Global Nutrition Cluster
Working Meeting of Partners
28–29 March, 2018
UNICEF Headquarters, New York
I. Executive Summary

The Global Nutrition Cluster (GNC) is a collective of 46 partners and 10 observers, providing support to 36 countries affected by humanitarian crisis. Led by UNICEF as Cluster Lead Agency (CLA), the GNC has been coordinating rapid, high-quality and effective response to nutrition emergencies for more than a decade. This coordination protects crisis-affected populations from undernutrition, ensures they receive urgent treatment and care when needed and leaves them better placed to respond to future crises.

From 28–29 March, GNC partners convened a working meeting at UNICEF headquarters in New York with the following objectives:

- To provide an overview of the implementation of the GNC strategy and the rolling work plan (2017/2018);
- To review the progress made against the main GNC projects and discuss next steps;
- To re-prioritize and re-package GNC work plan activities and agree how to better showcase the GNC’s strategic work and impact at country level.

During the meeting, GNC partners presented updates on the progress of key projects, including: the integrated inter-cluster training package; the new mechanism for addressing nutrition technical issues; the evaluation of the Tech Rapid Response Team; the new GNC web site; the project on mapping and gaps analysis; and the joint coordination/programme mission to Cox’s Bazar, Bangladesh.

The GNC has made continued progress in providing operational support before, during and after crisis, delivering remote support to 18 country/cluster/sector coordination platforms through the coordination team and help desk. The GNC continued to strengthen the capacities of nutrition stakeholders, including through 250 days of rapid response team deployment to Bangladesh, Ethiopia, Iraq and Somalia. At national and regional level, the GNC ensured that accountability to affected populations and humanitarian standards were maintained and mainstreamed into GNC coordination training packages. Seven trainings were held to build coordination capacities of local authorities and 150 people from 11 countries benefited. In 2017, GNC partners carried out 11 cluster coordination performance monitoring exercises.

The GNC worked with countries to ensure the cluster was appropriately activated in response to new crises in 2017. To ensure nutrition-sensitive objectives were included in relevant cluster plans, the GNC worked with the UN Standing Committee on Nutrition and the Scaling Up Nutrition movement on an advocacy document for humanitarian coordinators, issued at high-level, outlining how other sectors can galvanize support for nutrition outcomes.

With the aim of narrowing its focus for the coming year, GNC partners carried out a prioritization exercise of their workplan. Based on its strategic priorities, partners agreed to focus immediate efforts on the following outcomes: 1) platforms supported by the GNC have the capacity to fulfill their role in coordination; 2) the pool of nutrition personnel to support coordination and information management in response to humanitarian crises is sufficient to meet demand; and 3) nutrition-sensitive objectives are included, implemented, monitored and evaluated in relevant cluster plans. Partners also agreed to focus on strengthening the CLA’s engagement; and enhancing partnerships and communications to support the delivery of strategic priorities.
The GNC continues to face a serious funding shortfall and urgent action is needed to mobilize resources to continue its work. Without swift action, this funding gap will begin impacting the GNC’s surge capacity and ability to support country needs on the ground. Partners discussed strategies for addressing this challenge, and identified the key powerbrokers, influencers and champions needed to enact change. It was agreed that UNICEF, as CLA, needed to provide leadership in resource mobilization and future direction; and GNC partners agreed to draft a letter expressing their expectations of UNICEF in this regard.

II. Presentations and discussion

Introductions and meeting objectives

Ruth Situma, UNICEF, welcomed partners and asked them to describe their expected outcomes for the meeting. Some of these included: achieving consensus on strategies for rolling out the workplan and mobilizing funds; refining a set of realistic priorities for the coming year; improving support to nutrition cluster coordinators from global level; improving information management in coordination; achieving clarity on how partners could support the GNC cause; identifying ways to improve UNICEF’s cluster accountabilities; understanding how the GNC Strategic Advisory Group (SAG) could support the work plan; moving forward on key projects or initiatives (e.g. mapping, gaps analysis, gender).

Grant Leaity, UNICEF’s Deputy Director of Emergency Programmes (EMOPs), opened the meeting with an overview of the humanitarian context, including the growing number of protracted crises, climate change-induced droughts and floods and population growth. More than half of UNICEF’s budget is spent on emergencies, and expenditures continue to rise. The World Bank’s new famine initiative will offer important opportunities to mobilize funds much earlier, leading to a more effective and sustained response. The capacity of EMOPs will be strengthened in line with the organization’s new Strategic Plan 2018–2021.

Donors are interested in receiving progress updates on how partners are contributing to the Grand Bargain since the World Humanitarian Summit. For nutrition, it will be important to articulate the GNC’s position on the humanitarian/development nexus and support governments with risk reduction, preparedness, and building humanitarian response plans that are durable. Donors are also requesting more localization in emergency response, which can pose quality issues in the short term, especially as local partners capacity will need to be build for them to deliver quality response and time for such activities might be a constrain during the peak of an emergency. There is also growing interest in inter-cluster coordination.

There was a question about how the WB famine prevention fund would be triggered and how partners would access it. The discussions on trigger criteria are ongoing and the GNC may be able to contribute data to support these technical discussions. The fund may be triggered at integrated phase classification (IPC) 3, when the situation is on a deteriorating trajectory. Funds will likely to go to implementing agencies directly, rather than governments. More discussion is needed on famine prevention and how partners can support implementation, including via the scale-up of current programmes to mitigate risks, while mobilizing resources and prepositioning supplies.

Strategic directions for UNICEF Nutrition

nutrition section will be restructured according to five programme areas: 1) early childhood nutrition; 2) nutrition of school-aged children, adolescents and women; 3) the treatment and care of severe acute malnutrition (SAM); 4) nutrition in emergencies; and 5) knowledge, partnerships and governance. UNICEF works with partners using strategic approaches including situation analysis, policy development, community engagement and systems strengthening.

UNICEF’s new nutrition narrative shifts away from an intervention-based approach, towards a lifecycle approach to programming to support the growth and development of children and nations. There will be an emphasis on bringing food and diets back to the centre of programming to improve the quality of complementary feeding and ensure food security in early childhood, when it matters most. UNICEF will also increase its focus on areas where progress has lagged, including improving women’s nutrition and scaling up care for children with SAM in non-emergency contexts. Knowledge, data and evidence will continue to be the foundation of UNICEF’s advocacy, policies and programmes and greater efforts are underway to systematically capture and disseminate learnings more regularly. A global stunting reduction compact has been made with headquarters, regional and country offices, as well as learning compacts, which will foster communities of practice to tackle emerging issues.

Three important milestones for UNICEF’s nutrition in emergencies programme area include: the launch of the global technical guidance mechanism; the updated online training materials; and the more systematic approach to data analysis for preparedness and response. A toolkit on UNICEF’s core commitments to children in humanitarian action (CCCs) with regard to nutrition has also been developed.

**Overview of GNC strategy and rolling work plan (2017/2018)**

Josephine Ippe, GNC coordinator, presented the GNC strategic priorities, expected outcomes and recent achievements.

**On strategic priority 1** – operational support before, during and after crisis – the GNC provided remote support to 18 country/cluster/sector coordination platforms through the coordination team and help desk, including reviewing response plans, providing guidance and operational support. To support transition, GNC partners finalized a document outlining the investment needed in coordination, resulting in the mainstreaming of coordination within UNICEF’s nutrition strategy. There is a need to create further links to the broader humanitarian/development nexus discussions. On preparedness as well as real time support, funding was received from the Office of US Foreign Disaster Assistance (OFDA) to support the technical component real time including support for preparedness actions; the plan is to re-focus rapid response team support on mentoring and capacity building.

On **strategic priority 2** – capacitating nutrition stakeholders – there were 250 days of rapid response team deployment to Bangladesh, Ethiopia, Iraq and Somalia. Yet funds are needed to sustain this mechanism and consider how it can be integrated within the UNICEF infrastructure. At national and regional level with the GNC’s support, accountability to affected populations and humanitarian standards were maintained mainstreamed into GNC coordination training packages. Seven trainings were held to build the coordination capacities of local authorities and 150 people from 11 countries benefitted. In 2017, the GNC also carried out 11 cluster coordination performance monitoring exercises.
On strategic priority 3 – influencing and advocating – the GNC worked with countries to ensure the cluster was appropriately activated in response to new crises, one such example is Bangladesh sector coordination platforms established for the Rohingya refugee nutrition response. To ensure nutrition-sensitive objectives were included in relevant cluster plans, the GNC worked with the UNSCN and the SUN movement on an advocacy document for humanitarian coordinators, issued at high-level, outlining how every sector can galvanize support for nutrition outcomes. Continued efforts are needed to ensure that infant and young child feeding (IYCF) and micronutrient interventions become a core part of emergency response and are delivered with quality.

On supporting objective 1a – inter-cluster engagement – the GNC contributed to a global Food Security Cluster (gFSC) project funded by the European Civil Protection and Humanitarian Aid Operations (ECHO). The GNC contributed to response plans in four countries affected by famine; facilitated famine prevention meetings; and supported the facilitation of integration workshops in Yemen and South Sudan while developing guidance at country levels.

On supporting objective 1b – CLA support – GNC partners continued advocacy for dedicated nutrition cluster coordinators and information management officers (IMOs) at country level. Two rapid response team positions were created within EMOPs with funding for 12 months. Plans were finalized to establish a GNC technical body under UNICEF’s programme division. Challenges remain in ensuring that UNICEF has adequate and predictable funding to lead.

On supporting objective 1c – donor partnerships – there has been limited progress on securing predictable multi-year funding. The GNC is working to demonstrate its value add to donors in supporting the Grand Bargain commitments. A dashboard, quarterly reporting system and a GNC website revamp are underway, as well as a programmatic gaps analysis and mapping work, in collaboration with the CDC.

On supporting objective 1d – development actors’ engagement – the GNC’s engagement with SUN has lead to recognition of the cluster as an important player within the discussions on the humanitarian/development nexus. There may be opportunities to access MQSUN funds (maximizing the quality of scaling up nutrition programmes framework) for six countries.

Supporting objective 2 – internal development – the GNC is working to improve knowledge management, generate evidence and sustain capacity for capturing knowledge. The Emergency Nutrition Network (ENN) published 18 case studies with national nutrition cluster coordinators in its Field Exchange journal. There is a need to improve external communications to continue showcasing the GNC’s work.

Challenges in the GNC’s workplan include: lack of funding; lack of surge capacity to support countries; lack of ownership of collective decisions; inconsistent internal and external messaging on the role of the cluster within CLA senior management; and lack of consistency of engagement from a few GNC partners.

Moving forward, it will be important for the GNC to: re-think how it packages its information to better tell its story; re-focus on support for improving the quality of the response and programme scale-up by the collective partnership; and showcase the added value of the GNC’s work and its impact on the ground.
Humanitarian/Development Nexus

Jeremy Shoham, ENN, presented the organization’s current thinking and approach to the humanitarian/development nexus (HDN) and resilience building with a nutrition lens. While HDN is a relatively new term, the concept itself is not new. HDN has become particularly salient now, given the current context, including: multiple protracted crises; humanitarian programmes being rolled out year after year with little change; continued high rates of wasting and stunting; and little resilience to shocks. The task now is to determine how humanitarian resources can be leveraged to implement something better.

Compared with other sectors, resilience is not widely discussed by nutrition policymakers, except with respect to indicators such as stunting. ENN is looking at 18 conflict-affected states and developing an HDN report examining programming to understand what HDN means at national level. The case study on Kenya showed the country had made great strides in forging links between development and emergency programming. A great deal of resilience building work took place in vulnerable counties between the 2011 and 2017 droughts, such that rates of malnutrition were lower to begin with in 2017, and the response was earlier and largely led and coordinated by the government. Factors in Kenya’s success included national economic growth, strong government leadership, the establishment of a strong government framework on ending drought emergencies that emphasized resilience and included an outcome indicator on stunting. Challenges in Kenya included the rapidly changing humanitarian structures, which meant that food aid was challenging to manage and humanitarian response programming was separate from the drought framework. Wasting was also not included as an outcome indicator, which was a missed opportunity.

Global level frameworks, institutions and processes are driving the HDN agenda, including the Grand Bargain. HDN is being enabled by increased opportunities for multi-year funding and the incorporation of disaster preparedness activities into national nutrition multi-sectoral plans. A working definition of nutrition resilience building is that a child or household can withstand a nutrition threat. At the community level, nutrition resilience involves strengthened access to services and at the national level and building the capacity of shock response. ENN research into the relationship between stunting and wasting suggests that the incidence of wasting increased the risk of stunting by three times and stunting increases the risk of wasting by 2x. Forty-five per cent of the global caseload of stunting occurs in fragile, conflict-affected states, making a strong case for linking programmes and addressing these indicators in tandem in both development and humanitarian contexts.

The next case study will be done on Somalia to look at how nutrition plans articulate the HDN, how nutrition-sensitive resilience programming reduces risk and how this can be measured. Somalia has a resilience and recovery framework and a humanitarian response plan with a common overlapping agenda and goals.

Jeremy posed several questions to the group for discussion: What measures or targets of nutrition resilience could be embedded within global standards such as SPHERE? How could they be applied to countries receiving multiple years of financial support, to encourage them to deliver on resilience in addition to lives saved? And, what is the role of social protection interventions? ENN is forming a steering group around HDN work, and GNC partners may consider contributing.

Discussion: A question was raised about the nature of social protection programmes for resilience. These programmes involve cash provided to vulnerable populations, such as in Kenya,
were a safety net programme was used targeting vulnerable counties to protect against shocks. Thus far, nutrition has had very few links with the design of cash and social protection programmes in Kenya – e.g. the hunger safety net programmes have not taken into account the nutrient needs of vulnerable populations. In other contexts, however, rice may be subsidized to help communities through the lean season or cash may be provided for food and social services. The HDN will be the theme of the next annual Core Group meeting of development actors and health practitioners.

The group also discussed how emergencies can also provide opportunities for strengthening development programming, such in Kenya, where the drought in 2011 was an opportunity to improve nutrition information systems (NIS) and long-term policy and coordination. There was some discussion about how the GNC could address the HDN in its workplan, including by doing joint causal analysis, programming and learning within different country contexts, and evaluating if resilience has been built.

The community-based management of acute malnutrition (CMAM) already contributes to strengthening HDN, with its aim of integrating the treatment of SAM into health systems. HDN is thus not necessarily new, but it is important to better articulate the work already taking place, particularly for UNICEF as CLA.

**Progress on the inter-cluster training package**

Caroline Abla, Inter-cluster Working Group and Ayadil Saparbekov, Deputy GNC Coordinator, provided an update on the integrated inter-cluster training package that had been developed between the nutrition and food security clusters. First an outline of the achievements of the intercluster Working Group (ICWG) between the GNC and gFSC was provided which include supporting inter-cluster coordination at country level, including in Yemen and South Sudan where training workshops on integration were conducted. Draft guidance for country clusters was developed and follow-up discussions took place with famine affected countries. The capacities of country stakeholders would be developed through the implementation of the nutrition-sensitive multi-sector training modules which is near completion. The inter-cluster working group also advocated for a nutrition-sensitive agenda in humanitarian contexts by issuing a humanitarian coordinators guidance note, in collaboration with the UN SCN, SUN and the UN Office for the Coordination of Humanitarian Affairs (OCHA).

The goal of the nutrition-sensitive multi-sector training package is to strengthen the ability of cluster sector coordinators in programming multi-sectoral integrated interventions for improved nutrition outcomes. Target audiences include cluster coordinators and partners of Health; Water, Sanitation and Hygiene (WASH), Education, Protection (including gender-based violence and child protection) and Food Security clusters. The package will be pilot tested in two countries during the first two weeks of April and the final package will be ready in July. Cluster coordinators who would like to pilot the package and partners who can support its roll-out should indicate their interest. There is a call out now to chair the Inter-Cluster Working Group and they are also looking to create synergies with other organizations doing similar work.

**Discussion:** There was a question about how the training package would be operationalized to target needs in specific settings. A mapping has been done on how to prioritize issue, and before trainings, trainers contact cluster coordinators to help contextualize the package to that country. Participants also discussed how cash transfer programming would be covered and how to determine metrics for success. Cash capacity is covered in the training package in the module on
social protection and metrics would be tested by July and anchored in the realities of the field. Participants also discussed the uptake of materials by partners, including other sectors. Efforts have been made to emphasize the added value of inter-sector coordination for both nutrition and its partner clusters and the other cluster/sectors therefore provided input into the drafting of the package.

Yemen has already advanced on inter-cluster coordination and already has operational guidance. They could pilot the training package, though there may be some administrative challenges. Some partners have perceived the package to be mostly about nutrition; to address this problem in Yemen, they have sold it as a famine prevention package, and this has helped improve engagement with other clusters. There was also a question about whether the training package could be used at other cluster workshops to ensure it is referenced when clusters develop their workplans. During the Inter-cluster Working Group workshop in Geneva, many sectors wanted more information on the added value for their cluster. ENN would be happy to disseminate information and lessons learned from the package in a profile in the Field Exchange journal.

**Actions:** World Vision International and ADRA may be interested in supporting the roll-out of the package. It would be good to have the support of a nutrition staff member from these partners. Partners are asked to let Caroline know if they would like to join or chair the Inter-cluster Working Group.

**Updates on the global technical mechanism for addressing nutrition technical issues**

Ruth Situma, UNICEF Nutrition Specialist, reviewed the three-year process of establishing the global technical mechanism for addressing nutrition technical issues (GTM). In March 2017, model 5 plus was endorsed by the GNC members (now known as the GTM), and in October 2017, they began developing terms of reference and providing feedback on operationalization needs.

The GTM will address three areas: 1) technical advice; 2) consensus-driven guidance; and 3) specialized technical guidance. Technical working groups will be formed on each area. The GTM involves both communication flow from country to global level and vice versa; and includes a technical advisory body for nutrition in humanitarian contexts. Technical coordination of the advisory body will be led by UNICEF and an NGO co-lead partner (for a two-year term), with members from relevant platforms both within and outside the GNC. The technical working groups of the advisory body will function as outlined below:
The feedback from the GNC meeting in October indicated that the GTM required: significant funding; a strong knowledge management system; a clear focal point at country level; a plan for avoiding duplication and maximizing capacities; and a tracking system. UNICEF’s commitment to the GTM is reflected in its new Strategic Plan 2018–2021, including investments needed. A rigorous filter mechanism for requests will be critical to operationalizing the mechanism. Phase one will begin with the launch of the technical advice pillar and specialized expertise pillar, and the development of a knowledge management system to track feedback and consolidate lessons. The consensus-driven guidance pillar will launch in phase two, drawing on the experiences of ENN and the interim guidance developed on IYCF and Ebola.

**Discussion:** There remain questions about whether funds are available to support the NGO co-lead or whether the NGO would fund themselves as a sign of collective ownership. WHO also has a system for technical advice and this should be reflected in decisions around what issues are consensus-driven or interim technical advice.

**Actions:** GNC partners need to agree on the NGO co-lead selection criteria proposed by UNICEF. Ruth will disseminate the proposed criteria and GNC partners are asked to send their feedback.

**Tech RRT phase 2 and external evaluation**

Andi Kendle, Technical Rapid Response Team (Tech RRT) Programme Manager, discussed the Tech RRT’s support to the collective nutrition in emergencies work. The Tech RRT is a consortium of International Medical Corps (IMC), Save the Children and Action Against Hunger (ACF), with close collaboration with UNICEF and the GNC, and funded by OFDA. The Tech RRT began in 2015 and is finishing the current project now, having completed 37 deployments to 13 countries, providing support for social and behaviour change, CMAM, assessments and IYCF in emergencies.

During the last GNC meeting, participants provided important input on how the Tech RRT could adapt its support to countries in crisis. There was consensus that the Tech RRT should respond to all population types and countries, including refugee situations. Support for preparedness
should be included, though as a second priority. Deployment time should be a maximum of 50 per cent and staff should be full-time to attract and keep a talented pool of advisors and a cost sharing model should be used to fund the work wherever possible. OFDA has just approved funding for Phase 2 until February, 2019 with important changes, including: a focus on practical hands-on support; decreased guideline and strategy development; increased focus on national actors; and changes to the team composition (i.e. there will not be a social and behaviour change advisor anymore). New cost sharing modalities must also be explored, including four possible tiers of contributions from countries or organizations.

An external evaluation was conducted of phase 1 of the Tech RRT and the first draft was just available before this meeting. The evaluation looked at 31 deployments, reviewing documents, conducting informant interviews and undertaking a field visit to South Sudan to evaluate 13 indicators. Some examples of positive findings included the Tech RRT’s effectiveness in providing technical expertise for identified gaps in capacity, in meeting the needs of the country programme, in coordinating well, in functioning with good governance and strong relationships between members and in having an effective monitoring and evaluation plan at output level. Areas in need of improvement included the restrictive duration of deployment, the lack of core funding, slower than intended at deploying (due to external factors), poorly structured non-deployment time and the limited ability to measure success at outcome or impact level.

The main findings to consider moving forward include: work to improve hands-on support rather than the policy environment; expand support to NGOs; identify opportunities for research for others to undertake; hold monthly meetings to improve collaboration with GNC; feed learning into the development of the Technical Advisory Board.

Discussion: There was a discussion about the criteria for prioritizing deployment (which had been raised in an earlier evaluation of the GNC RRT). These criteria are now in place and include L3 or L2 countries. On staffing, the need for a diverse pool of advisers with multiple skills was emphasized; five is not enough. Other participants asked how the Tech RRT could play a role in improving localization, by working more with local actors. This will happen more going forward, as there will be a new indicator on their involvement in deployments and non-deployment work.

Global Nutrition Cluster gap analysis – mapping
Mija-tesse Ververs and Amber Dismer of the US Centers for Disease Control (CDC) discussed the GNC’s request for the CDC to identify key information and indicators for mapping purposes that would improve the gaps analysis of humanitarian response and/or needs; and to evaluate mapping products related to gaps analyses. They interviewed many stakeholders, analysed what existed, and noted desires and challenges. This was followed by a workshop with experts on 27th March 2018, to outline what should be done.

The analysis show that maps tend to be used with single indicators that are often binary (i.e. yes or no) and legends are not always clear. The maps tend to show populations covered versus the target, but there is little information about all the people actually in need. Without this information, it is difficult to know how to scale-up; at the same time, there can be resistance to showing what the true needs are. Maps usually show what is there rather than the gaps or duplications in service. The analysis revealed problems with terminology (e.g. ‘reached with assistance’ versus ‘needs covered’). There is a desire for more interactive maps, more localized information and
maps showing trends. Mapping capacity of services is an ongoing challenge and is contingent on multiple factors (e.g. supplies).

Recommendations from the analysis include: clarify terminology; collect site GPS coordinates for all nutrition services; rationalize what we want to map regarding gaps and now; continue trial and error tests; improve legends; include more indicators; consider how to map capacity of services; include more trends; provide more maps to show reached versus need; and consider inverse mapping.

A template has been developed for collecting site-level information and ensuring it is included in the nutrition site database that is sent monthly to information managers. Nutrition site services’ GPS coordinates can be collected to link with minimum nutrition information; this could be shared on the cluster humanitarian data exchange website and an XLS file could be downloaded.

Some examples were discussed, including maps done for North East Nigeria using SMART methodology. Maps can include data on the timing of the survey, a tool for determining terms and other information (such as security or accessibility) as an overlay on the map. In other settings, a GIS transport network analysis including population in need and elevation might be useful to demonstrate the ease or difficulty of accessing nutrition sites. Maps showing populations in need can provide the data needed to inform scale-up. Next steps in the project include formalizing terminology; finalizing the GPS collection template; creating map templates; developing guidance; conducting training and potentially piloting.

Discussion: There was some discussion about how to ensure that IMOs were using these mapping tools. There was also discussion about defining the reach of services, which is done differently by different IMOs. There was a suggestion to ensure the mapping was used to support programme managers and ‘technocrats’ in their work rather than as a communications tool. While further indicators for nutritional risk could be useful, many participants felt that SAM thresholds would not add value and could be counterproductive. IPC may be the way forward as it looks at multiple points of analysis.

Actions and decisions: Afghanistan agreed to be a pilot country. Clarification of terminology moved forward significantly; documentation is in revision stages.

GNC web site: Results of the website survey and the new proposed website outline
Brian McDonald, RRT member and Ayadil Saparbekov presented the outcomes of the 2017–2018 survey about the value of www.nutritioncluster.net, first launched in 2014. Forty-five partners responded to the survey, of which 90 per cent felt it was useful for moderately useful for their daily work. When asked what was missing, respondents noted the need for better country cluster/sector information (including maps and updates), improved search functionality; better ease of use when internet connections are poor; better access to tools, resources, training packages and online courses; and improved knowledge management of content (including good practices, country examples, research, etc.).

The new GNC website aims to be more user-friendly. There will be a modern content management system, an intuitive design and a more complete taxonomy of the content available. The new site will allow cluster coordinators and IMOs to upload documents. It will also be possible to query other existing platforms, filter content, see country-specific overviews and function in multiple languages. A development version of the site can be found at https://humanitarian.works
The new website is an opportunity for the GNC to reflect on how it produces and consumes data. To improve inter-cluster work and to strengthen the HDN for example, the GNC needs to make its data widely available to ensure all actors are talking about the same issues.

Discussion: There was a query about whether the GNC website could be integrated within the humanitarian response website. Such integration would not be ideal as it would pose restrictions on the GNC content and mapping would not be possible. Participants discussed how a well-structured website would allow the GNC to better measure engagement.

GNC Help Desk – Request for Support
Geraldine, Bellocq, GNC Help Desk, discussed the proposal to develop a country information template that could be uploaded to the website and circulated twice a year. Profiles will be developed for all countries with humanitarian response plans (HRP) and other priority countries (14 in total). The page for each country will include a map of the support being provided, statistics on number of RRT deployments, coordination and IMOs in place, help desk support, type of coordination mechanism, hiring agency, type of contract, needs analyses done, achievements per activity, etc.

Actions and decisions: The support of 2–4 partners is needed to review the template and determine if it responds to country needs for information.

Gender-based violence integration in nutrition response
Paula Tenaglia, ACF Canada, discussed gender-based violence (GBV) and its integration within nutrition in emergencies programmes. GBV integration is not the same as GBV programming; rather, it is about mitigating risks for girls and women within the programmes already taking place. Some examples include: integrating the Inter-agency Standing Committee (IASC) GBV guidelines into nutrition assessments and ensuring the participation of girls and women; ensuring privacy and space for IYCF programmes; improving referral between nutrition actors and GBV actors.

Needs assessments are an entry point for integration. Frontline workers need to be trained, including on how to interpret the nutrition section in the IASC GBV guidelines. Five areas in the guidelines are important for nutrition: assessment, analysis and planning; resource mobilization; implementation; coordination; and monitoring and evaluation.

The GBV and nutrition project is being carried out by ACF Canada in Bangladesh, Mauritania and South Sudan. The idea is to see what integration can be done in a 2-year time frame and present those learnings. The contexts differ widely (e.g. in South Sudan, staff are mostly male and not well-trained, compared with Bangladesh where staff are well-trained). Four regional trainings for nutrition programme managers are being planned this year on how to apply gender analysis; all interested are welcome to participate. Work will also be undertaken with the GNC to ensure that GBV issues are mainstreamed into training tools and packages. A self-assessment tool is being developed for programme managers to determine if a programme meets minimum standards, followed by learning workshops to promote good practices.

Discussion: Participants were asked to reflect on the challenges they face in integrating GBV and nutrition and what support they felt was needed to overcome them. Some of the challenges identified include: limited qualifications and capacity of staff; concerns about doing more harm than good (e.g. losing the acceptance of stakeholders); lack of resources and knowledge; lack of inclusion of GBV in analysis of the causal pathway of malnutrition; limited linkages between...
nutrition and protection sectors; pre-existing cultural norms; siloing of staff thinking and lack of mainstreaming; and addressing maternal challenges such as depression. The support needed to overcome these challenges included: a strong GBV programme in place to refer to; simple recommendations; national mappings of community-based organizations working on GBV; including GBV integration in the inter-cluster training package; a common understanding of GBV in nutrition; better technical support; donor support requirements; models or case study examples; and coordination-level linkages between nutrition and protection sectors.

**Actions and decisions:** A survey was conducted to see how each sector was implementing the GBV guidelines; Ayadil will track down and circulate the results for nutrition.

**Key findings and recommendations from field mission to Cox’s Bazar, Bangladesh**

Josephine Ippe and Diane Holland discussed their mission to Cox’s Bazar, and its objectives to: advise on the emergency preparedness and response plan; sensitize partners to the cluster approach and coordination; advise on strengthening accountability to affected populations; advise on transitioning to longer-term planning; review inter-sectoral integration; advise on the nutrition information system; and identify needs and gaps. The mission included visits to five areas and camps to see a range of programmes and partnerships. Diane and Josephine noted the dedication of staff and the impressive work taking place under challenging circumstances.

Highlights of the response: Resources on the ground for survey implementation were not clear, but ACF was able to clarify funding sources and identify a plan. National guidelines for SAM treatment were facility-based; however, the CMAM working group was able to adapt the national guideline with government endorsement. There was no analysis of the capacity gap around CMAM and there were some challenges around the continuum of care (i.e. focus was on establishing programmes and delineation of roles but linking with referral was not as well prioritized). There were some issues around reporting and data collection and how the AAP concept is being applied (e.g. evaluation of services by illiterate mothers where someone has to write down what mother are saying about the service which might not be correctly interpreted) and harmonizing the package of interventions. The deployment of IYCF technical support was good and helped streamline and standardize approaches; but there was limited continuity and some challenges around quality.

There were some alignment issues around the partnership between the UN agencies and NGO implementing partners. There has been a lack of openness on supply information, and challenges around how NGOs can access supplies and anthropometric equipment.

A mini cluster coordination performance monitoring discussion took place, offering suggestions to improve support to service delivery, including longer-term positions for sector coordinator and increased partner participation. The discussion also looked what data and systems were used to inform the response strategy, how planning and strategy development for the nutrition sector was done, and whether partners were effectively involved in those processed. Advocacy on the importation of ready-to-use therapeutic foods (RUTF) was successful, but there was a need for continued UNICEF advocacy and support. Support was also provided to finalize preparedness and contingency planning, including an effective mapping of capacity gaps. Options for better integration were discussed with each sector, and it will be important to follow up to see what further support is needed.
This was the first joint cluster coordination/programme mission. With multiple sector partners were brought together, including UN agencies, challenges and strategic directions were discussed openly and it was easier to see where UNICEF needed to deliver better on its CLA role. Surge mechanisms worked well, but securing a longer-term budgets has been a challenge. UNICEF needs to fulfilling a stronger technical role, including more operational and administrative support. There was a need to orient partners on UNICEF’s paperwork and systems and appreciation was expressed for having the UNICEF umbrella to ease operations and access.

Discussion: Participants noted the enormity of the response in Cox. It was clear from the presentation that having the right coordinator at the right time is critical. The next time there is an emergency of this scale, the GNC and the CLA would need to send several of its best people there to be on the ground. There was some discussion about the challenges in recruiting the right cluster coordinators. Section chiefs are responsible for recruitment and funding these positions; it is critical to the GNC’s and the CLAs reputation that this is done well.

On the issue of adapting the national SAM protocol, the best approach would be to work with the CMAM working group to develop guidance. Over the longer-term, we can look at how to influence the Bangladesh national guidelines (which are currently for facility-based care).

On the issue of sustainable technical capacity, there have been bottlenecks in hiring a longer-term IYCF lead. During the joint mission, it was recommended that the observations of the IYCF surge staff be shared with the technical working group. IYCF messaging and counselling are happening in Cox; however, the quality of services is not always clear and IYCF centres are not always integrating care. Josephine shared a story of seeing a woman receiving counselling while holding her baby who was 6 months old and with SAM and yet the need of this child was not being addressed and there was being no clear referral process to care for that child.

Feedback from the donor webinar
In recognition of the decline in its funding base, the GNC held a webinar for donors to seek funds and solicit feedback on fundraising challenges. Donors were asked: why do you fund the GNC? What interests you most about the GNC’s work and why? What are the critical results you expect the GNC to produce? And, what do you feel would be transformative for the GNC’s work?

Donors fund the GNC because they believe that effective coordination improves response at country level. Good coordination provides leadership in implementation, helps partners on the ground prioritize their work, and promotes the application of best practices. The work of the GNC has the potential to provide real-time support for planning, monitoring and implementation and help partners respond more effectively. There is opportunity for integration with other sectors and the support provided by the Help Desk, RRTs and Tech RRT are important.

Donors expect the GNC to improve planning related to assessments, forecasting and the quality of the response. They expect regular updates on progress and challenges, which will help donors better advocate on the GNC’s behalf. Donors are expecting support for early response, especially during protracted emergencies, and better integration with other sectors. Donors do not expect the GNC to be involved in global policy issues or operational research (note: this is a misunderstanding, as the GNC has never done these things). Donors also expect the GNC to prioritize its work.

To truly be transformative, donors believe the GNC requires: greater CLA engagement in placing qualified coordinators in the field; professional development for coordinators and flexible skill sets
across UNICEF to avoid staffing issues; technical support and supportive supervision of implementation in the field; a focus on activities with direct added value to the field; a focus on its mandate and coordination at global level to better support countries; and better coordination with Health and WASH clusters.

Moving forward, the GNC should: prioritize actions that support field coordination and improve programme quality; showcase the value of its global support; and re-package it work along thematic areas that demonstrate direct impact on country actions.

Prioritization of GNC activities
Nicolas Joannic, WFP, provided an overview of the GNC’s strategic priorities (including three core and four supporting priorities) and explained that the GNC would work in groups to re-prioritize (at outcome level) those objectives to be achieved by the end of 2018, referring to the GNC strategy and workplan. These priorities should be those that have a ‘value-add’, will make a direct impact at country level and can be implemented within the current limited funding environment. At the end of the group work, partners would be asked to vote on the key priority outcomes that had been raised, with two votes for each participant.

Discussions on strategic priority 1 [To provide operational support before, during and after a humanitarian crisis to national coordination platforms to ensure quality and timely response]:

All groups felt that outcome A (response) should be the priority for the current year (as opposed to preparedness or transition). Many groups noted that outcome A was at the core of the GNC’s work, and that without doing it well, it would be impossible to work on other areas. Groups also noted that preparedness and transition were opportunities to strengthen links with development actors, to support localization and improve coordination capacity before an emergency – activities which donors may be interested in supporting. Some groups also noted that some preparedness work could be done with little investment and big impact.

Vote tally: Outcome A

Discussions on strategic priority 2 [Relevant nutrition stakeholders have the capacity to coordinate a quality and timely response]

Many groups noted the difficulty in de-linking outcome A (Global – the pool of nutrition personnel to support coordination and information management in response to crisis is sufficient to meet demand) from outcome B (National/regional – coordination mechanisms have the capacity to coordinate and meet their responsibilities in assisting affected populations in humanitarian crises). It would be impossible to prioritize B, without investing in A.

Some groups noted the funding proposal submitted to RedR UK and ECHO could cover some of outcome B. There was a suggestion that outcome B could be funded by countries or agencies and should be demand driven. Others felt that outcome B may be attractive to donors because of the focus on country capacity. Some groups wondered about the follow up and outcomes of the capacity building trainings on cluster coordination and whether refreshers were needed. There was general consensus that enhancing the capacity to coordinate is the GNC’s strength and needs to be maintained.

Vote tally: Outcome A
Strategic priority 3 [to influence and advocate for improved, integrated and coordinated nutrition response during humanitarian crises]:

Some groups felt it was important to maintain the GNC’s investments in outcomes B-1 (nutrition-sensitive objectives are included, implemented, monitored and evaluated in relevant cluster plans) and B-2 (IYCF and micronutrients interventions are systematically included in crisis response), while moving outcome A to the next workplan (nutrition cluster is appropriately activated in new crises as per the nutrition needs of the affected population and the capacity of the hosting government).

Several groups noted the overlap between outcome A and the previously discussed strategic objectives. Some partners are already working on outcome A and it could be integrated within the work of strategic objective 1. Some groups noted that focusing on outcome B was critical to communicating the notion of prevention during emergencies and emphasizing multi-sectoral approaches to reducing the prevalence and incidence of undernutrition. Overall, many groups felt that outcome A would not be immediately transformative in the way that was needed. There was some discussion about integrating outcomes B1 and B2 together.

Vote tally: Outcome B-1

Supporting objective 1 [external engagement objectives, including: inter-cluster objectives; CLA objectives; donor partnership objectives; and development actors’ engagement objectives]:

Many groups felt that CLA engagement objectives were the top priority, which would in turn impact the engagement with donors and other actors. The visible commitment of the CLA drives momentum with other partners and donors. Inter-cluster work was also cited as a priority by most groups.

GNC partners are looking to the CLA to provide leadership and fulfill its obligations, including mobilizing funds. There was much discussion about why the GNC is struggling for funds to support its strategic priorities. Many suggested that greater advocacy was needed, included internally with UNICEF senior management, to convey the magnitude of the funding gap and the need to mobilize funds urgently to avoid losing the Tech RRT and other critical supports to countries. In communicating with donors, programming and coordination need to be given equal weight of discussion. An analysis of the funds needed for effective coordination could support the case better with donors.

Some participants felt that it would be helpful to clarify the specific asks of senior management in UNICEF and the metrics to evaluate success for the cluster. There was also pushback from others, who felt that it was not the GNC’s role to fundraise and make a case for its existence. It was felt that the core issue was the need for stronger CLA leadership and clarity on what the CLA is doing to sustain the GNC’s work. The CLA’s of other clusters (e.g. WFP for food security) take on all of the fundraising themselves.

Vote tally: Objective 2 – CLA

Supporting objective 2 [internal development objectives]:

Some groups felt that outcome A (partnerships and communications support the delivery of strategic priorities) was core to the GNC’s work and that learning and documenting were critical to improving response. Other groups noted that outcome B should be prioritized (responses are
improved through the capture and application of learning) because it was important to tell the GNC’s story and this could be accomplished with limited resources. Other groups noted that much of the work for outcome C (responses are improved through the capture and application of learning) had already been accomplished, including costing and the launch of the GNC strategy. Some participants noted that the activities listed under outcome C would need to be re-evaluated and expanded and some (such as operationalizing the fundraising strategy) would require resources.

There was some discussion about how to synthesize the GNC’s rich learnings and package and communicate them in a persuasive and accessible way to donors. Once the prioritization exercise is complete, this new GNC vision should be packaged for donors so they can see that their feedback has been taken into account.

**Vote tally:** Outcome A

**Actions and decisions:** The SAG will discuss whether the activities listed under each strategic priority and outcome need to be reviewed and refined, based on this prioritization exercise.

**iMMAP: Better decisions and better outcomes**

iMMAP is a new GNC partner, and Bill Baron, CEO provided an overview of the non-profit organization’s work and expertise. iMMAP uses data to transform the response to humanitarian and development challenges, believing that better data leads to better decisions and outcomes. The organization has been operational since 2007 and has expertise in mapping, data analytics, geographic information systems, customized assessments, monitoring and evaluation methodologies, field-based research and open-source software solutions. iMMAP is now a member of the WASH, Health and Nutrition clusters and seeking to become a member of the Food Security cluster.

iMMAP is supporting major operations in Afghanistan, Ethiopia, Iraq, Nigeria, Syria and Yemen and is a standby partner for eight UN agencies. For example, in Yemen, iMMAP provides information management support to all UNICEF-led clusters, including data management and verification, report generation, tracking and monitoring tool development and mapping for the nutrition cluster. Afghanistan is iMMAP’s longest standing partner, where the organization is helping to develop a common operating picture and providing standby support.

**Discussion:** There was a question about how iMMAP ensures that staff have updated knowledge on indicators and definitions to ensure quality. In the Health and WASH clusters, before deployment, staff participate in a training to understand the sector indicators, and in the field, they work closely with the cluster coordinator to ensure quality. It is important to ensure that cluster coordinators participate in defining what needs are being mapped in countries.

**UNICEF Supply Division request for feedback on nutrition kits**

The Supply Division is seeking volunteers to provide feedback on improving their nutrition kits. There are six kits, including: three inpatient kits (i. therapeutic feeding equipment; ii. medical equipment; and iii. registration materials); two outpatient kits (i. therapeutic feeding equipment; and ii registration materials) and one anthropometric kit (survey and nutritional assessment equipment). Supply Division wants to make these kits more user-friendly and better adapted to emergency contexts.
**Actions and decisions:** Those with experience using the kits during emergencies are asked to contact: afleet@unicef.org. The following GNC partners volunteered to provide feedback: World Vision Canada, IMC, ACF-UK, Médecins Sans Frontiers (MSF).

**Working together – Road map and approaches for increasing investment in GNC work**

David Anthony, Chief UNICEF Policy and Strategy, worked with GNC partners to strategize how to improve investments in the GNC’s work. Before the presentation, partners brainstormed key actors in the nutrition sphere, including: powerbrokers (those who can sign the cheque, make the policy change); the influencers (those who can get the powerbrokers to act); and champions (those who stand with the GNC); and detractors (those who directly or indirectly prevent the GNC from achieving its objective).

Partners then broke into groups to identify 3-5 individuals/organizations for each category and one group discussed how to package the GNC’s priorities. The purpose of this exercise was to develop an engagement strategy, including information about the people who need to act and the decisions they need to make. Communications people can then support in bringing this strategy to life and communicating it effectively.

**Packaging the GNC’s priorities:** It is important to showcase what emergency response looks like when the GNC is there (there is accountability, quality, scale up, localization, no gaps and no duplication). To relate to the agendas of donors, the GNC needs to talk primarily about response, global and national capacities and nutrition-sensitive engagement. Donors have agreed to the Grand Bargain, and the GNC needs to demonstrate how it can help them to achieve these commitments.

**Powerbrokers identified:** Governments (need to specify which ones); foundations (Eleonore Krug foundation); head of the Word Bank; and the Executive Director of UNICEF.

**Influencers identified:** Inter-action; ICFAD; Inter-agency standing committee; emergency relief coordinator; national committees; Director of UNICEF EMOPS; Director of programmes for WFP; Director of programmes for UNICEF; media outlets (Al Jazeera, CNN relief reporting, the Guardian development network).

During the discussion, David Anthony noted that work was needed to bring the agencies to the level of influencers; GNC should not assume that their cases was clear to senior management. On the media, it was noted that coordination is not necessarily an interesting topic for public consumption, and a much more external facing message would be needed to use the media as influencers.

**Champions:** Gerda Verburg, SUN Coordinator; David Nabarro, UN Special Representative of the Secretary-General on Food Security and Special Advisor to the Secretary-General on the 2030 Agenda for Sustainable Development; David Anthony of UNICEF.

**Detractors:** Few ‘true’ detractors were identified as actively undermining the GNC; rather, the problem was more a lack of support from certain organizations, such as ECHO and the CLA.
Plenary discussion on next steps

Participants discussed ideas for next steps in putting the engagement strategy into action. It was agreed that a good communications document about the GNC was needed, though this would need to be delivered to the right people at the right time. Relationship building with allies and champions would be important. For example, the GNC could try to meet with Gerda Verburg or try to get on the agenda of the next meeting. It would also be important to be clear with UNICEF’s senior management what the GNC is expecting in terms of CLA leadership. To do this effectively, the GNC needs to reflect on why it is not receiving the funds it needs and a case should be made based on a clear theory of change. This may involve speaking candidly with donors and asking other sectors what they are doing differently. The GNC should also review its list of previous donors and ask them why they no longer provide funding.

Actions and decisions:
- UNICEF will brief senior management on the GNC discussions;
- The SAG will draft a letter to UNICEF outlining its concerns and calling for greater CLA leadership and GNC partners will sign it;
- The GNC will approach allies and champions for their support;
- A communications document will be developed to support advocacy;
- The SAG will refine some of the activities in the GNC workplan over the next two weeks;
- Partners will confirm their availability for the next GNC meeting in Bangkok, hosted by World Vision and dates will be confirmed.

Josephine Ippe thanked partners for the commitment and participation. She thanked Brian McDonald for his work with the Tech RRT and said his support was appreciated in every country where he had been deployed. Thanks, was also expressed to outgoing members of the SAG and new members were welcomed. The work of UNICEF staff in organizing the meeting was acknowledged, new members were welcomed, and donors were thanked for their support.
GLOBAL NUTRITION CLUSTER - ANNUAL WORKING MEETING OF PARTNERS
633 THIRD AVENUE (BETWEEN 40TH AND 41ST STREETS), 22nd FLOOR CONFERENCE ROOM,
NEW YORK, NY 10017

ANNOTATED AGENDA

Working Session Objectives:

1. To provide an overview of the implementation of the GNC strategy and the rolling work plan (2017/2018)
2. To review the progress made against the big ticket GNC projects and the next steps
3. To reprioritize, repackage GNC Work Plan activities and agree on how to show case GNC’s strategic work and its impact at country level

Expected Outputs:

- GNC activities reprioritized and repackaged according to their impact at country level.
- Road map for showcasing GNC work and for undertaking resource mobilization to advance GNC strategy and work plan is agreed upon by GNC partners.

DAY 1, 28 MARCH 2018

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>08.30 AM</td>
<td>9.00 AM</td>
<td>Session 1 Introductions and Opening Remarks&lt;br&gt;Facilitator: Ruth Situma&lt;br&gt;Welcome Remarks: Grant Leaity, Deputy Director EMOPS&lt;br&gt;Session Format: Plenary</td>
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<tr>
<td>09.15 AM</td>
<td>10.00 AM</td>
<td>Session 2 Strategic Direction - UNICEF Nutrition&lt;br&gt;Presenter: Diane Holland, UNICEF Nutrition Section&lt;br&gt;Session Format: Plenary</td>
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<td>Session 3 Humanitarian Development Nexus&lt;br&gt;Facilitator: Carmel Dolan</td>
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<td><strong>Session 5</strong>&lt;br&gt;Prioritization of GNC activities&lt;br&gt;&lt;br&gt;<strong>Facilitator/s:</strong> Nicolas Joannic/Carmel Dolan/Ruth Situma&lt;br&gt;<strong>Session Format:</strong> Group work/plenary discussion&lt;br&gt;<strong>Expected Outcome of Session:</strong>&lt;br&gt;- Agree on priority and strategic areas for GNC to focus on base on day one sessions</td>
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<td><strong>Session 5</strong>&lt;br&gt;Prioritization of GNC activities (CONTINUED)&lt;br&gt;&lt;br&gt;<strong>Facilitator/s:</strong> Nicolas Joannic/Carmel Dolan/Ruth Situma&lt;br&gt;<strong>Session Format:</strong> Group work/plenary discussion&lt;br&gt;<strong>Expected Outcome of Session:</strong>&lt;br&gt;- Agree on priority and strategic areas for GNC to focus on base on day one sessions</td>
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<td>12.00 PM</td>
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<td><strong>Session 5</strong>&lt;br&gt;Better packaging of GNC work to show case how investment in the GNC can lead to the achievement of results at country level&lt;br&gt;&lt;br&gt;<strong>Session Format:</strong> Group work/plenary discussion&lt;br&gt;<strong>Expected Outcome of Session:</strong>&lt;br&gt;- Identify clear actions, milestones and required partner’s engagement to package GNC work for better investment&lt;br&gt;- Get feedback on the consolidated quarterly country cluster report - what is useful information for global partners, CLA and donors to take action</td>
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<td><strong>Session 5</strong>&lt;br&gt;Working together - Road map and approaches for increasing investment in GNC work&lt;br&gt;&lt;br&gt;<strong>Presenter/s:</strong> David Anthony, UNICEF Chief, Policy, Strategy and Network&lt;br&gt;<strong>Session Format:</strong> Plenary/Group work&lt;br&gt;<strong>Expected Outcome of Session:</strong>&lt;br&gt;- Draft roadmap and approaches for increasing investment in GNC activities</td>
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<td><strong>Session 6</strong>&lt;br&gt;Summary Actions and Closing Remarks&lt;br&gt;&lt;br&gt;<strong>Presenter/s:</strong> Josephine Ippe&lt;br&gt;<strong>Session Format:</strong> Plenary</td>
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**DEPARTURE**
### Annex 2

**List of participants**

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<tr>
<th>Agency</th>
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<th>Title</th>
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<td>UNICEF</td>
<td>Louise Mwirigi</td>
<td>Nutrition Specialist</td>
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<td>US National Committee for UNICEF</td>
<td>Sang Silano</td>
<td>Managing Director, Global Programmes</td>
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<td>Elizabeth Bontrager</td>
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<td>WFP</td>
<td>Nicolas Joannic</td>
<td>Chief, Nutrition in Emergency, SAG member</td>
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<td>WHO</td>
<td>Zita Weise Prinzo</td>
<td>Technical Officer</td>
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<td>36</td>
<td>World Vision Canada</td>
<td>Faith Nzioka</td>
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<td>World Vision Canada</td>
<td>Antony Peter</td>
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<td>World Vision Canada</td>
<td>Colleen Emary</td>
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