



Nutrition Cluster Prioritized Response Activities in Earthquake and Similar Emergencies

Immediate response package – week 1 to 4

CO1: Suffering, morbidity, and mortality are prevented or reduced among displaced, returned, stateless, and other crisis-affected people experiencing or at risk of food insecurity, malnutrition, and health threats.

CO2: Cluster coordination and information management are strengthened at all levels.

Immediate responses at national level

- Conduct national/subnational coordination meeting (Frequency can be adjusted based on situation) and attend ICCG meeting
- Conduct the IMAM/IYCF TWG and AIM TWG meeting to ensure guidelines and protocol are approved
- Support the provision of technical leadership and information management and IYCF/IMAM through Technical working groups
- Carry out mapping of integrated nutrition services to scale up geographical coverage and ensure that response teams are fully functional.
- Strengthen the Nutrition Information System and report timely data through Dashboards and regular updates
- Enhance partners' capacity on compliance and monitoring of the BMS Code

Immediate responses at sub-national level

- Deliver high-quality integrated services for the treatment of moderate and severe wasting in children under five, as well as pregnant and lactating women, at scale, utilizing both rapid response/mobile teams and fixed facilities.
- Enhance the delivery of integrated health and nutrition outreach programs while reinforcing collaboration with other health, WASH, and food security interventions.
- Blanket supplementary feeding for displaced children and PLW.
- MNP and MNT/IFA supplementation for children 6-59 months and PLW, respectively
- Ensure robust monitoring of the distribution of BMS
- Evaluate PLWs and infants for infant feeding challenges and deliver both institutional and community-based expert counseling on WHO-endorsed Infant and Young Child Feeding in Emergencies (IYCF-E/IFE) and maternal nutritional practices.
- Facilitate the prompt detection of malnutrition by supporting family MUAC methodology and reinforcing referral systems for the outpatient and inpatient treatment of severe and moderate acute malnutrition in children under five years old.