# **SOMALIA NUTRITION CLUSTER**

# HUMANITARIAN COUNTRY TEAM (IASC)

### TERMS OF REFERENCE

### **Background Information**

The nutrition situation in Somalia indicates a varied but persistently alarming picture throughout the country. In light of weak or non-existent governance structures in parts of Somalia, nutrition response programming is mainly undertaken by UN, international and national agencies though the government in Somaliland and Puntland are increasingly getting strongly involved in the response. The role, therefore, of the Nutrition Cluster members to coordinate and support emergency and non-emergency response is vital to ensure that those most in need receive appropriate, adequate and timely assistance.

In Somalia the Nutrition Working Group (NWG) was initiated in 1995 to coordinate nutrition related issues and was co-chaired by UNICEF and FSAU until 2005. The cluster approach<sup>1</sup>, introduced in Somalia in early 2006 as part of the UN Humanitarian Reform, was integrated into the existent NWG structure from the outset. Subsequently, the Nutrition Cluster and the Nutrition Working Group exist as a single coordination structure (hereafter referred to as the Nutrition Cluster) for nutrition activities in Somalia. The nutrition cluster is part of the health sector though both the emergency and non-emergency nutrition issues are discussed in thr nutrition cluster and then tabled to the health sector through the nutrition cluster coordinator.

The nutrition cluster is guided by the UNICEF's conceptual framework for analysing and addressing the causes of malnutrition through a multi-sectoral approach hence enhanced collaborations with with key sectors/clusters such as food assistance, health, Water, sanitation and Hygiene, Agriculture and livelihoods. The Nutrition Cluster/ Working Group is a member of the Country level humanitarian country team (HCT)/Inter Agency Standing Committee (IASC), the Inter Cluster Working Group and two committees under the Coordination of International Support to Somalia Executive Committee (CISS EXCOM) – the Health Sector Committee (HSC) and the Food Security and Economic Development (FSED) Sector Committee.

The Nairobi NWG/Cluster currently has 110 members agencies made up of UN, INGO and local NGO and meets monthly<sup>2</sup>.. The nutrition cluster is also active in Somaliland, Puntland, and in the south and central regions of Somalia.

#### **Purpose**

The primary purpose of the Nutrition Cluster is to support and strengthen a coordinated approach in nutrition strategic planning, situation analysis and response both in emergencies and non-emergency situations. This necessitates developing and enhancing coordination structures, appropriate nutrition

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<sup>&</sup>lt;sup>1</sup> The cluster approach aims to strengthen humanitarian response by demanding high standards of predictability, accountability and partnership in all sectors or areas of activity. It is about achieving more strategic responses and better prioritization of available resources by clarifying the division of labor among organizations, better defining the roles and responsibilities of humanitarian organizations within the sectors, and providing the Humanitarian Coordinator with both a first point of call and a provider of last resort in all the key sectors or areas of activity.

<sup>&</sup>lt;sup>2</sup> A core team selected by members of the nutrition clusters meets as need arises, to deliberate on technical issues requiring more focus, and feedback to the general nutrition cluster meeting.

guidelines/policies and strategies that meet acceptable minimum standards within different and everevolving contexts in Somalia.

### Objectives of the Nutrition Cluster for 2011 (referenced in CAP 2011)

- Acutely malnourished children and pregnant and lactating women are treated by having access to
  and utilizing quality services for the management of acute malnutrition. Expansion of women and
  children's access to evidence-based and feasible nutrition and nutrition related services, available
  through the use of the Basic Nutrition Services Package (BNSP) and interventions linking nutrition
  to health, WASH, and livelihoods programming
- Strengthening capacity of nutrition partners: LNGO/CBO, local communities and line ministries to deliver BNSP

#### TASKS FOR THE CLUSTER

#### a) Coordination

- Provide members with access to up-to-date 3W (who, what, where) 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 zonal and/or regional levels with involvement of the Government where possible.
- Enhance the links between Nutrition, health, WASH, food assistance and agriculture and livelihoods clusters/sectors 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, WASH and Health clusters.
- Ensure coordinated key nutrition policy and strategy development.

#### b) Information sharing

- Disseminate information on the nutrition situation & response to the group 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 field/regional clusters on a regular basis.

### c) Capacity building

 Identify cluster partners 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.

## c) Nutrition assessment

- Promote the implementation of inter-agency and multi-sectoral assessments in Somalia using standard guidelines.
- Encourage joint review of all nutrition assessment results and reports prior to broader circulation, using and reporting on the ENA plausibility checks where feasible.
- Identify areas requiring more detailed nutrition investigation and analysis.

### d) Nutrition programme development, implementation and review

- Develop and review on a regular basis, comprehensive (minimum) nutrition response package for Somalia that addresses emergency and non- emergency issues influencing nutrition (underlying nutrition concerns).
- Develop cluster annual workplans 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 update of the response matrix
- Facilitate availability/ provision of technical support and appropriate IEC materials to the nutrition response stakeholders in key thematic areas such as IYCF, 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.
- 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 Gender and HIV/AIDS;
- Contribute to the annual Consolidated Appeal Process (CAP) and Nutrition Contingency Plans as needed.

### e) Advocacy

- Advocate for nutrition cluster priority projects' resource mobilization (financial and capacity)
- · Advocate for and promote appropriate interventions in accessible areas of identified need
- Advocate for innovative strategies of providing nutrition services in insecure areas
- Advocate for appropriate inter-sectoral strategies to address underlying causes of malnutrition
- Encourage consideration of nutrition in other sector programming (primarily with WASH, health and food assistance, agriculture and livelihoods clusters)
- Advocate for key nutrition issues to be included in the long term health sector strategies for Somalia as neccessary.

### f) Proposal Review Funding

 Establish a cluster review committee (CRC) to review nutrition cluster member projects submitted for common humanitarian funding (CHF) and or Emergency Response Fund<sup>3</sup> (ERF) including the chair and co-chair. The CRC should have technical representatives from 3 UN agencies, 3 INGO and 3 LNGO against a cluster agreed set of criteria.

**g). Arbitration:** Members grievances/disputes that cannot be managed within the Nutrition Cluster will be referred to the Health sector committee or the HCT/IASC whichever is appropriate.

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<sup>&</sup>lt;sup>3</sup> The nutrition cluster does not make the final decision in relation to allocation of funding for CHF and ERF proposals. The nutrition cluster however can make recommendations of suitable proposals to the CHF secretariat.

### **Cluster Membership:**

Membership is free and open to government, UN, INGOs, and national NGOs, ICRC, Red Crescent, local authorities and donors working in the nutrition field in Somalia. Technical staff from these agencies and related clusters such as WASH, Health, Agriculture and livelihood are strongly encouraged to attend the meetings. Cluster membership is categorised into three main types namely, cluster partners cluster members, and observers.

#### Cluster Partners are:

Organisations that are currently implementing nutrition activities related to activities included in the Sector/cluster Plan of the CAP, directly or through agencies.

Organisation that have completed nutrition activities in 2010 as reflected in Nutrition services map. *Planned activities that were never completed will not be sufficient for partnership.* 

They are expected to participate in the Sub Working Groups, to have a role in defining the strategic and operational direction of the cluster.

They will be eligible to participate in cluster related fundraising efforts, such as the Consolidated Appeal Process (CAP), Review Sub Committee,

They are granted to organisation rather than individuals.

Each partnership is asked to nominate one focal person and one substitute to ensure consistency in representation and facilitate communication within the cluster meeting as well as Ad Hoc meetings and other available ways of communication.

Each partner is entitled to a single vote on cluster related matters. Partners can be elected to belong to committees within the cluster.

#### Group 2: members

Organisation who doesn't implement any nutrition activities, but are interested in sharing information, Organisation who are planning to implement or starting Nutrition activities.

### Group 3: observers

Organisation who doesn't want to be affiliated with the cluster regarding their own mandate, but does want to share information.

Observers can be active in Nutrition without being partners.

They are strongly encouraged to take part in cluster related activities and to give information, recommendation and advice from their own observations as key humanitarian actors in Somalia Active nutrition observers can sit on Sub Working Groups and committee.

*Our Principles*: Active & productive participation, collaboration, mutual respect to provide an appropriate and timely response to those in need.

### **Cluster Meetings**

### The nutrition cluster meetings will be held as follows:

Nutrition cluster meeting will be held every first Monday of the month with the attendance on only invited cluster partners and observers.

General nutrition cluster meetings will be held once a quarter. In this meeting all partners, members, observers are welcome to come.

#### THE NUTRITION CLUSTER COORDINATION STRUCTURE

The Nutrition Cluster structure consists of a full time designated chair, a co chair elected from one of the member NGO (either from an international or local NGO or government), a nutrition information specialist (to be hired soon) a Cluster Support Officer (CSO) supporting both nutrition and food aid clusters and members working in the nutrition sector in Somalia.

The Nutrition Cluster Chair/ Coordinator reports to the UN Somalia Humanitarian Coordinator on overall cluster coordination issues as indicated in his/her specific TOR; and will liaise accordingly with UNICEF, given the latter's role as global lead agency for the nutrition cluster. A co-chair will be selected by cluster members from the NGO members (representing both local and INGO), to provide support to the Cluster coordinator (henceforth referred to as 'co-chairs'). Therefore the activities outlined represent the overall expectations of both the chair and co chair.

### **Expectations for the Nutrition Cluster Co-chairs and Cluster Support Officer**

- The co-chairs of the Nutrition cluster are responsible for preparing agenda, chairing meetings; ensuring documentation and verification of the minutes and maintaining a list of members' attendance.
- Represent the Nutrition Cluster in HCT/IASC, inter-cluster (health sector, WASH, Food Aid), interorganisation and relevant ad-hoc meetings;
- Facilitate the exchange of nutrition information and ideas and advocate for resolving arising issues;
- Provide sector updates to the situation reports and humanitarian response updates as requested
- Regularly review the progress being made by the cluster and ensure a common understanding and harmonized approach to meet the clusters' overall objectives;
- Develop focal point cluster coordination mechanism & establish regional/zonal Nutrition focal points;
- Share minutes of meetings with focal points and also share information from the focal points with cluster members;
- Support the focal points on implementation of agreed actions;
- Report to the inter-cluster meeting, and ensure that cross-cutting issues (related to Nutrition) are adequately reported to and addressed by other clusters;
- Follow up on policy and other issues referred to the cluster for guidance and action;
- Provide inputs on prioritization of projects submitted for funding (CAP, CHF, ERF,CERF etc) and consolidation of the Nutrition Contingency Plans;
- Follow up of the various action points with reference to assessment, situation analysis, intervention implementation and coordination
- In the absence of the cluster coordinator, the co-chair will take over the chair's responsibilities

# Qualifications and specialized knowledge for a cluster co-chair

(To be selected by eligible cluster members, based on agreed-upon procedures)

- 1. An appropriate professional level qualification in Nutrition or public health
- 2. At least three years experience in the nutrition sector in Somalia, preferably with UN or NGO (international or local)

- 3. Must have participated in at least 50% of Nutrition cluster meetings (i.e. 6 meetings) in the preceding 12 months
- 4. Strong interpersonal, coordination and negotiating skills. Fluency in English of benefit.
- 5. Strong analytical and presentation (oral and written) skills including use of essential computer software packages.
- 6. The ability to meet deadlines and work with minimal day to day supervision.
- 7. A commitment to make the cluster approach work.

#### **EXPECTATIONS OF NUTRITION CLUSTER MEMBERS**

The cluster approach itself does not require that humanitarian actors be held accountable to cluster chairs/ coordinators. Likewise, it does not demand accountability of non-UN actors to UN agencies. Notwithstanding the specific role and responsibility of the cluster coordinator, Nutrition cluster members accept to:

- Support the Cluster Coordinator in fulfilling the Cluster mission, namely to:
  - o support emergency preparedness, responseearly recovery and development activities;
  - o work in partnership to prevent and reduce morbidity and mortality;
  - o ensure evidence-based actions, gap-filling and prioritization; and
  - o enhance accountable, predictable, timely, and effective emergency and long term actions
- In achieving this, member agencies will seek, wherever possible, to engage in the following activities in close cooperation with other members and with the Cluster Coordinator:
  - o participate in the establishment and maintenance of appropriate sectoral coordination mechanisms, including, if capacity allows, active participation, in working groups and task forces including leadership of these, and other cluster activities, and agree to act as focal points (see more on this below) on request of the Cluster coordinator.
  - o participate in the timely collection and sharing of information relevant to a more effective response, including provide information to the cluster coordinator in the format, and with the frequency requested by him/her.
  - o identify core advocacy concerns, including resource requirements, and contribute to key messages for broader advocacy initiatives of the cluster.
  - o advocate for donors to cluster activities.
  - support training of national and international staff of cluster members, and promote transfer of skills to national cluster members.
  - o follow the priorities and the guidelines collectively agreed and issued by the cluster, and apply the technical standards collectively agreed within the cluster.
  - o be prepared to adjust their programmes if required in the spirit of mutual cooperation.

#### Nutrition Cluster Field Focal points

The field focal points act as the cluster's local 'representative' in specific geographic areas within Somalia, e.g. in a region or district, and will be the cluster chairs main channel for disseminating and collecting information in the geographical area. To the extent possible, focal points will keep the cluster chair informed of major new developments of relevance to the cluster. The focal points will also if possible facilitate joint needs assessments and other related activities within the geographical area.

As there is limited access in many locations, the organisation taking on the role to act as focal point s will vary from place to place. Physical presence on the ground is not always necessary as much can be achieved by the use of telecommunication, but an understanding of the situation, geography, local actors, etc. is important.

UNICEF is the cluster lead and therefore ideally where present, they are the designated focal points. For areas where UNICEF does not have staff with in-depth knowledge of nutrition and/or public health.

discussions will be made and an appropriate focal point from the UN or NGOs nutrition cluster members present in the area selected by the cluster. The field focal points can be changed or rotated as deemed right by the regional cluster upon voting. The decision of a change of a field focal point should be communicated to the cluster coordinator. Field clusters can also a appoint co-chair.