Day One

Global Nutrition Cluster Meeting

Key highlights
Key points

In the opening session:

- We acknowledged that we have collectively developed the new GNC strategy – we need to continue with shared responsibility for fundraising and implementation.
- We emphasized the importance partnership in delivering the GNC strategy.
- Our operating context is changing - Emergencies are increasing and becoming complex.
- The new GNC strategy – took into account lessons from previous implementation, changing global humanitarian contexts.
- Co-existence of acute malnutrition and stunting in emergencies is real - we need to address both. We need multi sectoral approaches to address malnutrition - we need to leave the GAM ghetto.
- We emphasized the importance of:
  - Inter-cluster work for better nutrition outcomes
  - CLA – predictable funding, preparedness, technical leadership
  - Donor – multi-year funding
  - Development agencies/SUN – strong effective linkages/ complementarity.
- We need to stronger support to fundraising GNC 2 year work plan → Budget – 5.5 million, funded 1.1 million, gap 4.4 million –
Key points

We heard the rich experiences from the country teams – Somalia, Yemen, South Sudan and Nigeria:

Success factors for integration

- Rome meeting / briefing note to HC was catalyst for donor/ partners commitment to integrated programming for better nutrition outcomes
- Appreciation of value of partnership by different sectors
- Joint needs assessment, prioritization, integrated planning,
- Agreed actions / package of services is critical
- Joint validation of the action plans
- Shared accountability among different clusters
- Data is critical for planning and monitoring
- Continued advocacy
- Avoid silo envelopes of funding/mandates – funding should be geared to joint/ agreed package of actions
- Inter-country learning facilitated by Global Clusters
- Harmonized operational guidance

Success factors for humanitarian development linkages / localization

- Engaging government national systems/ government to be on lead
- Government commitment demonstrated by funding allocation
- Having pre- emergency work plans that include nutrition preparedness elements
- Building capacity of government health workers
- Building capacity of local partners
Key points

- Linking better with other partners e.g. the WB and other actors
- How to make use of the upcoming SUN gathering
- Continued advocacy at global level for donor support for integrated programming
- Engaging with local actors

Remaining challenges/ questions

- When does the accountability of humanitarian actors begin and end in the humanitarian – development linkages?
- Top down approach affects by-in at country level – what is the right balance?
- Who effectively convenes/leads multi-sectoral sectors for better nutrition outcomes – OCHA? Nutrition cluster?
- Do we need to have Cash in Emergencies Cluster?
Key points

**Remaining challenges/ questions**

- Unpaid frontline government workers, what are the options
- Harmonization of data elements among different sectors – denominators, naming, methods,
- INGOs and UN to increase technical support/ HR and lack engagement at country level
- How do we keep some forgotten emergencies on the radar
- Access issues
- Clarity of on integrated programming?
- How do we save lives and build systems? – undertake appraisal analysis?
Asks to GNC – CT

- Re-examine the engagement of the other partners e.g. IFRC
- Advocacy with donors and other clusters
- Accountability framework for integrated response
Surge Model

- Surge improve response
- Role of social media
- Steps, 8 steps and response to seasonal increase
- Imbedded in health system
- Not complete health system strengthen
- Need to be planned ahead of time
- Address seasonal peaks
- Tool kit and piloted in a few countries
- Cost effective framework
- Link to speaks in measles and malaria and other health surge initiative
Ethiopia –

- Road Map for IMAM
- Use of guidance
- 26% case load from Somali region
- SAM admissions currently 5 times average norm
- Persistence prevalence of acute malnutrition
- Few partners and added more partners
- Struggling to scale up and emphasis on package of intervention
- MAM being emphasized as part of package
- Clarity of roles within the Nutrition Incident Command Post
- Scale up, strong government leadership, integration, tools, cross sector but still many challenges (AWD, sanitation, weak gov infrastructure, monitoring, drugs,
- Systematic way of surge and integration
Government Leadership in Borno State

• High case load
• More government engagement
• Strong data and government and partner support
• Seasonality
• Strong government participation
• Increase in partners delivering services
• Challenges with delivering minimum package of intervention
• Improving capacity of government in coordination and technical including guidance development
• Building trust – linkage to center of excellence – helped scale up effort
• Minimum package
We have rich information, range of experiences and more questions that will feed to tomorrow’s discussion on integrated response, humanitarian-development nexus, localization, cash programming