

National Nutrition Cluster Operating Guideline Nepal

Version 3

March 2019

ABBREVIATIONS AND ACRONYMS USED

4W	Who, What, Where, When
BCC	Behaviour Change Communication
CCLA	Cluster Co-Lead Agency
CDO	Chief District Officer
CHF	Common Humanitarian Funding
CLA	Cluster Lead Agency
D(P)HO	District (Public) Health Office
DALY	Disability-Adjusted Life Year
DoHS	Department of Health Services
EHNWG	Emergency Health and Nutrition Working Group
ENTF	Emergency Nutrition Task Force
ERF	Emergency Response Fund
FWD	Family Welfare Division
GAM	Global Acute Malnutrition
GESI	Gender Equality and Social Inclusion
GLOF	Glacial Lake Outburst Flood
GNC	Global Nutrition Cluster
HTP	Harmonized Training Package
I/NGO	International/Non-Government Organization
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross
IMAM	Integrated Management of Acute Malnutrition
IMWG	Information Management Working Group
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MoHA	Ministry of Home Affairs
MoHP	Ministry of Health and Population
NDHS	Nepal Demographic and Health Survey
NDRF	National Disaster Response Framework
NMICS	Nepal Multiple Indicator Cluster Survey
NNC	National Nutrition Cluster
NNCC	National Nutrition Cluster Coordinator
PLW	Pregnant and Lactating Women
POLR	Provider Of Last Resort
RCS	Red Crescent Societies
SAM	Severe Acute Malnutrition
SOP	Standard Operating Procedure
ToR	Terms of Reference
TWG	Technical Working Group
UNHTC	United Nations Humanitarian Country Team
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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INTRODUCTION

NUTRITION EMERGENCY

Humanitarian emergencies have been broadly defined as any situation where humanitarian needs are of sufficiently large scale and complexity that significant external assistance and resources are required and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors.¹ However, there is limited practical guidance on defining a humanitarian emergency in terms of specific indicators with thresholds for action. Similarly, there are challenges in how to define nutrition emergencies.

There is no universally accepted definition of the terms 'nutrition emergency' or 'famine'. Various attempts have been made to define and classify the severity of an emergency using specific data in the population (usually acute malnutrition and mortality) as indicators of distress, which are compared against thresholds² that define the level of severity. These classification systems suggest that emergencies can be divided into progressive stages. In the most extreme stages, levels of food insecurity, malnutrition and mortality are so severe as to classify the situation as a 'famine'.³ Classification systems developed by WHO (based on prevalence of wasting) and other various organizations are commonly used in nutrition emergencies however; there are number of limitations. Ultimately, the declaration of a 'nutrition emergency' needs to be based on a clear assessment and analysis of current status and risk, and on the potential for deterioration as a result of the emergency.

HUMANITARIAN CONTEXT AND NUTRITION EMERGENCY IN NEPAL

Nepal is located in a geographic region prone to natural disasters. Loss of lives and property are a regular phenomenon, and the number of such events is on the rise due to natural as well as human induced causes. Active tectonic and geomorphic processes, young and fragile geology, variable climatic conditions, unplanned settlement, increasing population, weak economic condition, low public awareness etc. are few prominent reasons of natural disasters in Nepal. It is therefore geologically found to be vulnerable to various types of natural disasters such as flood, landslide, fire, epidemic, earthquake, avalanche, windstorm, hailstorm, lightning, Glacial Lake Outburst Flood (GLOF), drought etc. Among the most devastating natural disasters experienced by the country are the earthquakes of 1833, 1934, 1980, 1988, 2015 and the flood of July 1993, 2008, 2014, Aug 2017, which not only caused heavy loss of human lives and property but also adversely affected the development process of the country as a whole.

Nepal has seen a steady decline in child undernutrition over the last fifteen years but it still remains very high. According to Nepal Demographic and Health Survey (NDHS) 2016, 36% of children under 5 years of age are suffering from stunting (low height for age) - a measure of chronic undernutrition, 10% are wasted (low weight for height) - a measure of acute undernutrition, and 27% are underweight (low weight for age) - a composite measure of both stunting and wasting. Global Acute Malnutrition (GAM) or wasting has remained practically unchanged over the last decade: 11% in 2001, 13% in 2006, and

¹ IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies*.

² In H. Young and S. Jaspars (2009). Review of Nutrition and Mortality Indicators for the IPC: Reference Levels and Decision-Making, the term "reference level" is proposed as being more useful than "benchmark" or "threshold", terms, which are often used interchangeably. This term is considered to be more appropriate as it suggests a reference point to guide decision-makers, unlike a threshold, which suggests a sudden change that should serve as a trigger.

³ Nutrition Works, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonized Training Package (HTP): Resource Material for Training on Nutrition in Emergencies*. Module 1: Introduction to Nutrition in Emergencies. Version 2.

11% in 2011 and 10% in 2016⁴. Nepal Multiple Indicator Cluster Survey (NMICS) conducted in 2014 also showed 11% wasting in the country. The severe wasting rate has increased from 2.6% in 2011 to 3.2% in 2014. A child is acutely malnourished when his or her weight drops to such a low level that they are at risk of dying. The two immediate causes of the condition are a lack of food and/illness⁵. In most cases, these two factors intertwine to cause a rapid and significant loss of weight, which might lead to death if left untreated. Acute malnutrition is one of three main types of undernutrition, which blights the lives of poor communities in low- and middle-income countries. Children who survive acute malnutrition may face an increased risk of stunted growth and have a greater chance of developing a range of diseases and disorders in later life. In comparison with well-nourished children, moderately acutely malnourished (MAM) children have 3 - 4 times higher risk of dying while severely acutely malnourished (SAM) children have 5 - 20 times higher risk of dying. Acute malnutrition not only endangers young lives but also negatively impacts productivity and life expectancy⁶. It is estimated that preventable deaths of Nepalese children due to severe wasting are 1,500 each year and that deaths due to moderate wasting is twice as much. This translates to 2 million DALYs (estimates of death and disability due to current wasting, discounted at 3%) and more than USD 160 million lost per year of income lost due to child deaths and the impaired income-earning potential of the survivors⁷. The problem of acute malnutrition in Nepal is most pronounced throughout the Terai region, which ranges from 10 to 17%. Also, both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) are more than double in rural areas (GAM - 12.1% and SAM - 3.5%) compared to urban (GAM - 6% and SAM - 1.6%).

⁴Nepal Demographic and Health Surveys 2001, 2006 , 2011 and 2016

⁵ p.10, Acute Malnutrition: An Everyday Emergency. A 10-point plan for tackling acute malnutrition in under-fives. Generation Nutrition. April 2014

⁶ WHO, 2007, Community-based Management of Severe Acute Malnutrition: A joint statement of the World Health Organization, World Food Programme, United Nation System Standing Committee on Nutrition and United Nations Children's Fund

⁷ Webb, P and K-J Kang. 2010. Wasting No Time. Tufts University, Boston. Mimeo

NATIONAL NUTRITION CLUSTER

BACKGROUND

The history of National Nutrition Cluster dates back to Apr 2006 when 'Emergency Health and Nutrition Working Group (EHNWG)' was formed under the Ministry of Health and Population (MoHP). Under EHNWG, 'Emergency Nutrition Task Force (ENTF)' was formed in 2007. The EHNWG responded to health and nutrition needs during the Koshi flood of 2008. It was later realized that a separate cluster mechanism is required to address nutrition issues during emergency with a stronger cluster coordination mechanism of its own. Hence, on 02 Jun 2010 United Nations Humanitarian Country Team (UNHCT) approved formation of a separate Nutrition Cluster then led by UNICEF and co-led by MoHP. Following endorsement of National Disaster Response Framework (NDRF), the leadership of NNC was transferred to the MoHP in Mar 2013. The national leadership of the NNC was taken by then Child Health Division, now Family Welfare Division (FWD) of Department of Health Services (DoHS) on behalf of MoHP with UNICEF as the co-lead. Principally, FWD Director needs to chair the meetings of the NNC however; nutrition lead of MoHP is at the section level only. Therefore, Chief of Nutrition Section is the lead person for NNC.

VISION

The vision of NNC is to safeguard and improve the nutritional status of emergency affected populations by ensuring an appropriate response that is predictable, timely, effective and at scale.

The purpose, mandate, and the scope of work of NNC are elaborated in the ToR of NNC in annex.

GUIDING PRINCIPLES

The NNC has similar guiding principles as Global Nutrition Cluster (GNC), which serve as the foundation for the NNC's efforts.

1. Commitment and voluntary cooperation

Effective coordination can only be voluntary, based on each partner's (including observers) willingness to join and agree on priorities and overall response strategies. The cluster approach demands commitment and an openness to collaborate and adapt on the part of all agencies and individuals concerned.

2. Partnership

Collaborative and complementary partnerships at national level, based on the Principles of Partnership, namely Equality, Transparency, Result-oriented approach, Responsibility and Complementarity.

3. Humanitarian principles

Commitment to humanitarian principles, including humanity, the humanitarian imperative, impartiality and independence (<http://www.globalhumanitarianplatform.org/ghp.html>).

4. Building capacities

Strengthening the existing local capacities, including those within the government, international and national NGOs to lead an emergency response and recovery work is an essential principle.

Capacity building is the key to sustainable improvements in the capacity of humanitarian actors to provide nutrition services during and after humanitarian crises.

5. Support National Authorities' priorities and efforts

National Nutrition Cluster will support national priorities and efforts with adequate consultation.

NATIONAL NUTRITION CLUSTER COMPOSITION, STRUCTURE AND ENGAGEMENT

Nutrition Section of Family Welfare Division (FWD) of Department of Health Services (DoHS) is the Cluster Lead Agency (CLA) of the National Nutrition Cluster on behalf of Ministry of Health and Population (MoHP) whereas UNICEF is the Cluster Co-lead Agency (CCLA). Hence, Chief of Nutrition Section, FWD, DoHS is the NNC Coordinator (NNCC) whereas the nominee from UNICEF is the NNC Co-coordinator.

The nutrition cluster membership is based on operational relevance of nutrition stakeholders and will include, but is not limited to key humanitarian partners in Nutrition, especially those with expertise and capacity in 'Nutrition in Emergencies' and response. Membership of the NNC will be open to all agencies working in the nutrition sector in Nepal. UN agencies, I/NGOs, organizations involved in the Red Cross movement, and research and academic institutions/organizations will be requested to register as cluster members. Each member organization will be requested to nominate one focal person and two alternate focal persons for consistency in representation and to facilitate communication. There will be defined ToR for the Cluster Members/Partners, which will be shared with each members/partners. Cluster members/partners will be expected to attend regular cluster meetings and relevant sub-groups'/technical working groups' meetings regularly, and contribute actively to cluster activities. Any organizations willing to drop the cluster membership will have to write to the NNCC with copy to the NNC Co-coordinator. Likewise, any organizations failing to attend three consecutive NNC meetings or other groups' meetings will have to furnish valid reasons to NNCC and the NNC Co-coordinator to rejoin/continue. This measure has been kept for greater accountability. The cluster membership will be updated semi-annually.

Cluster membership is categorized into three main types namely; cluster partners cluster members, and observers.

Technical Working Groups (TWGs) and Information Management Working Group (IMWG) have been envisioned under the NNC.

They are described in ToR of NNC in annex.

NATIONAL NUTRITION CLUSTER LEAD AGENCY

Institutionally, FWD is the Cluster Lead Agency (CLA). A 'cluster lead agency' is an agency/organization that formally commits to take on a leadership role in a particular sector/area of activity, to ensure adequate response and high standards of predictability, accountability and partnership. A 'cluster lead' takes on the commitment to act as the 'provider of last resort (POLR)' in that particular sector/area of activity, where this is necessary. The CLA (not a person) is responsible for ensuring that relevant NNC leadership activities are carried out effectively. The CLA is accountable to the Ministry of Home Affairs (MoHA), the coordinating body for all clusters.

The ToR of the CLA is in annex.

NATIONAL NUTRITION CLUSTER CO-LEAD AGENCY

Institutionally, UNICEF is the Cluster Co-lead Agency (CCLA). Though there is no global definition of co-lead agency, a cluster co-lead agency can be defined as any agency/organization that formally commits to play supportive role in a particular sector/area of activity, to ensure adequate response and high standards of predictability, accountability and partnership. The co-lead supports the CLA may act as the 'provider of last resort (POLR)' in that particular sector/area of activity, where this is necessary. The CCLA (not a person) is responsible for supporting CLA ensuring that relevant NNC leadership activities are carried out effectively. The CCLA is accountable to CLA.

The ToR of the CCLA is in annex.

NATIONAL NUTRITION CLUSTER PARTNERS/MEMBERS

Nutrition Cluster is open to agencies, which are committed to supporting nutrition response in line with agreed good practice standards, and which are willing to actively engage in strengthening the capacity of nutrition in country and to contribute to the strategic priorities and targets of the Nutrition Cluster. The specific agencies that participate in the Nutrition Cluster coordination mechanism will depend on the engagement of the national authority, partners on the ground and the scale of the emergency. The level of participation will vary from active participant to information sharing to observer status. It is important to be clear that Nutrition Cluster partners are not accountable to the CLA/CCLA except in the case of contractual obligations, such as implementing partner agreements.

The ToR and list of NNC partners/members is given in annex.

NATIONAL NUTRITION CLUSTER ACTIVATION

The decision to formally activate Nutrition Cluster at the national level is facilitated by the Ministry of Home Affairs, in consultation with NNC and other relevant stakeholders. The time for consultation is often short, and decisions are often taken by non-technical people. The activation of NNC will depend on the humanitarian emergency and the response capacities of the national and international actors involved. Some things to keep in mind are that:

- The aim of the NNC is to support, but not replace, existing system and the capacity. The NNC should contribute to sustainable coordination mechanisms for the sector;
- Building on and strengthening national and local development initiatives should be at the core of the NNC's strategy;
- Roles and responsibilities, including reporting lines and communication channels, within the NNC structure, as well as between the NNC and existing coordination bodies, should be defined from the outset to ensure efficient and effective collaboration;
- The time-bound nature of cluster support needs to be clear in initial discussions around activating the NNC, to ensure that specific activities related to transitioning from the cluster approach to sector coordination are incorporated into planning the NNC response strategy from the beginning.

AREAS OF INTERVENTION

The National Nutrition Cluster will prioritize four key areas of intervention during humanitarian response/recovery works. They are:

1. Optimal maternal nutrition
2. Protection, promotion and support infant and young child feeding
3. Integrated Management of Acute Malnutrition
4. Micronutrient supplementation to children
5. Behavior Change Communication

REFERENCES

1. Generic Terms of Reference for Sector/Cluster at the Country Level, 05 Dec 2013, accessed on 10 Jul 2018: <https://interagencystandingcommittee.org/other/documents-public/generic-terms-reference-sectorcluster-country-level>
2. Global Nutrition Cluster Standard Operating Procedures (SOP) Version 3: March 2014
3. The participation of NGOs in cluster co-leadership at country level: A review of experience, The NGOs and Humanitarian Reform Project, February 2010
4. Inter-Agency Standing Committee, Guidance note on using the cluster approach to strengthen humanitarian response, 24 Nov 2006, accessed on 27 Jun 2018: http://www.globalprotectioncluster.org/assets/files/about_us/IASCGN_using_the_Cluster_Approach_to_Stengthen_Humanitarian_Response_24NOV2006-EN.pdf
5. Nutrition Cluster Handbook, A Practical guide for Country-level Action, First Edition, January 2013

ANNEXURE

ANNEX: TOR OF NATIONAL NUTRITION CLUSTER

Background: Nepal is located in a geographic region prone to natural disasters. Loss of lives and property are a regular phenomenon, and the number of such events is on the rise due to natural as well as human induced causes. Active tectonic and geomorphic processes, young and fragile geology, variable climatic conditions, unplanned settlement, increasing population, weak economic condition, low public awareness etc. are few prominent reasons of natural disasters in Nepal. It is therefore geologically found to be vulnerable to various types of natural disasters such as flood, landslide, fire, epidemic, earthquake, avalanche, windstorm, hailstorm, lightning, Glacial Lake Outburst Flood (GLOF), drought etc. Among the most devastating natural disasters experienced by the country are the earthquakes of 1833, 1934, 1980, 1988, 2015 and the flood of July 1993, 2008, 2014, Aug 2017, which not only caused heavy loss of human lives and property but also adversely affected the development process of the country as a whole.

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⁹ p.10, Acute Malnutrition: An Everyday Emergency. A 10-point plan for tackling acute malnutrition in under-fives. Generation Nutrition. April 2014

¹⁰ WHO, 2007, Community-based Management of Severe Acute Malnutrition: A joint statement of the World Health Organization, World Food Programme, United Nations System Standing Committee on Nutrition and United Nations Children's Fund

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Vision: The vision of NNC is to safeguard and improve the nutritional status of emergency affected populations by ensuring an appropriate response that is predictable, timely, effective and at scale.

Purpose: The purpose of NNC is to strengthen and ensure system-wide preparedness and technical capacity of nutrition cluster in strategic planning, partnership, coordination, situation analysis, emergency preparedness, response and recovery in order to ensure effective nutrition services for the affected population especially children under 5 years, and pregnant and lactating women (PLW) during humanitarian crisis and silent nutrition emergencies.

Mandate: The NNC is committed for and has the following mandates to ensure quality coordination mechanism in Nepal:

- a. Ensure an effective and timely response to nutritional emergencies in the country through systematic coordination, operational planning, preparedness, response and monitoring
- b. Follow the globally accepted humanitarian principles that include the following principles:
 - **humanity:** human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and to ensure respect for human beings;
 - **impartiality:** humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinction on the basis of nationality, race, gender, religious belief, class or political opinion;
 - **neutrality:** humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature;
 - **(operational) independence:** humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may have with regard to areas where humanitarian action is being implemented.
 - Facilitate national and local partners to expand and strengthen cluster approach at national, provincial, district and local levels
 - Mainstream gender equality and social inclusion (GESI) including children and young people participation in disaster management cycle

Scope of work: The scope of work for NNC can be described under below headings:

1. **Identification of key cluster partners/members**
 - Identify key humanitarian organizations at national and local levels for humanitarian works
 - Undertake capacity-mapping of cluster partners/members and other potential actors - government, national and international humanitarian organizations as well as national institutions and the private sectors
 - Regularly update the list of key cluster partners/members with focal and alternate focal points
2. **Coordination**
 - Provide NNC partners/members with access to up-to-date 4W (who, what, where, when) maps for effective resource management and to avoid duplication

- Identify and address information and/or response gaps
 - Ensure decentralization of the nutrition cluster coordination to sub-national levels following directives and guidelines of the government
 - Enhance the links between Nutrition, Health, WASH, Food Security and Education clusters etc. as an integrated approach to address nutrition related issues
 - Provide regular and active follow up on actions coming out of the meetings especially on cross cluster issues that involve Food Security, WASH, Health, and Education clusters
 - Ensure coordinated key nutrition policies, strategies and plans development integrating the humanitarian perspectives
- 3. Information sharing**
- Disseminate information/reports on the nutrition situation and response/recovery to the partners/members and to other stakeholders in a timely manner
 - Share updates on new developments in nutrition (technical discussions that facilitate knowledge dissemination to implementing agencies)
 - Share nutrition response information with sub-national clusters on a regular basis
- 4. Nutrition assessment**
- Promote the implementation of multi-sectoral assessments using standard guidelines
 - Encourage joint review of all nutrition assessment results and reports prior to broader circulation
 - Identify areas requiring more detailed nutrition investigation and analysis
- 5. Capacity building**
- Identify cluster partners'/members' capacity gaps to implement nutrition programmes and work as a team to build cluster capacity in key nutrition programme thematic areas to enhance programme quality
 - Maintain roster of trained human resources in different technical areas at national and sub-national levels
- 6. Nutrition programme development, implementation and review**
- Develop and review on a regular basis, comprehensive (minimum) nutrition response package that addresses emergency and non-emergency issues influencing nutrition (underlying nutrition concerns)
 - Develop cluster annual work plans as well other longer-term plans as necessary
 - Share regular updates on interventions, discuss their appropriateness and explore programmes complementarities and/or integrations through regular updates
 - Facilitate availability/provision of technical support and appropriate IEC/BCC materials to the nutrition response stakeholders in key thematic areas such as IYCF, micronutrient, supplementary feeding, therapeutic feeding, sanitation, hygiene etc.
 - Facilitate development of protocol and guidelines for programme implementation in line with international standards e.g. management guidelines for severe and moderate acute malnutrition, micronutrient deficiencies etc.
 - Promote lesson learning and best practices sharing in programme planning, implementation, monitoring and evaluation
 - Provide technical review of new project proposals, where requested
 - Liaise with other clusters on arising policy issues to enhance collaboration
 - Establish mechanisms and develop tools for monitoring the progress and extent of Nutrition services provided, and prepare updates on activities and results of the collective work of cluster members in light of the agreed minimum standards including cross-cutting themes such as GESI and HIV/AIDS
 - Develop Nutrition Contingency Plans (different scenarios at different levels) as needed
- 7. Advocacy**
- Identify issues/concerns for advocacy at different levels in terms of resource generation/sharing and mobilization

- Lobby and advocate with donors for fundraising for cluster agencies to carry out priority activities, while encouraging cluster participants to mobilize resources for activities through different channels
 - Identify and advocate innovative strategies for providing nutrition services in food-insecure and/or nutritionally vulnerable areas
 - Advocate for appropriate inter-sectoral strategies to address underlying causes of malnutrition of vulnerable groups such as under-five children, pregnant and lactating women
 - Encourage consideration of nutrition in other sector programming (primarily with WASH, Health, Food Security, Education clusters)
 - Advocate for key nutrition issues to be included in the long term health sector policies, strategies and plans
- 8. Fund raising**
- Develop proposals for common humanitarian funding (CHF) and or Emergency Response Fund (ERF)
 - Establish a proposal review committee to review nutrition cluster member projects submitted for common humanitarian funding (CHF) and or Emergency Response Fund (ERF) including CLA, CCLA and Cluster partners/members (national and international)
- 9. Supportive supervision and monitoring, evaluation and reporting**
- Develop tools for supportive supervision and monitoring of humanitarian works
 - Share findings/reports of supportive supervision and monitoring, and evaluation of humanitarian works in the cluster and other stakeholders
 - Conduct evaluation of humanitarian response/recovery works and share the findings with the cluster and other stakeholders

National Nutrition Cluster composition, structure and engagement: Nutrition Section Family Welfare Division (FWD) of Department of Health Services (DoHS) is the Cluster Lead Agency (CLA) of the National Nutrition Cluster on behalf of Ministry of Health and Population (MoHP) whereas UNICEF is the Cluster Co-lead Agency (CCLA). Hence, Chief of Nutrition Section, FWD, DoHS is the NNC Coordinator (NNCC) whereas the nominee from UNICEF is the NNC Co-coordinator.

The nutrition cluster membership is based on operational relevance of nutrition stakeholders and will include, but is not limited to key humanitarian partners in Nutrition, especially those with expertise and capacity in 'Nutrition in Emergencies' and response. Membership of the NNC will be open to all agencies working in the nutrition sector in Nepal. UN agencies, I/NGOs, organizations involved in the Red Cross movement, and research and academic institutions/organizations will be requested to register as cluster members. Each member organization will be requested to nominate one focal person and two alternate focal persons for consistency in representation and to facilitate communication. There will be defined ToR for the Cluster Members/Partners, which will be shared with each members/partners. Cluster members/partners will be expected to attend regular cluster meetings and relevant sub-groups'/technical working groups' meetings regularly, and contribute actively to cluster activities. Any organizations willing to drop the cluster membership will have to write to the NNCC with copy to the NNC Co-coordinator. Likewise, any organizations failing to attend three consecutive NNC meetings or other groups' meetings will have to furnish valid reasons to NNCC and the NNC Co-coordinator to rejoin/continue. This measure has been kept for greater accountability. The cluster membership will be updated semi-annually.

Cluster membership is categorized into three main types namely; cluster partners cluster members, and observers.

1. **Cluster member:** Organizations, which do not implement any nutrition activities, but are interested in sharing information; organizations, which are planning to implement or starting nutrition activities are the cluster members. If organization starts implementation of the nutrition

activities and starts reporting to the cluster, its status will be changed to a cluster partner. They can sit on Sub/Technical Working Groups and committees.

2. **Cluster partner:** are organizations currently providing or supporting nutrition services in the affected areas. They can be UN agencies, USAID, I/NGOs and relevant technical Ministries. It is important to be clear that Nutrition Cluster partners are not accountable to the CLA/CCLA except in the case of contractual obligations, such as implementing partner agreements.
 - a. They are expected to participate in the Sub/Technical Working Groups, to have a role in defining the strategic and operational direction of the cluster.
 - b. They will be eligible to participate in cluster related fundraising efforts, such as the Technical Review Committee etc.
 - c. Cluster partnership is granted to organizations rather than individuals.
 - d. Each partner organization is responsible to nominate one focal person and one substitute to ensure consistency in representation and facilitate communication within the cluster.
 - e. Each partner is entitled to a single vote on cluster related matters. Partners can be elected to belong to working groups within the cluster.
3. **Cluster observer:** are organizations that do not want to be affiliated with the cluster regarding their own mandate, but do want to share information. Observers can be active in NNC without being partners. Observers are encouraged to attend regular cluster related meetings. Main donors and other important stakeholders in Nutrition fall under this. Active observers can sit on Sub/Technical Working Groups and committees.

The following working groups have been envisioned under NNC:

1. **Technical Working Groups (TWGs):** Technical Working Groups (TWGs) will be established on a needs basis and develop and agree upon minimum standards, and formulate the most appropriate technical practices with which to attain those standards. NNC had established TWGs during humanitarian response to mega earthquake of Apr 2015. TWGs will be established for specific needs, and will be disbanded when the required output is finished. Ideally, a TWG will be chaired by a NNC partner, with support from the NNCC. The NNCC ensures that the NNC is engaged strategically through the development process. Some of the major roles of the NNC may include:
 - a. Ensure that relevant technical standards are formulated and agreed within the ToR and the deadline set by the NNCC;
 - b. Advise the TWG on compliance issues connected with application of the agreed standards;
 - c. Strategically update the NNC on the status of work in progress and present final outputs/ recommendations of the TWG to NNC stakeholders in oral and/or written forms for feedback and comment;
 - d. Ensure that the TWG membership is representative of the wider NNC stakeholder groups, and ensure that relevant technical skill-sets are appropriate and available (and advise the NNCC if this is not the case);
 - e. Set up sub-working groups as required;
 - f. Ensure that all NNC stakeholders have the opportunity to supply feedback into the work of the TWG prior to presentation to the NNC in plenary;
 - g. Ensure that TWG outputs are endorsed by the NNC.

Membership of TWGs will be self-selected from the NNC, depending on available technical skills, interests and capacities. Ideally, UN agencies, USAID, I/NGOs, the national authority, the academic sector and others will be involved.

Some of possible TWGs are:

- i. Information Management TWG
- ii. Infant and Young Child Feeding (IYCF) TWG
- iii. Integrated Management of Acute Malnutrition (IMAM) TWG
- iv. Micronutrient Supplementation TWG
- v. Behavior Change Communication (BCC) TWG

Each TWGs will have well defined ToR, which will be endorsed by the NNC.

2. **Information Management Working Group (IMWG):** The Information Management Working Group (IMWG) ensures timely sharing of reliable and relevant evidence through joint information systems. Information Management Manager/Focal Person, if available will chair this group. Otherwise, NNCC can nominate relevant person from the cluster member/partner. The role of the IMWG may include:
 - a. Ensure consistent usage of common datasets between clusters;
 - b. Identify the people most in need;
 - c. Track trends in coverage and access over time against routine monitoring indicators and key performance indicators;
 - d. Highlight the need for mutual cooperation in adapting ongoing programmes to the evolving needs and priorities of others;
 - e. Capture relevant information from other clusters. Make use of, and manage content through, dedicated IT and web-based resources.

Membership of the IMWG will be self-selected from the NNC, depending on available technical skills, interests and capacities. Ideally, UN agencies, USAID, I/NGOs, the national authority and the academic sector will be involved.

The ToR of the IMWG will be developed and endorsed.

Before decentralization and country entering into the federal structure, District (Public) Health Office (D(P)HO) led the nutrition cluster at the district level jointly with the health cluster. The organizations working in nutrition and health sectors in the district were the members/partners of the district level health and nutrition cluster. The Disaster Risk Reduction and Management Act 2074 (2018) has envisioned District Disaster Management Committee chaired by Chief District Officer (CDO) and Local Disaster Management Committee chaired by Rural/Urban Municipality Chair.

Mechanisms to carry out NNC related works: The NNC will develop the ToRs for CLA, CCLA, and Cluster Members/Partners and endorse them. The NNC is committed to address crosscutting issues and adherence to the standards. These will also be reflected in all ToRs. The NNC meetings will be held as follows:

- **General NNC meeting:** once in a quarter, will be called by NNCC to all NNC members/partners (including observers)
- **NNC meeting during humanitarian response and recovery:** weekly or bi-weekly or monthly depending on the situation and need; will be called by NNCC to selected or all NNC members/partners (including observers)

The meeting venue for the NNC will be FWD, DoHS until unless decided to change by the NNCC. The meeting minute will be prepared within one week (or earlier, if feasible) from the date of meeting and shared with the NNC members/partners (including observers) who were present during the NNC meeting. One-week time will be given for the feedbacks/comments, if any and the final meeting minute will be shared.

The TWGs' meetings and IMWG meetings will be planned as per need and will be called by the Chair of respective groups. Same procedure will be utilized for the documentation. Respective Chairs in consultation with the TWG members can decide the venues for TWGs' meetings. As part of the recording and knowledge management, all meeting minutes, cluster related documents, reports, decisions etc. will be managed/archived by the IMWG Chair or anyone dedicated by the NNCC.

Only NNCC will share information related to NNC (including information related to humanitarian response) with external media. Clearance from NNCC will be required to share any relevant news with external media. Similar mechanism will be established at the local level.

Update of ToR and complaints/feedback mechanism: This ToR has been revised fourth time. The first ToR was developed in 2010. It was later revised in Mar 2013 and the third revision was done in Jul 2018. The endorsement date for the fourth revision was 21st March, 2019 . It will be reviewed in a year's time from the date of endorsement until unless there are major issues/challenges/constraints highlighted by the cluster members/partners before time.

Any complaints/feedbacks on NNC or TWGs or IMWG or relevant subject matters can be forwarded to the NNCC directly. The complaints/feedbacks can go in the form of email, letter or anonymously addressing the NNCC. The NNCC will be responsible to address them, if required with inputs from NNC Co-coordinator and relevant stakeholders.

ANNEX: TOR OF CLUSTER LEAD AGENCY

The CLA is accountable to the Ministry of Home Affairs (MoHA), the coordinating body for all clusters for facilitating a process at the sectoral level aimed at ensuring the following:

1. Inclusion of key humanitarian partners

- Ensure inclusion of key humanitarian partners for the nutrition, respecting their respective mandates and programme priorities

2. Establishment and maintenance of appropriate humanitarian coordination mechanisms

- Ensure appropriate coordination with all humanitarian partners (including national and international NGOs and other organizations), through establishment/maintenance of appropriate sectoral coordination mechanisms, including working groups at the national and, if necessary, local level;
- Secure commitments from humanitarian partners in responding to needs and filling gaps, ensuring an appropriate distribution of responsibilities within the cluster, with clearly defined focal points for specific issues where necessary;
- Ensure the complementarity of different humanitarian actors' actions;
- Promote emergency response actions while at the same time considering the need for early recovery planning as well as prevention and risk reduction concerns;
- Ensure effective links with other clusters;
- Ensure that cluster coordination mechanisms are adapted over time to reflect the capacities of local actors and the engagement of development partners;
- Represent the interests of the cluster in discussions with the Overall Cluster Coordinator and other stakeholders on prioritization, resource mobilization and advocacy.

3. Coordination with national/local authorities, province/state institutions, local civil society and other relevant actors

- Ensure that humanitarian responses build on local capacities;
- Ensure appropriate links with national and local authorities, province/state institutions, local civil society and other relevant actors (e.g. district chapters of Nepal Red Cross Society) and ensure appropriate coordination and information exchange with them.

4. Participatory and community-based approaches

- Ensure utilization of participatory and community based approaches in cluster needs assessment, analysis, planning, monitoring and response.

5. Attention to priority cross-cutting issues

- Ensure integration of agreed priority cross-cutting issues in sectoral needs assessment, analysis, planning, monitoring and response (e.g. age, diversity, environment, gender, HIV/AIDS and human rights); contribute to the development of appropriate strategies to address these issues; ensure gender sensitive programming and promote gender equality; ensure that the needs, contributions and capacities of women and girls as well as men and boys are addressed;

6. Needs assessment and analysis

- Ensure effective and coherent cluster needs assessment and analysis, involving all relevant partners

7. Emergency preparedness

- Ensure adequate contingency planning and preparedness for new emergencies;

8. Planning and strategy development

Ensure predictable action within the cluster for the following:

- Identification of gaps;
- Developing/updating agreed response strategies and action plans for the sector and ensuring that these are adequately reflected in overall country strategies, such as the National Nutrition Policy and Strategy;
- Drawing lessons learned from past activities and revising strategies accordingly;

- Developing an exit, or transition, strategy for the cluster.

9. Application of standards

- Ensure that cluster participants are aware of relevant policy guidelines, technical standards and relevant commitments that the Government has undertaken under international human rights law;
- Ensure that responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations.

10. Monitoring and reporting

- Ensure adequate monitoring mechanisms are in place to review impact of the cluster working group and progress against implementation plans;
- Ensure adequate reporting and effective information sharing, with due regard for age and sex disaggregation.

11. Advocacy and resource mobilization

- Identify core advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of different actors;
- Advocate for donors to fund humanitarian actors to carry out priority activities in the sector concerned, while at the same time encouraging cluster participants to mobilize resources for their activities through their usual channels.

12. Training and capacity building

- Promote/support training of staff and capacity building of humanitarian partners;
- Support efforts to strengthen the capacity of the national authorities and civil society.

13. Provision of assistance or services as a last resort

- Act as the provider of last resort (subject to access, security and availability of funding) to meet agreed priority needs with support from humanitarian partners;
- This concept is to be applied in an appropriate and realistic manner for crosscutting issues such as protection, early recovery and camp coordination.

ANNEX: TOR OF CLUSTER CO-LEAD AGENCY

1. Humanitarian coordination and communication

- Strengthen inter-cluster coordination at provincial and local levels and given support at national level, particularly with Food Security & Livelihoods, WASH, Health and Education Clusters to facilitate a comprehensive approach addressing the issue of nutrition;
- Support to ensure that humanitarian responses build on local capacities;
- Support to ensure appropriate links with national and local authorities, province/state institutions, local civil society and other relevant actors (e.g. district chapters of Nepal Red Cross Society) and ensure appropriate coordination and information exchange with them;
- Work closely with Chairs and Co-chairs of the Nutrition Technical Working Groups (Assessment TWG, IYCF TWG, Micronutrient TWG, Capacity Development TWG, IMAM TWG etc.).

2. Planning and strategy development

- Support the CLA in development of Nutrition Cluster Strategies and Plans at national and sub national level, based on solid analysis of the situation and past lessons learned;
- Support the CLA in providing technical inputs into relevant government plans (strong focus at provincial and local level) to ensure the emergency nutrition response is appropriately addressed;
- Support the CLA in developing an exit, or transition, strategy for the cluster.

3. Need assessment and response planning

- Support local clusters and the cluster partners to participate in nutrition needs assessments and response planning, ensuring that they are age and gender sensitive, using standardized tools and methods; and in coordination and/or collaboration with other sectors.

4. Application of standards

- Support the CLA to ensure that cluster participants are aware of relevant policy guidelines, technical standards and relevant commitments that the Government has undertaken under international human rights law;
- Support the CLA to ensure that responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations.

5. Monitoring and reporting

- Ensure adequate monitoring mechanisms are in place to review impact of the cluster working group and progress against implementation plans;
- Ensure adequate reporting and effective information sharing, with due regard for age and sex disaggregation.

6. Advocacy and resource mobilization

- Support the CLA to identify core advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of different actors;
- Support the CLA to advocate for donors to fund humanitarian actors to carry out priority activities in the sector concerned, while at the same time encouraging cluster participants to mobilize resources for their activities through their usual channels.

7. Training and capacity building

- Promote/support training of staff and capacity building of humanitarian partners;
- Support efforts to strengthen the capacity of the national authorities and civil society.

8. Provision of assistance or services as a last resort

- Act as the provider of last resort (subject to access, security and availability of funding) to meet agreed priority needs with support from humanitarian partners;
- This concept is to be applied in an appropriate and realistic manner for crosscutting issues such as protection, early recovery and camp coordination.

ANNEX: TOR OF NNC PARTNERS/MEMBERS

1. Humanitarian coordination and communication

- Support to strengthen inter-cluster coordination at provincial and local levels (working areas), particularly with Food Security & Livelihoods, WASH, Health and Education Clusters to facilitate a comprehensive approach addressing the issue of nutrition;
- Actively participate in cluster meetings, technical working group meetings and teleconferences at different levels;
- Feeds relevant information to the CLA/CCLA for wider sharing;
- As representative of their respective agencies/entities, bring to the attention or share relevant issues/updates that require CLA/CCLA input in order to maximize complementarities;
- Chair/Co-chair Nutrition Technical Working Groups (Assessment TWG, IYCF TWG, Micronutrient TWG, Capacity Development TWG, IMAM TWG etc.).

2. Planning and strategy development

- Contribute to development of Nutrition Cluster Strategies and Plans at national and sub national level, based on solid analysis of the situation and past lessons learned;
- Support the CLA/CCLA in providing technical inputs into relevant government plans (strong focus at provincial and local level) to ensure the emergency nutrition response is appropriately addressed;
- Contribute in developing an exit, or transition, strategy for the cluster.

3. Need assessment and response planning

- Support local clusters (working areas) and the cluster partners to participate in nutrition needs assessments and response planning, ensuring that they are age and gender sensitive, using standardized tools and methods; and in coordination and/or collaboration with other sectors.

4. Application of standards

- Ensure that where the partner is responding as implementing agency, responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations.

5. Monitoring and reporting

- Ensure adequate monitoring mechanisms are in place to review response progress (where implementing) against implementation plans;
- Where the partner is responding, ensure adequate reporting and effective information sharing, with due regard for age and sex disaggregation.

6. Advocacy and resource mobilization

- Advocate for the mainstreaming of the Cluster Approach into their organization;
- Promote the Cluster Approach externally including support of fundraising efforts;
- Contribute to the fundraising strategy for the NNC;
- Contribute to the mobilizing and managing funds for the collective activities of the NNC;
- Mobilize funding for cluster activities assigned to their respective agency for implementation.

7. Training and capacity building

- Promote/support training of staff and capacity building of humanitarian partners at different levels;
- Support efforts to strengthen the capacity of the national authorities and civil society;
- Supports the identification, development and implementation of the necessary tools and trainings to ensure coordination capacity at different levels;
- Where possible, build capacity of organizational county level staff in Nutrition in Emergencies and the Cluster Approach.

8. Provision of assistance

- Support the NNC preparedness and response works with available resources.

ANNEX: CONTACTS DETAILS OF NATIONAL NUTRITION CLA, CCLA AND PARTNERS/MEMBERS

ANNEX: TOR OF TECHNICAL WORKING GROUPS