



Steps to take in nutrition supply calculation for the Nutrition Cluster

Aspect	Things to consider
<p>ESTIMATING CASELOAD</p>	<p>The information used to generate estimates should be based on the most recent assessment data population figures and expected coverage. If contingency planning or emergency preparedness plans have been developed, they should be reviewed to verify if still valid for the specific emergency context.</p> <p>Information on population size may be limited. In this case, available information should form the basis for “best guesses” and estimates of the affected population and the rationale documented. Target groups should be based on the interventions that the Nutrition Cluster has committed to in the Nutrition Cluster response strategy.</p> <p>Prevalence information can be used to estimate the number of individuals that are affected at one point in time. Planning for the overall response needs to take into account the total estimated number of individuals that will be affected over time (e.g. incidence). Incidence of SAM and MAM cases can be estimated by applying a conversion factor to the prevalence estimates, though there is no global consensus on conversion factors¹.</p> <p>It is infrequent for nutrition interventions to expect 100% coverage of those targeted, due to security, access, and capacity. But needs to be defined by each programme and by the Nutrition Cluster as a whole and assumed as the best they could (SPHERE Minimum standards are often use as objective for coverage).</p> <p><i>Reference: document from Mark Myatt (June 2012, CMAM Forum)</i></p>
<p>ESTIMATE SUPPLY NEEDS</p>	<p>Once the number of targeted beneficiaries has been determined, it is necessary to calculate the amount of supplies and equipment that are needed to deliver that specific intervention to that number of individuals, for example the number of sachets of RUTF, and in turn the total number of metric tonnes of RUTF required for that specific period of time. Different agencies may use different estimations of supplies per beneficiary, and the estimates will depend on contextual factors (for example average length of stay in the case of treatment of SAM). At the</p>

¹ In practice, conversion factors of 1.5 for MAM and 2.6 for SAM are used in the field to get annual estimates of numbers affected.

	<p>same time it is possible to generate planning estimates through consultation. Additional supplies should be included to take into account potential damage or deterioration in transport, though again there is no global consensus on this parameter. This might range from 5-10%</p> <p>The specifications for planned supplies should also be reviewed to ensure that they are in line with national standards for nutrition commodities.</p> <p><i>Some resources that may be of some use for estimating costs include: SAM: UNICEF CMAM forecasting tool, FANTA CMAM forecasting tool</i></p>
<p>INVENTORY AND MAPPING OF EXISTING MATERIALS</p>	<p>The system for inventorying available in country supplies can be quite simple. Information should be updated regularly since the situation may change rapidly. Ideally the format for consolidating information on supplies can draw on information easily excerpted from regular agency reporting. Things to consider include:</p> <ul style="list-style-type: none"> • Agency; • Location (national or sub-national level); • Available supplies by type (using an agreed unit of measure); • How long the supplies should last under current/planned conditions (e.g. average consumption rate per month); • Procurement plans and anticipated arrival/delivery times. <p>The IM manager and NCC can consolidate this information as needed to generate the overall picture of available and incoming supplies. Compared against the response plan, it will be clear if these supplies are sufficient or not.</p> <p><i>The 3W/4W tools can be helpful for this step</i></p>
<p>ADDRESS EQUIPMENT AND SUPPLY NEEDS</p>	<p>Once immediate and medium term gaps are clear, the NCC and Nutrition Cluster partners need to determine how to as a group address these supply and equipment needs.</p> <p>Procurement may be done through individual agencies procuring on behalf of others (e.g. UNICEF and WFP as common suppliers, including cross border loans when necessary), individual agencies procuring directly for themselves, and loans between agencies at field level to address short term shortfalls in available supplies.</p> <p>Each agency has its own procurement procedures, and the time lag between ordering and receiving the supplies and equipment can vary substantially depending on the specific modality (e.g. shipping by air, by sea, local procurement). The NCC should be aware of the broad</p>

	<p>differences in order to be able to meaningfully engage with partners around how these gaps will be met. This includes identifying options for getting required supplies (e.g. local production, partners, cross border loans, and offshore procurement) and the time lag for different modes of supply procurement. Adequate time for paperwork (such as supplies clearance in line with national import quality control procedures) should also be factored in.</p> <p>In-crisis contingency planning should be incorporated into the planning process. The Nutrition Cluster should consider stockpiling supplies in specific areas if the security situation is unpredictable, if a prolonged response is anticipated, if there are likely to be fluctuations in supply and distribution and/or high consumptions rates, and if there is limited transport available or if the transport infrastructure is poor.</p> <p>The NCC and Nutrition Cluster partners should regularly monitor and adjust plans for supply and logistics in line with changing needs, stock levels, distribution and utilisation patterns, and cluster partner feedback.</p> <p>If there is an actual or potential breakdown in the supply pipeline, localised loans of materials between agencies that have additional supplies and those whose nutrition programming will be interrupted by lack of supplies should be facilitated.</p>
<p>CLEARANCE, TRANSPORT, STORAGE, AND DISPOSAL</p>	<p>The NCC will not have a management role in terms of receipt and transport of materials, since this will be the responsibility of specific agency staff who is procuring materials. At the same time, the NCC needs to ensure that issues related to logistics and supply management are addressed in cluster level discussions.</p> <p>Basic information on proper storage of nutrition commodities should be shared widely to ensure that the supplies do not undergo changes that would render them unusable (e.g. high heat contributing to breakdown of micronutrients or changes in organoleptic properties).</p> <p>The NCC also needs to ensure that import clearance and quality control procedures are respected by Nutrition Cluster partners, and that the quality control system is functional. Where there are delays that arise from quality control system, the NCC may need to take on an advocacy role on behalf of a specific partner, while the Nutrition Cluster as a whole may need to consider incorporating capacity building activities around promotion of national supply standards and quality control capacity of the national authority into the Nutrition Cluster response strategy.</p> <p>Where it is necessary for nutrition commodities to be disposed of, the rationale and process should be very transparent. In some cases, specific commodities can be utilized as opposed to disposed of, though this will depend on partner capacity and technical correctness.</p>

<p>ENSURING PROPER USE</p>	<p>The NCC should work with the Nutrition Cluster to develop a monitoring system for supplies as part of the wider M&E to help prevent inappropriate or lack of use of supplies.</p> <p>Where needed, the Nutrition Cluster should consider specific trainings on supply management². Best practice should be promoted- e.g. first in, first out for supplies, and adhering to basic storage guidelines to maintain product quality. Additional expertise in Supply and Logistics within Nutrition Cluster partners or others should be called on as needed.</p>

Adapted from the Nutrition Cluster Coordinator Handbook Chapter 8