Introductions

Presenters: Carmel Dolan, Anteneh Dobamo

The day was introduced by Carmel Dolan who then asked participants from country, regional, and HQ offices to stand. Josephine Ippe introduced the Chief of the Global Cluster Coordination Unit of UNICEF, Erik Kastlander, to give welcoming remarks to the attendees.

Welcome remarks

Presenter: Erik Kastlander

Erik reflected upon the fact that repeated shock can contribute to deterioration in nutritional status, but that he was not surprise when famines were first declared as we already know the causes of malnutrition but still, we have seen those years deterioration of the situation leading to famine declaration. He reiterated the need for a coordinated approach to tackle jointly Nutrition issues. The GNC has a role in pulling together all sectors to work in an integrated manner in the field. Erik also mentioned the good representability of members among the GNC SAG. The GNC 4-year strategy and the 2-years costed work plan launched during this meeting is embedding priorities that includes support for integrated. He emphasized on the need focus on outcome based intervention and be more innovative. Joint fundraising approach of the GNC strategy will be key. Erik emphasized that coordination need to reach a certain standard and that UNICEF cannot reach alone, we all need to work together toward the same goal. We also need a clear approach to transition and maintain continuity in the efforts already undertaken. He concluded by stating that, ensuring quality in response is essential and that effective coordination is vital for achieving this.

Presentation of GNC 2017-2020 Strategy

Presenter: Josephine Ippe

Objective: To provide an overview of the new and ambitious strategic priorities for GNC 2017-2020.

Josephine Ippe (Global Nutrition Cluster Coordinator, UNICEF) presented an overview of the GNC 2017-2020 Strategic Plan. First, she gave an update of the situations of nutrition emergencies. The occurrence of humanitarian situation globally is becoming increasing, coupled with recent waves of migration crisis which has serious implications on nutrition response. The interaction between stunting and wasting is evident and this interaction is worsened in protracted crises. It must be remembered that emergency humanitarian response has long-term effects and action must be taken accordingly. So far, the Nutrition in Emergency (NiE) responses have focused on management of acute malnutrition (wasting), but stunting also has significant effects on mortality and morbidity rates. Unfortunately, there is a lack of focus and advocacy on the various forms of undernutrition, such as stunting, exclusive breastfeeding, minimum acceptable diet etc., and in order to address undernutrition, the underlying causes must be addressed collectively.

The Four Pillars of the 2014-2016 GNC strategy continue to be relevant but the new strategic plan has incorporated lessons learned, the current thinking and guiding principles to design a more focused strategy. The strategic objectives were also designed in accordance with the changes in the humanitarian environment. These include integrating and engaging strategically with other clusters, allocating
greater support to forgotten emergencies and complex crises, investing in the humanitarian development nexus and increasing engagement with the Cash and Localization agendas. This means a better support to Governments and local NGOs as well as being better prepared and having strong technical capacities to scale up response. The 2-year funding status and expenditures were presented and the $4.4 million deficit was highlighted.

Observations:

Abigail Perry (Senior Nutrition Adviser, DFID) welcomed the reflections that were made on stunting and wasting. From a donor perspective, she stated that, it would be interesting and useful to know where accountability starts and finishes among the humanitarian community. It is clear that the situation being faced with regards to increased stunting and wasting is a result of failure in long-term, development investments and it should be up to these actors too to include this accountability in their requirements and country plans of actions. In this regard, what could be the role of the World Bank and long term investments?

Funding:

Jeremy Shoham (Co-Director, ENN) commented on the worrying funding deficit for the GNC to implement it new strategy, and he asked what increase in funding requirement has been between the 2017-2018 budgets compared to previous one.

Saja Abdullah (WOS Nutrition Coordinator, UNICEF Jordan) asked what donors prioritize for supporting humanitarian efforts and how we could advocate for the forgotten emergencies at the global level. She highlighted the fact that the presence of non-traditional donors is increasing and asked how to engage with them to harmonize approach and to support the efforts to link humanitarian and development efforts.

Merete Johansson (Chief, Coordination and Response Division, OCHA) emphasized on the need to support advocacy in mobilizing resources and the promotion of the implementation of multi-sectoral and multi-year approaches, and that this is what OCHA is also doing.

Anna Ziolkovska (Yemen Nutrition Cluster Coordinator) mentioned that efficiency of country clusters is clearly linked with the existence of the GNC and the type of support provided by the GNC and advocated for continues financial support to the GNC to maintain this function effectively.

Josephine clarified that that there has been only a half-a-million dollar increase in the 2017-2018 budget compared to the 2015-2016 budget. This difference she said is explained by broader actions within the new strategy. She also explained that, internally within the CLA, after many years of advocacy, a good number of Nutrition Cluster Coordinators are now on Fixed Term contracts. There is a push to "mainstream the key Cluster position within UNICEF" but mainstreaming is difficult when there is a lack of additional core funding for the CLA to access. She suggested that the GNC's influence and work vis-à-vis the role of sector coordination under developmental nutrition programming needed to be reviewed critically as, in some countries, the clusters are just filling the void being created by lack of sectoral coordination capacity. There is therefore an increasing need to leverage the development funds to support preparedness and response as well and enhance sectoral coordination that embeds humanitarian coordination and this is the way forward.
Accountability:

**Merete** stated that OCHA is working closely with the GNC, SUN and UN Standing Committee on Nutrition to promote accountability and leadership of Humanitarian Coordinators in Nutrition. A guidance note to Humanitarian Coordinators has been released. She stressed that participation and collaboration by strengthening leadership in country is essential for effective implementation.

**Josephine** emphasized the need to look at the evidence that could influence non-traditional donors to fund efforts. Generally, package of interventions by NiE actors are centered on SAM and MAM but it should be expanded to other high impact Nutrition specific interventions while advocacy on Nutrition sensitive intervention by other sectors should be stepped up. At the operational level, a better packaging of intervention is required and these has to be delivered at scales and be more accessible to beneficiaries. Operationalizing OCHA’s support on multisectoral response at the country level is vital for effective coordination. We also need to identify where our complementarity with Development actors is and where we stop. Malnutrition is an outcome, so we need to link with other sectors to tackle it, how do we operationalize it now?

**Ruth Situma (Nutrition Specialist, UNICEF HQ)** stated that the CLA is also having a strategic reflection following the finalization of the new Nutrition Strategic Plan, which is more focused on children, adolescents and women, as well as evidence generation and NiE including technical leadership and strengthened accountability around coordination. The new UNICEF Strategic Plan therefore provides an opportunity to for UNICEF to do things differently in terms of integrating humanitarian and development efforts especially as UNICEF has presence in a number of these countries before, during and after the emergency.

**Josephine** introduced the focus of the 4 country presentation that followed: She explained the background and the need for the meeting which was called by the Emergency Directors from FAO, UNICEF and WFP to discuss the threat of four famines in South Sudan, North Eastern Nigeria, Somalia and Yemen in April 2017. She stated that, during the Rome meeting, a Call for Action on Integrated Famine Response was issued. The plans of action on integrated/multisectoral response which was developed by the four could be regarded as a defining point in the operationalization of integrated programmes in countries.

She highlighted the remaining challenges/questions from the Rome meeting:

**How to:**

- Tackle the problem of unpaid frontline government workers.
- Harmonize data elements among different sectors – denomination, naming, methods etc.
- INGOs and UN to increase technical/HR support and engagement at local level.
- Tackle access issues.
- Have clarity on integrated programming.
- Appraisal analysis – how to save lives and build systems at the same time.

The four countries thereafter presented the overall situations of their respective countries focusing on: the strategic objectives for each country, the developments and achevements post-Rome meeting, challenges, and asks to the GNC.
Country Presentations I

Objective: To showcase country inter-cluster experiences, challenges and key actions taken to respond to emergencies.

Somalia

Presenter: Samson Desie NCC

In Somalia, the risk of famine continues to persist. The key drivers of the humanitarian crises are: climate (approaching 5th year with rain shortfall), conflict, lack of protection, and the trends in the humanitarian situations has not improved. 6.2 million people are in need of humanitarian assistance, which represent half the population of Somalia, and 905,000 people have been displaced. The situation remains complex with internal, external and multi-dimensional conflicts. Rates of malnutrition is continuously deteriorating; OGAM prevalence stands at 17.4% and SAM prevalence at 3.2%, translating to 1.2 million acutely malnourished children. The objective of the NC in Somalia has been to strengthen multi-sectoral efforts, and so far, 1.3 million beneficiaries have been reached.

Prior to the Rome meeting and to strengthen integration, it was agreed at country level to post through the HRP single projects with a multi-sector response from the lifesaving clusters. Each cluster coordinator will then review its part but projects will be as much as possible multi-sectorial and presented in the system as one project sheet only. Also prior to Rome meeting, there was the establishment of an Integrated Emergency Response Team (IERT) who were to be deployed in specific locations to respond to multi sectorial acute needs during a short period of time. After Rome, the initiative was scaled up with international and national actors implementing IERT in their respective areas, reaching 20 districts in four regions.

Lack of protocol, standards, quality assurance (M&R), insufficient capacity for a multi-sector integrated approach, difficulties in mobilizing resources, lack of a common accountability and results framework, and prioritization of organization mandates above achieving a collective approach toward integration were some of the challenges that were faced.

Nevertheless, the implementation of a multi-cluster integrated response was visible and could even go so far as to prevent famine. However, the support of donors and the lead agency is crucial. It was asked that GNC and its partners widen their perspective in an integrated manner, continue to follow up, monitor and support, keep famine-prone countries as a standing agenda, document lessons learned, and provide support and develop a guidance on one single national multi-sectoral protocol that will help scaling up efforts.

Yemen

Presenter: Anna Ziolkovska NCC

Since March 2015, the conflict has been escalating with over 2 million IDPS and an estimated 20.7 million people in need of humanitarian assistance. There are high levels of acute and chronic malnutrition and this is worsened by the biggest outbreak of cholera the world has ever seen. Preceding the Rome meeting, the NC and FSAC led prioritization of locations at risk of famine in order to roll out minimum response packages. After Rome, WASH and Health Clusters have joined this effort and decided to collectively discuss a new way forward, abandoning the Rome Action Plan.
Many challenges were faced ranging from lack of data collection, access issues, collapsing health facilities to being unable to pay salaries of humanitarian worker, and the unreliability of INGOs and agencies to follow up on their commitments have not helped the situation.

Despite these challenges, the Yemen NC is moving forward. Constant sensitization of partners on joint response and exploring how to develop the capacity of partners to expand programmes to other areas, and there is a need to keep everyone on board with regards to joint responses. Currently, SMART assessments are being scaled up to fill the data void, joint IPC and Nutrition analysis are being conducted, the joint response package at the sub-national level is being operationalized and the Yemen HRP is being revised.

It was requested that from the global level, assistance in facilitating the inter-cluster workshop on joint programming, reflections on GNC partners’ capacity for the joint 4-clusters programming, technical and HR support to INGOs to be given and UN agencies to support monitoring efforts.

Questions & Comments

Partnerships: Mona Maman (Co-lead Cluster Coordinator Turkey, PAC) asked how partners could engage more meaningfully with local NGOs and Victoria Mwenda (Nutrition Sector Coordinator, UNICEF Kenya) asked whether there are partnerships with the Red Cross Movements given their differing capabilities. Yves Nzingdo (Nutrition Cluster Coordinator CAR): regarding the limited capacities of local NGOs in Somalia, how did you manage to implement activities also given the access constraints?

- **Somalia**: MSF and ICRC are important partners that give specialized services and they are incorporated into the planning and response stages. In Somalia there are 100 local partners, most of them with specialized engagement around livelihood or WASH. There is an ongoing intent to bring them together to deliver a package of interventions and supporting them with training and quality assurance monitoring. A lot of political discussion, negotiation and support from management level is crucial. Currently, there are efforts to bring different specializations through consortiums, including quality assurance and monitoring, therefore building on local capacities. However, support from the CLA, OCHA and donors is still needed.

- **Yemen**: Engagement with local actors is a prerequisite, thus it will be important to include capacity building of local NGOs as a strategy for all international cluster partners. A national strategy has been developed accordingly and recently endorsed by HCT.

Additional question and comment: Josephine asked what the best entry point is for building partnerships is, and how can local partners be strategically paired with international partners as local partners, especially to circumvent accessibility? We need to start speaking at global level with IFRC to map how we can collaborate better and reinvent our way of working to cope with the new constraints that we see in many different countries (lack of access, funds, expertise, and programme delivery through local NGOs etc...).

Coverage: Alexandra Rutishauser-Perera (Senior Nutrition Advisor, Action Against Hunger UK) asked how data on coverage could be improved.

- **Somalia**: The NC has established hot spots/destination for people looking for services. Long term study of such approach to evaluate impact would be welcome. Currently geographic coverage is done through geo-targeting. See Somalia nutrition cluster website were all information regarding all type of interventions is displayed and updated regularly.
Yemen: SMART and national assessments are conducted but there are many challenges in making them happen. Only 3 SMART were conducted in 2017, for the rest, information is based on national level assessments, so that is why for example, there is no recent mortality data. All assessments are very political and takes long to get approval from government authorities to conduct surveys while lack of access is a severe constraint.

Incentivizing malnutrition: Nicolas Joannic (Chief Nutrition in Emergency Team, WFP) asked to Somalia NCC what is the purpose of household food assistance, and triggered using nutrition criteria given the risk of incentivizing malnutrition. He also asked to Yemen NCC how they managed to convince other clusters that malnutrition is an outcome of different sectors failure and who should lead this initiative?

Somalia: In Somalia, the culture is to give the child the last drop of milk so it is difficult to find mothers willing to starve their children in order to become aid beneficiaries. Nevertheless, families’ status are verified through food security programme registrations. Also joint intervention is in IPC phase 3,4,5 so it is more to make sure that all people in need are not missed by using a common beneficiary register: if you are in need you will get support independently from the cluster you met at first.

Yemen: It was quite easy. This kind of intention, advocacy, should be led by a cluster not by OCHA as it needs constant and consistent efforts through a certain period of time. Nutrition cluster was selected to lead and it went well.

Single protocol: Ruth asked Somalia NCC about the single protocol, what are the expectations, who will be the lead to identify support from global level?

Somalia: For the single protocol to work, there needs to be simplified manuals/pocket guide to use with local actors in order to decentralize the services, giving local capacities the opportunities to deliver services on the ground and have better reach (eg. Ethiopia pocket guide of 10 pages).

Joint programming: Ruth asked Yemen how they would address the lack of willingness to engage in joint programming by INGOs and UN agencies.

Yemen: Currently, a national-level strategy on joint programming is being developed as a result of push from donors and HCT on one side and UN agencies’ prioritization of geographical response on the other.

Non-payment of salaries: Andi Kendle (Technical RRT Manager, IMC) highlighted that non-payment of health workers is a big issue that affects quality programming and ends up being raised in coordination. What strategies are being implemented to address this issue?

Yemen: At the moment, all government workers are not being paid. Strong advocacy at all levels is needed as there is a shortfall of $60 million a month for payments. There could be a possibility of creating a consortium of agencies who will apply for World Bank funds and include payment of some salaries in their proposal.

Somalia: Incentives for workers are taken into account in partner projects. Public servants are depending on incentives paid by partners to date.

Coordination blockages: David Murphy (HAO, Global Cluster Coordination Group, OCHA) asked
where the blockages in getting integrated responses and intercluster cooperation are.

- **Somalia**: OCHA has deployed a full time regional ICCT. Nevertheless, some blockages are coming from the ICCG due misunderstanding of technical terminologies used by technical sectors (e.g. Burden, point prevalence cases etc...), limitations on technical capacity, having a narrow focus, and competition for resources.

- **Yemen**: Coordination blockages can happen when OCHA is trying to coordinate or lead technical discussions.

**Government role: Allison Oman (Senior Regional Nutrition Advisor, WFP)** stated that government’s role in Somalia is maturing each year. When will the next step be taken to trust the government? To Yemen, Allison asked what could be done to ensure a more government-led response.

- **Somalia**: The integration approach began outside of the government but with their full endorsement and blessing. In Somalia, the government has a significant role in all nutrition cluster activities, co-chairing on all platforms and collaborating when possible (e.g. MoH supports IERT, the HRP is reviewed by the Government under the Ministry of Humanitarian Affairs). The problem is the limited capacities and structures at field level which in turn limits reach and programme scale up. The government is depending on the incentives paid by agencies or INGOs and this will continue to be the case until they can have their own revenue generating system.

- **Yemen**: In Yemen, the Ministry of Health is already taking the lead and implementing many programmes (80% of interventions are implemented through MoH).

**South Sudan**

*Presenter: Isaack Manyama and Hussein Mahad*

The situation in South Sudan is one of a complex emergency with increasingly severe food insecurity and widespread acute malnutrition worsening throughout the last three years. Markets have collapsed, access to health services have become limited, and criminality is increasing, making humanitarian work difficult to conduct due to insecurity and looting of humanitarian supplies. Significantly, pre- and post- declaration of famine shifted the responsibility for preparedness planning and implementation strategies from UN agencies to the Nutrition Cluster itself.

The challenges faced range from funding to operational implementation difficulties. Donor fatigue is evident despite the increasing need. Those at the operational level see programmes as initiated and driven by HQ and overwhelming them with an increased workload.

Despite the challenges, South Sudan is persisting in building meaningful partnerships, conducting analyses of food security and nutrition information, and continuing advocacy for adequate funding amongst others. There is a need to shift from cluster envelop outcome related envelop in order to help fund multisector projects and avoid silos.

The GNC was requested to continue advocacy and provide technical support in the development of an integrated response plan, and continue advocacy for adequate funding to ensure that the call for an integrated response is not rendered futile.

**Nigeria**

*Presenter: Kirathi Mungai*
In North East Nigeria, one in five children is suffering from severe acute malnutrition and an estimated 450,000 SAM cases are concentrated in Borno, Adamawa and Yobe states. There is a shift of situation as Yobe is currently more affected than Borno which was expected to be the epicentre of the crisis. Investigation is ongoing to understand this shift.

Priorities of the Nutrition Sector centres around treating and managing malnutrition, strengthening nutrition surveillance systems, improving coordination within the nutrition sector, and mainstreaming gender and protection in programme delivery.

Despite scale-up and coordination efforts, humanitarian needs have continued to rise and dwarf the response capacity. On the ground, there is limited logistical capacity and operational presence, and there is a lack of consistency within the 5W common operation database.

However, the government is heavily interested in what is happening in term of humanitarian response and is leading all sectors responding to the emergency. It was acknowledged that, the increase in the frequency of engagement between the country and global clusters, and action planning has facilitated learning from other countries who are also facing a near-famine situation. There are opportunities to link emergency to early recovery and development, to deconstruct the silo mentality by also engaging with other sectors such as WASH and health and increasing the use of and strengthening Cash in emergency response.

In term of funds, the nutrition sector, plan budget was USD 86 Million, and hope to receive enough funds in 2017 to respond to the crisis. Nevertheless, the nutrition cluster is also advocating at country level to reach all beneficiaries in need of nutrition assistance and not only IDPs. This is because, people outside IDP camps are also in need of support and should be considered in the response.

The GNC was also requested to support advocacy to its partners in order to increase their capacity in country, guide the taskforce in Nigeria in developing an accountability framework, advocate for sustained funding, address the systems and tools limitations to enable multi-sectoral HRP, and push in-country partners to increase the human resource capacity to respond to complex crises.

Questions & Comments

Tewoldeberhan Daniel (Nutrition Specialist, UNICEF Kenya) asked how response was different when famine was declared in Nigeria. Kirathi responded that post-declaration, more attention was brought to the situation. This meant more funding, capacity, and greater reach in terms of RRM, mobile teams, etc. and deployment of mobile teams are being increased where security permits (currently looking more at mobile teams rather than fixed sites). Capacity of partners, capacity to respond and strategies are different between before and after the crisis.

Megan Gayford (Senior Humanitarian Nutrition Adviser, Save the Children UK) asked how the nutrition development and humanitarian communities are collaborating in Nigeria to which Kirathi replied that this is dependent on the leadership level and interest. Certain institutions have interest on supporting Nigeria (World Bank, African bank) and we are trying to link with them.

Jorge Castilla (Senior Emergency Officer, WHO) pointed out the methodological challenge of IPC which only applies to 20% of the population, making numbers seem appalling. What adaptations should be made in monitoring the cholera epidemic, and who leads the inter-ministerial task force? Kirathi replied that currently in Nigeria, cholera management procedures has been shared with partners, and inter-ministerial task force is led by the Minister of Budget and Planning. More generally in term of data and information, for the nutrition sector in Nigeria to improve analysis is by being part
of the analysis. At the beginning of the crisis there were no nutrition data at all and improvement have been made since then. Integration of all sectors into usual governmental ones is the next step forward in order to avoid duplication and increase sustainability.

**Saja** asked the reason for the shift in North Eastern Nigeria from using unconditional to conditional Cash transfers. It was explained by **Kirathi** that the purpose of providing Cash is to avoid relapse of their nutritional conditions. Displacement is unprecedented and they have no way to access means of income generating activities. When asked who leads the famine prevention package in Sudan, Hussein informed that it is OCHA with the government.

**ENN synthesis of ‘post-Rome’ country experiences**

*Presenters: Marie McGrath and Jeremy Shoham*

Active investment is necessary. The Rome meeting had endorsed the integration efforts that were already under way in each country, acting as a catalyst for donors and partners to commit to integrated programming. A wider range of sectors were involved and government was engaged more. But the lack of data, collapse of the health system, inaccessibility, and a lack of organizations with multiple capabilities makes this integration process difficult. Integrated programming is not similar to the SUN Movement approach in that SUN signifies multi-sector programming which perhaps has a bigger impact or more traction. More clarity is needed on that. The lack or existence of a wide range of government capabilities influences how development efforts can be integrated into the humanitarian effort. And government commitment is demonstrated by funding allocation. Unfortunately, there are significant shortfalls in overall humanitarian funding. Therefore, more capacity building of government health workers and local partners is necessary.

**Country Presentations II**

**Objective:** To show case country cluster experiences, challenges and key actions taken to respond to emergencies.

**Kenya: Surge Approach for IMAM Response in Kenya**

*Presenters: Towoldeberhan Daniel*

There is always a need to manage acute malnutrition and the needs are continuously fluctuating. This requires that the system is flexible to respond to the changing needs. However, the threshold for determining acute malnutrition is placed arbitrarily. Waiting for prevalence to surpass the emergency thresholds results in missed opportunities, inefficiencies, and loss of life. Surge is the difference between beneficiaries you can reach from usual governmental programs and the sudden increase of needs during seasonal peaks for example. The question that the Surge model is trying to answer are the follow: Is the system in place able to absorb the increase? How can we plan to build capacity and elasticity in order to meet the needs? The main concept of the IMAM Surge (8 step approach) is to be able to anticipate and plan for tomorrow.

IMAM Surge is a perfect example of the humanitarian development nexus. Between 2012 and 2014, analysis of key events and indicators were carried out. Analysis must happen at facility level to anticipate deterioration and evaluate capacity to respond currently and even by the past. Then, communication between health workers (e.g. setting up whatsup group), facilities and HMT for information interchange is necessary for a predictable response package to be developed. Ultimately, this would strengthen the system. As of now, 36% of health facilities in seven out of the most drought affected
countries are using IMAM Surge. Unfortunately, the current emergency hit while many countries were still in the phase of rolling out the IMAM Surge. Nevertheless, IMAM Surge has improved the responsiveness of the health system to the drought emergency with minimal external support at the outset. The lessons learned is that, IMAM Surge implementation is more effective in countries where the Ministry of Health ownership is strong and a strong community-facility linkage is key to its success.

**Kenya: CMAM Surge Approach in Kenya**

**Presenter: Kate Golden**

CMAM Surge was piloted in Kenya. It is an 8-step process that helps health systems better anticipate and manage *seasonal* surges in caseloads of acute malnutrition and can cover SAM and MAM. It is not a complete health system strengthening package but improves planning, efficient use of resources, prevents health system ‘burn outs’ and should be embedded within the wider government health system, driven by the health district to maximize its effectiveness.

Potentially, it could encompass other seasonal illnesses, especially malaria and diarrhea, that tend to peak with acute malnutrition. It could also provide important early warning information for broader response and be better linked to wider early warning early action systems and funding mechanisms.

In the coming year, the evidence base will be built on through evaluations and analyses, and learning briefs based on country experiences will be circulated. Workshops/ToT are planned, the technical steering committee will be relaunched, and funds to establish a small team to support CMAM Surge implementation will be sought out.

**Ethiopia: Coordinating a Complex Emergency Nutrition Response in Pastoral Communities of the Somali Region**

**Presenter: Orla O’Neill**

There are 16 000 facilities in the country and a great possibility to scale up as CMAM is implemented only during emergencies and during normal times. Discussions are happening at national level to have integrated nutrition interventions into regular health ones. Ethiopia is usually well prepared to respond to drought but this year, the epicenter was in the Somali region, an area mainly rural and pastoralist. To date, there are more than three time the number of SAM admissions compare to last year. It is very difficult to retain trained staff in Somali region and there are only 9 international NGOs doing nutrition for the whole country, obliging them to implement complete package of nutrition activities if present in one district.

At the beginning of the outbreak, there were no protocol for SAM management and cholera. 900 AWD admissions were reported per day, cutting down the focus on nutrition interventions as partners shifted to respond to this cholera crisis. Government incident command post was efficient in cutting down to 90 AWD admission per day. In July 2017, the HRP was revised and the caseload doubled. In October 2017, the reviewed caseload is already almost reached and will be overpassed soon.

Many of the challenges arose from a lack of capacity in terms of health workers of both government and organizations and infrastructure, outbreaks of diseases, lack of and low quality of nutrition information, and low SAM-MAM continuum of care. Above all, it has been difficult to deliver an integrated package of services across clusters.

The Nutrition Incident Command Post has pillars with specialized roles that are filled by various organizations. This helps integration. Nevertheless, there is still a need for a more systemic way to rapidly
deploy staff (this will hopefully be included in the new guidelines), support CMAM capacity building, ensure accountability, and develop more durable solutions and recovery strategies.

**Nigeria: Government Leadership in the Nutrition Sector Response in Borno State, Nigeria**

*Presenter: Kirathi Reuel*

As of August 2017, more than 1.3 million people have been displaced in Borno and 96% of displacement occurring due to the insurgency. Currently there are an estimated 300,000 children under 5 with SAM in Borno. Seasonality is a critical factor within Nigeria.

However, there has been progress in nutrition, especially in Borno state due to partners’ presence and strong and committed government leadership. The state healthcare management board is looking at primary healthcare as nutrition interventions are anchored here. As the CLA, UNICEF has supported the government, working with state nutrition officers, supporting data collection, and providing tools to improve response. Working with the government at the state level gives legitimacy to humanitarian actors in leveraging support from the federal ministry. Overall, there is a good level of trust being built with the local government and international actors.

Nevertheless, competition between partners with competing priorities persists which is exacerbated by the fact that there are low commitments by partners on coordination activities.

**Questions & Comments**

**IMAM Surge model Kenya:**

Tewolde clarified that the main concept of the Surge model is based on the question of whether the demand and the supplies match in such a way that they are synced. In economic terms, the owner of the market place would be the government. Therefore, the role of the Surge model is to support the government in providing the supply to match the demand. To have a functional IMAM surge system you need to plan in advance, to build an elastic system. At facility level, communication is key: good linkage between health centers and communities is essential ensuring accurate number of beneficiaries. It is also important to conduct regular nutrition surveys and integrate information from rainfalls into the analytical system (including remote sensing). In order to put the surge model in place, at scale and operational during an emergency, there is a need to invest time on planning and training. The risk of fast scale-up without proper planning is the deterioration of ownership. The cost of broadening this model have to be looked at.

**Ethiopia:**

INGOs were asked to implement a full package of nutrition interventions, how do you do that? INGOs were not obliged but as a matter of fact national trained staff will not remain in Somali land, a complex environment, so INGOs have to take the lead and need to do more when they set up an intervention in the area, at least nutrition and health activities. Accountability lies in the government and this is the way the CMAM was enforced in Ethiopia. There is clearly a need for different modalities and surge deployments to push surge initiatives into remote areas where the need for health and nutrition is greater.

**Nigeria:**

Currently there are efforts in improving government capacity on coordination that is being received well.

**Wrap up**
Presenter: Josephine Ippe

Josephine wrapped up the session by reviewing the information shared. The opening session acknowledged the collective development of the new GNC strategy for which shared responsibility for fundraising and implementation is necessary. Partnerships are important in delivering the GNC strategy. This is particularly pertinent given that emergencies are increasing and becoming more complex. The co-existence of acute malnutrition and stunting in emergencies is real and both need to be addressed. Multi-sectoral approaches to address malnutrition are needed and we must leave the “GAM ghetto”.

Clusters, donors, the CLA and development agencies are important for working towards better nutrition outcomes, bringing in predictable, multi-year funding, supporting preparedness and providing technical leadership, and establishing strong and effective linkages are all important pre-requisites.

Rich experiences in integrating programming from Somalia, Yemen, South Sudan and Nigeria were shared. The Rome Meeting and briefing note to the HC acted seems to have acted as a catalyst for donors and partner commitments to integrated programming for better nutrition outcomes. The value of partnerships with other sectors was emphasized as is the need for shared accountability. Silo envelopes of funding and mandates need to be abandoned and to achieve this, an harmonized operational guidance is needed.

Challenges and questions still remain. When does the accountability of humanitarian actors begin and end in humanitarian development linkages? How can the right balance be struck when a top-down approach affects buy-ins at country level? Who can effectively convene and lead multiple sectors for better nutrition outcomes? How can data elements be harmonized among different sectors?

Presentations on the Surge model in Kenya, coordination efforts in Ethiopia and government leadership in Borno state were very informative in demonstrating the application of humanitarian and development linkages.

It was recommended that, the rich information and range of experiences on day one should feed into discussion in day two which focuses on integration response, the humanitarian-development nexus, localization, and Cash programming.
Day 2

Round Table Panel Discussion: Forgotten/Protracted Nutrition Emergencies – How to Maintain Funding and Response at Scale

Presenters: NCC/Operational Cluster partners

Objective: To identify gaps and support needed, based on country cluster viewpoints and develop key actions needed from GNC partners to support country teams.

Questions were asked to each of the countries represented on the panel regarding their respective situations and what kind of assistance could be given from the global level to ensure that these situations are dealt with appropriately.

Forgotten/Protracted Crises

Question 1: Why do you think your emergency is no longer in the spotlight?

CAR

There is a crisis in CAR since 2014. Currently, half of the population is in need of humanitarian aid. There are 600,000 IDPs and 30% are food insecure. Armed groups control 70% of the land and health facilities and workers are largely absent. Health facilities have been looted. The crisis is severely underfunded where only 11% of budget commitments have been received. This results in severe consequences.

Niger

Niger is not a forgotten but a protracted crisis. The main issue is that the nutritional crisis chronically exists despite the fact that it is not declared. The first nutritional crisis started in 2005 and has continuously scaled up. Since 2012, 350-400,000 SAM children have been admitted per year. There is serious donor fatigue as they are fed up with not seeing improvements on GAM prevalence. Emergency donors are phasing out because they do not regard it as an emergency but a chronic/development issue.

Syria

Despite there being the highest pledge, the Syrian crisis is the lowest funded. The focus is mainly on protection and displacement, and nutrition is often in the periphery. Donor fatigue is visible as the crisis is now in the eighth year and the dynamic within Syria and around has political implications, which influences donors and how funds are allocated. Cross border interventions are also expensive. There is also a problem of non-traditional donors do not following the HRP and cluster response strategy and the humanitarian process/protocols and there is a need to really engage with them.

Question 2: What are the challenges that are not being addressed?

Syria

For nutrition, the CLA has mobilized resources, in particular EPF funding, but this year has been under-funded. Funds arrived very late in the year with short expiry periods and significantly through NGOs. NGOs need to be brought into the forum to be able to achieve the strategic objectives.

CAR

Only 11% of funding is being received, which is a low compared to the past two years, and projects are lacking funds. Traditional donors, ECHO, OFDA, DFID, are being relied on and for now most projects
ended because of lack of funds.

**Niger**

So far, funds are available but the problem is that services currently delivered are not ready to be integrated into governmental structures. So if emergency donors and partners pull out now, it will be a problem and Niger will face the same situation as CAR. At the moment, INGOs, national partners and donors support the cost but donors have been clear that they are going to begin to phase out and by 2020, they will not fund nutrition but redirect funds to the migration crisis.

*Question 3: What should we do differently as a sector to ensure emergencies are not forgotten?*

**Syria**

To overcome fund shortfall internal mobilization, narrowing priorities and advocacy to donors should be done. Donors and humanitarian partners need to be engaged at the global and regional levels. Nutrition is not only about acute malnutrition but also other underlying issues as was addressed the previous day. The cost implications and benefits of working on stunting need to be shown. More engagement with non-traditional donors to make them understand the importance of the HRP and the CLA is needed. There must be more investment in building capacity and awareness within the government regarding the importance of nutrition.

Communication tools for approaching donors and actors, guidance on how to advocate for a situation when it is not an “acute malnutrition” emergency, and documentation of good practices are necessary. Support is also needed regarding the development of the advocacy strategy for the nutrition sector (the GNC already has an advocacy tool kit so support is needed in the active roll out of the tool kit).

**CAR**

More advocacy is needed at the national level. When the situation was downgraded from an L3 to L2, the support that was being provided to CAR was altered. The CLA needs to coordinate and/or provide support for L3 and L2 emergencies in the same way.

**Niger**

Advocacy is needed to attract development donors, explaining malnutrition is a chronic problem in Niger and to help them understand that chronic malnutrition issues are related to emergency response whose effects will be impossible to reverse.

*Question 4: What support can GNC partners provide to keep the attention on emergencies? (Key asks)*

**Afghanistan**

**Situation:** Afghanistan is one of the most well-known protracted emergencies which has lasted for the last 10 years where displacement does not seem to decrease. The main challenges are donor fatigue and the overlap between chronic and acute vulnerabilities. As of now, donors are looking to determine what the main driver of emergency is in order to decide whether to fund or not. Clearly, there is a mismatch between where the *needs* are and where the *interests* are (conflict is currently the main driver of the emergency so humanitarian interventions are done in these areas while malnutrition is widespread and not necessarily in the conflict affected areas). The divide between the CO and OCHA on how humanitarian emergencies are looked at does not alleviate the situation. Acute malnutrition, regardless of the cause, should be considered an emergency. However, OCHA and some donors do not think the same way. In other words, a malnourished child coming from a non-conflict area is not as sensational and appealing.
**Key asks to GNC:** our argument is based on GAM prevalence (GAM ghetto) and should shift. The nutrition cluster need assistance on communicating better and outside of the GAM ghetto. Also development funds are available in country how can we access it?

**Sudan**

There is a problem of mismatch between nutrition emergency and humanitarian emergency, not necessarily in the same area. Now the nutrition cluster is working on developing the humanitarian/development nexus and multi-year planning to help strengthen government response where there is high GAM prevalence but no humanitarian response.

**Countries still in the spotlight**

**Question 1: What keeps your emergency in the spotlight with secured funding?**

**Yemen**

The crisis is hugely political, therefore, the emergency automatically comes into the spotlight and an L3 state of emergency was declared and is maintained up to now. Discussions took place in country and advocacy efforts by HCT and partners with the right arguments were undertaken at high level to keep up with the attention.

**Somalia**

Global support and interest is still there because of the political interest. On top of that, evidence is being well circulated to influence opinion and bring attention to Somalia. Therefore, donor support is high. This is thanks to the Drought Operation Incorporation Centre which was implemented successfully to prevent the famine and the centre is visited by many stakeholders. A lot of information was shared widely. All these helped to prevent famine, nevertheless the risk persist.

**Question 2: What are the challenges encountered by emergencies to secure (or not) funding?**

**Yemen**

There could be more advocacy by the CLA, beyond EMOPS to the executive directors’ level. There is a need to continue bringing attention to the country, and it should be through different ways than media (not allowed in country).

**Somalia**

At the moment, more focus is being put on the pre-crisis situation. Somalia is at the receiving end of aid but now is looking at how to influence political, humanitarian and development arenas to prevent crises from occurring. Engagement on the ground is essential. Also advocacy is efficient when it is evidence based and a lot of effort are put into generating such evidence.

**Question 3: What support can GNC partners provide to keep the attention on emergencies? (Key asks)**

**Yemen**

GNC partners should engage in more advocacy and ensure that the GNC advocacy toolkit is implemented. To improve this, it would be useful to have advocacy experts facilitate training and workshop in country.
Somalia

At the global level, more focus needs to be on preventing crises, using its position to influence decisions and awareness. Can we influence the drivers and intervene early in order to prevent increase of malnutrition prevalence? This is not something that can be dealt with at the country level. Continuous work on integration of an inter-sectoral approach is needed and nutrition issues need to be looked at more holistically. There is a need for a guidance developed by the GNC on linkages between development and humanitarian interventions and strategies.

Additional comments

There is a need to change the NiE narrative which is usually based on the GAM and whether prevalence exceed the threshold or not. In doing so, other important aspects of nutrition are being left out. Funding is overlapping because of the complex nature of these crises and a lot of development funding goes to protracted crises. This needs to be taken advantage of and channeled in a more strategic way.

Resource competition is apparent and the CLA needs to acknowledge its existence and tackle it from a global level in order to ensure parity and equity. Questions such as ‘how are we prioritizing situations without following media attention?’ and ‘how are we making decisions without losing track of countries in need?’ need to be addressed.

The issues in linkages with development are beginning to be realized. Shared responsibility on how we have been interacting needs to be taken and addressed. This is the time to reflect, not to be reactive but active and respond sustainably. This is not only a job for the GNC but also that of respective agencies to do this collectively.

Update on Inter Cluster Nutrition Working Group (ICNWG)

Presenter: Kate Ogden

The ICNWG is a sub-working group of the GNC and gFSC that was established as a collaboration between the two clusters in 2012. Its overall goal is to contribute to safeguarding and improving the nutritional status of crisis affected populations, preventing a deterioration of the nutrition situation in at-risk population groups and enhancing the overall nutritional situation of the affected population. It aims to provide technical direction, guidance and coordination solutions and promote a coherent multi-sectoral integrated approach to ensure good nutrition in humanitarian crises with the needs of the affected population at the centre.

So far, it has successfully supported inter-cluster coordination at the country level, manifesting in the Whole of Syria training workshop in Amman, March 2017 and the four famine meeting held in Rome in April 2017, organized by the GNC and gFSC and with participation and pretention from the Nutrition and Food Security country cluster coordinators. However, bottlenecks in scaling up effective joint inter-cluster activities are still present and missions are scheduled in Yemen and South Sudan to further investigate and support countries in practically facilitating analysis and development of a multisectoral integrated response to achieve a better nutrition outcome.

The ICNWG has also developed the technical capacity of country stakeholders on nutrition-sensitive programming through the multi-cluster workshop held in Geneva in June this year. Minutes of this workshop with updated responsibilities, issues by sector, key messages, dissemination plan, and a glossary of key terms will be available as soon as possible. The group have also started the development of training package on integration or multisectoral work for cluster coordinators and cluster partners as the key audiences. This package is aim at defining the how to of multisectoral approach as well
as the package of nutrition sensitive intervention that need to be delivered in order to achieve a better Nutrition outcome. In addition, the group is advocating for a nutrition-sensitive agenda in humanitarian contexts within various global level settings including the Rome meeting, multi-cluster workshops, and inter-cluster missions.

Nevertheless, there are issues to be highlighted. The IPC can only be as good as the data that goes into it. A data gap will lead to a substandard IPC and CAR is a good example where these issues have arisen. Much work has been done on assessment but the data was not good enough.

Multi-sectoral programming requires different types of information, so there is a need to rethink the analytical needs by shifting to a multi-sectoral analysis. Multi-sectoral approach can help underfunded stand-alone nutrition interventions by accessing funds that are allocated to other sectors having a nutrition component integrated.

Next step: Call for interest of CC who have experience on multi-sectorial and nutrition sensitive interventions to gather experience and support the development of concrete guidance and the training package.

Action point:

1. Attendees are requested to please raise issues as IPC meetings are happening now.

Questions & Comments

Resilience is a key question in prevention and preparedness and donors are very interested in this, and this is an agenda note of the ICNWG. It seems that the focus is currently on humanitarian efforts relevant to nutrition while nutrition is a good example of where the humanitarian development nexus can be applied. ICNWG is working to shift the focus to bridging the gap between the two and developing ways to capitalize on the developmental aspect of nutrition. WASH and Health should be integrated into the ICNWG as permanent members.

Key GNC Achievements of 2016-7

Josephine reviewed the action points that were raised from the 2016 Annual Meeting. Key achievements included the development and endorsement of the 2017-2020 GNC Strategy by all partners, and the development of the 2017-2018 costed work plan to implement GNC Strategy. Leadership for the implementation of the WP have been identified and shared with partners.

Unfortunately, the budget of US$5,561,600 for the two years have only been minimally met and there is a deficit of US$4,400,000.

Global Update on Progress on WHS Work Streams with Specific Emphasis on: Humanitarian Development Nexus, Cash and Localization

Presenter: OCHA- Geneva

Katarina Toll (HAO, OCHA) briefly gave an introduction and stressed the comparative advantage of the linkage and the need for the nexus to be established as a preemptive measure. In order to implement it, there needs to be common needs analyses using collective outcomes and designing activities with both perspectives in mind. Coordination mechanisms and tools developed from frameworks with commonly defined indicators is necessary to monitor progress. The nutrition sector is very well placed to advance on linking emergency with long-term issues.
Louise Gentzel (HAO, OCHA) introduced Cash as a work stream that emerged following the World Humanitarian Summit and Grand Bargain, which focused on Cash coordination, risk, measuring and tracking. There has been a massive increase in Cash that is distributed by humanitarian organizations, however only 7% of humanitarian aid is being distributed in the form of Cash despite the anticipation after the WHS was that 40% of humanitarian assistance would be in Cash transfers. Traditional donors have committed to increasing Cash programming, and at the global cluster level, the GCCG has established a task team to look at priority issues and commonalities across Clusters, stressing that Cash should be seen as a means, not an end, to achieving cluster goals. The priority is to map Cash Working Groups around the world and think about how to link them into the formal architecture. However, there is still a gap in evidence to show that Cash is feasible. Research on how Cash is used, what happens, and its impact needs to be invested in if decision makers are to make informed decisions and support it.

The group discussion should consist of taking stock of where each participants’ organization is at, how to best move the conversation along, and what the barriers are in preventing engagement in conversations. It would be useful to also keep Cash+ in mind, and why it is taking so long for donors to commit to Cash.

Ali Gokpinar (HAO, OCHA) stated that localization stipulates for 25% of funding to go to local partners. Operationalizing localization requires solving issues around integration plans and revising them to include local partners, minimum advanced preparation actions need to be incorporated into the IASC guidance on how to incorporate localization into programming, and tips and guidance need to be provided. In order to operationalize it at the ground level, language adaptation and an open space for local actors need to be secured. As of now, the IFRC and Swiss are piloting localization, focusing on coordination, capacity strengthening, partnerships, and measurements. The rolled out work plan will be shared with attendees. Nevertheless, it would be useful to know what the GNC can do to operationalize localization.

Group Presentations on Humanitarian Development Nexus, Cash, Localization and Integrated Response

Humanitarian and Development Nexus

Currently at the global level within the UN system, there is a committee on the nexus and high-level discussions are happening. For Nutrition, Decade of Action on Nutrition, SUN and REACH are significant global actions. Nevertheless, the GNC and CLA need to work strategically to tap into these initiatives and support countries to get the humanitarian and development linkage on the Nutrition agenda, advocating for a single national plan for Nutrition with its underlying causes and stunting and wasting as outcomes, addressing it in a multi-sectoral manner, and including preparedness and risk analysis to prepare for emergencies. Today, even if there are multiyear planning occurring, the development actors are not necessarily included and while the humanitarians are also not tapping into the developmental multi-year funds for emergency preparedness and response actions or Nutrition.

Multi-year planning is an opportunity to bring the humanitarian and development actors together, as well as inter-cluster working group as a platform of convergence. Clearly, there is a need to rethink the planning process and make it more coherent. For this, there is a need for dialogue between the CLA and clusters with development actors in order to concretely support governments in the planning process.

There is a need for joint identification and understanding within a country on nutrition and planning
should happen based on that. Unfortunately, this does not happen enough and planning is usually based on what is already happening. While responding to an emergency, working on the link with development is not easy. Discussions need to start before a crisis arise. There will be also a need to set up clear boundaries between humanitarian and development.

Action points:

2. The SUN Gathering will be happening soon, please share recommendations for country specific planning with Jeremy.

3. ICNWG to develop ways to engage with development actors.

4. CLA and GNC to engage with development actors and initiatives, focusing on the one nutrition plan particularly on advocacy and changing the narrative.

5. GNC to pull out good practices from Kenya and Nepal.

Localization

Localization was defined as targeting those responsible for local action including both national and international NGOs.

There is a need to look into global level partnerships such as the IFRC, the IMAM Surge where planning occurring at the health facility level and cooperating with governments in order to reinforce their ownership of programmes can present as good opportunities. So far, local NGO capacity building efforts have returned low results. This is because of the traditional way of training that has persisted and so, capacity building needs to be rethought as a more continuous, long term process. Tools that are responsive to needs are an essential part of capacity building. It would be useful to make available the training content online.

As of now, it is beyond the capacity of local partners to deliver the services and therefore, institutions first need to be strengthened to be able to deliver on whatever the program is.

Actions that need to be taken in order to move localization forward include having prerequisites for partners to engage with the local capacity; and also adapt the language commonly used in the cluster, advocate for NGOs to become leader of working group and establish consortium of local partners to strengthen coordination. A bottom up health service survey can do much for understanding and empowering local capacities. Strategic partnerships need to be identified, and this includes advocating for NGOs to be partners. Subsequently, coordination should be done in terms of facilitating consortiums of local partners that have complementary capacities and linking them with international NGOs for mentorship.

At the global level, the GNC needs to set clear objectives for localization. Concrete engagement on technical and strategic levels with partners is essential and key strategic partners for long term partnerships need to be identified. Advocacy and resourcing is key for operationalizing localization. This is a great opportunity for connecting the humanitarian and development actors. As an example some countries could include budget/ project of localization in their HRP.

Often, local partners are disadvantaged within the arena. They are assessed against the same criteria as those of international organizations that have greater capacities. This makes it difficult for local partners to keep up. Criteria needs to be adapted to take into account the varying level of capacities across different partners. They also suffer from a lack of access to donors and often do not even know
from whom they are receiving their funding from leave along having the capacity to write good proposal. Locals want and need to be included.

In order to succeed, there first needs to be a strong organization and management system and then technical capacity also needs to be enhanced.

How do we ensure local actors apply the humanitarian values and principles as they may have different principles or mandate? Local NGOs can be a lot, how can we prioritize the support provided? Partnership between international and national are not always well defined and this should be taken into consideration when formulating the recommendations.

Action points:

6. Discuss what can be done at the global level in order to give better support to local partners.

7. Capture the experiences of local actors (on the field, in nutrition exchange) and compile perspectives.

8. The GNC to link with the CP AoR who is trailing a framework that links localization into the Cluster ToRs, shifting the power program and enhancing partnership.

Cash

Cash is essential in nutrition outcomes but it is not the only solution. Cash services should not replace services but be implemented in conjunction as Cash+. There needs to be a reevaluation of the gaps and priorities in research and operations. Furthermore, a Cash coordinating mechanism acting within the government is essential.

The Refani study conducted by ENN and DFID showed that double Cash provision reduced the risk of wasting significantly and all Cash programmes led to a reduction in stunting up to 6 months after cash distribution.

In order to maximize the opportunities, country-level clusters need to engage in conversations to ensure that service delivery is safeguarded. A strong engagement with the Cash Working Groups at the country and global levels is necessary.

In moving forward, Cash Working Groups and their position need to be determined and perhaps reconsider whether the Cash Working Group’s being based within the Nutrition Cluster is the most effective positioning or could it be convened within the ICWG? Or could CALP provide the platform? Monitoring data needs to be used more effectively to build research questions for operational research.

The GNC was asked to determine how Cash should be situated within the NiE technical body, and support in establishing a space for conversations and representation to occur.

Regarding Cash+: We need to identify what is the added value of cash in this particular set up, the impact, how do we identify the beneficiaries, the modalities? In the GNC 2 years WP there is mention of a position paper but it could be unpacked starting by collecting evidence that already exist.

Action point:

9. Coordinate research initiatives and put together a concept note.
**Integrated Response**

Currently, there is a need for a clear shared vision of what integration means and agreed expected outcomes. In order to do so, the basics, such as language and location adaptation is essential and a checklist for pre-requisites to engage local capacity should be developed. A high-level position paper is due to be written, building on lessons learned and good practices based on context. National nutrition plans and strategies should be looked at: are humanitarian response plans currently helping integration? Planning based on local capacity must be promoted and a bottom-up approach of providing capacity building at the lowest local level for nutrition planning is necessary.

In order to achieve this, dedicated support for integrated working groups and clear terminology is needed. The GNC should look into global partnerships to engage with in the long term and advocate within UNICEF to increase integration internally. The GNC should also look to engage with local partners on a strategic level to determine common outcomes and assist in developing an integrated approach within respective systems. A guidance and checklist to enable this local action would be helpful. Advocacy and resourcing for costs to operationalize localization is a constant need. Specifically, the SAG should think about whether there needs to set up a task force to explore these areas and determine immediate and long-term actions. There is a need for a decided support if all these actions are to be carried out by the ICWG.

**Adult Malnutrition**

*Presenter: Mija-tesse Ververs*

Adults between the ages of 20 to 50 were screened to determine who needs intensive care and who can be treated. Chronic and acute malnutrition were distinguished and acute malnutrition was the target of this study. Programme components of treating adult malnutrition included a livelihoods approach in the form of food assistance and Cash-based transfers, and out- and in-patient treatment.

Treatment would mostly be used in situations like famine, detention contexts with high disease burdens and food insecurity, where a high prevalence of untreated HIV and TB is high, and for individual cases in low resource settings.

Pregnant and lactating women were not categorized because of the difficulty in determining indicators. It is important to provide evidence for the effectiveness of national guidelines on malnutrition if they are being used. Despite malnutrition being more prevalent in older age, there was not a single agency doing anything about it. Unfortunately, there are never enough resources so the question becomes how will prioritization happen? What are the cost benefits of addressing adult malnutrition? The new strategic plan focuses not only on under-5s and school-aged children but also women who are represented on the whole spectrum of age. Prevention of malnutrition is as important as treating it.

During the past GNC face to face meeting in March 2017, participants have expressed interest on adult malnutrition. Since then a guideline have been designed. Call for interest is made to partners or country coordinator to implement the guideline.

UNICEF strategic plan for the next 4 years is looking outside of children under 5y: school age children and adolescent girls for prevention of malnutrition. The cluster is looking after all types of malnutrition and all ages. Children under 5 years old are the mandate of certain agencies but the cluster look after the bigger picture.
**Overview of New Mechanism for Addressing Technical Needs**

Presenter: Ruth Situma on behalf of the NiE Technical Task Force (NTTF) Members

The new Mechanism for addressing NiE technical needs was developed due to the long standing question on the best and most appropriate role of the GNC in addressing nutrition technical support. Before the mechanism was developed, there was need to define what does technical support means. The three definitions for “technical support” that were endorsed in the previous GNC meetings include:

- **Technical advice** - This refers to the process of providing feedback to questions from individuals working in countries in emergencies within a relatively short timeframe primarily when normative guidance exists/are available.

- **Consensus driven guidance** - This refers to the process of identifying and addressing the need for additional technical operational guidance for an emerging issue that must be addressed in order to enable a specific emergency response.

- **Specialized technical expertise** - This refers to securing specific technical expertise that the cluster needs in order to deliver on cluster activities, which is beyond the capacity of country level resources due to either the complexity/newness of the issue or guidance or relative scarcity of the expertise.

The new Mechanism planned to be launched in 2018 will be led by UNICEF and co-led by NGO partner and is expected to provide predictable, flexible, systematic and effective approach to respond to nutrition technical needs in countries in humanitarian crisis. This new Mechanism also outlines a predictable communication flow that maximizes the capacities and structures already in place from country to global level and vice versa; defines the process for resolving the issues; and proposes the formation of an overarching **Nutrition Humanitarian Technical Advisory Body** to address unresolved technical issues and to provide strategic direction on nutrition in humanitarian contexts. Figure 1 below illustrates how the communication flow will look like from country level up to the Nutrition Humanitarian Technical Advisory Body and vice versa.
The Nutrition in Humanitarian Contexts Technical Advisory Body will be led and coordinated by Technical Lead Coordinators (TLC), co-led by UNICEF as the cluster lead agency and an NGO partner. The members of the Technical Advisory Body will be drawn from the GNC members and expanded to include government, regional platforms, UN agencies, governments, academia, representation from other global nutrition networks and other existing technical bodies. The diversity in the membership will strengthen the quality and relevance of the collective products.

The Technical Advisory Body will function through the three working groups as per the definitions of “technical support” described above. That is, Technical Advice Technical Working Group, Consensus Driven Guidance Technical Working Group and Specialized Technical Expertise Technical Working Group. To resolve the example used in Figure 1 on “What is the protocol for measuring and treating adult malnutrition?”, the Consensus Driven Guidance Technical Working Group would work on this. Other technical support needs may fall under the other Technical Working Groups. Figure 2 shows illustrative functions of the three technical working groups.

Questions and comments
There was need to clarify the role of CDC earlier in the communication flow (figure 1) as they already act as first port of call for countries on technical issues.

ENN provided comments that they are planning to document the experiences and lessons in developing rapid nutrition guidance related to Ebola and Zika that would serve to inform the new Mechanism, for example on determine how long and what it would take to develop an interim guidance.

The decentralized nature of the Mechanism was critiqued as knowledge management and maintenance of standards would be difficult. There was comment to consider having a focal points to ensure the process/flow of information is efficient.

Action point:
ENN to share the documentation on the experiences and lessons for developing interim guidance.
NiE Task Force to incorporate the comments on CDC, focal points and knowledge management in the Mechanism.

Group work
Participants were divided into 7 groups to discuss the next steps for the new Mechanism and particularly the formation of the Nutrition in Humanitarian Contexts Technical Advisory Body. One group discussed the milestones and work plan, two groups discussed the ToRs for the NGO Technical Lead Coordinator (TLC), three discussed the TORs for the three TWGs, another the ToR for the CLA, and lastly, the GNC Help Desk function.

The groups provided the following feedback.

- **NGO Technical Lead Coordinator (TLC) TO**r There is need to clarify what Technical Advisory Body and the TWGs mean and how they relate to each other.
- A knowledge management role is missing, an essential role that filters and prioritizes key issues.
- A clear picture on information flows within Technical Advisory Body is needed.
- The mechanism is more top-down, therefore global support and guidance is needed.
- Is NGO TLC expected to be a full time role? The responsibilities seem to be so many for a single person. A clear vision of where funding is coming from is needed as it affects the timeline of the selection of the NGO TLC. There is also need for long term commitment.
- UNICEF commented that a concept note has been developed with the GNC linked to GNC Help Desk to provide seed money to contribute to the establishment of the Mechanism. In addition, sensitization of key stakeholders will be undertaken as well as communication materials will be developed.

**Cluster Lead Agency Technical Lead Coordinator TOR:**
- There is need to clarify: what is already in the Inbox for this group? (ie – cholera and SAM, cash), how would responses function for these issues, and how can we ensure a sense of legitimacy of this group? (ie – self-selection vs voting of members).
- The group recommended that the mechanism to consider previous process with technical questions, ie – Ebola and nutrition vs cholera and SAM – What worked well? What hasn’t worked well? How would CLA TLC improve on this?
- Role of Ministry of Health is missing from in the communication flow.
- A two-way communication between country and global is needed to provide knowledge management.
- How to define “technical” – Group advocated for wider definition (ie – nutrition specific and nutrition sensitive issues) with the need to call in expert partners in those nutrition sensitive areas (ie – cash). If defined narrowly there is for risk stove piping and moving backward.
- What is the link with GNC? Is Technical Body separate to GNC? (Then question of why CLA is automatically the UN TLC vs some other normative UN agencies (ie – WHO). This question also was raised as technical WG are managed at Country level under the cluster structure so potential benefit to mirror this structure at the global level.
- Concern about duplication with normative mandate of UN/MoH agencies, programme managers of technical initiatives (ie – TRRT PM, Help Desk, etc); IFE Core Group; NWL.
- 70% FTE – dependent whether this is sufficient FTE for this person to be a networker to coordinate this work and/or to contribute to technical conversations.

**GNC Help Desk TOR**
- One part-time staff is not sufficient to manage the work load.

**Technical Advice TWG Lead TOR**
- Include ‘review and distil issues from all discussions that have come previously’ e.g. via ENN-Net and GNC-Help Desk. Hopefully, the IT platform Ruth mentioned will make this easier.
- If this role is about making existing guidance available/ understood, perhaps emphasise that this may mean applying more general guidance to a humanitarian situation.
• Timeframe for response should be 72 hours
• Question whether should include ‘advice on how to apply these materials at country level’ - that should go back to Regional and country levels.
• Clarify talking about an agency or an individual?
• Being a GNC member yes probably but allow some exceptions
• Funding must come from agency? Suspect it will be full time
• Expand experience criteria to ‘nutrition sensitive and nutrition specific’ and humanitarian experience
• 2 year commitment (say commitment rather than fixed term) sounds ok, but may need to be flexible depending on technical issue being covered – different people over 2 years?

Specialized Technical Expertise TWG Lead TOR

• Coordination structures need to be well understood.
• Clarify the funding mechanism and time requirements of the TWG.
• Should the TWG lead be a GNC member?
• Appointments to be flexible depending on technical issues is essential to avoid duplication.

Consensus Driven Guidance TWG Lead TOR

• Clarify what is an agency role compared to individuals – both in the TGWs and Technical Body
• If all of the first ports of call give different answers, how can the answers be consolidated? There may be need for focal points
• How will issues be pushed laterally in the mechanism?
• Address duplication of actions
• Have clearer linkages with academia, SUN, NWL
• Have dynamic knowledge management
• Change the word stimulate to support documentation.
• Separate “normative guidance” from “develop interim guidance”

Work plan and Milestones

• Include the process on country-level consultation and the existence of a focal person to filter the issues.
• Prioritize pending technical issues first
• Bridge the gap between mechanisms that are already in place.
• Develop a tracking system early on.

Actions

• NiE Task Force to take into account the comments/questions in the TORs and reach out to partners to express interested in leading different components in the mechanism
• Members interested to join NTF to reach out to UNICEF or GNC-CT

Technical RRT Review

Presenter: Andi Kendle

The Technical RRT is a rapid response mechanism to support collective work for NiE. It was established to provide overall emergency nutrition response by deploying technical advisors and providing remote technical support. It is comprised of a team of four experts in assessment, IYCF-E, CMAM/IYCF-E, and CMAM/Social Behavior Change. The Deployment Steering Committee includes representatives from
the consortiums agencies and the GNC and UNICEF.

Deployments range on average for six weeks and the Tech RRTs are deployed within 72 hours if needed and the visa process permits. Any agency or stakeholder on the ground that identifies a technical need, whether it be a nutrition cluster/sector group, donor, government, or individual agency can make a request for the collective and, now individual agencies are also able to request support. The purpose of any request should be to improve technical quality and/or scale and reach of programmes but not to fill gaps. All requests are evaluated by the steering committee, in communication with the country, to ensure appropriateness and relevance of the support. As of now, 28 out of 37 deployments have been completed to 11 countries, fulfilling a range of requests. Deployment occurs when the opportunity and feasibility overlap.

Key challenges include getting the ToRs right as it is a time-consuming process, balancing policy and programme support, following up on deployments and completing longer term initiatives, using non-deployment times more effectively, balancing the costs between managing the mechanism while also ensuring appropriate staffing for workloads, and circumventing restrictions linked to donor mandates on where deployments can be done. Lack of awareness especially by national and local actors ( Ministries of Health and NGOs) on the availability of the mechanism and the criteria for requesting. Funding and sustainability is short and this is problematic as all of the costs are covered.

The following group work is an opportunity to bring the discussion back to the GNC membership to shape the future direction.

Questions and comments

The ToR’s development and a way forward should be included in the evaluation due this November. Even with nutrition-specific objectives, the Technical RRT has not had comprehensive coverage of technical areas; nutrition-sensitive areas are something that needs to be incorporated. Despite a lack of a sustainable model, there is potential for cost sharing modalities and collective support for other technical areas, all of which are under discussion.

At the moment, the Technical RRT’s support is provided for free and this is in order to ensure than everyone has access. The budget of the Technical RRT is around $1m per year.

Group work

Group work: Each group was asked to review predetermined statements, indicating whether they were in agreement or not considering both the short-medium term as well as the long term. Group work highlighted the following opinions:

1. Operating model:
   - Six-week length of deployment: mixed response, possible consider up to 8 weeks
   - Follow up visits after a few months: mixed responses but most felt that follow up should be done remotely and depending on context, potentially with a visit
   - Tech RRT housed within the GNC: mixed responses with most partly agreeing; the issue of independence was raised as well as whether UNICEF should also have this service; depending on the interest and capacity of the GNC and management
   - Focus on national NGOs: most felt that they should be included by not the only focus; to also report on efforts made to bring them around the table
   - Set schedule of webinar trainings on common weak technical areas: full agreement and that it should be informal

2. Types of requests & request process:
o Any population or country regardless of donor priorities/mandates: all in agreement, as long as the request is legitimate

o Refugee contexts: all felt that the Tech RRT should respond to these situations, suggesting involvement with UNHCR

o Middle & high-income countries: most felt that the Tech RRT should respond if there is a need, not linked to income, but not all were comfortable for high-income countries

o 1st phase of rapid-onset emergency and the need for a request: all felt that a clear TOR and at least minimum consultation is necessary to confirm a gap exists

o The time-consuming nature of request process: mixed reactions, some felt it is necessary, others thought it needs to be accelerated.

3. Technical area to include:

o SBC: mixed responses, but generally felt that it is important to include it and it should be integrated in the response

o Nutrition sensitive areas: All agreed it is important and should have expertise available

o CMAM: most felt it should be included, particularly for new developments that need support (i.e. expanded criteria, etc.); possibility of a multi-skilled adviser with CMAM

o Preparedness work (during quiet times): in the short to medium term, it was felt that emergencies should be the priority, perhaps only for remote support or with additional resources; in the long term, there was more agreement that it should be supported

4. Human resources:

o Maximum deployment time of 50%: all agreed about this, but wanted to ensure that non-deployment time is used for technical backstopping and remote support

o Keeping staff on retainer basis instead of full-time: mostly felt that this was not a good idea, making it difficult to attract and keep the talent pool

o Roster system vs full-time staff: most felt that a roster could be used to complement, but not instead of a team of core full-time staff, to broaden range of expertise and languages

o GNC RRTs should have a technical capacity to be able to do either type of deployment: mixed responses, but that this could be part of a capacity development plan

5. Funding and financing the mechanism:

o Non-deployment time should be for specific agencies to reduce costs: mixed responses leaning towards disagreement, felt that they should still work for the collective, with knowledge transfer to other agencies/countries

o Cost recovery or cost sharing model for deployments: most felt that this could be considered but only on a case by case basis

o Tech RRT to offer training or other services to generate income for sustainability: mixed responses, felt it was complicated but that it could be explored

o Organisations can become members for a fee and receive non-deployment time: mostly disagreed, complicated, could cause tension, only contributors get service, but question of cost

o Pooled funding: mostly agreed that a diversified funding base would be best

Remark

Jeremy commented that it is surprising that the GNC is struggling for funding given its significant activities and contributions. It seems that the development sector gets much of the funding despite the fact that its failure is what causes humanitarian needs. It would make more sense to redirect these funds to humanitarian efforts. Perhaps different options of funding are necessary. If so, Saja asked how
nutrition could be positioned in the integrated response in the multi-year planning framework. Ruth commented on the number of commitments following reflections made during the UNICEF’s Global Nutrition Network meeting, reiterating the need for advocacy and the narrative to be purposeful. Stories in field exchange that are shared need to create interest. How country cluster coordinators are included in the dialogue needs to be scrutinized as double hatting is becoming the new norm.

**Technical Session: No Wasted Lives - Research Prioritization**

*Presenter: Action Against Hunger UK*

No Wasted Lives is a new coalition to catalyze global action, in order to double the number of children receiving treatment to from 3 to 6 million a year by 2020. The three objectives of this coalition are to position nutrition to be made a public health priority for everyone, act as a technical accelerator by discovering and disseminating effective ways to prevent and treat SAM, and mobilize more money and maximize the effectiveness of current spending.

Work of the technical accelerator focused on building evidence through operational research and new analyses of existing data on acute malnutrition, improve the broader use of data and resources on acute malnutrition, and set priorities and drive the use of evidence for action through the CORTASAM.

A survey of organizations and countries participating in the coalition showed that there is interest in identifying research priorities across the sector. The CORTASAM is currently looking at leading research priorities to identify where they could play a role in accelerating progress. The key research priorities were presented.

It was recommended that, the GNC should take the priority actions for research, looking at regional priorities and prioritizing what should be focused on and what materials are needed, ultimately taking on the role of technical accelerator.

**Research for Health in Humanitarian Crises - R2HC/elrha**

*Presenter: Anne Harmer*

The mission of the ELRHA is to improve humanitarian outcomes through partnership, research and innovation. The R2HC programme aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises by encouraging research through fostering collaboration between operational humanitarian agencies and research institutions, ultimately bridging the gap between research and practice in relation to public health interventions in humanitarian crises. Scientific research needs to be conducted if it is to provide constructive evidence for response.

Research funded by R2HC/Elrha so far has ranged from assessing the impact of nutrition and psychosocial intervention on children, evaluating the effectiveness of WASH intervention in SAM treatment, research in enhancing understanding of the causes and impact of displacement and migration on the health of IDPs, to determining the effectiveness of Cash transfers and food vouchers.

The question now is how R2HC can collaborate with the Nutrition Cluster to generate more high-quality research proposals addressing priority nutrition issues and incorporating what has been learned from the research into humanitarian practice.

**Technical Session: Updated Operational Guidance on IYCF in Emergencies**
Presenter: Caroline Abla

The aim of the operational guidance is to provide concise, practical guidance on how to ensure appropriate IYCF-E for infants and young children and support its application in emergency preparedness, response and recovery worldwide. The guidance is intended for policy makers, decision-makers and programmers working in emergency preparedness and response across sectors and disciplines.

The update has seen revision in programming, improving it in detail and content, and introducing new concepts such as 'human milk banks'. The roles and responsibilities have been revised, providing greater clarity on the various roles and responsibilities of stakeholders. And references, resources and terminology has been amplified and clarified.

Wide dissemination of the operational guidance at the agency, national/cluster and regional level is essential. For the agency, this means training technical staff across sectors, sensitizing staff including senior management, including the updated operational guidance into induction materials, resource libraries and training materials etc., and disseminating the guidance to regional, country and field offices.

At the national/cluster level, the guidance needs to be disseminated to the NiEWG, Nutrition Cluster members and other relevant stakeholders. In order to do so, the guidance needs to be adapted and translated to the local context and language, incorporate the revisions into national guidance and policy and include it into background reading materials.

At the regional level, translation, training and sensitization needs to be done for regional offices and be incorporated into regional strategies, funding etc.

Action point:

11. Currently, the joint statement is being reviewed – please provide feedback if interested.

Technical Session: IYCF Framework

Presenter: Sarah Butler

The IYCF framework provides guidance to managers and technical staff across sectors on what needs to be considered to create an IYCF-friendly environment and facilitate optimal IYCF and promote optimal child survival and development. It is linked to the Operational Guidance on IFE and the Sphere Standards.

The framework is a multi-sectoral framework for action. This required integrating and mainstreaming with all sectors, encouraging multi-sectoral integration of IYCF-sensitive activities and bringing IYCF hither up on the agenda in humanitarian responses. The framework includes creating ‘infant and young child friendly’ environments in all refugee operations and can be adapted for settings outside of camps.

The framework was piloted in Kenya, Bangladesh and Jordan in 2015 and the first phase emergency rolled out happened this year. The pilots significantly propelled endorsement of IYCF policies and integrated activities in nutrition, health and FSL sectors. UNHCR is looking to roll the framework out in the East Africa region in 2017/8.

Technical Session: Advocacy Project on Increasing Compliance with the International Code of Marketing of Breast-Milk Substitutes

Presenter: Coline Beytout
The code is important as BMS marketing undermines optimal breastfeeding by influencing behaviours. Despite long-term advocacy efforts, violations are still common. ACF is running this project as part of its global strategy on MHCP, nutrition and health activities. The project aims to improve company compliance by providing an enabling environment to influence company actions.

The study was conducted in Bangladesh and results were targeted to be more appropriate to beneficiaries of the programs, including caregivers, health workers, and stakeholders working on legislation and violations of code, and those promoting breastfeeding. Rural areas were mainly studied. Findings showed that the informal supply channels are not controlled and is especially difficult in emergency contexts such as that of Cox’s Bazar.

**Technical Session: Technical discussion on the use of NCHS W/H % for adolescents versus the 2006 WHO BMI/Age, what are the pros and cons seen by the GNC partners?**

**Presenter: Rachel Lozano**

ICRC programmes admit and treat adolescents who are severely or moderately malnourished using the NCHS median W/H percentage. The 2007 WHO Reference is a reconstruction of the 1977 NCHS/WHO referencing, using the original NCHS data set supplemented with data from the WHO child growth standards sample for under-5s. The indicators used are BMI, height and weight for age.

At field level, national protocols have increasingly started to adapt BMI for age in adolescents but this has proved difficult in some cases where the age of adolescents are not known, rendering it impossible to us combined indicators with age. Furthermore, the BMI/age does not take into account the developmental stages of adolescents.

Discussions with WHO led to the conclusion of leaving the use of the BMI/age indicator and the percentage of the NCHS median percentage. But indicators such as MUAC-for-age still have age as a component. Presently, the W/H z-score table is being used but this needs to be reviewed. Feedback on experiences of using the NCHS/WHO reference or MUAC was requested by participants.

**Action point:**

12. **Ruth** to put in contact with South-Asian colleagues and **Jeremy** with Irish Aid who previously expressed interest in this.

**Technical Session: New guidance: F 75 F100 Preparation Instructions for Inpatient Care**

**Presenter: Allison Fleet**

Improvements were made after auditing the production facilities with MSF, significantly improving the quality of production, providing a longer shelf-life, improving hygiene in preparation and taste, and preventing phase separation.

New preparation steps were designed to reduce communicable infections in infants and children, such as sterilization instructions and emphasis on consuming feeds within two hours. Based on WHO recommendation, ‘kill steps’ that are critical to safe therapeutic feed were introduced.

Stock management which include ensuring dates are recorded systematically, forecasting and ordering supply, allocating storage space, and managing waste and equipment needs is an essential part of ensuring these improvements are maintained at field level.

Opportunities lie in revising the quality of care and improving inpatient feeding management quality standards and collaborating with partners on other needs to further strengthen inpatient care. **Mija** –
asked if adjustment of sodium content being made as so sodium could be found in what being used to mist the milk. There is currently no recommendation of sodium content in water and this is problematic in countries where sodium content in water is high but even in those countries the high limits make it safe to use the water.

**Closing remarks**

*Presenter: Josephine Ippe*

Josephine thanked everyone who had attended, reminding participants that the next global partners face to face meeting will be in March 2018.

**Action Points:**

1. Attendees are requested to please raise issues as IPC meetings are happening now.
2. The SUN Gathering will be happening soon, please share recommendations for country specific planning with Jeremy.
3. ICNWG to develop ways to engage with development actors.
4. CLA and GNC to engage with development actors and initiatives, focusing on the one nutrition plan particularly on advocacy and changing the narrative.
5. Pull out good practices from Kenya and Nepal on HD nexus.
6. Discuss what can be done at the global level in order to give better support to local partners.
7. Capture the experiences of local actors (on the field, in nutrition exchange) and compile perspectives.
8. GNC-CT touch base with the CP AoR who is trailing a framework that links localization into the Cluster ToRs.
9. Coordinate research initiatives and put together a concept note on the role of cash in NiE response.
10. NiE TF to share a more detailed explanation on the mechanism.
11. Currently, the joint statement is being reviewed – please provide feedback if interested.
12. Ruth to put in contact with South-Asian colleagues and Jeremy with Irish Aid who previously expressed interest in this.
Agenda of the GNC Annual Meeting

10-12 October 2017, Geneva, Switzerland

Day 1: Tuesday 10th October 2017

Chairs: Carmel Dolan and Anteneh Dobamo

Objective: To create momentum amongst donors, cluster partners and country coordination teams for the implementation of the new and ambitious strategic priorities for GNC 2017 - 2020

08.00 - 09.00 Registration of participants
09.00 - 09.15 Introductions - Josephine Ippe
09.15 - 09.30 Welcome remark by Sikander Khan, Director – UNICEF/EMOPS, Geneva
09.30 - 09.45 Overview of the GNC annual meeting objectives – Carmel Dolan
09.45 - 10.30 Presentation of key highlights of the GNC 2017-2020 strategy, key activities and the link between GNC work and country clusters activities - Josephine Ippe

10.30 - 11.00 Break

Objective: To show case country cluster experiences, challenges and key action taken in responding the four famine in an integrated manner.

11.00 - 11.30 Somalia
11.30 - 12.00 Yemen
12.00 - 13.00 Market Place/Posters Session
13.00 - 14.00 Lunch
14.00 - 14.30 South Sudan
14.30 - 15.00 North Eastern Nigeria
15.00 - 15.15 Break

Objective: To show case country cluster experiences, challenges and key action taken in responding drought, increase in acute malnutrition, AWD using surge model and alignment between development and emergency work in the context of strong government leadership.

15.15 - 16.00 Kenya
16.00 – 16.45 Nigeria
16.45 - 17.15 Ethiopia
17.15 - 17.30 Wrap Up
18.30 – 19.30 Reception

Day 2: Wednesday 11th October 2017
Chairs: Ruth Situma and Caroline Wilkinson

Objective: To identify gaps and support needed, based on country cluster view point and develop key actions needed from GNC partners to support country.

08.30 - 09.30 Round table – Forgotten/protracted Nutrition Emergencies – how to maintain funding and response at scale! – NCC/Operation Cluster partners/Donors

09.30 – 10.45 Group Work
Humanitarian Development Nexus
Localization
Cash

Monitoring and reporting on nutrition outcome based on collective integrated response

10.45 - 11.00 Break

11.00 - 12.30 Group Presentation
Humanitarian Development Nexus
Localization
Cash

Monitoring and reporting on nutrition outcome based on collective integrated response

12.30 - 13.30 Lunch

Objective: To review key achievement and challenges in the implementation of the GNC costed work-plan for 2017-2018 and to discuss the next steps for completion of outstanding priorities in 2017

14.00 - 15.00 Presentation of Top Line Achievement, workplan and fundraising initiatives and key actions

15.00 -15.30 Update on Inter Cluster Working Group (ICWG) – GNC/gFSC
15.30 - 15.45  Break
15.45 - 17.00  Group Work and plenary on how to take forward key activities
  Humanitarian Development Nexus
  Localization
  Cash
17.00 - 17.15  Wrap-up
17.15 - 17.45  Technical Session 1: New guidance: F 75 F100 preparation instructions for
  inpatient care – UNICEF/WHO/MSF
17.45 - 18.15  Technical Session 2: WHO training on integration of nutrition and
  health (14 emergency-affected countries in AFRO - WHO)

**Day 3:** Thursday 12th October 2017

**Chairs:** Megan Gayford and Suzanne Brinkmann

**Objectives:** To endorse the new Mechanism for addressing nutrition technical
needs in humanitarian contexts (Communication pathway and Technical Advisory Body) and its execution plan.

To discuss the future of Tech RRT; immediate, medium and long term
view and how it fits within new Mechanism in contributing to improving programme quality, programme scale up and addressing research gaps in NiE.

08.30 - 09.00  Market place session
09.00 - 10.30  Discussion and endorsement of the Mechanism and review and get
  agreement on the TOR and criteria for selecting Technical Lead NGO,
  Criteria for the membership in the technical body and working groups,
  and operationalization plan/ milestones to the launch in February 2018
10.30 - 10.45  Break
10.45 - 11.30  Review of the Technical RRT work and propose immediate, medium
  and long term plans and how it should fit within the new Mechanism
11.30 - 12.30  Discussion on the Next steps for the Technical RRT
12.30 - 13.30  Lunch
13.30 - 15.00  Technical Session 3: No Wasted Lives – Research Prioritization – Action
  against Hanger, UK
15.00 - 15.15  
*Break*

15.15 - 16.15  

Technical Session 4b: IYCF Framework – Final Version – Save the Children and UNHCR

Technical Session 4c: Monitoring results on the violation of the international Code of marketing of breast-milk substitutes – ACF France

16.15 - 16.45  
Technical Session 5: Technical discussion on the use of NCHS W/H % for adolescents versus the 2006 WHO BMI/Age, what are the pros and cons seen by the GNC partners? - ICRC

16.45 - 17.00  
Wrap Up and Closing Remark – Josephine Ippe
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<td>Kate Golden</td>
<td>Concern Worldwide, Senior Nutrition Adviser</td>
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<td>Kate OGDEN</td>
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<td>Kathleen Myer</td>
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<td>Katie Robertson</td>
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<td>Lindsay Spainhour Baker</td>
<td>ACF-Spain, Whole of Syria Nutrition Co-Coordinator</td>
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<td>Marie McGrath</td>
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<td>Marion Orchison</td>
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<td>Merete Johansson</td>
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<td>Michelle Gayer</td>
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<td>Mija-Tesse Ververs</td>
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<td>Mohamed Ibrahim MAHMOUD</td>
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<td>Mona Maman</td>
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<td>Muhammad Shahid Hanif</td>
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