



Ethiopia  
Nutrition  
Cluster

# Lessons learned in Ethiopia Nutrition Cluster

Exercise conducted by the Global Nutrition Cluster

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By GNC and Ethiopia Nutrition Cluster



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# 1. Executive summary

This update summarises how cluster approach is currently being implemented and key lessons learnt in Ethiopia 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.) It briefly describes the humanitarian context in Ethiopia, which is characterised by recurrent droughts that has in the last 30 years contributed to continuous loss of assets and depleted communities especially poorest of the poor capacities to cope. As result, considerable number of households in six drought regions are chronically food insecure have had associated higher prevalence of acute malnutrition that evolves to emergency levels even with mild rainfall performance. The report also describes the experience of cluster management arrangements housed within the government offices. It also emphasizes the importance of accurate, timely and reliable nutrition information in guiding better planning, implementation and monitoring of emergency nutrition responses. The report shows how having harmonized systems of assessments, analysis, interpretation and sharing of nutrition information, especially seeking government clearance before information is released can build trust, prevent disputes and avoid conflicting information between stakeholders and the government.

The report also shows how good coordination and engaging all partners in initiating and strengthening emergency nutrition responses is key in ensuring increased coverage of life saving services. Adequate preparedness (before crisis hits) especially expansion and training Health Extension Workers (HEW) on Community Management of Acute Malnutrition (CMAM) in health posts done by the Federal Ministry Of Health ( FMOH) in the country as well as annual procurement of Therapeutic Feeding Programme (TFP) supplies' timely distribution mitigates the detrimental impact of drought crisis on vulnerable groups and communities and prevents unprecedented increase in acute malnutrition among under-five children in drought affected woredas<sup>1</sup>. Engaging donors in prioritizing area for responses, jointly agreeing on priority nutrition interventions, consistency in advocacy messages and cluster taking the lead complemented by Cluster Lead Agency, OCHA and Government in advocating on behalf of partners increases chances of securing resources.

**Conclusion:** Long term resilience programming integrated with emergency response capacities and better understanding of context specific causes of acute malnutrition and acting on those specific causes is likely to be the sustainable solutions to persistently high levels of acute malnutrition in Ethiopia. Accurate and timely shared nutrition information guides better short and long term strategic planning and responses. Monitoring visits and engagement of donors in situation analysis and other cluster activities, provides compelling evidence to advocate among themselves to fund cluster prioritised areas and interventions.

# 2. Methodology

This cluster update has been prepared based on clusters reports (monthly and quarterly bulletins), ad hoc and bi-annual surveys, field monitoring reports jointly prepared with donors, cluster strategic

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<sup>1</sup> A woreda is an administrative structure equivalent to a district in other contexts

documents (annual work plans and Joint UNICEF/DRMFSS two year work plans), discussion with partners during monthly cluster and bi-lateral coordination meetings held regularly as well as desk reviews.

### **3. Background**

Ethiopia has been facing recurrent drought in the last three decades. The droughts in most cases have been associated with poor production performance, poor pasture and water availability for animals and humans. This resulted in increased acute malnutrition and considerable death of animals in some parts of the country and loss of assets. Coupled with limited sustainable recovery interventions, continuous loss of assets and reliance on rain fed agriculture on ever decreasing farm sizes; local communities especially poorest of the poor, have depleted its capacities to cope with the asset loss over the years. In view of this and given the multiple and diverse weather conditions in Ethiopia, failure of short or long term rains (Belg and Meher) have continued to trigger small or large scale food insecurity and nutrition emergencies in the affected areas on annual basis; especially in six major regions that are prone to recurrent/cyclic droughts.

In order to provide predictable, timely and effective leadership, accountability to beneficiaries and coordination of humanitarian responses, the cluster approach was adopted by the government and humanitarian stakeholders in May 2007. All the IASC clusters were activated, built on pre-existing coordination arrangements, led by respective government ministries and departments/institutions. The nutrition cluster, since 2007, is co-lead by the Federal Ministry of Health (FMOH) and the Disaster Risk Management and Food Security Sector (DRMFSS), housed within the DRMFSS offices. For 2014, a total of 2.7 million were affected by drought and are currently getting humanitarian assistances implemented by the government and partners. This number is likely to increase once the revised humanitarian requirement is released by the government.

A total of 238,761 severe acute malnourished (SAM) children were estimated to be managed in 2014 (revised to 264,298 SAM in July 2014 following government-led multi-sectoral and multi-agency verification assessment not yet formerly approved). The funding needs for managing 238,761 cases (including deworming and vitamin A to over 700, 000 under-five children) is estimated to be US \$ 25,317,814, currently funded at 69%, leaving a gap of 7.9 million USD. During the same period, a total of 1,182,000 ( revised to 1,196,213 in July) under-five and PLW MAM cases, (about 50% under-five children) were estimated to be enrolled in Targeted Supplementary Feeding Programme (TSFP) in priority one and some of priority two woredas across the country. By early October 2014, TSFP response managed by WFP in priority one woredas was 100 percent funded. Other activities coordinated by cluster include: Emergency nutrition assessments in hotspot woredas, capacity strengthening/building of woreda level nutrition capacities, IYCF in emergencies etc. The cluster strategic plan is part of national Humanitarian Requirement Document (HRD). Currently, the cluster coordinates about 30 partners (Government institutions, UN agencies, NGOs and Donors) with over 200 cluster members on the cluster distribution list.

## 4. Cluster Management Arrangements

The cluster approach was adopted in May 2007. The nutrition cluster activities are coordinated by the Emergency Nutrition Coordination Unit (ENCU), a government unit housed within the Disaster Risk Management and Food Security sector (DRMFSS). Within the government, the cluster (ENCU) reports to the government directly (director of early warning and Response directorate) and to the Disaster Risk Management Technical Working Group (DRMTWG). It provides updates to FMOH and EHNRI/EPHI with respect to emergency situation, assessment and responses.

The ENCU (cluster) also reports to UNOCHA through the cluster lead coordination meetings, Ethiopian Humanitarian Country Team (EHCT) monthly reports. Updates and key issues from the nutrition and other clusters are consolidated by OCHA and presented to the EHCT chaired by the Humanitarian Coordinator (HC) for information and decision. The ENCU also reports to UNICEF nutrition section chief/Nutrition Coordination and Information System head of unit as the UN cluster lead on regular bases (nutrition situation updates, assessment, responses, challenges etc., (see cluster organogram)

Coordination of emergency nutrition activities are done through monthly task force meetings and ad hoc meetings. Special coordination meetings are also organised, focusing on specific operational areas when needed. Bi-lateral coordination meetings are held with partner on specific issues. TWG are formed for special tasks and when the task is accomplished, they remain dormant and activated whenever needed. (e.g. revision of guidelines, special operational studies, coverage assessment etc.). Emergency review committee was established in 2008 with permanent and rotation members coordinated by the ENCU. Survey proposals and reports are technically reviewed by the cluster and the NCC/ENCU seeks government approval and widely shared with all partners/MANTF members.

There are six regional nutrition/health cluster coordination forum/mechanisms that are housed and lead by and directly reporting to the regional early warning and response and/or health bureaus with respect to administrative issues but technically reporting to the federal level nutrition cluster coordination unit (ENCU). Its TOR is relatively similar to the MANTF forum at federal level. At national level, the cluster coordination team is composed of four UNICEF staff with offices within the government: one Nutrition cluster coordinator, the one information analyst, one nutrition specialist responsible for coordinating surveys and one Admin assistant who arranges all cluster meetings and other administrative activities related to UNICEF, NGOs and government. The regional sub clusters are composed of one nutrition expert and one information analysts with exception of one region where there is only one staff. These are funded by UNICEF through the government.

### Best Practice and Lessons Learned:

- Housing the cluster coordination within the government increases ownership and trust that in turn gives advantage of pushing through high level strategic and policy issues for improving assessment and response (e.g. guideline or new approaches to emergency)
- Building and winning government trust takes time and therefore short term contracts/changing staff from time to time is likely to result into wrong conclusion.
- Using combination of partnership skills based on trust, negotiations through the ongoing dialogues, diplomacy and applying the competencies required for cluster coordination (working relationships, negotiation, communication etc.) goes a long way in supporting the work of a NCC with government.
- Understanding government values (do not humiliate or criticise in public) is key to the success of working alongside government.
- Informal discussions and communications are very beneficial as this creates positive grounds for pushing issues through.

## 5. Core function 1: Supporting service delivery

The cluster strategic response plan is guided by the United Nations Development Assistance Framework (UNDAF) objectives and goals. The cluster activities are also in line with the National Nutrition Programme (NNP) of early detection and management of acute malnutrition and common childhood infections. For example, emergency nutrition responses are supposed to be implemented within four weeks after the release of hotspot woredas list. First, once the hotspot list is revised, normally 3 times per year in collaboration with partners (WFP, FEWS NET, DRMFSS/ENCU and UNICEF), the ENCU/cluster seeks the approval from the government. Second, once approved, ad hoc meeting (s) is held with all MANTF members (NGOs, UN agencies and Donors) during which cluster members express commitments to either continue strengthening emergency nutrition responses or expand to new areas that need the support most, a **commitment matrix** based on who is doing what and where is prepared and circulated to all partners and donors. Donors also inform partners' of available resources and process/procedures/guidelines of applying for the funds. If there are overlaps among partners, tripartite meetings are held between the two partners in the presence of ENCU/Cluster Coordinator. The partner with comparative advance in most cases is given the opportunity to support the respective woredas (e.g. having a long term development project in the area or the partners that worked in the area previous years and is aware of the systems and administrative issues) is most likely to be given the responsibility to strengthen the responses. In case of an overlaps, such cases are sorted out peacefully with satisfaction from both sides.

Third, priority areas for response are identified (usually priority one woreda) and few selected priority two woredas. Fourth, the cluster priority emergency nutrition areas is discussed with all cluster MANTF members, given the identified gaps in the government systems that should be filled.

Fifth, mapping of who is doing what and where is the updated to reflect the new commitments and commitment to continue responding in the same woredas.

Sixth, if there are still gaps (priority areas not still covered), the cluster coordinator advocates to all partners, mainly through bilateral meetings with potential partners to fill gaps in responses in the remaining priority areas. Some of the challenges we face include: Some partners failing to honour their commitments, partners not willing to expand to new areas due to various reasons including funding conditions from some of the donors etc. This process is done three times a year.

### **Best Practice and Lessons Learned:**

- Bringing all partners' together and express commitment to strengthen or initiate emergency nutrition responses.
- Donors' engagement at the beginning improves donors understanding in term priority areas and types of interventions and accelerated funding approval and MOU signing.
- Bi-lateral and tripartite meetings gives opportunity to each overlapping partners to have deeper understanding of other partners comparative advantage and resolves conflicts, feeling of favouritism and creates trust to the cluster system.
- It improves partnership and coordination among partners and between partner and the cluster.

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

The nutrition cluster needs assessments are part of the government-led bi-annual multi-agency and multi-sectoral needs assessments conducted in June ( Belg) and November (Meher) every year<sup>2</sup>. The nutrition cluster needs assessments complements/triangulated with secondary data analysis based on the monthly TFP admissions compared to previous analogous year's performance, on-going FMOH CMAM programme expansion, forecasted weather and crops production outlook, reporting rate of CMAM programmes. In addition to the above, the cluster conducts ad hoc and bi-annual surveys analysis in the respective period to triangulate the secondary data analysis with the needs assessment findings. The analysis is normally done by the ENCU/cluster in collaboration with UNICEF nutrition section. The needs are then presented to the government (EPHI/EHNRI/DRMFSS) for discussion and decision as well as to cluster partners. Once approved, the requirements are shared with the Humanitarian Requirement Document (HRD) editorial committee (Cluster coordinators and sectoral lead task force chairs from UN agencies and Government ministries) chaired by the Government (DRMFSS) and OCHA as a secretariat.

In terms of information sharing, the cluster prepares monthly cluster updates as per format covering, situation, response coverage, challenges and issues that the cluster would like to be brought the attention of the EHCT. Strategic priorities from the EHCT are communicated to the cluster coordinators through the fortnightly cluster lead meetings coordinated by OCHA and in the Disaster Risk management technical working group meetings (DRMTWG) jointly chaired by the DRMFSS and OCHA country representative. Once approved in those fora, such priorities are then integrated into the cluster activities and each respective cluster coordinator discusses with the government line ministries regarding its implementation.

Whenever additional information is needed by cluster, the cluster proposes to the government on the needs for additional assessments and seeks approval. The areas for assessment are identified in consultation with the respective regional early warning bureaus. Once approved, the cluster engages capable partners (NGOs) to conduct the assessment and request potential donors to fund the assessment in collaboration with UNICEF.

### **Best Practice and Lessons Learned:**

- Partners and government engagement during needs assessment and consultations on the estimated needs, increases acceptance and approval of the estimated needs as they feel they are part and leading the process.
- Accurate estimated needs over the years builds trust both among the humanitarian communities (HCT), and the Government.
- Standardized and harmonised needs assessment for the cluster is important to avoid confusion in approaches, allows fair comparison over time and increases understanding of the process among all the humanitarian community in the country.

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<sup>2</sup> Belg assessment are conducted in June to assess the performance of short rains period ( February to July) while Meher assessment conducted to assess the long rain performance including harvest ( mid-June to December)

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

The sectorial plans preparation are coordinated at national level by UNOCHA and the government (DRMFSS), normally done during the first quarter of the year. First, the sectorial plans (objectives and indicators) are drafted by the cluster coordinator, based on the priorities and recommendations on strategic issues from the DRMTWG, cluster lead forum/EHCT feedbacks to the clusters coordinated by OCHA as well as from MANTF members recommendations provided during regular and ad hoc meetings. Second, the draft plan is circulated to all MANTF members for comments and review and third, ad hoc MANTF meeting is organised for all partners during which the plan is reviewed (i.e., objective by objective and indicator by indicator). Targets of some of activities e.g. timeliness of response in hotspot woredas are set based either based UNFDAF target as mentioned earlier. Existing or to be strengthened capacities (trained human resources, logistic gaps, monitoring and supervision, supplies, hotspot status etc) and experience from previous years are among the formulas used in setting targets. For example, the SAM and MAM target setting are based very much on the National Mateo logical Agency (NMA) weather forecast done twice per year, guides the projections in food security and in turn on SAM and MAM caseloads. Emergency survey results are also used in projecting SAM and MAM caseloads at project level and/or triangulated with TFP admissions trends where appropriate. MAM at national level are estimated based recent national level survey results or projected prevalence. Other factors include the projected CMAM expansion in that year, anticipated reporting rate, disease outbreak (linking with Health sector) etc. Fourth, OCHA organises all sector cluster planning reviews during the first quarter of the year, during which sectoral work plans are presented to all humanitarian partners, inter-sectoral linkage and cross-cutting issue are identified. Respective sectors are then to integrate/link project planned activities. Fifth, the plan is finalised by incorporating MANTF, inter-cluster review recommendations and submitted to OCHA and the DRMFSS for recording keeping and accountability

Guidelines for emergency nutrition assessments and response are shared with all partners and individually when needed. Emergency nutrition assessments are reviewed by the ENCU of the DRMFSS to ensure that proposals, implementation, analysis and interpretation of the survey results are in line with the existing national emergency nutrition assessment guidelines. Feedback is provided to all partners accordingly. Emergency nutrition responses especially those funded by Humanitarian Response Fund (HRF) managed by OCHA are jointly reviewed by the cluster (**UNICEF, WFP, OCHA, ENCU/DRMFSS and two other NGOs not related to the proposal on rotation basis**) guided by the existing national SAM and MAM management guidelines (admissions, discharge, ration size, supplies) etc. This way, implementation of the emergency nutrition responses is standardized. Exceptions are discussed and approved by the cluster review technical team where necessary.

Regarding funding requirements, the cluster estimates funding requirements for emergency nutrition responses previously on 6 months basis before 2014 or annual basis (with revision in mid of the year) beginning 2014. Funding requirements are discussed and agreed by both the Humanitarian partners and the government and reflected in the government humanitarian requirement documents. Based on HRD, donors provide resources/funds to the HRF that is equally accessible by all partners based on

the priorities set by the cluster as mentioned in core function 5 above. Donors such as OFDA and ECHO consult the ENCU/cluster before funding NGOs to ensure that funds are allocated to the top cluster priorities.

#### **Best Practice and Lessons Learned:**

- Stakeholders (government, donors and cluster partners) feel that the plan is theirs as they are engaged in developing it.
- It is relatively easier to obtain resources for planned activities that have been discussed and prioritised by cluster members, government and donors.
- Funding NGOs based on cluster priorities minimizes competition for resources and complaints among partners.
- Cuts down workload in preparing proposals that in the end are not funded or rejected by donors.
- It ensures that NGOs are implementing emergency nutrition responses following a similar protocol

## **8. Core function 4: Monitoring and evaluation**

Monitoring is done in three ways. First, the nutrition cluster (ENCU) monitors the evolving nutrition situation at national and regional, woreda/district levels by collecting routine (TFP admissions) from the FMOH health posts and format, is computerised at regional levels and consolidated at federal TFP database. The TFP data base at both regional and federal level are currently managed by the regional and federal ENCUs/cluster housed within the government offices respectively. Trends in TFP admissions is characterized when reporting rate is 80 percent and above. Moreover MAM monthly reports, conducting ad hoc emergency nutrition surveys in hotspot woredas and bi-annual surveys in 21-25 sites/woredas are also collected, analysed and triangulated along with the TFP admissions above. Secondly, we monitor coverage of emergency nutrition responses (TFP and TSF) in hotspot woredas on monthly basis, to identify gaps in responses. This is done by updating common intervention coverage matrix done by the RENCU in the six regions prone to emergency nutrition crisis.

Joint monitoring visits are conducted with donors in donor funded projects and sometimes donors themselves conduct monitoring in partners operational areas and provide feedback to the cluster. Issues of concern are discussed with the partner and the cluster coordinator/ENCU.

With respect to cluster strategy and agreed results, UNOCHA and DRMFSS organises a one or two day bi-annual review workshops. The cluster prepares progress update of the cluster activities, discussed among the cluster/MANTF members first then presented to the bigger forum as per review guideline and outlines provided by UNOCHA and the DRMFSS (government). Recommendations to the cluster are provided by the forum. The cluster provides feedback to the MANTF members the recommendations from the bigger forum for revising the plan and implementation if time available. Otherwise, new recommendations can be taken into consideration during development of the subsequent year plan.

The cluster monitoring reports are shared with the government and UNICEF as nutrition cluster lead as well with OCHA depending on the project or if joint mission, the report is shared with cluster

coordinators and EHCT members. The routine and filed monitoring visit reports are also summarised and published through the DRMFSS fortnightly and/or weekly OCHA humanitarian bulletins. The intervention coverage is reported to MANTF members on monthly basis and published in the government early warning and response monthly and in the cluster quarterly emergency nutrition coordination bulletin.

#### **Best Practice and Lessons Learned:**

- Regular update to partners prevents confusion, misunderstanding on the evolving nutrition situation in affected areas.
- Briefing and seeking government clearance on information increases trust, builds government confidence in the cluster and feel respected. This in turn prevents denial of the information and it also prevents confrontation/deputes on the accuracy of information between the government and the cluster and between the government and humanitarian communities/donors.
- Standardized data systems for data collection, analysis and consistency in interpretation of nutrition information increases trust among all humanitarian communities and donors.
- Monitoring visits, provides deep understanding of the situation on the ground, helps to clarify expectations and address others issues that an NGOs might have failed to clarify and avoids unfounded rumours.
- Usage of rumours as positive induction to conduct earlier verification assessments or visits to verify the information rather than ignoring it and find it later to be true was found to be important, as by ignoring such a rumour, lives might be lost.
- Ensure cluster accountability both in terms of monitoring of the implementation of planned activities and impact evaluation of the on-going interventions.

## **9. Core function 5: Preparedness and contingency planning**

The overall, humanitarian preparedness for all the different sectors (health, Nutrition, WASH, Education, Relief, Agriculture etc.) in Ethiopia is guided by the seasonal weather forecast done by the National Meteorological Agency (NMA). The weather forecast guides the food security outlook that in turn translates into preparedness for all the above sectors above, followed by multi-sectoral needs assessments conducted including nutrition as well as other sectors. For Nutrition it guides the estimating SAM and MAM caseload as well as supplies as explained in section four below and in planning and development of strategy above.

As part of the preparedness for nutrition cluster, first, bi-annual nutrition surveys (surveillance) are conducted in 21-25 selected sites in the country. Trend analysis is conducted to inform how the nutrition situation is evolving in comparison with the previous years during the same period. Similarly, trends in TFP admissions are conducted and compared with previous years. In that regard, triangulated analysis provide guidance on how likely the nutrition situation will evolve in the emergency prone regions/woredas.

Second, UNICEF as a CLA and as a cluster partner, in collaboration with partners continues supporting the FMOH in training the HEW/HWs on SAM management, strengthen government capacities

conducting joint monitoring of CMAM activities in the country. Where necessary, UNICEF (CLA) recruits short term consultants to fill gaps regarding on job training, monitoring, supervision, reporting, supply management and cluster coordination. Such capacity building activities are prioritised in regions with limited capacity. WFP coordinates TSFP for MAM management activities in the 44 TSF pilot woredas as well as in hotspot priority one woredas, while NGOs do the same in selected priority two woredas that they support funded by HRF-OCHA pool fund. However, there is an EOS<sup>3</sup>/TSF task force that coordinates the TSF activities in the country for which the ENCU/cluster is a member. Others are UNICEF, WFP, DRMFS and FMOH

Third, UNICEF as a CLA and as a cluster partner, and other partners supports FMOH on the expansion of CMAM programme in woredas with low coverage either using mobile health and nutrition teams, or opening/initiating OTP services integrated in the HEP. Similarly WFP is piloting monthly distribution of TSF in chronically food insecure woredas, integrated within the HEP.

Fourth, supplies (TFP and TSF) supplies estimated on 6 months or annual basis and stored at national level. TFP supplies are issued on quarterly basis and replenished accordingly by UNICEF at regional/zonal level based on respective regional requests. UNICEF has established a minimum and maximum levels of TFP supplies (not allowed for the supplies to deplete below the minimum levels). In such situation, procurement has to be conducted to maintain supplies always above the min levels. TFP supplies are stored by WFP in their respective warehouses while some are stored by the DRMFS.

The cluster contingency plan is always part of the joint government and humanitarian partners humanitarian requirement document (HRD). During the planning stage, the cluster/ENCU conducts analysis of the current and how the nutrition situation is likely to evolve is conducted in consultation with the UNICEF (CLA) and government (DRMFS and EHNRI). Best/most likely, Median and Worst case scenario are prepared in terms of SAM and MAM caseload as assumptions for each of the scenario. Based on the cluster recommendations, the government approves either Best or Median. However, as situation evolves, the cluster can revise and recommend to the government and humanitarian stakeholders to adopt the worst case scenario. The cluster and CLA in consultation with partners assess the existing capacities and identifies gaps in managing the projected SAM/MAM caseload, emergency assessments, supplies, coordination etc. Once agreed, the cluster will ask either partners to fill some of those gaps and when gaps are not filled on time, the cluster asks UNICEF as the provider of the last resort to fill the gaps. The nutrition cluster also organises capacity building on cluster coordination in 2012 and 2013 for example to strengthen coordination of emergency nutrition activities at both federal and regional level, organizes emergency nutrition assessments trainings in collaboration with partners such as GOAL, SCI and Concern etc.

#### **Best Practice and Lessons Learned:**

- Adequate preparedness (capacity to manage SAM, ensuring adequate supplies) cushions/mitigates the impact of crisis and prevents unusual increase in severe acute malnutrition as it was the cases in 2011 in the Horn of Africa and other parts in 2013 and 2014.
- Timeliness in scaling up and good coverage of emergency nutrition responses is very important in supporting the preparedness activities.

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<sup>3</sup> Enhanced Outreach Services

## 10. Core function 6: Advocacy

The cluster identifies concerns for EHCT messaging and action on a systematic basis. First, the cluster conducts an analysis and prepares monthly cluster reporting focusing key issues that should be brought to the attention of the EHCT. The key issues are first presented to the cluster lead (coordinators) meeting under the coordination of OCHA. OCHA consolidates all the monthly key issues and present them to the EHCT. Second, the cluster is requested to prepare key issues and proposed solutions (i.e. what support the EHCT can provide in terms of action or advocacy) that can presented to the EHCT retreat for discussion and action.

**How the cluster undertakes advocacy:** First, the cluster prepares analysis of the nutrition situation and how it is likely to evolve in the coming months including its impact on nutrition status of children (increased malnutrition and preventable deaths). Updates existing capacities and consolidates partners' commitment to initiate/strengthen emergency nutrition responses. The cluster prepares estimated cost for the implementation of the planned responses at national level, available resources as carry over including supplies and finally, identifies the funding gaps.

Second, the cluster directly advocates to donors during the DRMTWG monthly meetings to fill the funding gap. Third, the cluster also informs and requests UNICEF as a CLA and OCHA to advocate to donors to fund the gap by either funding the NGOs/UN agencies directly or through HRF.

Fourth, the cluster holds bi-lateral meetings with potential donors (OCHA-HRF, OFDA and ECHO) and requests them to fund partners committed to implement nutrition responses in cluster priority areas and interventions. Fifth, the cluster advocates to partners to secure resources bi-laterally from their respective HQs, private companies and individuals.

### Best Practice and Lessons Learned:

- The consistency of the cluster advocacy in different forums and through different personalities is more likely to win donor funding than individual NGOs advocacy.
- "Seeing is believing", so donor visits to affected areas increases chances of emergencies getting funded depending on the evolving situation calls for.
- Donor trust on the cluster/partners activities and cost effectiveness of interventions increases chances of obtaining resources. For example, the nutrition cluster was among the well-funded cluster in the past four years 2011-2013.
- Donor engagement in emergency nutrition responses reviews and board reviews provides them with deep understanding of the situation and need to fund lifesaving responses.
- Cluster openness and flexibility to new ideas/approaches (e.g. NCA study) increases funding chances and trust among donors.