agency Standing Committee (IASC) developed a robust ERP guidance that intends to:

- Understand hazards and disaster risks, and define a mechanism to monitor these risks.
- Establish a minimum level of preparedness for coordination, information management (IM), needs assessments, and plan for operational arrangements for a response.
- Implement advanced contingency planning for high risks – moving from preparedness to readiness to respond.
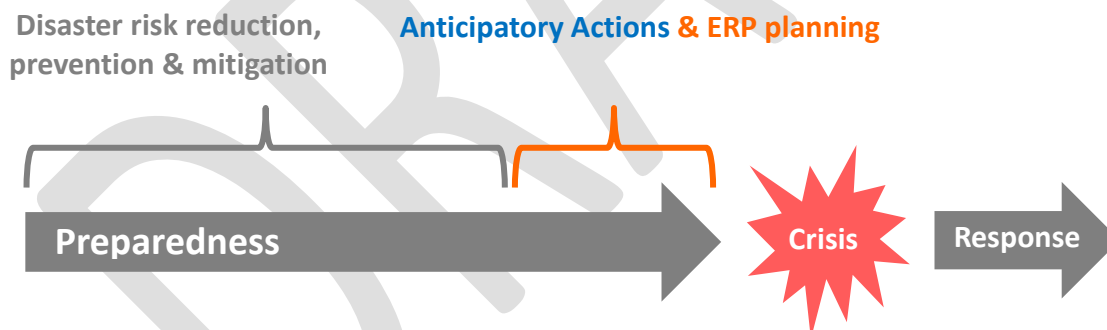
Figure 1: Preparedness to response timeline. Adapted and extracted from IASC ERP guidelines

Why is ERP important?

Investing in disaster preparedness has proven its benefits in terms of speed and cost saved during a humanitarian response. The cost benefits of investing in prevention are clear – time saved in response implementation is critical in emergencies since the speed of a response has direct implications on lives saved.

How to undertake ERP?

ERP planning is not a standalone process, elements of preparedness have to be mainstreamed throughout all phases of the regular workstream to maximize the speed and effectiveness of the emergency response provision. ERP is a continuous process that is constantly adjusted and updated to reflect changing environments and potential hazards and risks.

With this in mind, it is recommended in all contexts to establish the foundations for a minimum level of emergency preparedness by integrating Minimum Preparedness Actions (MPAs) in regular work and throughout the program cycle. In countries where specific hazards pose an increasing risk of disaster, it is important to enter a more advanced level of preparedness and go through a detailed ERP planning process (Figure 2 and section 2 of this document), and undertake advanced preparedness actions (APAs), including the development of risk-specific contingency plans.

Figure 2: ERP planning process. Extracted from IASC guidelines

ERP planning is part of the Humanitarian Program Cycle (HPC) and in countries where Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) are developed the initial steps of ERP planning, i.e., Step 1 Risk analysis and monitoring, can complement the HNO analysis; while Step 4 Response design can complement the HRP by unpacking detailed Nutrition activities to prioritize at early stage of the response.

ERP consists of all actions taken in anticipation of a crisis to expedite coordinated, timely and effective emergency response.

In this guide, ERP planning is proposed as an 8-step process (Figure 3).

In areas where the likelihood of experiencing a disaster of severe impact is high, this process supports building an advanced level of Preparedness, the development of a comprehensive multi-risk ERP plan, including estimated needs, targets, funding requirement, response objectives and prioritized activities for immediate response. While an ERP plan reflects multi-risks and includes planning arrangements for different possible crisis scenarios; a contingency plan is risk-specific. As such, a multi-risk ERP plan may include several contingency plans, e.g., a contingency plan for floods, a contingency plan for drought, etc. (See glossary in Annex 1).

Steps 1, 2, 3	Risk Analysis and monitoring	Scenario building	Mapping existing response capacities
Steps 4, 5	Response analysis and design		Planning for operational arrangements and anticipating constraints
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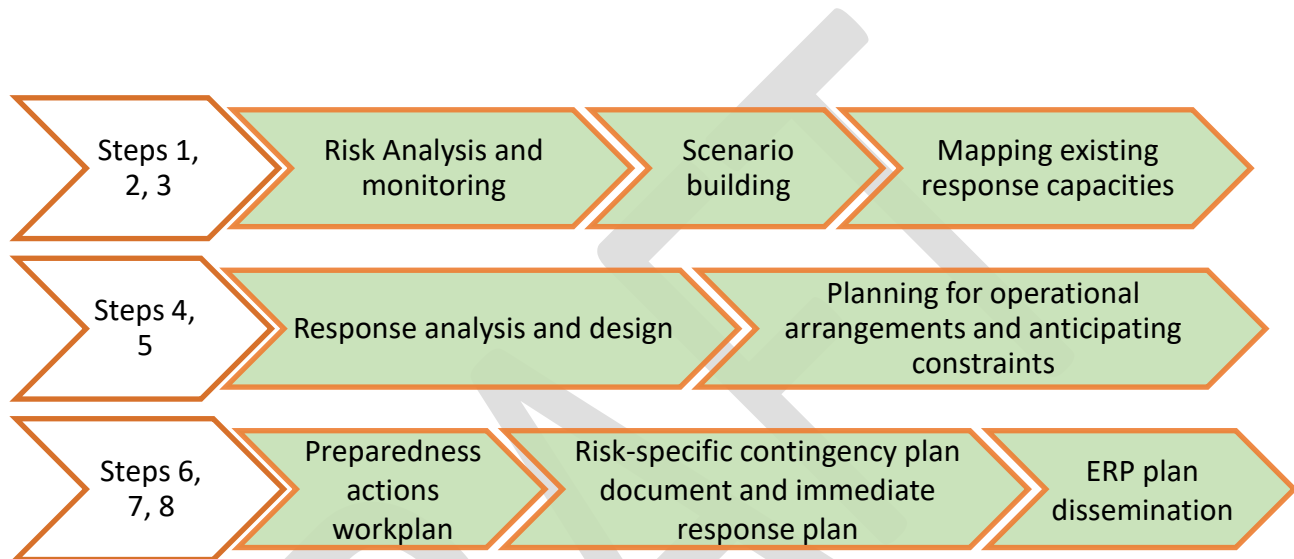
Figure 3: GNC ERP 8-step planning

Who is responsible for implementing the ERP approach?

Governments hold the primary responsibility for aiding the population in need and having national mechanisms for disaster risk reduction and emergency response in place. As such, it is important to use national mechanisms already in place to guide emergency response planning in country and as much as possible support their strengthening. As described in the IASC ERP guidelines, in countries where IASC humanitarian structures are in place and the cluster approach is activated, overarching country ERP planning is led by the Resident/Humanitarian Coordinator and managed by the Humanitarian Country Team (HCT) in close collaboration with government authorities and support by the OCHA-led inter-cluster coordination group and by clusters.

The ERP approach is done at different levels, ERP planning is an inter-agency effort for overarching plans; it also needs to be done by clusters/sectors to meet sector-specific objectives, and individual organizations have their own ERP plan. Depending on contexts, ERP planning can be done at national level as well as at sub-national for example in risk-prone provinces. A sector-specific ERP plan must align to the national plans and can use information from existing organization-specific plans and in turn, be used to feed into a multi-sectoral ERP plan.

It is advised to designate among the Nutrition Cluster Coordination team who will be the person responsible for driving the ERP work forward. It can be the Nutrition Cluster Coordinator (NCC) or a Deputy or a Co-coordinator. It is recommended to undertake the planning jointly with relevant Government counterparts, e.g., the Ministry of Health, and to have a small task force established inclusive of Nutrition Cluster partners' staff who can commit to play an active role in the ERP planning process. This task force can meet and work on a regular basis for the development of the ERP plan and reconvene again when a specific contingency plan needs to be developed or updated.

Please note, in a scenario where a refugee response needs to be planned for – international laws and practice address refugee and internal displacement emergencies differently – inter-agency preparedness for refugee response will be led by UNHCR as per the Refugee Coordination Model (RCM). The Preparedness Package for Refugee Emergencies (PPRE) aligns to the IASC ERP guidelines and recommends the same set of key steps.

How does the ERP approach aligns to other workstreams?

Anticipatory actions initiative

The humanitarian system has taken additional steps more recently and in addition to preparedness, a priority has been put to undertake Anticipatory Actions (AAs) ahead of predictable crisis to prevent and mitigate their impact. Preparedness Actions and Anticipatory Actions are different yet interlinked, Preparedness Actions aim to build the capacities needed to efficiently manage emergencies while Anticipatory actions are interventions implemented to mitigate consequences of an expected shock. To learn more about AAs and appreciate examples of AAs relevant to Nutrition see Annex 2.

People-centered approaches and cross-cutting themes are mainstreamed in Nutrition ERP

It is imperative that Nutrition cluster/sector actors abide by humanitarian principles and standards, must be familiar with the principles and commitments of Accountability to Affected Populations (AAP) and reduce the risk of gender-based violence (GBV) as defined by the IASC, and AAP and Protection from Sexual Exploitation and Abuse (PSEA) must be mainstreamed in Nutrition ERP planning to ensure the emergency response respects the rights, dignity and safety of people affected by disaster and conflict, and to maximize the quality and adequacy of the emergency response and minimize risks of causing harm while providing assistance. It is recommended during the ERP planning process to refer to existing guidance for mainstreaming AAP in the humanitarian program cycle that was jointly developed by the Global Nutrition and Food Security clusters as well as the UNICEF AAP handbook and toolkit that provide practical ways to embed AAP in HRP and Emergency Preparedness. In order to meet commitments to AAP, from the preparedness stage, it is critical to abide by a people-centered programming approach, including gender, age, diversity and disability inclusion, protection and communicating with communities. Contingency and immediate response plans must be designed in respect of the rights, dignity and safety of people affected by disaster and conflict, their unique needs by gender, age, disability and diversity identified, and ensuring that all segments of an affected community can equally access and benefit from assistance.

Throughout the ERP planning process, there are opportunities to build on the humanitarian - development nexus (HDN) and to accelerate progress towards empowering local actors and participation of national and local stakeholders in decision-making (Localization agenda). These key

cross-cutting themes and people-centered approaches must be integrated in the ERP approach (see also Annex 3).

The importance of intersectoral collaboration

Preventing and treating malnutrition is only possible through the provision of coordinated multi-sectoral services. To maximize the chance to prevent the vicious cycle of infectious diseases and malnutrition, convergence of activities notably among Health, WASH, Food Security, Early Childhood Development (ECD) and Nutrition actors is critical. For instance, in contexts where malnutrition is mainly driven by food insecurity close integration of Nutrition objectives in food security and livelihood responses is instrumental. Hence, to facilitate the implementation of multi-sectoral emergency responses, multiple sets of different clusters/sectors must work together on jointly planning for minimum integrated packages and sector-specific preparedness actions must converge at various steps of ERP planning. In addition, it is recommended to review the guidance note on the use of Cash and Voucher Assistance (CVA) for Nutrition outcomes and the summary proposed in Annex 4 to appreciate how the use of CVA as a possible response delivery modality need to be considered during the ERP planning process.

Overview of the GNC ERP guide and toolkit

The new Global Nutrition Cluster (GNC) Strategy (2022-2025) highlights the importance of strengthening the level of preparedness to respond to nutrition crisis. Overall, the goal of the GNC ERP toolkit is to strengthen Nutrition Clusters' capacities in Nutrition ERP planning toward the implementation of timely and coordinated Nutrition responses for the effective protection of the nutritional status of vulnerable populations affected at time of crisis. Robust Nutrition ERP approaches will save time and maximize effectiveness in the early implementation of coordinated Nutrition responses and scale-up of Nutrition in Emergencies (NiE) interventions.

Countries where the Nutrition situation is already fragile and multiple forms of malnutrition prevalent, do not necessarily have preparedness mechanisms in place or Nutrition is not always included in national contingency plans. In some countries, it might be done on ad hoc basis but rarely in a comprehensive manner or do not follow standard IASC ERP guidelines. Efforts have been done to contribute to preparing for a Nutrition response, and even though the GNC has Preparedness guidelines and developed a first set of ERP tools (piloted in Myanmar in 2021 resulting in an ERP dashboard), there is room to improve the collective level of readiness to timely provision of a Nutrition response or to timely scale up ongoing Nutrition response, in the early weeks at onset of emergencies and support strengthening national preparedness mechanisms.

This guide is the central element of the GNC ERP toolkit, intended to provide a structured and harmonized approach to Nutrition ERP planning across risk-prone countries. As per the GNC strategy, at least 70% of GNC priority countries will improve their level of Nutrition emergency preparedness and have developed ERP plan and dashboard by 2025.

The GNC ERP toolkit comprises of:
- This very ERP step-by-step guide

- Nutrition ERP workshop package (aligned to the step-by-step guide, for Country level workshop, for NCCs/IMs to facilitate their ERP process independently/with minor GNC support). The ERP workshop package includes generic workshop ToR, pre-workshop checklist, generic agenda, facilitator guide for each session, ppt presentations, group work exercise tools[1].
- ERP tools:
  - Existing ERP online forms to support each step of the ERP planning process and workshop will be updated
  - The ERP plan dashboard to reflect the step-by-step process proposed in this guide
  - An ERP plan template, Preparedness actions workplan template (offline and online dashboard)
  - List of pre-defined generic Preparedness actions (in Annex 7 of this guide)
  - Level of ERP self-evaluation tool
- ERP eLearning modules: are integrated in the GNC Learning Channel. For example, an "Introduction to ERP" eLearning module is already available on Agora, and soon more will be added.

What this ERP guide does not cover?

Increasing Nutrition emergency response preparedness and readiness to respond will also require strengthening technical Nutrition in Emergencies (NiE) competencies (management of acute malnutrition, infant feeding, micronutrient supplementation, etc.) among all actors engaged in supporting the Nutrition response. These important aspects will not be developed in a great deal of details in the GNC ERP toolkit. Indeed, the GNC ERP toolkit focuses on core cluster functions including capacities notably for coordination, needs assessment and information management. For technical NiE competencies it is recommend to tackle NiE preparedness in the ongoing technical work of the Nutrition cluster/sector. If during the ERP planning process, it is identified that there are any gaps for example, on monitoring and reporting of violations of the Code on the marketing of Breast Milk Substitutes (BMS), the technical working group (TWG) on Infant and Young Child Feeding (IYCF) is then tasked to implement preparedness actions to address this gap as well as any other actions required to be ready to scale-up the IYCF in Emergency (IYCF-E) response. Another example, a TWG focusing on I/CMAM is expected to ensure as preparedness actions to have up-to-date guidance on the use of simplified protocols for the management of uncomplicated wasting in case exceptional circumstances require them.

Purpose of ERP planning

The ERP planning exercise aims at producing the following outputs:
- A multi-risk ERP plan (can be a word document use this proposed template and its highlights captured as a dashboard on the GNC online ERP platform)
- A risk-specific contingency plan document (for high risks) comprising of immediate response plan draft (for early weeks after crisis onset)
- A Preparedness actions workplan

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[1] Available upon request to the GNC

As stated earlier, the ERP approach should not be seen as a standalone exercise and rather as a continuous approach, it is critical to integrate minimum preparedness activities in the Nutrition cluster / sector's work. And when there is a need for a more specific ERP planning exercise, it can be done collectively with relevant partners during a workshop for example. Importantly, before entering a detailed ERP planning exercise, several activities must be done as preliminary work. Annex 5 proposes a checklist with relevant preliminary activities best to be done prior to an ERP planning workshop. Most of these activities are ongoing in many countries and represent Minimum Preparedness Action (MPAs), undertaking them is already a means to start building the minimum level of Preparedness (Annex 5).

How ready is your Nutrition Cluster / sector to scale up in case of an emergency? How would you evaluate your Nutrition Cluster level of Nutrition emergency preparedness?

The GNC ERP toolkit proposes the use of a simple evaluation tool. Nutrition clusters/sectors are encouraged to use it to appreciate the level of their Nutrition emergency preparedness and /or use that tool from time to time to measure how progress is made to reach a higher level of Nutrition emergency readiness.

Section 1 key readings
- Sendai Framework
- IASC ERP guidelines 2015
- Anticipatory Action OCHA

II.   Section 2 ERP planning in 8 steps:

For each of these proposed 8 steps (Figure 3), instructions on how to undertake the step is provided, an indicative period at which to undertake a given step is suggested as well as key stakeholders to engage with, although these may vary depending on contexts. Guiding questions are framed to support the thinking, some useful tips are highlighted, and key readings listed.

For each step, a corresponding ERP online form is proposed to be used to support building the ERP plan dashboard.

It is recommended for each step of the process to identify gaps and translate these gaps in preparedness actions. Examples of key generic preparedness actions are also proposed in Annex 7.

To familiarize yourself with the ERP online forms, start filling out form 1 including some brief explanations on how the Nutrition Cluster/Sector intends to proceed to build or maintain the ERP plan and who will be responsible for what step of the ERP planning process

Steps 1, 2, 3	Risk Analysis and monitoring	Scenario building	Mapping existing response capacities
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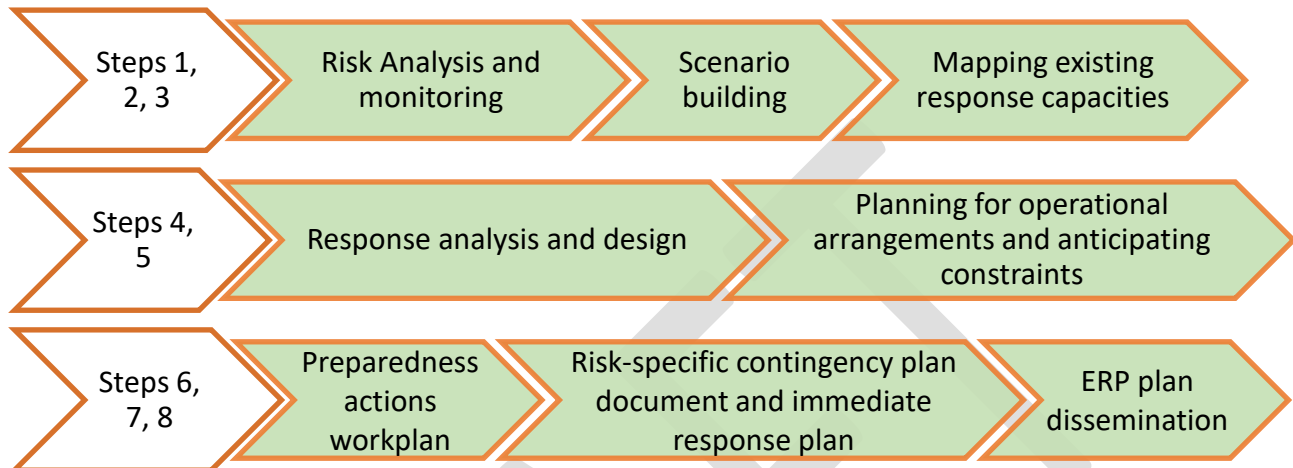
1. Step 1: Risk analysis and monitoring

The IASC defines risk analysis and monitoring as the first pillar of ERP planning. It allows for a clear and common understanding of hazards that can potentially pose a disaster risk, which in turn can lead to a significant deterioration of the Nutrition situation among other negative humanitarian consequences and therefore, requiring a timely and coordinated response.

It is expected that prior conducting this risk analysis step, the current Nutrition situation is well understood, existing Nutrition vulnerabilities prior crisis are known and relevant Nutrition data compiled and available. It is also expected that outcomes of any existing risk analysis have been reviewed – see Annex 5 outlining key preliminary activities.

During this first step of the planning, main hazards are identified, disaster risks are evaluated based on their likelihood and potential impact and ranked (risk map). Based on this analysis, mechanisms for their monitoring are then agreed upon. It is recommended to review the risk analysis on a regular basis to appreciate how risks evolve.

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┌─────────────────────────────────────────────────┐
│                  Risk Analysis                   │
├──────────────┬──────────────┬───────────────────┤
│    Hazard    │              │                   │
│identification│ Risk ranking │  Risk monitoring  │
│              │              │                   │
└──────────────┴──────────────┴───────────────────┘
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For risk monitoring indicators, it is important to pre-define thresholds once met must trigger early actions and a more advanced level of preparedness. The timing and frequency of risk monitoring may depend on the type of hazards, i.e., whether risks are seasonal, evolving or static in nature.

In addition to a Nutrition-specific risk analysis, it is encouraged to conduct a joint inter-sectoral analysis to triangulate risk analysis from different sectors/clusters and to pre-identify factors that could exacerbate exiting Nutrition vulnerabilities or further aggravate a deteriorating Nutrition situation.

When to undertake Risk analysis?
- Can be done before or concomitantly to the development of the HNO as both exercises could complement each other.
- Or can be done right after a Nutrition situation analysis is conducted or updated.
- Can be done as part of the Anticipatory Action initiative if ongoing in country
- As the risk analysis may lead to the realization that some necessary data are missing / that primary data need to be collected, risk analysis can be done prior any planned needs assessments

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With Whom to undertake Risk analysis?
- Among the Nutrition Cluster Coordination team, one person takes the lead for the Nutrition-specific risk analysis. This person could be a member of a Nutrition information working group or the Nutrition IM Specialist or the Nutrition Cluster focal point who is engaged in the OCHA-led analysis working group (for HNO development).
- Consider how to involve key stakeholders among the local government (whether from the Ministry of Health or from the institution in charge of disaster risk management) or depending from contexts, from a local organization who will be among first responder at times of crisis whether based at sub-national level or at capital level. Engage personnel of women-led/women's rights organizations, of organizations of persons with disabilities.
- To keep in mind that it is also important to triangulate Nutrition-specific risk analysis with other clusters' risk analysis to encourage intersectoral work.

Links to other processes and initiatives
- This step is an opportunity to identify possible links with development work or long-term priorities, and can be seen as a means to promote risk-informed long term national strategies and programming jointly with government. For example, the outcomes of the risk analysis and of the ERP planning as a whole can be shared with the Nutrition sector and/or SUN movement and Ministry of Health to ensure national policies are taking these risks into considerations.
- During this step, Anticipatory Actions to implement prior crisis to mitigate consequences of disaster can also be identified.

a. Hazards identification

For the purpose of effective ERP planning, a focus is placed on six main hazard categories which have potential humanitarian consequences and may represent risks for the Nutrition status of the affected populations.
- Natural hazards, either hydro-meteorological (floods, landslides, storms, droughts) or geophysical (earthquake, volcanic eruption, tsunami) and include plant pests and locusts that threaten to harm crops.
- Armed conflict and civil unrest.
- Epidemics and pandemics.
- Drastic changes in the socio-economic environment, such as a surge in prices of essential goods, restrictive government legislation such as export and import bans.
- Serious violations of international human rights law and international humanitarian law.
- Environmental hazards (industrial accidents, severe pollution).

Collectively with Nutrition cluster / sector partners review main hazards that could pose a risk to the Nutrition situation and use the ERP online form 2 to capture the main identified hazards.

Guiding questions to support identifying hazards
- What phenomenon, activity or conditions may be predicted to eventually affect the nutrition status of the population (natural disasters, armed conflicts, epidemics, etc.)?
- If more than one hazard is identified, how do they interact? Exacerbate each other?
- How are these likely to develop over time?
- What is the plausible chain of events through which these hazards may risk affecting the nutritional status of the population? (e.g., flooding -> loss of crops -> inadequate intake among affected households relying on subsistence agriculture).

Tips and recommendations for hazard identification
- To focus on main hazards, one or two per category, for example because reoccurring or imminent and will directly impact the Nutrition situation.

- To keep things simple, provide a concise overview of the disaster risk and possible crisis. The mapping can quickly become complex and the list of possible risks could become very long. To avoid this, group risks by the six hazard categories.

b. Risks ranking

Once a few hazards have been identified, they are ranked by likelihood of occurring and by the magnitude of their impact. Both likelihood and impact scales score from 1 to 5 as per table 1 in Annex 6.

Multiplying these two scores will give a product indicating the gravity of the given risk — low (score 1 – 7), medium (score 8 – 14), or high (15 – 25). **Risk = Impact x Likelihood.**

To use the ERP online form for an automated calculation of the gravity of the identified risks and production of a risk map

Guiding questions to rank risks:
- What are the humanitarian impacts going to be likely?
- How long are emergency conditions likely to last?
- What will the specific sectoral impacts be?
- What impact on health and nutrition services delivery? On government capacity to respond?
- What might affect the demand for nutrition services particularly among women (population movement, road conditions, security, etc.)? among minority groups and more marginalized populations?

Tips and recommendations for disaster risk ranking
- Be careful not to overestimate the potential impact of a given risk and stick to scores described in Table 1 of Annex 6. The more in-depth analysis and following steps of the ERP planning process will be done only for selected risks of medium to high gravity.
- For low risks (when ranking score is equal to 7 or below), the country is advised to establish a minimum level of preparedness looking at broad minimum preparedness actions (MPAs). This minimum level of preparedness is not risk-specific.
- For medium to high risks (ranking score equal to 8 or above), it is advised to enter into a more advanced level of preparedness, going through all steps of the ERP planning process till a contingency plan document is developed. For a specific risk, advanced preparedness actions (APAs) will be identified and the development of contingency plan is one of the APAs.
- It is recommended to focus on detailed ERP planning against maximum 3 risks, for example one risk per hazard category and to have a set of both slow and rapid-onset disaster risks.

c. Risk analysis

As mentioned earlier, it is expected that as much as possible relevant data and information used to support the risk analysis be gathered and consolidated prior to the risk analysis step in itself. However, while the risk analysis is performed and these existing data reviewed, it might be that information gaps are identified. Additional information might be required to better anticipate the possible evolution of identified risks.

These gaps must be translated into preparedness actions throughout all steps of the planning (See Annex 7 for a list of generic Preparedness actions).

Brainstorming on the plausible chain of events, on how the situation will likely evolve, with what timing, affecting what geographical locations, and deriving some assumptions on the direction the situation might take (positive or negative) represents the beginning of the scenario building step (step 2).

Guiding questions
- Are there any missing data (population data, geographic data, nutrition-specific data) required for the description of the current pre-crisis situation?
- What are possible sources of data available on forthcoming events? Or on recurring events (rainy season, winter, elections, harvest period, lean season, etc.) that have the potential to influence the evolution of the situation?
- What is the quality of the existing data? Are they disaggregated by age and by sex, disability and other relevant vulnerability and diversity characteristics?
- Which institutions may contribute to avail this information? Are there any risk analysis already developed by national authorities or by humanitarian or development agencies, local or international organizations?
- Were diverse groups of the at-risk population consulted on what they consider to be the risks, their vulnerabilities and their capacity to cope?

To use the ERP online form for a short narrative summarizing the risks analysis.

Tips and recommendations
- To review lessons learned from previous emergency responses before or during that step.

- To the extent possible, engage with communities predicted to be affected to validate or cross-reference the results of this risk analysis. This can be done at response analysis/design step 4 of the guide.

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d. Risk monitoring

A mechanism should be established to monitor hazards identified during the risk analysis step. With a focus on medium to high risks, a set of factors needs to be monitored so that any changes can be identified, any anomaly in the evolution of certain indicators compared to historical trends can be identified and actions undertaken accordingly.

The ERP planning focuses on defining specific indicators monitored in relation to risks identified. For these monitoring indicators thresholds or tipping points that will trigger action because once met or surpassed it becomes highly likely that the situation will aggravate significantly.

There are existing early warning systems that can be used for indicators commonly monitored while the exercise here would be to define indicators and thresholds more specifically relevant for Nutrition cluster /sector. It is recommended to review the list of core Nutrition indicators that usually guide Nutrition situation analysis (and IPC Acute Malnutrition analysis) summarized in Table 1 of the GNC Humanitarian Needs Analysis guidance. Though these nutrition indicators are mostly late indicators, monitoring of their trends can help appreciate any deterioration of the situation. It is particularly relevant to consider approaching the monitoring of disaster risk from a multi-sectoral perspective jointly with other clusters for example with the health cluster /or monitoring for measles outbreaks or occurrence of diarrhea or looking at food security indicators with the Food Security cluster.

Importantly, in addition to defining indicators and thresholds, to agree on the timing and frequency of the monitoring, which may depend on the type of risk (seasonal, evolving, static, See Annex 6). The timing will depend on the availability of latest information, the nature of the hazard being monitored as well as the trend of the risk. If the risk is rising, for example, indicators should be checked more frequently (Annex 6).

Guiding questions
- Is there an existing early warning system that could be used? Or what sources of information will be used to alert on a drastic change from key local, national or international data sources? Any seasonal calendar available?
- What indicator will be monitored, and with what frequency, by who? What are monitoring indicators more specifically relevant to the Nutrition sector?
- Were other clusters/sectors consulted for a triangulation of risk analysis and to explore join risk monitoring if relevant?
- If a threshold is met / surpassed for an indicator how this drastic change will be communicated? How will the information be escalated and to whom?

To use the ERP online form for a short narrative summarizing the approach to risk monitoring

During each step of the ERP planning, several gaps might be identified, it is important to translate these gaps into preparedness actions that need to be taken prior crisis. To document these preparedness actions and define a responsible entity for example responsible for gathering any additional data required for the analysis, for consolidating the information and data, who will be responsible to use the nutrition-specific risk analysis to participate in a multi-sectoral analysis, etc.
See list of generic preparedness action in Annex 7.

2. Step 2: Building scenario

For hazards of medium to high gravity, a short scenario is derived and used to allow a detailed ERP planning. As a continuity of the Step 1 Risk analysis, during the scenario building step, continue devising a set of assumptions, anticipate on a plausible chain of events, on possible aggravating factors, on the direction the situation will take and deduce impact and humanitarian consequences. This must be done in light of anticipated Nutrition vulnerabilities, expected coping capacities and ongoing responses/programs. It is important to predict how long the crisis will last, which geographical locations will be affected, and to start anticipating any emergency response constraints that might be faced.

To specify the timeframe covered by the scenario anticipating events that will occur in the short term, expected aggravating factors, and predict how events will unfold during the first 8 weeks of the crisis and on how the situation will evolve in the medium term (2 to 5 months of crisis).

For each scenario, a number of Persons in Need (PIN) will be estimated for the specific duration of the crisis. In some contexts, this might have to be done for two versions of the scenario, i.e., the best-case and worst-case scenario.

In addition, start brainstorming on Key Immediate Needs (KIN), i.e., key Nutrition interventions to implement early on (immediate response) including coordination and assessment needs. In subsequent ERP planning steps, the KIN will be refined, and quantitative estimates will also be derived to forecast supplies and funding needs. The KIN estimates can be finalized especially after immediate response design is done and operational arrangement plans made (Steps 4 and 5).

To work on anticipating two to three scenarios and as much as possible include one sudden onset disaster as well as a slow onset disaster.

To use the ERP online form to capture the scenario with a simple and short narrative and to capture estimated PIN and KIN.

Focus on main points of the scenario, including affected areas and population groups. It is encouraged to use the GNC Nutrition Humanitarian Needs Analysis as standard tool.

To brainstorm on the operational constraints, on any obstacles that might be faced and hinder implementing priority nutrition interventions at crisis onset (security, access, admin, logistics, etc.). If not already done (during step 1 or as preparatory work), review lessons learned from previous emergency responses to anticipate on these bottlenecks faced at onset of crisis that might have hindered implementation of response during past emergencies.

When to do scenario building?
- Scenario building to be tied to the risk analysis step as both steps are complementary. See Step 1 for proposed times at which Risk analysis can be performed.
- If the risk analysis step was done separately, to review outcomes of risk analysis prior building scenario
- Can be done concomitantly to HNO analysis and Anticipatory actions design

With Whom to do scenario building?

- The same group of stakeholders than suggested for the risk analysis step can engage in scenario building
- As much as possible engage relevant stakeholders based at sub-national levels who are first responders in case of a crisis
- Engage local government staff, personnel of women-led/women's rights organizations, of organizations of persons with disabilities

Guiding questions
- In a situation where risk A materializes, what chain of events might unfold and eventually lead to negatively affecting the nutritional status of the population?
- What geographical areas will be affected precisely? How many people will be affected? Any specific vulnerable groups affected first or more severely affected?
- How long will the crisis last?
- What will be the immediate needs?
- Will the government respond? or request external assistance?
- Will access become an issue?
- What impact on health and nutrition services?
- What will be the major obstacles and constraints to implementing timely a nutrition emergency response (at onset of crisis)?

Tips and recommendations
- During the scenario building step, the objective is to derive for a given risk, an estimate of the surge in needs occurring during the crisis timeframe. In countries where the IASC structures are activated and an HNO done on a regular basis, the yearly Nutrition PIN is already calculated and available. If for example the scenario focuses on a predicted 3-month flood disaster, estimate the additional number of children in need of Nutrition support during this 3-month crisis timeframe.

- It can be realized that additional primary data need to be collected to perform a more comprehensive risk analysis, scenario building and needs estimates therefore, if needs assessments or any data collection are required (see also Step 4 Response analysis and design) it can be framed as a preparedness action and planned for (See list of generic PAs in Annex 7).

3. Step 3: Mapping existing response and operational capacities

This step aims at reviewing existing Nutrition response capacities focusing on coordination and IM capacities, on capacities for assessments and for nutrition response provision (partners, HR, supplies, guidelines, training materials, etc.). It can be informed by any results from capacity assessments, learning needs assessments or any mapping of existing NiE Experts and training available in country. This step can be done and is applicable to all planning scenarios.

When to do capacity mapping?
- As much as possible to undertake the mapping of partners, supplies, ongoing response, guidelines, etc., prior the ERP planning exercise in itself (during the preparatory phase of an ERP planning exercise).

- For example, it is expected that Nutrition Cluster 4W matrix is available and up-to-date. It is expected that main Nutrition supplies in stock are already listed and/or any existing stock mapping is up-to-date.

With Whom to conduct capacity mapping?
- IM Specialist/Officer
- Consider involving or closely working with specific focal point of a given capacity area to be in charge of the mapping. For example, mapping of main Nutrition supplies, involve Supply management staff, or for the mapping of assessments-related capacities, involve the Nutrition Information Working Group.

- Consider liaising with the Cash Working Group (CWG) to map partners' capacity to do Cash and Voucher assistance and assessing mechanisms to be used in case of crisis.

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a. Coordination capacities

Review and describe the humanitarian coordination structure with list of staff from Cluster-Lead Agency and other partners engaged in Nutrition cluster/sector coordination and their respective roles and responsibilities vis à vis coordination for Nutrition response.

It is recommended to use and contextualize the GNC capacity mapping excel file. **Upload this capacity mapping file as well and Nutrition 4W matrix in the ERP dashboard, and inform the ERP online form.**

Guiding questions
- What are the existing coordination platforms in place?
- Does the Nutrition cluster have an up-to-date ToR? Are roles and responsibilities of relevant stakeholders involved in Nutrition coordination agreed upon and outlined in ToR? Or in Nutrition cluster strategy document? Is there an active SAG?
- What are the existing Technical Working Groups (TWG)?
- Is there a Partners contact list up to date?
- Who are the chairs and co-chairs?

- Are Nutrition cluster/sector partners familiar with key humanitarian principles and standards?
- Are Nutrition cluster/sector partners familiar with commitments to Accountability to Affected Populations principles?
- Do Nutrition cluster/ sector partners have capacities to implement people- centered programming, including GBV risk mitigation, disability inclusion....
- What are the existing inter-cluster coordination efforts that can be used to also plan for multi-sectoral responses at times of emergencies?
- In countries where the SUN movement is active, does the Nutrition Cluster link with the SUN networks (UN Nutrition, SUN Donor Network, SUN Civil Society Alliance, SUN Business Network, Academia, Parliamentarians etc.)?

       b.   Information management (IM) capacities

Jointly review existing Nutrition-related information management capacities and systems in place. It is encouraged to use the GNC IM toolkit and checklist to ensure role and responsibilities for IM are agreed upon, that IM instruments for NiE are in place, including a platform for storing and sharing Nutrition information and mechanisms for Nutrition data collection, monitoring and reporting.
Use the ERP online form to describe briefly IM capacities.

Guiding questions
- What are the current capacities for IM at national and sub-national level?
- Are role and responsibilities for IM and how IM supports the different phases of the HPC well understood among Nutrition cluster/sector partners?
- Are there any partners engaged in the OCHA-led IM working group in addition to the Nutrition Cluster IMO?
- Is there a national health and nutrition information system that can be used even at times of emergencies?

       c.   Assessments capacities

Describe whether assessment methodologies and tools exist for rapid needs assessments, whether nutrition-related questions are included in multi-sectoral rapid assessments. **Use the ERP online form to describe briefly assessment capacities.**

Guiding questions
- What are the existing assessments methodologies and SOPs already available including for needs assessment, rapid MUAC assessment, rapid SMART, others?
- Is the nutritional status of people with disabilities and older people systematically assessed and monitored?
- Are Nutrition elements integrated in muti-sectoral needs assessment methodologies?
- Is there a pool of partners' staff trained on the use of these assessments' tools? Will you be able to ensure gender parity of 50% of assessment team members/enumerators?
- Are Government and local authorities engaged in designing and conducting rapid needs assessments, have approved methodologies?

d. Capacities for Nutrition response provision:

To undertake a detailed mapping of current capacities, staff, supplies, protocols for all components of the nutrition emergency response. This can be captured using the GNC capacity mapping tool. **Upload this capacity mapping file and/or inform the ERP online form.**

  o Ongoing nutrition response / interventions

Guiding questions
- Is there an up to date 4W available? At national level? In the risk-prone province?

  o Guidelines, protocols, NiE training materials available

Guiding questions
- Are national guidelines on CMAM, IYCF-E up to date?
- Is there a joint statement on Infant Feeding in Emergency (IFE) pre-drafted and dissemination strategy pre-agreed?

  o Supplies and equipment: what are already available and/or in the pipeline

Guiding questions
- Are supplies stocks mapped and up to date? Including stocks in pipeline? Dispatched?
- Is there a supply calculator or tool in use for the Nutrition Cluster/ sector?
- Are alternative sources for supply procurement pre-identified? Are extraordinary logistical means for rapid delivery planned for? Mechanisms for rapid delivery anticipated? Mechanisms to accelerate procedures in case of emergency understood?

  o Response modalities

Guiding questions
- What are the current modalities used for Nutrition response (services-based, in-kind, cash-based)?
- What are the modalities in place for the use of mobile teams?
- What are the rapid response mechanisms in place?
- Are mechanisms and modality for cash and voucher assistance available?

  o Pool of trained NiE Specialists exist / are identified

Guiding questions
- Is there a list of NiE experts in country who could deliver training on what competency?
- Is there a pool of NiE experts to be deployed from Regional of Global level pre-identified? Procedures for fast-tracked deployment known? Are generic ToR or Job Description for NiE staff to deployed available? Mechanisms available to request support from GNC and Alliance known and understood?

e. Mapping funding mechanisms for emergency response

Guiding questions
- Do we have a pre agreed methodology to cost Nutrition cluster/sector response plan? Are costing units agreed in case of an activity-based approach to costing?

- Are current funding gaps estimated?
- What are current sources of funding for Nutrition? What will be additional funding sources in case of emergencies?

Tips and recommendations

It might be identified during this step or later while planning for operational arrangements that a more in-depth capacity assessment is required. It might also be relevant to undertake an assessment of capacities for technical NiE competencies, i.e., on IYCF-E, CMAM, etc., and it is recommended to use the existing tools available from GNC. Reach out to the GNC for support on the capacity assessment tool. Undertaking of such an assessment can be framed as minimum preparedness action to plan for.

As recommended during previous steps, it is important the continuously during the ERP planning exercise to document gaps identified in the areas discussed and translate them into preparedness actions (See also Preparedness list in Annex 7). These gaps as well as any anticipated obstacles predicted to hinder the timely delivery of the humanitarian response to be documented in the **ERP online form.**

4. Step 4: Response analysis, response design, early response planning

On the backdrop of the risk analysis and based on the risk-specific scenario defined previously, to develop a response strategy focusing on the early weeks following the crisis onset (1 to 6 weeks).

To maximize the chance of developing an adequate and appropriate response strategy, it is critical to undertake pre-crisis assessment by engaging with communities expected to be affected, to take gender dynamics into account, communities' preferred modality of assistance. Such pre-crisis assessment and analysis also represent an opportunity to validate planning scenario and assumptions defined during previous steps.

Then, define specific objectives for the Nutrition response (are identical to those defined for an HRP). Detail options for response modalities and Nutrition response packages (appropriate and feasible interventions) tailored to specific vulnerable groups and immediate needs. To outline sets of prioritized Nutrition interventions to implement in the immediate and medium term. It can be derived from a broader Nutrition response plan and must detail practically the first steps required to implement prioritize interventions.

When to do response analysis and design?
- This step can be done during or at end of HNO analysis (especially for response analysis part) or at beginning of HRP development (for the response design part).
- Or it can be done when the Nutrition cluster/sector develops its strategic response plan.
- If done during an ERP workshop, to avoid starting from scratch, use existing information from any pre-crisis assessment and existing response plan and focus on unpacking priorities activities to implement in the immediate term /during the first weeks of crisis onset.

> With Whom to do response analysis and design?
> - As much as possible engage relevant stakeholders based at sub-national levels who are first responders in case of a crisis, who will be active during the first weeks of the emergency, including local authorities or local health and nutrition officials.
> - Local NGOs and any civil society organizations that can be a potential partner who will be involved in assessing the needs or involved in the delivery of nutrition services at onset of crisis.
> - In close collaboration with the Cash Working Group (CWG), explore feasibility, acceptance and modalities for cash and voucher assistance

a. Response analysis

Ensure response analysis and pre crisis assessment look into any Protection and Gender risks or take into consideration results from existing Gender risk assessments, safety audits, or existing complaint and feedback mechanisms. **Summarize outcomes of the response analysis in the ERP online form.**

Guiding questions
- What secondary data will be used for the response analysis?
- Are there any existing feedback and complaints mechanisms, end-user monitoring systems, which could be used to appreciate communities' preferences?
- Are there any Nutrition cluster partners who have conducted assessments of Gender norms and dynamics, of Protection risks related to nutrition? Will Gender norms be affected or change in case of crisis (e.g., will women's decision power change if their household is displaced?)
- Are there any existing community assessments recently conducted that may have identified any relevant sociocultural factors to take into consideration (e.g., on diet, cultural beliefs, preference for cash/voucher versus in-kind food assistance)?
- Are there any local women-led organizations consulted or involved in the planning for nutrition services?
- Are the needs of older people and persons with disabilities identified? Will persons with disabilities be differently impacted by the crisis?
- Are there any anticipated barriers to accessing humanitarian assistance identified for persons with disabilities affected by acute malnutrition (for both in-kind and cash /vouchers)?
- Can a pre-crisis assessment be done as an inter-cluster exercise?

> Tips and recommendations
> - It might be relevant to review in more details the existing underline guidance on the use of cash and voucher assistance for nutrition outcomes, which includes response analysis steps to evaluate feasibility of cash assistance and selection of response options.
> - It is also worth looking at the GNC tips sheet on how to take into account cross cutting themes during HNO process and the comprehensive guidelines to mainstream Gender in all steps of the Nutrition cluster/sector work.
> - Reach out to local OPDs and other disability actors for secondary data about the situation of persons with disabilities and how they were impacted by previous emergencies.

b. Response design and strategy

Define the population groups to target in priority as well as priority locations where to implement the response.

Anticipate how the initial Nutrition response will gradually be scaled up. For example, aiming at reaching a first set of locations and then expanding to subsequent geographical locations and/or including additional age groups among the targeted beneficiaries.

Draft specific objectives for the Nutrition cluster/sector and for each objective to define priority activities, pre-define and agree on sets of immediate actions, who will be targeted, and what key indicators will be used to monitor the immediate response. Plan for activities to be conducted in the immediate term (first 6 weeks) by opposition to mid-term (2 to 3 months). Pre-define packages of Nutrition activities, specific to local context and situation. For example, defining activities and modalities of response for a displaced population living in a collective site versus for a population on the move versus for a population located in remote rural area versus a population located in an urban center.

Then define a few indicators per objectives to monitor the Nutrition response and as well as targets. To refine the forecasting of KIN estimates (from those initially drafted during step 2 Scenario building), refine supplies needs and management, additional human resources required and adjust funding needs and forecast – this might have to be done for the best and worst scenario.
It is essential to also anticipate on how to scale back down and/or phase out or exit at end of emergency. A successful transition will only be possible if planned from the planning stage and strengthening the capacity of local partners and Government should be a clear objective and mainstreamed throughout the ERP planning process.

To document the response design in the ERP online form.

Guiding questions
- What districts will be most affected? Will these locations be accessible?
- Is the crisis expected to spread to more geographical locations?
- Which age groups will have to be prioritized? 0-23-month children? Under 5 children? Pregnant women? Pregnant and nursing women?
- What local partnerships need to be established to ensure access to services? sharing of information and communication? How will this access be maintained?
- What if acute malnutrition affects children older than five years of age?
- How older people affected by acute malnutrition will be supported?
- How will children and adults with disabilities or chronic health issues who have specific nutrition requirements be identified and supported?
- If one of the objectives for the nutrition response is related to prevention, what interventions will be prioritized first? IYCF? Micronutrients provision? If IYCF interventions will be prioritized, do we target under 2? Under 2 and pregnant and lactating women (PLW)?
- If micronutrients are provided, how will it be done? Provision of multiple micronutrient powder?
- If one of the objectives for the nutrition response is on treatment of acute malnutrition, how treatment services will be scaled-up? Will both SAM and MAM treatment be scaled-up? Will it be done through mobile health and nutrition units?

- Will active case finding based on MUAC be tied to rapid response delivery? Will emergency protocol for the management of acute malnutrition be temporarily adopted?
- Will blanket distribution of supplementary food have to take place?
- How will non-breastfed infants affected by acute malnutrition be supported?
- Are mechanisms in place to monitor, report and address any violations of the Breast Milk Substitute Code during the emergency?
- How will we address acute malnutrition among children older than five years old, among elders?
- Is there a minimum package for integrated health-wash-nutrition response ready to be implemented among IDPs living in a collective site?
- Will supplementary feeding be tied to Food assistance?
- Will the CVA modality, in the Nutrition sector or in coordination with other sectors be used?
- Will the Nutrition situation be quickly assessed by conducting rapid SMART surveys?
- Will Nutrition cluster at sub-national level in most affected province be activated?
- Are Nutrition partners trained and sensitized on how to safely and supportively receive disclosures of gender-based violence (GBV) and provide up-to-date information on available lifesaving GBV services? Are there any potential obstacles (physical or communication barriers) that women, girls, and persons with different types of disabilities may face in accessing assistance?
- What is the exit / transition strategy to link emergency response to early recovery and development?

Continue to identify Preparedness actions that need to be taken to allow for the implementation of these immediate response activities and document them. See proposed generic Preparedness Actions (PAs) list in Annex 7 and add any PAs customized to your specific context.

5. Step 5: Planning for operational arrangements and anticipating constraints

This step is looking at pre-identifying on operational arrangements to enable the immediate response implementation at crisis onset. Focusing on the same areas than for Step 3 Capacity mapping (coordination, IM, assessments, response provision), pre-decide for example who are the Partners with capacities to scale up / to provide surge support on what intervention, and define where (can be added in an existing 4W).

It is also a step to further anticipate on potential obstacles and constraints, for example on any missing protocols to guide the emergency response implementation and continue to anticipate on gaps and tie them to Preparedness Actions that need to be taken prior crisis to mitigate these gaps and optimize speed and effectiveness of immediate response.

> When to plan for operational arrangements?
> - This step can also be tied to Step 3 Mapping existing capacities although there is value to plan for these operational arrangements once the response strategy is planned / designed
> - The component on anticipating gaps and constraints can be also done throughout an ERP planning exercise

> With Whom to plan for operational arrangements?
>
> - Similar to what suggested for the mapping of existing capacities (Step 3), it might be interesting to involve any focal points involved in supply stock management and who will be in charge of scaling up the logistics arrangements, any focal point engaged in building local capacities on NiE or partners' staff who will be actively involved in conducting needs assessments, those who be involved in the development of donor proposals for funding mobilization, etc.

To document the response design in the ERP online form.

      a. Coordination:

Agree who will constitute the Nutrition cluster coordination team (Lead and co-lead, IM, etc.) if activated whether at national or subnational level.

Guiding questions
- Will a Nutrition cluster be activated at sub-national level in case of emergency?
- What existing coordination platforms in place (maybe a health and nutrition working group at province level) will need to be strengthened or augmented in case of a large-scale emergency response, what working groups will need to be created and where?
- Is there an up to date 4W available? Comprehensive of necessary information including who can do surge support where with what intervention?
- Are national and local government capacity for emergency response also mapped?

      b. Information Management:

Anticipate what information will be needed at onset of crisis, how it will be collected and reported, with what frequency, who will scale up IM capacities.

Guiding questions
- How Nutrition-related information will be collected in emergency locations and shared?
- Will a national information system be used or is there a need to establish emergency IM systems?
- Will the format of the 4Ws be changed and the frequency of update?

c. Assessments:

Anticipate the type of assessments that will be conducted at onset of crisis, whether a certain sensitivity around Nutrition data might be foreseen, whether any obstacle in collecting Nutrition data might be faced.

Guiding questions
- How nutrition needs will be assessed in the first weeks after onset? Are there any assessment methodologies, tools, anthropometric equipment that need to be developed/updated or stored to be able evaluation of Nutrition-related needs where access might be a constraint?
- Who will conduct these initial nutrition assessments? Were these personnel trained on the assessment methodologies that will be used?
- Are Nutrition questions included in any multi-sectoral needs assessment methodology?
- Will the existing process for survey results validation be expected to change during the crisis?

d. Response provision/scale-up

Anticipate all the necessary protocols, the NiE training needs and supplies required to have in place prior crisis to enable timely response and scale-up.

o Guidelines, protocols, NiE training materials:

Guiding questions
- What is missing to guide what nutrition intervention? Are simplified protocols for the management of acute malnutrition at times of emergencies available? Approved by Government? Partners trained on the use of these protocols?
- Is there an IFE joint statement pre agreed and signed?
- What are perceived knowledge gaps on what NiE competencies among partners?

o Supplies and equipment

Guiding questions
- What are the additional stocks required/ products, what is the prepositioning strategy, what is the redispatch strategy in case prepositioned supplies are not used?
- Are warehouses mapped (their capacity and conditions of storage known / up to standards)? Where will additional supplies be stored?
- Is there a list of transporters available? Roles and responsibilities for logistics agreed and defined?

o Response modalities

Guiding questions
- Is there a specific response modality for which more detailed operational arrangements are required? Are mechanisms planned for operating mobile teams? Rapid response modality? Simplified protocols?
- Are mechanisms and modality for cash and voucher assistance assessed and pre-defined (see Annex 4 part 2)?

o Response monitoring

Anticipate whether existing response monitoring and reporting mechanisms will be used or whether different tools will be required for the emergency.

Guiding questions
- Will reporting format for Nutrition response change during the emergency?
- Are simplified tools required? Will the frequency of reporting increase e.g., from monthly to week in the early phase of the crisis?

e. Funding, advocacy and resources mobilization

Pre-identify budget requirement, staffing needs, anticipate administrative procedures that in case of a large-scale emergency will need to be immediately mobilized and deployed for timely implementation of the response.

Guiding questions
- Are possible donors and funding mechanisms, options for additional resources to mobilize in case of emergencies known?
- Are Nutrition partners aware of the funding mechanisms that will be made available in case of emergencies? Know when/whether a Flash appeal will be used? How does funding application to CERF work? Pool funds? Other funding instruments?
- Are any needs for additional human resources included in the funding requirements?
- Are possible mechanisms for surge capacity support from the GNC known? Are generic ToR for key nutrition cluster coordination positions available?
- Are Nutrition personnel familiar with their respective simplified SOPs or accelerated procedures to be able to fast-track reprogramming, human resource mobilization, financial and administrative procedures, partnership agreements?
- Are key advocacy points pre-drafted to mobilize resources for Nutrition? Dissemination strategy agreed, including mapping of key advocacy targets?

6. Step 6: Consolidating, prioritizing Preparedness Actions in a workplan

Throughout the ERP planning process, several Preparedness actions were identified and listed. Anticipated gaps and obstacles that could hinder the timely implementation of the early Nutrition response were documented and translated in Preparedness activities (PAs).
Hence, this step aims to review all the identified PAs, if need be, refine their categorization as MPAs to build a minimum level of preparedness or as APAs for a specific risk requiring more advanced level of preparedness. To trim and consolidate PAs and to prioritize main MPAs and APAs as the ERP planning reaches its final steps. Then, **build a preparedness actions workplan using the provided template and insert its link to the ERP dashboard or use a separate PAs workplan page**. It is important to assign a responsible entity, a timeline and to derive an estimated cost for these PAs. To define mechanisms for

monitoring the preparedness actions workplan. Regular updates on progress made with the implementation of PAs can be done during regular Nutrition cluster /sector meetings.

When to consolidate Preparedness Actions in a workplan?
- The Preparedness actions workplan can be built throughout the ERP planning process, and/or done or finetuned during the specific step 6.
- To ensure the ERP approach is integrated in the Nutrition Cluster's work, at least for building a minimum level of emergency preparedness, a Preparedness action workplan can also be updated / maintained and enriched on a regular basis as part of the regular work.

With Whom to consolidate Preparedness Actions?

- Prioritizing key Preparedness actions (PAs) and developing a PAs workplan jointly with Nutrition cluster/sector partners can maximize the chance of effectively building a higher level of preparedness.
- Where / if an ERP task force was created, it can be tasked to maintain and follow-up on the implementation of the PAs workplan.

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7. Step 7: Develop risk-specific Contingency plan document and refining the immediate response plan

At this stage of the process, lots of information were collected via the use of the online ERP forms. It's worth to review the ERP plan dashboard, or if the outcomes of the ERP planning exercise were instead compiled in a word document (ERP plan template proposed in the GNC ERP toolkit), to transfer ERP planning highlights in the ERP online forms to build the dashboard.

While the multi-risk ERP plan is finalized, there might be a need to use some of the planning elements to develop a risk-specific contingency plan or to input in a multi-sectoral contingency plan. Templates for contingency plan may exist in country (and likely follow the same structure as the ERP plan template).

In most cases, a contingency plan used for country-wide multi-sectoral planning will give limited room per cluster/sector. Hence, the Nutrition-specific ERP plan will be very useful as it follows the same structure but detailing objectives, activities, immediate actions, targets, indicators, funding requirements, specific for the Nutrition response.

During that final step of the planning, make sure key figures are finalized including PiN, targets, funding requirements for PAs and for response by planning scenario and overall.

> Tips and recommendations
> - Make sure the multi risks ERP plan and risk specific contingency plan documents outline how AAP and key cross-cutting themes were mainstreamed.
> - Once again, plan on how these plans can become amendment to any existing Government plans, or be used to inform long-term programming, to strengthen the humanitarian-development nexus.
> - Once again, ensure that multi-sectoral emergency response packages are planned for and part of these plans as well as the element required to enable the use of cash-based and voucher assistance.

Insert final key figures and add a link to any risk-specific contingency plan document on the ERP online form and dashboard.

8. Step 8: Planning for next steps: resources mobilization and advocacy

As a Nutrition cluster /sector, collectively agree on next steps to share and disseminate the Nutrition ERP plan with relevant stakeholders. Decide how to replicate and support ERP planning at sub-national level in risk-prone areas. It is recommended to also agree on how the ERP plan will be maintained, and with what frequency. It is useful to use the ERP planning outputs (ERP dashboard, ERP plan and contingency plan documents, Preparedness actions workplan), translating highlights in an advocacy brief to share with donors and mobilize for resources required to implement the prioritized preparedness activities.

> Tips and recommendations
> - One may want to explore the possibility to organize with other clusters a simulation exercise to test the ERP plan (tabletop simulation exercise).
>
> - To build a stronger Humanitarian – development Nexus (HDN), find opportunities to share the ERP plan outputs with the national nutrition governance systems (and in SUN countries, with the SUN FP and Multi Sector and Multi Stakeholder platform if exist).

> **Section 2 key resources**
> - GNC 's checklists for Nutrition coordination and IM, proposed in both toolkits
> - GNC Humanitarian needs analysis tool
> - GNC capacity mapping tool and gap analysis tool
> - GNC tips sheet to integrate cross-cutting themes in HNO/HRP
> - GNC ERP plan template
> - GNC online ERP forms

III.   Section 3 Annexes:

    A.   Annex 1: Glossary, acronyms, and abbreviations

Glossary

Accountability to Affected Populations: The IASC defines <u>Accountability to Affected Populations</u> is an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist.

Anticipatory Actions: OCHA defines <u>Anticipatory humanitarian Actions</u> as actions taken in advance of a crisis, before either the shock or its peak impact. Therefore, anticipatory action makes acting the default when risks, not needs, increase. The <u>Anticipatory Hub defines Anticipatory Action</u> is an innovative approach which systematically links early warnings to actions designed to protect families and their assets ahead of a hazard.

Contingency planning: Contingency planning means preparing and establishing arrangements in advance to enable timely, effective and appropriate responses. It is a management process that analyses disaster risks, predict scenarios of possible emergency conditions or hazardous events, and allows key actors to envision, anticipate, plan courses of action with clearly identified institutional roles and resources, information processes and operational arrangements, and solve problems that can arise during disasters. While an ERP plan reflects multi-risks and includes planning arrangements for different possible crisis scenarios; a contingency plan is risk specific. As such, a multi-risk ERP plan may include several contingency plans, e.g., a contingency plan for floods, a contingency plan for drought, etc.

Disaster risk: <u>UNDRR explains that Disaster risk</u> is expressed as the likelihood of loss of life, injury or destruction and damage from a disaster in a given period of time. The definition of disaster risk reflects the concept of hazardous events and disasters as the outcome of continuously present conditions of risk. Disaster risk is widely recognized as the consequence of the interaction between a hazard and the characteristics that make people and places vulnerable and exposed.

Emergency Response Preparedness: The <u>IASC defines Emergency Response Preparedness (ERP)</u> as an approach to optimize the speed and volume of critical assistance delivered immediately after the onset of a humanitarian emergency. The ERP approach and its inherent planning process enables the international humanitarian system to apply a proactive approach to emergency preparedness.

Hazard: <u>UNDRR defines a hazard</u> as a process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation. Hazards are often categorized by whether they are natural (sometimes termed physical) or technological (sometimes called man-made or human-induced).

Mitigation: Mitigation means to reduce the severity of the human and material damage caused by the disaster. UNDRR defines mitigation as the lessening or minimizing of the adverse impacts of a hazardous event.

Preparedness: The term Preparedness is a word used to refer in short to Emergency Preparedness. UNDRR defines Preparedness as the knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters.

Preparedness Actions: UNDRR explains that Preparedness actions are carried out within the context of disaster risk management and aim to build the capacities needed to efficiently manage all types of emergencies and achieve orderly transitions from response to sustained recovery.

Prevention: Prevention is to ensure that human action or natural phenomena do not result in disaster or emergency. UNDRR defines prevention as Activities and measures to avoid existing and new disaster risks.

Readiness: When related to Preparedness, the term "readiness" describes the ability to quickly and appropriately respond when required. In emergency management, Readiness is a final comprehensive perspective of preparedness. That is, once you have reached a certain level of preparedness, you can be ready.

Resilience: UNDRR defines Resilience in the context of disaster risk, as the ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform, and recover from the effects of a hazard in a timely and efficient manner, including the preservation and restoration of its essential basic structures and functions through risk management.

Acronyms and abbreviations

4W: Who does What Where When database
AAs: Anticipatory Actions
AAP: Accountability to Affected Population
APAs: Advanced Preparedness Actions
CLA: Cluster Lead Agency
CMAM: Community-based Management of Acute Malnutrition
CP: Contingency Plan
CSO: Civil Society Organizations
CVA: Cash and Voucher Assistance
ECD: Early Childhood Development
ERP: Emergency Response Preparedness
GNC: Global Nutrition Cluster
HC: Humanitarian Coordinator
HCT: Humanitarian Country Team
HDN: Humanitarian Development Nexus
HNO: Humanitarian Needs Overview
HPC: Humanitarian Program Cycle
HR: Human Resources
HRP: Humanitarian Response Plan
IASC: Inter Agency Standing Committee
IM: Information Management

IYCF: Infant and Young Child Feeding
KIN: Key Immediate Needs
MPAs: Minimum Preparedness Actions
MUAC: Mid Upper Arm Circumference
NCC: Nutrition Cluster Coordinator
NGOs: Non-Governmental Organizations
NiE: Nutrition in Emergencies
OCHA: The United Nations Office for the Coordination of Humanitarian Affairs
OPD: Organization of Persons with Disabilities
PiN: Person in Need
PPRE: Preparedness Package for Refugee Emergencies
PSEA: Prevention of Sexual Exploitation and Abuse
RC: Resident Coordinator
SAG: Strategic Advisory Group
SDG: Sustainable Development Goal
SMART survey:
SO: Strategic Objective
SOPs: Standard Operating Procedures
SUN: Scaling Up Nutrition
ToR: Terms of reference
TWG: Technical Working Group
UN: United Nations
UNDRR: The United Nations Office for Disaster Risk Reduction
UNHCR: The UN Refugee Agency
UNICEF: The UN International Children's Emergency Fund
WASH: Water and Sanitation, Hygiene
WFP: World Food Program

B.   Annex 2: Anticipatory actions initiative

Anticipatory Actions (AAs) are a set of preventive activities implemented two to three months ahead of the expected peak in needs (for a slow-onset emergency while it is rather days ahead of a rapid-onset crisis). The AA initiative aims at establishing more robust forecast-based triggers, defining actions that can prevent or mitigate the impact of a predictable emergency and importantly, pre-agree funding arrangements for the implementation of the AAs once triggers meet thresholds. And as such, Anticipatory Actions can be seen as bridging Disaster Risk Reduction and Emergency Response Preparedness planning if placed on a broad Preparedness timeline (Figure 1).

Since AAs are preventive interventions implemented weeks or months before the crisis and their implementation must be carefully prepared for. Examples of AAs relevant to Nutrition are proposed below and see also Step 1 Risk analysis and monitoring of the ERP planning process.
It is recommended to coordinate with other clusters/sectors when designing Anticipatory Actions to foster inter-sectoral collaboration and learn about how other clusters mainstream Protection, Gender and inclusion in AAs initiatives.

> **Examples of Anticipatory Actions relevant for Nutrition**, i.e., interventions preventing the deterioration of the nutritional status of vulnerable people to be implemented prior a predicted shock, prior an expected peak of acute malnutrition, depending on contexts:
> - Nutrition-sensitive cash-based interventions where this approach can facilitate access to available nutritious foods – see the <ins>GNC guidance note on the Use of Cash and Voucher Assistance for Nutrition outcomes in Emergencies</ins>
> - Linkages to nutrition-sensitive shock-responsive social protection schemes or safety nets.
> - Intensification of behavior change communication and strategies to improve IYCF practices (where nutritious foods are available in quality and quantity and affordable), to promote adequate child care practices, health seeking behaviors; or intensification of counseling on key messages on IYCF, improved sanitation and hygiene, etc.
> - Preventive blanket distribution of micronutrients, lipid-based nutrient supplements (LNS), possibly in combination of cash transfer.

C.   Annex 3: Mainstreaming cross-cutting themes in the ERP approach

The international humanitarian community committed to accelerate progress towards empowering local actors and participation of national and local stakeholders in decision-making and in accessing to funds with simplified procedures to compliance due diligence and risk management to enable <ins>locally led decentralized humanitarian actions</ins>. It is strongly recommended to engage national and local stakeholders in all steps of Preparedness, encourage partnerships with local civil society organizations, and with crisis-affected communities.

In addition, as malnutrition, gender inequality and gender-based violence (GBV) are often interrelated and exacerbated at times of crisis, Gender-related dynamics and risks must be anticipated and taken into consideration during the ERP planning exercise. A lot of practical guidance has been developed notably by the Protection cluster on <ins>how to mainstream Gender</ins> in other clusters/sector's work and this ERP guide will point at key recommendations for mitigating and addressing GBV risks in Nutrition ERP. A Gender lens must also be applied to Localization efforts and partnerships with women-led civil society and organization be encouraged.

In recent years, more focused efforts on the inclusion of the needs of people with disabilities have been done including the development of <ins>IASC Guidelines on Inclusion of Persons with Disabilities</ins> in Humanitarian Action and Sphere companion minimum standards for age and disability inclusion in <ins>humanitarian action</ins>. Therefore, the ERP guide will also point at important aspects to consider with regards to the increased vulnerability of persons with disabilities, their specific nutritional needs at times of crisis and anticipate on any barriers they may face in accessing humanitarian assistance and Nutrition interventions as well as their role as actors in the response (including through representative organizations of persons with disabilities). <ins>The UNICEF / Handicap International guidance</ins> points at actions that make Nutrition interventions more inclusive of children and adolescents with disabilities in

all phases of the humanitarian action program cycle. For example, a first step is to identify and build partnerships with local organizations of persons with disabilities (OPDs) and other disability actors.

It is also recommended to include Early Childhood Development (ECD) and Adolescent Development and Participation (ADAP) in all steps of the ERP planning. Scientific data indicates that the youngest children (from conception to 8-year-old) are at highest risk of negative life-long consequences in emergencies, because they are at a maximum brain developing stage that can be derailed by trauma. UNICEF's Core Commitments for Children (CCC) includes three elements of Early Childhood Development (ECD) to take into consideration: provision of multisectoral services, support to parents and caregivers, and capacity building for workers and partners.

D.   Annex 4: Preparing for the use of Cash and Voucher Assistance in Nutrition Clusters

In-kind, cash, voucher and services are program delivery modalities that need to be given equal consideration when planning and designing emergency preparedness measures. Current cluster preparedness measures are still focused to a large extent on delivering through the in-kind and service modalities. Cash and voucher assistance (CVA) requires specific preparedness measures, based on identified crisis scenarios as described in the detailed guidance note on the use of CVA for Nutrition outcomes. The key steps summarized below need to be looked into pre-crisis and relevant assessments and arrangements done and planned for pre-crisis as well.

It is advisable that sector-level CVA preparedness measures are planned and designed in close collaboration with the Cash Working Group (CWG), other clusters and the inter-cluster coordination group (ICCG).

1.   Assess CVA appropriateness and feasibility (in collaboration with CWGs and other sectors) to identify preliminary program options

Market system function	• Look into markets for: nutritious food, water, hygiene items, cooking items, transportation services. • Tools: Pre-crisis market analysis guidance and the Market analysis guidance (MAG).
Acceptance of the CVA modalities by communities, government and donors	• Assess what is politically possible from a donor and government perspective, and preferences of affected people in terms of program delivery modality.
Potential transfer mechanisms and capacity of (financial) service providers	• Assess mechanisms to be used in case of crisis: cash in hand, paper voucher, (mobile) banking, mobile phones, e-vouchers. • Assess the capacity of financial and IT service providers. • Tool: Mercy Corps' Delivery Guide: Scoping the Humanitarian Payments Landscape.
Risk assessment and analysis	• Assess contextual, programmatic and institutional risks that can hinder the implementation of CVA
Capacity assessment (RRM partners and national social protection systems)	• Determine if the capacity for implementing CVA exists within partner organizations and define whether additional capacity and resources are needed and when

At preparedness phase, notably during the Response analysis step of ERP planning, it is recommended to review the underlined guidance note on the use of CVA for nutrition outcomes for more details (and the guidance brief) on how to proceed with the steps in the table above. If the answers to the above questions show that overall CVA is not feasible and no viable program options can be identified, it is advisable for the cluster partners to revert to the usual in-kind and service provision modalities.

2. Identify and set up mechanisms and procedures (including signed agreements with partners) to support implementation of cash and vouchers

Based on the options identified through step A above, the following measures need to be implemented:
- CVA learning needs are included in the cluster learning plans and partner capacity is built;
- Cluster partners initiate procurement processes for identified financial service providers and framework agreements are signed with them. The CaLP Program Quality Toolbox offers several resources ;
- The Nutrition Cluster coordinates internally and with the ICCG and the CWG, in accordance with the new cash coordination model, including joint assessments, linkages with national social protection systems, targeting and transfer values.

E. Annex 5: First steps, preliminary activities that start building a minimum level of preparedness

In countries where a Nutrition-specific ERP planning process would be done for the first time, many activities need to be done prior undertaking an ERP plan exercise as such. It is recommended to tackle activities listed below before organizing an ERP workshop.

In countries where an ERP plan already exists or in countries where the cluster approach has been activated since several years, a lot of resources exist already, and preliminary work might not need nor a detailed desk review neither consolidating data and information but updating existing risk analysis and needs estimates.

Activities recommended prior to an ERP planning exercise include:

1. *Desk review of existing mechanisms and plans in place, identification of key stakeholders, overview of situation*

- To map existing national mechanisms and plans for emergency response already in place in country, including Government-led; OCHA-led, national and sub-national. Organization-specific ERP plans can also be considered to inform Nutrition ERP planning. Relevant information can be collated from existing contingency plans as well as from HNO and HRP documents.

- To review any existing risk analysis developed by national authorities, by a Disaster Risk Management (DRM) institution, a research institution, by UN agencies, e.g., Unicef EPP; by national and international NGOs.

☐ To identify key stakeholders to engage in the ERP planning work. To map stakeholders at national level who have / will have a decision-making power in case of emergencies and can influence the design of ERP plans for Nutrition, or approve the final ERP plan, or can be / become instrumental in the implementation of the plan. The GNC Advocacy toolkit proposes a tool to do stakeholder mapping, it is recommended to use this tool as a group to collectively identify relevant stakeholders to engage in the ERP planning.

☐ To review any available early warning bulletins on forthcoming events or on recurring events (rainy season, elections period, harvest period, lean season, etc.) looking at for example the INFORM Risk index website, IPC Acute Food insecurity analysis, FEWSNET bulletin and forecast outlooks if available in country or equivalent. For recurring disasters, a list of administrative zones expected to be impacted by a given hazard is available (or can be accessed via OCHA or a national DRM agency). It is also important to review disease surveillance data (looking at diarrhea, pneumonia, and relevant disease outbreaks, e.g., measles, malaria, etc.

☐ To review the country Nutrition situation and to ensure relevant actors who engage in the ERP work are aware of the current Nutrition situation / appreciate existing Nutrition vulnerabilities pre-crisis.

☐ If the country Nutrition situation analysis is not up-to-date or does not exist, use the GNC Humanitarian Needs Analysis guidance (step how to conduct Nutrition situation analysis). To prepare Nutrition-related and other relevant data (sex and age disaggregated population data, geographic data, nutrition-specific data such as nutrition surveys, trends of SAM admissions, IPC Acute Malnutrition analysis, existing nutrition surveillance system) and have these consolidated and available to support ERP planning Step 1 Risk analysis.

2. *Definition of a methodology, when to undertake key steps and collate available data*

☐ To consult key stakeholders and cluster partners on how best to embark on the ERP approach and advocate for using a mixed approach meaning, mainstreaming Nutrition emergency preparedness throughout day-to-day work (or using selected entry points for preparedness) in addition to having a standalone or specific ERP planning process or go through key ERP planning steps at key junctures.

☐ Key periods will depend on context, some recommendations will be described at given steps and could include for example:

- After the definition of the HRP; or post CCPM exercise while developing the Nutrition Cluster workplan, it could be a good moment to kick start the Nutrition ERP plan
- Few months ahead of a predictable and expected seasonal shock (medium to elevated risk), it is important to ensure the existing contingency plan is up-to-date or enter a detailed ERP planning exercise if none exists

- In any case, agree with partners on a methodology for the ERP approach, define a timeline for the ERP planning and/or agree on time for review/update existing plans.
- To identify coordination structures to liaise with, evaluate whether a specific Nutrition ERP task force needs to be established or use an existing TWG.

☐ To make sure a method to estimate number of Persons in Needs (PIN) and targets is agreed upon among Nutrition cluster partners and have existing PIN and target estimates available. It is strongly recommended to appreciate the necessary Nutrition data and approach to PIN calculation as explained in the GNC Humanitarian Needs Analysis guidance and calculator tool are used ahead of the ERP planning process. In addition, to also pre-agree on a response plan costing methodology and if based on activities have unit cost up to date.

☐ Where applicable, information concerning refugees and their distinct context should also be reviewed.

☐ To collate information relative to different affected groups (IDPs, returnees, host communities, specific minorities, etc.), groups with specific needs at times of crisis including older people, persons living with disability. To summarize results from any existing safety audits assessments, Gender dynamics assessment and any Protection risks relative to Nutrition that might have been already identified and will have to be considered for the response design.

☐ To make available any results from capacity assessments or learning needs assessments or any mapping of the existing pool of Nutrition in Emergencies (NiE) experts and training available in country.

☐ To map existing Nutrition-related guidelines and protocols available, any existing NiE training curriculum, to list key Nutrition supplies in stock or to ensure any existing stock mapping is up to date.

☐ To have Nutrition Cluster 4W matrix up-to-date and available.

3. *Reflect on past emergencies, self-evaluate your level of Nutrition preparedness and plan for an ERP planning exercise if required*

☐ With Nutrition cluster partners and key stakeholders, to reflect on past emergencies and use past emergencies lessons learned to review any existing gaps to address prior the crisis and start anticipating on any bottlenecks that could hinder the timely implementation of the nutrition response. To summarize key lessons learned to consider during the ERP planning process (this could be done during an ERP planning exercise itself, during the first step while analyzing disaster risks).

☐ To consider self-evaluating your Nutrition response readiness during this preliminary phase, using the proposed tool in this toolkit, undertaking it with Nutrition cluster partners and key stakeholders to sensitize them on the benefits of ERP. This is an opportunity to reflect and anticipate on what could be a roadmap to strengthen Nutrition emergency preparedness in country (or for an emergency-prone province). It could help to define collectively how to

move from low readiness to respond to a more advanced Nutrition response readiness (can be done once a year to monitor level of preparedness).

☐ To plan for the organization of an ERP planning workshop with Nutrition Cluster partners and identify who among partners will play an active role and co-facilitate some workshop sessions. To start reviewing materials of the GNC Country level ERP workshop package and its tools.

☐ To ensure key actors involved in the ERP planning get familiarized with the ERP step-by-step guide and tools provided by the GNC.

☐ To identify all the NiE competencies or ERP-related notions that could be acquired or strengthened prior ERP planning exercise using the GNC Learning Channel on Agora. To encourage future ERP workshop participants to take some of the eLearning modules as pre-learning prerequisite before attending an ERP workshop – present this as a blended training approach. For example, future ERP workshop participants to take the "Introduction to ERP" eLearning module or modules on humanitarian principles and standards, Accountability to Affected Population, etc. from the UNICEF NiE learning channel as these notions are expected to be known and will not be covered during the ERP workshop.

☐ Ahead of organizing an ERP workshop, to refine ERP objectives, review generic ERP workshop tools, pre-workshop checklist, agenda, facilitator guides, etc. and adjust generic ERP workshop curriculum and generic ppt presentations and group work to tailor them to the country specific needs / context. Similarly contextualize all the ERP tools to support your country-specific ERP planning. See the pre-ERP workshop checklist included in the package.

☐ To start to populate **the ERP online form** inclusive of general overview of country situation, nutrition situation, agreement on ERP process and responsibilities, and outcomes of lessons learned from previous emergencies.

F.   Annex 6: Scales for risk ranking and types of hazards

Table 1: Impact and likelihood scales. Extracted from IASC ERP guidelines

Impact	Likelihood
Negligible (1) Minor additional humanitarian impact. Government capacity is sufficient to deal with the situation.	Very unlikely (1) A remote chance of an event occurring in the current year, from 0-5%, e.g., seasonal hazards that have happened once or less in the last twenty years.
Minor (2) Minor additional humanitarian impact. Current country level inter-agency resources are sufficient to cover needs beyond Government capacity.	Unlikely (2) The event has a low chance of arising in the current year, from 5 to 15%, e.g., seasonal hazards that have happened once to three times in the last twenty years.

Moderate (3)	Moderately likely (3)
Moderate additional humanitarian impact. Additional resources up to 30% of current operations needed to cover needs beyond Government capacity. Regional support not required.	The event has a viable chance of arising in the current year from 15 to 30%, e.g., seasonal hazards that have happened two to three times in the last ten years or once or twice in the last five years.
Severe (4)	**Likely (4)**
Substantive additional humanitarian impact. Additional resources up to 50% of current operations needed to cover needs beyond government capacity. Regional support required.	The event has a significant chance of arising in the year, from 30 to 50%, e.g., seasonal hazards that have happened every second or third year or at least twice in the last five years.
Critical (5)	**Very Likely (5)**
Massive additional humanitarian impact. Additional resources up to 80% of current operations needed to cover needs beyond government capacity. Large scale (L3) emergency.	The event has a positive chance of arising in the year, over 50% chance, e.g., seasonal hazards that have happened three or more times in the last five years or five or more times in the last ten years.

For each of these different types of hazards there is a different way of determining if and when additional action is required.

Seasonal hazards, such as floods, cyclones, and drought, unimodal or bimodal harvests and lean periods, which pose a risk at regular, predictable times of the year

Evolving hazards, such as armed conflict, serious human rights violations, economic or political hazards, and pandemics. The risk that these hazards pose changes irregularly over time

Static hazards, such as earthquakes, volcanoes and tsunamis, pose the same level of risk all the time. Static hazards are unique in that the time of their occurrence is impossible to predict.

Tips and recommendations – focus on seasonal hazards
Seasonal hazards have a regular cycle, such as floods, cyclones, and drought/dry spell, which pose a risk at regular, predictable times of the year. It is critical to have these seasonal risks in mind when anticipating on factors contributing to a deterioration of the nutrition situation. In some contexts, acute malnutrition can follow similar fluctuation patterns than seasonal hazards. As stated in the IASC ERP guidelines, for these seasonal hazards of medium to high risk, the key objective is to ensure that Advanced Preparedness Actions (APAs) are implemented, and contingency plans (CPs) are updated before the seasonal/scheduled hazard onsets.

It is critical to set an "action date" two to three months before the start of the seasonal event (expected time when needs will consequently peak), and for each seasonal hazard ranking 10 or higher on the risk map. This "action date" should align with the national authorities' plans where applicable. The action date is a set day when APAs and CPs should be implemented or reviewed. This is also an opportunity to link with the Anticipatory Action initiative in some countries led by OCHA whereby preventive measures are implemented prior the onset of the shock to mitigate its humanitarian consequences.

For evolving hazards such as armed conflict, or economic hazards, see the 2015 IASC ERP guidelines for a list of generic indicators.

G. Annex 7: List of generic Preparedness Actions (PAs)

Proposed list of generic preparedness actions
It is recommended in all contexts to establish the foundations for a minimum level of emergency preparedness by integrating Minimum Preparedness Actions (MPAs) in regular work and throughout the program cycle.
In countries where specific hazards pose an increasing risk of disaster, it is important to enter a more advanced level of preparedness, go through a detailed ERP planning process, and take advanced preparedness actions (APAs), including the development of risk-specific contingency plans.
The table below proposes a list of generic Preparedness actions for each step of the ERP planning process. While MPAs are not risk specific, APAs (in dark red color) are for disaster risk scenario for expected medium to high gravity.
These generic PAs are meant to guide the ERP planning and Countries undertaking an ERP planning exercise can design their own PAs adjusted to their local context and needs. Prioritized Preparedness actions are then used to build a Preparedness workplan (See Step 6 and workplan template here) including a timeline, a responsible entity in charge of monitoring the implementation of given Preparedness Actions.

1.Risk Analysis and Monitoring	
1.1 Hazard identification and ranking	
MPAs	Tools/Guidance or examples
111	To review any available early warning bulletins on forthcoming events or on recurring events (rainy season, elections period, harvest period, lean season, etc.), or any national disease surveillance system	INFORM Risk index website, IPC Acute Food insecurity analysis, FEWSNET bulletins and forecast outlooks
112	To prepare a summary of current Nutrition situation and existing Nutrition vulnerabilities pre-crisis (baseline), summarize any nutrition-specific needs analysis already identified.	Should be available in country
113	To prepare Nutrition-related and other relevant data (sex and age disaggregated population data, geographic data, Nutrition-specific data such as Nutrition surveys, trends of SAM admissions, IPC Acute Malnutrition analysis, existing Nutrition surveillance system)	GNC Nutrition Humanitarian Needs Analysis guidance
114	To identify main hazards and rank them by likelihood and by impact, summarize risk analysis outcomes, perform risk analysis on a regular basis	GNC ERP online form
115	To triangulate risk analysis outcomes with other cluster/sectors (including Protection cluster, Gender AoR, Health, WASH clusters, etc.)	
116	To define preventive measures or Anticipatory actions to implement prior crisis to mitigate consequences of a disaster	Anticipatory Action toolkit
1.2 Risk Monitoring	
MPAs	Tools/Guidance/Examples
121	To review existing risk monitoring mechanisms, any existing monitoring indicators used by other clusters/sectors	Available in country
122	To assign a dedicated entity and a mechanism to monitor risk and to communicate / alert on any anomaly or change in the risk trajectory	GNC ERP online form 2
APAs	Tools/Guidance/Examples
123	For high to medium risks monitoring indicators, to pre-define thresholds once met must trigger early actions and a more advanced level of preparedness.	GNC ERP online form
124	To agree on the timing and frequency of the monitoring, which may depend on the type of risk (seasonal, evolving, static) and on a responsible entity.	GNC ERP online form
2.Building scenario	
2.1 Predict impact and humanitarian consequences	
MPAs	Tools/Guidance/Examples

211	To review any existing national DRM strategy, ERP plan, contingency plans, organization-specific ERP plans	Should be available in country
212	To collate and summarize existing information from HNO and HRP documents or any existing response plans	Should be available in country
213	To reflect on past emergencies / use past emergencies' lessons learned to appreciate any identified gaps or identified bottlenecks to timely response provision	Should be available in country
APAs		Tools/Guidance/Examples
214	For each medium to high risk, to derive a set of planning assumptions, anticipate a plausible chain of events, on aggravating factors, on the direction the situation will take and deduce impact and humanitarian consequences, predict duration of crisis	GNC ERP online form
215	To develop scenario focusing on main points of the predicted crisis including affected areas and population groups. Anticipate a best-case and worst-case scenario.	GNC ERP online form
2.2 Estimating PIN		
MPAs		Tools/Guidance/Examples
221	To access any available list of administrative zones expected to be impacted by a given hazard	Should be available in country from National DRM agency or OCHA
222	To access any available population data relative to different affected groups (IDPs, returnees, host communities, specific minorities, etc.), groups with specific needs including older people, persons living with disability.	National DRM agency or OCHA
223	To make sure a method to estimate number of Persons in Needs (PIN) and targets is agreed upon among Nutrition cluster partners and have existing PIN and target estimates available.	GNC Humanitarian Needs Analysis guidance and calculator tool
APAs		Tools/Guidance/Examples
224	To calculate PIN for each scenario (risk-specific PIN) and for the duration of crisis	GNC ERP online form
225	To start anticipating Key Immediate Needs (KIN) and forecasting target estimates	GNC ERP online form
3.Mapping existing capacities		
3.1 Coordination		
MPAs		Tools/Guidance/Examples
311	To map existing national mechanisms already in place guiding emergency response planning in country and humanitarian structures in place for coordination, to identify existing coordination structures to liaise with, to evaluate whether a specific Nutrition ERP task force needs to be established or which existing TWG can be used	Use the GNC ERP online form to document mapping of existing mechanisms

312	To map stakeholders who have / will have a decision-making power in case of emergencies and can influence the design of ERP plans for Nutrition and choose key relevant actors to engage in the ERP approach, including potential local first responders	The GNC Advocacy toolkit proposes a tool to do stakeholder mapping
313	To consult key stakeholders and Nutrition cluster partners on how best embark on the ERP approach and agree on an ERP plan methodology	To do as part of the Nutrition cluster/sector work
314	To review roles and responsibilities for Nutrition response coordination, role of the SAG, to list existing TWG and have ToR up to date	To use the GNC Coordination checklist of the Coordination toolkit
315	To map existing personnel engaged in Nutrition cluster coordination	GNC Capacity mapping tool
316	In SUN Countries, to map the SUN networks (UN Nutrition, SUN Donor Network, SUN Civil Society Alliance, SUN Business Network, Academia, Parliamentarians etc.)	Scaling Up Nutrition (SUN) website
317	In SUN Countries, explore relevant synergies and establish collaboration with the national Nutrition governance systems (SUN Focal Point and or Multi Sector and Multi Stakeholder platform) to bridge humanitarian action and development work.	GNC Intersectoral Helpdesk; GNC Learning Channel on Agora, module: Supporting HDN linkages in the Nutrition sector

3.2 Information management

MPAs		Tools/Guidance
321	To review existing mechanisms and tools used for IM, including tools for capacity mapping, for 4W, etc.	Coordination toolkit and the IM toolkit and its checklist where you find links to useful tools such as: •4W matrix template •GNC Capacity mapping tool (excel file or Kobo form)
322	To map existing personnel engaged in Nutrition cluster IM	

3.3 Needs assessments

MPAs		Tools/Guidance
331	To review existing methodologies for rapid Nutrition assessments (for needs evaluation, for rapid MUAC screening, for Rapid SMART survey, etc.)	GNC IM toolkit
332	To review whether Nutrition questions are integrated in existing multi-sectoral needs assessment methodology	
333	To map existing personnel engaged in Nutrition cluster assessments / already trained	GNC Capacity mapping tool (excel file or Kobo form)

3.4 Response provision

MPAs		Tools/Guidance
341	To map Nutrition partners and ongoing response, i.e., have Nutrition Cluster 4W matrix up-to-date and available (at national and sub-national levels where risk-prone)	GNC 4W matrix template

342	To have a tool for supply mapping, to list key Nutrition supplies in stock or to ensure any existing Nutrition supplies stock mapping is up to date.	GNC Capacity mapping tool (excel file or Kobo form)
343	To review and summarize any results from capacity assessments on Nutrition in Emergencies (NiE) or learning needs assessments or any mapping of existing pool of NiE experts and training available in country or any mapping of partner capacity to implement cash, perhaps in collaboration with the Cash WG and other key sectors.	
344	To map existing Nutrition-related guidelines and protocols available, any existing NiE training curriculum	
345	To ensure Nutrition cluster/sector partners' staff are sensitized on basic issues related to Gender, GBV and PSEA, including on knowledge of referral pathways for victims attending Nutrition services	Guidelines for integrating GBV interventions in Humanitarian action
346	To ensure Nutrition cluster/sector partners' staff are sensitized on any potential threats to early childhood development that could occur at times of emergencies	Nurturing care for children living in humanitarian settings
3.5. Funding		
MPAs		Tools/Guidance
351	The Nutrition cluster/sector has defined a costing methodology for the Nutrition response plan and if a Nutrition response is already ongoing current funding requirements and gaps are up to date	GNC eLearning channel on Agora, module Mapping existing resources and budgeting for a collective Nutrition Response
352	A communication is maintained with Donors on a regular basis and possible additional sources of funding pre-explored	
353	Nutrition partners are aware of funding mechanisms that will be made available in case of emergencies and how these funding instruments will be used	OCHA humanitarian financing web page
4.Response analysis and early response planning		
4.1 Pre-crisis assessments		
411	MPAs	Tools/Guidance
412	To review and to summarize results from any existing safety audits assessments, Gender dynamics assessment and any Protection risks relative to Nutrition that might have been already identified and will have to be considered for the response design	
413	To consult local communities on gender norms and practices related to Nutrition, assess any obstacles to accessing Nutrition services at times of emergencies by vulnerable groups and by groups with specific vulnerabilities and needs	

414	To evaluate risks associated to GBV and physical safety of affected group, girls, women when accessing to Nutrition services	GNC Learning channel on Agora, <u>module Monitoring GBV risks in Nutrition programming</u>
415	To identify and build partnerships with women-led civil society and organizations, with local organizations of persons with disabilities (OPDs) and other disability actors.	
416	To ensure Nutrition partners have a clear understanding of context (pre- and in-crisis), culture and customs to facilitate meaningful and respectful engagement with affected populations.	
417	To ensure parental engagement practices pre-crisis are understood and taken in considerations for response design.	<u>Nurturing care for children living in humanitarian settings</u>
APAs		Tools/Guidance/Examples
418	To conduct pre-crisis assessment by engaging with communities expected to be affected, to appreciate communities' preferred modality of assistance, etc.	
419	To ensure response analysis and pre crisis assessment look into any Protection and Gender risks or take into consideration results from existing Gender risk assessments, safety audits, or existing complaint and feedback mechanisms.	
420	To consider evaluating the feasibility of cash and voucher assistance for Nutrition outcomes	<u>guidance on the use of cash and voucher assistance for nutrition outcomes</u>,
4.2 Response design		
MPAs		Tools/Guidance
421	The Nutrition cluster/sector has defined a response strategy including the definition of Nutrition response packages tailored to the type of crisis (population displaced in sites vs in host communities, population in remote rural locations vs in urban areas, population on the move, etc.)	
422	To encourage Nutrition cluster TWG work on a regular basis on emergency preparedness e.g., the IYCF TWG works on anticipating for adequate IFE, the Nutrition information/assessment WG has SOPs for rapid nutrition assessments, the I/CMAM TWG anticipates the use of simplified approaches to the management of acute malnutrition, etc.	
423	To define minimum package for multi-sectoral emergency response provision with other clusters/sectors (joint definition of indicators for co-targeting, minimum key activities to be implemented with for example WASH, Health and Nutrition)	GNC Intersectoral Helpdesk; GNC Learning channel on Agora, <u>module Introduction to inter-cluster coordination for Nutrition</u>; <u>Unicef Agora NiE channel</u>, module on multisectoral interventions
424	To work with other clusters/sectors to promote holistic interventions that support caregivers' ability to provide adequate nurturing care at times of emergencies.	<u>Nurturing care for children living in humanitarian settings</u>

425	To identify preferred, most appropriate information and communication channels for the affected populations	
APAs		Tools/Guidance/Examples
426	To outline sets of prioritized Nutrition interventions to implement in the immediate (first weeks after onset), refine the prioritization of specific target groups, anticipate a possible scale-up plan (depending on best-case versus worst case scenario)	
427	To ensure Nutrition cluster's TWGs have an advanced level of preparedness, i.e., the IYCF TWG has drafted a joint statement on IFE, the nutrition information/assessment WG has trained partners on rapid SMART survey, etc.	
428	To refine the forecasting of KIN estimates, refine supply needs estimates, additional human resources required, etc.	
429	To consider working with at least 2 to 3 other Clusters/sectors to design a multisectoral approach for joint targeting and joint implementation of minimum set of activities. And consider the use of Cash and voucher assistance.	
5.Planning for operational arrangements		
5.1 Coordination		
MPAs		Tools/Guidance
511	Nutrition cluster/sector partners are familiar / have knowledge refreshed on humanitarian principles and standards, on AAP and PSEA, on the cluster approach	GNC Intersectoral Helpdesk, GNC Learning channel on Agora platform, module Mainstreaming AAP in nutrition cluster advocacy activities
512	Capacities of national and local authorities in coordination for Nutrition are strengthened on a regular basis	
513	Collaboration between Government, CLA and other Partners' organizations on arrangements made to support coordination and IM functions during emergencies are pre-agreed e.g., framed in an MoU	
APAs		Tools/Guidance/Examples
514	To anticipate roles and responsibilities for Nutrition cluster coordination arrangements in case activated, pre agree on who will take the lead and co-lead role	
515	To ensure generic ToRs for key Nutrition cluster coordination positions are available /agreed upon	
5.2 Information management		
MPAs		Tools/Guidance
521	Capacities of national and local authorities for Nutrition IM are strengthened on a regular basis	
522	Sex and age disaggregated data are available, are disability-sensitive and all segments of the affected population represented	

APAs		Tools/Guidance/Examples
523	To anticipate any adjustments required in case of emergencies and implications on existing IM tools, and adjust IM mechanisms for data collection, monitoring and reporting and adjusting data flow and frequency, etc.	GNC Learning channel on Agora platform, module Gap analysis tool
524	To pre agree on who will be stepping up and take IM responsibilities	

5.3 Needs assessments		

MPAs		Tools/Guidance
531	Nutrition cluster / sectors partners are familiar with methodologies in use for multi-sectoral rapid assessment of needs	
532	Nutrition cluster / sectors partners are trained personnel on SMART methodology, rapid MUAC assessment, rapid evaluation of IYCF needs, etc.	

APAs		Tools/Guidance/Examples
533	Assessments methodologies/tools to evaluate Nutrition needs are pre-agreed / available, including where access might be a constraint	
534	To pre-agree on who will be stepping up and play an active role in conducting nutrition-related assessments	

5.4 Response provision		

MPAs		Tools/Guidance
541	Local partners' capacities for core NiE competencies are strengthened on a regular basis, consider building capacities of local OPD and other local CSO with disability capacity	
542	Partnerships with local organizations are anticipated for NiE response, especially potential first responders, women-led organizations, OPDs and other disability actors who can plan a role and contribute to the response.	
543	Nutrition-related guidelines are available, aligned to relevant standards, coherent with international standards, and up to date.	
544	A multi-sectoral emergency response package is designed with other clusters/sectors	

APAs		Tools/Guidance/Examples
545	A detailed supply stock mapping is available and maintained, prepositioning strategy in place, alternative logistics for transportation, redispatch, storage anticipated.	
546	Based on existing 4W, to map who will scale up what intervention where	
547	Mechanisms for rapid response are pre-agreed and predesigned	

548	Plan necessary operational arrangements for the use of cash and voucher assistance.	Annex 4 on CVA (part 2)
549	To anticipate whether existing response monitoring and reporting mechanisms will be used or whether different tools will be required for the emergency.	
550	Personnel constitute a pool of NiE experts for surge response support (for specific roles on coordination, IM, needs assessments, etc.) are pre-identified and trained	
551	Standby partnership agreement for surge support is in place/pre-agreed	

5.5 Funding and resources mobilization		
MPAs		**Tools/Guidance**
552	Staffing needs for cluster coordination and IM are mapped and budgeted for, funding for Nutrition cluster staff secured by CLA, other partners organizations engaged in cluster coordination and by donors	
553	Nutrition cluster/sector partners are aware of funding instruments for emergencies	GNC Intersectoral Helpdesk; GNC Learning channel on Agora platform, module funding processes, appeals and pooled funds
APAs		**Tools/Guidance/Examples**
554	Nutrition personnel are familiar with simplified SOPs or accelerated procedures to be able to fast-track reprogramming, human resource mobilization, simplified financial and administrative procedures, partnership agreements	
555	Nutrition partners are aware of the funding instruments and mechanisms that will be made available in case of emergencies (when/whether a Flash appeal will be used, how funding application work to CERF, Emergency Pool funds, etc.	
556	Template and draft for donor proposal are available	
557	Mechanisms for surge capacity support from the GNC identified	
558	Communication and advocacy materials are pre-agreed and available	

6.Contingency plan document development (see APAs)		
APAs		**Tools/Guidance/Examples**
610	For high to medium disaster risk, when risk monitoring indicators exceed thresholds, advanced preparedness actions are triggered and include the definition or updating of risk-specific contingency plan	
611	Preparedness actions workplan is updated, APAs implemented and monitored	
612	The immediate response plan is fine-tuned based on latest information available as well as key figures	

	adjusted including PiN, targets, funding requirements for PAs and for response.	
613	To agree on the next steps to share the multi-risk Nutrition-specific ERP plan with relevant stakeholders. Decide how to replicate and support ERP planning at sub-national level in risk-prone provinces	