Meet the GNC RRTs:

**NCC—Grace Omondi, IMC**
Holds a BSc in Family and Consumer Sciences majoring in Nutrition, an emergency nutritionist who has 8 years’ experience in Kenya, Niger, Uganda, South Sudan, Nigeria, Philippines, Malawi and Turkey.

**NCC—Mohammad Faisal, ACF-UK**
Medical Doctor holds Masters in Public Health and has 12 years work experience with government, WHO and UNICEF in Pakistan and Nepal.

**IMO—Anna Zilokovska, UNICEF**
Holds PhD in Food Technology and has 10 years of experience in nutrition, info & project management, capacity building, guideline development, including in South Sudan, Somalia, Philippines, Ukraine and Yemen.

**IMO—Simon Karanja, WVI**
Holds an MSc in Human Nutrition and has more than 10 years of experience in international relief and development organizations in East Africa and South-East Asia.

**IMO—Hannoa Guillaume, ACF-UK**
Holds MSc in Environmental Engineering with specialization in information management and GIS. Has 7 years of experience in post conflict and disasters affected countries including Nigeria, Ivory Coast, DRC, Haiti and Nepal.

**NCC — Lindsey Pexton, SC-UK**

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**CONTACT INFORMATION:**

The deployment of the GNC RRT is managed through existing agreements within the cluster lead agency and administered by UNICEF Office of Emergency Programmes (EMOPS) in Geneva, Switzerland.

A Request Form and ToRs should be provided for every request:

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Visit our website:
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What is RRT?
The Global Nutrition Cluster’s Rapid Response Team (RRT) is a partnership between the Global Nutrition Cluster (GNC) and four GNC partners. The purpose of creating the RRT is to increase the capacity of the GNC to support cluster coordination and information management functions through rapidly deployable Nutrition Cluster Coordinators’ (NCC) and Information Management Officers’ (IMO) technical capacity in humanitarian situations. This enables timely and coordinated response which then ensures improved emergency nutrition interventions.

Who are the RRT members?
The RRT consists of six experienced nutrition professionals with proven technical skills as well as nutrition expertise. Three of them are Nutrition Cluster Coordinators and three are Information Management Officers. The funding for RRT members are currently provided through Programme Cooperation Agreements* with the following partner agencies: Action Against Hunger—International, International Medical Corps, Save the Children—United Kingdom and World Vision International as well as through direct recruitment by UNICEF with financial support from ECHO.

Duration of RRT deployment
The RRT members can provide dedicated surge capacity to any country office and are deployable within 72 hours (depending on visa procedures). Emergency field deployments are normally up to 8 weeks, with possible extension for a period of up to 12 weeks. It is the responsibility of the country office to organise for and recruit a longer-term NCC or IMO.

*R programme Cooperation Agreement (PCA) is an engagement of UNICEF with partner agencies that focus on the collaborative implementation of a jointly-developed programme within the framework of UNICEF-supported humanitarian response. It is an agreement to work for common goals, with share risks and responsibilities, resources and benefits.

RRT members roles:
The GNC RRTs are deployed in one of the following capacities:

**Nutrition Cluster Coordinator (NCC):**
- Facilitate / support nutrition cluster coordination processes at national and sub-national levels;
- Coordinate identification of needs, responses and gaps;
- Facilitate the development of a nutrition cluster emergency response strategy;
- Engage key stakeholders from governments, national or international NGOs, UN agencies, and donors in the above mentioned activities;
- Coordinate nutrition partners to ensure that gaps are being identified and filled and overlaps are minimised;
- Provide technical guidance / coordination for nutrition cluster partners on the key technical nutrition intervention domains.

**Information Management Officer (IMO):**
- Management of information on nutrition needs, responses and gaps;
- Timely and accurate reporting amongst cluster partners;
- Production and dissemination of information products (e.g. needs and activity summaries, maps of interventions and gaps, cluster website and contact lists).

**Criteria and priority for RRT deployment:**
The RRT members can deployed for:
1. A declared L3 emergency;
2. Rapid onset emergency or rapid deterioration of pre-existing situation;
3. Threat of forecast of L2 or L3 emergency;
4. Unpredictable and sudden loss of CC/IM capacity;
5. To strengthen underperforming CC/IM platforms.

RRT FAQs:
Some additional information on deployment:

**Are RRT personnel UNICEF staff?**
RRT personnel are employed by their organisations and are seconded to the GNC. They are to be fully accommodated within the UNICEF operation. Under the UN Rules and Regulations they are considered as Type II Gratis Personnel, and are given the status of ‘Experts on Mission’ to the UN.

**What are the costs associated with a deployment of RRTs?**
All assignment related costs, such as travel to the country and accommodation are covered by PCA with partner agency. UNICEF country office will not pay any costs, except in-country travel and R&R (if applicable).

**What about support for UNICEF’s own emergency CP response?**
The RRT is not expected to support cluster-lead agency or host agency specific interventions. Support for UNICEF’s own response can be sought from the Regional Emergency and Nutrition Advisor, NYHQ, staff on mission from other UNICEF offices, other Standby Agreements, and external recruitment.

**Does a contract need to be issued?**
No contract needs to be issued. Terms of Reference (ToR) must be provided with the initial request, and the RRT personnel must be fully accommodated within the country operation (Official UN ID card; assigned supervisor; included in the organisational chart and security arrangements; induction briefings; necessary equipment and transportation). Generic ToRs are available to facilitate the development of specific ToRs.