

Nutrition Cluster
Micronutrient Deficiency Prevention and Control Intervention Technical
Working Group

Terms of Reference
Nepal (2019)

BACKGROUND

Nepal faces different disasters including floods, fire and landslides with increasing frequency every year. Such disaster has affected the life of population requiring emergency response to fulfil the basic needs for maintain the health and nutrition well-being. In general, 22 Terai districts out of 77 districts are considered as flood-prone districts. Most devastating was the mega-earthquake of magnitudes 7.9 richter and 7.3 richter that hit the country in April 2015 affecting 35 out of then 77 districts. This natural disaster has highly affected the 14 districts of eastern, central and western regions of the country. In addition, some hilly districts are highly prone to landslides during rainy seasons resulting to loss of life and livelihoods.

The most protruding and frequent natural disaster that has been affecting the lives and livelihoods of the population is monsoon flood, that general occurs during June-September each year. Across the country, 22 Terai districts (Jhapa, Morang, Sunsari, Siraha, Saptari, Udayapur, Sarlahi, Dhanusha, Mahottari, Bara, Parsa, Rautahat, Chitwan, Nawalparasi, Kapilvastu, Rupandehi, Dang, Bardiya, Surkhet, Banke, Kailali, and, Kanchanpur. Between 1971-2013, floods and landslides caused an average of nearly 200 deaths per year with economic burden exceeding USD 10 million¹ During August 2014, massive floods and landslides caused by heavy rain in 18 districts across the country affecting a total of 34,760 families with 5,936 families displaced. More than 1240 houses were destroyed and 53 people confirmed death.² In July 2016, a flash flood in Bhotekoshi River in Central Hilly Region, resulted due to the monsoon rain swept away around 38 houses with death of 120 people and more than 6280 families were evacuated.³ Very recently in August 2017, the massive flood due to the consistent heavy rainfall hit the country affecting 35 districts. Across the country, 18 districts throughout the Terai region (Jhapa, Morang, Sunsari, Siraha, Saptari, Dhanusha, Mahotari, Sarlahi, Rautahat, Bara, Parsa, Banke, Baridya, Kapilvastu, Rupandehi, Nawalparasi, Dang and Kailali) requiring the humanitarian response.^{4,5}

Every year, the affected families lost their livelihoods means to a significant level hindering to fulfil the daily basic needs for their family member. Damaged houses, lack of sanitation, food, limited health and nutrition service cares worsen the situation of the affected families. Specifically, the population groups that are highly vulnerable in regards to health and nutrition

¹ <http://www.desinventar.net/DesInventar/profiletab.jsp?countrycode=npl>.

² <https://reliefweb.int/disaster/ls-2014-000103-npl>.

³ <https://reliefweb.int/disaster/fl-2016-000068-npl>.

⁴ <https://reliefweb.int/disaster/fl-2017-000107-npl>.

⁵ UN Humanitarian Country Team Report -Nepal 2017.

get affected most among all. These groups include pregnant and lactating women (PLWs), the children under 5 years of age, and the adolescent girls as well.

Since the emergency situation caused by mega-earthquake in April 2015, 11 different National Clusters (Health, Logistics, Nutrition, Protection, Shelter, WASH, Camp Coordination and Management, Early Recovery, Education, Emergency Telecommunication, and Food Security) have been tremendously activated to provide appropriate, effective and efficient emergency response to the affected communities and families. National Nutrition Cluster is one of them, which is led by Nutrition Section of Family Welfare Division under Department of Health Services. At the sub-national Health and Nutrition cluster are merged in one under the sub-national health care service provider authority.

National Nutrition Cluster implements the Emergency Nutrition Response in humanitarian situation under the following five-building blocks of life-saving nutrition-specific interventions:

- Promotion, protection of and support to the breastfeeding to the children aged 0-23 months of old;
- Promotion, protection of and support to the complementary feeding to the children aged 6-23 months of age;
- Treatment and management of acute malnutrition including both severe and moderate acute malnutrition among the children aged 0-6 months of age and PLWs using RUTF, RUSF, and Super Cereal as appropriate;
- Prevention and control of micronutrient deficiencies among the nutritionally vulnerable population groups (PLWs, Under-five children and adolescent girls) through ensuring the access to and utilization of micronutrient supplementations (vitamin A to the children aged 6-59 months of age, IFA supplementation to the PLWs and adolescent girls, vitamin A to the post-partum women, to the children aged 60 and home-fortifications, deworming tablets distribution to the pregnant women and the children aged 12-59 months) and home-fortification (MNP among the children aged 6-59 months).
- Increase access of the PLWs, caretakers and families of under-five children, and adolescent girls to the nutrition BCC messages through local medias.

To provide technical support as required to the National Nutrition Cluster and to intervene during the emergency nutrition response as per the five-building blocks in a more coordinated way, following five Technical Working Groups are formed under National Nutrition Cluster as guided by the Global Nutrition Cluster Handbook⁶:

- Information management TWG
- Infant and Young Child Feeding (IYCF) TWG
- Integrated Management of Acute Malnutrition (IMAM) TWG
- Micronutrient Supplementation TWG

⁶ Nutrition Cluster Handbook: A Practical Guide for Country-Level Action. Global Nutrition Cluster. First Edition. January 2013.

This document aims to provide the detail term of reference (ToR) for MDDs Prevention and Control Intervention TWG. The Global Nutrition Cluster Handbook and Sphere Guidelines provides the wider recommendations for the program interventions for MMDs prevention and control in response to humanitarian assistance in emergency context. However, this document formulated to ToR of MDDs Prevention and Control Intervention TWG based on Nepal's past experiences in emergency nutrition response in humanitarian assistance and national guidelines in this regard.

There exist separate sub-committees for micronutrients: Iron Deficiency Anemia (IDA), Iodine Deficiency Disorders (IDD) and Vitamin A under the Nutrition Technical Committee (NUTEC) under the Nutrition Section of Family Welfare Division. These sub-committees provide the technical support and guidance to policy/strategies formulation and program design based on the latest updated on global and national evidence and guidance rather than to support the Emergency Nutrition Response. The Micronutrient Technical Working Group under the National Nutrition Coordinator is formed for technical support to the National Nutrition Cluster for prevention and control of micronutrient deficiencies in emergency context.

OBJECTIVES

- Provide a forum for coordination, exchange, and problem-solving among Ministry of Health and Population, external development partners, non-government organizations and other nutrition stakeholders involved in the implementation of micronutrient deficiency prevention and control program.
- Provide technical inputs to the National Nutrition Cluster as required for appropriate, effective and efficient implementation of micronutrient deficiency prevention and control intervention in emergency context.

TASKS

- Ensure that the TWG is represented by wider NNC stakeholders with relevant and appropriate technical skill-sets (advise NNC if this is not the case).
- Set up sub-working groups, if required.
- Ensure that all NNC members have an equal opportunity in providing feedback to the TWG work output prior to presenting to NNC meeting.
- Literature review on global recommendations on prevention and control of MDDs in emergency context and share the findings to the National Nutrition Cluster.
- Strategically update the NNC on the status of the literature review work in progress and present the final outputs/recommendations of the TWG to NNC members in oral/written forms for feedback/comment/suggestion.
- Discuss on the findings of literature review and make appropriate recommendations on setting minimum standards of MDDs prevention and control program performance in emergency context for Nepal.
- Ensure that the set minimum standards are agreed and endorsed by NNC.

- Ensure that the implementing agencies are complying with the set minimum standards and provide updated in this regard to NNC.
- Represent the MDDs agenda in Nutrition Assessment including the status of the programs aiming to prevention and control of MDDs in disaster affected area, identify the gaps and make necessary action plan accordingly in coordination with other TWGs (IMAM, IYCF, Nutrition Assessment, and Information Management) to increase the access to and utilization of recommended micronutrient supplements including home-fortification (MNP) among the target population.
- Provide necessary technical inputs to the Nutrition Assessment TWG and Information Management TWG for assessing program interventions for MDDs prevention and control and in development of monitoring and evaluation tools accordingly.
- Regular collection, compilation, and analysis of coverage data on micronutrient supplementation activities; share and discuss the outcomes with the NNC members to generate the appropriate programmatic directions for further improvement, if required.
- Ensure adequate stocks, timely and sufficient supply of the micronutrients (Vitamin A capsules, IFA tablets, MNPs, deworming tablets) to the disaster affected area.
- Review micronutrient supplementation interventions in the disaster affected areas as required, discuss implementation challenges, collaborate with other TWGs to mitigate those challenges.
- Stay in consistent close coordination with other TWGs for any collaboration and alignment for improving interventions for recommended MDDs prevention and control interventions.
- Ensure that all the TWG outputs are endorsed by NNC.
- Documentation of all the TWG work output, with NNC endorsement and archive them safe and securely so that they can be made available in need.

ACTIVITIES

- Conduct the TWG meeting as frequent as necessary or as required by the cluster at a designated venue to discuss and make appropriate recommendations as per the agenda. It is not necessary to have meeting in the office of Cluster-lead or Co-lead. The venue can be anywhere as convenient to the TWG members.
- Divide responsibilities among the TWG members to accomplish the tasks, assigned to the TWG.
- Collection and create archive of the global and national documents of MDDs prevention and control program in development as well as in emergency context.
- Coordination with Logistic Units of Department of Health Services at Federal, Province and Regional Level, with Supply Unites of UNICEF-Nepal and WFP-Nepal, Public Health Authorities at Districts and Local Government level as well as with the implementation partners and Lead Support Agencies (LSA) to ensure the adequate supply and stocks of micronutrient supplements and other relevant nutrition commodities.

- Coordination with the Health Management Information System (HMIS) Unit of Department of Health Services, with same at the Province, Districts and Local Government level as well as with the local implementing partners and LSA for receiving the latest updates on micronutrient supplementation activities and coverage data.
- Facilitate the session on MDDs Prevention and Control Program during the Capacity Development Training of the NNC stakeholders and implementing partners and LSAs.
- Supportive supervision and monitoring in the disaster affected area for providing necessary inputs in implementation activities, recording, reporting of the MDDs prevention and control intervention activities.

MEMBERSHIP

- The TWG membership should be self-selected from the NNC members, depending on the technical expertise, interests, capacities and past experiences in accomplishing the relevant tasks. Ideally, UN agencies, NGO, national government authorities, academic sectors, NGOs and other relevant organizations can be involved.
- The membership will be granted to the organizations rather than the individuals. Each member organization will need to nominate one focal person ensuring the consistent representation and the facilitation of the TWG task accomplishment.
- TWG members are entitled to contribute to the accomplishment of TWG tasks, endorse the TWG ToR.

OBSERVERS

- NNC members, other TWG members, other nutrition stakeholders, who are not directly engaged in the delivery of MDDs prevention and control programs are welcome to attend TWG meetings, however they will have an observer status within the group.

WORKING MODALITIES

- The MDDs Prevention and Control Interventions TWG will be convened by the Nutrition Section Chief (NNC Lead) of Family Welfare Division of Department of Health Services in consultation with the Nutrition Cluster Coordinator (NNC Co-Lead in for now: Nutrition Cluster Coordinator may be appointed by Global Nutrition Cluster depending on the emergency level caused by the disaster) .
- The group will have a rotating chair drawn from standing TWG members. Each chair will serve a six-month term with the possibility of renewal. The chair will work closely with the Cluster Lead and cluster coordinator, and will receive full administrative support from the Nutrition Cluster Coordinator. Quorum will consist of two thirds of sub-group members for key sub-group decisions. The group, however, can proceed to business without quorum.
- The MDDs TWG to meet weekly in the beginning and meeting schedule to be reviewed after 1 month or as required.

- For the key TWG decisions, a quorum of two thirds of the TWG members is required. However, the group can proceed the meetings. Discussion and other jobs without quorum.
- Any decision to be made should on the basis of general consensus.
- A task of meeting call, meeting minutes preparation and circulation to be done by TWG Secretary (to be nominated by TWG on self-selection basis).
- The TWG will be deactivated once the assigned task is accomplished or after completion of the response activities in the affected area.

CURRENT REPRESENTATION IN THE GROUP

Ministry of Health and Population, Department of Health Service, Family Welfare Division, Nutrition Section	2 representatives
Nutrition Cluster	Coordinator and co-coordinator
UN agencies (UNICEF and WFP)	2 representatives
INGOs (ACF)	1 representative with self-selection
National NGOs (SDPC, NTAG and HHESS)	3 representatives with self-selecting

MEMBERS

1. UNICEF – Chair
2. Suaahara II
3. WFP
4. ACF
5. SDPC
6. HHESS
7. NTAG