



# FOOD AND NUTRITION SECURITY

HANDBOOK OF MULTI-SECTOR  
COORDINATION FOR EMERGENCY  
RESPONSE IN INDIA







**Sphere India**  
National Coalition of Humanitarian Agencies in India

# Handbook Of Multi-Sector Coordination For Emergency Response In India

ROLES AND FUNCTIONS

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STAKEHOLDER ANALYSIS AND COORDINATION

ASSESSING AND MONITORING THE SECTOR  
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The National Institute of Disaster Management (NIDM) is one of the pioneer institutes under the Ministry of Home Affairs, Government of India which has been mandated to promote capacity building interventions in Disaster Risk Management (DRM). Since its inception, the Institute has been proactive in raising the level of awareness and preparedness in dealing with disasters and emergency situations in the country, as well as making DRM education accessible to people across different level of stakeholders.

Sphere India: Sphere India, is a national coalition of humanitarian agencies in India with a vision to build a disaster resilient India by promoting quality and accountability in humanitarian action through processes of collaborations at various levels. The members include key nodal agencies from Govt. of India, UN agencies, INGOs, NGO networks and national NGOs. Sphere India facilitates inter-agency coordination, training and capacity building, knowledge management and collaborative advocacy to protect the rights of the people affected by disasters and other humanitarian crisis.

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# Preface

Our aim is to enhance capacities and knowledge management system for emergency preparedness and response for improving quality of humanitarian action. In this handbook, we have sought to include practical guidance and advice on how different stakeholders and sector actors (NGOs, CSOs, UN Agencies and Indian Government) can come together to strategize sector preparedness and response in emergencies. It highlights key principles of humanitarian action and how coordination, joint efforts can increase the effectiveness and efficiency of interventions to promote better outcomes.

This handbook was drafted after numerous consultative meetings and write shops with sector experts from local and national organizations working in the food and nutrition sector. Extensive research and discussions have taken place between authors of the sector before finalising the handbook. Inputs have been collected and collated from various experts across the field throughout the handbook drafting process. Sector wise consultative meetings were also organized to invite inputs from the Government and wider membership.

Sphere India would like to thanks World food Programme, CARE India, EFFICOR, CFNS, World Animal Protection, World Vision India and all who have contributed their knowledge, expertise and time to make this edition of handbook, a possible venture. We are also grateful to collaborative partners and other CSOs, FBOs, CBOs, corporations, institutions, Government departments and officials for their continued support and active participation in various consultations which helped us in facilitating this handbook

**Vikrant Mahajan**  
CEO, Sphere India



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# Foreword

Major food shortages can be a primary feature of an emergency, as in droughts or floods that lead to major food shortages and disruptions in essential health and nutrition services can be a primary feature of an emergency, as in droughts or floods or they may be a consequence of war, economic disaster, or population displacement. The severe forms of malnutrition and micronutrient deficiencies that inevitably follow such shortages or disruptions add greatly to the burden of disease and mortality, slow - or even impede altogether - socioeconomic recovery, and make intense additional demands on scarce resources.

The nature of food and nutrition problems depends on the type of disaster, its duration and the size of the area affected, and the nutritional status of the population prior to the disaster. The objective of the handbook is to give perspectives to different stakeholders such as government officials, NGOs and UN agencies, on how food and nutrition security sector response can be unified and strategized in a cohesive and effective manner.

Additionally, traditional ways of communities have always been the center of disaster risk response therefore the traditional ways of the community should be adopted and must be enhanced. Benchmark mapping has been included in the preparedness phase of disasters along with Identification of vulnerable population.

UNICEF strongly supports a harmonized approach to the nutrition response using the established national coordination structures and creating complementarity at the different levels. This will ensure full nutrition coverage—especially reaching the most vulnerable, continuity—reaching even during and after disasters, intensity—reaching as many times as needed to make an impact and quality of services across the country.

This handbook is an effort to develop a resource that can be extensively used by all concerned in the field of disaster management, which shall act as an operational manual for coordination during emergencies.

**Tom White**  
Chief DRR  
UNICEF India



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# Foreword

The year 2020 was full of challenges, as the global health crisis brought humanity to a virtual standstill. The difficult times have changed the way organizations operate, and now we have started adapting to the new emerging socio-economic order.

The role of CSR has become more relevant than ever, as corporates played a crucial role in supporting the nation in the fight against the pandemic and other disasters witnessed last year. HCL Foundation, along with partner organizations, has been working significantly to mitigate the humanitarian crisis. Through its various flagship programmes and special initiatives, it has positively impacted 2.14+ million human lives, spanning 21 states and 2 union territories of India.

It was the commitment and resilience of our communities, teams and partners that helped us navigate through the situation, and keep our efforts sustained. Going forward, I feel that organizations must start working towards strengthening of preparedness and unified emergency response systems. At HCL Foundation, we remain committed to addressing the socio-economic concerns while focussing on humanitarian aid and assistance. Our CSR programmes have the potential to bring value to the preparedness, response, and recovery systems by aligning corporate citizenship efforts to sustainable development processes.

The formulation of ***Handbook of Multi-Sector Coordination for Emergency Response in India (Food and Nutrition)***, through joint efforts of Sphere India and partner organizations, shall act as an operational manual for coordination during emergencies and help improve the disaster management in the country and thus, mitigating the disaster risks.

**Nidhi Pundhir**

Director, HCL Foundation



# From Director's Desk

Responding to the nutritional needs of an emergency affected population requires a commitment to a coordinated approach among all the key actors. In a humanitarian context an adequate supply of food involves meeting nutritional needs and cultural expectations, before and after a crisis. Food security and livelihoods are co-dependent. If land is degraded or prone to natural hazards livelihood is affected, less food is produced, and significant food shortages occurs.

Food assistance should be delivered in a way that protects, preserves and restores the natural environment from further degradation, and highlights the impacts of cooking fuel on the environment and the importance of livelihoods strategies that do not contribute to further destruction. To achieve this, strategic partnerships with various stakeholders is needed. To meet the food and nutritional needs of the population more effectively, the planning of the food ration should be carried out with the participation of the affected community. Women in particular should be consulted during the process of determining the appropriate food and nutritional needs of the affected population.

This handbook provides guidelines for the same, enabling better planning and implementation/execution of activities during a crisis. It clarifies roles and responsibilities in emergency relief and rehabilitation programmes, and outline commitments to joint activities within agency competencies.

It aims at all people involved in planning and delivering a basic general food ration for emergency-affected populations, promoting timely, coordinated and effective action through improved understanding of food and nutrition needs during emergencies

**Major Gen. Manoj Kumar Bindal**

Executive Director

National Institute of Disaster Management

# Acknowledgement

The chapters in this Sphere India's Multi-sector Handbook (dedicated to Food and Nutrition Security Sector (FNS)) are result of a diverse consultation process amongst FNS experts in India and globally. Sphere India gratefully acknowledges the scale and breadth of the contributions made from: World Food Programme, CARE India, EFFICOR, CFNS, World Animal Protection and World Vision India. The working process to develop this handbook was coordinated by the Sphere India office via several online zoom meetings. We sincerely thank Shri Anil Kumar Sinha- IAS (retired) for his support in moderating these sessions. Most of the writeups were put forward by authors of their organizations, dedicating their time and effort as an in-kind contribution to the sector. Sphere India acknowledges their valuable contribution made between June 2020 and December 2020.

Sphere India also extends special thanks to Major General Manoj Kumar Bindal (Executive Director- NIDM) and Nidhi Pundhir (Director, HCL Foundation) for overall guidance and to Anil K. Gupta (Professor-NIDM) and Santosh Kumar (Professor-NIDM) for their critical editorial inputs.

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# About Sphere India

Sphere India is a national coalition of humanitarian agencies in India. The members include key nodal agencies from Govt. of India, UN Agencies, INGOs, NGO Networks and National NGOs. Sphere India facilitates inter agency coordination, training and capacity building, collaborative advocacy and information knowledge and learning management through a collaborative process for quality & accountability.

	Right to live life with dignity.
	Right to assistance and protection.
	Principles of humanity impartiality, neutrality, independence, and other principles of Red Cross Code of Conduct.
	Inclusion.

These are grounded in Sphere India’s commitment to the Article 21 of Indian Constitution on *Right to Life* and its interpretations in various judicial proceedings, Universal Declaration of Human Rights, International Humanitarian Law, Refugee Law and the associated Treaties and Covenants.



# Composition of Sector Committees

SPHERE INDIA SECTOR COMMITTEE MEMBERS		
 <b>WASH</b>	 <b>SHELTER</b>	 <b>FOOD &amp; NUTRITION</b>
Oxfam India (Lead) UNICEF (Co-Lead) Water Aid CARE India EFICOR PGVS GIWA Wash Institute REDR ADRA India Plan India HI Ambuja Cement Foundation	HCL Foundation SEEDS Habitat for Humanity India (Lead) CARE India ( Co-Lead) AIDMI NCDHR UNNATI HCLF	WFP (Lead) UNICEF India (Lead) CFNS (Co-Lead) CARE India EFICOR IGSSS World Vision India Oxfam World Animal Protection ACF Save the Children HCL Foundation
 <b>HEALTH</b>	 <b>PROTECTION</b>	 <b>EDUCATION</b>
WHO (Lead) Doctors For You (Co-Lead) Handicap International CARE India ADRA ChildFund Water Aid HCL Foundation Cipla Limited Cipla Foundation Adani Foundation World Vision India UNICEF Save the Children ICRC OXFAM India PCI IPPF EHA Americares India	Caritas (Proposed Lead) OXFAM (Proposed Lead) NCDHR CARE India Child Fund Islamic Relief IGSSS CRS Handicap International IPPF ADRA TDH UNNATI WV Change Alliance Save the Children IPPF SAFA HCL Foundation	Save the Children (Sector lead) UNICEF ( Co-Lead) CARE India ChildFund India World Vision India Oxfam RTE Forum HCL Foundation Sterlite EdIndia Foundation Bharti Foundation DLF Foundation

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# About the Handbook

The Food and Nutrition Security Sector Coordination handbook provides practical guidance and advise on how different stakeholders and sector actors (NGOs, CSOs, UN Agencies and Government) can come together to strategize sector preparedness and response in emergencies. It highlights key principles of humanitarian action and how coordination and joint efforts among different sector actors can increase the effectiveness and efficiency of interventions and promote better outcomes.

# Process of Drafting the Multi Sector Coordination Handbook

The Multi Sector Coordination Handbook has been drafted under the ***Network Approach to Emergency Preparedness for Response***, after numerous consultative meetings and write shops with sector experts from local and national organisations working in the fields of education, health, food and nutrition security, WASH, shelter, and protection.

After initial consultations with sector leads, starting from the month of January 2020, the outline of the handbook was developed and discussed in the sector committee meetings of six sectors held in February 2020. Interest from sector committees and other sector experts was sought and nominations were completed by April. The inception of the handbook began in the first week of May 2020. Introductory meetings were held with each of the six sector committees wherein Sphere India presented a prototype of the handbook to elucidate the desired chapters and content to be produced.

Following this, lead authors, section authors with support from Sphere India secretariat began drafting the handbook. Sector-wise meetings as well as multi-sector meetings were held for discussions. During the drafting of the handbook, three Multi-sectors write shops and consultations with multi-sector strategic leads were held along with 24 sector authors meetings were organised.

Extensive research and discussions have taken place with authors of the sector before finalising the content. Inputs have been collected and collated from various experts across the field throughout the process of drafting the handbook. Further, sector wise consultative meetings were held inviting inputs from the Government and its wider membership.

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# Roles and Functions of the Sector Committee

# ROLES AND FUNCTIONS

## Roles and Functions of the Sector Committee

1. Humanitarian coordination during disasters and preparedness.
2. Recovery coordination.
3. Coordination for DRR activities of Sphere India members.
4. Coordination with IAGs at district and state levels for the above roles situations.

## Roles of the Sector Lead

1. Use the lead agency's existing working relations with the national authorities and non-state actors active in the sector, to facilitate their participation in the sector.
2. Maintain appropriate links and dialogue with national and local authorities, CSOs, and other stakeholders.
3. Make the technical expertise of lead agency available for sector and inter-sector assessments
4. Participate actively in strategy development.
5. Ensure that sector plans take appropriate account of national sector policies.
6. Ensure that all sector committee members are aware of relevant policy guide-lines and technical standards.
7. Promote/support training of sector members.
8. Hold regular coordination meetings.
9. Collect information from all partners on Who's Where, since and until When, doing What, and regularly feed the database managed by Sphere India.
10. Represent the sector in Inter-Sector coordination mechanisms.
11. Assess and monitor available sector resources.
12. Mobilize sector partners to contribute to establishing and maintaining appropriate Early Warning System.
13. Ensure that sector needs are identified by planning assessments.
14. Lead and contribute to sector analysis of information and data leading to identification of gaps in sector response.
15. For recovery planning, or in protracted crisis, ensure incorporating building back better, and risk reduction measures.
16. Lead sector contingency planning.



17. International NGO's and CSO's to utilize their networks in a comprehensive manner for provide guidance to the government.

## **Roles and Responsibilities of the Sector Coordinator (Sphere India Secretariat)**

1. The Sector Coordinator also known as Focal Point shall coordinate for execution of the annual plan under the guidance of committee, Chair, Co-chair of committee and CEO/SPM (Senior Program Manager) of Sphere India.
2. The Focal Point shall have monthly meetings with Chair and CEO/SPM to update and seek guidance on developments on processes, projects, new initiatives taken and individual development.
3. The Focal Point shall have frequent meetings with members individually.
4. The Focal Point shall share the monthly report with the Chair and CEO/SPM.
5. The Focal Point shall take minutes of all the committee meeting and circulate it to members.

## **Main Functions of the Committee**

1. To draft the long-term strategic plan for the sector.
2. To approve annual plan of actions with programmatic and financial details.
3. To review the progress on plan implementation and utilization of budget quarterly.
4. To guide and support executive team for collaborative advocacy.
5. To elect chair and vice-chair for the committee.

## **Meetings of the Committee**

1. The committee shall meet once every quarter. The dates should be fixed in advance falling under first week of the months of February, May, August and November.
2. The special meetings of the committee meeting can be convened as required.
3. The committee meetings should be professional with agenda approved by the subcommittee chair and the CEO/SPM.
4. The member organizations shall appoint a point person to attend the meetings and represent in committee.
5. All important decisions including election of chair, approval of plans and activities shall be final only if there is a minimum quorum of the 50% of the committee strength in the meeting.

## Sector Committee Composition

1. The composition of the sector committees must be diverse. Efforts are made to have an inclusive committee with prominent representation from local NGOs, all caste groups, different genders and different regions.
2. In order to enhance local representation, the sector committee must ensure that either the Sector Lead or Co Lead is a member of a local organisation.

## Formation of the Sector Committee

Following a participatory process, the formation of sector committee is carried out. Sphere India Secretariat sends out an email to all its members inviting them to be a part of sector committees. Furthermore, members are requested to nominate sector specialists or focal persons for the sector within their organizations. Terms of reference of the committee are also sent along with this email. The desired committee size is 8-10 members however, in the event that more nominations are received, preference is given to members who were not a part of the sector committee in the previous year. Nominations for the Chair/Co-Chair are received and finalised based on consultations with the CEO or the Chair/Vice- Chair of Excom.



# Introduction: Food and Nutrition Security Sector

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# INTRODUCTION

Household food security exists when the household always has physical and economic access to nutritious food for a healthy and active life; also the diet is adequate in terms of quality as well as quantity, providing the required amounts of energy, macro nutrients (carbohydrates, protein, fats) and micro nutrients (vitamins, minerals, electrolytes) and the special needs of infants and young children are met. The right to adequate food is recognised in international legal instruments including declarations, which although are non binding conventions, serve as treaties that carry the force of the law.

Food and nutrition insecurity may result from a number of causes and a few of them are the following.

- A natural disaster due to climatic or other environmental conditions such as drought, flooding, major storms or insect infestation such as locusts; global warming might also contribute to an increase in droughts and floods.
- Armed conflict, war or political upheaval.
- Disruption or collapse of the food distribution network and/or the marketing system of a population. This might be the result of an environmental, political or economic crisis.
- Lack or disruption of the provision of emergency food distribution to a population experiencing a food shortage.
- Extreme poverty of marginalised populations e.g. the elderly and urban slum populations who have poor access to water, sanitation, health care and livelihoods.



# Stakeholder Analysis and Coordination

# STAKEHOLDER ANALYSIS AND COORDINATION

The sectoral coordination is extremely important in any humanitarian response and should follow the principle of partnership namely- **Equality** (The partners must respect each other's mandates, obligations and independence and recognize each other's constraints and commitments). **Transparency** (Transparency is achieved through dialogue, with an emphasis on early consultations and early sharing of information), **Result Orientation** (This requires result-oriented coordination based on effective capabilities and concrete operational capacities), **Responsibility** (Humanitarian organizations have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and appropriate way) and **Complementarity** (The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other's contribution; local capacity is one of the main assets to enhance and on which to build)

In India, The National Disaster Management Act (2005) lays the principles and the entities at various levels such as NDMA, NIDM, NDRF, the state and district level were adopted along with an IASC sector approach. This ensures that clear leadership is provided for coordinating all humanitarian responses including international aid for better coordinated action, better accountability to the affected population, and ensures an inclusive approach and complementarity of efforts and learning from previous experiences in emergency response. A well thought-through approach to stakeholder collaboration helps an effective and efficient response.

## Who are the Key Stakeholders in Food and Nutrition Security Sector?

Mapping the stakeholder in food and nutrition sector is a pre-requisite to undertake well-articulated steps for an effective crisis management or emergency response. Such a mapping exercise is crucial to understand the landscape of and links among actors/agencies involved in influencing program implementation and policy decisions in the sector and are responsible for specific outcomes.

The food and nutrition sector experiences actions undertaken by multiple players, including the government departments and agencies, the non-government/civil society organizations, private sectors, the actions by United Nation agencies and development partners and also the actions by the community-based organizations.

These stakeholders operate at various levels—national, state, district and the village/grass root levels and operate on mandates, objectives, and resources specific to them. The different players in the sector include the following.

### National/State/Local Government

In addition to NDMA and SDMA, many other Government organizations play important role in food and nutrition sector. Food and nutrition have many dimensions and cuts across various sectors which requires the governments to play a key role in bringing an inter-departmental coordinated approach to framing the food and nutrition policies.

At the national level there are various line ministries including the Ministry of Consumer Affairs, Food & Public Distribution, the Ministry of Agriculture & Farmers Welfare, Ministry of Women and Child Development, the Ministry of Rural Development (for livelihoods improvement), the Ministry of Health & Family Welfare, the Ministry of Education, Ministry of Drinking Water and Sanitation, and the Ministry of Social Justice and Empowerment. They have important role in ensuring food and nutrition security in the country. Food Corporation of India (FCI) could be an important stakeholder for food supply logistics. The Ministry of Agriculture and Animal husbandry is also an important stakeholder.

These departments have their associated departments at the state level that are involved in implementation of the national schemes as per the guidelines and have their own state-level schemes tailored to the needs of its people.

Further at the district level, the State Departments have their concerned district offices that carry out the implementation of the national and state schemes.

At the lowest level are the urban and rural local bodies, Corporations, Municipalities, and the Panchayati Raj Institutions (PRIs) are engaged in implementation of the schemes. It is integral for governments and local authorities to gain insights from universities and research centres in order to strengthen their response plans.

These needs to be listed as stakeholders in the government sector and mapped further, especially in coordination with the State Level Disaster Management Authorities.

### INGOs/NGOs

The International NGOs and National NGOs represent actions of the private sector in improving food security and food safety, fostering public-private partnerships to building sustainable food systems, improving dietary diversity, supporting nutrition education, promoting community involvement in ensuring access to healthy foods, empowering women and advocating for nutritional improvement and improving the information systems.

Most NGOs mobilize in the aftermath of an event and preparedness is low. Strong linkages on the DRR front should be formed between the governments and NGOs. There should also be a timely release of funds. NDRF faces issues while conducting evacuation and other rescue operations. These arise due to cultural/linguistic barriers. NGOs should to the best of their abilities attempt to bridge this barrier. The trust enjoyed by local NGO's and their rapport with people must be leveraged



during emergency response. Larger organizations should work with domestic NGOs to ensure a more cohesive response.

### Private Sectors/Corporates

The private sectors/corporates, especially through CSR activities, play a significant role in the field of food and nutrition security in India by designing specific interventions for improving livelihoods and employment, improving marketability of the produce, focus on developing the human capital and providing nutritional food to children in schools. Some of these programs are undertaken in collaboration with the government departments.

### UN Agencies

The UN agencies include the specific agencies like the Food and Agriculture Organization (FAO), the United Nations Children's Education Fund (UNICEF), United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the World Food Programme (WFP) and the World Health Organization (WHO). These agencies work with specific mandates to improve food and nutrition security across the globe especially in the developing and under-developed countries.

### Bilateral/Multilateral Partners

These include the International Fund for Agricultural Development (IFAD), the International Monetary Fund (IMF), the Asian Development Bank (ADB), the World Bank Group (WBG).

### Civil Society Organizations/Community Groups/Faith-based Organizations

There has recently evolved the trend of engaging the community groups and community-based organisations as platforms for nutrition promotion and nutrition agenda setting. They work with multiple mandates ranging from promotion of women empowerment, micro credit, cooperatives, health and nutrition initiatives, vocational education, and similar activities. Interfaith leaders may also be instrumental in response. During peace times, religious leaders may include DRR principles in their sermons.

### Agencies Involved in Food Supply Chains

The government and non-government organizations involved in food supply logistics could be an important stakeholder for food and nutrition sector.

## Identifying and Detailing the Stakeholder Roles

Mere identification of the stakeholders in the food and nutrition sector may not suffice for effective stakeholder coordination during emergencies, unless they are mapped on aspects like “Who does what?” – which includes their actions and “What are the delivery mechanisms?” – which indicates the delivery channels used for delivering the actions.

**Table 1: Sectoral Stakeholder Coordination Matrix<sup>1</sup>**

	Stakeholder	Expected Role	Delivery Mechanisms
Preparedness	Govt. line ministries/ departments, PRI, I/NGOs, UN Agencies, CSO, private sector, community level workers and volunteers	Building capacities; training; awareness and sensitization on focus on 1000 days; feeding practices; hygiene; healthy diets; resilient crop varieties; grain banks; mock drill; securing employment to improve livelihoods.	Pre-disaster assessment and analysis; shock responsive safety-nets; micro nutrient supplementation and emphasis on SAM management; awareness campaigns; disaster management plans at local level; strengthen community-based networks for livelihood improvement.
Relief/ Response	Government- NDRF, SDRF, DM/DC, First Responders, PRI, I/NGOs, UN Agencies, CSO, private sector, community level workers and volunteers	Provision of food, medicine, counselling, WASH, and other relief material; effective reach of safety-nets; nutrition and child feeding assistance.	Ensuring safety-nets reach the affected population; new programmes and activities for food and nutrition security; food assistance programmes; nutrition supplementation; special programmes for maternal and vulnerable groups; child feeding assistance; encouraging community participatory activities for response.
Recovery/ DRR	Govt. line ministries, agriculture, food department, WCD, Forest, Health, I/ NGOs, UN Agencies, Private Sector, PRI, DM/DC	Food safety-nets, livelihoods, training, village level disaster management plans, policy- guidelines, sectoral plans, relief codes.	Raising agricultural productivity; ensuring effective marketing of produce; creating employment opportunities; disease prevention and management activities; nutrition education; community-based participatory activities; strengthening governance.

1. The matrix is indicative, based on the context and type of emergency, stakeholders would need to be included or excluded.

A comprehensive mapping of the involvement of stakeholders at different stages of an emergency along with their expected actions and delivery mechanisms would support various stages of policy decisions and planning. This platter would serve the policy experts, planners and programme implementers to make informed and focussed decisions while investing its scarce resources and understand the feasibility of effective scaling up the existing actions in a short span by better targeting of the beneficiaries.

The mapping data would aid in assessing/monitoring progress by bringing out objectively the use/capacity gaps of different delivery mechanisms for food and nutrition security interventions; the alignment of the various players with policy and programmatic directions and; identify the actions that may lead to greater coverage of the target groups and better outcomes.

## Managing Sectoral Coordination

Different forms of food and nutrition insecurities are persistent and intertwined throughout the life cycle and even between generations. Tackling these requires a multi-sectoral and equitable approach that encourages participation of key sectors. Overcoming food insecurity through improving livelihoods confounds aspects like urban/rural development, skill trainings, improved machinery, marketing infrastructure and finances is also needed.

Better coordination for food and nutrition security could be facilitated by encouraging these following activities.

### Providing Platform to Support Service Delivery

#### ***Establishment of State Resource Centre***

To support service delivery, separate State Resource Centres (SRCs) for food security and nutrition security should be established. The SRCs should serve as centre for guiding the state on policy decisions around nutrition, knowledge management and facilitating convergence. These SRCs may function through a core committee housed at the State Programme Management Unit (SPMU), representing members from relevant government departments linked to the respective domains for food security and nutrition, key representatives from CSOs and representatives from the active bilateral/multilateral agencies and development partners. The SPMU could support the District Programme Management Units (DPMU) at the district level for planning and execution of the coordinated activities.

#### ***Establishment of Working Groups***

To promote multi-sectoral convergence and dialogue on food security and nutrition, two working groups – one on 'Essential Nutrition Interventions' and another on 'Food Security' should be established and formalized. The working group members needs to be identified and should constitute members representing various

government and non-government organizations that are directly or indirectly linked to food security and nutrition security, respectively.

These Working Groups should support in building knowledge products, facilitating debates and discussions around the respective themes, participate in State level advocacy and provide inputs on the strategies of the respective SRCs.

### ***Develop Multi-sectoral District Plans***

Convergence of the multi-sector stakeholder engagement should be strengthened by building consensus on issues of food and nutrition security and developing an action plan for addressing these especially for the high priority districts. This should be facilitated through planning workshops at district level with participants from various food and nutrition-specific and -sensitive government departments and key district-based CSOs.

District multi-sectoral action plans for food security and nutrition security should be developed which may contain crucial interventions that would best respond to the district's context. These action plans must be realistic, actionable and context specific with clear result-based monitoring plan. These should be prepared in close coordination with the district authorities.

### ***Promoting Convergent Models of Behaviour Change for Nutrition Security***

Though behaviour change is an integral component of nutrition interventions, it is largely being limited to specific programmes under different departments. A documentation of the models of SBCC initiatives adopted in districts is essential to support the various departments with the SBCC activities already planned and made available by the state government and to promote convergence of the SBCC activities. These could be shared with the district authorities and state government as good practices.

### ***Developing Monitoring & Evaluation Framework***

The M&E framework aims to establish a strong system for monitoring and evaluation with clear delineation of accountability and responsibility of the oversight of performance monitoring of each intervention amongst key stakeholders namely beneficiaries, staff, and its Partners. The system will be built based on the principle of mutual accountability, joint ownership, and management since the success of disaster preparedness projects depends on how project is able to build community's ownership of interventions being implemented.

### ***Specifying the Role of Coordination Committees, Inter Agency Groups, and the Government***

Convergent action is prime to enhance the impact of investments, commitments, and actions by the stakeholders in different sectors. There is a need for greater transparency in the political processes of the government, greater space and



support to the civil society, greater accountability in the private sector and greater responsibility of the community to act on public interests and collective action.

Streamlining accountability by pooling the resources of existing initiatives for a joint output with engagement of all the stakeholders is of utmost need. SMART (Specific, Measurable, Achievable, Relevant and Timely) commitments to ensure accountability and holding the stakeholders accountable to the commitments should be the strategy.

The SRCs could form the catalyst to these accountability initiatives by specifying the SMART indicators and creating systematic and rigorous monitoring systems for tracking these indicators on a regular (monthly, quarterly, yearly) basis. Conducting regular review meetings with the stakeholders and suggest course corrections for structured movement towards food and nutrition security. Since the tasks of coordination and monitoring would be centred at the SRC, it may avoid duplication of activities between the stakeholders as well.

### Analysis and Prioritization for Response

The mapping initiatives of the stakeholders and defining and monitoring the convergent action indicators for the food and nutrition sector give a large micro-level datasets. Regular analysis of the available data also helps in identifying the high priority districts or intra-district priority regions which would enable appropriate prioritized policy decisions.

The scaling-up of monitoring over time may improve the accountability of delivering outcomes to attain a shared goal. This, when coupled with constituting of appropriate governance structures, could ensure quick prioritized and structured response to emergency situations.

### Information Dissemination

Scaling-up of the food and nutrition security monitoring activities pools in information at disaggregated levels which may help understand the drivers of unsustainable livelihoods, unequal diets, and the related health outcomes. Investments on data and information systems and on monitoring and surveillance systems for food and nutrition sectors may bring forth granular level data that may aid informed priority setting, policy design and prevention initiatives. Regular dissemination of such information in the public domain may also facilitate better planning by the CSOs and other agencies. This may also attract the research community as data availability facilitates better research.



# Assessing and Monitoring the Sector Situation in India

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# ASSESSING AND MONITORING THE SECTOR SITUATION IN INDIA

Food and nutrition security are often compromised during emergency situations, hence, an immediate response is required to ensure that affected people in the communities have access to adequate food. The objective of food and nutrition security assessment is to determine the magnitude of the problem pertaining to food and nutrition in the population that is affected by emergency situations.

More specifically, it helps to address following questions.

## a. What are the Food and Nutrition Needs?

- How has the crisis affected people's ability to purchase, grow, gather, or receive food or earn income?
- Are people food and nutrition insecure. If yes, why- is it due to lack of food, lack of purchasing power, lack of coverage of government social safety-net scheme.
- Levels of malnutrition and their causes.
- How is the food supply and nutrition situation likely to evolve in coming weeks/months?

## b. Who is the Most Vulnerable Population?

- Who faces the highest risk in accessing the food and nutrition and is the priority population needing assistance? How many of them are there?
- What type of intervention is required? For what period?

## c. How to Implement Interventions?

- Who is the main stakeholder. What are the procedures, what are the complementary schemes?
- Are supply logistics systems in place. How functional are the markets?

There are different types of assessments conducted during the assessment period depending on the time, nature, and intensity of the disaster. The types of disaster assessments can be broadly classified as short term and long-term assessments.

The short- term assessments include:

1. Remote assessment;
2. Initial on-ground assessment;
3. Joint assessment.

The long-term assessments include;

1. Joint in-depth assessment;
2. Sector specific technical assessment; and
3. Impact assessment.

**Figure 1 : Conceptual Framework for Food and Nutrition Security Assessment and Strategy Design**

Food Availability	Food Access	Utilization	Nutrition/ anthropometric data	Social and Caring Environment (Stability)
<ol style="list-style-type: none"> <li>1. Production at local level.</li> <li>2. Food stock availability.</li> <li>3. Per capita availability of essential food commodities.</li> <li>4. Trends in livelihoods and livestock health.</li> <li>5. Seasonal shortfalls.</li> <li>6. Trends availability for previous years.</li> </ol>	<ol style="list-style-type: none"> <li>1. Change in food sources.</li> <li>2. Market prices of essential commodities.</li> <li>3. Proportion of expenditure on food.</li> <li>4. Access to markets and other sources.</li> <li>5. Coverage and off-take of food, nutrition and livelihood scheme.</li> <li>6. Storage and processing equipment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Meal frequency of different household members.</li> <li>2. Consumption patterns of various food groups including.</li> <li>3. Micro-nutrient rich food.</li> <li>4. Water sources, fuel availability and its distance-affecting women's time in food preparation.</li> <li>5. Food preferences.</li> <li>6. Nutrition services intended for specific age groups-0-6 months, 6 months to 2 year, Children below age of 5, adolescents.</li> </ol>	<ol style="list-style-type: none"> <li>1. Analysis of existing nutritional situation.</li> <li>2. High risk and high burden pockets.</li> <li>3. Existing programmes for care and treatment of SAM and MAM children.</li> <li>4. Use of simple techniques such as MUAC to monitor the nutritional status.</li> <li>5. Counselling for Breast feeding and Complementary feeding is essential.</li> <li>6. Maternal Diets and Services including nutritional counselling during ANC, IFA and calcium Supplementation deworming is imperative.</li> </ol>	<ol style="list-style-type: none"> <li>1. Availability and use of non-food items-soap, utensils etc.</li> <li>2. Availability of water and sanitation facilities.</li> <li>3. Changes in care practices-IYCF &amp; food hygiene.</li> <li>4. Nutrition education/ awareness.</li> <li>5. Coping and crisis strategies adopted.</li> <li>6. Gender issues.</li> <li>7. Climate variability.</li> <li>8. Assess the schemes that provide nutritional services preventive and therapeutic.</li> </ol>



## Preliminary Considerations

### Analyse Existing Data

Collate and analyse information already available and map what are the information gaps, and where data will need to be collected.

### Prioritize the Areas to be Visited

Get overview of the situation and decide on areas that are in most urgent needs.

### Coordinate and Work with Other Partners

Create multi-sectoral teams with the government and other partners- coordinate to get as much information from multiple locations and as quickly as possible. Agree to common methods and definitions before data collection for comparability and collation.

### Design Data Collection Formats and Checklists

To get uniformly analysable information.

### Support Transport, Remote Data Collection Procedures and Other Practical Arrangements

These are necessary for field survey also including ethical considerations.

### Review Recent Available Data

Recent available data from the routine management information systems like Health Management Information System (HMIS), Mather Child Tracking System, POSHAN Tracker or Monthly Progress Reports) and other sources.

Disaster assessment is the collection and analysis of information pertinent to disasters, disaster risks and disaster response interventions. The scope of the information required covers factual details of the hazard event causing the disaster, the needs of those affected, and the available resources for responding to those in need. The assessment starts from pre-disaster preparedness and warning phase through the emergency phase to the rehabilitation and recovery, assessing the impacts on the community, their assets, crops, livestock, and their livelihood. As the needs of the community change through these phases, the specific objectives of the ongoing assessments change as well.

The food and nutrition sector also contribute to other diverse sectors such as livelihoods, protection of children, gender, other vulnerable such as herders, nomads, pastoralists, etc. Therefore, the assessments should capture relevant information pertaining to each of these areas and vulnerable population group in each context.

### Food Security Assessment

To assess the food insecurity at the household level, assessment tools such as Emergency Needs Assessment (WFP), Household Economy Analysis (SCF-UK), Livelihoods Assessments (Oxfam), Household and Livelihood Security Assessments (CARE) could be used by the development agency/ partner after necessary customization based on the geography and context. The food security assessment should capture the detail pertaining to availability, accessibility, and utilization of food at the household level.

Local media reports should also be reviewed during the assessment period. The data on the coverage of different social security schemes such as Public Distribution System, Mid-day Meal Scheme and Integrated Child Development Services, MGNREGA and others should be obtained at the Panchayat/Block/ District level. The assessment should use data from various secondary sources such as National Sample Survey (NSS) on consumption expenditure, price monitoring and inflation rates of food articles, production trends and buffer stocks.

The primary data collection should focus on identification of most vulnerable families and those who are affected and their access to social security schemes, access to water, sanitation, health facilities, etc based on the framework explained above. The participatory learning approach (PLA) should be conducted to assess the different parameters during the emergencies. Joint monitoring should be conducted by agency with partner agency and sectoral expert to ensure that the assessment is on track. The food security assessment should be administered and monitored by a sectoral expert.

### Nutritional Assessment

The prevalence of stunting (WFA Z-score  $<-3SD$ ) reflects the long-term chronic food insecurity at the household level and wasting (WFH Z-score  $<-3SD$ ) in children is considered an indicator of acute food insecurity or disease prevalence. To assess the prevalence/magnitude of undernutrition, key indicators may be analysed and reviewed from secondary data sources such as National Family Health Survey, Comprehensive National Nutrition Survey, NSSO, National Nutrition Monitoring Bureau, to understand the trajectory of undernutrition and its determinants.

Key indicators such as wasting, stunting, diarrhoea prevalence and the care seeking behaviour explained in the Conceptual Framework above should be analysed to make a programmatic decision. Standardized monitoring and assessment of relief and transition (SMART) by USAID tool could be contextualized to estimate undernutrition prevalence, and to collect other key information. Monitoring data should be accessed through MCTS, ICDS, POSHAN Tracker and other sources. Nutrition Barometer can be used to select the indicators and weighting them. Adoption of a multi-sectoral intervention with a nutrition lens is essential during assessment for both pre and post disaster situations. This approach can be helpful



in better and comprehensive problem analysis and prioritization of need in an integrated way.

An appropriate combination of livelihood (agriculture and allied sector), health, WASH, protection are important components with special focus on gender. The nutritional assessment should also capture basic and preliminary assessment pertaining to outbreak of food-borne diseases, water borne diseases, maternal health, new-born health and child health. Under maternal health, critical indicators such as ANC check-up, IFA consumption, institutional delivery and BMI may be assessed from primary and secondary data. The in-depth assessment tool pertaining to health assessment can be extracted from the health sector.

In a rapid nutrition assessment, MUAC<sup>1</sup> and mm, who are nine times higher risk of mortality, should be oedema are the quick and easy tool to measure acute malnutrition. The rapid assessment tool should be contextualized to collect state/district specific information, including that on various social security schemes, status of health services, POSHAN Abhiyaan, immunization coverage, supplementary nutrition under ICDS, status of nutritional rehabilitation and treatment of SAM, etc may be collected to assess and link vulnerable families with government schemes. Growth monitoring and IYCF behaviours (Especially EBF) should be assessed under rapid assessment which is critical for the survival and growth of children.

The nutrition assessment should be carried out by a sectoral expert. To perform a comprehensive assessment of the food and nutrition sector, both food security and nutrition sector experts should plan collectively.

### Agriculture and Livelihood Assessment

Agriculture and livestock are impacted severely in most of the natural disasters. Farmers, especially small and marginal or sharecroppers are most vulnerable. Initial assessments should look at the impact of disasters on affected populations and on agriculture, livestock, fisheries and forestry, and the type and extent of livelihood assistance that will be required. Agriculture assessment should include - standing crops/ crops at vegetative stage (damage due to outbreak of pest and disease attack, increase weed growth, deterioration of soil quality, contamination of water bodies, destruction of irrigation system, loss of plant parts).

Crops at harvesting stage – loss of plant parts, deterioration of quality of produce, difficulties in timely harvesting; Changes and its accessibility of inputs or input cost (fertiliser, pesticide, weedicide, other plant nutrients); Lack of proper storage facility leads to loss of harvested produce particularly the perishable crops; Non availability of labour or increase labour wage; lack of transport facility to carry

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1 . MUAC is quick to perform and effectively assess the risk of death in children aged 6 to 59 months. Severely acute malnourished (SAM) children, whose MUAC is <115 identified using the MUAC tool during rapid assessment.

the harvested product to market and disorganised market system and existing systems of crop insurance.

In addition to assessing the nature and magnitude of a disaster, its impact on affected populations and on agriculture, livestock, fisheries and forestry, and the type and extent of emergency and immediate rehabilitation assistance that is required, following aspects should be also be covered.

- Food security and nutritional situation of affected groups.
- Population with agriculture as major source of income.
- Capacity for agricultural production in the affected area.
- Needs for agricultural relief to enable production to resume quick.

The assessment teams could refer to the Livestock Emergency Guidelines & Standards (LEGS) Handbook for tools such as assessment check lists, decision trees and participatory tools for undertaking assessments on livestock. There are also tools for analysing different technical.

### Assessment of Cross-Cutting Determinants/Issues

The gender-based discrimination and violence has a devastating impact on agricultural productivity, food security and nutrition. Women are extensively involved in agriculture as well as handling and preparation of food as a part of household work. The consequences of gender discrimination lead to losses in productivity for the agriculture sector with negative impacts on food security and nutrition and this impact can get worse during disaster. Studies have shown that there is intra-household food insecurity in India and women often eat at the last and the least which worsens during crises.

The food security and nutrition assessments should focus on the barriers faced by women, girls and other at-risk groups in achieving food security (e.g. decision-making in the family; roles related to agriculture/livestock; restricted access to lands, water, cooking fuel etc). Another aspect to be considered and assessed for women is initiation of breastfeeding, exclusive breastfeeding, continued breastfeeding, initiation of complementary feeding and age appropriate complementary feeding practices.

Another aspect which should be assessed as part of assessment is the disability component. The disabled people are the most vulnerable persons who get affected in emergency situations. Persons with disabilities face a variety of challenges which includes physical access to food and nutrition. Persons with disabilities should be identified and their needs should be assessed.



For all these assessments, the following table will serve as a guide.

**Table 2: Types of Assessment**

	Type of Assessment	Location	Time frame
1.	Remote Assessment	Desk Activity	Within 1 day of disaster
2.	On-ground Assessment	Disaster Affected Area	Within 1 week of disaster
3.	Joint Assessment – 2 or More Agencies	Disaster Affected Area	Within 1 week of disaster
4.	Joint In-Depth Assessment – 2 or More Agencies	Disaster Affected Area	Within 15 days of disaster
5.	Impact Assessment	Disaster Affected Area	Begins at the end of the response intervention

### Monitoring Systems

It is important to design, establish or strengthen the existing monitoring systems for regular flow of information on uptake of services on various food, nutrition, and agriculture related schemes. The data from TPDS, ICDS, POSHAN Tracker, MDM, MGNREGS and Market Information System (MIS)- which maps the project participants, captures key indicators, and enables backward and forward linkages, is a valuable source, reduces burden of primary data collection and can facilitate faster decisions.

It is also important to deliberate on how the changes due to disaster and crisis could be reflected in such systems for monitoring the key indicators. A close coordination and advocacy with the Government will be required.

1. The role of DC at local level and the SDMA at the State level should be made poignant for operationalising response at the local levels.
2. A separate template for SOP during emergencies must be included in the handbook.
3. The role of panchayats and local bodies needs to be highlighted for enhanced local coordination.
4. Special SoP should be proposed during emergencies, especially for coordination in Defence areas, to avoid internal protocol of the defence forces.



# Guiding Principles and Standards

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# GUIDING PRINCIPLES AND STANDARDS

Disasters make the affected people more vulnerable. The Food Security and Nutrition standards form an integral component of the four sets of Minimum Standards as outlined in the Humanitarian Charter of the Sphere Handbook–Humanitarian Charter and Minimum Standards in Humanitarian Response.

Overarching these minimum standards are the four Protection Principles and the six Core Standards specified by the Humanitarian Charter. The right based approach should be promoted based on the two key international rights, the right to food and the right to a standard of living. The International humanitarian law also highlights the importance of the protection of communities and their livestock as a key asset for survival during disasters, conflict, or war.

## Basic Principles for Food and Nutrition Assistance Programmes

Food and nutrition assistance programmes, if misused, could lead to serious rights violations. Therefore, certain principles and standards need to be laid down and adhered to while planning food and nutrition assistance programmes.

- Programmes of food and nutrition assistance to the affected population must be designed along with them and implemented in ways that contribute to their safety, dignity, and integrity.
- Effective management, strong monitoring of the staff and resources and a strict enforcement and adherence of a code of conduct for all those engaged in delivering assistance programmes is inevitable.
- Equally important is to establish feedback mechanisms with the affected population for the assistance programmes and for quick response.
- Training of aid workers on specific aspects like child safeguarding and using referral systems for suspected cases of violence, abuse or exploitation including of children.
- Ensure involvement/cooperation and coordination of the Civil Society Groups and Community Groups for service provisions and monitoring.

In addition to this, for livestock-based interventions to protect livelihoods, communities and livestock, the LEGS standards highlight the following seven principles.

### Participation

The affected population actively participates in the assessment, design, implementation, monitoring, and evaluation of the livestock programme.

### Preparedness

Emergency responses are based on the principles of disaster risk reduction (DRR), including preparedness, contingency planning, and early response.

### Technical Support and Agency Competencies

Staff possess appropriate qualifications, attitudes, and experience to effectively plan, implement, and assess livelihoods-based livestock programmes in emergency contexts.

### Technical Analysis and Interventions

Livestock interventions are based on sound technical analysis and are implemented fairly, based on transparent and participatory targeting.

### Monitoring, Evaluation, and Livelihoods Impact

Monitoring, evaluation, and livelihoods impact analysis is conducted to check and refine implementation as necessary, as well as to draw lessons for future programming.

### Policy and Advocacy

Where possible, policy obstacles to the effective implementation of emergency response and support to the livelihoods of affected communities are identified and addressed.

### Coordination

Different livestock interventions are harmonized and are complementary to humanitarian interventions intended to save lives and livelihoods.

## Minimum Standards: Food Security and Nutrition

### Food Security and Nutrition Assessments Standards

Food security and nutrition assessments have elements that overlap as nutrition assessment identifies the barriers to adequate nutrition and the food security assessment estimates the availability — the access to and use of food. These assessments are a necessity throughout a crisis and should adhere to widely accepted principles, use internationally accepted methods and should be impartial, representative and well-coordinated between humanitarian organisations and governments.

They must be complementary, consistent and comparable and should include a cross-section of the affected population with special attention to the at-risk groups. All assessments must look at age and sex disaggregated data to the extent possible and analyse differences by gender, age and specific vulnerabilities like caste, tribe status, disability, migrants, at-risk groups, etc.

Adding a multi-sectoral dimension to the assessments is essential while assessing large-scale crises which had wider geographical implications. Such assessments



may be useful to understand the situation and current needs, estimate the number of people requiring assistance, identify groups at highest risk and serve a baseline to monitor the impact of a humanitarian response.

These assessments are crucial at various stages of a crisis in the following manner.

- **Initial Assessment/Baseline:** an initial assessment within the first two to three days to start immediate distribution of food assistance.
- **Rapid Assessment:** an assessment within two to three weeks, relying on assumptions and estimates to provide a basis for designing programmes.
- **Detailed Assessment:** an assessment within 3 to 12 months, if the situation seems to be deteriorating or more information is required to develop recovery programmes.

### Food Insecurity Assessment Standards

- These assessments must consider the changes in livelihood and assets inflicted by the crisis and its consequences for household food security.
- These assessments should determine the degree and extent of food insecurity and identify the most affected and at-risk populations.
- It should include market assessments and assessment of capacities of governments and other actors to respond to needs and define the most appropriate response by identifying the livelihood strategies and coping strategies to achieve food security.

The following are the standards for a proposed research/ assessment.

- For instances of natural disaster of cyclical frequency, a pre-emptive research preparation with the research questions to be addressed in the design, collection of samples and data and the sharing mechanisms should be planned well in advance. Already available and relevant draft research protocols could be screened to expedite the review process.
- Obtaining informed consent during humanitarian emergencies should make the participants clearly distinguish between the reliefs offered and research components and the researchers should be sensitive to the situation and obtain informed consent in a respectful manner. Researchers should strive to identify and address the barriers to informed consent and should not resort to inducements for research participation.
- It should be ensured that there is a fair selection of participants and the effort is not over-sampled on the vulnerable segments. Risk minimisation and equitable distribution of benefits and risks should be ensured. A priori agreement between researchers and the affected communities for benefit-sharing could be done whenever possible so that it could be extended to future applicable situations.
- Efforts should be made to maintain dignity, privacy and confidentiality of the individuals and communities and they should be protected from exploitations including that by print and virtual media.

- The ethics review procedures of research during humanitarian emergencies could be expedited depending on urgency and need while full ethical review should be done as soon as possible.
- International participation in research during emergencies must involve a local partner(s). Strict guidelines on international collaboration for biological samples, data and intellectual property including publication-related issues will be applicable. The research should develop capacity of local researchers and sites and provide key learning points to policy makers and community.

#### Nutrition Assessment Standards

- The detailed nutrition assessments should examine prevalence rates of acute malnutrition, the infant and young child feeding practices and other care practices.
- A simultaneous nutrition root-cause analysis using accepted methods is a must to identify the type, degree, extent and underlying causes of malnutrition. This would be useful to identify groups that have the greatest need for nutritional support and plan appropriate nutrition response programmes.
- A market analysis is also crucial in both urban and rural environments.

#### Maternal and Adolescent Nutrition Standards

- **Maternal:** access to antenatal care (may be covered in detail in the Health Handbook), iron folic acid supplementation, calcium supplementation and deworming, along with Take Home Rations or Hot Cooked Meals of ICDS.
- **Adolescent:** iron folic acid supplementation, deworming and schooling with access to Mid-Day Meals. Provisions of the RKSK program could be cross referred. The issue of menstrual hygiene could be touched upon.

The Mother and Child Protection (MCP) Card is a familiar tool being used by most of you for over a decade now. The shape and form of the card varies across states and it may have a different name such as 'Mamta Card' or 'Jaccha Baccha Card', etc. It ensures tracking of mother and child cohort for health, nutrition and development purposes.

#### Research Standards

Indian Council of Medical Research (ICMR) highlights the need for research during humanitarian emergencies to enable provision of efficient and appropriate response during the ongoing emergency as well as plan for future emergencies. The local, national, and international responses and preparedness, independent of the measures to control the crisis, reduces morbidity and mortality during such events.

The following are the standards for the proposed research.

- For instances of natural disaster of cyclical frequency, a pre-emptive research preparation with the research questions to be addressed in the design, collection of samples and data and the sharing mechanisms should be planned



well in advance. Already available and relevant draft research protocols could be screened to expedite the review process.

- Obtaining informed consent during humanitarian emergencies should make the participants clearly distinguish between the reliefs offered and research components and the researchers should be sensitive to the situation and obtain informed consent in a respectful manner. Researchers should strive to identify and address the barriers to informed consent and should not resort to inducements for research participation.
- It should be ensured there is a fair selection of participants and the effort is not over-sampled on the vulnerable segments. Risk minimization and equitable distribution of benefits and risks should be ensured. A priori agreement between researchers and the affected communities for benefit-sharing could be done whenever possible so that it could be extended to future applicable situations.
- Efforts should be made to maintain dignity, privacy and confidentiality of the individuals and communities. Also, should be protected from exploitations including that by print and virtual media.
- The ethics review procedures of research during humanitarian emergencies could be expedited depending on urgency and need while full ethical review should be done as soon as possible.
- International participation in research during emergencies must involve a local partner(s). Strict guidelines on international collaboration for biological samples, data and intellectual property including publication related issues will be applicable. The research should develop the capacity of local researchers and sites and provide key learning points to policy makers and community.

### Pre-positioning Strategy Standards

Given the unique geo-climatic conditions in India and its vulnerability to natural disasters it is important to build on a 'Pre-positioning' strategy for food and nutrition security to improve the timeliness of emergency responses.

- Pre-positioning strategy should be planned in effective coordination with the different stakeholders including the governments at different levels - State, District and Local governments.
- The strategy should involve pre-identification, pre-processing and pre-stocking of goods and services. An evidence-based analysis of what (the goods and services), where (location) and how (the mechanism) should be conducted to plan the preparedness for emergency responses in the food and nutrition sectors.
- With the governments increasingly engaging in food provision during emergencies, the roles of the other different stakeholders – INGOs/NGOs, private sector, international development agencies and the community

groups, need to be planned and pre-prepared for provisioning of food and non-food requirements on the basis of rapid assessments. The list of items and the standard specifications of these items should be charted out.

- Regular maintenance and inspection measures should be undertaken for the relief material storage by the different stakeholders. Options for community-centered planning, monitoring and evaluation of these should be explored.
- The suggested State Resource Centres (SRCs) which are expected to facilitate service delivery coordination for food and nutrition security should assume the prime role for developing and managing the pre-positioning strategy. Appropriate inspection and assessment tools should be developed for monitoring and maintenance of the relief material.

### Managing Malnutrition Standards

Malnutrition, especially acute malnutrition, triggered during humanitarian crises due to decrease in food consumption requires efficient management mechanisms.

#### Management of Moderate Acute Malnutrition Standards

The primary strategy for prevention and treatment of moderate acute malnutrition is supplementary feeding. A blanket supplementary feeding approach is recommended when food insecurity is high, and the interventions are to be expanded beyond moderate acute malnutrition cases. This is to be supplemented with a targeted supplementary feeding of the moderately malnourished to prevent them from becoming severely malnourished.

These target groups would include moderately malnourished individuals, pregnant and nursing mothers and the other groups identified as at-risk and community engagement should be the key to identifying the vulnerable individuals and households. Monitoring the coverage, adherence, acceptability, and rations provided through supplementary feeding programmes is important. For the targeted feeding interventions, the admission and discharge criteria protocols should also be established and monitored as performance indicators.

#### Management of Severe Acute Malnutrition Standards

Managing severe acute malnutrition requires therapeutic care which has a variety of approaches including inpatient care, outpatient care, care for infants, community outreach and other context-specific interventions. A multi-sectoral approach is the key and the interventions could be linked with other services such as supplementary feeding, HIV and TB networks, rehabilitation, primary health services and food security programmes.

In absence of national guidelines for community management of SAM, a multi-sectoral approach may then be aligned to existing state-level SAM management policies and guidelines where existing, or the existing ICDS and facility-based SAM management provisions.



Treatment of severe acute malnutrition requires staff with relevant capacity, expertise and skills, therefore, establishing well laid-out strategies, objectives and other admission and discharge criteria protocols for initiation and closure of interventions, which is essential.

Monitoring of these set criteria should be done as performance indicators of these programmes. Community- based management of acute malnutrition should be the preferred approach for outreach, case identification, referral and follow up. In case of infants with severe acute malnutrition, specific programmes to protect, support and promote breastfeeding, adequate complementary feeding, hygiene protection and maintaining good mother and child interaction must be planned. Dietary diversity at household level with locally available food resources is important. Guidelines for management of children under 6 months with severe acute malnutrition are also very important.

### Micro-nutrient Deficiency Standards

Micronutrient deficiencies are a serious concern in a population as they are difficult to detect unless clinical signs of severe deficiency become visible. The humanitarian crises can worsen the situation. Gathering information on the micronutrient deficiencies among the affected population could determine the nature of deficiencies. Trained staff with capacities and skills to identify and treat micro-nutrient deficiencies should be engaged and protocols for responding to micronutrient deficiency risks need to be established.

The micronutrient supplementation programmes of government need to be regularised with availability, access and quality. Most common micronutrient illnesses arising during crises include measles, diarrhoea, scurvy (vitamin C deficiency), pellagra (niacin deficiency), beriberi (thiamine deficiency) and ariboflavinosis (riboflavin deficiency).

These deficiencies could generally be addressed through these three approaches.

1. Supplementation for fastest control of the deficiencies.
2. Fortification of food products with micronutrients.
3. Food-based approaches for ensuring year-round consumption of micronutrient-rich foods.

Supplementation and fortification are easier to administer during crises. Appropriate micronutrient response should be linked with the disease control public health responses for effective management of the deficiencies during crises. Encouraging Nutri-garden at household and community level can also take care of the micronutrient deficiencies to some extent.

### Infant and Young Child Feeding Standards

Infant and young children are most vulnerable to undernutrition, diseases and deaths due to inappropriate feeding practices during emergencies. Specific groups of infants and children including infants with low birth weight, deserted children,

infants and children of depressed mothers, children below 2 years not being breastfed, children with disabilities, children with HIV prevalence and those with acute malnutrition, stunting and micronutrient deficiencies are more vulnerable.

Therefore, protecting and supporting the nutritional needs of both breastfed and non-breastfed children aged below 2 years is a priority.

The priority interventions should include:

1. Breastfeeding protection, promotion and support.
2. Appropriate and safe complementary feeding.
3. Protection of non-breastfed infants by minimising the risks while choosing the alternatives.
4. Upholding International Code of Marketing of Breast milk Substitutes.
5. The well-being of mothers (nutritional, mental & physical health) is critical to the well-being of their children.

The Operational Guidance on IYCF in emergencies by an IAG provides policy guidance and coordination standards for ensuring timely, safe and appropriate IYCF-E. An IYCF-E coordination authority, presumably the government, should be established which would ensure collaboration across sectors. The national and humanitarian organisations' policy should be strengthened to IYCF emergency response and awareness should be generated about the policy among the response organisations at all levels. A code for accepting or soliciting donations of breast milk substitutes, other liquid milk products, feeding bottles and teats should be adopted.

A multi-sectoral support to IYCF-E should be developed such that mothers and caregivers of infant and young children have access to timely and appropriate feeding support that minimises risk, is culturally sensitive and optimises nutrition, health and survival outcomes.

Initiatives like providing pregnant and breastfeeding women with—prioritised access to food, cash or voucher transfers, access to skilled breastfeeding counselling, support for early initiation of breastfeeding, provide appropriate substitutes and equipment for infants requiring artificial feeding, provide appropriate complementary food support, provide support to vulnerable children and providing of adequate micronutrient supplements—should be put in place.

### Food Assistance Standards

Food assistance responses should include-

1. immediate food assistance initiatives and
2. livelihood initiatives.

### Food Assistance Standards

When the access to quality and quantity food during crises is insufficient to prevent mortality, morbidity or malnutrition, then responses of food assistance through



improving food availability and access, nutrition awareness and feeding practices is required. Immediate food assistance for the short span specifies to in-kind food including supplementary feeding and cash-based assistance. Good supply chain management and logistics capabilities should be put in place to manage the commodities effectively. Food assistance programmes people, including the most vulnerable, are met.

- The food items provided are of appropriate quality, are acceptable and can be used efficiently and effectively.
- Food assistance targeting and distribution is responsive, timely, transparent, and safe.
- Storage, preparation, and consumption of food is safe and appropriate at both household and community levels.
- Effective engagement of the existing service delivery personnel of the governments—Anganwadi workers, ASHAs, NGO volunteers, etc.

### Livelihood Standards

While food assistance responses are immediate to the crises, responses with long-term impact to protect and strengthen the livelihoods of affected population are also equally important. Livelihood initiatives for the long run may include initiatives such as production and market support and transferring skills and knowledge to strengthen livelihoods.

The Framework for Action for Food Security and Nutrition, which is endorsed by the Committee on World Food Security, has an overall focus on resilient livelihoods throughout. The framework highlights on:

- Sustainable food systems should be strengthened through appropriate policies and actions for local procurement and engaging local organizations in implementation of livelihood programmes meant to support economic recovery and development.
- Responsible investments for creating economic opportunities for smallholders like nurturing access to productive resources and remunerative markets beneficial to them should be supported. These smallholders should particularly include rural women and youth, members of affected and at-risk populations, vulnerable and marginalized groups and people living in vulnerable situations.
- Building on women's knowledge and capacities in the delivery and design of targeted projects, programmes, and policy support, across all sectors should be strengthened. This should be done by promoting equal participation and leadership by men and women in local institutions and decision-making processes, including agricultural cooperatives and farmers organisations.

### Minimum Standards – Livestock

LEGS Technical Standards relevant for designing, planning, and implementing livestock-based interventions are as given below, refer to the LEGS handbook for details of each standard.

### Destocking

There are 3 standards

1. Assessment and planning;
2. Commercial destocking; and
3. Slaughter destocking.

### Veterinary Services

There are 7 standards

1. Assessment and planning;
2. Service design;
3. Examination and treatment;
4. Zoonotic diseases;
5. Sanitation and food hygiene;
6. Disposal of dead animals; and
7. Livestock disease surveillance.

### Feed Provision for Livestock

There are 4 standards.

1. Assessment and planning;
2. Feeding levels;
3. Feed safety; and
4. Sources and distribution of feed resources.

### Provision of Water for Livestock

There are 5 standards

1. Assessment and planning;
2. Location of water points;
3. Water point rehabilitation and establishment;
4. Water sources and quality; and
5. Logistics and distribution.

### Restocking

There are 4 standards

1. Assessment and planning;
2. Definition of the package;
3. Credit, procurement, transport and delivery;
4. Additional support- training, food, vet care.





# Sector Strategy and Agenda

# SECTOR STRATEGY AND AGENDA

## What is the Purpose of Having a Food and Nutrition Sector Strategy?

The food and nutrition sector strategy provides the overarching framework for the response to a food and nutrition emergency. It provides the vision and an inter-agency action plan for a collective, and therefore more comprehensive, evidence-based response. Developing the strategy is a progression, from defining the overarching needs and response to creating space for individual agencies to make links between their own internal planning processes and implementation of the collective response. This includes an outlined joint contingency plans for response to future events that might affect the population's nutrition status or the response activities of partners. Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food for a healthy active life. The FNS sector strategy, thus, should be based on the four pillars of availability, access, utilisation, and stability discussed above. Strategic planning on F&N Security needs to be built on comprehensive understanding of the disruption an emergency or disaster causes these factors.

The overarching goal of the sector strategy should be: to prevent morbidity and mortality rates amongst people affected by crisis by ensuring access to adequate food and nutritional requirements to meet daily minimum needs. A coordinated approach amongst agencies should be taken to ensure that both short term and long-term impacts are addressed including prevention of malnutrition in the population affected by disasters.

## Elements of Food and Nutrition Sector Strategy

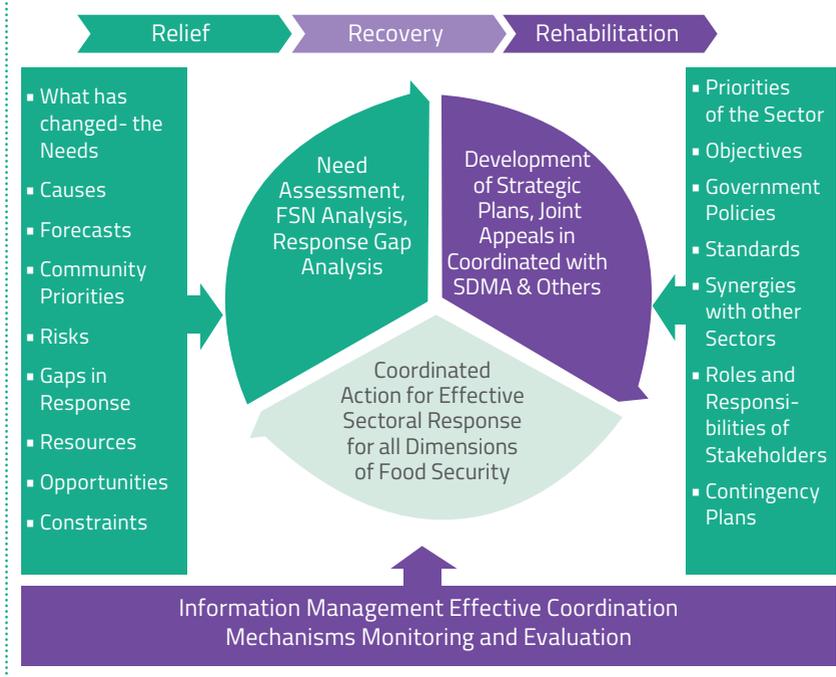
### Questions to Ask When Designing a FNS Strategy

The below given broad steps outline issues to be addressed.

- Is the strategy likely to achieve objectives of the priority target group?
- Beyond immediate relief, where required, what will be short, medium- and long-term effects?
- Will strategy help people to cover and (re-) establish a viable means of livelihood?
- Are any other measures needed to minimize possible consequences?
- How well government food assistance is functioning? Need for the food assistance, consequences of not providing it?
- How well-functioning are nutrition programmes and other sectoral programmes? How the strategy coordinates with other sectors such as health, agriculture, WASH, protection?



Figure 2: Basic Elements of Food and Nutrition Sector Strategy



The strategy must consider all phases of a disaster from relief, recovery to rehabilitation-and in fact work towards documentation of learnings and preparedness. The three core elements include need assessment which provides the evidence base, a strong well thought through plan and coordinated implementation. These are informed by various existing priorities, policies, standards and detailed consideration of risks and opportunities, evolving context. Strong information management, M&E systems and effective coordination systems are key to the success of any sector strategy. More details of each of these elements are discussed in the subsequent sections.

### Who is Involved in the Strategy Planning and Building?

To ensure appropriate identification of needs and the most effective and comprehensive response, all relevant food and nutrition stakeholders in-country should be included to the best extent possible, and the following chapter identifies the necessary stakeholders in emergency response. The strategy should be developed in a coordinated manner and should include all relevant actors, as this shall ensure complementarity of strengths of each agency in developing the shared objectives.

While government agencies will continue to be part of the exercise, the sector should ensure that the strategy complements and supplements government's

response and ensures sustainability and continuity of the interventions. It should be noted that if government agencies are unable to get involved with the development of the food and nutrition sector strategy, it is essential that they are extensively consulted or informed. The strategy must also reflect the view of the affected community to the best degree possible. The sector should also make every effort to ensure that relevant nutrition actors who do not actively participate in the sector committee are informed of the sector's aims, strategy, and activities.

### What are the Key Considerations for Developing Food and Nutrition Sector Strategy?

The strategy should be based on the need assessment, identified priorities, gaps and duplications identified and considering the key cross-cutting issues. It should relate to community needs and address the priority problems identified, with attention to life-threatening issues. The strategy should incorporate FNS aspects at all levels through global experiences, best practices from across the globe.

The strategy should be tailored to particular phases or aspects of the response within the planning period and take account of context, seasonal variations security and access, resource availability, local capacity building and early recovery, and prioritised cross-cutting concerns-focuses on delivery of essential services initially, with a plan to broaden scope when essential services have been assured. The strategy should be clearly aligned to national objectives and should clearly define implementation in line with minimum standards and have strong strategies for resource mobilization and monitoring and evaluation.

The broad steps below outline issues to be addressed in developing a food and nutrition sector strategy. The steps will also act as a guide to review and updating any of the pre-existing/active Food and Nutrition Sector Committee strategies, to ensure that they remain relevant.

### Prioritizing the Needs

Once needs are identified, they should be prioritized based on whether they are life-threatening, the needs of the most vulnerable and the most affected people. Prioritization might be understandably difficult in early response as all needs are priorities.

Basic Principles in identifying and prioritizing needs and decisions on interventions and response are:

- establishing how many people are affected, where they have come from and their current locations.
- identifying whether a problem is pre-existing or a result of the crisis, and when it began.
- ranking needs in order of severity based, typically, on 3–5 critical issues, (e.g. What is the risk of increased mortality or morbidity if the issues are not



addressed? What proportion(s) of the total affected population(s) and most vulnerable groups are affected? What are the current coping strategies and forms of assistance, and for how long can these be sustained? What are the anticipated threats and risks over the coming months, and how will these affect the identified problem? Are the resources and means (transport, etc.) available (or in the pipeline) to address this problem or need?

- Comparing the outcomes and selecting priorities accordingly.

#### Priority Areas of Focus Include:

##### **i. Food or Cash Transfer**

- Blanket food aid distribution according to the percentage of food need identified and Sphere standards (or ICMR standards) and considering local cultural preferences of foods.
- Additional support for grinding of cereals, cooking fuel and utensils.
- Inclusion of a mechanism to fast track the distribution of a value relating to the percentage of food need identified and Sphere standards (or ICMR standards).

##### **ii. Livelihood**

- Blanket or targeted cash for work at the local market. Labour rate for a number of days (for immediate needs, grants are likely to be more adapted, and a cash for work approach can be implemented after a few weeks into the emergency response).
- Targeted in-kind distribution of seeds, tools, fertilisers, fodder and other agricultural inputs and livelihood assets.
- Asset distribution.
- Enterprise development, supporting women SHG groups, food producers, inputs to restore food supply chain, etc.

##### **iii. Livestock**

- Protect key livestock assets of crisis affected communities (availability and affordability of veterinary services, livestock markets and other facilities). Movement of perishable food items such as vegetables and fruits.
- Blanket cash (cheques /vouchers/grants).
- Asses the current and potential roles of livestock in livelihoods and the potential social, economic, and environmental impact of the provision of livestock.
- Appropriate livestock species and breeds are distributed in adequate numbers and through appropriate mechanisms to provide viable and sustainable benefits to the target communities.
- Additional support (Veterinary care, training, feed).
- 'Veterinary Vouchers' for vaccination and other services.

- Feed Supplies/Fodder Banks.
- Feed resources are procured locally where possible, distributed safely and in a manner that causes minimal disruption to local and national markets.
- Water source rehabilitation and establishment programmes are carefully located to ensure equitable access to water for the livestock of the most vulnerable households of the affected areas.

#### iv. Market

Cash grant to local traders of essential food items (and essential non-food items, e.g. cooking fuel) to support their capacity to (a) restock their items, and (b) increase their provision of items. This is especially pertinent in instances, where traders have no capital to order in new stocks or pay for required labour and transportation.

Interventions invest in economically viable activities that target stable or growing markets. It is important to note that.

- The food and nutrition response strategy and sector agenda will be responsive to the needs and context taking into cognizance different direct, underlying, and base causes of malnutrition. There is no one food and nutrition response strategy that is applicable in all circumstances, since response strategies depend on an analysis of the scale of needs and of the response capacity. The Sphere Minimum Standards, and the subsequent chapters outline minimum targets of service provisions, indicators which provide a starting point for planning humanitarian response.
- It is important to ensure that the sector strategy comprehensive considers all aspects of food and nutrition security with emphasis on all sectors involved such as food, nutrition, agriculture, livelihoods, and livestock, based on the context.
- Traditional emergency nutrition programming includes assessment at the individual and population levels (Weight for height assessments<sup>1</sup>, anthropometric nutrition surveys, nutrition surveillance), correction of malnutrition (targeted supplementary feeding, management of severe acute malnutrition (SAM), treatment of micronutrient deficiency diseases (MDDs)) and prevention of malnutrition (e.g. promotion of infant and young child feeding (IYCF), nutrition education, blanket supplementary feeding, fortification, and assessment is not possible or feasible; such as due to the emergency or due to lack of availability of functional equipment supplementation of micronutrients).

These categories of programme activity are not necessarily relevant in every emergency, and therefore, the sector committee should identify which assessments are necessary based on the type of emergency. [PM2] The handbook

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1. Use rapid mid-upper arm circumference (MUAC) assessments where Weight for Height



should tackle the issue of lack of awareness of policies for the affected population, henceforth the implementation lacks due to inadequate knowledge.

Communication to communities should improve. The handbook should specify channels of communication at various departments in crisis situations. Risk communication should be included in the handbook in order to tackle misinformation. Templates of training modules may be added to the handbook so that volunteers from non- profits can be trained better for emergency response. Risk communication should be included in the handbook in order to tackle misinformation.

## Role of the Sector Committee Lead in Strategy Implementation

The sector committee lead for food and nutrition security sector is responsible for ensuring assessments and preparedness/predictability and facilitating coordinated inter-agency response in their areas of activity. More specifically, they are responsible for establishing and maintaining broad partnership bases within their respective sectors that collaboratively engage in three main areas- policy and standard setting, building response capacity provide operational support in coordination with the governments.

If critical gaps persist despite every effort to mobilize resources within the Food and Nutrition Sector (FNS), the Sector Lead may need to consider acting as the Provider of Last Report (POLR) and address these issues. POLR is contingent upon access, security, and funding. It may entail providing technical, financial, operational or supply and equipment resources. It may also entail delivering programming that is not within the standard portfolio of the Sector Lead.

### Transitioning Strategy from Emergency Response to Early Recovery

Emergency response has limited lifespan, and therefore, a formal decision needs to be taken to transition out of emergency functions. Before making this transition, activities need to be taken to establish or strengthen appropriate capacity and system to ensure continuity in services and capacity to respond in future emergencies.

Therefore, once the benchmarks which indicate what needs to be done are attained, an early recovery strategy needs to be put in place—primarily looking at preparedness for emergency response, setting the foundations for sustainable recovery and a return to longer-term development.

Thus, procedures for transitioning Food and Nutrition Sector (FNS) activities should be incorporated into the response strategy, in collaboration with the government agencies.

Key actor in post-emergency and recovery phase is the development sector. As a result, the Sector Committee should ensure participation of development agencies in the transition, early recovery stages to ensure smooth transition and pulling out

of emergency responders from the scene. All along, the sector committee should also ensure that the development actors incorporate DRR aspects into the recovery and longer-term development plans, having undertaken risk assessments based on existing information on local and national vulnerabilities and capacities as well as on hazard patterns and, where appropriate, on the predicted impact of climate change.

Action points for incorporating early recovery into FNS response strategy are the following.

- Ensure that FNS coordination and actions link to recovery and long-term development by applying sustainable technologies, strategies, and approaches to strengthen the national FNS sector capacity.
- Introduce, reinforce, and/or adapt the nutrition IM system (including routine monitoring data from SFPs, results of nutrition surveys and surveillance data) and make information available for broader use, including DRR activities.
- Initiate discussion on national policy, strategy, and guidelines for sustainable management of SAM and MAM, if not already in place.
  1. To bring about a national policy on mainstreaming sustainable FNS in DRR programmes with a focus on first 1000 days of life.
  2. To set state-level sustainable FNS targets.
  3. To start special impact-oriented Action Research Projects.
  4. To bring out targeted comprehensive FNS interventions in disaster hotspots.
  5. To update and revise the global Sphere Standards, to include sustainable food and nutrition security.
  6. To establish clear guidelines on infant and young child feeding.
- Initiate a gap analysis of local and national capacities and ensure integration of capacity strengthening in early recovery/transition plans.
- Engage with community-level leaders and stakeholders, to the extent possible, to identify needs and capacities for both the short and long terms.
- Plan FNS responses with consideration of routine services that should be maintained beyond the emergency period, e.g. ensuring that existing facilities are used, reactivated and repaired wherever possible; that competencies are identified and used as much as possible; and that new, parallel systems are avoided unless absolutely necessary.
- Assess the risk of future nutritional crises in the country and incorporate adequate risk reduction strategies into the Food and Nutrition Security (FNS) sector response strategy.



## Contingency Planning

As a part of emergency preparedness activities such as early warning systems, mapping of ongoing risk and vulnerability, capacity building, definition of standards and assessment tools, creation and maintenance of standby capacities and stockpiling of humanitarian supplies undertaken in anticipation of a crisis are undertaken and can be integrated in the contingency plans.

Contingency planning is a management tool used to analyse the impact of potential crises and to ensure that adequate and appropriate arrangements are made in advance to respond in a timely, effective and appropriate way to the needs of the affected population(s). It addresses new situations or a potential deterioration in an existing situation to which the humanitarian agencies must respond, as opposed to generalised planning under emergency preparedness. Other than this traditional methods used by vulnerable communities should also be highlighted.

'Action Points' to develop emergency/contingency plan include steps such as consolidation of pre-crisis baseline data and information sources, analysing capacity to respond of humanitarian agencies, identifying potential hazards based on previous emergencies and vulnerability assessments, outline the trigger factors, risks, assumptions, specific objectives and suggested response strategies and prioritization of possible scenarios.

Coordination, communication with other relevant sector actors for identifying needs of additional resources. Example- identify the projected additional staffing needs (surge and/or redeployment of existing staff), clarify reporting lines using an organogram and draft TORs for each position. The FNS contingency plan should clearly define the probable sources of food, logistic arrangements, related national policies and legislations, telecommunication systems, complaints, and feedback mechanisms, essentially- in addition to links with other sector specific needs. The aim of contingency planning for the sector is to inform and support NDMA and SDMAs in developing nutritional response related national disaster plans.



# Resource Mobilization

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# RESOURCE MOBILIZATION

## Introduction

During any humanitarian disaster, responding agencies require 4 major types of resources at their disposal, namely:

1. Financial Resources
2. Human Resources
3. Material Resources
4. Knowledge and Information Resources

## Financial Resources

### Initial Sectoral Appeal

Immediately post-disaster, organizations should undertake a joint rapid needs assessment as explained in the assessment chapters in the subsequent sector-wise sections. Based on the findings, sector committees should come up with unified set of needs, and the budgetary requirement segregated along sectors, within 7 days of the disaster.

### Participation of Corporates

The Sector Committees should identify corporates, whose social responsibility wings, are active in their respective sectors, so that the same can be invited to sector committee meetings. This will ensure that corporates, which today remain restricted to working in the development sector are also engaged in the humanitarian sector—thereby increasing the pool of potential donors for humanitarian interventions.

### Public Private Partnership(PPP) Helps to Build a Resilient Food Security System

### Common Pool Fund Mechanism

The Common Resource Pool (CRP) should be a 'standby fund' established created by each sector committee, and anchored by the Sphere India Secretariat to enable response to help jump-start critical operations or support under-funded emergencies. This should be used as a contingency fund for emergency response.

### Online Funding Platform

The handbook can educate agencies to optimise and leverage online funding platforms in addition to conventional sources.

### Financial Resource Mobilization Strategy

The Sector Committee Lead, with support from the members, should undertake efforts to increase the participation of donors in the sector committee meetings, oversee appeals and common pool fund, oversee communication to donor agencies on behalf of the sector committee, and link potential donors to the sector committee and its members wherever appropriate. Outline the need of donor support for backing up the potential needs at all scales of disasters, not just the mega/international disasters.

Emergency financing arrangements should be harmonised with longer-term arrangements (e.g. multi-donor trust funds or development financing modalities such as pooled funding or national financing) to support sustainable interventions. Similarly, the Sector Committee should regularly prepare to inform donors of ongoing or imminent disasters, or preparedness activities for resilient building so as to ensure ownership by donors.

### Financial Tracking System

Sphere India Secretariat should develop a Financial Tracking System (FTS) dashboard to track needs and contributions against, disaggregated along sectors. The Secretariat should provide quarterly reports on the FTS, analysing the crises-wise utilization of funding, and the additional funding required to fulfill the priority projects.

## Human Resource Mobilization

Major emergencies require rapid increase in the resources and an effective surge capacity is a pre-requisite for emergency response. The National Disaster Management Act and Plan has developed protocols for deployment of National Disaster Response Force (NDRF) and the State Disaster Response Force (NDRF) for immediate relief and rescue operations. A cadre of the first responders and emergency volunteers to respond in the golden period should be created with active involvement of multiple stakeholders including the Indian Red Cross and IFRC.

The additional resources required for food and nutrition sector are from a variety of expertise ranging from programme expertise in the areas of nutrition, food security, food assistance, logistic, vulnerability assessment, gender and protection, water and hygiene, communication, etc. While agencies will have technical and non-technical staff members on their payroll, Sphere India shall maintain a roster of humanitarian professionals/experts available for urgent and short-term deployment during and post-emergencies.

Multiple international and national organizations including the UN maintain emergency rosters and standby teams. The Disaster Preparedness and development of



district and village level DMP's should detail out the availability of such resources, including ASHA workers, Anganwadi workers, small and marginal farmers and make efforts to invest in building capacities for instilling DRR, creating a cadre of trained volunteers and the first responders. Gravity of coordination in the pre-disaster phase must be chalked out and there should be uninterrupted communication between state IAGs and relevant Government departments. The sector strategy as well must make necessary plans for resource mobilization- both financial and human resource and invest in building capacities.

## Material Resource Mobilization

### Mobilizing Food Grains

The grain storage facilities, run by the Food Corporation of India (FCI), the numerous fair price shops, agriculture markets, small and marginal farmers—all form the core stakeholders in the food supply chain. As a result, engagement with these actors, especially for pre-positioning and post-disaster food distribution, is the key. A database of such actors, including contact details of the key members and focal points should always be maintained, while humanitarian agencies should constantly remain in their contact and include them into planning and strategizing exercises. Standardised and automated process of distribution at relief and recovery phase to ensure uniformity.

### Common Material Resource Pool

Sphere India shall host a database of state-wise vendors able to supply the pre-determined emergency relief kits. Sphere India shall also publicize information on the warehouses of the various humanitarian agencies across India, and the prepositioned stock of emergency relief kits in these centers. The Sector Committee, or agencies themselves should come up with a guideline on sharing of these material resources in pre and post-emergency situation between the various humanitarian agencies, as this will ensure efficient utilization of resources in procuring and warehousing emergency kits.

### Mobilization Strategy

In the immediate aftermath of any disaster, citizens have demonstrated keenness in donating materials and items to organizations responding to any disaster. Therefore, the Sector Committee should develop a strategy and a standard operating procedure to appeal for, and mobilize material resources.

### Developing Regional Food Baskets

Food kits, disaggregated on the basis of states in India, containing palatable, culturally sensitive and locally available food items which fulfill the minimum food and nutrition requirements for each segment of vulnerable population, including

children and malnourished children, pregnant and lactating women, persons with disabilities and the elderly, should be kept ready.

## Knowledge and Information Resource Mobilization

Notwithstanding the unique challenges of each emergency, if the experience and knowledge of humanitarian professionals and agencies in this country is pooled together, it will create a rich repository of readily-available information for disaster response.

### Repository of Trainers and Training Modules

The responsible Sector Committee should develop sector and disaster-specific training modules and training sessions so as to help novice or wanting humanitarian professionals in efficiently responding to emergencies

### Repository of Tools

Sphere India should maintain a database of the various tools being used by humanitarian agencies, and guidelines/training modules on adapting the tools to any required emergency.

### Repository of IEC Material

To effectively leverage social media, and ensure awareness generation of the population, organizations should consistently share IEC material, and a database of the same can be hosted by Sphere India to avoid duplication of efforts, while creating a knowledge bank of IEC material.

### Repository of Reports/Studies

Often times, due to lack of coordination, several agencies end up undertaking similar exercises to develop pre and post-emergency reports/studies. Through Sphere India, humanitarian agencies should regularly disseminate the results of their research/study with other stakeholders so as to create awareness, facilitate peer-review of studies, and avoid duplication of efforts.

### Regular Mapping of Organizations

Sphere India should maintain a mapping of organizations, regularly updated, indicating who is doing what, where and when, so that organizations can work on complementing each other's work wherever possible.

### Need of Vendor Database

Sphere India should maintain a data base of all vendors so that it is easier to mobilize resource during emergency.



## Resource Mobilization Strategy

The Sector Committee Lead shall undertake efforts to increase the donors' participation in the sector committee meetings, shall visit the site of undertaken projects through flash appeals and CRPs. Beside, these s/he shall oversee communication strategy for/to donor agencies and link potential donors to the committee and its members wherever appropriate. Similarly, S/he, in consultation with the members shall prepare a Joint Report for donors based on funding received from the flash appeal or CRP, including a joint narrative report and a separate financial report for each organization.



# Benchmarks and Indicators

# BENCHMARKS AND INDICATORS

Indicators are key to provide evidence-based data for an informed decision-making by various stakeholders and to improve accountability. The use of indicators also allows data collection to be conducted in a systematic manner, in accordance with recognised standards. Indicators are also necessary to enable reliable and consistent reporting of quantifiable data that inform food security actions and measure output, outcome, and impact. Standardized indicators enable data reported to be comparable at various levels.

Disaggregation of data will be especially helpful for determining which groups are most at risk and affected by a crisis. As appropriate, each indicator should be disaggregated by sex (male/female), age, beneficiary category, pregnant and lactating women, people living with HIV, disability, traders, market actors, producers, activity, food assistance (fortified blended foods, ready to use foods, special nutritional products), non-food item, agricultural item, urban/rural areas, head of household (female headed HH, child (male/female) headed HH [under 18], person with disability headed HH, elderly (male/female) headed HH [over 60]), religious, ethnic or political identities, community and household. The effectiveness of different indicators by different disaggregation can change with location and time; the factors by which data can be stratified should be selected based on the situation analysis.

Application of indicators should be based on the type of disaster, vulnerabilities based on livelihood zones, seasonal calendars, food and nutritional status and household resilience, understanding hazard risks and current vulnerabilities and objectives of the assessment or monitoring. Alignment of these indicators with the indicators used nationally to track the situation will be useful- efforts should be made to harmonize the indicators for comparability at the global level as well.

**Table 3: GOI Indicators**

	Output	Indicator	Targets and Remarks
A	Outcome Budget 2021-22 (From Demand No. 100)		
	Community-based management of Severely Acute Malnourished (SAM ).	Number of SAM children. Number of MAM children. Number of SAM children referred to Nutrition Rehabilitation Center (NRC).	According to Outcome Budget 2021-22, target for FY 2021-22 will be decided after launch of POSHAN Tracker. Target for 2021-22 for various activities cannot be given at this moment, this will be furnished, once the extension of scheme is approved by competent authority.

Table 4: Other Indicators and Benchmarks

	Indicators	Benchmarks	Guidance and Remarks
A	Food and Nutrition Security Assessment Standards		
	Standardised protocols are used to analyse food security, nutritional status, analysis of underlying causes, livelihoods, and coping strategies.	All key indicators are analysed/ assessed.	There is no comprehensive standard method that is used at national level for assessing food security. Information on many indicators is available through consumer expenditure and employment surveys of NSS, nutritional status including micronutrients is available through NFHS and CNNS. For specific information on areas and population affected, it is important to collect information through various methods- by conducting food and nutrition security assessment or integrating critical elements.
B	Food Security Standards		
	Percentage of targeted households with acceptable Food Consumption Score (FCS).	>35 percent; if oil and sugar are provided, >42 percent.	FCS or FIES are perception-based tools which provide quick assessment on the status of food security. FCS less than acceptable score is indicative of need for expanded coverage of food safety-nets or food assistance.
	Percentage of targeted households with acceptable Dietary Diversity Score (DDS).	>5 main food groups regularly consumed.	DDS of a household indicates nutritional adequacy of the diet in terms of quality. This also indicates the gaps in diet which can impact nutritional and health status.
	Percentage of targeted households with acceptable Coping Strategy Index (CSI).		Higher the number of coping strategies adopted by a household, higher is the risk and exposure to food insecurity. This also is indicative of the livelihood status of a population.
	Percentage of target population that can access food assistance within 2-3 km.	>90 percent.	The assistance in India is mainly received through the government safety-nets such as TPDS, MDM and ICDS and other schemes. It is important to assess whether all affected population needing assistance is covered by food assistance. The norm in India is average 2-3km, though special relaxation is provided for difficult areas. Access to markets, cash-based transfers as well could be measured.



	Indicators	Benchmarks	Guidance and Remarks
	Percentage of people receiving assistance that report complaints or negative feedback related to their treatment with dignity.	All complaints are regularly monitored and quickly responded to.	
C	Management of Malnutrition		
	Percentage of target population that can access on-site programmes/ supplementary feeding for children, pregnant and lactating women and adolescent boys and girls.	>90 percent.	MDM and ICDS and other state specific schemes serve hot-cooked meals, spot feeding or supply of dry rations. There is also provision of providing cash in lieu of food. It is important to assess whether all affected population needing assistance is covered.
	Percentage of Severe Acute Malnutrition (SAM) children identified and referred to NRC for treatment services (coverage).	>50 percent in rural areas >70 percent in urban areas.	This should be disaggregated by SAM and MAM and age and sex. In India, there are well defined protocols and linkages with NRCs. The information on this would be available locally through Health MIS and monitoring systems of ICDS/ POSHAN Abhiyaan. Link SAM children with ASHA for follow-up and complete rehabilitation. ASHA scheme is incentivised for follow-up of SAM children.
	Percentage of MAM children (MUAC $\geq$ 11.5 cm and < 12.5 cm) are identified and linked with AWC for THR and BCC.	>90 percent in all geo-graphic settings.	Identify MAM cases/children based on the MUAC cut-offs. Link these children with AWCs for THR, HCM, and additional follow up by ASHA workers.
D	Micronutrient Deficiency		
	Percentage of vulnerable groups who are anaemic (children, women, and elderly population). Reduction in prevalence of anaemia among the women, adolescent and children in the target population.	50 percent reduction from the current prevalence in women.	Population survey data/ primary data should be reviewed at the time of planning and setting benchmark. Reduction of prevalence should be estimated and fixed.
	Percentage of children have access to Vitamin A supplementation.	Coverage >90 percent for access to Vitamin A supplementation.	Link children with AWCs for Vitamin A supplementation round as per the government protocol and guidelines. Policy on micronutrient-Vitamin A may refer for detailed implementation and support.
	Percentage of affected population.		

	Indicators	Benchmarks	Guidance and Remarks
E	Infant and Young Child Feeding		
	Percentage of breast-feeding mothers who have access to skilled counseling.		
	Percentage of new- born initiated breastfeeding within 1 hour who delivered in the health facilities.	>90 percent new-borns are breastfed within 1 hour after birth.	It is important to ensure that new-borns are breastfed within 1 hour of birth both in institutional and home delivery setting. Primary or secondary data, whichever is available, may be reviewed and target/benchmark may be set accordingly.
	Percent of children who were exclusively breastfed up to first 6 month of their life.	At least 25% percentage point increased from current prevalence.	It is important indicator from reduction in infant mortality rate point of view. Primary or secondary data, whichever is available, may be reviewed and target/ benchmark may be set accordingly.
	Percent of children who were initiated complementary feeding at 6 months.	At least 30% percentage point increased from current prevalence.	It is important indicator from reducing wasting and stunting point of view. Primary or secondary data, whichever is available, may be reviewed and target/ benchmark may be set accordingly.
	Percent of children who were breastfed up to 2 years of age and beyond.	At least 25% percentage point increased from current prevalence.	Primary or secondary data, whichever is available, may be reviewed and target/ benchmark may be set accordingly.
	Percentage of caregivers who have access to Code-compliant supplies of appropriate Breastmilk Substitutes (BMS) and associated support for infants who require artificial feeding.		
	Percentage of caregivers who have access to timely, appropriate, nutritionally adequate, and safe complementary foods for children aged 6 to 23 months.		



	Indicators	Benchmarks	Guidance and Remarks
F	Food Security		
	Percentage of targeted households with acceptable Food Consumption Score (FCS).	>35 percent; if oil and sugar are provided, >42 percent.	
	Percentage of targeted households with acceptable Dietary Diversity Score (DDS).	>5 main food groups regularly consumed.	
	Percentage of targeted households with acceptable Coping Strategy Index (CSI).		
	Percentage of people receiving assistance that report complaints or negative feedback related to their treatment with dignity.	All complaints are regularly monitored and quickly responded.	
G	Food Assistance		
	Prevalence of malnutrition among children <5 years disaggregated by sex, and disaggregated by disability from 24 months.	Use WHO classification system (MAD, MDD-W).	For disaggregation by disability, use the UNICEF/Washington Group module on Child Functioning.
	Percentage of targeted households with acceptable Food Consumption Score (FCS).	>35 percent ; if oil and sugar are provided, >42 percent.	
	Percentage of targeted households with acceptable Dietary Diversity Score (DDS).	>5 percent main food groups regularly consumed.	
	Percentage of targeted households that receive the minimum food energy requirements (2,100 kCal per person per day) and recommended daily micronutrient intake.		
	Percentage of affected population that report that food provided is of appropriate quality and meets local preferences.		

	Indicators	Benchmarks	Guidance and Remarks
	Percentage of affected population that report the mechanism to receive food was appropriate.		
	Percentage of households that report that received food items were easy to prepare and store.		
	Percentage of people receiving assistance that report complaints or negative feedback related to food quality.	All complaints are regularly monitored and quickly responded	
	Percentage of food losses reported by the programme	Target <0.2 percent total tonnage	
	Percentage of inclusion and exclusion targeting errors minimized.	Target <10 percent	
	Distance from dwellings to final distribution points or markets (in case of vouchers or cash).	Target <5 kilometres	
	Percentage of assisted people (disaggregated by sex, age and disability) who report experiencing safety problems travelling (to and from) and at programme sites.		
	Number of cases reported of sexual exploitation or abuse of power related to distribution or delivery practices.		
	Percentage of cases of sexual exploitation or abuse of power related to distribution or delivery practices that are followed up.	100 percent	
	Percentage of targeted households that correctly cite their food assistance entitlement.		
		100 percent	



	Indicators	Benchmarks	Guidance and Remarks
	Percentage of targeted households that correctly cite their food assistance entitlement.	Target: >50 percent of targeted households.	
	Change in average land area planted by farming HHs.		As we know based on land holding, farmers can be categorised in India as small, medium and large. In India around 80% farmers are smallholders (land holding 0–2 hac), where they may not have crop production on large scale to sell in market. Usually, many small holders have land adjacent to their house, where they grow mostly vegetables/ crops for their home consumption. Change in land area of such farmers due to disaster has wide impact on food security of entire family. It is important to develop strategy to ensure food security for such farmers.

Monitoring, evaluation, and impact assessment systems should be participatory, as beneficiaries are likely to provide reliable information and their views are the most important. Lessons learned from M&E and impact assessments can contribute to refinements and changes during project implementation and can help build a better understanding of local coping strategies. The results can also make an important contribution to future contingency planning and emergency preparedness. It should be recognized that monitoring, evaluation, and impact assessment are essential elements of any intervention, and that sufficient time and resources are allocated to them when formulating the intervention.

#### Sendai Framework:

Priority of Action-3: Investing in disaster risk reduction for resilience (p) Strengthen the protection of livelihoods and productive assets, including livestock, working animals, tools, and seeds.

#### Vulnerability Index:

As per the Government of India's disaster scorecard, all states and districts will be ranked based on 14 parameters out of which under the production (agriculture, livestock and industries) system Crop Vulnerability Index and Livestock Vulnerability Index will be ranked.

### Livestock Indicators:

The key livestock indicators to be monitored are,

1. Livestock mortality rate (Losses)
2. Livestock morbidity rate (Diseases)
3. Livestock health (Improved/Maintained/Reduced)
4. Livestock productivity (Increased/ Maintained/ Reduced)
5. Livestock's economic value (Increased/ Maintained/ Reduced)

### Community Kiosk:

Community-based information dissemination and early warning systems set up where people will be able to access information related to agriculture, evacuation, safety measures, healthcare, etc.

### Indicators of Community Preparedness:

Process documentation of DDMP/VDMP is regularly monitored and updated as part of the effective community resilience measures. Employment and self-employment through various IGP and sustainable sources of income should be encouraged. The Vulnerable sectors of community (PWD, widow, elderly, etc) are able access pensions and government entitlement on time which would indicate food security at the community level.



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