# MODULE 2

## The humanitarian system: Roles, responsibilities and coordination

# PART 2: TECHNICAL NOTES

The technical notes are the second of four parts contained in this module. They provide information on the humanitarian system, the roles of different actors and various ways in which their responses are coordinated. Words in italics are defined in the glossary.

The notes begin with an overview of the 'humanitarian system', describing it as a network of actors and processes rather than as a formal system. Humanitarian principles underpin the functioning of the network, and provide a framework for coordination. Coordination is described in terms of the roles and responsibilities of the various actors concerned, working together to improve humanitarian outcomes. The roles of National Governments, the UN and inter-agency groupings are described. Supporting humanitarian coordination are processes (the Cluster Approach), appeals and funding mechanisms (the CAP and CERF) and tools (Sphere and the Principles of Partnership) which are outlined. Several collaborative groupings are introduced which also facilitate coordination at various levels. Finally, the Technical Notes describe the roles and responsibilities of some individual actors – UN agencies, donors, the Red Cross Movement, NGOs, Military and Private Companies.

**Summary**

This module provides an overview of the mechanisms and processes that enable and support a coordinated humanitarian response.

**Key messages**

1. Humanitarian coordination is about delivering assistance in a cohesive and effective manner in order to save lives and reduce suffering among those affected.

2. Responsibility for coordination of humanitarian relief rests with the authority controlling the affected territory, be it a national government or occupying power.

3. When external support is required, the UN mobilises and coordinates international humanitarian agencies and processes termed the 'humanitarian system'.

4. The international humanitarian system comprises UN agencies, NGOs, the Red Cross Movement and donors. Humanitarian actors are guided by the humanitarian principles of humanity, impartiality, independence and, for many, neutrality.

5. The Humanitarian Coordinator is responsible for coordination amongst the UN agencies and other humanitarian actors that commit to participate in coordination arrangements. Wherever possible, the HC acts in support of and in coordination with national and local authorities.

6. The IASC Cluster Approach, which includes the Nutrition Cluster, is one important coordination mechanism that can be enacted in an emergency.

7. Donor governments, through the Good Humanitarian Donorship initiative are striving to improve their accountability and effectiveness in humanitarian response.

8. The increasing role of the military is viewed by some as compromising the humanitarian imperative and humanitarian principles while others see the increasing role of the military as necessary and even desirable.

## 1. An Overview

The so-called 'humanitarian system' comprises various actors at national and international levels plus various mechanisms and processes, which contribute to a collective effort to support and protect all those affected by an emergency. Although there is a degree of formality and rigour, there is a greater element of informality and responsiveness. It may therefore be more helpful to consider the 'humanitarian system' as more of a 'complex network', constantly adapting and evolving; different features and characteristics which may therefore predominate in different humanitarian contexts. For example, in some situations, the United Nations system may act almost like a proxy government, leading and overseeing a humanitarian response; in others, the degree of international activity may be limited to bilateral donor support, with the national government able and working to fulfil its obligations.

Whatever the context, and whatever the specific mix of actors involved, there is always going to be a need for some level of coordination in order to maximise the overall efficiency and effectiveness of the humanitarian effort. Coordination is thus a means to creating an enabling environment where independent organisations can collaborate as necessary according to the specific context. In order to create this enabling environment, it is helpful to have some general guidance and generic procedures, and these are described in this module. However, much will depend on the specific situation of the emergency. In each case, specific difficulties will have to be overcome in order to reach those in greatest need. Overcoming these difficulties requires contextually-appropriate judgements to be made by the individuals and organisations involved in responding. In this respect, therefore, the role of the international co-ordination mechanisms is about creating the environment where those judgements can be made.

In any emergency, response will start at the local level. Individuals, businesses, community groups and local government will be the first to act. This is then bolstered by regional and national-level support and potentially international involvement. But for the purposes of this module, the humanitarian system will be unpacked first from its outer rings – starting at the level of the system as a complex network; then describing several collaborative groupings that underpin coordination; understanding the main multi-agency processes, mechanisms and tools that help create a degree of shared understanding amongst independent actors; and then finally looking at the roles and responsibilities of some individual agencies. In this way, the contribution of specific agencies and the purpose of processes and tools can be located and understood within the wider context of the network of actors that come into play in contributing to a humanitarian response.

One important tool supporting coordination is the Sphere Handbook. The broad international collaboration that has generated all aspects of the handbook gives it an unparallel degree of shared ownership and commitment. In this respect, it not only provides a common point of reference regarding the quality of assistance in various technical areas, but it also stipulates a minimum Core Standard regarding coordination:

### Sphere Core Standard 2: Co-ordination and Collaboration

*Humanitarian response is planned and implemented in co-ordination with the relevant authorities, humanitarian agencies and civil society organisations engaged in impartial humanitarian action, working together for maximum efficiency, coverage and effectiveness.*

## Understanding the International 'Humanitarian System'

### A Network of Actors and Processes

The international 'humanitarian system' includes a wide range of organisations, agency groupings and inter-agency processes that all combine to enable international humanitarian assistance to be channelled to those locations and peoples in need of it. However, there is no formal 'humanitarian system' as such; it is a term commonly used to capture the diversity of actors and mechanisms that contribute to the humanitarian effort. There are numerous diagrammatic summaries of the complex of inter-connected actors. Figure 1 is based on the perceptions of people in need of assistance (humanitarian and development). It provides a useful reminder of the role played by various actors – circled in red – not normally considered part of the formal 'humanitarian system'.

### Humanitarian Principles Provide a Framework for Response

As one component of the international aid system, the 'humanitarian system' is characterised by a principle-based foundation that seeks to put the alleviation of human suffering at its centre. This foundation is defined by certain fundamental humanitarian principles: *humanity, impartiality, independence and neutrality* which arise from international humanitarian law (IHL):

**Humanity**. "The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle, which should be enjoyed by all citizens of all countries."

**Impartiality**. "Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone."

Figure 1: Perceptions of Financial Aid Flows from Affected People[1]
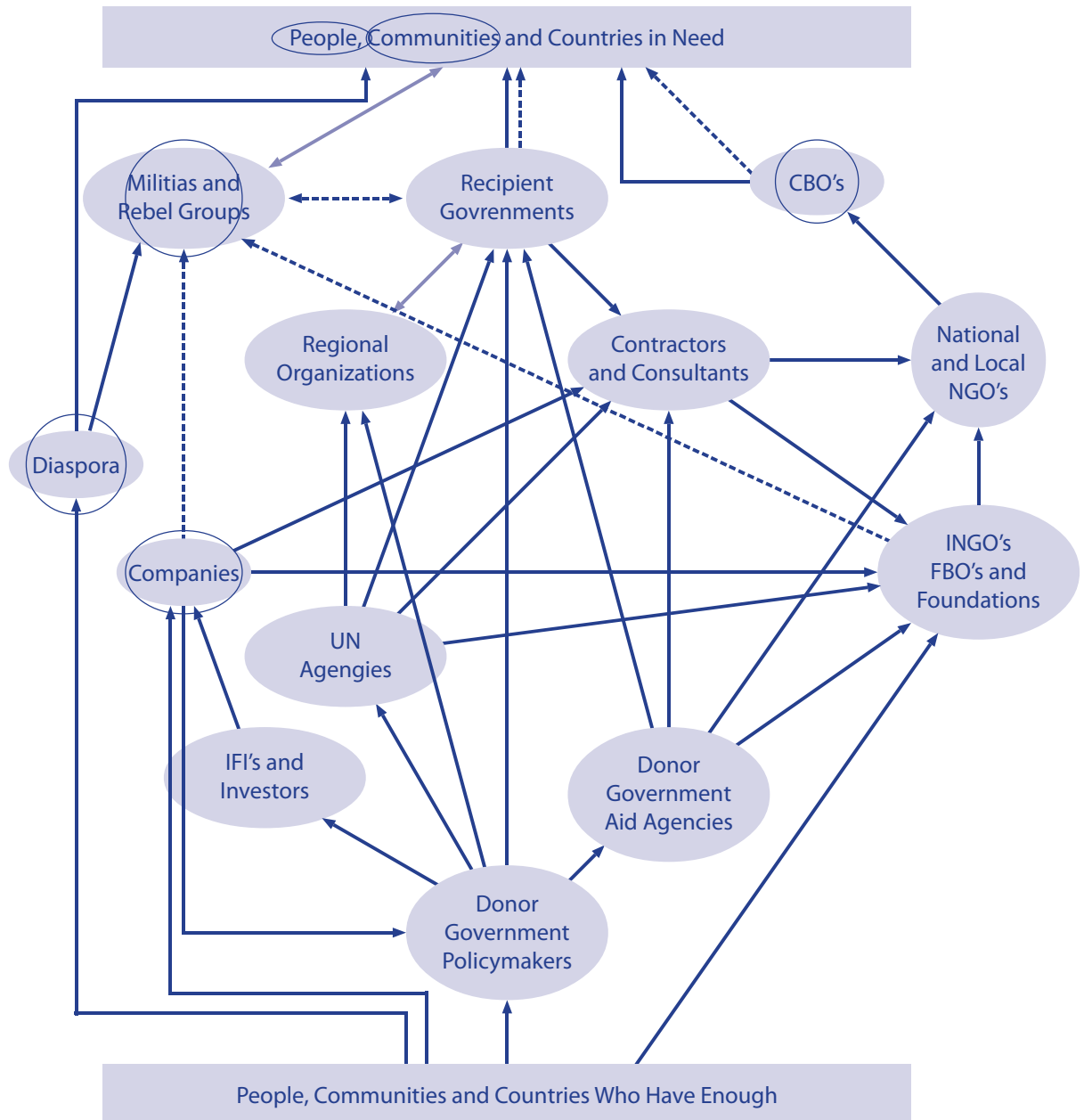
**Independence**. "Humanitarian aid is not a partisan or political act and should not be viewed as such. Aid will not be used to further a particular political or religious standpoint…Humanitarian NGOs shall endeavour not to act as instruments of government foreign policy. Humanitarian NGOs are agencies which act independently from governments."[2]

**Neutrality**. "Humanitarian assistance should be provided without engaging in hostilities or taking sides in controversies of a political, religious or ideological nature."[3]

It is important to recognize that these humanitarian principles are not common to all agencies included in the 'humanitarian system'. For example, humanity, impartiality and independence are upheld by the 500 or so signatories to the Red Cross/NGO Code of Conduct (see Annex 1). These three are also re-stated in the Humanitarian Charter of the Sphere Project: This Charter expresses our shared conviction as humanitarian agencies that all people affected by disaster and conflict have a right to receive protection and assistance to ensure the basic conditions for life with dignity. We believe that the principles described in this Charter are universal, applying to all those affected by disaster or conflict wherever they may be, and to all those who seek to assist them or provide for their security. These principles are reflected in international law, but derive their force ultimately from the fundamental moral principle of **humanity**: that all human beings are born free and equal in dignity and rights. Based on this principle, we affirm the primacy of the **humanitarian imperative**: that action should be taken to prevent or alleviate human suffering arising out of disaster or conflict, and that nothing should override this principle.

In contrast, neutrality has been adopted by a narrower range of humanitarian agencies – written into the mandates of the United Nations agencies and the International Committee of the Red Cross (ICRC), and also included as one of the principles of Médecins Sans Frontières (Doctors Without Borders). Furthermore, neutrality is defined in different ways: some regard it as simply not getting involved in hostilities (non-interference); others see it as not speaking out on any matters that are controversial (non-engagement). It is therefore critical that any discourse around neutrality begins with a clear and precise meaning of the term.

## Coordination: Roles and Responsibilities

Humanitarian coordination is a very demanding function, where timeliness is of critical concern. There is no rigid model or process regarding coordination of humanitarian action, since so much will depend on the nature and impact of the crisis, the capacities of the stakeholders involved as well as the political interests of key national and international players.

Important lessons from past experience are not always learned and applied in future responses. Many of the issues that emerged from the Indian Ocean tsunami response remained relevant in responding to the Haiti disaster six years later[4].

## National Government

Ultimate responsibility for the provision (and coordination) of relief rests with the authority controlling the territory affected by the disaster, be it a national government or occupying power. This is a fundamental principle of humanitarian action, yet one which is often undervalued or even undermined during early stages of response. It needs to be recognised at all times[5], even in situations where that responsibility has been delegated, or assumed, by other actors.

"It is the primary role and responsibility of the affected state to respond and to coordinate the humanitarian response of assisting organisations. Humanitarian agencies have an essential role to play by supporting them and respecting their co-ordination function. However, in some contexts, government authorities (and some civil society groups) may themselves be responsible for abuse and violations, or their assistance may not be impartial. In these contexts, a coordinated response may be inappropriate. In other contexts the state is willing, but lacks capacity; humanitarian agencies should assist them to fulfil their responsibilities. In these different contexts co-ordination meetings may be separately or jointly led by the local authorities, UN or NGOs. New, large-scale humanitarian emergencies are now typically coordinated through the 'Cluster Approach', groupings of agencies working in the same sector under a lead agency."[6]

---

[2]  Humanity, impartiality and independence are defined in the Code of Conduct for the International Red Cross Movement and NGOs in Disaster Relief, 1994.

[3]  *Orientation Handbook on Complex Emergencies*, Office for the Coordination of Humanitarian Affairs, August 1999.

[4]  Some of these same challenges are identified by Holmes J., 2010: Learning the lessons of Haiti. *Humanitarian Exchange Magazine*. Issue 48, October 2010.
     http://www.odihpn.org/report.asp?id=3152

[5]  Such recognition and respect has been much more prominent since the Paris Declaration on Aid Effectiveness of 2005 and the Accra Agenda for Action of 2008. At the core are five commitments made by the national and international signatories:
     Ownership – *Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption; Alignment – Donor countries align behind these objectives and use local systems; Harmonisation - Donor countries coordinate, simplify procedures and share information to avoid duplication; Results – Developing countries and donors shift focus to development results and results get measured; Mutual Accountability – Donors and partners are accountable for development results.*
     http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html

[6]  Sphere 2011, in press. Guidance Note 3 for Minimum Core Standard (2) on Coordination and Collaboration.

### Case example 1: Challenges of coordination: The case of the Indian Ocean tsunami, 2004

A massive earthquake off the west coast of Northern Sumatra in December 2004 led to a series of tsunamis. Over 227,000 people lost their lives and some 1.7 million were displaced across 14 countries. Indonesia, Sri Lanka, the Maldives, India and Thailand were the hardest hit. A massive media-fuelled, global response resulted, producing an estimated US$13.5 billion in international aid.

Evaluations of the response found numerous examples of poor coordination. Three issues stood out:

- The huge number of agencies involved made coordination more expensive and less effective.
- Generous funding (especially private) reduced agencies' needs to coordinate.
- The perceived need for quick, tangible, agency-specific results fuelled competition for visibility, 'beneficiaries' and projects.

The reasons for the weak coordination were found to be complex, but included:

- The United Nations' role is one of coordination without having direct authority over the other actors. In the tsunami response, the number of actors to be coordinated made coordination a 'Herculean task'.
- Support and funding for coordination were often in short supply. While funds for coordination were made available in the flash appeal, neither immediate start-up nor subsequent (recovery phase) funds were guaranteed.
- The lack of continuity, skills and experience among some senior United Nations coordinators posed problems (for example, poor meeting management skills). Their lack of personal authority denied OCHA the authority to coordinate.
- NGOs were insufficiently represented in many coordination bodies and coordinated poorly among themselves.

The military also played a key role in the disaster response. However, as there is little joint planning and training between military and humanitarian actors, field coordination between them was found to be weak.

Source: Tsunami Evaluation Coalition, *Joint Evaluation of the International Response to Indian Ocean Tsunami*, TEC, London, July 2006.

National governments may be able to mount their own relief operations to help their own people – depending on the nation's capacity and on the scale of the crisis. The capacity of a national government to coordinate and respond to a crisis is determined by a number of factors, including:

- Clear, pre-determined, lines of authority and responsibility run across government departments and between the various levels of government structure. Good inter-sectoral links are important so that appropriate priorities can be established.

- Capable government staff have the knowledge and aptitude to manage the government's relationship with international agencies (United Nations, Red Cross and NGOs). This requires convening and chairing meetings; knowledge of the respective mandates and competencies of international organizations; and excellent negotiation and planning skills.

- Reliable information systems (which often depend on work conducted by national and international NGOs) are available.

- Where international media interest is high, capacity to work constructively with television and radio crews can be a very important factor in how donor countries perceive the severity of the emergency and respond to it.

- From a nutrition perspective, there needs to be adequate national technical capacity for programmes designed to address the nutrition problems that can arise in an emergency.

When the crisis is of a magnitude that national capacity is overwhelmed, then additional support is required from outside the country. And it is in such circumstances that the added value of the 'international system' can be demonstrated. Even the United States, in the wake of hurricane Katrina in 2005, required external assistance to cope with the massive human suffering. Thus it is normally the case that elements of the 'international humanitarian system' are mobilised and deployed to support humanitarian action. This is managed under the auspices of the United Nations.

In countries that experience repeated emergencies, governments may have special departments or units for coordinating emergency nutrition preparedness and response. Case example 2 gives a brief description of such a unit in Ethiopia.

Case example 2: Emergency Nutrition Coordination Unit in Ethiopia

The Emergency Coordination Unit (ENCU) was established in Ethiopia in 2000 and since this time, it has expanded in terms of its mandate and functions. Funding for the ENCU has been provided in the past by the World Food Programme, the European Union and today it is funded by UNICEF who also second UNICEF staff to the unit.

Today, the ENCU has five major functions:

a) Coordination of emergency nutrition assessments and nutrition situation analysis

b) Quality control of emergency nutrition data/information

c) Information management, analysis and sharing

d) Capacity strengthening of early warning system at federal and regional levels

e) Coordinate Nutrition Cluster activities.

The ENCU, as well as having staff at the federal level, also has regional level ENCU offices in five drought-prone regions (SNNP, Tigray, Amhara, Oromia and Somali) to further strengthen the government's early warning system.

The ENCU, in collaboration with a large number of agency partners has developed a food and nutrition "3W" matrix of *who* is doing *what* and *where*. This tool contains a wealth of information for each of the districts such as nutrition survey results, nutrition interventions being implemented and by whom. The ENCU uses the tools to monitor the coverage of interventions in the hotspot areas, maps the technical capacities of the nutrition cluster partners and feeds back the information at monthly cluster meetings in order to coordinate the filling of gaps in programme coverage.

Source: extract from FEX 40 article in press. Authors Isaack B. Manyama, ENCU Team Leader and Nutrition Cluster Coordinator for Ethiopia; Gugsa Abate, Nutrition Specialist at the ENCU and Mathewos Tamiru, Information Analyst at the ENCU of the DRMFSS, Ministry of Agriculture and Rural Development, Ethiopia.

## United Nations

The Humanitarian Coordinator (HC), if designated to an emergency, is responsible for leading and coordinating the humanitarian action of relevant organisations[7] in-country. The HC represents, and reports to, the Emergency Relief Coordinator (ERC). S/he is very often also the UN Resident Coordinator (RC), who is usually also the Resident Representative of the United Nations Development Programme (UNDP).

The process of appointing an HC is less than transparent. There is a pool of pre-approved UN and non-UN staff who would be ready for deployment in case of a humanitarian crisis. This is managed by OCHA. Come a crisis, the UN agencies negotiate over who can be put forward as the HC before the IASC is consulted by the ERC. The final decision to appoint is made by the ERC with IASC endorsement. To date, no non-UN candidate has acted as HC. Furthermore, there is a tendency to appoint the existing RC in the country to the post of HC (so-called 'dual-hatted' RC/HC), regardless of the competencies required.

The Terms of Reference for an HC stipulate that s/he works wherever possible in support of, and in coordination with, national and local authorities. Key responsibilities include that:

- Response efforts are inclusive and coordinated across the various humanitarian actors;

- A common strategic vision for humanitarian action is coordinated and developed;

- A common strategic plan for realising this vision (e.g. CHAP _ Common Humanitarian Action Plan) is articulated;

- There is an efficient and effective division of labour among organisations for implementing the strategic plan (e.g. through clusters and designating cluster leads);[8]

- The strategic plan is implemented in a principled, timely, effective, and efficient manner, by holding cluster leads accountable[2] and by establishing mechanisms for inter-cluster coordination, needs assessment, monitoring and evaluation;

- The strategic plan is funded (e.g. through the funding appeals, see below, or through in-country humanitarian pooled funds);

---

[7] These include UN Country Team members, as well as the International Organization for Migration, non-governmental organizations (NGOs), civil society organisations and components of the Red Cross/Red Crescent movement that commit to participate in coordination arrangements. In case of sudden-onset disasters, relevant organisations involved in humanitarian action may also include other international actors such as bilateral, military and private sector responders. Relations among organisations involved in humanitarian action are governed by the Principles of Partnership, endorsed by the Global Humanitarian Platform in July 2007.

[8] See the IASC Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response, 24 November 2006.

### Case example 3: UN-led Nutrition Coordination in Zimbabwe

Prior to the introduction of the Cluster Approach in 2008, nutrition coordination in Zimbabwe had operated through the Nutrition Technical Consultative Group (NTCG), chaired by UNICEF. Established in 2004, it focused on consultation and sharing of best practice, but developed, and was accepted, as a UN-led nutrition coordination mechanism.

There were several operational challenges that the NTCG tried to overcome, particularly in relation to negotiations with Government on technical changes to protocols and operational access. Key achievements included:

**Greatly expanded reliable data**

The Government had been reluctant to allow nutrition surveys, so few were undertaken. With UNICEF support, Zimbabwe's Food and Nutrition Council established a National Food and Nutrition Sentinel Site Surveillance System (FNSSS). Through the FNSSS the country now has access to timely nutrition data to inform programming. The NTCG facilitated NGO involvement in the FNSSS in their areas of operation and NGOs were encouraged to participate in the FNSSS rather than conduct their own surveys.

The NTCG mapped nutrition interventions and produced the 2005/6 Who-What-Where Atlas. This was developed to serve as a planning tool for improved coordination in nutrition. Mapping continues on an annual basis to determine the response capacity of the sector and identify key players for specific activities. In June 2007, the second Nutrition Atlas was published which is part of a broader initiative that includes intervention mapping for child protection (Orphans and Vulnerable Children (OVC)) and water and sanitation.

**Inter-Sectoral linkages**

The NTCG acted as a forum for presenting, sharing and discussing best practice in nutrition and HIV, and the NTCG opened its membership to include agencies working in HIV.

**Emergency Preparedness**

The NTCG maintained a degree of emergency preparedness for Zimbabwe with coordination mechanisms in place for a scaled-up response if needed. The Group met monthly, and was active in emergency preparedness activities including contingency planning and capacity development.

**Building Capacity**

Many non-specialists were working in the nutrition sector. Based on findings from the Nutrition Atlas and from a training needs assessment undertaken with members of the NTCG, a training programme was conducted in 2007 with an emphasis on nutrition education for people living with HIV/AIDS (PLWHA).

**Coordination**

The 'Atlas' mapping exercise described who is doing what and where in the nutrition, water and sanitation and OVC sectors, and was successful in linking coordination between the sectors.

**Conclusions**

Zimbabwe's complex and colliding problems present enormous challenges to the nutrition sector. However, greatly improved coordination and reliable and current data have created the foundation for effective interventions. As the need in Zimbabwe grows, it is vital this coordination is maintained and donor support is broadened.

Source: Edited from an article by Dianne Stevens, UNICEF Zimbabwe: Nutrition coordination in Zimbabwe: Achievements and Challenges. *Field Exchange* Jan 2008, issue 32, http://fex.ennonline.net/32/nutrition.aspx

- All necessary efforts are made to obtain free, timely, safe and unimpeded access by humanitarian organisations to populations in need, (e.g. through negotiations);

- International humanitarian and human rights law are promoted with, and respected by, all parties;

The HC is usually supported at country level by an OCHA[9] Field Office. The Head of the OCHA Field Office reports to the HC, who provides overall strategic guidance.

There are also examples of specific UN agencies taking an active coordination role, as demonstrated in Case example 3:

---

[9] The Office for the Coordination of Humanitarian Affairs, with head-quarters in Geneva and New York.

### Case example 4: Coordination mechanisms: Somalia

The Addis Ababa Declaration of 1 December 1993 envisaged the creation of the Somalia Aid Coordination Body (SACB) with the aim of facilitating donors in developing a common approach to the allocation of resources available for Somalia. The Declaration envisaged a broad participation in the SACB consisting of donors, UN agencies and programmes, NGOs as well as multilateral and regional institutions and organizations. The SACB has a steering committee and several sectoral working groups.

Source: Somalia Aid Coordination Body, *Somalia Aid Coordination Body Handbook*, SACB, Nairobi, 2006.

## Inter-Agency Coordination Groups

In situations where there is no recognised government or authority, the intervening agencies will fill the coordination vacuum by coming together and working under a common framework. For example, the Somalia Aid Coordination Body (currently known as the Somalia Support Secretariat) has been coordinating activities since 1993.

Some of these working groups have been complemented by the IASC Cluster fora (see below), to add impetus to emergency-focussed interventions in Somalia. Recognition of existing co-ordination is essential to improve humanitarian response delivery.

There are other models of NGO coordination that have developed almost by accident but that have provided important support, such as case example 5.

### Case example 5: NGO-led coordination in Sudan: 1999-2010

An NGO coordination structure has been maintained in Khartoum since 1999. Beginning as relatively informal monthly meetings of INGO Country Directors (CDs), the group grew and developed into the Northern Sudan International NGO Forum (or 'the Forum'). The Forum had an important representational role with the Sudanese government and international donors, provided peer support and developed shared analyses of the situation. The period 2005 to 2009 was particularly active, when the high visibility of the Darfur crisis made Sudan a priority programme for many organisations. More experienced staff was deployed, thereby increasing the capacity of the INGO community generally.

The structure began with an elected Chair and Vice-chair, but by 2003, the influx of INGOs into the country in response to deteriorating conditions in Darfur required additional support. The Forum then decided to form a Steering Committee (SC).

In March 2009, 13 INGOs were expelled by the Government of Sudan, which marked a rupture not just within the NGO community but in the wider aid architecture, since the expelled NGOs were key service providers. Virtually overnight, the Forum lost half its SC, yet demands on NGOs had never been higher.

The expulsions required that programme gaps in Darfur be identified. But, since none of the remaining NGOs had a presence in all three states of Darfur, and since no single NGO had undertaken a Darfur-wide assessment, the Forum was unable to identify these gaps. This left the NGO community reliant on the UN to lead the assessment, weakening their position even further.

The Forum had to change its approach. Smaller group meetings commenced, to discuss the situation more confidentially and explore options. This helped to maintain the cohesion of the Forum and gave the SC a clear mandate to continue to address the government rather than withdraw. But this level of engagement was only possible during the crisis period. Working in small groups required more time and effort, as the situation normalised, momentum was lost, turnout dropped, and the small groups stopped meeting regularly.

Case example 5: NGO-led coordination in Sudan: 1999-2010 (continued)

### Establishing a secretariat

While the small group approach was successful in keeping the Forum together, the SC needed additional support. Discussions focused on the idea of forming a Secretariat, to cover administration, information management, policy development and NGO representation with wider stakeholders (e.g. accompanying high-level visits or maintaining strategic links with international networks such as ICVA and InterAction).A Secretariat would also protect individual agencies, since a collective approach with government meant that individual NGOs could not be identified as being responsible for specific advocacy initiatives.

The process of setting up the Secretariat took nearly two years, mainly because members were already overstretched. While funding was being negotiated in 2009/2010, additional staff provided interim administrative support with the help of ICVA. However the legal status of the Secretariat remained unclear and the Sudanese government refused to grant visas to staff. The Secretariat is still not in place (in December 2010).

In the meantime, the Forum's resilience continues. SC members second staff to support the Forum on a part-time basis. However there is some concern that, the wider range of mandates amongst Forum members, and a more cautious approach to advocacy, have weakened the Forum.

### Critical lessons to learn for the future

\* Despite the Forum's success as an interlocutor with government (representing NGO views to government and keeping INGOs informed of new developments) there has been a failure of the wider humanitarian community to provide a coherent and consistent stance to the Sudanese government. Although the Forum is not responsible for e.g. the decline in safety and security in Darfur since the March '09 expulsions, or the on-going lack of access to IDPs and rural populations, it is clear that the Forum's advocacy on these issues has not had the desired impact.

- Approaches to advocacy are highly context-specific, and direct approaches may not always be the most productive means of addressing key issues. Indirect and mediated advocacy, working with various government offices, UN agencies or donors, has proven to be more successful, although it is more difficult to measure the impact of this type of advocacy.

- When setting up support bodies such as a Secretariat, it is essential to ensure a balance between the responsibility of its host agency and its SC. Their respective responsibilities, liabilities and accountabilities need to be clear.

- A strong Secretariat needs a strong SC to balance it. The SC should not become over-reliant on the Secretariat staff at the expense of SC member engagement. The key seems to be taking a 'resilient network approach', with an SC composed of member NGOs with different mandates who can spread responsibilities reasonably widely and provide institutional memory. This may be difficult to balance with a desire for free elections for SC membership.

- Within NGOs there is often a lack of understanding of what being a CD involves in terms of coordination. In evaluating CD performance, HQs do not attach high value to coordination activities, despite the fact that this is often essential for the organisation's work. In Sudan, some CDs agreed with their HQs that a percentage of their time would be spent on Forum activities and this investment paid off for the entire humanitarian community.

Source: Currion, P. (2010), Case study abridged from original version, *"Mapping and Learning from NGO Coordination Bodies"* project, ICVA.

There are also examples where none of the above hold true.

### Case example 6: USA Prominence in the Coordination of the Humanitarian Response in Haiti: 2010

Five days after the hurricane struck Haiti, a 'Joint Communiqué of the Governments of the United States and Haiti' was issued by the President of Haiti and the US Secretary of State:

> *President Préval, … requests the United States to assist as needed in augmenting security in support of the Government and people of Haiti and the United Nations, international partners and organizations on the ground;*

Five days after that, a 'Statement of Principles' was signed between the UN (the Special Representative of the Secretary General) and the US Government (the US Ambassador to Haiti). While this affirmed that

> *The Government of Haiti has primary responsibility for the response to the earthquake of 12 January 2010; the Statement also asserts that "the United States will deploy United States Joint Task Force Haiti (JTF) to support the humanitarian response…to assist as needed in augmenting security…United States military forces will operate under autonomous United States chain of command."*

These two agreements paved the way for a strong US role in the Haiti response. In terms of the early workings of the Nutrition Cluster, the US presence was evidenced in the regular attendance to cluster meetings by the JTF, USAID and OFDA.

The Nutrition Cluster was co-chaired by UNICEF and the Government of Haiti (Ministry of Health). Much of its early work has been described as focusing on 'damage limitation' regarding infant feeding. First, the JTF were pleased to have secured supplies of powdered infant formula and had envisaged distributing this to an anticipated large case load of separated or orphaned infants. However, the cluster managed to negotiate a carefully controlled mechanism of distribution, backed by a Ministerial Statement on the use of infant formula and in line with the International Code of Marketing of Breastmilk Substitutes. Second, the US media (CNN) ran a campaign to 'Pump for Haiti' so that frozen breastmilk could be flown to Haiti. OFDA worked very hard to prevent this 'ridiculous' flow of milk, and a ready to use infant formula was instead brought in under the management of another cluster member, Save the Children.

Despite such tensions, the early work of the Cluster was seen as successful, not least because it benefited from the active role played by several strong experts (many of whom had worked together in other emergencies). The Cluster was therefore able to put forward an agenda which was technically rigorous as well as appropriate to the context. The technical sub-working groups played a critical role in this regard. Thus, much of the success of the Nutrition Cluster can be put down to the 'four Cs': collegiality, collaboration, coordination and camaraderie! The Cluster provided services and support that encouraged agencies to attend and get involved. Individuals also got involved, especially from churches dealing with very small case loads of displaced but committed to providing help. The cluster grew from 20 to over 60 members.

Source: Interview with Mija Ververs, Cluster Coordinator Jan-Mar 2010; Communication with Erin Boyd, Cluster Coordinator Apr-Jul 2010. Joint Communiqué available at: http://www.state.gov/r/pa/prs/ps/2010/01/135288.htm Statement of Principles available at: http://usun.state.gov/documents/organization/135902.pdf

## Coordination Processes, Mechanisms and Tools

### IASC Cluster Approach

As part of the humanitarian reform process, 11 clusters[10] were established in key response areas in order to "strengthen predictability, response capacity, coordination and accountability by strengthening partnerships in key sectors of humanitarian response".

The Cluster Approach operates at two levels. At the global level, the aim is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by designating global Cluster Leads and ensuring that there is predictable leadership and accountability in all the main sectors of activity. At the country level, the aim is to ensure a more coherent and effective response by mobilising groups of agencies to respond in a strategic manner across all key sectors, each sector having a clearly designated lead (where possible this should be in line with the lead agency arrangements at the global level.)

---

[10] These include nutrition, education, camp management, health, shelter, water sanitation and hygiene (WASH), agriculture, logistics, protection, telecommunications and early recovery.

Cluster Leads at the country level are accountable to the HC for facilitating a process that:

- Includes key humanitarian partners

- Establishes and maintains appropriate humanitarian coordination mechanisms

- Coordinates with national/local authorities, State institutions, local civil society and other relevant actors

- Promotes participatory and community-based approaches

- Attention is given to priority cross-cutting issues

- Ensures needs assessment and analysis

- Provides technical input to funding appeals

- Includes emergency preparedness

- Involves planning and strategy development

- Promotes the application of standards

- Monitors and reports on responses

- Invests in advocacy and resource mobilisation

- Promotes training and capacity building

- Provides assistance or services as a last resort

By the end of March 2010, the Cluster Approach had been applied in 26 HC-led emergencies, plus another 13 under a Resident Coordinator (RC). The RC is the leader of the UN Country Team, and is responsible for the coordination of UN operational activities for development. The RC is the designated representative of – and reports to – the Secretary-General. The post holder is typically the UNDP Administrator (United Nations Development Programme).

An independent evaluation of the Cluster Approach carried out in 2007 concluded that "there is evidence that the cluster approach has resulted in some systemic improvement in coordinated humanitarian response".[11] More recently, a second evaluation[12] of the cluster system has provided more insights. On the positive side, the cluster approach has:

- Improved coverage of humanitarian programmes in some sectors, including nutrition at times

- Filled gaps in humanitarian assistance and reduced duplications

- Enhanced learning by humanitarian actors, through discussions and peer review mechanisms

- Strengthened the predictable leadership and improved coordination

- Strengthened the partnership between UN agencies and other international humanitarian actors, thereby improving information sharing, advocacy and coherence amongst cluster members

- Reinforced the humanitarian identity of cluster members

- Improved the planning and quality funding appeals, such as the CAP.

Several shortcomings also emerged:

- Clusters have largely excluded national and local actors, and often undermine existing coordination and response mechanisms. As a result, the introduction of clusters has in several cases weakened national and local ownership and capacities.

- The cluster approach can threaten humanitarian principles, through possible financial dependency of members on clusters and through association of cluster leads with military actors.

- Poor cluster management and facilitation in many cases prevents clusters from reaching their full potential. Thus, clusters are often process- rather than action oriented.

- Inter-cluster coordination is mostly ineffective, with little integration of cross-cutting issues.

As of October 2010, the IASC was considering the creation of a FAO/WFP co-led global Food Security Cluster. This reflects recommendations in the two Cluster Evaluations plus the field realities where often food security "clusters" are already functioning in certain emergencies in response to the needs. There are clear complementarities between the two:

"On the one hand, the Nutrition Cluster ensures effective coordination to protect and improve the nutritional status of the population in a crisis. Household food insecurity is one of the underlying factors of malnutrition, alongside inadequate care practices and the public health environment. On the other hand, the proposed Food Security Cluster will provide coordination support to protect and improve the food security situation of households and affected populations in general, in a crisis. This includes ensuring that all household members have access to sufficient, safe and acceptable food to meet their nutritional requirements for an active and healthy life, through, for example, the provision of food aid food assistance and agricultural production and livelihood-related support."[13]

---

[11] Stoddard, Abby et al., *Cluster Approach Evaluation Report*, Overseas Development Institute, London, November 2007.

[12] Streets J. et al, 2010. IASC Cluster Approach Evaluation, 2nd Phase, April 2010. *Synthesis Report*. Groupe URD and Global Public Policy Institute.

[13] Global Nutrition Cluster and Global Food Security Cluster Working Principles. Discussion Paper. Draft, 25 May 2010.

Given the close, inter-dependent nature of the Nutrition and Food Security Clusters, work is on-going to ensure clear guidance on the respective roles and remits of the two, especially in regard to food aid and food assistance programmes.

In principle, the process of activating the clusters in response to new emergencies should involve: The HC first consulting relevant partners, drafting a proposal to the ERC on which agencies should take a lead in the major areas; this would then be discussed with the global cluster leads and once agreement has been reached, the ERC would inform the host govern-ment(s) and other partners. In practice, however, the mechanisms for activating and de-activating the clusters are unclear, and the links with national governments weak.[14]

At country level, the IASC addresses concerns such as how the social and political environment affects the emergency response and progress with the response. It is also an advocacy forum for strategies requiring stronger commitment from agencies where this is not achieved through inter-cluster or bilateral cluster discussions.

### Case example 7: Local IASC during Asian tsunami: 2004

A local IASC in Banda Aceh, Indonesia was established following the devastating tsunami and this became a focal point for inter-agency coordination for those who attended.  Principles, standards and policy in, for example, the construction of temporary living centres were promoted through this body.

Source: Tsunami Evaluation Coalition, *Joint Evaluation of the International Response to Indian Ocean tsunami*, TEC, London, July 2006.

## Nutrition Cluster

The Nutrition Cluster's lead agency is UNICEF. Its focus is on coordination, capacity building,[15] emergency preparedness, assessment, monitoring, surveillance and response triggers and supplies. The nutrition cluster has 33 agency members.[16]

### Global Level

There is a Global Nutrition Cluster Coordinator plus an additional staff member based in UNICEF headquarters in New York. The focus of work is on rolling out a capacity development strategy, strengthening and expanding a global roster to improve surge capacity (e.g., rapid response capacity), improving the material resourcing of nutritional emergencies through establishing supply requirements, and producing practical tools to improve the consistency and quality of response efforts. Key tools available through the GNC include:

- Harmonised Training Package for Nutrition in Emergencies (which includes this module)

- Toolkit for Nutrition in Emergencies

- Factsheet: WHO Growth Standards in Emergencies

- Initial Rapid Assessment Tool (IRA). This includes health- and WASH-related information necessary for a quick snapshot of the situation within the first 7 days of an acute emergency.  The tool includes data entry and analysis software. Both field level and country level guidance have been developed which includes pre-crisis secondary data collection checklists in the annex.

- Updating of the NutVal Software, which is a database of the nutrient content of food aid commodities. The project is undertaken by WFP in collaboration with UCL/ICH. www.nutval.net  provides access to the latest version of the software.

- The Cluster funded the Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies. WFP/UNHCR, 2009.

The Nutrition Cluster also promotes the application of the Sphere Minimum Standards, and was involved in the 2010 review of the Nutrition and the Food Security chapter.

The Global Nutrition Cluster has also supported coordinated efforts on specific technical issues, as the following case study demonstrates.

---

[14] IASC Cluster Approach Evaluation, 2nd Phase. Cluster Approach Evaluation 2. Synthesis Report. Steets J. et al. Groupe URD, April 2010.

[15] These modules have been updated by a grant to the Emergency Nutrition Network from USAID/OFDA and implemented by NutritionWorks. The GNC's Capacity Development Working Group is closely involved in the process.

[16] Action Against Hunger Alliance, Center for Disease Control (CDC), Concern Worldwide, CARE USA, Columbia University Earth Institute, ECHO, Emergency Nutrition Network (ENN), FAO, Food and Nutrition Technical Assistance Project (FANTA)/USAID, the Global Alliance for Improved Nutrition (GAIN), Helen Keller International, International Medical Corps, International Relief and Development (IRD), Institute of Child Health/UK, International Federation of Red Cross and Red Crescent Societies (IFRC), Interaction, International Rescue Committee (IRC), Merlin, Micronutrient Initiative, NutritionWorks, Oxfam UK, Save the Children Alliance, Standing Committee on Nutrition (SCN), Terre des Hommes, Tufts University Feinstein International Center, University of Westminster, UNHCR, UNICEF, UNRWA, UNU, Office of Foreign Disaster Assistance (OFDA)/USAID, Valid International, WFP, WHO/HNTS, and World Vision. (Médecins Sans Frontières (MSF) – France is an observer).

Case example 8: Support to Coordination on technical issues: 2008

In 2008 the Global Nutrition Cluster funded the Emergency Nutrition Network's Infant Feeding in Emergencies (IFE) Core Group to convene a regional inter-agency workshop in Bali. The aim was to strengthen emergency preparedness and early response on IFE in the region, with specific reference to meeting the provisions of the Operational Guidance on IFE.

Good coordination and strong, consistent communication were recurring themes at the workshop, as necessary elements in mounting an appropriate, timely response. Joint statements on IFE (typically including UN agencies plus a few NGOs with government) had been used in previous emergencies to try and address this, but they often took a long time to produce and formally adopt, were of variable technical quality and sometimes provided an incomplete coverage of IFE. In order to address this recurring, a sample joint statement was introduced at the workshop. Participants were invited to contribute to its revision and a 'model' joint statement was endorsed. This could then be used in future emergencies to save valuable time. The model is available in Annex 2.

This model statement subsequently formed the basis for the statements issued in Myanmar (2008) and in Haiti (2010). The Haiti statement was issued in record time for the UN: it was tabled on a Friday and released the following Wednesday (having been worked on and signed off by UNICEF, WHO and WFP).

Source: Personal communication, Marie McGrath, Co-Director, Emergency Nutrition Network (ENN).

### Country Level

The operational coordination role of the Nutrition Cluster occurs primarily at the country level. Country Nutrition Cluster Coordinators work with national and international actors to establish and agree a workable coordination mechanism which can act as an information sharing and planning forum. Agreed priorities often include joint assessments, emergency preparedness and improving coverage of emergency nutrition programmes. Country clusters tend also to facilitate strategic planning, for example to feed in to the CAP or Flash Appeals. In some situations, the country cluster coordinator can facilitate the drawing up of standard operating procedures between the cluster member agencies, which set out their respective roles and responsibilities and level of involvement in the cluster. Each country coordinator works in a consultative and cooperative manner with as many agencies and organisations as is appropriate, including national governments, to develop an agreed plan of action. In June 2009, there were 25 countries where the IASC Cluster mechanism had been formally enacted; the nutrition cluster was operating in 21 of them (sometimes jointly with health or food).

### Funding Mechanisms for Humanitarian Response

There are two main funding mechanisms for response to an emergency known as the CAP and the CERF and these are described below:

### Consolidated Appeals Process (CAP)

The CAP, through the Common Humanitarian Action Plan (CHAP), is the United Nations' tool for coordination and strategic planning during *complex emergencies*. It also provides an opportunity for advocacy. The CAP is essentially a tool for aid organisations to plan, coordinate, fund, implement and monitor their responses to emergencies in consultation with the government of the affected country (see Figure 2). OCHA solicits donor support mainly through the consolidated appeals process (CAP) and issues emergency appeals on behalf of countries affected by disasters.

### Figure 2: The CAP Process

CAP – Aid agencies working together to:



http://www.humanitarianappeal.net
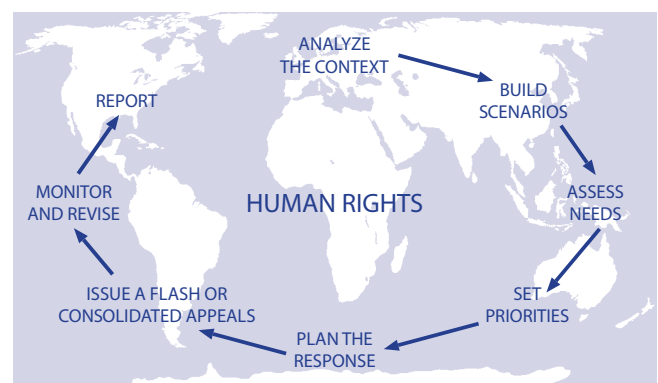
Case example 9: Experience of using the cluster approach in Somalia: 2006-2007

Somalia has experienced chronic and complex emergencies for the past 20 years. The nutrition situation is poor and nutritional vulnerability across wealth and livelihood groups is high. Humanitarian agencies have been confronting difficulties relating to the poor security situation, lack of access to affected populations and lack of central government control. Operations in Somalia are managed from neighbouring Kenya.

The cluster approach was introduced in Somalia in early 2006. Below is a summary of some of the challenges and achievements after one year of cluster coordination implementation:

Challenges

- Limited funding through the CAP and other mechanisms
- Limited in-country capacity
- Delay in receiving cluster implementation guidelines
- Initial scepticism over role of cluster coordination
- Lack of cluster coordinator authority

Achievements

- Regular field level coordination meetings to discuss implementation issues and identify gaps
- Sharing of early warning information
- Standardization of protocols for the treatment of severe malnutrition
- Documentation of level of programme coverage and identification of gaps
- Promotion of integration of other sectoral activities in the nutrition response

Source: United Nations Children's Fund, Best Practice on Using the Cluster Approach at the Field Level, UNICEF, Somalia, March 2007.

The CAP can contribute significantly to developing a strategic approach to emergency response where it fosters close cooperation between host governments, donors, aid agencies and especially between NGOs, the Red Cross/Crescent Movement and UN agencies.

The UN's RC or HC is responsible for preparing the CAP, with coordination support from OCHA. Some 15 appeals are launched annually. On average, since 1992, the Consolidated Appeals Process has sought $3.1 billion per year, and received $2.1 billion per year (68%).

There are critics of the CAP who argue that it is a UN-focused fundraising mechanism. Appeals are often regarded as being inflated and therefore the CAP often fails to receive full funding from international donors.

**Flash Appeals**

In the case of sudden-onset disasters, OCHA may issue Flash Appeals for a three- to six-month period. These provide an overview of urgent life-saving needs, within a week of the emergency's onset.

## Central Emergency Response Fund (CERF)

Another aspect of the humanitarian reform process was the creation of the CERF. The previous central emergency revolving fund, established in 1991, operated on the basis that any funds released would be re-paid. It was a slow and cumbersome mechanism, with limited perceived benefit to facilitating timely humanitarian action. Although this continues (with a US$50 million loan facility), the new CERF, launched in 2006, has a grant facility with up to US$450 million.

The CERF has 3 primary objectives:

- Promote early action and response to reduce loss of life
- Enhance response to time-critical requirements
- Strengthen core elements of humanitarian response in underfunded crisis

The CERF can be used to fund Consolidated Appeals, as presented in Figure 3.

### Case example 10: The Nutrition Cluster in Haiti – Challenges Faced in the first month of the response

The humanitarian consequences of the earthquake that hit Haiti in January 2010 were tremendous. The onset of the early rains in February added to the urgency to scale up what was generally a slow response. All struggled to overcome enormous operational challenges, some of which are described here:

#### Capacity Gaps

A key underlying constraint for many agencies was a shortage of implementing partners. There were also serious capacity gaps – such as for the treatment of severe acute malnutrition and a lack of available nurses (since many had died after the collapse of a central nursing school). It also proved hard to get French or Creole speaking nutrition experts and many in-country-nutrition staff (both national and international) who survived the earthquake, were deeply traumatised and were unable to work effectively while others left their posts to deal with personal matters arising from the earthquake.

#### Understanding the Cluster Approach

The Cluster approach was not fully understood in the early stages of the emergency. Even UNICEF staff struggled to establish a working dynamic with the Nutrition Cluster Coordinator. Cluster activities were not readily viewed as a UNICEF specific concern so were not covered in internal UNICEF meetings. Over time, however, these problems were resolved as awareness and understanding of the Nutrition Cluster increased.

An additional challenge emerged when the Nutrition Cluster went beyond the mandate of UNICEF, by identifying the elderly as a particularly vulnerable group. Though firmly within the Cluster's mandate, it conflicted with UNICEF's focus on women and children. The Nutrition Cluster had to advocate for the needs of the elderly to be incorporated in the Flash Appeals (FA) so that agencies with a mandate to meet their needs were able to access funds.

#### Flash Appeals

The FA had to be revised to take account of new assessment information; agencies project proposals and a one year time horizon for programming. These revisions demanded a great deal of work by all Cluster Coordinators. But, as the Country Nutrition Cluster (CNC) Coordinator put it, 'time spent on the Flash Appeal text was time not spent on support to scaling up of life saving programmes'. So, in order to ease the burden and to avoid potentially negative impact on the response, the global cluster coordinator took a central role. A key constraint, however, was that although various assessments had been undertaken, reporting from these was very limited and so new information on needs was not readily available to inform the revisions.

#### Infant and Young Child Feeding

A serious concern was the care of separated young children and infants whose mothers were traumatised by the crisis. Unsolicited donations arrived or were planned (e.g. powdered infant formula, milk powder, frozen donor breast milk). It took an estimated 25 per cent of the CNC's time to try to control unsolicited goods.

Assessment of need for artificial feeding proved extremely difficult as there was little data on which to base estimates. For example, some infants housed in orphanages had families living elsewhere. The lack of detailed programming guidance on how to manage artificial feeding in an emergency meant that the CNC team and partners had to work from scratch to develop terms of reference, supply chain management, monitoring tools, etc. Significant progress was then made and much learning emerged. Nevertheless, the inadequacies of the general food ration were a major concern; staff found it difficult to counsel on child feeding practices when mothers were reporting their on-going lack of food.

The CNC Team and Ministry of Health issued a Joint Statement to reduce the risks and damage done by those importing the breast milk substitutes. The media was used to convey messages to the international sphere, and subsequently, those that continued to breach the Code were named and shamed. Such damage-limitation efforts did work to a certain extent, but it was highly labour and time intensive.

#### Supplies Constraints

The nutrition supply pipeline from UNICEF in Haiti was complex and the system did not function well. Changes to the nutrition supply lists were made at higher organisational levels including HQ and the regional office, over-ruling decisions made by nutritionists at field level. This created confusion, delay and tensions. UNICEF nutritionists did their utmost to start mapping out the availability of supplies and forthcoming needs as early as possible, especially because scaling up of programmes was envisaged. However, the biggest weakness was on coordination of the logistics chain and UNICEF was unable to move supplies from well-stocked warehouses to the field in a timely manner at the beginning.

Source: Based on Dolan C. and Ververs M. (2010): *Country and Global Level Cluster Coordination. Experiences and Lessons Learnt*. Field Exchange issue 39. September 2010.

Figure 3: CERF and Appeals Interaction

CERF Rapid response

Flash Appeal

CERF Underfunded window

Consolidated Appeal
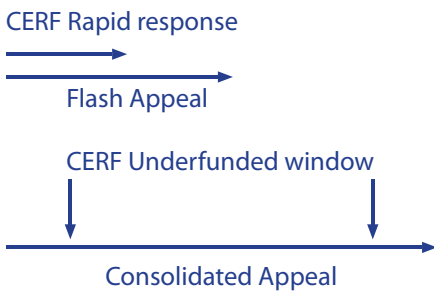
The CERF is managed by OCHA, and only the UN and IOM (International Organisation on Migration) are eligible to apply; non-UN humanitarian actors may receive sub-grants. The CERF is used to support rapid response to new crises (29 such grants were given Jan-Sept 2010) and to bolster existing under-funded humanitarian operations (14 such grants were given Jan-Sept 2010). Since its inception, the CERF has disbursed nearly US$2 billion – 36% to WFP, 24% to UNICEF, 11% to UNHCR, 10% to WHO, plus smaller grants to other UN bodies[17]. Food and nutrition programmes have received the largest slice, at 35% of the total[18].

CERF funding decisions begin at the country level (see Figure 4). Project proposals are submitted and reviewed by the cluster members for approach, consistency and to ensure that identified needs are prioritised. Decisions are guided by criteria on what constitutes 'life-saving' interventions. For nutrition, several response areas have been identified as appropriate for CERF funding (see Annex 3).

Figure 4: The CERF Decision-Making Process[19]
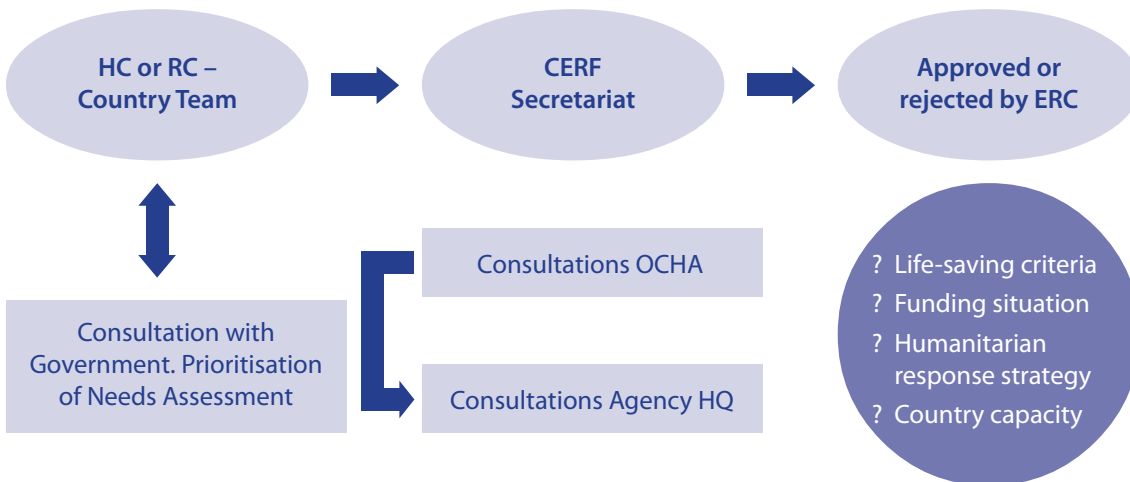


There are some examples of positive progress linked to the humanitarian reform process, as demonstrated in the following case example.

## Principle-Based Guidance Relevant to Coordination

### Sphere Standards on Coordination

The importance of coordination in achieving a quality humanitarian response is demonstrated by the emphasis given to it in the Sphere Handbook. The Sphere minimum standards are qualitative in nature and specify the minimum levels to be attained in humanitarian response; the Key Actions are activities and inputs necessary to meet the minimum standards; and the Key Indicators are 'signals' that show whether a standard has been attained (see Box 1).

Sphere also emphasises the importance of coordination beyond inter-agency collaboration:

"For an intervention to be effective, close coordination and collaboration are required with other sectors. … The conceptual framework for undernutrition identifies poor household environment and inadequate health services among the underlying causes of malnutrition. Responses to prevent and correct malnutrition require the achievement of minimum standards both in this chapter and those in other chapters: health services, water supply sanitation and hygiene promotion, and shelter, settlement and non-food items. They also require the core standards be achieved."[20]

---

[17] Figures as at early October 2010. See: http://ochaonline.un.org/cerf/CERFFigures/AgenciesreceivingCERFfunds/tabid/1802/language/en-US/Default.aspx

[18] http://ochaonline.un.org/cerf/CERFFigures/SectorsreceivingCERFfunds/tabid/1797/language/en-US/Default.aspx

[19] From *CERF– An Introduction*. PowerPoint presentation, June 2008. http://ochaonline.un.org/cerf/WhatistheCERF/tabid/3534/language/en-US/Default.aspx

[20] Sphere 2011, Nutrition Chapter

Case example 11: The Cluster Approach and CERF in Mozambique

A real-time evaluation of the response to the Zambezi river floods and Cyclone Favio in February 2007 was commissioned by a group of Inter Agency Standing Committee (IASC) agencies.

The main findings of the evaluation were as follows; In general, the response was a success. Main reasons for this were effective preparedness and coordination by government and the impact of humanitarian reforms, such as the cluster approach and the CERF.

Although the introduction of the cluster approach was uneven, it did add to the quality of the response. Those who had also experienced the 2001 floods commented that coordination among the international humanitarian community was far better in the 2007 response.

The early deployment of an OCHA staff member helped to get the cluster system going and the CERF application quickly. However, OCHA did not deploy a large enough team to properly support the roll out of the cluster system in Mozambique.

Cluster coordination is different from normal sectoral coordination. In normal sectoral coordination, agencies coordinate over the areas where their agencies' work overlaps, while keeping their individual agency objectives. With clusters, the focus is not just on filling gaps and preventing duplication, but also on jointly moving towards commonly agreed cluster objectives. The cluster lead role, therefore, demands both participatory leadership and a broad presence in the field. Some clusters achieved this and others did not.

At the start of the response, NGO participation was threatened by press releases and situations reports that minimised their role, directive rather than participative management by cluster leads, and a lack of transparency in dealing with applications for CERF funding.

Overall the cluster approach was a success in Mozambique. It encouraged a cooperative ethos between agencies that led to a better quality and more effective response.

The CERF helped to ensure a rapid response, and a larger programme than would otherwise have been possible.

Because of the time pressure, the CERF secretariat cannot fully vet applications for funding. Some clusters thoroughly discussed CERF applications before submitting them while others did not. Some of the activities funded seem much more appropriate than others and some control is needed to ensure that applications for CERF funds are of a higher quality than Consolidated Appeals have been in the past.

Growing local capacity is a key disaster preparedness measure. The strong performance of the Mozambican Red Cross in the response showed this. The CERF needs a mechanism to nurture such capacity during an emergency response.

Some aspects of the response in Mozambique represented the ideal of what a response in a developing country should be. In particular, and despite some constraints, the National Institution for Disaster Management (INGC) behaved as the very model of an ideal National Disaster Management Institute. The strong national coordination also helped with co-ordination of the international humanitarian response. Strong national coordination and good international coordination supported each other.

Source: *Inter-agency real-time evaluation of response to February 2007 floods and cyclones in Mozambique*. Cosgrave. J et al, May 2007. Draft final version presented at IASC Working Group meeting 12th-15th June, 2007. This was summarised in the Field Exchange, Sept 2007, issue 31, page 24. http://fex.ennonline.net/31/clusterapproach.aspx

## The Guiding Principles on Internal Displacement

First developed in 1998, the Guiding Principles[21] are internationally-recognised standards on the protection of internally displaced persons (IDPs) in emergencies. They are based on international humanitarian and human rights law and analogous refugee law, but do not constitute a binding instrument. There is an accompanying Handbook for applying the Guiding Principles in the field, plus Annotations that examine their legal underpinnings.

---

[21] http://www.idpguidingprinciples.org/

Box 1: Sphere Minimum Standard on Coordination

**Sphere Core Standard 2: Co-ordination and Collaboration**

Humanitarian response is planned and implemented in coordination with the relevant authorities, humanitarian agencies and civil society organisations engaged in impartial humanitarian action, working together for maximum efficiency, coverage and effectiveness.

Key Actions:

- Participate in general and any applicable sectoral coordination mechanisms from the outset
- Be informed of the responsibilities, objectives and coordination role of the state and other coordination groups where present
- Provide coordination groups with information about the agency's mandate, objectives and programme.
- Share assessment information with the relevant coordination groups in a timely manner and in a format that can be readily used by other humanitarian agencies.
- Use programme information from other humanitarian agencies to inform analysis, selection of geographical area and response plans
- Regularly update coordination groups on progress, reporting any major delays, agency shortages or spare capacity.
- Collaborate with other humanitarian agencies to strengthen advocacy on critical shared humanitarian concerns.
- Establish clear policies and practice regarding the agency's engagement with non-humanitarian actors, based on humanitarian principles and objectives.

Key Indicators:

- Assessment reports and information about programme plans and progress are regularly submitted to the relevant coordinating groups
- The humanitarian activities of other agencies in the same geographical or sectoral areas are not duplicated.
- Commitments made at coordination meetings are acted upon and reported in a timely manner
- The agency's response takes account of the capacity and strategies of other humanitarian agencies, civil society organisations and relevant authorities.

Source: *Sphere Handbook*, 2011 edition. Core Standards Chapter.

## The 'Principles of Partnership' in Support of Coordination

In recognition that UN or non-UN humanitarian actors are often facing similar challenges, five basic principles were endorsed by the Global Humanitarian Platform to support efforts to address those challenges in a spirit of partnership and complementarity (see Annex 4). This is an on-going process and dialogue, and it is recognised that partnership needs to be also strengthened with national NGOs, and with other key players that can create the enabling environment necessary for effective humanitarian action – including with civil society, governments, private sector, national/international military and armed groups.

## Collaborative Groupings within the Humanitarian System

### The United Nations

The Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (ERC) is a high level position in the United Nations. The post-holder since September 2010 is Baroness Amos. The ERC is responsible for oversight of all emergencies requiring UN humanitarian assistance, and acts as the central focal point for Governmental, intergovernmental and non-governmental relief activities.

Case example 12: The Great Lakes experience: 1996-2003

A review of humanitarian interventions conducted between 1996 and 2003 in the Great Lakes region found numerous weaknesses including agencies relying too much on a narrow range of responses that were too food-aid and food-production focused, short-term, not cost-effective and that failed to address underlying causes of food security. A major conclusion was there needed to be greater emphasis on a shared assessment of the situation and joint efforts at analysing constraints and responses. This would require more time and energy devoted to disseminating results of assessments and studies and establishing a livelihoods security information system in the Great Lakes with clear links to an agency with a coordination mandate, such as OCHA.

Source: Levine, Simon and Claire Chastre, *Missing the point: an analysis of food security interventions in the Great Lakes*, Humanitarian Practice Network, Network Paper, No. 47, July 2004.

## UN – Office for the Coordination of Humanitarian Affairs (OCHA)

The ERC is the head of OCHA. Established in 1998 to mobilise and coordinate humanitarian assistance delivered by international and national partners, OCHA has the responsibility for coordinating the UN's response to complex emergencies and natural disasters. OCHA typically becomes involved in the initial response to an emergency only when and if it reaches such proportions that it requires a multi-sectoral international response. The UN Humanitarian Coordinator (HC) has overall responsibility for ensuring coherence of relief efforts in the field. OCHA supports the HC in needs assessments, contingency planning and the formulation of humanitarian programmes. OCHA also provides response tools, and advocacy and information services. For details see www.ochaonline.un.org.

## Inter-Agency Standing Committee (IASC)

Chaired by the ERC, the IASC is an inter-agency forum established in 1992 for coordination, policy development and decision-making. By developing common policies, guidelines and standards, the IASC aims to ensure a coherent interagency response to complex emergencies and natural or environmental disasters. The IASC comprises the main UN agencies and other actors involved in humanitarian assistance. This includes the International Committee of the Red Cross (ICRC), plus three major NGO umbrella groups: InterAction for NGOs based in the United States, the Steering Committee for Humanitarian Response for NGO networks/alliances which has a secretariat in Geneva, and the International Council of Voluntary Agencies, whose membership includes national NGOs.

### Humanitarian Reform

In 2005, the ERC commissioned a review of the humanitarian system, in response to serious concerns about the response to the Darfur crisis in Sudan. The review highlighted inconsistencies and gaps in response and initiated a series of changes that constitute the on-going humanitarian reform process (for details see www.humanitarianreform.org).

The reform had four main objectives:

1. Sufficient humanitarian response capacity and enhanced leadership, accountability and predictability in 'gap' sector/areas of response

2. Adequate, timely and flexible humanitarian financing

3. Improved humanitarian coordination and leadership

4. More effective partnerships between UN and non-UN humanitarian actors

It is out of this reform process that the Cluster Approach, described above, was established along with improved mechanisms for funding emergency response and recovery (also described above). The IASC appointed the Lead Agencies for each of the Clusters, and continues to provide guidance and to oversee the functioning of the Cluster Approach. The IASC tends to focus on generic policy issues, whilst the IASC Clusters have specific technical areas of policy and operational concern.

## Good Humanitarian Donorship Initiative

In June 2003 the Good Humanitarian Donorship (GHD) initiative was launched[22]. Representatives of government donors and the European Commission's Humanitarian Aid Office (ECHO) endorsed the principles and good practice of humanitarian donorship. By establishing commonly agreed objectives for humanitarian action, as well as a set of guiding principles for official donorship, the GHD can be seen as an example of donor coordination: By defining principles and standards, it provides a framework to guide official humanitarian aid and a mechanism for encouraging greater donor accountability. Thirty seven donor organisations have now signed up to the GHD.

---

[22] For an overview of its work and summary of progress, see: *Taking Stock of GHD – 2003 to Date. A non-paper prepared by the 2009-2010 Co-chairs*. http://www.goodhumanitariandonorship.org/Libraries/About_GHD/GHD_Stocktake_Report.sflb.ashx

## United Nations Standing Committee on Nutrition (SCN)

The UN's SCN is neither an operational n.or a humanitarian body. However, it deserves mention because of its role as the forum to harmonise the food and nutrition policy of the UN. The mandate of the SCN is to promote cooperation among UN agencies and partner organisations in support of community, national, regional, and international efforts to end malnutrition in all of its forms. The SCN convenes a Working Group on Nutrition in Emergencies, which meets to share research and field information between humanitarian agencies and academic institutions.

The SCN supports several publications. Of specific relevance to emergencies is the NICS Report (Nutrition Information in Crisis Situations)[23], published every 3 months (and these are available free through e-mail subscription). The SCN hosts the HTP (the GNC's Humanitarian Training Package, which includes the present module) on its website (http://www.unscn.org/en/gnc_htp/), and is responsible for collating feedback on the HTP from users and for feeding this into the GNC to inform future updates. The SCN also offers a repository of resources on all aspects of nutrition in emergencies training.

Since 2010, the SCN has hosted the global initiative, Scaling Up Nutrition (SUN), which includes emergency responses. Over time, the SUN initiative will support up to 32 priority countries to address acute and chronic undernutrition. Its focus is the critical window of opportunity for intervention during the first 1000 days of life, from conception to two years (see http://www.unscn.org).

## Roles and Responsibilities of some Specific Actors

There are four groups of actors primarily active during a nutrition emergency. These are:

i.   UN agencies and bodies

ii.  Donors

iii. The Red Cross Movement

iv.  NGOs

Those most relevant to the challenge of humanitarian coordination are discussed below

## i. UN Agencies

The main UN actors involved in humanitarian action are:

1. United Nations High Commissioner for Refugees (UNHCR)

2. World Food Programme (WFP)

3. United Nations Children's Fund (UNICEF)

4. World Health Organization (WHO)

5. Food and Agriculture Organization (FAO)

6. United Nations Development Fund (UNDP)

The role of OCHA has already been discussed. Details on the role and work of individual UN agencies are provided in Annex 5.

Each UN agency supports different types of nutrition-related activities in emergency situations, mostly through NGO partners (see Table 1).

**Case example 13** and **14** present UNICEF's role in supporting nutrition coordination in Zimbabwe and WFP's role in supporting improved food security monitoring in Kenya.

In order to coordinate their efforts, many of the UN agencies have a bi- or tri-partite memorandum of understanding (MOU) that sets out the respective roles and functions of each agency in responding to a nutrition emergency.

### Memoranda of Understanding between UN Agencies

**Box 2** provides examples of MOUs between WFP and UNHCR and WFP and UNICEF. A detailed overview of the agreement between WFP and UNICEF in the nutrition sector is provided in Annex 6.

## ii. Donors

### The European Union and ECHO

Since the Treaty of Lisbon entered into force on 1 December 2009, the European Union has been undergoing important structural and procedural changes, including within the Commission. The Humanitarian Aid and Civil Protection functions have been merged into a new Directorate General – The European Commission's Humanitarian Aid and Civil Protection Office (ECHO).

---

[23] http://www.unscn.org/en/publications/nics/

Table 1: Nutrition-related activities supported by UN agencies[24]

| Agency | Activities |
|---|---|
| 1. UNICEF | • Nutrition Cluster Lead Agency<br>• Nutrition coordination at national level (often as country-level nutrition cluster lead or in support of government coordination in nutrition sector)<br>• Technical support<br>• Assessment and communication on the nutrition situation of children and women<br>• Support micronutrient deficiency prevention and control programmes (vitamin A, iron, zinc and folic acid supplementation, universal salt iodisation, flour and oil fortification and support to other multiple micronutrient supplementation programmes)<br>• Provision of nutritional supplies specifically for the management of severe acute malnutrition in children (therapeutic milk, F-75, F-100, RUTF, ReSoMal and vitamin or mineral preparations and equipments), plus associated training<br>• Support treatment of severe acute malnutrition, guideline development and training<br>• Feeding of moderately malnourished children and women (UNICEF provides equipment, supports development of guidelines and oversees the implementation of feeding programmes).<br>• Infant feeding in emergencies, and infant and young child feeding activities<br>• Support for nutrition status monitoring and nutrition surveillance<br>• Provision of equipment for therapeutic feeding (e.g. Scales, length boards, )<br>• Capacity development in NIE |
| 2. WFP | • Food security assessment and monitoring<br>• Transportation and distribution of general rations<br>• Commodity pipeline monitoring<br>• Food basket monitoring<br>• Monitoring food distribution<br>• Emergency school feeding<br>• Feeding vulnerable groups (e.g. orphans, people living with HIV/AIDS, TB)<br>• Provision of blended or fortified foods<br>• Provision of food for selective feeding (food for targeted or blanket feeding plus hospital food, but not food for the management of severe acute malnutrition) |
| 3. UNHCR | • Food security/nutrition assessments and monitoring (jointly with WFP)<br>• Monitoring nutrition status of refugees<br>• Nutrition surveys and surveillance systems<br>• Ration planning (jointly with WFP)<br>• Distribution of food commodities<br>• Selective feeding<br>• Monitoring micronutrient status and provision of supplements<br>• Mobilising complementary foods (local fresh foods, therapeutic milk)<br>• Transport and storage of foods |
| 4. WHO | • Nutrition surveillance<br>• Technical nutrition support<br>• Capacity development in NIE |
| 5. FAO | • Assessment of the food security and nutrition situation<br>• Livelihoods inputs e.g. seeds/tools, fertilizer, livestock, fishing equipment<br>• Technical support for food security activities, e.g. home gardening |

[24] Note that UNDP does not support specific nutrition-related activities.

### Case example 13: Coordination role of UNICEF in Zimbabwe

In 2004 there was a vacuum in the coordination of nutrition activities in Zimbabwe. However, through a process of negotiation, UNICEF was given permission to establish the nutrition technical consultative group (NTCG) with a focus on consultation and sharing of best practices rather than coordination. The NTCG, chaired by UNICEF, met monthly and became increasingly accepted by the Government as the United Nations nutrition coordination mechanism.

Achievements of the NTCG included establishing a national food and nutrition sentinel site surveillance system in 23 sites with the flexibility to expand to respond to worrying trends and to undertake an intervention mapping exercise for the nutrition sector. The mapping exercise, which describes who is doing what and where, was a successful initiative to link coordination between sectors. There was strong representation of different sectors in each of the coordination meetings along with strong informal linkages.

The NTCG also acted as a forum for presenting, sharing and discussing best practices in nutrition and HIV – an emerging area where new findings and guidelines regularly enter the public domain. The NTCG has opened its membership to include agencies working in HIV.

Source: Emergency Nutrition Network, *Field Exchange*, No. 33, June 2008.

### Case example 14: Coordination of food security assessment in Kenya: 1998 – present

In 1998 the Government of Kenya (GoK) had little capacity for comprehensive early warning or coordination of food security activities in most areas of the country. In addition, within the central government, it was very unclear as to who and which structure had responsibility for early warning and food security coordination and analysis.

Outside of the GoK, a large number of international organizations (donors, UN agencies and NGOs) were independently conducting their own early warning and food security data collection and analysis. The results of these activities and systems were:

i)   a large amount of inconsistent and sometimes misleading information that was confusing to decision makers

ii)  the development of parallel systems – one in the GoK and others among international organizations – for implementing food security related emergency and mitigation activities

This situation was unacceptable to donors and many others who felt that as a result of poor coordination, the effectiveness of interventions was limited and financial and other resources were not being used efficiently.

In late 1998, WFP and the GoK, in agreement with donors and other partners, decided to change the function and structure of an existing WFP-chaired, semi-monthly forum to include early warning and comprehensive food security situation updates and analysis. To this end, the members of the revitalized forum, which became the Kenya food security meeting (KFSM), agreed to create and nominate members for a steering group. This steering group, the Kenya food security steering group (KFSSG), led the effort to develop a systematic, comprehensive and multi-agency early warning, food security status monitoring and assessment system for Kenya. The KFSM met monthly, included representatives from over 50 different organizations (GoK departments, United Nations agencies, donors and NGOs) and was open to all organizations with an interest in food security.

The creation of (KFSSG) greatly facilitated the development of important joint initiatives. Multi-agency food security assessments became the norm, and coordinated field assessments were conducted on a regular basis. The WFP and the NGOs agreed to transport GoK food aid as well as that from WFP. The GoK made substantial pledges to WFP Emergency Operations and the GoK agreed that all the food would be placed in a single pipeline. The KFSSG agreed that the community-based targeting and distribution system should be used for the WFP operation and the GoK made the CBTD system the law of the land.

The system continues to the present. The only modification is that there is now a stronger involvement of the nutrition sector in the assessments and the inclusion of nutrition indicators within the overall livelihood analysis framework.

Source: Emergency Nutrition Network, *Field Exchange, No. 14*, November 2001.

Box 2: Examples of MOUs Between United Nations Agencies

**Excerpts from a joint MOU between WFP and UNHCR (July 2002)**

This MOU applies to situations where the number of beneficiaries is more than 5000 persons of concern to UNHCR (refugees, returnees, displaced persons of concern).

WFP and UNHCR conduct joint needs assessment missions where needed, and jointly assess numbers eligible for food assistance.

WFP normally has procedures for assessing the overall food situation in the country. WFP handles the procurement and distribution of *basic* food commodities (includes cereals, edible oils/fats, pulses and other sources of protein, blended foods, salt, sugar and high energy biscuits) for both general and selective feeding programmes. Where beneficiaries are totally dependent on food aid, WFP will ensure the provision of blended foods or other fortified commodities in order to prevent or correct micronutrient deficiencies.

UNHCR is responsible for the procurement and distribution of other *complementary* commodities, including local fresh foods, spices, tea and dried and therapeutic milks.

Where micronutrient requirements cannot be met through the ration, UNHCR will assume responsibility for the provision of the necessary micronutrients until the ration can be adjusted or fortified to meet these needs.

WFP is responsible for mobilizing the necessary resources of milling and will provide milling facilities to the beneficiaries where feasible. If the number of beneficiaries is less than 5000 UNHCR is responsible for the entire process rather than WFP, if it involves, refugees/displaced persons/returnees.

**Excerpts from the joint MOU between WFP and UNICEF (July 2005)**

This MOU applies to both emergency and rehabilitation interventions.

Both organizations will seek to minimize the need for supplementary feeding by ensuring that the basic food ration is adequate.

WFP and UNICEF will work together on advocacy with donor nations in favour of appropriately fortified foods. They will also work together to increase capacity for local milling and fortification of donated cereal products.

When an assessment indicates a significant risk of micronutrient deficiencies in a population, WFP will seek to address this through the inclusion of a fortified blended food or another fortified commodity in the general ration. UNICEF will be responsible for covering any unmet micronutrient needs through other measures (such as supplement distribution, or provision of vitamin/mineral mixes).

UNICEF will ensure the availability of: therapeutic milk for use in therapeutic feeding of severely malnourished people, oral rehydration salts, generically labelled breastmilk substitutes and vitamin/mineral preparations, where the assessment indicates these are necessary.

The European Union's mandate to ECHO is to provide emergency assistance and relief to the victims of natural disasters or armed conflict outside the European Union. It is also now responsible for supporting and supplementing efforts at national, regional and local levels with regard to the three elements of civil protection: disaster prevention, the preparedness of those responsible for civil protection and the intervention in the event of disaster. In practice, however, civil protection assistance tends to be delivered during the immediate phase of a disaster and in case of third countries usually works parallel with or hands over to humanitarian aid.

ECHO's task is to ensure goods and services get to emergency-affected areas quickly. ECHO grants cover emergency aid, food aid and aid to refugees and displaced persons. They are worth a total of over €700 million a year.

Box 3: Donor Capacity in Emergency Nutrition

The lack of nutritional expertise within donor agencies and the replacement of staff with responsibilities for nutrition programming have a number of consequences as follows:

i)   Donor agencies are not always up to date with current developments in the field of nutrition in emergencies.

ii)  There is a tendency for donors to fund the same types of emergency nutrition programming without supporting newer and more innovative interventions.

iii) Weak donor capacity for assessing project proposals exists in nutrition in emergencies.

iv)  Donors may be unaware of critical operational research areas that need to be supported.

v)   Donors appear to have little interest in collating cost information on nutrition initiatives even though they fund these programmes.

vi)  Donors lack the capacity to assess programme performance thereby relying upon final reports of implementing partners. Donor evaluations are usually retrospective and qualitative.

There is an urgent need for donors to engage more with the international humanitarian nutrition community. Donor nutrition policies need to be clearly elaborated thereby underpinning strong commitment and support for the nutrition in emergencies sector. Donors also need strong and experienced nutrition staff to act as focal points for nutrition-related activities and who can actively engage with the wider nutrition humanitarian community.

**Donors should show commitment and support for nutrition in emergencies and have experienced staff to actively engage on issues that are relevant.**

### The United States Agency for International Development (USAID)

The U.S. Agency for International Development (USAID) provides economic, development and humanitarian assistance in support of the foreign policy goals of the United States. The USAID Administrator is the US President's Special Coordinator for International Disaster Assistance. Based in Washington D.C., USAID has over a dozen geographic and thematic Bureaus. Most relevant to Humanitarian Coordination is the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA). This supports the coordination of USAID's democracy programmes, international disaster assistance, food aid (emergency and development), aid to manage and mitigate conflict, and volunteer programmes. The Bureau also provides advice to assist countries transitioning out of crisis and administers disaster assistance, preparedness and mitigation.

DCHA includes the Office of U.S. Foreign Disaster Assistance (DCHA/OFDA), which coordinates and provides relief, rehabilitation and reconstruction assistance. OFDA formulates U.S. foreign disaster assistance policy in consultation with the U.S. Department of Defence, Department of State, foreign affairs agencies and others. In Haiti (2010), for example, OFDA played a key role in nutrition coordination, and was instrumental in securing supplies of ready-to-us infant formula, developing appropriate programmes for it and monitoring its use.

As at October 2010, USAID is in the process of establishing a new Bureau for Food Security.

### iii. The International Red Cross and Red Crescent Movement

The International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) and National Red Cross and Red Crescent Societies are collectively known as The International Red Cross and Red Crescent Movement (or more simply the Red Cross Movement). However, the three are independent bodies, with their own individual status and can exercise no authority over each other. What they do have in common is a commitment to the seven Red Cross and Red Crescent fundamental principles – humanity, impartiality, neutrality, independence, voluntary service, unity and universality.



There are three official emblems for the Red Cross Movement: The Red Cross, used by the ICRC as well as national societies, the Red Crescent (used by societies in Islamic countries) and the Red Crystal (which was incorporated into the statutes in 2006, used by Israel).

### National Societies

The unique network of national societies – which cover almost every country in the world – is the Red Cross Movement's principal strength. National Societies act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services including disaster relief, health and social programmes. Their local knowledge and expertise, access to communities, and infrastructure enable the Movement to reach area and peoples in need. During wartime, National Societies assist the affected civilian population and support the army medical services where appropriate.

### International Federation of Red Cross and Red Crescent Societies

The IFRC is the world's largest humanitarian organisation, comprising 187 member National Societies, a Secretariat in Geneva and more than 60 delegations located around the world. It also includes an extensive volunteer base that extends to tens of millions of individuals world-wide. The role of the IFRC is to coordinate and direct international assistance following natural and man-made disasters in non-conflict situations. It works with National Societies to respond to catastrophes around the world. Its relief operations are combined with development work, including disaster preparedness, health and care activities, and the promotion of humanitarian values. In particular, it supports programmes on risk reduction and fighting the spread of diseases, such as HIV, tuberculosis, avian influenza and malaria. For details see www.ifrc.org

### International Committee of the Red Cross

The ICRC is mandated by the international community to be the guardian and promoter of international humanitarian law. The ICRC's humanitarian mission: *"to protect the lives and dignity of victims of war and internal violence and to provide them with assistance"*. ICRC has offices in around 80 countries with over 12,000 staff worldwide.

The ICRC's legal mandate has two sources:

- Geneva Conventions (including the Additional Protocols), which task the ICRC with visiting prisoners, organizing relief operations, re-uniting separated families and similar humanitarian activities during armed conflicts;

- ICRC's Statutes, which encourage it to undertake similar work in situations of internal violence, where the Geneva Conventions do not apply.

ICRC provides assistance to people affected by armed conflict and other situations of violence. Their main areas of activity are to:

- Try to ensure civilians not taking part in hostilities are spared and protected.

- Visit prisoners of war and security detainees.

- Transmit messages to and reunite family members separated by armed conflict

- Help to find missing persons

- Offer or facilitate access to basic health care services

- Provide urgently needed food, safe drinking water, sanitation and shelter

- Promote respect for international humanitarian law

- Monitor compliance with and contribute to further development of international humanitarian law

- Help reduce the impact of mines and explosive remnants of war on people

- Support National Red Cross and Red Crescent Societies to prepare for and respond to armed conflict and other situations of violence.

For further information see www.icrc.org.

## iv. Non-Governmental Organisations (NGOs)

Large scale emergencies are characterized by the mobilization of local and international civil society organizations. New major emergencies often lead to the birth of new NGOs. For example, Concern Worldwide grew out of the Biafra civil war and emergency in 1969 while Muslim Aid was formed during the 1984 Ethiopian famine. Between 1980 and 2000 the number of NGOs registered within the Organisation for Economic Co-operation and Development (OECD) in industrialized countries increased from 1600 to over 4000. Nearly half are involved in emergencies.

### Box 4: Role of NGOs in nutrition surveys

Records in the complex emergency database (CE-DAT) held within the Centre for Research on the Epidemiology of Disasters (CRED) in Brussels show that out of the 1329 nutrition and/or mortality surveys from 41 different countries conducted between 2000 and November 2006 two thirds were undertaken by NGOs or in partnership with one. United Nations agencies were involved in 37 per cent of the surveys. Only one-fifth involved government bodies. Surveys undertaken by NGOs covered smaller geographical units than those undertaken by United Nations, government or academic groups. While the United Nations provides surveys that are nationwide or cover very large regions, NGOs are the main source of information at sub-national levels for internally displaced persons and emergency-affected residents. However, data on refugees in camps are primarily available through the UNHCR standard indicator reporting system, which partly draws from NGO reports and partly from their own civil registration system.

Source: Emergency Nutrition Network, Field Exchange, No. 32, January 2008.

There is no easy characterisation of NGOs – the term encompasses a wide variety of agencies, with different missions, approaches, ethical frameworks, competencies and approaches. NGOs that work in NIE can be distinguished in a variety of ways, e.g., by area of speciality (selective feeding, general rations, livelihood support, advocacy); by modus operandi (whether they are operational or work through local partners); and by relationships and dependence on donors (whether mainly dependent on donors that provide only food aid or not). Indeed, funding is often a defining characteristic of NGOs. Sources and mechanisms of funding vary enormously. Some NGOs (especially in the USA) are largely dependent upon governments, while others have developed mechanisms to access large amounts of private (business/foundation/corporation) and public funding (through church/mosque, merchandising, retail and other means). Multilateral sources of funding, e.g., ECHO or UN agencies, are also critical for some NGOs. Arguably, those agencies that derive a greater share of their income from the private and public sector have greater autonomy in terms of strategic direction and choice of countries in which they work.

Local NGOs, including church-based groups, often have a great deal of connectedness to local populations and their needs. They are easily accepted by the community, have a good understanding of local context and the dynamics of the population and its characteristics as well as the socio-political environment, which is necessary in programme implementation. At times, these local NGOs have experience in diverse emergency situations that may have arisen in their locality. Such agencies are usually present before an emergency strikes and remain once the crisis is over. They also tend to work at 'lower' levels than international NGOs and fill the gaps which international NGOs may miss. While NGOs may undertake very different activities in nutritional crises, they are responsible for most of the nutritional surveys conducted during emergencies.

Coordination mechanisms for NGOs working in nutritional emergencies are many and varied. Some NGOs, such as Save the Children. MSF and Action Contre La Faim (ACF), will co-ordinate activities with their sister organisations in emergency-affected countries. Coordination may also be more spontaneous and driven by one lead agency. The Cluster Approach (described above) was initiated to ensure coordination in all emergency situations.

Coordination mechanisms also exist at the headquarters level of international NGOs. For example, in the United Kingdom, the Disasters Emergency Committee (DEC) is composed of 13 major UK-registered NGOs that work in emergencies. Formed in 1963, the DEC seeks to coordinate public fundraising efforts of NGOs. It uses strong ties with the corporate, public and broadcasting sectors to launch mass public appeals for specific crises. There are usually one or two DEC appeals each year (with the exception of an unusually long gap between 1994 and 1998 when there were none). Since 1998, the largest was in 2004 for the Asia tsunami, which raised over £372 million; the smallest was for the Liberia crisis in 2003, which raised £2.5 million. The United Kingdom is unusual in having such a co-ordination mechanism in place. There is no parallel in the United States.

At the international level, there are several examples of inter-agency cooperation amongst NGOs. Amongst the most prominent are:

SCHR    The Steering Committee for Humanitarian Response is an alliance of eight major international humanitarian organisations and networks[25], established in 1972. It has an Executive Secretary based in Geneva and has a seat at the IASC. The SCHR works on operational issues, linkages with the UN and promotes quality and accountability in humanitarian action. The SCHR promotes the Red Cross/NGO Code of Conduct and Sphere Humanitarian Charter and Minimum Standards.

InterAction    This is an alliance of over 200 U.S.-based international NGOs[26]. Its staff are based in Washington DC, and help coordinate efforts by members to influence policy and budget priorities in Congress, help provide access to senior policymakers and provide members with analyses of issues as they impact the humanitarian and development domains. InterAction sits on the IASC and Sphere Board. InterAction's members subscribe to the InterAction Standards.

ICVA    The International Council of Voluntary Agencies is a global network of NGOs that advocates for effective humanitarian action[27]. Founded in 1962, ICVA brings the experience and views of over 75 national and international NGOs to international policy-making fora (including the IASC). ICVA also provides its members with up-to-date information and analyses on humanitarian policy developments and supports certain field situations. It has a small office based in Geneva and sits on the Sphere Board.

VOICE    (Voluntary Organisations in Cooperation in Emergencies), VOICE is a network of 86 European NGOs active in international humanitarian aid. It is not operational, but supports its members in information, training, advocacy and lobbying. VOICE is the main NGO interlocutor with the European Union on emergency aid, relief, rehabilitation and disaster preparedness.[28]

## The Role of Other Actors in Nutrition in Emergencies

### Military

Since the early 1990s it has become increasingly common for humanitarian agencies to be operating in contexts in which international military are also deployed – usually on peace-keeping or peace enforcement missions. High-profile conflicts such as the Balkans, Afghanistan and Iraq have seen 'human-itarian' language being used to justify international military intervention. Added to this has been a trend of military carrying out projects that would normally be regarded as the job of humanitarian or aid agencies. All in all, there has emerged a critical area of humanitarian policy concerned with clarifying the interface between military and humanitarian actors – often termed CIMIC (civil-military cooperation).

There are profound differences between the mandates, missions and principles of military forces and humanitarian agencies. Military forces are an instrument of their governments and have a core role to foster security and protect civilians by establishing and enforcing a safe and stable environment. In contrast, humanitarian agencies respond to human suffering, irrespective of political, religious or other allegiance. So, when military carry out projects such as running medical services, they do so primarily with a political motivation, and often to win over the 'hearts and minds' of locals and thereby minimise the risk of attack. This approach has been called 'force protec-tion'. For humanitarian agencies, the motivation would be to relieve suffering, save lives and to protect civilians.

However, such distinctions may be less clearly understood by local populations who may see little distinction between the actions of military and humanitarian agencies. This has blurred the boundaries between the two and led to increasing con-cern about the threat this poses to the security of humanitarian staff.

The increasing role of the military is viewed by some as com-promising the humanitarian imperative and humanitarian principles (such as impartiality and independence), thereby threatening the ability of humanitarian agencies to reach those in need. Others see the increasing role of the military as necessary and desirable (for example, the United States, the United Kingdom and the EU have all developed systems that connect their humanitarian and military wings). Several guide-lines have been produced in recent years that aim to clarify the distinctive role of military and humanitarian actors.[29]

---

[25] Care International, Caritas Internationalis, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies , International Save the Children Alliance , Lutheran World Federation, Oxfam and World Council of Churches.
http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-about-schr

[26] http://www.interaction.org

[27] http://www.icva.ch/

[28] http://www.ngovoice.org/

[29] For example, see *Guidelines on The Use of Foreign Military and Civil Defence Assets In Disaster Relief*, November 2006, and revised November 2007; Guidelines on the Use of Military and Civil Defense Assets to Support United Nations Humanitarian Activities in Complex Emergencies, March 2003; and IASC Reference paper on Civil-Military Relationship in Complex Emergencies, 28 June 2004. These can be important resources for coordinated humanitarian efforts at field level.

Box 5: Principles for Engagement with Private Sector Organisations[30]

Collaborative engagement with the private sector, beyond mere commercial transactions such as buying products and services, is guided by the following principles:

a. Relevance to Vision and Mandate: Any collaborative activities with Private Sector Organisations (PSOs) must have a direct relevance to and be in support of achieving SCN's vision and mandate. SCN shall establish and pursue its own agenda for private sector engagement, rather than only react to proposals.

b. Effectiveness and Efficiency: Securing concrete outcomes in line with achieving the goals of the SCN, as well as the appropriate use of the SCN's resources as compared to alternative actions.

c. Managing Conflict of Interests: Identification of interests of collaborating individuals and institutions, assessment of potential conflicts of interest, in keeping with SCN's policy on such conflicts and subsequent management of these or exclusion from participation.

d. Independence from vested interest: Maintaining the credibility of SCN by ensuring independence from commercial interests.

e. Transparency: While respecting individual privacy and institutional confidentiality, as appropriate, the aim must be for all interested persons to easily obtain information on the activities, including through posting on websites.

f. Diversity: Diversifying types of PSOs, to ensure that no one type (size/origin) dominates engagements, and ensuring that those who have no commercial interests in the issues have preferential participation.

g. Differential Safeguards: Distinguishing between activities that relate to public policy making and should be particularly safeguarded from corporate influence, and other activities with less relevance to or influence on public policy. Differentiating between PSOs involved in activities that are confluent1 with the interests of SCN, and those that are not.

h. Human rights based: promoting and respecting human rights principles, treaties and covenants.

## Private Companies

The private sector has played an increasingly important role in humanitarian action – not only as contracted agents for specific goods and services, but also as actors with the logistical reach and timely positioning for early humanitarian response. In recognition of this and the private sector's overall importance in nutrition, the SCN developed eight principles of engagement.

Private companies have been especially prominent in the development of, and demand for, special ready-to-use food products used in the treatment of severe and/or moderate acute malnutrition. Some of these products remain under international patent, which makes them costly to purchase and transport. Progress is being made to support local private sector organisations to establish local production capacity that meets international quality standards (often with guidance and support from UNICEF). This has the dual benefits of cutting transport costs and bolstering local markets for core ingredients.

---

[30] SCN Private Sector Engagement Policy. Interim document agreed at the 33rd SCN Annual Session in Geneva, March 2006 (with minor revisions made 19 June 2006). http://www.unscn.org/files/Core_documents/SCN_Private_Sector_Engagement_Policy_Agreed_June_2006.doc

## Annex 1: Key Excerpts from 'The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief'[31]

### Purpose

This Code of Conduct seeks to guard our standards of behaviour. It seeks to maintain the high standards of independence, effectiveness and impact to which disaster response agencies aspire. It is a voluntary code, outlining 10 principles of conduct. Three annexes describe the working environment that we would like to see created by Host Governments, Donors and Inter-Governmental Organisations.

### The Code of Conduct

**1 The humanitarian imperative comes first**
The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries. As members of the international community, we recognise our obligation to provide humanitarian assistance wherever it is needed. Hence the need for unimpeded access to affected populations is of fundamental importance in exercising that responsibility. The prime motivation of our response to disaster is to alleviate human suffering.

**2 Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.**

**3 Aid will not be used to further a particular political or religious standpoint**
Humanitarian aid will be given according to the need of individuals, families and communities.

**4 We shall endeavour not to act as instruments of government foreign policy**
Non-governmental humanitarian agencies act independently from governments. We therefore formulate our own policies and implementation strategies. We will never knowingly – or through negligence – allow ourselves, or our employees, to be used to gather information of a political, military or economically sensitive nature for governments or other bodies that may serve purposes other than those which are strictly humanitarian, nor will we act as instruments of foreign policy of donor governments.

**5 We shall respect culture and custom**

**6 We shall attempt to build disaster response on local capacities**
Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies.

**7 Ways shall be found to involve programme beneficiaries in the management of relief aid**
Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme.

**8 Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs**
We will strive to implement relief programmes which actively reduce the beneficiaries' vulnerability to future disasters and help create sustainable lifestyles.

**9 We hold ourselves accountable to both those we seek to assist and those from whom we accept resources**
We often act as an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. We therefore hold ourselves accountable to both constituencies.

**10 In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects**
Respect for the disaster victim as an equal partner in action should never be lost. In our public information we shall portray an objective image of the disaster situation where the capacities and aspirations of disaster victims are highlighted, and not just their vulnerabilities and fears.

---

[31] The full text can be found at http://www.ifrc.org/publicat/conduct/ in English, French and Spanish

## Annex 2: Call for Support for Appropriate Infant and Young Child Feeding in Emergencies

[Insert list of issuing organisations] call for support for appropriate infant and young child feeding in the current emergency, and caution about unnecessary use of milk products.

During emergency situations, whether manmade or natural disasters, disease and death rates among under-five children are generally higher than for any other age group. The younger the infant, the higher the risk. Mortality may be particularly high due to the combined impact of a greatly increased prevalence of communicable diseases and diarrhoea and soaring rates of under-nutrition. The fundamental means of preventing malnutrition and mortality among infants and young children is to ensure their appropriate feeding and care.

[List of issuing organisations] note that donations of infant formula and other powdered milk products are often made, whilst experience with past emergencies has shown that without proper assessment of needs, an excessive quantity of milk products for feeding infants and young children are often provided, endangering their lives. There should be no donations of breastmilk substitutes (BMS), such as infant formula, other milk products, bottle-fed complementary foods represented for use in children up to 2 years of age, complementary foods, juices, teas represented for use in infants under six months; and bottles and teats. Any unsolicited donations should be directed to the designated coordinating agency (see below).

[List of issuing organisations] reiterate that no food or liquid other than breastmilk, not even water, is needed to meet an infant's nutritional requirements during the first six months of life. After this period, infants should begin to receive a variety of foods, while breastfeeding continues up to two years of age or beyond. The valuable protection from infection and its consequences that breastmilk confers is all the more important in environments without safe water supply and sanitation. Therefore, creation of a protective environment and provision of skilled support to breastfeeding women are essential interventions.

Any provision of BMS for feeding infants and young children should be based on careful needs assessment. Therefore, all donor agencies, non-governmental organisations (NGOs), media, individuals wishing to help and other partners, should avoid calls for and sending donations of BMS, bottles and teats and refuse any unsolicited donations of these products. BMS should be used only under strict control and monitoring and in hygienic conditions, and in accordance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions, as well as humanitarian agencies' policies and guidelines. There should be no general distribution of BMS.

There is a common misconception that in emergencies, many mothers can no longer breastfeed adequately due to stress or inadequate nutrition. A desire to help may result in the inappropriate donations of infant formula and other milk products. Stress can temporarily interfere with the flow of breast milk; however, it is not likely to inhibit breast-milk production, provided mothers and infants remain together and are adequately supported to initiate and continue breastfeeding. Mothers who lack food or who are malnourished can still breastfeed adequately. Adequate fluids and extra food for the mother will help to protect their health and well-being.

If supplies of infant formula and/or powdered milks are widely available, mothers who might otherwise breastfeed might needlessly start giving artificial feeds. This exposes many infants and young children to increased risk of infectious disease, malnutrition and death, especially from diarrhoea when clean water is scarce. The use of feeding bottles only adds further to the risk of infection as they are difficult to clean properly.

In exceptionally difficult circumstances, therefore, the focus needs to be on creating conditions that will facilitate breastfeeding, such as establishing safe ùcornersû for mothers and infants, one-to-one counselling, and mother-to-mother support. Traumatised and depressed women may have difficulty responding to their infants and require particular mental and emotional support. Every effort should be made to identify ways to breastfeed infants and young children who are separated from their mothers, for example by a wet-nurse.

[In addressing IFE in the context of high HIV prevalence, a position reflecting the latest consensus may be stated here].

Treatment of severely malnourished children, whether facility or community based, should be treated in accordance with international standards and best practice and closely monitored. Standard commercial infant formulas are not meant for this purpose.

Children from the age of six months require nutrient-rich complementary foods in addition to breastfeeding. Complementary feeding should be addressed with priority for locally available, culturally acceptable, nutritionally adequate family foods. Provision of fortified foods or micronutrient supplements such as vitamin A or zinc in supervised programmes for young children represent a much more appropriate form of assistance than sending milk products. In rations for general food distribution programmes, pulses, meat, or fish are preferable to powdered milk.

[List of issuing organisations] strongly urge all who are involved in funding, planning and implementing an emergency response and in all levels of communication to refer to key policy and programme instruments to avoid unnecessary death following uncontrolled distribution of BMS. Community leaders are called upon to monitor and report any donations that may undermine breastfeeding.

We urge governments and partners to include capacity building for breastfeeding and infant and young child feeding as part of emergency preparedness and planning, and to commit financial and human resources for proper and timely implementation of breastfeeding and infant and young child feeding in emergencies.

## Annex 3: Nutrition Activities Eligible for CERF Funding.

This table lists the types of activities that meet the CERF criteria, and the conditions under which these activities will be funded. This is not exhaustive, but an indicative list for guidance purposes.

| ACTIVITIES | CONDITIONS |
|---|---|
| Nutrition screenings and surveillance to provide time critical information for identification of areas of urgent need, or deterioration in the nutritional situation, and for identification of cases of acute malnutrition for referral for life-saving treatment. | Context of specific emergency response. |
| Provision of life saving emergency food rations to the general population, or as blanket to particular vulnerable groups. | Only when general food ration quality is inadequate for the needs of the population or where distribution is not yet sufficiently addressed during an emergency and as a temporary measure to prevent further deterioration of the nutrition situation and loss of life. |
| Provision of support to infant and young child feeding in emergencies (IFE). Activities include protection, support and promotion of early, exclusive and continued breastfeeding, through support to mothers, provision of counsellors and ensuring secluded areas are available for breastfeeding. Provision of appropriately targeted support for artificially fed infants, monitoring and policy action for prevention of uncontrolled breastmilk substitute donation and distribution, provision of appropriate complementary foods. | Context of specific emergency response. |
| Management of severe and moderate acute malnutrition Activities include support for inpatient and outpatient treatment for severe acute malnutrition as well as community mobilisation/outreach to ensure communities can identify cases and access the services (i.e. community-based management of severe acute malnutrition); Targeted and blanket supplementary feeding for children, pregnant and lactating women and other vulnerable groups. | Support for treatment of severe acute malnutrition should be provided wherever cases exist. Supplementary feeding should be considered where levels of acute malnutrition reach emergency thresholds. Blanket supplementary feeding approaches may be most appropriate where capacity is poor, where levels of acute malnutrition are very high and where the general ration is inadequate at the initial stages of the emergency. |
| Micronutrient supplementation – Vitamins and minerals | Special mass campaigns should be set after needs assessment and coordination with other sectors (health and food) on the requirements and frequency. |

Source: Central Emergency Response Fund Life-Saving Criteria. January 2010.

## Annex 4: Principles of Partnership

**A Statement of Commitment. Endorsed by the Global Humanitarian Platform, 12 July 2007**

The *Global Humanitarian Platform*, created in July 2006, brings together UN and non-UN humanitarian organizations on an equal footing.

➡ Striving to enhance the effectiveness of humanitarian action, based on an ethical obligation and accountability to the populations we serve,

➡ Acknowledging diversity as an asset of the humanitarian community and recognizing the interdependence among humanitarian organizations,

➡ Committed to building and nurturing an effective partnership,

… the organizations participating in the **Global Humanitarian Platform** agree to base their partnership on the following principles:

---

• **Equality**

Equality requires mutual respect between members of the partnership irrespective of size and power. The participants must respect each other's mandates, obligations and independence and recognize each other's constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent.

---

• **Transparency**

Transparency is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communications and transparency, including financial transparency, increase the level of trust among organizations.

---

• **Result-oriented approach**

Effective humanitarian action must be reality-based and action-oriented. This requires result-oriented coordination based on effective capabilities and concrete operational capacities.

---

• **Responsibility**

Humanitarian organizations have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and appropriate way. They must make sure they commit to activities only when they have the means, competencies, skills, and capacity to deliver on their commitments. Decisive and robust prevention of abuses committed by humanitarians must also be a constant effort.

---

• **Complementarity**

The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other's contributions. Local capacity is one of the main assets to enhance and on which to build. Whenever possible, humanitarian organizations should strive to make it an integral part in emergency response. Language and cultural barriers must be overcome.

---

Source: www.globalhumanitarianplatform.org

# Annex 5: The Role of United Nations Agencies

### United Nations High Commissioner for Refugees (UNHCR)

Established in 1950 by the UN General Assembly, UNHCR has a mandate to safeguard the rights and well-being of refugees worldwide, and to lead and coordinate international action to protect refugees and resolve refugee problems.

UNHCR is mandated to coordinate nutrition in emergencies in refugee situations. To ensure that nutrition policy is consistent throughout its humanitarian work, UNHCR is a member of the SCN, the interagency working groups on infant and young child feeding and the IASC Nutrition Cluster.

UNHCR's original mandate does not specifically cover internally displaced persons (IDPs). Legally, IDPs remain under the 'protection' of their own government even though that same government may be the cause of their flight, or else be incapable of saving its citizens from generalized violence. Since 2005 and the Cluster Approach, UNHCR has had the lead role in overseeing the protection and shelter needs of IDPs as well as the coordination and management of  any camps that are established.

### World Food Programme (WFP)

WFP is responsible for mobilising basic food commodities plus the funds for meeting transport costs, and for all large-scale refugee feeding operations managed by UNHCR. WFP also works closely with UNICEF (the MoU was discussed earlier) to support programmes to prevent and/or address acute malnutrition. It seeks to use food aid to support economic and social development and to promote world food security in accordance with the recommendations of the UN and FAO.

### United Nations Children's Fund (UNICEF)

UNICEF's mission stems from the United Nations Convention on the Rights of the Child and the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW). UNICEF's humanitarian response is based upon internationally recognised frameworks including the humanitarian principles of neutrality, impartiality and humanity, as well as its own Core Commitments for Children in Humanitarian Action (CCCs)[32]. The CCCs incorporate the Cluster Approach and UNICEF's role in cluster leadership.

UNICEF is also mandated to ensure that violations against children are better documented and acted upon. This includes violations such as attacks on schools and hospitals, denial of humanitarian access, displacement, recruitment into armed forces, sexual violence as well as maiming and killing.

In emergencies at country level, UNICEF is usually designated the cluster lead for nutrition (discussed earlier). UNICEF's direct contribution to emergency nutrition work typically includes:

- Assessment and communication on the nutrition situation of children and women, including support for surveys and surveillance systems

- Immediately protecting breastfeeding by preventing general supply of powdered milk or formula by supporting appropriate infant and young child feeding

- Supporting safe havens for women in all camps or sites, and providing special rations for pregnant and lactating women, as well as offering breastfeeding and re-lactation support

- Support the management of severe acute malnutrition

- Support micronutrient deficiency, prevention and control

- Monitoring supplementary feeding, blanket feeding and general nutritional status

- Disseminating standard guidelines and protocols on therapeutic and supplementary feeding

- Providing technical and financial support for nutrition assessment and surveillance

- Working closely with WFP to monitor food situation, distribution and impact on nutrition.

---

[32] Revised May 2010. http://www.unicef.org/publications/index_21835.html

### Food and Agriculture Organization (FAO)

FAO's mandate is to raise levels of nutrition, improve agricultural productivity, better the lives of rural populations and contribute to the growth of the world economy. In emergencies, FAO responds in the agriculture and food security sectors, including crop and food supply monitoring and needs assessment, evaluation of agricultural relief requirements, and mobilization of the assistance and resources needed to restore agricultural activity.

WFP is one of FAO's most important partners. FAO's Director-General and WFP's Executive Director have the joint authority to approve large emergency food operations. The two organisations work closely together in preparing early warning reports and in assessing food relief needs and publicising them among donors.

FAO distributes material assets, such as seed and fertilizer, fishing equipment, livestock and farm tools. In complex emergencies, when rural communities have suffered from armed conflicts as well as natural disasters, such as drought, FAO programmes may also build local capacities so that vulnerable people are better able to cope with future shocks.

### World Health Organization (WHO)

WHO's goal is "to reduce avoidable loss of life, burden of disease and disability in emergencies and post-crisis transitions". WHO works primarily with governments to establish national policies and strategies and to build the human capital foundation of a national health system. In emergencies, WHO provides emergency medical supplies and may collaborate on joint missions – e.g. assessments or evaluations. WHO can also provide situational information, including baseline statistics, health situation reports and epidemiological surveillance data along with WHO disaster-related guidelines for effective programme planning. WHO is the lead agency for the health cluster, and also provides the institutional home of the Health and Nutrition Tracking Service[33].

### United Nations Development Programme (UNDP)

With respect to the humanitarian system, the UNDP is important in two ways: first, it works closely with governments on emergency preparedness, and second, at the country level, the head of UNDP is also the United Nations Resident Coordinator (RC), who is often the person who takes on the additional role of Humanitarian Coordinator in emergencies. UNDP headquarters has a Bureau for Crisis Prevention and Recovery (BCPR) that aims to help countries prevent and recover from armed conflicts and natural disasters through advocacy, capacity building, conflict-sensitive development, development of tools and methodologies, gender equality, knowledge networking, strategic planning and programming, and policy and standard setting. UNDP is the lead agency for the early recovery cluster.

---

[33] http://www.thehnts.org/

## Annex 6: UNICEF and WFP Collaboration: Technical Matrix on Nutrition

WFP and UNICEF are committed to nutrition-relevant principles articulated in the Convention on the Rights of the Child, the Declaration and Plan of Action of the International Conference on Nutrition, the Convention to End All Forms of Discrimination against Women and to the achievement of the Millennium Development Goals. Both agencies are committed to reducing under-nutrition and protecting the nutritional status of children and women, including the provision of a food basket that not only helps meet the assessed requirements of beneficiaries but is also nutritionally balanced and culturally acceptable.

**Guiding principles:**

1. UNICEF and WFP acknowledge the UNICEF framework on the causality of under-nutrition, the life-cycle approach and the importance of caring practices in good nutrition, as well as the synergistic effects of early stimulation and good nutrition.

2. Both agencies have complementary resources, skills and approaches that need to be harnessed to achieve value-added. Both food and non-food resources are required to achieve nutrition goals – neither WFP nor UNICEF alone can succeed as much as the two working together.

3. Wherever possible, UNICEF and WFP will seek to work on nutrition in the same geographic locations aiming for synergistic effects of complementary resources and activities.  This does not exclude separate activities, but encourages as much collaboration as possible. The goal is to increase, with urgency, efforts to resolve the massive scale of undernutrition worldwide.

4. UNICEF and WFP will seek to standardize approaches for surveys and information gathering methodologies.

5. This matrix serves to guide any local Memoranda of Understanding and work plans focused on specific activities.

**Objectives:**

1. To aim for joint nutrition programming in locations where both agencies are present and/or active

2. To contribute to nutrition-friendly programmes to address child and maternal nutrition

3. To strengthen a multi-disciplinary package approach along with food interventions

4. To build a strong global partnership for the development of staff's capacity to manage nutrition in emergencies and for standardised approaches/methodologies for nutrition assessment

**Technical matrix on nutrition**

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| **Nutrition assessment: anthropometric and micronutrient status**<br><br>In consultation and collaboration with WFP, UNICEF will generally take the lead in undertaking nationwide nutrition surveys. However, in geographic regions or among certain beneficiary groups where WFP intervenes, WFP can request UNICEF to collect data or will organize the collection itself. It will also take responsibility for baselines, monitoring and evaluation (M & E) sample surveys, impact assessments in the context of specific operations research or pilot activities where nutrition is a key element of the activity.<br><br>WFP will take the lead in emergency food security assessments, seeking inputs from UNICEF and other partners on issues of nutrition and related non-food resource needs. Where UNICEF does not have the capacity to do so, WFP will assume some responsibility for emergency nutrition surveys, as well as nutrition surveillance where it relates to WFP programming. Once the acute phase is over, UNICEF will usually take over the normative responsibility for regular nutrition surveys, surveillance and monitoring. | • To participate in the technical discussions, planning and design of nutrition surveys<br>• To provide staff who will actively participate in surveys<br>• To take the lead, where appropriate, in nutrition surveys required to assess the nutrition situation in emergencies, or as baselines and follow-ups to development programming<br>• To provide logistic support for surveys, including transport and communication<br>• To have access to UNICEF's raw data and information relevant to WFP programmes, and vice versa<br>• To procure survey equipment in areas where UNICEF is not in a position to provide such equipment | • To provide a lead role in surveys on nutrition representative at national level<br>• To provide technical support for survey design and training<br>• To assist WFP in gaining access to appropriate survey equipment and supplies, including those of micronutrient deficiencies | • To share all data on nutrition, mortality and morbidity supporting national governments' activities, which are developed by either agency<br>• To develop joint methodologies (assessment tools, including the equipment and measures used), indicators and reporting methods for different purposes |
| **Nutrition surveillance**<br><br>UNICEF and WFP will work together with partners for the development and strengthening of nutrition surveillance systems, as required. | • To act as an active member in forums designed for the development of nutrition surveillance, especially in relation to food security | • To provide a lead role in setting up nutrition surveillance systems at national level<br>• To provide technical support | • To provide technical support for the design of and training on nutrition surveillance systems |

**Technical matrix on nutrition** (continued)

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| | • To collaborate in defining indicators, designing survey and providing systems support | for design and training in nutrition surveillance<br>• To provide supplies and equipment, and support training of government counterparts | • To support relevant government institutions in the development of protocols and guidelines for nutrition surveillance<br>• To disseminate findings and results of surveillance reports for the public audience<br>• To promote the establishment and enhancement of national government surveillance systems in the context of preparedness and prevention |
| **Emergency food security and nutrition assessments**<br>WFP and UNICEF will enhance the role of nutrition, including mortality and attention to special needs in areas of high HIV prevalence and conflict zones, within emergency assessments. | • To take the lead in organising joint emergency food security assessment (EFSA) missions | • To participate in EFSA on a more regular basis by providing technical support on nutrition assessment | • To define the role of nutrition within EFSA and vulnerability analysis and mapping (VAM) |
| **General ration and vulnerable group feeding**<br>WFP is primarily responsible for food needs assessment, planning and design of the ration. When general food distributions are implemented, food baskets will be designed in accordance with the joint United Nations guidelines on Food and Nutrition Needs in Emergency (2000). | • To take the lead in meeting food aid requirements<br>• To provide transport, storage and other non-food equipment required for food management<br>• To distribute food to affected beneficiaries directly or through partners in a timely manner and will take responsibility for the overall management of the general ration distribution programme<br>• To provide training related to food management | | |

**Technical matrix on nutrition** (continued)

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| **Supplementary feeding programmes (SFP)**<br><br>In general, WFP will coordinate the organization of supplementary feeding programmes, except in situations, agreed upon by both agencies, where UNICEF is in a better position to carry out this responsibility. | • To take the lead, in consultation with UNICEF, in supplying supplementary food commodities for SFP | • To take the lead in organizing nutrition coordination meetings with partners to review SFP | • To develop protocols, guidelines and indicators to be used as a trigger for SFP *(Clear and common agreement must be defined on the role of SFPs, the contexts in which SFPs should or should not be implemented, and on responsibilities for action where one agency is not present but the other believes an SFP should be implemented. The importance of psychosocial stimulation on SFPs, as indicated by WHO, will be included in the guidelines.)*<br>• To collaborate in assessing and documenting the impact of SFPs |
| **Management and treatment of severe undernutrition (therapeutic feeding programmes)**<br><br>Therapeutic feeding programmes (TFPs) entail treatment of severe undernutrition following established joint United Nations protocols. | • To seek the provision of food for the recovery phase of TFPs<br>• In consultation with partners, to provide food for TFPs according to established United Nations protocols in areas where UNICEF is not able to do so | • To support and coordinate the organization of therapeutic feeding programmes and interventions that provide care, protection and feeding of unaccompanied children, and the distribution of micronutrient supplements<br>• To mobilize resources and ensure the availability of therapeutic milk (RUTF) and | • To assist governments in adapting treatment protocol on severe undernutrition in collaboration with WHO and other partners<br>• To explore and promote local production of therapeutic food products, and assess the viability of home-based care methods in nutrition rehabilitation |

**Technical matrix on nutrition** (continued)

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| | | • F-100, ORS, and vitamin/mineral preparations as assessment indicates<br>• To support the training of staff on treatment of severe undernutrition | |
| **Targeting nutritionally vulnerable people**<br><br>Adequate nutrition and health care is essential during key periods of the life cycle-pregnancy/lactation, infancy, childhood growth and adolescence. UNICEF strives to ensure that the basic health needs of children are met; while WFP strives to ensure that basic food (and nutrient) needs are met. UNICEF gives particular emphasis on ensuring that children have access to basic health services; that they are protected from vaccine-preventable childhood diseases; and that they benefit from prevention and treatment of diarrhoeal diseases.<br><br>WFP and UNICEF will collaborate in ensuring protection of breastfeeding, especially exclusive breastfeeding, in emergency settings. | • To provide nutritious food to mothers and children through targeted maternal-child health and nutrition (MCHN) activities<br>• To support food-for-education (FFE) activities on the basis of Vulnerability Analysis Mapping (VAM) indicating food deficits<br>• To provide nutrition education material through its partners<br>• To include breastfeeding in determination of family foods<br>• To document, in collaboration with UNICEF and WHO, positive nutrition outcomes of interventions where nutrition goals are explicit<br>• To facilitate the provision of de-worming tablets, in collaboration with UNICEF and WHO, in the context of pre- and primary schools and MCHN services where intestinal worms are a | • To take the lead and responsibility for implementing public health interventions such as water, sanitation, health services (Vitamin A, immunization, ORS)<br>• To support capacity building on caring practices through training of institutional caretakers/health workers | • To ensure recognition of the role of breastfeeding in nutrition and child survival<br>• To jointly prepare and provide nutrition education materials, in collaboration with other partners wherever possible<br>• To seek linkage between food support and resources relating to water and sanitation, as well as caring practice provided by UNICEF<br>• UNICEF will take the lead on ensuring safe supplies of water, while WFP will support such activities<br>• To promote the essential package approach to all MCHN and school-based interventions<br>• To review the micronutrient nutrition and health concern specifications of blended or complementary foods for young children in the light of new FAO/WHO recommendations for vitamins and minerals |

**Technical matrix on nutrition** (continued)

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| | | | • To explore responsibility for technical guidance and other support for procurement and distribution of special foods for orphans unable to be breastfed<br>• To promote the protection and support of exclusive breastfeeding in both emergencies and in development programming, as per inter-agency guidelines<br>• To document nutrition outcomes where nutriton goals are explicity defined within schools |
| **Nutrition education and communication**<br>Behaviour change is key to improved nutrition in the long-term. However, the role of nutrition education and communication are operationally underdeveloped. Thus WFP and UNICEF will jointly define what works best in this area and why, and will also support expanded activities as appropriate. | • To support the preparation and use of information, education and communication (IEC) materials in many countries and will further refine and expand this support<br>• To support implementation of effective IEC in MCHN and FFE | • To take the lead in defining operational research on the roles of nutrition education<br>• To work closely with WFP in elaborating standard IEC materials and methods | • To pursue analysis of best practice in the design and implementation of nutrition education, test the most appropriate methods for assessing effectiveness and impact, and standardize data collection on education and behaviour change |
| **Micronutrients and fortification**<br>UNICEF will take a lead role in assessment of micronutrient deficiency And, in collaboration with WFP, in the design of programmes, treatment and quality control. WFP will ensure that food commodities are adequately fortified. | • To ensure that processed food commodities provided, such as salt, oil, blended food and cereals, are fortified<br>• To take the lead, where necessary, in the design and implementation of milling/fortification, including quality control at local and national levels | • To develop national supplementation and treatment guidelines<br>• To provide vitamin A and iron supplements to pregnant women, and other micronutrient supplements, | • To assess complementary operational roles in addressing micronutrient deficiency<br>• To advocate for greater national awareness and action on micronutrient deficiency<br>• To examine the |

**Technical matrix on nutrition** (continued)

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| WFP will take responsibility for defining micronutrient concerns within food needs assessments and will document progress in resolving micronutrient deficiency in WFP operations.<br><br>Food commodities will be appropriately fortified. WFP and UNICEF will work together on advocacy with donor nations in favour of appropriately fortified foods. They will also work together to increase capacity for local milling and fortification of cereal products and local production of blended foods. | • To continue efforts to meet recommendations for (micro) nutrient intakes of its target populations, among others through provision of micronutrient fortified foods<br>• To share with UNICEF staff a tool developed to calculate macro- and micronutrient content of food rations and the relative contribution of these rations to the recommended nutrient intakes at population level<br>• To take all efforts to ensure the distribution of iodized salt | as required<br>• To design and support the implementation of universal salt iodization strategies and legislation, and to offer technical and operational support for salt iodization to WFP<br>• To provide micronutrient supplements for distribution (e.g., iodine supplements, multi-micronutrient supplements) with WFP or alone should micronutrient needs cannot be met rapidly and solely through fortified food<br>• To mobilize resources for procurement of vitamin and mineral pre-mix to be used in cereal, flour and blended food<br>• To work with WFP in training of national and counterpart staff, advocacy and enhancement of local capacity for milling and fortification. | appropriateness of the levels of micronutrients delivered by various methods (food, supplements, fresh foods, etc.)<br>• To enforce use of iodized salt and advocate fortification of salt at national level<br>• To implement treatment protocols to reduce iodine deficiency in areas of high prevalence of goitre.<br>• To work with pre-mix producers, technical/scientific bodies and private sector in micronutrient fortification |
| **WFP's Technical Advisory Group (TAG) on the nutrition, safety and appropriateness of new food commodities**<br>WFP established a TAG with the aim of securing independent advice on the operational suitability of new commodities. | • To make available the services of its external TAG to UNICEF as required<br>• To share, on request, TAG reviews with UNICEF nutrition section | • To propose, as appropriate, (special) food commodities for scientific review by the TAG | • To collaborate in periodically reviewing the composition and specifications of commodities used in addressing undernutrition in various contexts |

**Technical matrix on nutrition** (continued)

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| | | | • To jointly explore the potential for production of new complementary feeding products and to define responsibility for procurement and distribution |
| **Training and capacity development in nutrition** <br><br> A standard training module will be used by UNICEF and WFP and joint training programmes will be conducted for the staff of both UNICEF and WFP. The goal of training will be to build knowledge on nutrition assessment, surveys, improved community based nutrition programmes, better understanding of data collection, analysis of information on nutrition and mortality and advocacy. | • To invite UNICEF staff to participate in training sessions on nutrition <br> • To consult with UNICEF in designing new training modules for WFP staff on emergency needs assessment, fortification and data analysis | • To invite WFP staff to participate in training sessions on nutrition | • To work together in define training and other information needs to better define nutrition (food and non-food) needs in emergencies, and to jointly develop new modules for capacity development. <br> • To seek the development of joint training on nutrition care and common strategies; and follow-up evaluation of trained national counterparts <br> • To seek the enhancement of the capacity of national partners in nutrition programming |
| **Nutrition and HIV/AIDS** <br><br> The HIV/AIDS pandemic affects the socio-economic and nutrition security of people. Both agencies will seize opportunities to address the impact on the populations and to promote prevention and care activities. | • To provide fortified blended (and other) foods aimed at securing special nutrition needs of HIV/AIDS infected and affected populations <br> • To expand activities in disseminating messages on HIV/AIDS prevention and to share experiences with UNICEF | • To take a lead in identifying populations of high priority for addressing nutrition in HIV/AIDS interventions <br> • To develop, in partnership with WFP, prevention messages for dissemination in the operations | • To collaborate on the development of joint policy and guidelines on nutrition, including guidance and policy on prevention of mother-to-child transmission (PMTCT) in relation to nutrition |

**Technical matrix on nutrition** (continued)

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| Novel (pilot) activities will be jointly explored for addressing HIV/AIDS by combining food with health, care and agricultural development intervention support. | | of both agencies | and food, in high HIV prevalence contexts<br>• To collaborate in identifying priority groups where food support is appropriate in assisting improved compliance and effectiveness of anti-retroviral (ARV) treatment and the uptake of PMTCT<br>• To pursue, where appropriate, joint programming especially for people living with HIV/AIDS (PLWHA) or those affected by HIV/AIDS, as well as to scale up activities in the same places in a coordinated manner<br>• To jointly conduct assessments to determine local vulnerability to HIV/AIDS in the context of serious food insecurity, and appropriate food and non-food responses<br>• To work jointly in operationalising Inter-Agency Standing Committee (IASC) guidelines<br>• To ensure that an essential package of nutrition and other support should also include messages for prevention, access to testing, PMTCT and care support to those people who are HIV positive |

**Technical matrix on nutrition** (continued)

| PROGRAMME AREAS | WFP'S COMMITMENTS | UNICEF'S COMMITMENTS | JOINT PRINCIPLES AND ACTIONS |
|---|---|---|---|
| **Operations research on nutrition**<br>UNICEF and WFP will support operations research on the roles of food in supporting nutrition goals in emergencies and development contexts. | | | • To seek collaboration in applied research on nutrition issues of operational concern<br>• To pursue and support joint research as appropriate<br>• To share information on research planning, ongoing activities, and findings regularly *(A linked website, with access to each other's research, will be set up and a clearinghouse to compile studies will be established.)*<br>• To collaborate, as appropriate, in raising funds in support of larger, multi-country nutrition research |
| **Advocacy on nutrition** | | | • To disseminate findings and reports for a public audience<br>• To develop a strategy for better promoting nutrition on national and global forums<br>• To collaborate in fundraising to support nutrition programmes |