



# Nutrition coordination in humanitarian settings

## The Context

During humanitarian crises, young children, pregnant and breastfeeding women, and other vulnerable groups are at increased risk of malnutrition, disease and death. In emergencies, the mortality rates for children younger than one year who suffer from malnutrition is as high as 53%.<sup>1</sup>

Factors such as limited access to food and essential care practices – including exclusive breastfeeding and appropriate complementary feeding –, coupled with limited access to safe drinking water, lack of hygiene items, and lack of access to adequate health services, negatively impacts not only nutrition status, but significantly affects the health and survival of vulnerable groups during emergencies.

In recognition of the exacerbated nutritional risks in situations of fragility and the criticality for coordinating nutrition in emergencies effectively, the Inter-Agency Standing Committee (IASC) identified nutrition as one of 11 priority clusters<sup>2</sup> with UNICEF as the Cluster Lead Agency.

## Cluster Lead Agency Accountabilities

The purpose of the cluster system is to better facilitate the coordination of the humanitarian response. Cluster Lead Agencies (CLA) are responsible for ensuring clusters/sectors lead an adequate, efficient and timely response with effective inter-cluster collaboration. CLAs are accountable for collective leadership and the provision of the most comprehensive coordination to the overall response.

As per the [IASC structure](#)<sup>3</sup>, Nutrition is an independent sector led by UNICEF, not a sub-theme of other clusters. To fulfill CLA responsibilities and accountabilities, the IASC system and CLA responsibilities must be respected, and the Nutrition Clusters (NC) should be automatically activated as a priority stand-alone cluster in acute and protracted crises. This responsibility is also stated in [UNICEFs Core Commitment for Children](#) (CCCs)<sup>4</sup> and the [Operational Guidance on Infant Feeding in Emergencies \(IFE\)](#).<sup>5</sup> Further, international donors and partners expect that UNICEF leads the Nutrition sectoral coordination and supports a stronger overall humanitarian response.

Given that globally recommended and evidenced nutrition approaches, interventions, and systems that are needed in humanitarian contexts are not routinely covered by other clusters, having nutrition split across clusters hampers the ability for CLAs to fulfill their accountabilities and commitments — including UNICEF's responsibility as provider of last resort to ensure adequate staffing and mobilizing resources, such as financial. However, where nutrition has been folded into other clusters (notably food security or health), the CLA (UNICEF) is still expected to carry on “business as usual,” as if nutrition is a standalone cluster.

## The Implications

The NC has strong links with several of the priority clusters, including health, food security, WASH, social protection, education and other relevant ones – inter-sectoral collaboration is a vital element of the work of nutrition clusters/sectors, globally and in country. However, when nutrition is not a stand-alone cluster and is rather absorbed into another cluster, the NC is not involved in the inter-cluster coordination group (ICCG). As a result, there is no accountability to ensure nutrition is addressed by other clusters, it is made less of a priority and potentially forgotten. Aside from the implications for the CLA responsibilities, there would be significant consequences felt by vulnerable populations from the implications of malnutrition.

### Impact on affected populations and partners

- ▶ Previous experiences from Latin America, Ukraine<sup>6</sup> and other contexts, strongly suggest that dedicated coordination and information management support for nutrition is critical **to identify and meet the nutritional needs of affected population** on a timely basis. The Nutrition Cluster has a comprehensive approach that no other sectors would have, starting from collection of standardized data to interventions for targeted population groups according to age and nutritional status. This would not be considered if there was not an independent Nutrition Cluster.
- ▶ Global and local nutrition partners will receive less technical support for implementation of nutrition programs and there will be less visibility of the nutrition sector, with serious funding implications for nutrition programs.

### Gaps in nutrition interventions

- ▶ **When nutrition is under the food security cluster** – More attention could potentially be placed on food distribution for the general population, with limited focus on the distribution of nutritious specialized food for vulnerable groups. Globally, there would also be less attention placed on wasting treatment interventions for children and mothers, gaps in preventive interventions – such as growth monitoring, micronutrient supplementation, and infant and young child feeding (IYCF) counseling –, and gaps in data to identify and treat potential malnutrition cases. Furthermore, different methodologies would be used for data collection, with limited inclusion of key nutrition indicators.
- ▶ **When nutrition is under the health cluster** – More attention might be placed on malnourished populations who have accompanying medical complications and less focus given to prevention, supplementary programs and outpatient therapeutic programs. It could also limit the identification, referrals and care of moderate and severe acutely malnourished cases. There could also be missed opportunities at the health center to integrate nutrition into health consultations, such as growth monitoring, micronutrient supplementation, infant and young child feeding (IYCF) counseling and nutrition sensitization.

### Compromised resilience strengthening and engagement

- ▶ Priorities such as strengthening nutrition resilience through greater preparedness and focusing on chronically vulnerable populations, engagement with initiatives such as the Scaling Up Nutrition (SUN) Movement and support to New Way of Working<sup>7</sup> and Humanitarian-Development Nexus approaches will not happen.
- ▶ Engagement and advocacy with national and local authorities to prioritize nutrition into national plans will be also limited.

Maintaining an autonomous nutrition coordination mechanism is **the most effective way to achieve greater and sustainable impact** with consideration for nutrition actions with adequate expert knowledge. To fulfill CLAs accountabilities and ensure an effective nutrition and overall humanitarian response, nutrition must always be activated as a stand-alone cluster.

Nutrition is a crucial part of the humanitarian cluster response — before, during and after a humanitarian crisis. In recognition that there are increasing numbers of humanitarian crises, the weakening of the Nutrition Cluster is counter to escalating needs.

Any potential merge of the Nutrition coordination mechanism as a sub-theme of another cluster, raises serious concerns about the impact on the depth and breadth of the analysis and visibility of the nutrition needs of affected populations. In addition, the grave implications this would have on response priorities, strategies, resource mobilization and ultimately in nutrition outcomes of the overall humanitarian response.

#### Footnotes (hyperlinks)

- 1 [Carothers, C., & Gribble, K. \(2014\). Infant and young child feeding in emergencies. Journal of Human Lactation.](#)
- 2 [IASC Reference Module for Cluster Coordination at Country Level \(2015\)](#)
- 3 <https://www.humanitarianresponse.info/fr/coordination/clusters/what-cluster-approach>
- 4 UNICEF's core commitment for children
- 5 [Operational Guidance on Infant Feeding in Emergencies](#)
- 6 [Nutrition Coordination in Ukraine: experiences as a sub-cluster of health. ENN December 2015](#)
- 7 [The New Way of Working \(2017\)](#)

