Nutrition in Emergency Advocacy: Qualitative Research Report

A study conducted by the Global Nutrition Cluster Technical Alliance. Technical Support Team for UNICEF, Latin America, and Caribbean Regional Office (LACRO).

December, 2021

About the Global Nutrition Cluster Technical Alliance

The Global Nutrition Cluster Technical Alliance (GNC Technical Alliance or Alliance) is an initiative for the mutual benefit of the nutrition community, and affected populations, to improve the quality of nutrition in emergency preparedness, response and recovery. The GNC Technical Alliance Partners are made up of the GNC partners and other individuals, organizations, initiatives and academia at global, regional and national levels that hold nutrition technical expertise across the humanitarian and development spheres. The Alliance Technical Support Team (TST) is the successor to the Tech RRT, and like the Tech RRT is led by International Medical Corps and funded by USAID/BHA, SIDA, Irish Aid, UNICEF and Save the Children. More information can be found here: ta.nutritioncluster.net.

Contents

Qualitative Research for Advocacy Strategy on Nutrition in Emergencies (NiE) in the Latin American and Caribbean region

Introduction

UNICEF as global lead in the Nutrition Sector collaborates across every stage of the emergency operation process from preparedness to response, to recovery in recognition of the multiple determinants of malnutrition in emergencies. During the emergency, the nutrition response includes promoting infant and young child feeding practices, preventive maternal and child nutrition interventions, micronutrient supplementation, and treatment of acute malnutrition, among others.

The Latin America and Caribbean (LAC) region, since 2000 has seen an increase in natural disasters and social crises. Today the region is far more vulnerable than 20 years ago. COVID-19 added to the conditions of vulnerability in the region, expanding the effects of the pandemic and its implications for health, society, and the economy. In this context, it is urgent to strengthen the State's capacity to respond to the population's health needs and their determinants[1]. Many development achievements in health and nutrition during the past decade related to preventive health care are now at risk to be lost because of the pandemic. In contrast with some other regions, Latin America suffers the double burden of malnutrition. It is not uncommon to find a family with a child affected by malnutrition with obese parents. As per the SOFI 2021[2], report the following data on the current situation highlights the risk of not achieving SDG 2 by 2030:

- The prevalence of hunger has been increasing in the region since 2014, with an almost 70 percent increase from 2014 to 2020. The increase between 2019 and 2020 alone represents more than 50 percent of the overall increase during this period.
- In Latin America and the Caribbean region, during 2020, moderate or severe food insecurity affected 40.9 percent of the population (estimated 267 million people), well above the world level of 30.4 percent. This could be explained partly by the effects of the COVID-19 pandemic. Between 2014 and 2020, the number of people experiencing moderate or severe food insecurity increased by 74 percent, rising from 153.8 million to 267.2 million in six years.
- In 2016, obesity in adults (≥18 years old) affected 24.2 percent of the adult population in the region and was well above the world average of 13.1 percent. There were significant increases between 2000 and 2016: In Latin America and the Caribbean overweight in

---

[1] ECLAC/PAHO: COVID-19 Report.The prolongation of the health crisis and its impact on health, the economy and social Development. October, 2021. https://repositorio.cepal.org/bitstream/handle/11362/47302/1/S2100593_en.pdf
[2] FAO, IFAD, PAHO, UNICEF and WFP. 2021. Latin America and the Caribbean – Regional Overview of Food Security and Nutrition 2021: Statistics and trends. Santiago, FAO. https://www.fao.org/3/cb7497en/online/cb7497en.html

children under five years has been increasing over the last 20 years and in 2020 the prevalence was 7.5 percent, 2 percentage points above the world average.

In this context, the Regional Nutrition sector, led by UNICEF, has identified advocacy as an important and strategic area of work for 2022. The information systems for OCHA and R4V show that the allocation of funds in LAC in 2020-2021 to Nutrition is far below the estimated requirement for support in emergencies, with around 45 percent of the estimated funding requirement remaining unmet[3]. The lack of adequate visibility of Nutrition needs in needs analyses and appeals harms NiE response priorities, strategies, and resource mobilization (CERF, Flash Appeals, etc.).

It has been observed that Nutrition, as a sector and area of work, is often not prioritized in emergency responses and resource mobilization efforts.

The UNICEF Latin America and Caribbean Regional Office (LACRO), initiated a study to further understand the barriers to consider Nutrition as a priority sector in emergency responses. This study has been carried out by the Global Nutrition Cluster

---

[3] https://www.r4v.info/en/monitoring

Technical Alliance (GNC Technical Alliance or the Alliance) Technical Support Team in collaboration with UNICEF LACRO. The aim of the study is to a) explore different stakeholders' perspectives regarding the Nutrition sector activities in emergencies and their importance; b) understand the barriers and opportunities to increase the visibility of and interest in Nutrition in emergencies, and c) obtain specific suggestions for increasing focus on the Nutrition sector.

The study findings will feed into the development of an advocacy strategy to enhance the importance of Nutrition in emergencies (NiE), increase the visibility of the nutrition needs of vulnerable groups and the need for planning and implementing life-saving nutrition interventions.

1.   Objectives

1.1 Problem definition: The study explores perceptions on the importance of nutrition in emergency response with different key informants from within UNICEF and external stakeholders.

Objective: Getting a better understanding of the problem to identify the barriers and facilitating factors for NiE in the region.

1.2 Audience research: Explore the perspectives of decision-makers and influencers about the relevance of NiE in the LAC region and recommendations to enhance focus on NiE.

Objective: Understand the barriers and opportunities to increase the visibility, interest, and resources allocated for Nutrition in emergencies.

2.   Participants

The key informants were identified from within UNICEF and external stakeholders based on their role, experience and influence in determining an emergency response.

UNICEF stakeholders	External stakeholders	
UNICEF Global: • Global Nutrition Cluster Regional team: • Survive and Thrive • Emergency Unit • Communication Unit UNICEF Country team • Nutrition focal points • UNICEF Representatives	Nutrition Partners • Save the Children • Action against Hunger UN agencies • PAHO • WFP	Coordination mechanism • R4V • OCHA • CERF Donors • USAID/BHA • ECHO • AECID

3. Methodology

3.1 Data collection: As mentioned above, the research was conducted with two broad objectives of problem definition and audience research. The data collection period was conducted between October 20 to December 3, 2021. The qualitative techniques used included: focus group discussion (FGD), in-depth interview (IDI), and case study (CS). For each method a semi-structured guide was developed to facilitate the interviews. A total of 27 interactions were held with 56 participants (65% conducted in Spanish and 35% in English).

- **Focus groups discussion:** FGDs were held with a wide range of categories among the key informants identified, with whom it would be feasible to gain their perspectives in a group based on their similarities. These categories included UNICEF regional and country teams, nutrition partners, and coordination mechanisms. A total of 10 FDGs were conducted with 33 participants.

- **In-depth Interviews:** These were focused on strategic informants with a particular point of view in key topics. A total of 11 interviews were conducted with 16 participants (some of them being dyads).

- **Case Study:** As an additional activity, interviews were also conducted with the purpose of developing 2 Case Studies in countries with a positive experience on Nutrition in Emergency response. These were Guatemala (Brigadas de Salud y Nutrición) and Nicaragua (ETA & IOTA hurricanes). A total of 6 interviews were conducted with 7 participants with this purpose.

	FGDs	IDIs	Case Study	Total
Number	10	11	6	**27**
Participants	33	16	7	**56**

3.2 Analysis: The qualitative research analysis method adopted was a combination of Thematic Analysis in the first phase and Content Analysis in the second one.

- **IQA Thematic Analysis:** At the beginning, we identified the key themes across the different stakeholder groups based on general objectives. The information was organized into five broad themes, previously defined to allow analysis of perceptions and responses from different stakeholders on these thematic areas. The themes identified and a description of the content within each is described below.

Categories/themes for analysis: Focused on identifying barriers and facilitators for an adequate NiE response.	
Humanitarian context	Current situation of risk, vulnerability, and capacity to emergencies response at the regional or country level.
NiE knowledge	Management of basic concepts on nutrition in emergency context. Skills to evaluate nutrition needs and planning response appropriate response.
Prioritization of NiE	Level of importance given or perceived to the Nutrition Sector in comparison with others.
Coordination Mechanism	Existing institutional structures, internal and external organizations that organize the response from rapid evaluations, funding, and implementation
Advocacy Strategy Content	Previous efforts made and identified key insights for the advocacy strategy (topics, audiences, messages, strategies, decision making process).

- **IQA Content Analysis:** All interviews and FGD responses were first transcribed and key points highlighted within each. These were then compiled for the different stakeholder groups under the identified thematic areas mentioned above. For each theme, the patterns of key similarities and differences were identified across different stakeholder groups based on the experiences, views, and opinions expressed by the respondents.

4. Key Findings

4.1 Problem definition: Questions asked around the status of emergencies and role of NiE within the emergency response, knowledge on the interventions and importance of NiE and criteria for prioritization of different sectors for emergency response, helped identify and define the problem as follows:

Emergency response in the LAC region, either does not include Nutrition as a sector at all or it is submerged under health or food security resulting in inadequate attention to the nutrition needs of vulnerable populations in the affected areas. Several reasons were identified for this, which include:
- Lack of data and analysis on nutrition needs among vulnerable populations and the risks posed by not addressing nutrition needs (cost of inaction).
- Decisionmakers in the region rely on existing data that shows acute malnutrition is not a problem in their countries and hence nutrition is not among the first priorities for emergencies.

- Lack of a clear narrative about what is NiE to convey the need to focus on it , highlighting its importance and impact on development in the country.
- Inadequate resources, including human resource with requisite capacities on NiE, both within UNICEF and among partners, including government.
- Need for better coordination between nutrition actors and key government and non-government response mechanisms before, during and after emergencies.

4.2 Humanitarian context: The general agreement among all respondent groups was that the situation of emergencies in the region had increased manifold over the last few years and there was a need for adequate planning for the response. Key points highlighted by the respondents are:
- Even though the LAC region does not have very long protracted crisis like Syria, Yemen, or Afghanistan, there is a very high recurrence of natural disasters, which tend to be short lived and not of a very massive scale, but they are very frequent and affect almost every country.
- The natural disasters are increasing in frequency, severity and unpredictability. They have grown about 5 times in the last 20 years.
- Action profile of some organizations has changed as result of new realities. It underwent a transition from development to humanitarian response (migration, hurricanes, drought)
- COVID has had a great impact on data collection/monitoring, field missions, etc. Impact operations, direct implementation, and M&E and have seen an increase in the operational associated cost.
- The first big emergency operation in the COVID pandemic was ETA / IOTA. The response was given anyway, but it was more complicated and it has a high cost.
- An emergency that didn't exist many years ago is the Venezuela crisis. Outflows from Venezuela are a mix of refugee & migrant situation, affecting 1.6 million refugees from Venezuela. Countries affected as receptors are Colombia, Brazil, Ecuador, Perú and Chile.
- The situation fluctuates throughout the year. In Haiti, for example, initially the response was for violence. Less than a month after, there was an earthquake. In a period of two weeks, there was a tropical depression.
- There are multi-dimensional emergencies in Colombia, one is related to the migrations - there are 1.7 millions Venezuelan migrants living in Colombia. All of them are in a process of regularization that began in about two months ago, but the other dimension of it is related to the armed conflict. There is also a third dimension that is natural disaster and mainly flood.
- The emergency context in the sub-region of Central America and the Caribbean has a high vulnerability to climate change. However, the situation in this sub-region is more predictable as there is a hurricane season. Many countries of the

region have socio-political crisis, migration to the US is increasing, as well as shelters/returns, transits.

- In Guatemala, despite being classified as a middle-income country, there exists a structural problem with 47% of chronic malnutrition. Social protection systems are very weak. The state's capacity is limited to keep the poorest family above extreme poverty. So, any shock affects this population. The climatic crises are increasing, in addition, the covid the impact on food security is harsh. There is also a lot of migration, and the economy is dependent on family remittances which are 20% of GDP, almost double that of annual collection. Disasters, such as ETA&IOTA, increase the probability of migration.
- Honduras is very vulnerable to the effects of climate change and has an area that is part of the Central Americ Dry Corridor, which is a very vulnerable area with a lot of drought that damages crops. The entire agricultural sector is affected year after year, in the southwestern area of the country which includes about 9 of the 18 departments of the country.

Nutrition response: Some specific points around the place for nutrition response in past emergencies were shared by the respondents.

- The national capacity for NiE response is low in many countries. There is insufficient knowledge about what is NiE and how to assess NiE needs.
- In Colombia the nutrition issue does not have a strong support like FSL. The nutrition interventions are given as part of preventive attention at health services.
- In Brazil, the nutrition response depends a lot on the health response, in which little focus is given to nutrition. Since 2020 there is an autonomous sector for nutrition. However, there have been great difficulties in allocating specific financial resources for nutrition.
- In Honduras, before the most recent HRP, nutrition was invisible. Problems were not analyzed, and advocacy was not done.
- In Peru, for the humanitarian network, nutrition is part of food security but for the operational response it must work with health.
- In 2019 in Bahamas, Nutrition was not considered important (only food, WASH and protection – which are more "evident" sectors).

4.3   Knowledge of Nutrition in Emergencies: There were two broad areas that had common responses under the theme of knowledge on NiE. The first and most common response across different stakeholder groups was that nutrition was most often understood to be the same as food distribution. It was also mentioned by the respondents in different ways that the distinction was not easy to communicate. So far, the nutrition sector communicated in very technical language, which was either not understood by decision-makers or not convincing enough for them. The second area was around the issue of visible impact of NiE interventions and the fact that there was not enough clarity

around how directly is nutrition linked to emergencies, especially those related to natural disasters. Essentially these pointed to a lack of evidence or data to substantiate the importance of NiE. Specific perspectives in both these aspects are detailed below.

- There is less understanding of the need to protect the mother-child group and prevent malnutrition in all its forms.
- There is a general perception that nutrition is super technical, more complicated than health or WASH.

> "*Normally, when there is no emergency, nutrition comes with health, but in emergencies, people see it as part of food aid (but it´s not food).*"

- The link between NiE and regular nutrition interventions is unclear, depending on the working approach of the country office (UNICEF).
- The effect of emergencies (natural disasters & social crisis) on nutrition is not well known - what happens, what is the impact of responding / not responding? What damage can be prevented if it is taken from the beginning?
- Many times, with nutrition, the work is very overshadowed / diluted within emergencies / health.
- Although nutrition is life-saving, it is sometimes difficult to explain to decisionmakers that if you missed this special window of opportunity for young children, some effects like stunting will be irreversible. The lack of investment and attention to nutritional problems, has a high human cost.
- People don't understand how nutrition is different from health or from food. and part of it might be that it has not been communicated well. The arguments provided are mostly technical in nature but technical arguments are only good for technical people. Nutrition needs to communicate better. The issue is not about understanding the consequences, it is about understanding that delivering food aid in emergency is different from providing nutrition interventions in emergency.

> "*Nutritionists speak in a very esoteric, very technical, non-practical way. This is a big limitation to be heard. Everyone has their role. It needs everyone to put their shoes on the field and understand the operational issues of general response in emergencies*".

- There is a greater understanding of food insecurity, and it is more understood as providing food aid or cash transfers. Whereas it is difficult to make child nutrition and malnutrition visible. In the collective imagination, hunger is solved with food. It is difficult to communicate the difference between nutrition and food security.
- There is generally a lack of technical knowledge on nutrition. There's a high level of concern for food, but not for nutrition

- In certain emergencies such as proacted crisis, we see a gradual change in status of women/children. It is very hard to measure/monitor, but because of hygiene/food gaps, it is easy for family to enter in nutrition crisis. But there is not a very clear pattern and number that can be given. It is difficult to show how the nutritional status of a women and children are changing. The impact is not as clear as in other sectors
- Emergency response is built under the premise that the need is for a rapid intervention that saves lives, whereas nutrition interventions are not so quick. It is often difficult to show tangible differences in the situation before and after an emergency in populations with high vulnerability.
- It is difficult to understand how the natural disasters as the volcano, hurricanes are related to nutrition. The intersectoral connections are a bit more problematic, sometimes nutrition has to be connected with health, or with food security (coordination platform).
- In sudden emergencies it is difficult to assess the consequences in terms of nutrition as there is no immediate impact that is evident. However, pre-existing situation of vulnerable groups worsens.
- Countries have not been doing food consumption surveys, and nutrition surveys in an structured and timely way. So it is often not possible to know what is the nutrition status of your population to start with.
- In most countries, there is more of a focus on overnutrition and not so much on the persistent undernutrition – there is lack of recognition that there is still a problem of undernutrition.

4.4 **Prioritization of NiE in emergency response**: The status of prioritization for NiE in the recent past and the criteria or process of prioritization were explored for both within UNICEF and among external partners, including government and donors. Reasons for prioritization of other sectors over NiE were also delved into in an attempt to understand the attitudes and perceptions that guided the decision-making. Key findings on this theme have been presented in two parts: 1) Aspects that are internal to UNICEF and 2) those that are related to external agencies/partners.
Internal (within UNICEF)
- The decision-making process is defined by management and does not always include technical teams. "UNICEF also has other battles and sometimes it doesn't want to get into trouble/fight for something because have other strategic objectives."/ "Management and governments want is visibility of their response"
- The Country Program defines the priorities for 5 years based on the national situation and CCC (Core Commitments for Children in Emergencies). NiE is not always include in these.

- UNICEF Regional priorities for communication are: 1) early development / where nutrition is included, 2) Violence against children / women that increased with the pandemic, 3) adolescents, 4) migration
- Sometimes there is very large support within the office for nutrition, depending on who is managing the response. Often though, from the management there is a focus on protection, WASH, education and not so much on nutrition because it seems more complicated. They do not want to be responsible for one more cluster, so nutrition is left out.
- Prioritization of sectors does depend a lot on the experience of the teams in charge at the country level.
- Within UNICEF, the perception needs to change. The CCC clearly says nutrition is a priority, but many times country teams will cover only what is in their CPD (Country Program Document).
- Sectors like education, which is one of the largest recipients of funds, are seen as more closely linked to development. Therefore, the country office includes it in their country program – almost every country office has got an education component in their country program. Very few have nutrition in it. Having it in their country program, enables them to recruit staff, who then are able to inform the Representatives about the challenges and opportunities and where to maximize the impact of their interventions, which becomes a feedback loop and helps define the problem, define the intervention needed and leads to successful fund raising.
- In Columbia, health and nutrition is combined, mainly because the response to migration in relation to health and nutrition is very much related to providing the necessary assistance to very young children and pregnant women. And this is done through the established mechanisms of the ministry of health.

External (Partners, Donors, Coordination Mechanisms)

- Many times NiE response is implemented under health or food safety clusters, where it is almost invisible and fundraising opportunities are reduced.
- FS Sector is more tangible, food is an obvious need and nutrition gets included under the umbrella of "hunger".
- During emergencies, food aid has the highest priority and nutrition lags behind, even in Guatemala where malnutrition is high. Nutrition isn't identified as a need for the first response. Many times to be included, it has to be linked to another sector as a necessary condition to be considered.
- For the government, it is a political issue. Nutrition has a low priority. They think it is covered with food distribution.
- Nutrition is highly sensitive issue for governments. They don't like it when it is pointed out that it has a nutrition problem, they feel judged as an underdeveloped / backward country. Reaction is "we are not Africa".

- Civil protection systems do not include nutrition in national response plans. For this reason it´s enclosed into health or food security sectors.
- If governments don't recognize that there is a problem, they keep the data. They don't agree on what numbers to share. Advocacy must be done so that governments recognize the problem, and the need to measure the problem.
- The governments and donors want to have a tangible donation to see humanitarian aid. They and people expected to receive something.
- As perceived by some respondents, donors want to fund something that is understood and visible. A common conviction is that nutrition interventions cannot be separated from health actions. If there is no data, you cannot work on nutrition. Some believe that breastfeeding support will not solve anything, we must attack the structural causes.
- While prioritization depends on the nature of emergencies, mostly the first priority is health. Nutrition often goes under health, which is good and bad, which is good because health always gets the first attention of the donors because it's literally life and death and in essence life-saving. But it is bad because nutrition often gets under shadowed.

> "We put nutrition, but they (donors) do not see breastfeeding as a life-saving activity. However, it is in the Sphere minimum norms to humanitarian response."

- Another sector that gets funding at the onset of emergency is the water and sanitation hygiene because that's also considered as very straightforward, lifesaving.
- UNICEF doesn't request money for food security, but in general, the area also gets lots of funding at the beginning of the emergency from the donors.
- There is a lack of specific body/department inside the government that identifies nutrition as a sector. They have health, education, etc. departments that align with nutrition, but not having a clear entity/counterpart at government level makes it difficult to approach a situation at the onset of an emergency.
- The needs are underestimated. The data and trends are not available, many times the situation is not known. Nutrition does not have visibility, the food security and protection sectors have more attention. Because of, lack of institutional personnel (STC) to follow up, there is no data about the nutritional impact of actions.
- In Colombia, the migrant population is neglected, even the nutritional needs, the sector is not a priority. Some children die of malnutrition, but there is a sub-registration in the cause of death.
- In Venezuela, the need estimated was 1.4M persons but the HRP does not give these numbers. The state doesn't want to discuss malnutrition as it's not pretty and the results take time.
- In Nicaragua, nutrition is seen as the added value of Health or Cash. It is difficult to finance nutrition itself, it only goes as part of food security or health.

- Nutrition is not recognized as a right and it is difficult to defend. In addition, it is not tangible and visible as a hygiene kit. The results are slow to achieve.
- The priority criteria is dependent basically on two scenarios: a) Countries with more capacity: analyzing humanitarian situations then prioritization comes alone. The sectors are established. They have data and evidence, they can support their arguments. b) Countries less capacitated: The lack of information is difficult. In such cases a discussion is needed between government agents, organizations, etc. to arrive at agreed priorities.
- There is a steady dialogue between coordination mechanisms and governments in host countries to decide on priorities. For coordination platforms, plans such as the RMRP lay out specific priorities for the year, some of which broadly are: interventions that provide life saving support, protection and integration. A second priority has been the response to COVID-19.
  Even stronger priority for the Regional Refugee and Migrant Response Plan (RMRP) 2022 is the issue of migrant regularization. Or more broadly, the issue of addressing irregularity - that refers both to asylum systems but also to regular to migration pathways to migratory pathways. Because linked to that are protection risks, be it through smuggling weed through trafficking, or gender-based violence, which has increased dramatically.
- In the R4V dashboard, food security is the highest funded sector, followed by multipurpose cash and wash
- The criteria used by CERF to prioritize funding is the CERF lifesaving criteria, which has been in existence since very close to the establishment of CERF, 2008. It was, updated in 2020 and it is the number one document to refer to.

'Hunger and malnutrition are not visible at the moment of maximum media interest and attention to the emergency'

- Nutrition is the third most funded sector by CERF. It's 9.7% of what CERF has funded. Food assistance is about 23 percent. Food assistance and health significantly outsize other sectors. Education is relatively new. Protection is mentioned and FSL is after nutrition.
- Response related to nutrition that has been supported by AECID in recent years include food security, good feeding practices, nutritional education (Venezuela, Colombia, Volcan de Fuego, ETA & IOTA). In the last 5 years the priorities have been COVID and hurricane livelihoods, health and WASH sectors. ETA & IOTA non-food items were prioritized.

- BHA manages all emergency response as it corresponds to the response strategy that is developed, which is where all the priorities are fleshed out. In Haiti the priority was given to other sectors like health, WASH and shelters rather than nutrition and that was due to lack of data coming out from the different nutrition emergency actors. For nutrition, the focus was on IYCF in emergency, the emphasis is for more coordination and nutrition only came later in the response.

> *'There's a lot of room for nutrition information system. The data in the region is just very poor particularly there's a lot of DHS type data – snapshot, one time, but not surveillance data or information that is responsive to the ebbs and twirls of time.'*

  - In certain responses it is clearer that Nutrition is a major priority but it depends on the context and sometimes if it´s a food security crisis, nutrition can be a lagging indicator or in others nutrition has high priorities.
  - There is a very structured operational approach to standing up a response – when it comes to the strategies and sector priorities it tends to be variable depending on the persons leading the response but generally – there are conversations with local officials on ground and some basic general analysis of the key priorities areas and then technical people are brought in to support in finalizing what interventions should be prioritized.

- For ECHO the priorities in emergencies are primary health care, reproductive health, preventing SGBV, vaccination and nutrition should be integrated in primary health care. Essentially integrated and multi-sector response to emergencies. It depends on the emergency but health is on the frontline, also protection and WASH. Nutrition is within health because it is important to have monitoring and services, which is usually through the health system. The priority is for intersectoral approach and not standalone programmes.

4.5 Coordination mechanisms: Existing systems and platforms for coordination within UNICEF and externally for nutrition in emergencies were discussed along with the gaps and recommendations to strengthen coordination. The potential role that improved coordination could play in enhancing focus on NiE was articulated by the stakeholders.

Internal (within UNICEF)
- Programmatic structure limits internal coordination to response (Nutrition is under Alive & Thrive / WASH under Emergencies).
- There isn´t a nutrition advisor in all offices. The current nutrition focal point has other functions.

- Each country must have at least one DRR (Disaster risk preparedness plan) and an information system.
- It is important to have a joint agreements between UNICEF, WFP and FAO about the role and specific functions of each one. Strategic alliances are needed between organizations to provide a timely response to disaster risks or emergency response. There is a global collaboration agreement between UNICEF and WFP to coordinate the response in nutrition taking into account the mandates of each organization. This framework should be effectively applied for better coordination to respond with the partners of all workgroups in the territories.
- Representatives and Deputies need to be clear about UNICEF's role in the Nutrition Sector for making decisions at UNCT.
- Need to work on donor mapping and involvement of UNICEF fundraising committees.
- A sure shot way to tackle the emergencies is to strengthen the coordination mechanisms in every country in the region. That is not only to better prepare or respond to natural disasters but a sectoral coordination mechanism is needed in every country to prevent malnutrition in all its forms prior to, during and after a crisis.
- Every country in the region will benefit from having a nutrition focal point and a multi-stakeholder coordination mechanism – which also includes preparedness for emergencies
- There is a global expectation that UNICEF will lead in supporting national capacities for coordination wherever and whenever it is possible.
- In some countries, UNICEF is already the lead for the education and WASH clusters and are of the view that adding the nutrition cluster responsibility will require additional resources – both financial and human resource, that they currently do not have.
- In Guatemala, the nutrition cluster coordinated by UNICEF, has been strengthened after several emergencies. There are many humanitarians' country teams in Latin America, Caribbean that have a food security and nutrition cluster, and historically, they merge them together. In Honduras, an attempt was made to enhance focus on nutrition by creating a working group on nutrition.
- Technical support, bringing in regional and global experiences to the country teams is another aspect of internal coordination that needs strengthening.

External
- There is need to consolidate activation mechanisms from the government for a solid response and budget for preparation. Capacity building is required from micro to macro scenarios.
- OCHA coordinates with the government and with civil protection organizations based on dialogue with government structures.

- R4V has the added value of being a large forum that can convene actors who are not the regular interlocutors - those who may not be aware of the value of nutrition. The nutrition sector has the opportunity to use this platform through workshops or discussions, which can be attached to other intersectoral or regional events.
- Overall emergency plans at the country level do not have adequate focus on nutrition, so the agencies that are coordinating, need to lobby more. It would need some awareness raising with the decision-makers, then carrying out training, allocating required resources and ensuring planning beforehand.
- While at the global level we have the Global Nutrition Cluster, at the regional level, it is not sure if the organization is optimal, there needs to be more of a formal structure. The functioning needs to be clearer as to who is to be contacted when an emergency occurs. Especially in sharing of information, structures need to be strengthened.

4.6 Advocacy strategy components: This section details the recommendations for an advocacy strategy based on past experiences and perceptions of the stakeholders interviewed. There was an agreement across groups that a robust advocacy strategy is required to enhance focus on nutrition in emergencies. However, it was also highlighted that the major challenge is to build a narrative that effectively brings out the nutrition needs while keeping in mind sensitivities of the governments with regards to emergencies and projecting a negative image. The lack of relevant data and need for non-technical language to explain the difference between food distribution and NiE interventions were also emphasized by many. The perspectives of donors on the existing narrative needs to be taken serious note of, which cautions against exaggerated claims in non-technical language, that cannot be substantiated by data. The recommendations stated below represent all perspectives, some of which are aligned, while some propose a drastic change in the approach. These will be deliberated on and detailed during a strategy development workshop. The recommendations have been grouped as relevant to different components of an advocacy strategy.

AUDIENCE: A broad set of key stakeholders were recommended as the intended audience for advocacy, with the primary audience being decision makers in the government (Ministry of Health, Institutions of Social Protection and Civil Protection), donors, coordination mechanisms as well as internal audiences within UNICEF, both at the headquarters and at country level. The audiences identified will need to be narrowed down to specific positions/individuals and segregated as decision makers and influencers. Activities and messages could then be tailored based on a further analysis of the audience groups.

STRATEGIES: A wide range of recommendations for strategies to advocate for NiE were shared, including a few successful experiences, overall approach or positioning of the

issue, preparation required to ensure that the advocacy is evidence based, demonstration and documentation of experiences. However, these represent a range of ideas that will need to be narrowed down and fleshed out further during a strategy development workshop. Strategies suggested by the respondents were:

Overall approach

- Nutritional resilience approach needs to be promoted. The importance of preventive interventions should not wait for complete or extreme data to act. The decision-making process should not be based only on SAM / MAM data.
- Project a humane face of the problem - what happens to a mother who cannot breastfeed, what happens to her child. But ultimately, it has to be positive, what is being done, what can be done and what is the impact. "It should not focus on death". We cannot just talk about the problems, we need to talk about the solutions, and have a call to action (for example, for governments, the media, young people, etc.).
- Should talk of convergence of efforts and collaboration rather than integration. Whenever nutrition is integrated with food security or health, nutrition loses.
- When we talk about nutrition we think about diet. Even the logo or visual representation for nutrition is a child being fed with a spoon gives the message that nutrition is about what you eat and food only. So while this is not to suggest to change the word, as I will take too long, we do need to clarify what nutrition interventions are and to get people to understand. It will be good to establish, like, say, three main nutrition interventions and you know make it very simple. So instead of saying nutrition interventions, you need to say screening for malnutrition for example.
- Find someone else to say that nutrition is important (media, other partners). External voices, UNICEF ambassadors?
- Needs to be conveyed delicately – economically and politically it may make them look bad if this issue (malnutrition), which has been there for decades, still continues to persist, so maybe it has to be done in a more general sense in terms of blocks of countries so that it is not pinpointing a particular country.

Strengthening Evidence

- Good data management and estimation: it is very effective, they make sense of it and communicate well. Use data even if they are projection / estimation. "It is estimated that XXX children could suffer from malnutrition as a result of XXXXX "
- Analyze the "Cost of inaction": what happens if we do nothing, what is the economic cost? This convinces governments. This allows transforming a sub issue into a major issue, because money matters to them. If you give evidence that they are going to save money, and avoid major consequences and future cost for society (affects labor / poverty cycle ... etc).

- Method of assessment and cost of screening is an issue. Too expensive. The sector needs to find ways to have rapid information that show some trend otherwise we loose lot of time without data that show the nutritional situation.
- We fail in explaining the impact nutrition has on children, we don't have a clear narrative. Many messaging are true and important but they are not easy to understand, the link with WASH is not obvious (diarrhoea – nutrition) , and people don't see the immediate effect of nutrition deterioration. We need to ensure that at least a minimum of key partners that have capacity and are ready to assess/advocate for nutrition need in each country.
- Generate more information about the problem before donors "Needs of own nutrition data" ... alliances with the academia to generate evidence. Technical notes "communication to impact with scientific rigor": make visible the action, life stories, impact on people's lives.
- Creating a strong monitoring system through the academic sector - in Colombia there is an academic sector that is extremely active on this, so working with them is important. Undertaking joint reviews, rapid assessments and creating the capacity of the country to do this type of rapid assessment.
- Could launch the status of nutrition in every country, every year – creates good opportunity for advocacy.
- Demonstrate with numbers and time scales that if they are events that can irreversibly affect what is gained in normal times with the fight against malnutrition.
- What strikes the governments more are the economic consequences, and on development, so if it can be quantified – the losses due to damages, related to nutrition in emergencies – that will assist in resource mobilization.

Documenting evidence

- Documentation to make the work visible: show what they do, experiences and actions (traditional and innovation). Good Practices of the Protection Sector that can be adopted are dissemination of technical notes and life stories. Make the situation of LACRO visible on a global level. Systematize previous experiences developed by the countries in NiE and show results and lessons learned.
- Show results of operations and give continuity to successful work models, what has worked

Strengthening capacities

- Training: it is necessary strengthen capacities about NiE response and how to link with other sectors in the field.
- Capacity building, guide, virtual courses, and others. Human resources training via webinars.

- Access to technical information in Spanish: Translate documents in Spanish, because many come in English.

Learning from Experiences

- Guatemala case study: inclusion of NiE response actions in its plan. The UNICEF management worked with the government to recognize that nutrition is separate sector from food aid. "Nutritional Brigades" experience since 2017 are now visible and recognized.
- In Nicaragua: ETA&IOTA the response included capacity building to implement Acute Malnutrition Treatment Protocol, which was well received.
- The advocacy that GNC are trying to do now is not to request for money after the emergency has happened, but we are saying that if you want to invest in results, which are cost-effective, you need to give more flexibility and invest over a longer period of time to raise the minimum capacity available in the country. Before it was – invest so that we can save lives – the problem there was that investment was never enough, was very expensive as you need to build everything from scratch and then after the investment is finished you leave nothing behind. And the country goes back to the same old ways which are ineffective and inefficient.

Improving Coordination

- Visits to the field: In humanitarian issues, people must be invited to the field to know what is happening.
- Exchange spaces between countries: like this one where you can talk with colleagues from other countries
- 'If I were to start a country office tomorrow and I wanted to raise the most funds, I'd hire the best negotiator I could find and send that person to every CERF and country based pooled fund meeting to negotiate'
- Be a part of the coordination structures where there are regular meetings and show that there is a role to play for nutrition. Being technically great is super but if you didn't go to the meeting, it doesn't matter how technically wonderful you are, you missed the meeting and trust me, it's not documented anywhere. Projects, activities have not been funded by CERF because someone was out of the loop and not in the meeting.
- Global activities, such as a global training or a global briefing or a global talk might be a good place to raise awareness

- Planning and communication both need to be improved – before the disaster and at the time of the disaster.

> *'On one hand you have MoH that don't view wasting as a problem, which is informed by the data that they are looking at, which acts like a disincentive for them to look at things like IYCFe or similar interventions. On the other hand you have the international community who are jumping in a bid to respond in this situation and there's hyperbolic language in applications and inflating of the problem at hand – as a donor that makes you question whether they know anything about what they are getting into or are they just trying to mobilize funds exclusively. If we can bring those poles together so that we don't have the international community coming in to mount a response better suited to places with high acute malnutrition and we could try and get the Ministries of health and other in country partners to better understand that despite the low rates of wasting, there's some real vulnerability that is susceptible to shocks for people residing there then we would all be a lot better off.'*

MEDIA AND ACTIVITIES: Some suggestions were also shared by the stakeholders on the type of activities that could be undertaken and use of different types of media to advocate with the identified audiences.

- Support the design of messages / accompanying processes to document / communicate, develop a narrative around key messages.
- Support production and technical reviews of material, press communication, etc. Elaboration of products, materials, events for political support.
- Activities: can do a myth-buster series, some flyers around that, could do a story/video of the journey of a malnourished child.
- Videos of users of nutrition services for donors to see the needs, which do exist, although there are is lack of data.
- Social networks like a chat forum, radio to raise awareness.
- Campaign for the general population to explain that malnutrition does exist in LAC and make it visible, and explain why it is important.

5. Conclusion and Theory of Change

The key findings on the problem areas for NiE advocacy and recommendations shared by the stakeholders provide a concrete direction for advocacy that can be further deliberated on and finalized in a strategy development workshop. Building a clear narrative based on evidence, simplifying the language around NiE interventions, clarifying the difference between food security/food distribution and nutrition and improving monitoring/data

gathering and coordination are some of the critical areas that will need to be included for effective advocacy on the issue.

Based on the findings of the study, the proposed theory of change, as depicted in the figure below, is that when the capacities are strengthened, coordination improved, support and resources provided within UNICEF at the country level, and simultaneous advocacy is undertaken with internal and external stakeholders at regional and global level, it would lead to a greater buy-in by the country teams and in turn the governments, donors and coordination mechanisms. This would eventually lead to greater visibility and understanding of nutrition needs of vulnerable groups during emergencies and enhanced resources available to address the needs.