

Lessons learned in Philippines Nutrition Cluster

Exercise conducted by the Global Nutrition Cluster

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By GNC and Philippines Nutrition Cluster



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1. Executive summary

This updates summarises how cluster approach was implemented with the context of the Super Typhoon Haiyan (locally known as Yolanda) that made a landfall in the *Visayas* islands of the Philippines 8 November 2013 causing estimated damage amounting to US\$ 13 billion, affecting 14.1 million people and leaving 4.1 million people, including 1.7 million children displaced. It describes how Nutrition cluster arrangements with particular focus on cluster management arrangement and core cluster functions (i.e. Supporting Service delivery, information sharing to HC/HCT for decision making, planning and development strategy, monitoring and evaluation, preparedness and contingency planning and Advocacy). The report describes when the IASC system-wide level 3 emergency was declared at both national and sub national levels, how the cluster used technical working groups and strategic Core Group to facilitate technical and strategic discussion and decision making within the cluster. The report also emphasized heavily on the importance of ensuring the cluster build onto the government structure as this ensures sustainability. Below are the summary of the key highlights and achievements under the cluster core functions.

The National Nutrition cluster was formally activated on 18th November 2013, with National Nutrition Council (NNC) as the Cluster lead and UNICEF as the Cluster co-lead. At sub-National (Regional) nutrition clusters were also activated at the same time for coordination in the Haiyan affected regions in Tacloban (Region VIII), Cebu (Region VII) and Roxas (Region VI). Due to the large geographical area, the severity of the damage and high humanitarian needs in Region VIII, Nutrition Cluster coordination was activated in Tacloban and at two further sub regional levels in Western Leyte and Samar, aligned with OCHAs coordination hubs.

A Strategic Core Group (SCG) was constituted and developed the Strategic Response Plan (SRP) for Nutrition response to Haiyan for the duration of 1 year (November 2013-November 2014). Four technical working groups were organized with specific ToRs to support the planning, service delivery, monitoring and advocacy for influencing decision making of the National Nutrition cluster across four thematic areas, namely Community Based Management of Acute Malnutrition, Infant and Young Child Feeding, Assessment and Monitoring and Advocacy and Communications. The technical working group meetings and national and regional nutrition cluster meetings have been a regular feature of the Philippines Nutrition Cluster response and one of the best practices which has contributed to maintain the cluster priorities in line with the set results under the Haiyan SRP.

The Nutrition cluster in the Philippines both at National and Regional levels has transitioned from co-chairing between UNICEF and NNC to solely NNC chaired cluster now. The Philippines Nutrition Cluster has a special focus towards preparedness planning and system strengthening towards a better prepared healthcare-nutrition system and a resilient community. The Nutrition Cluster tapped onto the existing resources-specifically human resources, technical capacities and nutrition directives/policies with NNC, the Department of Health (DoH) and other cluster partners in their areas of implementation. UNICEF as a cluster co-lead provided additional resources towards achieving SRP targets in the form of human resources, essential supplies and funding support to other cluster partners for delivering and strengthening nutrition service delivery. Nutrition Cluster partners supported the nutrition response within the existing gaps and challenges, like weak nutrition information management system, a weak National policy environment for NiE (IYCF-E and CMAM) ,

weak or limited capacity for CMAM implementation and programming in regional and local governments and limited enforcement of existing national legislations (Executive Order-51: The Philippines Milk Code).

The Nutrition Cluster worked in partnership and coordination with the Food Security, Health and WASH sectors with the aim of supporting the nutritionally vulnerable mothers, infants and young children with acute and chronic malnutrition. The specific interventions included protection, promotion and support of optimal infant and young child feeding (IYCF) practices, screening and care for children with acute malnutrition, prevention of micronutrient deficiencies and tracking system on key nutrition indicators in priority provinces of three severely affected regions: VI, VII and VIII.

The Philippines Nutrition cluster both at national and regional levels continue to work towards ensuring that nutritionally vulnerable mothers, infants and young children receive lifesaving treatment for acute malnutrition and preventative nutrition services for stunting reduction through improved maternal nutrition, optimal infant and young child feeding (IYCF) practices and prevention of micronutrient deficiencies in priority provinces of three severely affected regions: VI, VII and VIII. As part of long term agenda beyond the Haiyan SRP which was valid until June 2014, in addition to its efforts of having a Nutrition Surveillance system operational within the health system at scale, the Nutrition Cluster needs to improve its partnership and coordination with the Food Security, Health and WASH sectors to address nutrition sensitive outcomes contributing to high undernutrition rates.

2. Methodology

The Philippines Nutrition Cluster lessons learned document has been developed by the National Nutrition Cluster coordination team from NNC and UNICEF with an objective to share the learnings from the Philippines Nutrition Cluster's perspective. The source consulted to prepare the document included; consultation with partners and desk review of cluster reports, situation reports, Strategic Response Plan (SRP), Cluster Coordination Performance Monitoring (CCPM) report, SMART survey report, Real Time Evaluation (RTE) report of UNICEF Philippines, Cluster briefs and bi-monthly bulletins. The draft report has been reviewed by regional nutrition cluster coordination teams, NNC and cluster partners.

3. Background

In the early hours of 8 November 2013, Super Typhoon Haiyan (locally known as Yolanda) made landfall in the *Visayas* islands, cutting a path of devastation across coastal and inland communities, some of them among those most vulnerable in the Philippines with 40 % of children living in poverty. The Government estimates of damages at close to US\$ 13 billion. According to OCHA reports, 14.1 million people were affected by Typhoon Haiyan and 4.1 million people, including 1.7 million children, were displaced¹. Just before Haiyan hit the Philippines in November 2013, the country was in the middle of responding to two ongoing emergencies-i) an earthquake (magnitude 7.2) in Bohol region (Region VII), which hit on October 15th 2013 displacing over 350,000 people and ii) a Siege in Zamboanga (Region

¹ Nutrition Cluster SRP for Typhoon Haiyan. November 2013.

IX) which happened on September 9th 2013 displacing over 120,000 people coupled with a long ongoing protracted conflict in Central Mindanao (Region XII).

Given the magnitude of Haiyan and scale of destruction, the Emergency Relief Coordinator (ERC) formally activated an IASC system-wide level 3 emergency response to the typhoon on November 11th 2013². Other IASC clusters including the Nutrition Cluster were activated to support the National Government's emergency Response to Haiyan.³ The IASC nutrition cluster was formally activated on November 18th 2013 with National Nutrition Council (NNC) as the cluster lead and UNICEF as cluster co-lead. Following the activation of Nutrition cluster, a Strategic Core Group (SCG-Equivalent to a Strategic Advisory Group -SAG) drafted the Strategic Response Plan (SRP) for Typhoon Haiyan in November 2013 in consultation with Nutrition Cluster members. There were about 25 active nutrition cluster members during the early response phase. The nutrition cluster at present has about 12-15 active nutrition cluster partners who participate in regular nutrition cluster and working group meetings.

The pre-crisis acute and chronic malnutrition rates in children under 5 years in the affected regions were higher than the national average (wasting prevalence- 5.8, 5.3 and 7.8 per cent; stunting prevalence-41.0, 38.6 and 41.7 percent, in region VI, VII and VIII, respectively).⁴ Based on the Initial needs assessment that took into account results of MIRA, NGOs assessments, secondary data at regional level, and the magnitude of damages and based on early National Disaster Risk Reduction and Management Council (NDRRMC) Situation Reports on Typhoon Yolanda affected population, the Nutrition Cluster estimated that 2.94 million individuals were at risk of undernutrition. About 320,000 boys and girls aged 0-59 months and up to 210,000 pregnant and lactating women comprise the population subset from which the Cluster calculated its SRP targets. It was estimated that approximately 6,000 boys and girls aged 6-59 months old in the priority areas will suffer from SAM, and up to 25,000 children 6-59 months will suffer from MAM within a year from the onset of the Typhoon. The targets were later revised based on the SMART survey⁵ conducted 3 months post-Haiyan. The revised estimates targeted about 800 and 7,500 children with SAM and MAM, respectively and 168,000 pregnant, lactating and mothers of children under 2 years for IYCF counselling services.

² Real Time Evaluation of Typhoon Haiyan. UNICEF Philippines. June 2014.

³ IASC clusters activated during Yolanda Response- Nutrition, Health, WASH, Livelihood, Food security, Logistics, Protection, Education, Camp management, Early Recovery, Shelter

⁴ NNS/FNRI National Survey, 2011

⁵ The Nutrition Assessment and Monitoring Technical Working Group, which includes the DOH-National Nutrition Council (NNC), UNICEF, WFP, WHO, ACF, and other non-government organizations, conducted the first round of the SMART (Standardized Monitoring and Assessment of Relief and Transition) Survey in the three regions from February to March.

4. Cluster Management Arrangements

The Philippines Context: The Philippines has formally adopted the cluster system in the country as part of national DRRM efforts in 2007⁶ and therefore the cluster was operational throughout the year and is never formally activated or deactivated. During the non-disaster phase, the nutrition cluster is still active and oversees the organization of regional and subnational nutrition clusters; strengthening the nutrition service delivery system for better preparedness through development and review of national guidelines, protocols, tools, capacity building of system at regional level and coordination with other clusters for inclusion of nutrition concerns in their cluster guidelines. In times of disasters, the nutrition cluster steps up its activity and focuses on the coordination of response in affected area with cluster partners, and as experienced for Typhoon Haiyan cluster, activities included working with the surge teams along with the delivery of the response and their coordination.

Nutrition Cluster Management: The nutrition cluster in the Philippines is led by the National Nutrition Council (NNC) with UNICEF as the cluster co-lead. Following the Typhoon, and the declaration of the L3 emergency; the IASC nutrition cluster was 'activated' and a Strategic Core Group (SCG) was constituted that included NNC, DoH, Philippines Coalition of Advocates for Nutrition (PhilCANs), ACF, Save the Children, WFP and UNICEF. The SCG took over the responsibility of developing the Strategic Response Plan (SRP) for Typhoon Haiyan with implementation duration from November 2013 to November 2014, which was done in consultation with National Nutrition Cluster members. Parallel to the National Nutrition Cluster, five Regional Nutrition Clusters were also activated in region VI (one cluster), VII (one cluster) and VIII (3 sub-regional clusters with the main hub in Tacloban). The Regional Nutrition clusters followed the same cluster arrangement as the National cluster and were led by Regional NNC with UNICEF in co-lead role. The functions of the national and the regional Nutrition Clusters differ, the national being more focused on strategic planning and policy development and the regional focused on coordination of the operational aspects of the response. There have been consistent efforts towards improving the coordination between the National and Regional but it still remains an areas to be strengthened.

In line with the IASC's recommendation that formally activated Clusters are a temporary coordination solution, only used when the capacity of existing coordination and response mechanisms are overwhelmed or constrained in their ability to appropriately respond to needs according to humanitarian principles. The Nutrition Cluster activated for the Typhoon response was quick to initiate a transition process back to the regular cluster coordination mechanism for the Philippines. Starting June 2014, and informed by the Nutrition Cluster Transition Plan, NNC took over as the sole chair of the National Nutrition Cluster. In region VI and VII, the transition happened earlier around April-May 2014 due proactive ownership of the cluster by the regional NNC and the scale of the disaster. In Region VIII, the transition was also formalized in June.

⁶ NDCC Circular 5. S 2007. Institutionalization of the Cluster approach in the Philippine Disaster Management System, Designation of Cluster Leads and their TORs at the National, Regional and Provincial Levels

During the first six months of the Haiyan response, the Nutrition cluster at both the national and regional level was co-chaired by National Nutrition Council and UNICEF. This arrangement provided support to National Nutrition Council in strengthening their capacity for cluster coordination especially towards preparedness for a large scale emergency response like Yolanda. Starting June 2014, as part of the cluster transitioning, National Nutrition Council took over as the sole chair of the Nutrition cluster. For region VI and VII, the transition happened around April-May 2014.

In order to provide technical support to the National Nutrition Cluster, 4 technical working groups were organized namely- Assessment and Monitoring Working group (AWMG), Community Based Management of Acute Malnutrition Working group (CMAM-WG); Infant and Young Child Feeding Working group (IYCF-WG) and Advocacy and Communications working group (AdCom WG) (*Working group ToRs annexed*). The Cluster Coordination team at the start of the response comprised of 1 National Cluster Coordinator, 1 National IMO, 3 Regional Cluster Coordinators and 3 IMOs. As part of the Surge support under Haiyan L3 response Cluster Coordinator and IMO were deployed from GNC and Regional Response Team (RRT) during the first months following Haiyan to provide technical support to the National Nutrition Cluster. However, following the Cluster transition in June 2014, the Nutrition Cluster has a National Cluster Coordinator who is in a double hatting role of the Emergency Nutrition Specialist with UNICEF country office, and one regional IMO, who is also double hatting the Emergency nutrition IMO for UNICEF Tacloban office. The IMO role at National level has been transferred to NNC, whereas the UNICEF Nutrition programme officers in region VI and VIII continue to provide support to the Regional Nutrition Clusters.

Best Practice and Lessons Learned:

- *Co-Chairing the Nutrition Cluster by both NNC and UNICEF during the initial response phase worked well both at National and Sub-National level towards building the capacity of NNC in cluster coordination and helped in smooth transitioning to NNC-chaired Nutrition Cluster.*
- *The Philippines Government Cluster approach which designates the nutrition cluster to remain active across all phases of Disaster Risk Reduction and Management (DRRM) will contribute towards better prepared nutrition systems and more resilient communities.*

Lessons learned:

- *Planning for cluster transitioning should be initiated as early as possible, and aim to restore adequate and sustainable coordination mechanisms as soon as possible.*
- *From the very onset, the focus of all surge and regular staff should be on supporting and building the capacity of the Government in emergency nutrition response, coordination and information management to promote strengthening of the Government system rather than investing in parallel and temporary coordination structures and processes.*
- *Measures to avoid gaps in coordination between the national and regional nutrition clusters should be implemented from the very beginning of the response, including regular calls amongst coordinators and cluster IMOs in the different regions to share information and ensure participation in strategic decision making.*

5. Core function 1: Supporting service delivery

The National and Sub-National (Regional) nutrition cluster platform provides an exclusive and neutral environment which brings together all the cluster partners with varying resources, capacities and mandates to share information, to discuss the challenges being faced in service delivery, celebrate the achievements towards the common results set in the Haiyan SRP. The National nutrition cluster complemented and supported the Regional nutrition cluster service delivery based on the needs through cluster partners' and local government support.

The cluster and technical working group meetings are regularly attended (initially cluster met weekly and then fortnightly during the initial response phase and presently meeting on monthly basis) by majority of the Cluster partners. The agenda and discussion in these meetings is guided by the SRP and the Nutrition Cluster plan of action⁷. There have been continued and increased efforts by both National and Regional nutrition clusters to improve coordination and discuss the issues emerging from regional clusters in the National Nutrition Cluster meetings. The analysis of cluster data received from cluster partners on a monthly basis and the mapping exercise (geographical presence and technical expertise/capacities of cluster partners-4Ws) done by the IMOs at National and regional level helps in identifying the gaps in service delivery and avoid areas of duplication/overlap by the cluster partners. This analysis guides the actions of the Nutrition Cluster which are facilitated and coordinated by the Cluster Coordinator at national and regional level. Delays in the SRP implementation caused due to funding agencies' (UNICEF and WFP) administrative processes has been identified as a key bottleneck to be addressed during the preparedness phase.

Best Practice and Lessons Learned:

- *Regular Cluster meetings provide a common platform and effective coordination mechanism for timely and regular information sharing from all cluster partners. This helps the cluster remaining focused on its priorities which are guided by the SRP and Cluster PoA.*
- *Regular attendance by many cluster partners in the cluster meetings helps in addressing the bottlenecks in service delivery through consensus building and follow-up on the agreed actions.*
- *Setting up and maintenance of an email group for the cluster facilitated the exchange of information and referral of concerns for action as needed*
- *Cluster reporting and mapping exercise undertaken by the IMOs is very helpful in timely identification of the gaps in service delivery and avoiding duplications by the cluster partners.*
- *The importance of a capacity mapping exercise in the preparedness phase to map the capacities of the partners across all regions for core NiE interventions has been identified as future preparedness activity.*
- **Lesson Learned:** *UN agencies and Cluster Partners need to work out a stand by programme partnerships agreements during the preparedness phase which can be activated without delays during the time of disasters. In case of Haiyan, the initial service delivery under the SRP was delayed due to organizational administrative delays within UNICEF and WFP to formalise the programme partnerships and release of funds to the implementing cluster partners.*

⁷ The Nutrition Cluster Plan of Action was developed in June 2014 by the Cluster partners with the support of GNC following the completion of National Cluster Coordination training in the Philippines.

6. Core function 2: Informing HC/HCT decision making

The Nutrition Cluster has designated Assessment and Monitoring working group (AMWG) to prepare and coordinate needs assessments and gaps analysis for the nutrition cluster which is done in coordination with other clusters wherever possible and needed. During the initial phase of the Haiyan response, the Nutrition cluster coordinated SMART survey as well as 4Ws analysis and the results these assessments and surveys guided the HCT to refocus the nutrition interventions during the rehabilitative phase of SRP.

MIRA I was conducted within 2 weeks of the disaster but did not provide much information on nutrition. Nutrition Cluster supported the Multi cluster coordinated assessment (Called as MIRA II- was led by WFP and OCHA) as well as the Integrated Phase Classification (IPC) analysis (done at provincial level-led by FAO and WFP), which were undertaken about 2 months later, but the results from these could not be used much by the nutrition cluster for further action.

Mapping and resource gaps analysis as undertaken by Cluster IMOs inform the cluster at both national and regional level. This was shared with HCT through the Inter Cluster Coordination (ICC) meetings of which UNICEF was a member. The nutrition cluster is in the process of planning a vulnerability analysis exercise led by the AMWG which would include mapping of cluster partners' capacities and presence across all the regions of the country. There is also a plan of expanding the pilot of setting up Early Warning and Action systems for Food and Nutrition security as part of the preparedness plans under the Cluster PoA between end 2014 and early 2015. With the planned release of National Nutrition Survey data in end 2014, which will report on nutrition indicators at the provincial level, the country will have an available baseline data up to the provincial level.

Best Practice and Lessons Learned:

- *Absence of a recent provincial level nutrition data for SRP planning led to over-estimation of SRP targets. SRP planning used existing baseline data (National Nutrition Survey data, 2011) which was 2 years old, with no estimates available at provincial level to guide programming. The MIRA was found to have very limited use for generation of information for planning or refocusing a nutrition response. Given this experience, it is recommended that nutrition sector invests in regular nutrition surveys and other sources of collecting baseline data (with data available upto the provincial level) during the preparedness phase to inform the nutrition response and SRP development in the immediate post emergency phase.*
- *Using the evidence generated through SMART survey and cluster partner reporting and mapping served as a strong tool for advocating with HCT on refocusing the nutrition interventions in line with the nutrition needs in Haiyan affected areas*
- *Operational data generated by cluster was used to advocate for nutrition programming, response and rehabilitation in high level Government meetings like DoH National Staff meeting, Technical Committee meeting and other cluster meetings.*

7. Core function 3: Planning and development of the strategy

As an immediate step to the Haiyan Response, the SCG developed the Haiyan SRP with defined objectives, indicators, prioritised LGUs, targets and timelines. However, given the short turnaround time requested by OCHA, the SRP planning exercise was done centrally with minimal consultation from the regions and LGUs during the immediate response phase.

As part of the cluster arrangements, the National Nutrition cluster has four technical working groups to discuss the sectoral plans, progress, priority setting and results achieved under specific thematic areas (as discussed under cluster arrangements). The working groups are guided by the SRP and Nutrition Cluster PoA in prioritizing their meeting agenda and actions. The key decisions and recommendations from the technical working group meetings are presented to the National Nutrition Cluster Chair during the monthly cluster meeting. Decisions on the recommendations of technical working groups are made through consensus building by the cluster partners present in the meeting, and this is documented as part of nutrition cluster meeting minutes. At the regional level, the sectoral technical discussions including priority setting happens during the regional cluster meeting.

Looking at the lessons learned, the cluster identifies some challenges and areas of improvement – 1) SRP planning and prioritization process should have been undertaken with more active regional involvement. 2) Limited number of cluster partners with expertise in nutrition and low capacity for CMAM programme also acted as a major bottleneck to SRP planning and development and implementation. 3) The development of the project proposals for SRP implementation was felt to be less consultative and was more UN and partner centric with limited government involvement. 4) Experience of Haiyan also highlighted the need for international organizations to better coordinate with the local NGOs and local government in order to complement the existing resources during the response. 5) Resource and partners' mapping during the preparedness phase has been identified as one of solutions towards improved coordination between cluster partners during strategy development and service delivery, while it was felt important to ensure that prioritization of response and support should be towards the affected communities. 6) During the Haiyan response, some cluster partners' felt that the donor agencies' interests impacted the nutrition response. *Example:* Most INGOs supported response in Tacloban city, making the area most congested and not taking into consideration other surrounding areas of Tacloban which were also hard hit and needed the support during the response phase.

Best Practice and Lessons Learned:

- *National Nutrition Cluster's planning and development is guided by the technical discussions and recommendations of the four thematic working groups, which in turn helps the cluster in taking informed decisions and ensuring a technically sound nutrition response which is need based and linked to the resource available.*
- *The thematic/technical working groups should be maintained during the preparedness phases to avoid delays at the beginning of an emergency and should be informed by clear TORs*
- *Technical working groups are successful in promoting policy coherence, consensus building and common directions during the response and rehabilitation phases*
- **Lesson Learned:** *The National cluster needs to work more closely with sub-national (regional) clusters especially with focus on operationalization of strategic approach i.e. beyond just*

information sharing. The SRP development and project proposal development process needs to be more consultative with involvement of both government and cluster partners for effective implementation.

8. Core function 4: Monitoring and evaluation

Monitoring and Evaluation function of the nutrition cluster is designated to the AMWG at the national level and to regional clusters at sub-national level. So far AMWG has been focused more on assessment function and less on the monitoring function which has been primarily supported by Cluster IMOs and UNICEF at both National and Regional level. Other Cluster partners feed in their programme monitoring into the cluster reporting system which is coordinated by the IMOs and UNICEF. AMWG will now be taking over the cluster monitoring role in line with its ToR.

Based on cluster reporting and gaps assessment, situation updates are presented during cluster meetings and disseminated through the Nutrition Cluster mailing list. Identified gaps are discussed and addressed during the cluster meetings. Early in the response, a nutrition cluster monitoring and reporting tool was adapted to the local context, which includes the monitoring of key nutrition indicators (using tools applied in previous disasters) through cluster partners and the cluster priority LGUs followed by the reporting on the indicators through cluster partner reporting system consolidated by the IMOs. Additionally, a community based cluster monitoring and reporting system for IYCF counselling and MUAC screening was developed and tested in the Haiyan affected areas and now being scaled up in other regions as well by NNC with support of UNICEF.

Some key challenges faced in streamlining the monitoring and reporting on the Haiyan SRP targets were-1) introduction of the new monitoring tools after Haiyan took over a month for roll out, 2) new tools were found to be hard to use by the partners, 3) inconsistency between cluster reporting and UNICEF's partner reporting systems led to confusion in reporting and balance between the need for high frequency of information in an emergency and maintaining existing government data management systems was a challenge.

The above challenges highlighted the need to agree on the monitoring indicators and tools during the preparedness phase. SMART survey has been the chosen instrument by the Nutrition cluster to assess the situation of nutrition indicators during the SRP implementation period. The first SMART survey was conducted 3 months post-Haiyan and the next one planned towards the end of SRP in October 2014, which will guide the post-SRP nutrition planning in affected regions. Building on the experience of previous emergencies, the SMART Survey was expanded to provide information on some key IYCF indicators as well as maternal nutrition. Cluster Coordination and Performance Monitoring (CCPM) exercise for Philippines Nutrition Cluster was undertaken in June 2014 with the technical support of GNC. The exercise helped the nutrition cluster in identifying the weak areas and developing the Plan of Action (PoA) to take corrective actions during the SRP period and beyond.

Best Practice and Lessons Learned:

- *The cluster monitoring and reporting system which has been developed and tested as part of Haiyan response has demonstrated a promising model for monitoring nutrition outputs and outcome level results. There is an ongoing advocacy efforts to scale-up the model beyond the Haiyan areas are underway.*

Lessons learned:

- *The development, testing and dissemination of the data collection formats for nutrition cluster partners and community/municipal nutrition and health workers should be conducted in the preparedness phase, rather than in the first months of the response. The work and investment that has been made during this emergency should be continued to ensure that there are agreed upon and functional data collection formats that are standardised for use in emergencies in the Philippines for the nutrition partners.*
- *Indicators should be consistent between UNICEF, WFP and the cluster, to avoid unnecessary burden on the nutrition partners for data collection and reporting.*
- *CCPM exercise is a good tool to assess the cluster performance and take corrective actions.*
- *Integration of IYCF standard questionnaire/indicators in the standard SMART survey tool and methodology to provide data for decision making at the national and regional level to identify areas for program strengthening*

9. Core function 5: Preparedness and contingency planning

Preparedness and contingency planning are amongst the core functions of the National Nutrition Cluster. The Nutrition cluster has built the national capacity in nutrition preparedness through development of a Minimum Service Package for Nutrition in Emergencies (NiE), identifying and addressing the training needs at national (creating a pool of Master trainers) and regional level in the area of cluster coordination, NiE, IYCF-E, CMAM and SMART survey training with the technical support of UNICEF. Although there is no specific National Preparedness plan for the nutrition cluster, preparedness planning exercise is being undertaken at the regional level by regional nutrition clusters. Draft National Nutrition Cluster Strategic Plan (2014-16) was developed just before Haiyan and could not be updated due to the response, so the Nutrition cluster plans to review it in line with the cluster PoA and CCPM results. The critical need for preparedness planning has been realised by the cluster partners, UNICEF (as a CLA) and the nutrition cluster, while the nutrition cluster and partners have identified and is prioritizing the work on partners' capacity and resource mapping, vulnerability mapping, monitoring and reporting systems (Nutrition Surveillance). Mapping of the partners' capacity and resources will lead to better coordination between international and national NGOs during the emergency response which was experienced during the Haiyan response.

Best Practice and Lessons Learned:

- *Preparedness efforts undertaken as part of the Haiyan response have contributed towards strengthening the nutrition system's technical capacities, nutrition policy environment and nutrition service delivery.*

Lessons Learned

- *A preparedness planning process should be undertaken and then revisited and refreshed each year*

- *Need to have stand-by partnership agreements (UN/Funding agencies and implementing partners) in place signed during the preparedness phase (for activation during emergencies) to avoid implementation delays at the time of emergency response*
- *Need to have clear guidelines in place on mobilizing the existing government capacities to the disaster affected areas during the time of emergencies (As part of preparedness)*
- *Partners' capacity assessment and mapping must be done during the preparedness phase in order to ensure timely and quality scale-up of interventions during the SRP implementation*

10. Core function 6: Advocacy

The National Nutrition Cluster identifies the advocacy concerns based on the generated evidence from the regional nutrition clusters, through cluster partner reporting and through structured assessments like SMART surveys. The identified advocacy concerns are then transformed into advocacy messages with possible advocacy platforms. In the initial response phase, the Advocacy and Communication WG focused its efforts in identifying and reproducing core communication resources for distribution to families affected. Advocacy and Communication WG remained inactive for some time. Advocacy and Communication WG is chaired by PhilCAN⁸ which was going through a transition process. However, the Advocacy and Communication WG has been revived about two months ago. So far the advocacy messages of the Nutrition Cluster were being identified and discussed in the national nutrition cluster meeting or sometimes during the technical working group meetings. Once the advocacy message is agreed upon, the Nutrition cluster decides the various advocacy platforms which can be tapped for evidence-based advocacy. Some of the advocacy platforms which have been tapped so far by nutrition cluster include advocacy through PhilCAN, NNC's and DoH national events and meetings, informing the HCT through UNICEF and National and Regional celebrations of Nutrition month (the theme this year was NiE). Some of the key successes of nutrition cluster on using the advocacy function to influence decision making and nutrition outcomes were- 1) Massive advocacy efforts by nutrition cluster (with the support of Global Cluster) on the importance of Breastfeeding using the instrument of National milk code (Executive Order 51) at various platforms and at various levels led to guarding/minimising the use of infant formula and donations both regional and national level. 2) Advocacy done using the Haiyan SMART survey results and global evidence with the DoH Regional Directors, Governors and Mayors at National and Regional levels, the Joint Human Development and Poverty Reduction Cabinet Cluster and Social Development Council, which amongst the others resulted in signed Regional directives on Integrated Management of Acute malnutrition in Regions 7 and 8.

Best Practice and Lessons Learned:

- *The cluster succeeded in tackling milk code violations at both sub-national and national level. This was made through the joint efforts of IYCF-E and the AdCom WG, who developed a position paper which was complemented with a joint statement released by UNICEF and WHO and high-level advocacy meetings conducted by NNC and DOH. All these efforts helped strengthen the advocacy for exclusive breastfeeding and continued breastfeeding in Haiyan-affected areas.*
- **Lessons learned:** *Advocacy messages need to be evidence based, targeted at the right/high level of decision maker and supported with sustained follow-up. AdComs WG can serve as an*

⁸ Philippines Coalition of Advocates for Nutrition Security is a National advocacy group comprised of NGOs and INGOs who advocate for essential nutrition action across 1000 days

exclusive body for the nutrition cluster which discusses the issue of nutrition advocacy and communication, identifies the key advocacy messages, identifies the target audience and the advocacy strategy