About the Global Nutrition Cluster

The Global Nutrition Cluster (GNC) was established in 2006 as part of the Humanitarian Reform process, which aimed to improve the effectiveness of humanitarian response programmes by ensuring greater predictability, accountability and partnership. The vision of the GNC is to safeguard and improve the nutritional status of emergency affected populations by ensuring an appropriate response that is predictable, timely and effective at scale.

The GNC is first and foremost a coordination mechanism. The GNC’s core purpose is to enable country coordination mechanisms to achieve timely, quality, and appropriate nutrition response to emergencies. The GNC supports country coordination in strategic decision-making, planning and strategy development, capacity building on coordination and information and knowledge management, advocacy, monitoring and reporting, and contingency planning/preparedness.

This update provides information on the GNC achievements since the last annual meeting (July 2013). These achievements are aligned with the Pillars of the GNC Strategic Response Plan. It also contains information on the emergency response support provided by the GNC with emphasis on support given to the level 3 emergencies (Philippines, Central African Republic, South Sudan, and Syria). This update also summarizes information on the Rapid Response Team deployments to emergency countries and gives an account on how non-deployment time was spent between the GNC and host agencies. A brief summary on support provided to the Cluster Coordination Performance Monitoring exercises is also included.
Strategic Pillar 1. Partnership, communication, advocacy, and resource mobilization

GNC Strategy and donor launch

As a recommendation from the Governance review of the GNC, the GNC has successfully developed a three year strategy (2014-2016) and a two year costed Work Plan (2014-2015). The entire process was done in a consultative manner, where the SAG first drafted the strategy with a support of a GNC consultant. The draft strategy was then presented to the GNC partners in February 2014 for review and feedback. Specific agencies (Save the Children, International Medical Corps, ACF-UK and EEN) volunteered to take a lead on the costing for the each of the four pillars.

The GNC organized a launch of the strategy to donors and the IASC. The launch provided an overview of the Strategic Plan and concept notes for three unfunded activities (Building capacity to assess coverage of nutrition programmes; GNC advocacy; and Knowledge Management activities) were shared with the donors. 10 number of donors attended the launch, traditional donors as well as many from countries with no previous engagement with the GNC. To meet the objective of resource mobilization, a Concept notes for three areas of activity (mentioned above) have been shared with donors. Additionally, the GNC-CT developed and submitted a proposal to ECHO for the expansion and expansion of the RRT mechanism. To facilitate a more structured fundraising approach for this Work Plan, the GNC has developed a draft fundraising strategy (currently out for review by the CLA and the SAG).

GNC meetings and communications

Since July 2013 to date, the GNC organized two meetings: one GNC working meeting and the other an annual meeting of the GNC partners, observers and the NCCs. Following the finalization of the SOP and the meeting in February 2014, the GNC-CT reviewed the arrangement of all partnership of the GNC and formalized membership. Currently, GNC partners composes of 32 partners and 8 observers. Each partner or observer revised their list of contact persons representing their respective organizations within the GNC to facilitate communication.

From July 2013 to date, ad-hoc tele-conferences have also been conducted to discuss country-specific response in the following Level 3 countries (Syria, South Sudan and CAR). The GNC-CT have instituted the publication of bi-monthly bulletins sharing global activities, achievements and country updates and experiences. Bulletins are shared with partners and NCC/MOs. To date, five bi-monthly bulletins have been issued.

The GNC-CT has consistently represented GNC partners in IASC policy and guidance discussions which has resulted in Nutrition Cluster inputs and views being incorporated in several documents including the Cluster Coordination Reference Module (CCRM), the Cluster Coordination

RRT Non Deployment Time

During the non-deployment times, RRTs are expected to contribute 25% of their time to the GNC work at global level doing direct work under the GNC-CT supervision while the remaining 75% is to be spend on the work of the host agency which are supposed to be mainly related to maintaining of the cluster, host agency as well as capacity development in NIE work. These tasks are articulated and agreed upon jointly by the GNC-CT and the RRT host agency and they are included in the respective RRT’s work plan. During the reporting period, 12.6% of the time was spent on pre and post deployment work and as this was not initially planned within the deployable time, this work has obviously eaten into the time allotment for host agency and the GNC-CT work. The typical pre-deployment work involves background reading on the country and communication with the country and the GNC-CT and briefing on the task to be performed by the RRT, while the post deployment work includes finalization of work which was not completed such as, the strategic planning reviews, drafting of advocacy documents, remote support on IM, support to the drafting of cluster updates/bulletins, support to the write up of Cluster Performance Monitoring reports etc., as well as producing final of mission reports.

The contribution of the RRT to the host agency work has only constituted 14.8%, far below the original planned 25% and these work have focused mainly on the adaptation of the cluster approach to the host agency use, supporting advocacy and capacity building of the host agencies on cluster approach, and some specific support to the host agency on NIE work. The NIE work for ACF-USF for example included elaboration of technical positioning papers and review of technical documents; for ACF-UK, the work was related to improving information management systems and processes for the agency.

21.8% of the RRT support has been to the GNC-CT work and this included the review and the development of PowerPoint presentation for the two HTP modules, Gender-sensitive programming in emergencies and Nutrition of older people for the GNC-CT review. The other stream of work included the support to the review and the migration process of the GNC website from the UNICEF site to the dedicated site. Other ongoing support to the GNC-CT by the RRT includes update of technical resource person list for the GNC, contribution to the compilation of the GNC bi-monthly bulletin and support to the GNC-CT during the preparation of any GNC event such as the face to face meeting (both annual and working meeting), the preparation for the IASC and donor launch of the GNC strategy and Workplan, support to the revision of GNC cluster coordinator and partner training packages, maintaining a matrix of technical, coordination and management documents and tools, support to the development of the IM/TK strategy for the GNC and work of the IM/TK task force, inter-cluster work on aligning IM approaches and tools within the UNICEF-led clusters, preparation of minutes of the various GNC meetings and calls, contribution to the development of the Nutrition Indicators registry, development of several IM tools and RRT time tracking system, co-facilitation of cluster coordination training in the Philippines and uploading and updating of documents on the GNC website.

Cluster Coordination Performance Monitoring

From July 2013 to September 2014, the Global Nutrition Cluster supported Cluster Coordination Performance Monitoring (CCPM) exercises in five countries: Chad, Somalia, South Sudan and Afghanistan. CCPM exercise are mandated by the Humanitarian Programme Cycle (HPC) and aim to help clusters coordinate and fulfill the core cluster functions more efficiently and effectively.

The CCPM exercises are ideally conducted three to six months after the onset of an emergency and once every year thereafter. In protracted crises, a CCPM exercise should occur annually, but clusters decide when to do it. If several core functions are confirmed to be weak and therefore require frequent monitoring and follow-up, a CCPM process should occur more often.

The CCPM exercises result in a report that provides an in-depth assessment of the quality of cluster operations, focusing on the IASC six cluster core functions and an additional component on accountability to affected people. It enables the identification of areas for support and improvement, and can be used by cluster lead agencies in support of their accountability to the Resident/ Humanitarian Coordinator and national authorities.

In the five CCPMs that the GNC has supported, it was noted that the process was extremely beneficial in helping cluster members to become more familiar with key cluster functions and outputs. Many partners remarked upon the fact that they did not realize how much a cluster could/should do. Another advantage of conducting the CCPM is that it results in a clear action plan for the cluster per each core function with responsible people/organizations and timeframes.

All GNC documents including the CCPM reports and guidance are available on the GNC website: http://nutritioncluster.net/topics/cluster-coordination-performance-monitoring
Rapid Response Team update

In early 2011, the GNC initiated the Rapid Response Team (RRT) concept with support from ECHO through a Standby Partnership Agreement with the International Medical Corps (IMC) for the secondment of one NCC who was deployed to lead the national nutrition clusters in Mali, Mauritania, Chad (twice), and the Philippines. In 2013, with additional funding from ECHO and partial funding from DFID, the Nutrition RRT pool was increased to include three NCC/RRTs and two Information Management and Knowledge Management (IM/KM) focal points targeted 25 English-speaking countries (including 11 missions to Level 3 emergency countries) with a total number of deployment days 761 and average duration of deployment of 7.2 weeks.

The mechanism for the management of the RRTs by both GNC-CT and the host agencies is now well established. Systems for country request for a RRT support, reporting format for the RRT work, conference calls between the hosting agencies as well as systematic briefing and debriefing the RRT have all been put in place by the GNC-CT and the RRT host agencies. The mechanism has proven its value through the predictable and timely support provided to country on coordination and IM in the nine high priority countries. As a part of the 2014-2015 GNC work plan, the RRT mechanism will be evaluated; a TOR has been developed and is currently being advertised.

Two out of the five RRT members have finished their contracts (Deborah Wilson, IMC and Samra Hanif, World Vision) and one (Angelina Grant, ACF) will finish her contract at the end of September. The respective agencies are in the process of hiring replacements. Anna Ziolkovska (ACF-UK) and Paul Wasike (Save the Children) are expected to continue their work as RRT.

Indicators (since June 2013)

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<tr>
<th>Indicator</th>
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<tr>
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<td>Number of RRT deployments</td>
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<tr>
<td>Number of countries benefited from RRT deployments</td>
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<td>Percentage of requests approved</td>
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<td>Average days from Steering Committee decision to RRT arrival</td>
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<td>Average deployment duration (weeks)</td>
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Performance Monitoring (CCPM) tool and the Humanitarian Programme Cycles document as well as the Humanitarian Programme Monitoring Framework.

Strategic Pillar 2. Capacity development in humanitarian coordination

The GNC-CT updated its training packages on cluster coordination and cluster approach awareness trainings for cluster partners to include latest guidance by the IASC and the GNC. Additionally, two regional trainings (in Bangkok for English-speaking countries and in Dakar for French-speaking countries) on cluster coordination were completed, and the trainings targeted 25-35 participants each. Three country-level trainings (Afghanistan, Mali and the Philippines) for partners on the Cluster Approach were also completed. Orientation on the cluster approach has been conducted in both the Philippines and South Sudan immediately after they were declared as Level 3 emergencies. In total, since July 2013, 112 participants have been trained, including UNICEF and other UN agencies’ staff, Government employees and NGO staff.

Strategic Pillar 3. Operational and surge support to country clusters

During this reporting period, the five RRT members have conducted a total of 15 deployments to 7 emergency countries (see RRT update on the page 7). In order to evaluate the contribution of the RRT mechanism in supporting country cluster coordination platforms, the GNC developed a TOR and is in the process of hiring an organization to conduct evaluation of the effectiveness of the RRT.

Since July 2013, four missions have been conducted by the GNC-CT, all to South Sudan, to support Nutrition Cluster in its planning and response. The GNC-CT has also provided remote and on the ground support to five countries (South Sudan, Philippines, Somalia, Afghanistan, Chad) in conducting Cluster Performance Monitoring exercises and facilitating four of the five related workshops.

The GNC-CT has also supported countries in sourcing additional surge support through standby partners (SBP). From July 2013 to date, a total of 5 requests for NCCs were received and submitted to SBP, of which two were filled (Philippines and South Sudan). In addition to this, 4 requests for Nutrition Cluster IMOs were received of which three were filled (CAR, Philippines and South Sudan). The GNC-CT also provided support on the recruitment of NCC for Afghanistan, Somalia and South Sudan.

Strategic Pillar 4. Information and Knowledge Management (IM/KM)

An Information Management and Knowledge Management (IM/KM) Taskforce (TF) has been formed, co-led by ACF-UK and ENN. The TF has developed a TOR and includes representatives of 12 GNC partners. The IM/KM Taskforce is reviewing the draft IM/KM strategy which charts the way forward for IM/KM in the GNC. Currently there is limited funding for IM/KM activities identified in the GNC Work Plan; however partners have developed and costed concept notes and the GNC-CT is advocating with donors for funding. Once funding is secured, several activities can commence. Finally, the new, independent GNC website has been launched, with support from UNICEF as the CLA.

**Operational and surge support to country clusters**

- Support to country clusters to ensure effective coordination functions.
- Surge support through Rapid Response Team members (RRTs) & standby partners (SBPs).
- Role within cluster clusters by GNC Team and partners.

**Information and Knowledge Management**

- Development of tasks and resources to address gaps.
- Training on the required knowledge and skill.
- Managing appropriate nutritional and coordination information.
- Capturing and sharing of experiences and learning.
The GNC engages in operational and surge support to national clusters including demand driven capacity enhancement support missions, surge deployments in response to humanitarian crises and at country and standby partner deployments to priority countries. These missions and deployments assist in strengthening accountability and leadership of the country clusters, support coordinated quality programming and response, and enhance efficiency in the coordination of country responses. The outcomes of these missions are stronger clusters, more partner engagement and the promotion and mainstreaming of the cluster approach within Cluster Lead Agency and cluster partners at country levels. Since the beginning of 2013, the GNC has supported four Level 3 emergencies which are major, sudden onset triggered by natural disaster and conflict-induced emergencies that require system-wide mobilization of the humanitarian community to respond. During this reporting period, Level 3 emergencies were declared in the Philippines, Central African Republic, South Sudan and Syria. The GNC-CT has followed all these emergencies closely, maintaining a constant engagement with the country staff and the CLA regional offices to provide support to country clusters in fulfilling their responsibilities. The GNC Coordinator, GNC deputy coordinator and GNC Rapid Response Team members have been deployed to support these countries on the ground. Additional survey support was also mobilized for cluster coordination and IM through standby partners and the CLA. The GNC-CT also organized calls with GNC partners to discuss how partners could support the countries and agree on actions.

Central African Republic (CAR)

The 5 December 2013 attack by anti-Balaka militia on Bangui and Bossouma led to the displacement of nearly 500,000 IDPs across the country within one month – the vast majority of them in Bangui. These events triggered the declaration of an inter-agency Level 3 emergency for the CAR on 11 December. On the second of January, Angeline Grant (RRT member) was deployed to the CAR for 8 weeks to provide gap-filling support to the CAR Nutrition Cluster as a Cluster Coordinator.

In the CAR, Angeline established cluster coordination platforms, coordinated and supported needs assessment and analysis, facilitated discussions and drafted the CAR Nutrition Cluster Strategic Plan. She also supported Nutrition Cluster advocacy activities and the monitoring and reporting of the nutrition cluster response. An NCC and an IMO were recruited by the UNICEF Country Office in January – February. Angeline has continued to provide remote support to CAR’s nutrition cluster through the development and finalization of a number of documents to support the cluster.

South Sudan

On 15 December 2013, violence broke out in South Sudan’s capital, Juba, quickly spreading to Jonglei, Unity and Upper Nile states. Fighting continued despite a 23 January agreement to cease hostilities. So far, nearly 1.4 million people have been forced from their homes and tens of thousands have been killed. Millions are at risk of death from violence, famine and disease. Since the activation of the Level 3 emergency in South Sudan, the GNC has been providing operational, remote and surge support to the National Nutrition Cluster.

From February to August 2014, Ayadil Sarapbev, GNC Deputy Coordinator, completed three field missions to Juba to support and strengthen the cluster’s role in effectively coordinating nutrition response. During the period of March to July 2014, all five GNC RRTs were deployed to South Sudan. The role of the RRTs was to provide gap-filling support to the South Sudan Nutrition Cluster, as Cluster Coordinators at national and sub-national levels and as IMOs, whilst the recruitment of a dedicated long-term coordinator and an IMO was ongoing.

In July-August 2014, Josephine Iyke, the GNC Coordinator was on a three-week mission in Juba to provide strategic support to the cluster. Josephine also participated in the Global Cluster Coordinator’s (GCC) mission to South Sudan that took place 31 July-7 August 2014. This mission, which was undertaken together with ten other Global Cluster Coordinators was to support the Humanitarian Country Team (HCT) and the Humanitarian Coordinator (HC) in the review of the prioritizations of cluster response, integrations within the clusters and advocacy. Each GCC also reviewed how their respective clusters were functioning and provided guidance on areas that required improvement.

GNC-CT continues to provide operational support to South Sudan Nutrition Cluster, including day-to-day consultations on needs assessment and analyses.

Syria

Since March 2011, Syria has borne the brunt of sustained and escalating violence. In the Syrian Arab Republic, Humanitarian Assistance Response Plan 2014, the UN estimates that 6.5 million people are internally displaced and a total of 9.3 million people are in need of humanitarian assistance. 46% of whom are children.

A number of humanitarian actors started to operate from Turkey in September 2013 to provide assistance to populations in need of humanitarian assistance in non-government controlled areas in Northern Syria. There was no official humanitarian cross-border response; hence no clusters were activated. However an NGO Forum was established in January 2013 in Antakya to provide an avenue for the coordination of the response with a strong operational focus. There was no dedicated working group for Nutrition through this coordination system as by design, Nutrition issues were to be addressed within the thematic working group. Sadly, nutrition issues have not been raised or addressed as effectively as intended partly due to the lack of a Nutrition Cluster and unclear policies on cross-over. As a result, this coordination system did not have a dedicated Nutrition Sector, the coordination in the Northern part of Syria continues to remain a challenge.

From September to October 2013, Angeline Grant, GNC RRT member was deployed for an initial scoping mission to assess the nutrition situation and potential information sharing/mechanisms that could be put in place in support of nutrition response. The overarching recommendation from the scoping mission was the need to raise the profile of the nutrition sector in humanitarian response and the need to provide strategic, operational and technical space for the nutrition sector to coordinate effectively.

Based on the needs identified during Angeline’s three-week scoping mission, Deborah Wilson, (RRT member) was deployed to provide dedicated nutrition coordination, technical information management support to strengthen the sub-sectors in the Northern Syria nutrition sector response under the health sector working group, hosted by an INGO Medical Relief for Syria. In the 9 weeks of the deployment, Deborah provided technical support (including advocacy to highlight the nutritional needs in the context of the hard to reach areas in Northern Syria) and managed to establish a good network among the traditional Nutrition actors (the 4 NGOs implementing Nutrition activities and other non-traditional bodies involved in the supply and distribution of Breast Milk Substitute (BMS)). Deborah also established a weekly sector meetings and developed a draft TOR for the second stage of the working group, supported establishment of the technical working groups, developed reporting template, conducted capacity mapping of the partners, constantly advocated to the HLG, putting nutrition on the agenda of the HLG and sectors and she also facilitated the issuing of facilitated development of a Joint Statement on Infant Feeding in Emergencies for Northern Syria and assisted the WG to draft a ‘Position Letter on the Nutrition Sector’, to the HLG members in January 2013.