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Making nutrition needs in emergencies visible

Advocacy strategy for Nutrition in Emergencies for the Latin America and Caribbean Region 2025-2026



Foreword

The Latin America and Caribbean Region faces multiple humanitarian threats, including climate-related events and political and economic shocks that result in internal displacements, migration and other humanitarian situations.

UNICEF's Core Commitments for Children (CCCs) outline nutrition as a key sector in humanitarian response, and a key aspect of UNICEF's areas of accountability; however, governments, donors and UNICEF Country Offices often may not prioritize enough relevant actions to protect and improve the nutritional status of vulnerable children and women in preparedness and response plans. The impact of emergencies on nutrition is not immediately visible and this is not a reason not to act. Prevention of malnutrition should be a priority for all the actors, including UNICEF.

For this reason, and in the context of UNICEF's Nutrition Strategy 2020-2030 and the Regional Office Management Plan 2022-2025, UNICEF's Latin America and the Caribbean Regional Office (LACRO) developed an Advocacy strategy for Nutrition in Emergencies, in close collaboration with the Global Nutrition Cluster (GNC) Technical Alliance and in consultation with Country Offices and LACRO colleagues from different sections.

The Strategy aims at targeting a wide range of actors, including governments, donors and humanitarian stakeholders that influence decisions around the focus on maternal and child nutrition during humanitarian crises, to strengthen the visibility, prioritization, planning and implementation of nutrition interventions during emergencies, thereby leading to the prevention and management of malnutrition in children and women. In that regard, the advocacy strategy provides a coordinated framework for enhancing preparedness, capacities and funding for nutrition in emergencies. UNICEF Representatives play a key role in leading NiE advocacy efforts at the national level.

I invite you to get inspired by this strategy and adapt it to your country context and regularly update it, as a living tool, to boost the nutrition response in your countries' emergency preparedness and response planning. Nutrition in emergency activities are lifesaving.

The UNICEF team in Latin America and the Caribbean

Acknowledgements

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LACRO Survive and Thrive and Advocacy and Communication Teams contributed to the finalization of the regional strategy under the leadership of:

Maike Arts, [Regional Adviser Health and Nutrition](#)

Yvette Fautsch, [Nutrition Specialist](#)

Paula Véliz, [Regional Nutrition Specialist](#)



The Global Nutrition Cluster

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The **Global Nutrition** Cluster is a holistic support platform for nutrition actors at all levels globally to meet their needs during humanitarian emergencies. The GNC provides on-demand, in-country and virtual support (when and as requested) in two areas: for 1) coordination and information management and 2) programme support in humanitarian emergencies. GNC program support services are available to any nutrition actor including governments, national and international

NGOs, UN agencies, Red Cross/Crescent Societies and others. The GNC is led by UNICEF as the Cluster Lead Agency (CLA) and has 37 partners and 16 observers at the global level representing International Non-Governmental Organizations (INGOs), Research and Development Groups, Academic Institutions, UN agencies, donors and individuals.

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Purpose and background

Latin America and the Caribbean (LAC) faces multiple humanitarian threats including political and economic shocks that result in economic crises and migration. In addition, it is one of the most vulnerable regions to disasters caused by natural phenomena, including hurricanes, flooding, drought, volcanic eruptions and earthquakes.

Children in the region are especially in need of assistance, including migrant children and host communities where systems and services are overstretched due to increasing demands. Three out of ten people in the region have directly experienced the effects of disasters within their communities. The increasing number of extreme weather events and climate related threats put children's rights at risk. It is estimated that 1,050 children, mostly in vulnerable communities, were displaced each day due to weather-related disasters, with Cuba and Honduras among the 10 countries with the most child displacements triggered by tropical storms. Additionally, 27.5 million children already live in areas exposed to high or very high-water scarcity¹. At the same time, millions of children and families across Latin America and the Caribbean are on the move, driven to leave their homes and communities by the conditions they face in their country of origin. Some embark upon their journey due to poverty or the collapse of essential services. For others, it's the threat of armed violence or the devastating impact of extreme weather events. As of 2024, it is estimated that there are 7.77 million Venezuelan refugees and migrants globally. Of this total, approximately 6.59 million are residing in Latin America and the Caribbean, reflecting the significant impact of the Venezuelan migration crisis on the region. This substantial migration highlights the profound



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impact of the Venezuelan crisis on the region, where host countries continue to grapple with significant humanitarian challenges².

All these factors affect the nutritional status of the most vulnerable. During humanitarian crises, breastfeeding practices and support for lactating women can be negatively impacted, while it is known that inadequate breastfeeding practices cause over 800,000 child deaths each year³. Also, the risk of acute malnutrition in children under five years of age quadruples in emergencies, as well as the risk of severe acute malnutrition⁴.

Undernutrition causes irreversible damage to the physical and mental growth of children, and leads to a higher risk of anaemia, diarrhoea, fever and respiratory infections, while resulting in increased costs for the healthcare system and families⁵. It is estimated that chronic malnutrition leads to a loss of productivity ranging from 2 per cent to 11 per cent of a country's gross domestic product⁶. Furthermore, it is important to note that acute malnutrition causes 3.1 million child deaths per year, accounting for 45 per cent of all child deaths, a reality that must be prevented⁷.

Despite this, nutrition, as a sector and area of work, is often not prioritized in emergency preparedness and responses. This leads to reduced opportunities for fundraising and interventions, and subsequently to an increase in malnutrition rates with potential life-threatening consequences for high-risk population groups.

This advocacy strategy has been developed by the UNICEF Regional Office for LACRO with technical support provided by the GNC. The strategy is informed by findings from a qualitative study carried out by the GNC with a wide range of stakeholders and extensive inputs provided by the UNICEF country teams and regional teams during an advocacy strategy development workshop. The organizing team from UNICEF LACRO and GNC adapted tools and concepts from the Advance Family Planning (AFP) SMART⁸ approach developed by the Johns Hopkins Bloomberg School of Public Health and the UNICEF advocacy process. The approach focused on concrete, measurable objectives and used a systematic, interactive strategy development

process that included roughly 30 participants from eight country teams (Brazil, Colombia, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua and Peru) and the Regional Office. The selection of countries to participate at the workshop was based on the frequent recurrence of emergencies in these countries.

The timeframe for implementing a first stage of the strategy has been deliberately kept short, from January 2025 through December 2026, in order to focus on achieving identified, measurable that will help achieve the three broader objectives that are described in this document. As such, this will be a living document to be monitored and reviewed regularly for any updates and course corrections that may be required. The advocacy strategy is applicable for the entire LAC region, and each country will derive their specific advocacy action plan for NiE by modifying the strategies and tactics to the country context from the overall action plan included in this document.

Impact

Governments, donors and humanitarian partners enable the implementation of nutrition interventions during humanitarian crises in the LAC region, leading to the prevention of malnutrition in children and women, and ensuring timely identification and response to malnutrition cases, especially acute malnutrition in children under five years, thereby saving the lives of the most vulnerable.



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Outcomes

A qualitative study conducted with a range of stakeholders that influence decisions around the focus on nutrition during humanitarian crises, revealed that donors, governments and other extension partners do not prioritize NiE in LAC due to a complex mix of factors: lack of a clear narrative, inadequate evidence on the impact of NiE and less-informed perceptions of decision-makers on nutrition needs in the region. This ultimately results in a lack of preparedness for NiE, inadequate capacities (technical and human resources) and insufficient funding for NiE interventions. The strategy is hence designed to achieve three interlinked SMART objectives to enhance preparedness, capacities and funding for nutrition in emergencies. A series of Quick Wins have also been defined for each objective.

Objective 1

Nutrition preparedness plans are included, articulated and budgeted in UNICEF's Emergency Preparedness Platform (EPP) and annual work plans and in government disaster/emergency management plans at country and sub-national levels in at least eight countries in the LAC region by December 2026.

Quick Wins are concrete critical policy or funding decisions that must occur in the near-term to achieve the identified outcomes.

Quick Wins:

- ✓ UNICEF management approves the inclusion of emergency nutrition preparedness in the EPP in at least four countries and budgets for it in December 2025.
- ✓ UNICEF management approves the inclusion of emergency nutrition preparedness plan in 2025-2026 annual work plans in at least eight priority countries by December 2025 to be budgeted for or funded and implemented by December 2026.

- ✓ Government approves the inclusion of nutrition preparedness plans in disaster/emergency management plans at the country and/or subnational levels in at least four countries by December 2026.

Note: The Nutrition preparedness would include at least five key NiE preparedness actions from the [Ten immediate emergency nutrition preparedness actions](#). For example: i) Develop a joint statement on the importance to protect maternal and infant and young child nutrition, including the need to avoid infant formula donations; ii) Undertake a nutrition situation analysis at baseline, using pre-crisis background information to develop nutrition situation profile and prepare to undertake a nutrition needs assessment at the start of the emergency; iii) Map existing personnel with capacities for key support areas and develop key contact lists of existing national expertise and their availability for rapid deployment; iv) Map existing nutrition supplies (food and non-food) and identify a mechanism for supply and distribution and v) Prepare to establish mother-child safe spaces for feeding, considering water, sanitation and hygiene standards (WASH).

Objective 2

UNICEF Country Offices (CO) and Ministries of Health (MoH) of eight priority countries have increased investment in their capacity in terms of personnel (for UNICEF) and NiE expertise (for both MoH and UNICEF) by December 2026.

Quick wins:

- ✓ UNICEF CO management approves or requests funding for the deployment of NiE personnel at the CO level at the beginning of an emergency, in all countries affected by emergencies with capacity for both programming and coordination (dedicated cluster coordinators and information management officers) focused on NiE response.
- ✓ UNICEF CO management approves the allocation of funds to ensure capacity of NiE at the CO year-round focusing on preparedness and response by March 2026.
- ✓ MoH include emergency nutrition preparedness in costed capacity strengthening/training plan targeting response teams/front-line staff by March 2026 and implemented by December 2026.



Objective 3

Eight countries have obtained or increased funding available for at least 60 per cent of the emergency nutrition components of a response plan (appeal or Humanitarian Action for Children [HAC]) by December 2025, and at least two countries have obtained funds for the nutrition response from a new donor by December 2026.

Quick Wins:

- ✔ Nutrition sector/cluster, led by UNICEF, prepares an articulated and costed emergency nutrition response as a component of the appeals and/or response plans in all countries affected by emergencies (including dedicating funds for nutrition sector coordination) when emergency hits (focus on response) and/or when an appeal is prepared.
- ✔ Current donors (usually funding nutrition sector) approve to fund at least 60 per cent of the articulated and costed UNICEF emergency nutrition response plan (appeal) in all affected countries by December 2025.
- ✔ New donors (not usually funding nutrition) approve to fund at least the Infant and Young Child Feeding in Emergencies (IYCF-E) component of the emergency nutrition response plans (nutrition component of the HACs) in at least 2 countries by December 2026.



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Theory of change and strategic approach

“We will...

- Develop an evidence-based narrative for NiE by analysing existing evidence to highlight nutrition needs and the cost of inaction.
- Underscore the need for increased investment to strengthen capacities of national and regional stakeholders, including UNICEF, Government and partners, in preparedness, response and coordination for NiE.
- Launch a communications campaign to emphasize the importance of key life-saving nutrition interventions before, during and after emergencies and clarify how they are distinct from food aid.

“Because...

- Emergency response by most stakeholders in the LAC region either does not include nutrition as a sector at all, or it is embedded within the sectors of health or food security resulting in inadequate attention to the nutrition needs of vulnerable populations in affected areas.
- There is a general perception among decision-makers that acute malnutrition is not an issue in the LAC region, hence nutrition is not among the first priorities for emergency responses.
- There is a shortage of requisite capacities on NiE, both within UNICEF and among partners, including governments.
- Nutrition needs, especially of vulnerable groups, are critical to address before, during and after emergencies in the LAC region.

“This will lead to...

- Clarity among key stakeholders (UNICEF, Government, donors and partners) on the significance of NiE preparedness and response.
- Enhanced capacities to prepare and respond with adequate nutrition interventions and coordination during emergencies.
- Adequate financial resources being available for NiE interventions and coordination before, during and after emergencies.



So that nutrition programs are implemented in a timely manner before (preparedness) and during emergencies (response) with strong coordination mechanisms in place providing the required support to mothers and caregivers on infant and young child feeding, nutrition support to pregnant and lactating women and timely referral of malnourished children. This will result in the prevention of malnutrition in children and women, and timely identification and response to malnutrition cases, especially acute malnutrition in children under five years of age during emergencies in the LAC region, thereby saving lives of the most vulnerable.

Key Target(s)

In order to achieve the desired objectives, findings from a qualitative study were analysed to identify key strategic decision-makers, their core values and their willingness to take action to implement NiE interventions. The analysis of the findings is shared below in Figure 1.

FIGURE 1. Analysis of Key Decision-Makers

DECISION-MAKER	CURRENT KNOWLEDGE	VALUES	WILLINGNESS TO ACT
Ministry of Health	Some knowledge on nutrition but limited knowledge on NiE	Want to avoid deaths of children and adults	When convinced, they find a way to act and acquire funding
	Lack of awareness that NiE is needed in training of response teams	Value recognition from other countries and international cooperation	Have the intention to act
	Awareness that NiE cluster exists, although COVID is a current priority (El Salvador)	Preservation of the health and life of the population as a core value	If presented as innovative action, they will be more engaged
	Awareness of NiE but still some gaps in understanding of what it means (Guatemala)		There is willingness if presented with plans they see feasible to integrate (e.g., Nutritional Brigades)
	Government officials are a part of nutrition cluster; however, they are not trained on NiE (Guatemala)		



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DECISION- MAKER	CURRENT KNOWLEDGE	VALUES	WILLINGNESS TO ACT
Donors (Humanitarian Aid)	Many confuse NiE with Food Security and Livelihoods (FSL) / food aid	Focus on life-saving interventions and increasing emphasis on integrated programming	Limited willingness
	Many want to see tangible results as compared to other continents	Would like to ensure that work is collaborative with the health system, including strengthening it from a nutrition point of view	Sometimes there is space for discussion, but with many donors, there is limited action
	Limited knowledge on NiE for some, especially on NiE in middle-income countries		
Donors (Private)	No knowledge of NiE, especially on NiE in middle-income countries	Value the reputation of the brand/company	They prefer to have their own intervention, linked to their mission, activities and to geographic locations
		Would like to build employee loyalty/work culture to retain staff	
		Client perception and influence is critical, and prefer impact at scale	
		Want to see/expect tangible results, especially in low-income countries	
UNICEF Country Representatives	Well-aware of the importance of NiE, in some countries	Would like to be better prepared to respond to emergencies to prevent children from dying in humanitarian situations	Once convinced, they are willing to act
	Less awareness and knowledge of NiE in many countries, especially on NiE in middle-income countries	Value good relationships with other UN Representatives, Government and support from other NGOs	Depends on how aware they are about nutrition, and how convinced they are on the importance to take action on NiE
	The dual role of UNICEF is highlighted as a program implementer and cluster lead (programming and coordination)		In some countries there is a lack of willingness to act as it may be seen as an additional burden (e.g., responsibility of another sector) Tendency to prioritize short-term and visible impacts from tangible actions

Other key stakeholders

Potential allies and influencers identified for all objectives are listed below. The level of influence/power and interest levels of each of these stakeholders vary within countries. However, their awareness levels and willingness to act have been generalized in Figure 2 below.

FIGURE 2. Analysis of Stakeholders, current and future status, and foreseen engagement efforts

STAKEHOLDERS	CURRENT	FUTURE	HOW WILL WE ENGAGE THEM?
<p>INFLUENCERS</p> <ul style="list-style-type: none"> • Technical Officers in MoH • Civil Protection Committee Members • Coordination mechanisms (OCHA, R4V, UN humanitarian or resident coordinator, or both) • Food Security & Livelihood Secretariat • National Nutrition Institutions 	<p>Most influencers are less aware of the importance of NiE, especially in middle-income countries, and are unclear on the difference between NiE and food distribution. They are open to learning more and would be willing to act once convinced. There is also a gap in collaboration between Civil Protection and MoH on disaster preparedness.</p>	<p>The influencers need to be aware of the critical life-saving role of nutrition during emergencies and support inclusion of NiE actions and budget in emergency preparedness and response plans.</p>	<p>We will collate and share evidence to establish the importance of NiE, including in middle-income settings; unpack NiE interventions for better clarity; identify and develop champions and work with them to present our case to decision-makers.</p>
<p>PARTNERS/ ALLIES</p> <ul style="list-style-type: none"> • Nutrition Cluster (National, Regional and Global) • Teams within UNICEF (Emergency, Human Resources and Partnerships) • National NGOs • International NGOs • Academia 	<p>Partners and Allies are aware of the need for advocacy on NiE, however they acknowledge the lack of a clear narrative that is relevant for the LAC middle-income context to effectively advocate and are limited by inadequate availability of trained personnel on NiE.</p>	<p>Partners and allies are equipped with a strong narrative to advocate for inclusion of NiE preparedness and response; there is adequate human resource available and trained on NiE to be able to support the cause.</p>	<p>We will collate and share evidence, develop a strong narrative and together, with partners and allies, build further evidence on the impact of NiE. We will strengthen capacities and pull together available technical support on NiE with a focus on the needs in middle-income countries to bridge any gaps in human resources. We will work with allies to reach out to decision-makers for increased focus on nutrition preparedness and response during emergencies.</p>

Key messages

Based on the core values of identified decision-makers, included below are the rational, emotional, and ethical arguments framed as key messages to be incorporated in various communications with the identified decision-makers. In addition, the primary asks and message boxes developed for each objective are included in the Annex.

Objective 1

Nutrition preparedness plans are included, articulated, and budgeted in UNICEF's Emergency Preparedness Platform (EPP) and annual work plans and in government disaster/emergency management plans at country and sub-national levels in at least eight countries in the LAC region by December 2026.

✓ Rational arguments/messages:

- There is substantial evidence that malnutrition causes irreversible damage to a child's mental and physical growth. During humanitarian crises, the child is __ (number according to the country data) times more likely to become malnourished than in normal circumstances and __% (number according to the country data) times more likely to die.
- Exclusive breastfeeding rates at the national level are currently only __% (number according to the country data) during emergencies. This is likely to get worse and therefore women need increased support to increase breastfeeding rates.
- Being prepared to prevent malnutrition if an emergency hits, will reduce the risk of diseases among children and

save their lives. Prevention is x times more cost-effective than addressing malnutrition. Preventing malnutrition through preparedness will help save funds that would otherwise be used to address malnutrition through response.

- UNICEF has global commitments to address NiE, both in preparedness and response (Core Commitments for Children [CCCs]). To be aligned to the global commitments, nutrition preparedness is a mandatory first step. As part of the UN system, UNICEF is responsible to lead the Nutrition sector as the designated Cluster Lead Agency and coordinate the implementation of NiE interventions of humanitarian actors engaged in the sector. Additionally, UNICEF locally supports the leadership and coordination role of Government (MoH).



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✓ Emotional arguments/messages:

- When health systems are prepared for NiE, we not only ensure that no child becomes malnourished but also save their lives and ensure a brighter future for every child in the country. Preparedness will ensure that we reach even the poorest and most vulnerable. MoH will demonstrate, through strong preparedness, its capacities and commitment to timely respond to NiE.
- Children are the most vulnerable during emergencies and no child should suffer the irreversible consequences of malnutrition, including losing their life. UNICEF's preparedness for NiE will go a long way in ensuring that no child becomes malnourished or those already malnourished get worse when an emergency hits or when their families need to migrate.
- UNICEF's reputation is at stake if we don't act on time.

✓ Ethical arguments/messages:

- All women and children, regardless of wealth, status and ethnic group have an equal right to good quality nutrition care, especially during emergencies. Being prepared to provide high quality nutrition services including during emergencies would help in ensuring their rights.
- In adherence to the principle of leaving no one behind, we must ensure the fulfilment of the rights of every child to health and nutrition services before, during and after emergencies. Preparedness planning is the first step towards this.
- It is important to remember that migrant children have the same rights as host communities, and they and their families need support.



Objective 2

UNICEF Country Offices (CO) and Ministries of Health (MoH) of eight priority countries have increased investment in their capacity in terms of personnel (for UNICEF) and NiE expertise (for both MoH and UNICEF) by December 2026.

✓ Rational arguments/messages:

- Our country has faced x number of disasters since xxxx (*year*) and/or our country has seen xx children on the move, and/or an increase in xx children and families on the move. Reports from these disasters have shown a ___% (*number according to the country data*) increase in nutrition needs in the affected areas. Strengthening capacities of our service providers on NiE through ___ (*specific interventions*) would help strengthen the government response to emergencies.
- Global commitments of UNICEF towards preventing malnutrition in emergencies can only be achieved if there is adequate technical capacity at the country level to prepare, respond and support coordination for NiE.
- Disruption of regular nutrition programmes put children's development and lives at risk. Without timely nutrition response and strong coordination mechanisms, the growth, development and overall well-being of children will be irreversibly affected once the opportunity windows are closed. Children with acute malnutrition are up to nine times more likely to die than children with an adequate nutritional status. We can prevent this with timely nutrition response, for which we would need NiE capacities at the CO level.

✓ Emotional arguments/messages:

- The risk of a child becoming malnourished with irreversible consequences is much higher during emergencies without basic support of child feeding practices and other NiE interventions. A service provider trained on NiE can prevent the child from suffering these consequences.
- Strengthening technical capacities of CO staff on NiE will help achieve and is a prerequisite to achieving UNICEF's Early Childhood Development (ECD) goal of ensuring that every child, especially the most vulnerable, achieves their development potential.
- Without a timely response, children will not be able to thrive or be guaranteed survival. The impact will be irreversible if we don't act now, that is, if we do not have the technical capacity to respond. There is no time to lose, and we need to have NiE experts on board.
- Governments and donors rely on UNICEF leadership and coordination of the nutrition sector response.



- Without adequate NiE capacity, we will fail children, families and governments, thus putting UNICEF at risk of losing funding opportunities. The world is expecting us to act.

✓ **Ethical arguments/messages:**

- Every child, especially during emergencies when they are more vulnerable, has a right to equal opportunities to be able to achieve their full development potential. Strengthening technical capacities of health staff on NiE will help ensure this even during emergencies.

- In line with the principle of leaving no one behind, children, who are the most vulnerable during emergencies, have the right to quality nutrition services to prevent malnourishment. Strengthening technical capacities on NiE at the country level are critical to ensure this.

- UNICEF has Nutrition commitments in humanitarian action and is accountable in coordinating the Nutrition sector response as a Cluster Lead Agency, for which we need the human resources and technical capacities at the CO level.



Objective 3

Eight countries have obtained or increased funding available for at least 60 per cent of the emergency nutrition components of a response plan (appeal or Humanitarian Action for Children [HAC]) by December 2025, and at least two countries have obtained funds for the nutrition response from a new donor by December 2026.

✓ Rational arguments/messages:

- Children under five years of age, in particular infants and young children, and pregnant and lactating women have specific nutrition needs that are not covered by general food aid responses or the health sector. Infant and Young Child Feeding in Emergencies (IYCF-E), early detection and management of malnutrition in children under five years of age and care of Pregnant and Lactating Women (PLW) are key interventions to protect nutritional status and prevent death according to the CCCs that are mandatory for UNICEF. These key interventions should be part of the minimum humanitarian package provided to affected populations.
- Boys and girls under 5 years of age represent __% (*number according to the country data*) of the affected population, and they are __(*number according to the country data*) times more likely to become malnourished during an emergency than under normal circumstances, and in particular when Water Sanitation and Hygiene (WASH) and Health structures have been affected. An early and targeted nutrition response can prevent the deterioration of children's nutritional status. In addition, not addressing nutrition needs at an early stage will result in higher economic costs in the future.



- The CCCs form the core UNICEF policy and framework for humanitarian action and are mandatory for all UNICEF personnel (see the CCCs for Nutrition). Grounded in global humanitarian norms and standards, the CCCs set organizational, programmatic and operational commitments and benchmarks against which UNICEF holds itself accountable for the coverage, quality and equity of its humanitarian action and advocacy.

✓ Emotional arguments/messages:

- Each undernutrition deficiency and event that affects a child under 2 years of age could be mitigated with appropriate nutrition care. If we miss this window of opportunity, the consequences will be irreversible, and these children won't have the same opportunities in life. Targeted nutrition intervention at the

early stage of an emergency can save lives. You can make a tangible change in the life of these children by supporting nutrition.

- Children under 5 years and pregnant women are the most vulnerable during emergencies and they should not suffer the irreversible consequences of malnutrition especially when we know that these are preventable. Undernutrition affects children's development, ability to work and contribute to the country's progress.

Ethical arguments/messages:

- All PLW and children under 5 years of age have the right to quality nutrition, especially during emergencies. Humanitarian responses should adequately respond to their specific nutrition needs to fulfil their rights in adherence to international humanitarian law, Human rights law, access and protection.

Key Activities

A range of tools, information and materials are needed to support and deliver the abovementioned advocacy activities with the support of different institutions as the Global Nutrition Cluster (GNC) advocacy working group. These are broadly listed below and need to be further detailed while implementing the strategy.

- Documented best practices of NiE experiences from different countries in the LAC region
- Documented human-interest stories and lived experiences to show the impact of NiE on children's and mothers' lives and the importance of preparedness, which additionally position UNICEF as a leader in NiE
- A series of Policy Briefs on NiE on the importance of preparedness, the need for enhanced technical capacities, the

components of NiE and how they are lifesaving

- An investment case for donors based on best practices
- Advocacy collaterals based on the cost of inaction studies, including infographics, research briefs and posters

Major activities that will contribute to the achievement of objectives are included in Figure 3 below. These have been further fleshed out into a workplan in a separate document for ease of reference and tracking. The activities focus on building a strong narrative, collating evidence to inform advocacy, developing communication materials (e.g., videos, photos, infographics, storytelling) that facilitate advocacy, increasing visibility of nutrition needs during emergencies and reaching out to identified decision-makers for support.

FIGURE 3. Overview of activities, outcomes, roles and timeline for achieving SMART objectives

SMART OBJECTIVE	NEXT STEPS/INPUT ACTIVITIES	CONTRIBUTING SECTIONS	TIMELINE
<p>Objective 1:</p> <p>Nutrition preparedness plans are included, articulated, and budgeted in UNICEF’s Emergency Preparedness Platform (EPP) and annual work plans and in government disaster/ emergency management plans at country and sub-national levels in at least eight countries in the LAC region by December 2026.</p>	<p>1. Build a strong narrative for NiE: Collate available evidence to support the narrative of the impact of emergencies on the nutritional status of vulnerable groups and the importance of NiE to prevent and address nutrition in humanitarian situations.</p>	LACRO S&T	Q2 2025
	<p>2. Develop a presentation and policy brief on NiE (focused on preparedness) to engage with champion decision-makers and potential influencers (e.g. technical officials).</p>	LACRO Survive and Thrive and Advocacy and Communications	Q3 2025
	<p>3. Develop a set of communication materials that can be used for internal and external audiences in meetings or advocacy events (e.g. videos, testimonies and photos with storytelling).</p>	LACRO Advocacy and Communications and S&T	Q4 2025 Q4 2026 (second round)
	<p>4. Organize internal high-level meeting with CO management on NiE, and the implementation of the current strategy at the country level.</p>	LACRO S&T, Emergency Unit and LACRO RD	Q1 2025
	<p>5. Meeting with technical officials within the MoH/partners from other organizations and influencers to build support for emergency nutrition preparedness.</p>	Nutrition focal point at CO level with support from Country Representative and LACRO	Throughout 2025-2026
	<p>6. Meeting with decision makers with a policy brief on NiE: internal and external meetings.</p>	Country Representatives and LACRO	Throughout 2025-2026
	<p>7. High-level regional advocacy workshop on NiE (preparedness and response) targeting donors and the humanitarian community (e.g. Sectoral side event to the R4V donor conference).</p>	LACRO S&T and Emergency Unit with support from Advocacy and Communications	by Q4 2025 and follow-up by Q4 2026 if and as needed
	<p>8. Create an internal platform to share experiences and lessons (webpage) on NiE preparedness and response.</p>	LACRO S&T	Q2 2025

SMART OBJECTIVE	NEXT STEPS/INPUT ACTIVITIES	CONTRIBUTING SECTIONS	TIMELINE
<p>Objective 2:</p> <p>UNICEF Country Offices (CO) and Ministries of Health (MoH) of eight priority countries have increased investment in their capacity in terms of personnel (for UNICEF) and NiE expertise (for both MoH and UNICEF) by December 2026.</p>	9. Create CO roster of external consultants, UNV and TAs (vetted).	LACRO S&T and Human Resources	Q2 2025
	10. Strengthen capacities in the RRR and Frontlines for NiE.	LACRO S&T, Human Resources and Emergency Unit	Regularly throughout 2024-2026
	11. Use JPOs and UNV possibilities to support the NiE agenda at the country and regional levels.	LACRO S&T and Human Resources and COs	When opportunities arise
	12. Analyse NiE capacity in MoH to raise and define capacity development/training plans to address identified gaps.	COs with LACRO support	Q2 2025
	13. Participate in SLAN 2026 congress and highlight NiE in LAC and the need for stronger preparedness, capacity and resource mobilization.	LACRO S&T, COs	October 2026
	14. Conduct a high-level event with Health ministers on NiE to increase knowledge and commitment and develop national roadmaps on development of preparedness and response plans, including capacity strengthening + follow-up meetings at the CO level.	LACRO S&T, Emergency Unit and RDO CO for follow-up meetings	Q2 2026 in-person Q2-Q4 2026 follow-up meetings (online)
	15. Map and disseminate NiE and resource courses available, including GNC online courses.	LACRO S&T	Q4 2025
	16. Work with Agora to translate the NiE online courses into Spanish and promote them.	LACRO S&T and HQ	Q2-Q3 2026



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SMART OBJECTIVE	NEXT STEPS/INPUT ACTIVITIES	CONTRIBUTING SECTIONS	TIMELINE
<p>Objective 3:</p> <p>Eight countries have obtained or increased funding available for at least 60 per cent of the emergency nutrition components of a response plan (appeal or Humanitarian Action for Children [HAC]) by December 2025, and at least two countries have obtained funds for the nutrition response from a new donor by December 2026.</p>	<p>17. Use evidence-backed narrative in communication materials to highlight the impact that NiE has in other countries, including: a policy brief, videos, photos and other communicational materials for key stakeholders or donors highlighting success stories.</p>	<p>LACRO S&T, Comms and COs</p>	<p>Four countries in 2025 and four countries in 2026</p>
	<p>18. Conduct a study on the cost of not investing in NiE in order to prepare a policy brief based on findings.</p>	<p>LACRO S&T and Emergency Unit</p>	<p>By Q2 2025</p>
	<p>19. Develop an investment case /policy brief on NiE, targeting private donors using best practices from previous experiences.</p>	<p>LACRO Private Funding and Partnerships Division (PFP) and S&T</p>	<p>Q3-Q4 2025</p>
	<p>20. Map potential private donors and hold meetings with identified donors.</p>	<p>LACRO PFP and S&T</p>	<p>Q3 2025</p>
	<p>21. Individual meetings and events with current donors at the CO and regional level to build relationships.</p>	<p>LACRO S&T and COs (Representatives and Technical Teams)</p>	<p>When possible throughout 2025 and 2026</p>
	<p>22. Meeting, field visit or both to highlight success stories on NiE at country level in order to maintain the relationship and interest in NiE.</p>	<p>COs: Representatives and Technical Teams</p>	<p>When possible throughout 2025 and 2026</p>
	<p>23. Identify and engage well-known Goodwill Ambassadors for NiE in LAC (celebrity at the regional level).</p>	<p>LACRO PFP, S&T and HQ</p>	<p>Q3 2025</p>
	<p>24. Targeted campaign supported by the GNC Advocacy Working Group and directed at donors on the cost of not investing in NiE.</p>	<p>LACRO PFP, S&T and Comms</p>	<p>Q3 2026</p>

Measuring Success

The outputs and results described in Figure 4 are established for the UNICEF Regional Office. Each country should adapt it to their context.

FIGURE 4. SMART objective outputs and results

OBJECTIVE 1

Nutrition preparedness plans are included, articulated, and budgeted in UNICEF’s Emergency Preparedness Platform (EPP) and annual work plans and in government disaster/emergency management plans at country and sub-national levels in at least eight countries in the LAC region by December 2026.

OUTPUTS

- Regular communication plan including the development of communication materials that can be used in advocacy meetings or events (e.g., videos, testimonies, and photos with storytelling)
- At least three technical workshops with key stakeholders completed by COs
- Two meetings held with decision-makers
- 3-4 Meetings held with technical officials on nutrition
- Matrix with key messages available for all country teams
- Policy brief developed based on evidence analysis
- Report on meetings with next steps and agreements documented
- Two regional coordination meetings every year
- Two internal coordination meetings held (UNICEF) every year to follow-up the implementation of the current advocacy strategy

INTERIM RESULTS/OUTCOMES

- Communication materials approved by technical team in 2025 and 2026 (yearly plans).
- National nutrition preparedness plan developed and feedback received from all actors in four countries by December 2025
- Nutrition preparedness plan for NiE with budgets developed by governments for approval, by December 2026
- UNICEF management and the emergency section in LACRO, approves the inclusion of emergency nutrition preparedness in EPPs in at least four countries (50 per cent) in July 2026
- UNICEF management approves the inclusion of emergency nutrition preparedness in 2025 and 2026 annual work plans in at least eight countries (100 per cent) by December 2025 to be budgeted and implemented by December 2026
- Government approves the inclusion of nutrition preparedness plans in disaster and emergency management plans at the country levels, subnational levels or both by December 2025.

OBJECTIVE 2

UNICEF Country Offices (CO) and Ministries of Health (MoH) of eight priority countries have increased investment in their capacity in terms of personnel (for UNICEF) and NiE expertise (for both MoH and UNICEF) by December 2026.

OUTPUTS

- Evidence-based narrative on nutrition needs, and risks of vulnerable populations in emergencies and on the importance of NiE preparedness and response
- Cost of inaction study completed
- Two pager for CO management on the implementation of the NiE strategy, including guidance to request surge support.
- 1 meeting held with Representatives and the Regional Director (RD) Office
- Costing plan for having NiE capacity at the CO level all year round
- NiE case studies developed
- Two rosters created (one internal and one external) of vetted professionals with dedicated capacity for coordination (for NiE and nutrition coordination) in all emergencies
- Increased number of Nutrition and NiE experts cleared for Regional Response Rosters (RRR)
- NiE capacities mapped out at the government level
- Spanish versions of Agora NiE courses available
- Summary of all NiE courses and resources (UNICEF, GNC, academia)
- Capacity analysis methodology developed and applied in target countries
- UNICEF participation in NiE in the Congreso SLAN 2026
- One high-level regional event on NiE held with health ministers and civil protection to share progress and best practices
- Workshops/meetings with NiE and civil protection technical staff at the country level to ensure NiE plans and capacity in response
- NiE positioned in existing national nutrition events with health ministers
- Meetings held with key donors to build and maintain relationships

INTERIM RESULTS/OUTCOMES

- UNICEF CO management requests the deployment of NiE personnel at the CO level at the beginning of the emergency, including dedicated capacity for coordination by cluster coordinators and information management officers (focus on response). When funds are not available at the CO level, support/ surge requested to the Global Nutrition Cluster.
- UNICEF CO management approves the allocation of funds to ensure NiE personnel at the CO level all year round (focusing on preparedness and response) by December 2025 in at least eight countries (focus on preparedness). This can be done through consultancies or through requests for JPOs and UNVs on NiE, for example.
- MoH includes emergency nutrition preparedness in costed capacity strengthening/training plan targeting response teams and front-line staff, including funding for coordination, by December 2025 and implemented by December 2026.

OBJECTIVE 3

Eight countries have obtained or increased funding available for at least 60 per cent of the emergency nutrition components of a response plan (appeal or Humanitarian Action for Children [HAC]) by December 2025, and at least two countries have obtained funds for the nutrition response from a new donor by December 2026.

OUTPUTS

- At least 2 events held to recognize donor champions in NiE
- # of donors that by 2026 have received recognition.
- At least one NiE ambassador identified and engaged for the LAC region
- Cost of Inaction study carried out
- At least one high-level advocacy event organized with donors
- Investment case or policy brief on NiE targeting private donors (include best practices from past experiences) developed for each country and/or regionally for NiE
- Fundraising strategy for NiE developed by at least four countries by the end of 2025

INTERIM RESULTS/OUTCOMES

- At least 2 donors (new or private) commit funds for NiE by June 2026.
- At least 4 countries in the region have obtained a 60 per cent increase in financing or are receiving money for the preparation and response of NiE by December 2025.

Advocacy workplan

The workplan is included (see Annex 5) and will be used to monitor progress in strategy implementation.



Annex

1 Problem Statement

Emergency response by most stakeholders in the LAC region either does not include nutrition as a sector at all or it is included under health or food security resulting in inadequate attention to the nutrition needs of vulnerable populations in the affected areas (see Figures 5-8). Several reasons were mentioned for this, which include:

- Lack of data on nutrition needs among vulnerable populations and limited or no analysis on the risks posed by not addressing nutrition needs (cost of inaction).
- General perception among decision makers that

acute malnutrition is not an issue in Latin America and hence nutrition is not among the first priorities for emergencies

- Lack of a clear narrative that highlights the importance of NiE and its impact on development in the country
- Inadequate resources, including human resources with requisite capacities on NiE, both within UNICEF and among partners, including Government (also seen as a consequence of low prioritization and low visibility)
- Inadequate coordination between nutrition actors and key government and non-government response mechanisms before, during and after emergencies.

FIGURE 5. Problem definition for nutrition sector partners, including UNICEF

Key Findings: Problem Definition

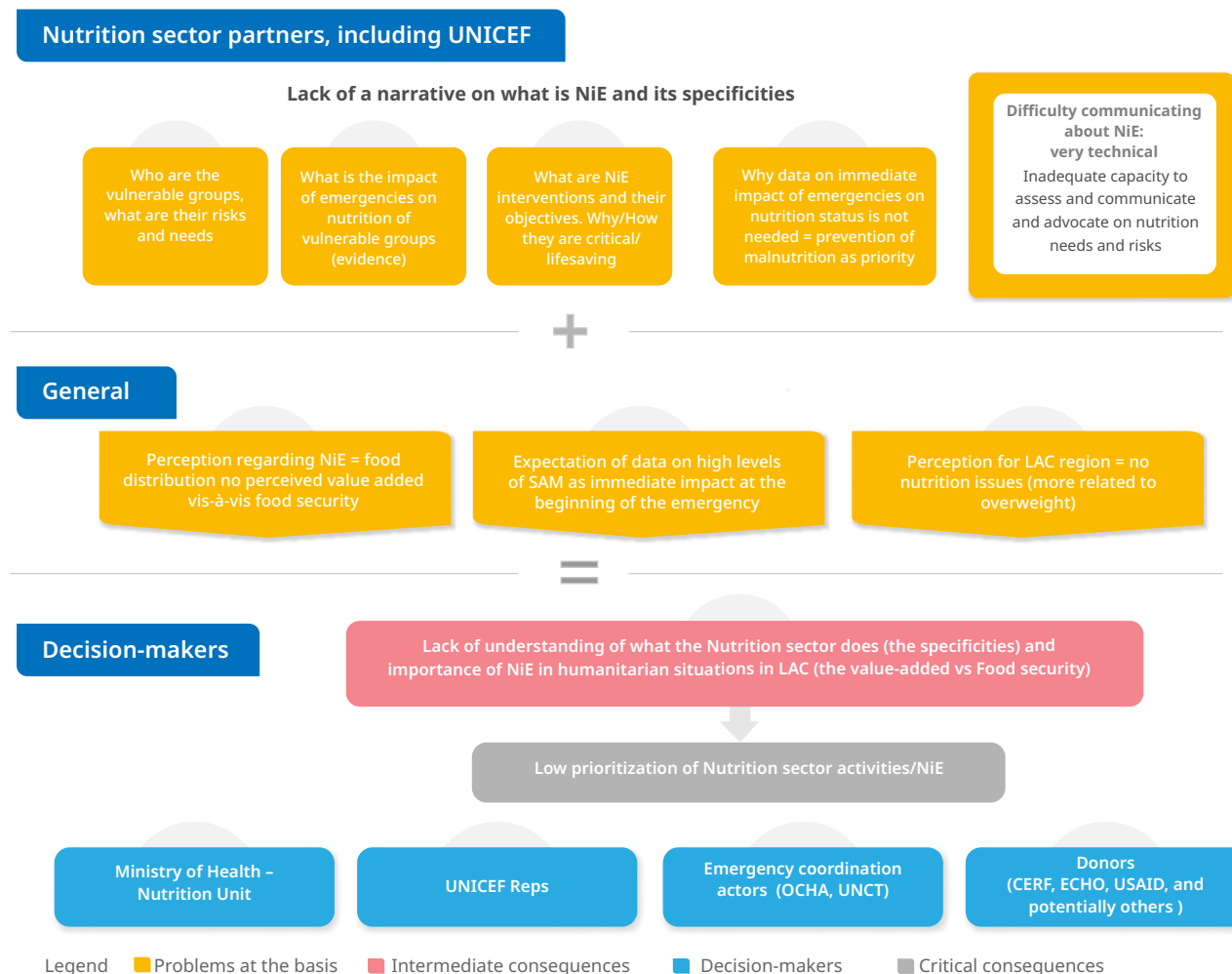


FIGURE 6. Problem definition for decision-makers (Nutrition Unit of MoH)

Key Findings: Problems Definition

Focus on decision-makers - Ministry of Health – Nutrition Unit

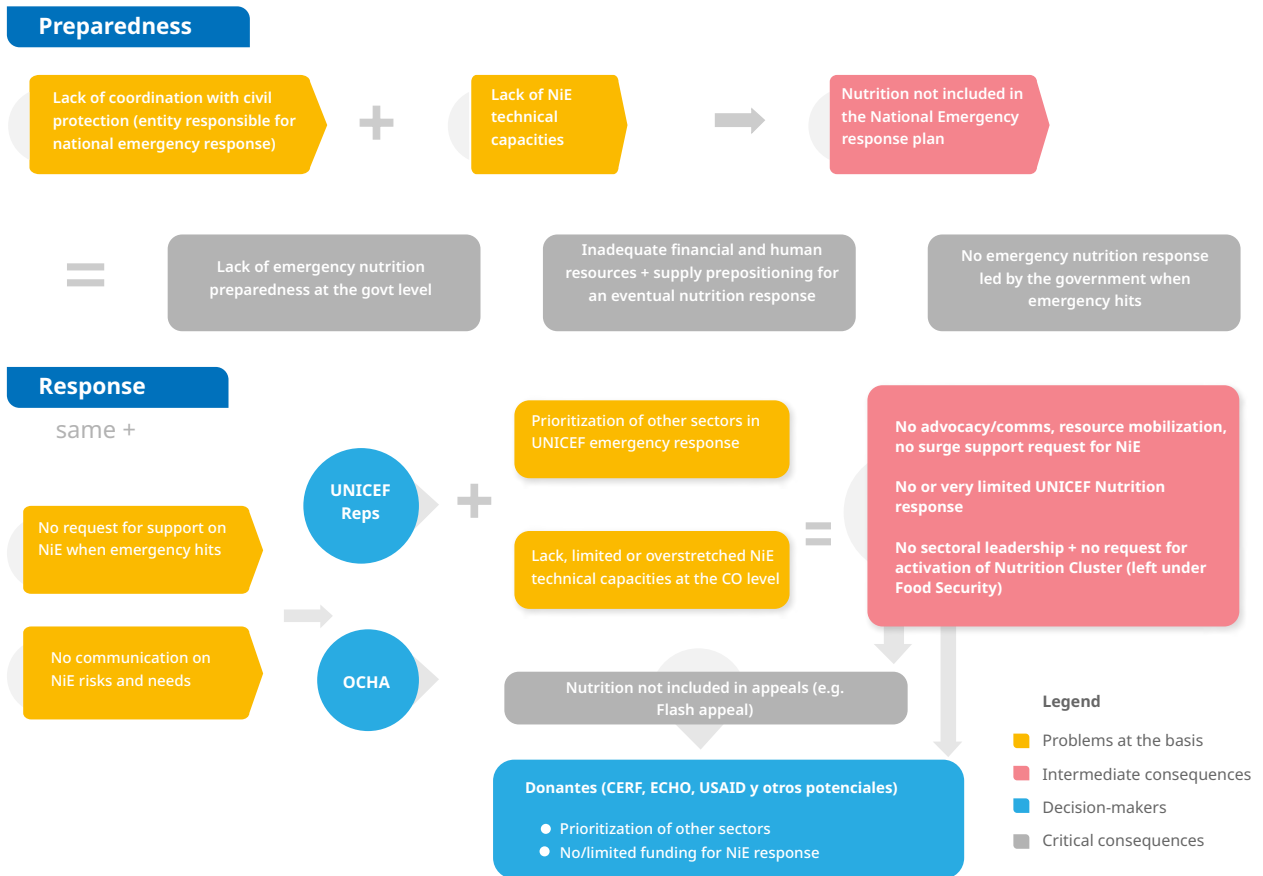


FIGURE 7. Problem definition for decision-makers (donors)

Key Findings: Problem Definition

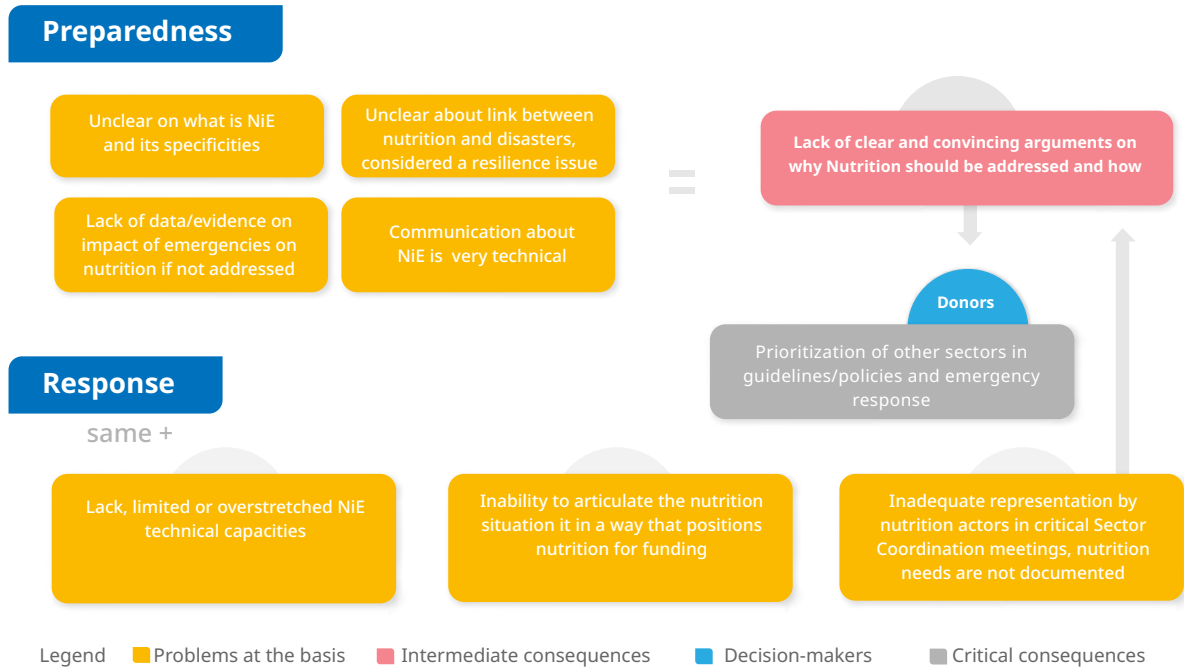


FIGURE 8. Summary of Problem Definition

Key Findings: Problem Definition



2 OPPORTUNITIES AND CHALLENGES

External opportunities and challenges have been considered primarily from the perspective of decision making for each objective. The information has been used to further understand the context of decision making and feeds into further analysis of the identified decision-makers. Internal opportunities and challenges were considered before developing the advocacy action plan to understand existing limitations that need to be overcome and opportunities that can be built upon. Inputs from both exercises have been compiled and presented below.

FIGURE 9. External challenges and opportunities that impact decision making

External Challenges	External Opportunities
<ul style="list-style-type: none"> • Elections • Security conditions from human rights violations • Reduction of public budgeting on topics not considered a priority • Natural disasters such as hurricanes, earthquakes and volcanic eruptions • Data generation on evidence for nutrition is not robust • Government and other agencies, including politicians, consider nutrition as equivalent to food security showing a lack of awareness of NiE, its definition and importance • Insufficient donors who are willing to provide funds for NiE, due to differing priorities • Diversity of emergencies in LAC (often simultaneous) with ad hoc responses and lack of preparation • Global emergencies are more visible, and there is competition for resources 	<ul style="list-style-type: none"> • National crusade for nutrition (Brigades for nutrition in Guatemala) results in good conversations with different entities • In Honduras, the creation by the government of a nutrition division • El Salvador nutrition cluster is led by UNICEF, resulting in dialogue initiated with civil protection institution. • Guatemala also has a nutrition cluster • Deployment of UNICEF personnel within 48 hours per week, either remotely or in person, when a disaster hits. • Peru's primary health care system getting stronger, including health centres reopening and families returning to health services • International and regional conferences (e.g., R4V conference on nutrition) • Nutrition part of SDGs/ SPHERE standards • Diversity of emergencies also means we have opportunities to learn and constantly build capacity • Potential new donors, including private sector, to invest in capacity building • Nutrition personnel exist and just lack NiE focus • Significant international expertise that can support capacity building in LAC (e.g., GNC)

External Challenges

- Lack of national NiE technical capacity, public health focus and emergency response in nutrition university training
- Lack of Spanish-speaking international experts
- Low priority, NiE awareness among governments, donors and communities
- Changes and instability in local and national government,
- Trend towards privatization of services
- SDGs / SPHERE standards group nutrition and food security, focus on hunger
- Food marketing of breastfeeding versus formula
- Cultural norms related to breastfeeding to early childhood feeding and supplementary feeding
- Inflation and war results in increased food costs, impacting nutrition
- Political changes
- Invisibility of malnutrition
- Donor politics do not include NiE and acute malnutrition
- Lack of government policy surrounding NiE resulting in lack of planning and response
- The topic of migration is not seen as an emergency, as opposed to more visible situations such as earthquakes or other more visible disasters. The definition of Emergency does not describe migration.
- Government prefers to focus on local population instead of migrant population
- Need to highlight nutrition vulnerability as part of the topic of migration

External Opportunities

- Increase in E-learning opportunities (including in Spanish)
- ECD is a priority for many governments, partners and allies; nutrition can be included
- UNICEF can implement cross-sectoral responses (e.g., Nutrition and WASH)
- Political willingness
- Statistics that demonstrate the need to support nutrition
- There are potential (private) donors to identify
- NiE advocacy is priority for the GNC and there is a plan to work with donors
- International summits are platforms for making NiE visible, and can be utilized to obtain commitment from governments
- Policies in El Salvador demonstrate government willingness (e.g., Nacer con cariño law, Crecer juntos policy, and commitment from Consejo Nacional de Seguridad Alimentaria y Nutricional [CONASAN])
- In Peru, nutrition and malnutrition are always on government radar, with interest in youth. There is documented evidence of acute malnutrition in migrant populations to justify donor support



FIGURE 10. Internal challenges and opportunities that impact decision making

Internal Challenges	Internal Opportunities
<ul style="list-style-type: none"> • Lack of human resources and budget to implement activities • Limited budgets in Guatemala, Peru and El Salvador • Gaps in coordination within MoH and other organizations and nutrition actors to share information, which creates confusion for us • Lack of financing to generate greater evidence • Availability of nutrition supplements for the region through coordination with regional hub • Working with food security in Peru, but lacking a specific nutrition cluster • Leadership of the Representative is not focused on NiE • NiE isn't a CO priority; more emphasis on chronic malnutrition, and there is a lack of NiE awareness • Nutrition is not well represented on the regional roster (four, mostly in Haiti) as opposed to child protection • Not all experts speak Spanish, creating a language barrier • Emergency training doesn't include NiE • Initial funding is needed for the COs for investing in social media and public influence • Utilize the voice of the Representative to promote the topic of NiE 	<ul style="list-style-type: none"> • Peru has the opportunity to include nutrition within the emergency plan for migrants • Guatemala, with a nutrition cluster in place, has already made plans and seen progress. • El Salvador has a nutrition cluster and has started talking with a lot of actors, such as the Office of the First Lady, and the program Grow Together • Having a nutrition specialist on board in Guatemala and hopes to do so in Peru and El Salvador • Specific areas prioritized for emergency response • Senior leadership at LACRO support NiE • Some COs have hired UNVs for additional nutrition capacity, which could serve as a model for other offices • Critical mass of professionals who participated in recent emergency responses • Stretch assignments • Next RRR could target gaps, including NiE • Humanitarian Needs Overview covers where we can include NiE • Potential collaboration with partners working on the topic of nutrition (e.g., NGOs) • UNICEF capacity, including international technical experts and partnerships with high-level academic institutions • UNICEF is well-positioned to recognize donors that support nutrition and strengthen collaboration (e.g., NiE Champions and Goodwill Ambassadors in the name of NiE for LAC)

3 MESSAGE BOX

The following are examples of message boxes developed for different decision-makers and for each objective identified for the strategy. These will need to be adjusted to each country context, based on the core values and concerns of the identified decision-maker.

Objective 1

Nutrition preparedness plans are included, articulated, and budgeted in UNICEF’s Emergency Preparedness Platform (EPP) and annual work plans and in government disaster/emergency management plans at country and sub-national levels in at least eight countries in the LAC region by December 2026.

<p>1. Decision-maker:</p>	<p>Minister of Health</p>
<p>2. Decision-maker’s Core Concerns:</p>	<p>Preserve the health of the population, especially the most vulnerable, and maintain image as authority and leading good work</p>
<p>3. Objection:</p>	<p>Results are not immediately visible, and budgets not available.</p> <p><u>Possible response:</u> Preparedness is the most cost-effective way to preserve health and lives during emergencies, ensuring the fulfilment of the rights of the affected populations.</p>
<p>4. SMART Ask:</p>	<p>Designate a high-level focal point for NiE to lead the development of emergency nutrition preparedness plan and budget</p> <p><u>Next potential asks:</u></p> <ul style="list-style-type: none"> • Approve the nutrition preparedness plan. • Work with Civil Protection Committee to include it into the national emergency management plans. • Assign a budget (this may take more time and the Ministry of Finance may be needed for this)
<p>5. To What End?</p>	<p>We will then be among the x% of countries who have a preparedness plan for NiE.</p>

<p>1. Decision-maker:</p>	<p>UNICEF Rep</p>
<p>2. Decision-maker's Core Concerns:</p>	<p>Protect children from the impact of humanitarian crisis</p>
<p>3. Objection:</p>	<p>We can develop the nutrition component of the EPP, but it is difficult to implement as we do not have dedicated staff for nutrition and funds.</p> <p><u>Possible response:</u> The CO can reach LACRO and the GNC Technical Alliance for technical support. Preparedness will help us project as a strong team and facilitate RM. Also, LACRO is exploring with donors to help fund preparedness activities.</p>
<p>4. SMART Ask:</p>	<p>Designate/appoint a focal point responsible for developing costed Nutrition preparedness actions as part of the AWP.</p> <p>Ensure key nutrition preparedness actions are costed and funded as part of the AWP.</p>
<p>5. To What End?</p>	<p>We will improve emergency nutrition preparedness and be ready to respond to emergencies in a way that protects the nutritional status of children, preventing disease and death. There is an expectation that UNICEF is prepared to respond. By being prepared, we will be able to lessen the impact on children and fulfil the UNICEF global commitments on NiE.</p>



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Objective 2

UNICEF Country Offices (CO) and Ministries of Health (MoH) of eight priority countries have increased investment in their capacity in terms of personnel (for UNICEF) and NiE expertise (for both MoH and UNICEF) by December 2026.

1. Decision-maker:	Minister of Health
2. Decision-maker's Core Concerns:	Ensure adequate health of the population
3. Objection:	No time and funds to prepare and conduct NiE training <u>Argument:</u> Support is available from UN agencies and the GNC Technical Alliance.
4. SMART Ask:	Approve NiE training of health and nutrition response teams in the costed emergency training plan.
5. To What End?	We will have sufficient trained personnel to respond to emergencies to ensure the prevention of malnutrition, disease and death, especially amongst most vulnerable population groups.
1. Decision-maker:	UNICEF CO Representative
2. Decision-maker's Core Concerns:	Vulnerable populations need assistance to prevent and overcome emergencies. There is concern for losing leadership, credibility and funding.
3. Objection:	Not enough response capacity at country level <u>Response:</u> it's possible to mobilize global, regional and local capacity to respond.
4. SMART Ask:	For 2026, ensure at least 1 person with NiE capacities is on board to support CO level emergency nutrition preparedness and response.
5. To What End?	Prepare for and implement a timely nutrition response to prevent malnutrition, disease and death of vulnerable groups in emergencies. Show UNICEF leadership in NiE and in Nutrition sector coordination to strengthen UNICEF reputation, positioning and resource mobilization opportunities.

Objective 3 Eight countries have obtained or increased funding available for at least 60 per cent of the emergency nutrition components of a response plan (appeal or Humanitarian Action for Children [HAC]) by December 2025, and at least two countries have obtained funds for the nutrition response from a new donor by December 2026.

<p>1. Decision-maker:</p>	<p>Minister of Health Directorate General for European Civil Protection and Humanitarian Aid Operations (ECHO)</p>
<p>2. Decision-maker's Core Concerns:</p>	<p>Saving lives</p>
<p>3. Objection:</p>	<p>Nutrition is not a priority in LAC region; they do not want to separate FSL and Nutrition.</p> <p><u>Argument:</u> Children under 5 years of age, in particular infant and young children, and pregnant and lactating women have specific nutrition needs that are not covered by general food aid responses. IYCF-E, early detection and management of malnutrition in children under 5 years of age and care of PLW are key interventions to protect nutritional status and prevent death.</p>
<p>4. SMART Ask:</p>	<p>Finance pilots of integrated nutrition response in most affected areas with most vulnerable populations, especially for health and other sectors (e.g., protection should have a nutrition component).</p>
<p>5. To What End?</p>	<p>Targeted nutrition intervention at the early stage of an emergency can save lives. You can make a tangible change in the life of children by supporting nutrition.</p>

1. Decision-maker:	Private donors
2. Decision-maker's Core Concerns:	Communicate social impact in order to positively influence client perception
3. Objection:	<p>What is the link between emergencies and nutrition? Undernutrition is not a problem in LAC, but rather, being overweight is the problem. How could nutrition interventions be lifesaving?</p> <p><u>Argument:</u> Boys and girls under 5 years of age represent x % of the affected population, and they are x times more likely to become malnourished during emergencies. Early and targeted nutrition response can prevent the deterioration of their nutritional status. Not addressing nutrition needs at an early stage will result in higher costs in the future.</p>
4. SMART Ask:	UNICEF would need x amount of funds to be able to reach xx children and PLW with life-saving nutrition interventions.
5. To What End?	We can prevent malnutrition, disease and death, otherwise, it is expected that xx number of deaths will occur among children under xxx.

4 ADVOCACY WORKPLAN

Objective 1

UNICEF Country Offices (CO) and Ministries of Health (MoH) of eight priority countries have increased investment in their capacity in terms of personnel (for UNICEF) and NiE expertise (for both MoH and UNICEF) by December 2026.

Objective 2

UNICEF Country Offices (CO) and Ministries of Health (MoH) of eight priority countries have increased investment in their capacity in terms of personnel (for UNICEF) and NiE expertise (for both MoH and UNICEF) by December 2026.

Objective 3

Eight countries have obtained or increased funding available for at least 60 per cent of the emergency nutrition components of a response plan (appeal or Humanitarian Action for Children [HAC]) by December 2025, and at least two countries have obtained funds for the nutrition response from a new donor by December 2026.

Yes No	Activities	Contributes to (objectives)	Anticipated Outputs	Contributing Sections	2025				2026						
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4			
	<p>1. Generate evidence through studies</p> <ul style="list-style-type: none"> Qualitative study on barriers and facilitators of NiE in LAC Study on the cost of not investing in NiE (cost of inaction) and the gaps in funding Study of acute malnutrition situation, trends and management capacity in LAC 	Obj. 1, 2, 3	<ul style="list-style-type: none"> Results of the studies to use in the advocacy strategy 	LACRO S&T											

Yes No	Activities	Contributes to (objectives)	Anticipated Outputs	Contributing Sections	2025				2026							
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4				
	<p>2. Generate strong inputs for advocacy</p> <p>Meetings between Communications and Nutrition to define a communication plan including videos, photos, policy briefs and infographics</p> <ul style="list-style-type: none"> Collect human-interest stories from the field Serie of videos Prepare a PPT presentation that highlights the importance of NiE Build a strong narrative for NiE: collate available evidence to support the narrative including the impact that NiE has in other countries Policy briefs on NiE targeting CO, private donors and key actors 	Obj. 1, 2, 3	<ul style="list-style-type: none"> Communication plan developed Focus defined to collect human-interest stories on NiE At least 2 stories collected (preventive and treatment actions) PPT presentation prepared Communication materials finalized Series of videos to be disseminated 	LACRO S&T, Communications												
	<p>3. Strengthen personnel in NiE and training</p> <ul style="list-style-type: none"> Develop a 2-page policy brief for Representatives (internal) expressing the need for HR and how to mobilize NiE expertise Request JPOs and/or UNVs Issue a regional vacancy announcement to identify potential NiE profiles and create roster of external consultants (vetted) Launch development RRR focusing on low functioning areas (include NiE) in order to identify candidates internal to UNICEF 	Obj. 2	<ul style="list-style-type: none"> Two-pager developed and sent by RD to country Representatives UNICEF Representatives to request JPOs and UNVs for nutrition Roster of external NiE consultants, UNV, (vetted) along with two rosters of vetted professionals created (1 internal and 1 external) RRR launch focus on NiE. Increased number of Nutrition/NiE experts cleared for RRR 	LACRO S&T and HR with the support of the Emergency Unit and LACRO RD												

Yes No	Activities	Contributes to (objectives)	Anticipated Outputs	Contributing Sections	2025				2026			
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	<p>4. Strengthen personnel training</p> <ul style="list-style-type: none"> Map NiE and resource courses available Work with Agora to translate into Spanish the NiE online courses Include NiE in RRR training Collect a series of virtual workshops to train focal points 	Obj. 2	<ul style="list-style-type: none"> Summary of all NiE courses and resources (UNICEF, GNC and academia) Spanish versions of Agora NiE courses available NiE included in existing training programmes (ECD, RRR) Training in Spanish available 	LACRO S&T LACRO S&T and HQ LACRO HR, Emergencies and S&T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	<p>5. Communication materials</p> <ul style="list-style-type: none"> Communication materials: internal and external audiences Targeted campaign directed at donors on the cost of not investing in NiE 	Obj. 1, 2, 3	<ul style="list-style-type: none"> Matrix with key messages and materials for advocacy available for all country teams A set of communication actions selected, developed and implemented to reach donors 	LACRO Advocacy, Communications and S&T LACRO PFP, PP S&T and Communications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	<p>6. Fundraising</p> <ul style="list-style-type: none"> Meeting with PFP for mapping of potential private donors and development of action plan 	Obj. 3	<ul style="list-style-type: none"> Mapping of potential private donors and action plan to engage them 	LACRO PFP and S&T			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<p>7. Meetings and events for advocacy with CO and counterparts</p> <ul style="list-style-type: none"> Organize meeting with Representatives and RD on what NiE is, why it's important and recommendations (two-pager) 	Obj. 1, 2, 3	<ul style="list-style-type: none"> At least 1 meeting held with Representatives and RDO Coordination meetings between S&T and Operations 		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Yes No	Activities	Contributes to (objectives)	Anticipated Outputs	Contributing Sections	2025				2026							
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4				
	<p>7 Meetings and events for advocacy with CO and counterparts</p> <ul style="list-style-type: none"> Conduct meetings with internal systems of regional supply for advocacy Regular (quarterly) online meeting to share country experiences on NiE, including migration Organize bi-lateral coordination meetings with efforts by other countries (lessons, strategies and share experiences) when there is a crisis in border regions Meeting with decision-makers with a policy brief on NiE: internal and external meetings. Meeting with technical officials within the MoH and partners from other organizations and influencers to build support Analyse NiE capacity in MoH to raise awareness (to be done in collaboration with MoH) Meetings with MoH to plan for addressing capacity gaps Conduct a high-level event with Health ministers on NiE to increase NiE knowledge and commitment High-level regional-level workshop on NiE (including preparedness and response.) to train a critical group of decision-makers (consider international partners) or influencers 	Obj. 1, 2, 3	<ul style="list-style-type: none"> At least 1 meeting held with Representatives and RDO Coordination meetings between S&T and Operations Quarterly Regional coordination meetings held Bi-lateral coordination meetings held Two Meetings held with decision-makers in each country and at regional level 3-4 meetings held with technical officials of the nutrition cluster/ government and report on meetings with next steps and agreements documented NiE capacity needs assessment methodology developed and applied in target countries At least 2 meetings held and capacity strengthening plan developed High-level event with Health ministers on NiE organized by UNICEF and 1 high-level regional event on NiE held with Health ministers and Civil Protection to share progress and best practices One high-level workshop with decision-makers held 	<p>LACRO S&T and Emergency Unit</p> <p>LACRO S&T and Communications</p> <p>Relevant COs</p> <p>LACRO and COs, each one at their level</p> <p>COs + LACRO</p> <p>Nutrition Focal point with support of the Country Representative</p> <p>LACRO S&T, Emergencies and RDO</p> <p>LACRO S&T and Emergency Unit</p>	✓	✓	✓	✓	✓	✓	✓	✓				



END NOTES

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Latin America and the Caribbean Regional Office
Bldg. 102, Alberto Tejada St., City of Knowledge
Panama, Republic of Panama
P.O. Box 0843-03045
Phone: +507 301 7400
www.unicef.org/lac
@uniceflac
@uniceflac
/uniceflac

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