



IASC Global Nutrition Cluster Annual Meeting Report

Rome, Italy

16-18 September 2014

List of acronyms

AAP	Accountability to affected populations
ACF	Action Contra la Faim
CAP	Consolidated Appeals Process
CAR	Central African Republic
CCPM	Cluster Coordination Performance Monitoring
CLA	Cluster Lead Agency
CW	Concern Worldwide
FAO	United Nations Food and Agriculture Organization
FLA	Field Level Agreement (WFP)
IASC	Inter-Agency Standing Committee
IM/KM	Information Management/Knowledge Management
IMO	Information Management Officer
GNC-CT	Global Nutrition Cluster- Coordination Team
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
IYCF	Infant and Young Child Feeding
MoU	Memorandum of Understanding
NCC	Nutrition Cluster Coordinator
NGO	Non-governmental organization
OPS	On-line Projects Sheet
PCA	Project Cooperation Agreement (UNICEF)
REACH	Renewed Efforts Against Child Hunger and undernutrition
RRT	Rapid Response Team
SAG	Strategic Advisory Group
SRP	Strategic Response Plan
SUN	Scaling Up Nutrition movement
TOR	Terms of Reference
WFP	United Nations World Food Programme
WP	Work Plan

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Executive summary

The GNC annual meeting provides an opportunity for cluster partners, donors, and country level Nutrition Cluster Coordinators (NCCs) and Information Management Officers (IMOs) to discuss achievements, priorities and mechanisms for moving forward collaboratively. This meeting marks the 8th year that the GNC has held an annual meeting.

The **objectives** of the meeting were:

- To review the progress of the GNC Work Plan (WP) and identify challenges and bottleneck.
- To provide a structured platform for discussions, sharing information and lessons learned from Level 3 emergencies with an aim to improve coordinated response, information flow and learning.
- To provide a forum for presenting technical updates relevant to improving effective emergency nutrition response.
- To provide an opportunity for lead agencies of the Strategic Pillars and contributing agencies to meet and further specific WP tasks.

Achievements

There have been significant achievements over the past year. The Strategic Plan was finalized and a 2-year WP was developed, costed and launched to the Inter Agency Standing Committee (IASC) and donors in Geneva. Significant funding has been secured for many activities while partners have collectively developed concept notes that have been circulated to donors for underfunded activities.

A number of country level and regional level trainings have been conducted and training packages have been updated.

The Rapid Response Team (RRT) and the GNC- Coordination Team (GNC-CT) also have provided substantial support to the three Level 3 emergencies (Philippines, S. Sudan and Central African Republic), while support was also provided to non L3 countries such as Chad, Somalia, Afghanistan and Pakistan in response planning, emergency preparedness plan and support to Cluster Coordination Performance Monitoring (CCPM).

An Information Management (IM) Taskforce has been established and the new, independent GNC website has been launched.

Some of the constraints faced in implementing activities in the past year include lack of funding for key activities and the heavy demands on the GNC-CT and RRT to support to core functions of national clusters and the scale up of the response in Philippines, S. Sudan and Central African Republic.

Strategic Advisory Group (SAG)

The SAG has provided significant support over the past year including planning and facilitating the working session in February 2014, input into the launch of the Strategic Plan, developing the MoU between the GNC and ACF Canada on SMART, providing input into the fundraising strategy and

planning and facilitating this meeting. It is recognized that the SAG's input has centred on management and process issues; it has not been working at a purely strategic level. The SAG aims to review priority areas moving forward, identifying those of a more strategic level, and will likely revise the SAG TOR.

Key issues and challenges raised in the meeting

During the meeting several presentations raised issues and challenges in ensuring a coordinated response from different perspectives. The NCC/IMO presented their collective challenges and needs at the country level. Experiences, challenges and learning from the Cluster Coordination Performance Monitoring (CCPM) exercise across five countries were shared. And additionally, the NNC from S Sudan, Philippines and CAR presented their issues and challenges in response planning and scaling up the response. Participants reflected on these presentations and discussed and identified what is being/could be done at both global and country level to address these and improve a coordinated response. Some of the key issues identified and discussed over the three days include:

- Limited availability of quality (and causal) data for developing a response plan and influencing decisions, often due to limited staff and capacity as well as lack of systems for assessment and analysis. *There is need to review what the gaps are in terms of guidance on assessments, data collection and presentation methods. It was suggested that perhaps this is something the IM Taskforce could take forward.*
- Undefined technical support for country clusters on assessments, data analysis, quality assurance and information management. *There was an informal expression of interest by some global partners to provide organized support on these topics. Additionally, a concept note for a technical surge team, which includes expertise in these issues, has been developed, though it remains unfunded.*
- Delayed response due to administrative procedures required to issue Project Corporation Agreements (PCA) and release funds. *As the actions needed under this constraint are to be taken by the CLA at country level, an action point was developed for the GNC; however, this issue can be taken up with the CLA and the NCC as part of the preparedness actions by the CLA.*
- Human resource capacity in government and NGOs is limited in terms of technical skills (CMAM, IYCF and data collection/analysis/use) and ability to scale up programming response. Skills' sharing at country level is not being incentivized. *GNC capacity building efforts focus on coordination, it was requested that global partners continue their support with technical capacity building initiatives. The Harmonized Training Package is part of the WP and can support these efforts.*
- Strategic response planning (SRP) process and OCHA reports can be time consuming and are often met short deadlines and often do not coincide with other reporting processes. There is a recognized need to include government and sub-national level structures more in this process. *Countries can work with governments and sub-national structures to identify and routinely collect necessary data for on-going reporting processes to increase involvement of actors and have data available in a timely manner. Additionally, the Humanitarian Country team agrees the timeline for HNO and SRP development so the NCC has an opportunity to influence this at country level. At global level, the GNC-CT will also advocate with OCHA for specific issues if formerly articulated by NCC/IMO.*
- CMAM is often the focus of the emergency response with limited assessment and planning for IYCF and micronutrients programmes, often due to lack of capacity. *A*

concept note for a technical surge team, which includes expertise in these issues, has been developed. It remains unfunded.

- Inter-sectoral linkages are recognized as an important component to ensure an effective response. At a strategic level they are being articulated but they remain an operational challenge, as they require continuous engagement and commitment of a variety of actors. *This is an area for continued advocacy at country and global level. The WP includes the development of guidance for inter-cluster response planning from nutrition perspective. Additionally, discussions have started within the Health, WASH and Food Security Clusters on the same issue. Learning on country experiences around this could also contribute to the knowledge management activities in the WP.*
- While some countries have succeeded in accessing requested resources, leveraging resources in protracted emergencies is challenging. *An advocacy plan for the GNC will be developed as part of this WP; it is a funded activity and will commence shortly. Learning on successful country experiences could contribute to the knowledge management activities in the WP. Additionally the Scaling Up Nutrition (SUN) movement is developing technical briefs that could be used for advocacy purposes.*
- Limited experience in national advocacy (outside emergency funding and IYCF messaging) yet recognized need. *An advocacy plan for the GNC will be developed as part of this WP; it is a funded activity and will commence shortly. However there do exist advocacy resources for use at country level including the UNICEF advocacy toolkit and Nutrition Cluster handbook. Additionally the SUN movement is developing technical briefs that could be used for advocacy purposes.*
- Limited experience or guidance on transition (phase-out) and preparedness and linking cluster efforts in these to wider initiatives such as SUN/REACH. *The GNC-CT has initiated discussions with the SUN Movement Secretariat in Geneva and the articulation of how the GNC links with initiatives such as SUN, REACH and other global initiative is part of the advocacy work to be undertaken for the GNC by ACF. Additionally, UNICEF has commissioned a study on the learning from cluster to sector in nutrition response where some of these issues will be looked at and documented in detail.*
- While there have been some initiatives, outside of the GNC Annual Meeting, there is an undefined process for capturing and sharing experiences and learning across country clusters¹. *A concept note has been written to support the development of a knowledge management process for country clusters; this remains unfunded. Additionally, UNICEF has commissioned a study on the learning from cluster to sector in nutrition response where some of these issues will be looked at and documented in detail.*

It was recognized that some of these issues can be addressed by the GNC and are currently included in the WP (as noted in green above). Some issues are bigger than what the GNC can do itself but the GNC can and will advocate to others to address. And some issues (or parts of some issues) can be addressed at the country level through the NCC and IMO, these include:

- Generating government buy-in around improved nutrition coordination
- Improving inter-sectoral linkages at country level to facilitate joint programming

¹ Issues identified that would benefit from consolidation of learning across countries include: strategic response planning process, transition plans and response, preparedness activities and strategies, engaging development actors and networks in preparedness, contingency planning, resource mobilization- what works in different contexts and commonalities across similar contexts (sudden onset, protracted emergencies and sector coordination).

- Identifying funding cycle timelines and advocating for funding to facilitate country response
- Ensuring sub-region feedback and input feeds into strategic planning and other reporting processes

Based on these discussions, global partners updated the WP to reflect additional partner commitment to activities and more details around the process of taking forward some of the activities. At the same time, NCC and IMO discussed what they could do at country level to address the above in their contexts.

Technical updates

The meeting provided an opportunity for sharing of relevant technical updates. Presentations were made on the Integrated Phase Classification (IPC) and the new nutrition component, which allows for the IPC to report on the severity of acute malnutrition and causal factors. It has been piloted and is being reviewed currently.

An update on the rapid SMART methodology was provided. Rapid SMART is a quick way to get anthropometric data in an emergency setting. It is not recommended for all situations but only where access is limited or there is a quick need for anthropometric data.

FAO presented on the upcoming International Conference on Nutrition 2 (ICN2) that will be held in November 2015. Individuals have not been invited but each country is welcome to select and send a team. Countries are developing a declaration that will be signed/endorsed at the conference acknowledging their commitment to nutrition.

An update on the Ebola outbreak in West Africa and the nutrition programming implementations was presented; it is believed that the peak has not been reached. A nutrition cluster has not been activated but nutrition is being coordinated and addressed by UNICEF/WHO and NGOs in their response at both global and regional levels. For technical queries and answers on Ebola as it pertains to nutrition treatment and care, there is an active En-net forum. Guidance on treatment and care is available from UNICEF and WHO.

Funding history and current situation

A review of the funding history of the GNC was presented which included an overview of current funding by each Strategic Pillar. A significant portion of the WP has been funded though there are key activities that remain unfunded (RRT, technical RRT, HTP, and Knowledge Management activities). To date, the GNC-CT has had limited time to engage in fundraising, however, moving forward, this is a key priority for the GNC-CT in the coming months. A fundraising strategy has been developed which articulates several opportunities in which to increase engagement and dialog with donors, and hopefully solicit additional funds for the outstanding activities in the WP.

Next steps

- The SAG will review WP and discussions at this meeting to identify strategic priorities to engage in moving forward. This will be reported back to the collective.
- The WP will be consolidated based on feedback and discussions during this meeting and will be shared with partners.
- Funding gaps will be followed up by the GNC and there will be a telecom with global partners in October for the GNC-CT to share an update and discuss any re-prioritization

- of funds. Additionally in this call, partners will update on their commitments to activities in the WP and related next steps.
- A traffic light system will be developed to monitor the activities in the WP and will be posted on line.
 - NCC/IMO will prepare an action plan to address some of the issues raised in the meeting and will feed back to the GNC-CT in October. They will also identify a mechanism to provide feedback to the GNC-CT on IASC guidance so that the GNC-CT can advocate for issues at the global level.

The next GNC working session will be in February and the next Annual Meeting will be in September 2015.

Introduction

The GNC annual meeting provides an opportunity for cluster partners, donors, and country level Nutrition Cluster Coordinators (NCCs) and Information Management Officers (IMOs) to discuss achievements, priorities and mechanisms for moving forward collaboratively. This meeting marks the 8th year that the GNC has held an annual meeting.

The objectives of the GNC's 8th annual meeting were:

- To review the progress of the GNC Work Plan and identify challenges and bottleneck.
- To provide a structured platform for discussions, sharing information and lessons learned from L3 countries from NCC, IMO and cluster partner perspective with an aim to improve coordinated response, information flow and learning.
- To provide a forum for presenting technical updates relevant to improving effective emergency nutrition response.
- To provide an opportunity for lead agencies of the Strategic Pillars and contributing agencies to meet and further specific Work Plan tasks.

The meeting was held over three days.

Day 1 set the scene with an update on the key achievements and activities to date by the GNC-CT and the SAG. This was followed by a presentation on the needs and priorities by the NCC/IMO based on the one-day meeting they had the day before. In the afternoon, results and challenges around the six-core cluster functions were presented, based on five countries' experience in implementing Cluster Coordination Performance Monitoring (CCPM). Group work and discussions after this focused on additional issues and challenges around the core cluster functions.

Day 2 focused on the experience, issues and challenges to scaling up nutrition response in emergencies. Three countries with recent level 3 emergencies made presentations: S Sudan, Philippines, and Central African Republic. Issues and challenges around needs assessment, response planning, resource mobilization and implementation were identified. Group work provided additional time for participants to discuss and articulate additional gaps and challenges to scale-up. In the afternoon, technical updates on the Integrated Phase Classification (IPC), Rapid SMART, International Conference on Nutrition 2 (ICN2) and Ebola were presented.

Day 3 aimed to consolidate the key issues from discussions in day 1 and 2 and identify ways forward both at the global and country level. Firstly, an overview of the GNC funding situation was presented around the strategic pillars. Unfunded activities were highlighted and fundraising strategies were shared. Group work was conducted with global actors to update the Work Plan (WP) in terms of identifying additional partners for activities and discuss potential funding strategies for unfunded activities. Meanwhile country level actors (NCC and IMO) prioritized key issues and needs at the country level and identified what they can move forward directly, what they need support on and what they request the GNC take forward at the global level.

This report aims to document the discussion during this 3-day meeting. Brief summaries of presentations are included, all the PowerPoint presentations are available on the GNC website, <http://www.unicef.org/nutritioncluster/>

Day 1

Agenda of the day

- *To review progress on the GNC Work Plan and identify challenges and bottleneck*
- *To provide a structured platform for discussions, sharing information and lessons learned from L3 countries from NCC, IMO and cluster partner perspective with an aim to improve coordinated response, information flow and learning*

Session 1: Welcome, introduction, objectives and expectations

Presenters: Dominique Burgeon, Director of the Emergency and Rehabilitation Division, Anna Lartey, Director of Nutrition Division, FAO and Josephine Ippe, Global Nutrition Cluster Coordinator.

Dominique Burgeon welcomed everyone to Rome. He reflected on the numerous emergencies in the past year and the need to respond effectively and build resilience to strengthen response to crisis. He reiterated that FAO is an eager partner and willing contributor in these efforts, as represented by their engagement in both the global nutrition and food security clusters. He recognized the importance of increasing collaboration between the clusters while maintaining the specificity of the two clusters. He underscored the need to continue to monitor crisis and potential crisis situations to be prepared and highlighted FAO's work on the IPC system in which they are currently piloting the expansion of the tool to include a nutrition component. He concluded by suggesting that the broad dimensions of nutrition need to be continually explained to the wider community and that collaboration of partners continues as we all work to address nutrition and food security in crisis situations together.

Anna Lartey welcomed everyone to Rome and commended those in the room who are working to ensure health and nutrition even during times of disasters and strife. She stressed the importance of preparedness and building resilience in the overall humanitarian response to prevent and rescue children from malnutrition. She encouraged participants to take advantage of the SUN movement to provide opportunities to strengthen linkages between global clusters and to leverage REACH in the countries where clusters are present.

Josephine Ippe provided an overview of the meeting agenda, by outlining the key component of the agenda for the two and half days and also provided information on the side meeting on the expanded Criteria and the FAO capacity building project for Food Security and Nutrition.

Session 2: Update from the GNC-CT on progress and challenges in the past year

Presenter: Josephine Ippe

Session summary:

An update on the various activities that have taken place in the past 14 months was presented. Key achievements were shared for each Strategic Pillar and several constraints identified.

Key achievements

Strategic pillar 1

- Strategic documents developed (strategic plan, costed work plan, SOP, fundraising strategy)
- Recommitment of partners (32)
- GNC working session (February 2014)
- Launch of work plan to IASC and donors (July 2014)
- Input into global documents and tools
- Concept note for advocacy work developed

Strategic pillar 2

- Updated training packages
- Conducted trainings

Strategic pillar 3

- RRT deployments and remote support
- GNC – CT deployments and remote support
- Proposal for additional funding for RRTs developed and submitted to ECHO

Strategic pillar 4

- IM taskforce established
- Concept note for Knowledge Management activities developed
- New GNC website launched

Constraints identified to moving forward some of the work plan activities included:

- Funding- not all activities in the work plan have been funded
- Over 6 months of GNC-CT and RRT time spent on South Sudan
- Inadequate time for non-L3 countries
- Substantial amount of time spent on PCA management (both GNC and RRT host agencies)
- Unprecedented pressure on GNC-CT and RRTs during L3 response (to fulfill core cluster functions responsibilities and support programme scale-up)

The basis of the presentation came from the GNC Update July 2013 to September 2014 available on the GNC website (www.nutritioncluster.net).

Questions and comments:

- **Why was so much GNC-CT time spent supporting South Sudan?** S Sudan country office lacked capacity and the GNC-CT was pressured to fill the gap and help with the identification and recruitment of necessary staff.

- Partners encouraged to feedback to the GNC-CT on field visits to help the GNC-CT monitor how things are going at country level and if there is a bottleneck that needs to be addressed.

Session 3: Update from the SAG on its progress and priorities moving forward

Presenter: Anne-Dominique Israel

Session summary:

- Background on the SAG and the activities over the past six months were presented; current SAG members (UNICEF, WFP, ACF, SC-UK, and one NCC) were identified.
- Key support provided by the SAG has included support to the working session, launch of the strategy, MoU between GNC and ACF-Canada on SMART Project Convener and development of the fundraising strategy.
- SAG input mostly around management and process- not strategic.
- Remaining priorities for the 2014-2015 WP include support to:
 - Fundraising strategies
 - Identification of lead agencies for activities on the Work Plan
 - Emergency response as required
- SAG will discuss priority areas moving forward aiming to identify more strategic areas of involvement and will likely revise the SAG TOR.

Session 4: NCC and IMO needs

Presenter: Leo Mutunga (NCC Afghanistan)

Session summary:

- Challenges and support needed were presented around the Humanitarian Programme Cycle, IM and the 6 core cluster functional areas. *See presentation for list of challenges and support needed around each theme.*
- **IMO key challenges:** lack of IM capacity, undefined role of IM within CLA, transition arrangements on how to hand over IM to government, information management vs. knowledge management and who does the latter and how, lack of guidance on how to improve timeliness and quality of reporting, capacity of partners to do their own nutrition analysis, and government ownership of data.
- **IMO/NCC support needs:**
 - Support to service delivery: need a tool for capacity mapping and bottleneck analysis
 - Informing strategic decision-making: guidance on global agreements with partners who can support on assessments, global commitments from partners on how they can help
 - Strategy development: GNC to update on global UN Office for the Coordination of Humanitarian Affairs (UN OCHA) costing tool, update the existing GNC Consolidated Appeals Process (CAP)/Strategic Response Planning (SRP) tips, develop template Online Project System (OPS) sheet, GNC to advocate for OPS-less SRPs?
 - Monitoring and reporting: provide adequate translation of CCPM documents, GNC to discuss with OCHA about CCPM flexibility
 - Capacity development and preparedness: develop guidance on capacity development for the response, develop guidance on how to do capacity mapping, develop guidance on nutrition contingency planning
 - Advocacy: disseminate advocacy package and develop country-level guidance on advocacy, develop GNC advocacy strategy and clarify how it engages with other advocacy initiatives (e.g.

post 2015, SUN etc.), support comprehensive nutrition responses at global level (particularly IYCF-E), develop guidance on channels used for advocacy, develop guidance on accountability to affected populations (AAP) for nutrition and provide knowledge management/dissemination on the issue.

Feedback and discussion:

- **New HPC.** Has the new HPC addressed some of these challenges? A few issues are addressed but it doesn't address the timing issues raised (across all processes). Issue around project and project less programming that will be discussed at country level. Issues around caseloads calculation still remain as OCHA wants this calculation to be based on their formula not from the technical viewpoint.
- **Guidance.** How much more guidance do we really need and is this flexible? Guidance on many issues is still needed for many – need to be able to pick and choose.
- **Field monitoring.** Is there pressure from others on more monitoring? No, there is no pressure to do more monitoring but clusters feel they should be monitoring coordination more as it is a key function. The question is more about 'what' a NCC monitors on field visits- coordination or technical implementation? If it is technical monitoring/support, are NCCs stepping on others toes? If NCCs do a monitoring field visit- what is their remit and is there guidance on this or global standards for coordination?
- **Joint food security and nutrition planning-** FAO project in West Africa shows that joint food security and nutrition programming has been strengthened on the ground with joint trainings. NCCs and REACH colleagues have both been involved in the process.
- **Capacity mapping and joint food security and nutrition planning-** FAO has led a joint Nutrition and Food Security capacity mapping effort in West Africa where the NCC (and REACH colleagues) helped to identify participants for the training. This facilitated links with SUN. There remains a big question on how NCCs formally engage and link with SUN and other initiatives such REACH and the 2015 initiative.
- **Guidance on AAP.** The Food Security cluster has developed guidance on this; it has been sent to GNC and can be used to inform GNC guidance.
- **Academic institutional agreements to support country activities.** One suggestion is that academic organizations, that are partners or associated with the GNC, work together with the GNC-CT to formalize a mechanism of support so that countries will know who to call when and how.
- **How do we organize ourselves at global level along the lines of our individual technical capacities?** ACF supporting S Sudan in assessments based on experience in Somalia but it is not systematic. When there is technical need at country level, how do we organize ourselves to have predictable support in terms of capacity. Need to look beyond coordination to the 'response'- as coordination is for the programme/response.
- **Data collection systems and use.** The key challenge is to make sense to the data that is collected and use. In case of S Sudan, had info but how do you make sense of it? Conceptual framework? IPC now helps in S Sudan. The challenge remains: what guidance is needed in absence of IPC?
- **Funding flexibility.** How flexible are donors to fund a programme based on something other than survey results? From OFDA side there is a great amount of flexibility and if contextual info is there in terms of food security and infectious disease, they can react if there is an understanding that the data will improve in the short term (Mark Phelan, USAID OFDA).

Group discussions in Day 2 and 3 contributed to an overall prioritization of needs by NCCs and a few potential ways forward on some activities have been identified. (See Day 3)

Session 5: Cluster Performance Monitoring (CCPM) experience

Presenters: Anna Ziolkovska (RRT IMO) and Ayadil Saparbekov (Deputy Cluster Coordinator)

Session summary:

An overview of the CCPM was presented followed by a synthesis of experiences from five countries.

What is the CCPM?

- Arose out of transformative agenda
- Self-assessment of 6 core cluster functions
- Country-led process to strengthen transparency and partnership within cluster
- Does not evaluate quality of programme delivery, partners or coordinators
- Done annually in protracted crisis, 3-6 months after sudden on-set emergencies
- Process involves country clusters, global clusters, OCHA-HQ, UNICEF/CLA
- CCPM process includes planning, survey, analysis and action planning, monitoring
- GNC-CT and the IMO for inter-cluster coordination in EMOPS Geneva supports all countries to conduct a CCPM and will support the process

Findings (achievements and challenges) from the 5 countries CCPM's that have been conducted in the past year were presented by core functional area (see **Annex C. CCPM summary of findings matrix**).

- Supporting service delivery challenges: information flow between MoH and Nutrition Cluster is difficult, link between national and sub-national level is weak, cluster core functions not well understood by partners, poor attendance of national meetings by field and government staff.
- Informing strategic decision making challenges: prioritization of activities not grounded in strong analysis, gap analysis and prioritization with partners and other clusters weak, analysis of some cross-cutting issues is weak.
- Planning and strategy development challenges: need to clarify funding requirements and deactivation strategy, limited strategic planning at sub-national level, limited sub-national consultation on response plan.
- Advocacy challenges: advocacy concerns not comprehensively discussed or pro-actively taken forward when identified, partners unsure advocacy issues are raised in Humanitarian Country Team.
- Monitoring and reporting challenges: insufficient reporting back to partners, field monitoring is infrequent, unclear mechanisms for sharing reports with WFP, UNICEF, quality of partner reports, timeliness of reporting, limited consideration of reports in bulletins, lessons learnt not documented or used for programming.
- Contingency planning challenges: limited partner engagement.
- AAP challenges: cluster role on this is unclear, no review done, most partners have organizational mechanisms in place but they are not shared/harmonized

- Process challenges: better uptake if cluster is engaged in process, strong understanding of process required by all partners, number of respondents per organization (guidance says one but might be better to have more), language very UN focused and better in English than French, a need for a more flexible questionnaire, engagement from donors, OCHA and cluster required (from all not just one), need to make separate donor section for questionnaire, sub-national questionnaire requires review.

Questions and comments:

- **Advocacy for a CCPM.** What do you do if the country doesn't recognize the need for a CCPM but it should have one? Advocacy should start at the country level within the HCT or the SAG of the Nutrition Cluster.
- **Response rate.** What is the response rate for CCPMs? At national level about 50%, UN agencies almost 100%, INGOs 50% and LNGOs and governments very low.
- **Translation.** What about Arabic? Do countries translate? Global Cluster Coordination Unite (GCCU) hosts database and questionnaire in EMOPS Geneva in English and French. If countries want to translate CCPM questionnaire to other languages, team in Geneva can upload them to the database and further support countries, however no translation is provided at global level.
- **Government involvement.** Need to ensure government is involved from the onset particularly as emergency response will be integrated into government as things are scaled down. Government has always been involved- either led or co-led the process.
- **Donor participation.** Donors are on the contact list and are asked to participate (answer questionnaire). They are also invited to the final presentation on the CCPM- what works, what work doesn't so well and in the development of action plan to address gaps.
- **Sub-national engagement.** There is opportunity to do the exercise at the sub-national level and this has been done in the Philippines. However, during the workshop at national level, sub-national issues come up in terms of service delivery and how this cluster function can improve. Additionally, the national level questionnaire is circulated to all sub-national partners for input. However, a sub-national level CCCM is advised if the sub-national hub is performing all the six cluster functions or at least most of them.
- **Country specific questions.** A country cluster can always add questions to the questionnaire, however this should be done at country level as a separate survey. Currently global level does not support any modifications from the standard questionnaire which is in use by all 11 clusters.

Group work

Participants were broken up into 6 groups, each group focused on a specific core cluster function. Groups were provided with 1) the presentation by the NCCs that articulated the NCC challenges and support needed and 2) the CCPM summary matrix (Annex C) to inform their group discussions. Groups discussed these and identified any additional issues or constraints faced at the country level on their specific core functional area and then suggested *who* and *how* these are to be addressed moving forward. The focus was on identifying outstanding issues to be added (or considered for adding) to the current or future GNC work plan. A summary of key points and discussion are presented below.

Service delivery

- IMO TOR revised to include accountabilities vis-à-vis CLA at national and sub-national level (raised by cluster lead agency evaluation as well)- not in WP
- Review of different management structures for nutrition clusters (to be included as part of training and toolkit)- not in WP (though could be included in KM section)
- Guidance on when a cluster should transition and how/process (particularly in terms of role of government in different contexts), the work being undertaken by UNICEF on cluster coordination platforms which is in the GNC WP can generate some answers to feed into such a guidance.

Informing strategic decision making

- Countries need to identify and use additional secondary data (beyond surveys) to assess the situation. Need guidance on additional sources of data and validating data quality. This is not in the work plan- unless in terms of Rapid Response Team (RRT) downtime.
- Incorporate cross cutting elements and other vulnerable groups in assessments
- Inter-cluster coordination in needs prioritisation (global engagement in this in WP)
- Funding cycles different- NGOs/UN- need guidance on how to address this (not in WP)

Strategic planning process

- Development of inter-cluster linkages- GNC-CT developing guidance on this (in WP)
- SRP worked out at national level and sub-national coordination teams are not that involved- need to document good practices from several countries/contexts (should be included in KM section in pillar 4 of WP)
- Advocacy with OCHA to ensure sub-national level is included in SRP and timeline adjusted to accommodate sub-national level consultation

Advocacy

- Review of narrative of advocacy as a core cluster function as the current outputs under this core function does not adequately reflect what needs to be done on nutrition related advocacy (GNC-CT/SAG to OCHA)
- Need partners engagement at national level in advocacy issues (not in WP)
- Advocacy training included as part of the NCC training (not in WP)
- Guidance on how NCCs advocate with SUN/REACH/2015 initiatives.
 - In short term, 1) advocacy tools/guidance for countries does exist – including the UNICEF advocacy toolkit and Nutrition Cluster handbook, 2) countries could develop a mapping of national initiatives and 3) at global level the GNC-CT could set up a meeting with the GNC-CT/SAG and SUN Movement Secretariat to discuss what actual sharing/collaboration look like. Also there is a potential piece of work to document what is going on in the various communities of practice within the SUN movement. Note: SUN is producing technical updates and these could be useful to GNC-CT to leverage advocacy in future- particularly around potential links between clusters/transition and preparedness.
 - In medium term- advocacy plan from ACF which will be a collaborative, bottom-up initiative which will address these issues more substantially.

Monitoring and reporting

- Improve cluster leadership and capacity to deliver a monitoring system (better quality IMOs and more of them)

- Investment to improve partner reporting and support to systems at country level

Contingency planning, preparedness and capacity building

- Need guidance on the cluster's role in contingency planning and preparedness (not in WP)
- Clusters have a role in contingency planning as per the Early Warning/Early Action functions. Guidance on drafting contingency plans for nutrition and the role of the cluster in this process would be useful. In the short term, the HPC has guidance on contingency planning and preparedness and coordination. This can be used across all clusters and looks at what can be put in place at national/cluster level.
- Need to synthesize learning on the transition process (including government, cluster and partner roles) in a variety of contexts²
- IASC guidance has been developed with contributions from all clusters- it is not prescriptive and should be discussed at country level. If there are issues – i.e.: definition of advocacy- the GNC can inform feedback to the documents during the review process.

Wrap up

There was great discussion on challenges and gaps at country level during the presentations and in the group work. In summary the gaps centre around four main themes: lack of technical capacity, use of resources, better use of information and the need to link emergency and development activities, planning etc. There is a recognized need to review what the gaps are in guidance on assessments, data collection and presentation methods. This could be a role of the newly instated IM Taskforce- linking with the UNICEF/WHO monitoring and evaluation reference group for development needs to ensure reliable, consistent information to provide to countries. The potential for partnerships to improve technical assistance has been noted as a way to fill some of these gaps.

Moving forward, everything recommended to be added to the WP will be put forward for further discussion and consolidation on Day 3.

Day 2

Agenda of the day:

- *To provide a platform to discuss on-going emergency responses in cluster countries with an aim to improve the coordinated response, information flow and learning*
- *To provide a forum for presenting technical updates relevant to improving effective emergency nutrition response*

Session 6: Response Planning and Nutrition Programme Scale Up

Presenters: Aashima Garg (NCC, Philippines), Angeline Grant (GNC, RRT) and Francis Ayambaye (NCC, CAR)

Session summary:

- Summaries of the issues and challenges faced in the emergency response and scale up around the key components of the Humanitarian Programme Cycle (Needs Assessment,

² Note: A study on the various transition processes in various contexts is being developed (work is being led by the GNC and UNICEF)

Strategic Planning, Resource Mobilization, Implementation and Monitoring, and Review and Evaluation) were presented by the three presenters.

Philippines

Needs Assessment issues/challenges: government led needs analysis had limited nutrition information, government disaster assessment team had limited capacity to adapt existing methods to respond to such a large emergency, MIRA had limited focus on nutrition and was not linked to planning (timing/methodology), limited capacity to do nutrition assessments, high number of meetings to clear protocols led to significant bottlenecks, while tight deadlines affected remote support (HQ), disconnect between national and sub-national discussions, and limited use of response monitoring data to complement needs assessment.

Strategic Planning issues/challenges: SRP and prioritization centrally developed with limited consultation of the regions due to tight deadlines, limited number of partners and lack of capacity in existing partners for CMAM, overstretched HR capacity of government (3 on-going emergencies), OCHA driven process with tight deadlines (limited potential for consultation), lack of clarity on how to shift government staff from unaffected areas to support affected areas, limited consultation (with government) in project proposal development- UNICEF/WFP/partner centric, delay in scale-up due to approval process of project proposals (UNICEF/WFP Project Cooperation Agreements (PCA for UNICEF and FLA for WFP)).

Resource Mobilization issues/challenges:

- Finance- 7 out of 8 partners funded by UNICEF/WFP that delayed response due to administrative procedures around getting funds released (and government funding was not tapped for nutrition).
- Supply- prepositioned stocks were stretched as there were three on-going emergencies, partners brought their own CMAM supplies without consultation which led to excess, gap in supplies due to pull out of WFP, limited CMAM capacity to deliver programmes and supplies, supplies for CMAM and MNP only planned for 6 months in SRP but needs continued for longer which impacted continuity of service delivery.
- Human Resources- limited government capacity to respond due to high turnover and loss of staff, local government were morally destabilized due to the disaster, still need to develop and cost a capacity development plan as part of preparedness efforts.

Implementation and Monitoring issues/challenges: delayed programme implementation due to administrative delays, limited IYCF counselling due to limited partner and government capacity, working groups focused on technical discussions not operational issues in beginning, no approved CMAM guidelines at beginning and lack of CMAM capacity, some SRP indicators linked to routine monitoring and were underreported, IYCF counselling indicator not reported by government, community nutrition volunteers overworked.

South Sudan

Needs Assessment issues/challenges: lack of systematic, standardized data collection limited availability of nutrition, Health and WASH data for developing needs assessment and response plan, need to balance between obtaining quick anthropometric data and more time consuming mortality data, and recognition that data collection and analysis needs additional capacity in L3 response for quality and timely analysis.

Strategic Planning issues/challenges: tying macro strategies to practical operational priorities, need for transparency in geographic prioritization process, limited understanding at national level of new programming strategies, planned inter-sectoral linkages but making these operational requires further partner engagement and leadership.

Resource Mobilization issues/challenges:

- Funding- funding gaps hinder scale-up, good donor interest but huge operational costs, stand alone supply and logistics costs unavailable, and limited capacity to quickly absorb funding.
- Supplies- lack of pre-positioning of stocks led to stock outs and pipeline issues, new UNICEF reporting format challenging- poor reporting by some partners due to confusion on terminology (issued vs. consumption), low levels of buffer stocks, general cluster updates on supplies too general – a joint WASH/Health/Nutrition Supply mechanism established in one area to improve communications and implementation.
- Human Resources- capacity mapping identified need for increased capacity, increased capacity building activities during an emergency needs additional, dedicated HR support, difficulties to recruit international staff, insecurity prevented teams from staying in remote areas, heavy reliance on surge support with high turnover and loss of institutional memory.

Implementation and Monitoring issues/challenges: Logistics, supplies, funding, availability of staff, availability/capacity of partners to scale up, need to strengthen IYCF programming, limited inter-sectoral programming, reporting and monitoring of some components of the nutrition response were lacking (micronutrients and IYCF), monitoring of achievements has had limited impact on decision-making, limited information from site level available early in response.

CAR

Needs Assessment issues/challenges: delays in doing SMART surveys (due to limited capacity, access and security, and two coordinating government bodies), fast evolving situation (needs changing quickly and update of new needs not well coordinated), limited nutrition included in MIRA and overall limited use and general poor quality and limited availability of nutrition data (for assessment but also routine reporting on performance etc.).

Strategic Planning issues/challenges: heavy strategic planning process in context of rapidly changing situation meant that what was included in SRP was not necessarily appropriate by the time it was finalized, focus on Bangui at beginning, lack of inter-sectoral engagement and strategy outside of Bangui initially, limited number of cluster partners for nutrition, limited capacity in CMAM and limited interest in taking on MAM programming.

Resource Mobilization issues/challenges:

- Funding- initially nutrition overlooked but with change in leadership and advocacy it is now included, partners funded through UNICEF/WFP PCAs which delayed response due to administrative procedures required to get funds released.
- Supplies- partners reluctant to share information about supplies and available stock, prepositioned stocks were limited due to insecurity.

- Human resources- high turnover of staff, limited government staff capacity, organizations with large scope but limited staff to scale-up.

Implementation and Monitoring issues/challenges: accessing data for reporting and decision-making was challenging (limited capacity in data collection, high staff turnover, insecurity), and led to incomplete reporting, delayed implementation.

Comments and questions

South Sudan

- **Age and other cross cutting issues.** Why was age not addressed in surveys? Tried to articulate some of the crosscutting issues in the surveys but it was difficult to give guidance on how to include age into the assessments, as there was no capacity on the ground to bring elderly in SRP. Help Age has now come to S Sudan and has agreed to assist with the new 2015 SRP to ensure these issues are more prominently highlighted in the analysis - the Humanitarian Needs Overview (HNO) and the 2015 SRP.

Philippines

- Large World Bank, Asian Development Bank, and USAID capacity mapping and plan of action conducted/developed (in terms of infrastructure)- do they incorporate nutrition? All nutrition mapping and tools are available and the cluster is happy to share with all actors.
- Given the low malnutrition levels, why was acute malnutrition treatment the priority? IYCF and micronutrient activities were also included, and they in fact forms the bulk of the SRP target for nutrition cluster, while CMAM programme were limited to the hardest hit municipalities. The overall GAM rate at regional level was below 8%, thus in the selected municipalities, both treatment interventions plus preventative interventions were provided.

Central African Republic/General questions

- **Learning.** How do we look at commonalities across all 3 countries? And what is the GNC putting in place in terms of the work plan to address the constraints raised?
- **Costing.** How is the costing done in these situations as overall cost estimated but then projects are submitted. In the case of Philippines, only 3 agencies submitted projects. But how do we capture non-UN funding in overall response costs?
- **Buracracy of agreements.** How do we better organize ourselves to minimize the PCA/FLA issues?
- **Caseload calculations.** Numbers estimated, never able to reach. Issue of WHZ estimates and MUAC admissions- how do we estimate caseloads and cluster targets better?

Group work

Participants were divided up into four groups, each representing a different context (specific countries were allocated to each):

- Rapid onset emergency -Pakistan, Philippines
- Protracted crises with recent spike- S Sudan, CAR, Mali
- Protracted crises- Somalia, Afghanistan, Sudan, Yemen
- Post-crisis/sector coordination- Ethiopia, Mauritania, Kenya, Nepal

Groups were asked to pick two areas that are the most challenging or with the most issues in their context from the humanitarian programme cycle (needs assessment, response planning, resource mobilisation, implementation and monitoring) and identify issues/challenges within these that were not raised in the country scale up presentations and ways to address these. A summary of feedback is provided below, issues in bold were highlighted multiple times.

- Nutrition assessment issues – same issues were seen in sudden onset, protracted crisis and protracted with recent spikes
 - Delayed assessment results, government approval of data slow
 - **Limited availability of data** (what is available is old and of poor quality and usually secondary data only available at national level)
 - **Disaster preparedness not adequate**
 - **Poor quality of nutrition assessments** (including causal issues), inclusion of nutrition and cross sectoral issues
- Nutrition assessment – what’s needed:
 - National level: NC at country level to work with OCHA in terms of caseload estimates, and work on critical analysis
 - Global level: GNC to discuss with OCHA how nutrition can be represented better to portray reality of the situation
 - Improved methods and/or capacity building on existing methods and technical issues to improve assessments (i.e.: how to include age in assessments) and also systems for assessment and analysis
 - **Need to leverage each other’s comparative advantage (i.e.: in nutrition assessment and analysis), who at the global level can come in and support capacity and implementation of assessments in an emergency? And more broadly, how do we incentivize capacity building?**
- Response planning – similar issues seen across protracted crisis with spikes, protracted, and sector coordination
 - Secondary data analysis and protocol revision should be on-going in terms of preparedness
 - Need for simplified protocols- integration and sensitization government before crisis in terms of preparedness
 - Different programme cycles by UN and NGO
 - Lack of secured funding
 - Still doing emergency programming in a protracted phase
 - Working in partnership with government
 - Lack of contingency planning in protracted emergencies
 - (sector group) transition plans missing
 - Response planning process is time consuming and heavily process driven
- Resource mobilization
 - (Protracted) limited funding for protracted emergencies
 - (Sector) late response from government, lack of advocacy from government
 - (Sector) lack of leveraging SUN/REACH in advocacy/resource mobilisation efforts
- Implementation and monitoring
 - (Rapid onset) lack transition plan/exit strategy for interventions- structural and system issues
 - Lack of capacity of government institutions

Summary of comments and discussions:

Six categories of issues are being raised

- Technical issues that need to be addressed at global level
- Technical issues around adaptation of guidance to country contexts
- Preparedness and who to do what
- Capacity gaps across government, UN and partner agencies in a variety of technical areas
- Coordination beyond emergency response, who is doing response through transitions
- Limited documentation on best practices and learning across the various areas

A summary of feedback by the specific programme cycle areas:

Assessments

- Systems are in place but not sufficient and not addressing all issues (causal analysis, older persons etc.).
- A matter of preparedness- need to have information available, systems in place and capacity for data collection, analysis and use.
- Government engagement and buy-in as well as partner engagement is crucial to facilitate collaboration around other sectors to share information.
- A critical role of the cluster is making sure that all partners are engaged in skill sharing on the ground to ensure quality needs assessments.
- Recognized that this takes dedicated time and capacity to do it right.

Response planning

- Technical issues- protocols and revisions are needed at global level but country adaptation is required and is a part of preparedness planning and on-going secondary data collection and analysis, government needs to be engaged, involved and prepared with necessary adaptations.
- Coordination- in an acute response there is a level of planning but there is need for flexibility in order to be opportunistic. In protracted crises there is a need to find a different way of doing business that engages with government in terms of transition to ensure capacity and a transition strategy is in place.
- HPC programme cycle's is above the GNC's ability to influence directly though country feedback to the GNC-CT will be passed on to the IASC/OCHA when the GNC-CT is given the opportunity to contribute to the revisions. Also there is a cluster to sector transition study soon starting within UNICEF that would benefit from this information.

Resource mobilization

- There is not enough money for nutrition response, it comes to late and donors are not interested in protracted emergencies.
- There needs to be a learning exercise on what has been successful and this should be linked to the advocacy strategy and future advocacy efforts.

Implementation and monitoring.

- There is a need for improved systems to ensure quality monitoring and reporting.
- NCCs play a critical role in this but there needs to be capacity and funding for these resources.

Session 7: Nutrition Information in Emergencies with focus on adapted SMART surveys—implication for the Nutrition Cluster

Presenter: Victoria Sauveplane (ACF Canada)

Session summary:

- An overview of the new, finalized Rapid SMART survey methodology was presented- it should not replace a full SMART but only in emergencies to get anthropometric data for immediate programming or in contexts with high insecurity.
- Methodology has been piloted in several countries (Afghanistan, India, Madagascar and Myanmar) where both SMART and Rapid SMART were conducted. The methodology was revised accordingly. Main differences between a Rapid SMART and a SMART are the sample size, the exclusion of any additional indicators, and the time to collect the information (less than 1 week including training). Basically, rapid SMART assesses more children in fewer households.
- ACF Canada are the SMART convenors (in collaboration with CDC) and are involved in providing capacity building opportunities and technical assistance to SMART users, including the development of training curriculums and the website.
- *Important for partners who are using this methodology to document and share information with ACF Canada.*
- Details on methodology can be found in the presentation on the GNC website (www.nutritioncluster.net)

Comments/discussion:

- **Has there been a comparison of both methods in high SAM/GAM context?** No, however the methodology has been getting good plausibility scores and method has been validated so it should work even where GAM is high (34% GAM in S Sudan).
- **When to use Rapid SMART vs. SMART?** Rapid SMART is an alternative methodology- it is not recommended to replace SMART with Rapid SMART. Rapid SMART is recommended for emergency situations only, particularly those with limited access or insecurity. Rapid SMART only gives anthropometry (and can do mortality)- for other variables you have to do a full SMART.
- **Cost.** Cost is less because lower human resources required (less people, shorter time).
- **Age.** Why doesn't it include 2-6 months? Very difficult to get anthropometric measurements on this age.
- **Timing.** Is it longer if you include mortality? Is there any difference in accuracy? In Fashoda (South Sudan) the inclusion of mortality meant the survey took longer. In terms of accuracy, rapid SMARTs have demonstrated good accuracy for measurements.

Session 8: Nutrition Information and indicators in the IPC

Presenter: Douglas Jayasekaran, FAO

Session summary:

- The IPC is set of tools and procedures to classify nature and severity of food insecurity. The presentation outlined how the IPC has developed a prototype nutrition classification (based on the nutrition classification tool developed and used by FSNAU in Somalia) and the process around its pilot and use.

- Currently, nutrition is integrated within IPC food security analysis but a full analysis of nutrition situation and outcomes is unavailable. Nutrition is only reported on based on its relation to food insecurity. Malnutrition caused by non-food security issues is not included. The IPC Nutrition working group has developed this new nutrition classification to take into account different underlying causes.
- This new nutrition classification will classify based on severity of acute malnutrition and identification of contributory factors.
- The tool is being piloted in several countries and refined (2 year project to end 2015).
- The nutrition indicator is acute malnutrition and this will be assessed through data from reliable surveys (SMART, Rapid SMART, 30x30 cluster surveys, and MUAC surveys), screening data, HMIS and feeding centre data.

Comments:

- **Subjective analysis?** Is the analysis process subjective? Yes in food security it is a bit subjective based on contextual information. In terms of nutrition it is slightly different as there is a clear set of indicators to look at. Outcome indicators are selected to remove subjectivity.
- **Data availability.** IPC uses secondary data so a big issue is data quality. Only reports and data that have already been cleared at country level can be used. In places where no survey data then use the other indicators. So even if no survey data, analysis can still be done.
- **Length of time.** In the pilot exercise in Ethiopia it took 6 months for 1 region- this is not possible in emergency situations. Is there effort to shorten the time? Yes, IPC food security analysis takes time due to data collection and analysis. It can be done in shorter time for just the nutrition classification.
- **Timing.** How is the timing considered? IPC will use seasonality to determine the period of analysis.
- **Cost.** Required too much money to bring experts together- all costs covered by IPC global support unit at current time. Mostly using available data so wont be as costly as collecting primary data.
- **Multi-sectoral data.** Is there an issue of getting sufficient IYCF, MN and WASH data to inform nutrition analysis? Yes, a lesson learnt from the two pilots was that this information is hard to include in the analysis. For example, IYCF surveys are not done so when you are doing IPC how do you get this data? Even health and WASH info is not systematically collected. The hope is that the IPC creates need for more data.
- **Phases.** Compared to the FSNAU tool based on which the IPC prototype has been developed, the no. of phases has been cut down to 5 to make compatible to the IPC food security classification to ensure linking the system.
- **Borderline classifications.** 14.9/15 looks very similar practically yet very different when mapped (red vs. pink zone). It is important to not just look at the map colours but contributing factors should also be analysed to produce the maps. It is helpful to do two types of maps: current situation and projected.
- **How does MUAC fit within this?** No MUAC thresholds yet but UNICEF will look into this.
- **Risk to compartmentalize issues-** only looking at GAM but would be good if IPC considered how to look at other nutritional issues.
- **Classification system is losing its power. Alert no longer means alert. There is no concern until we are IPC phase 4 or 5 yet the system was designed to prevent this from happening.** Concerned about mortality, already too late if mortality already at phase 5.

We need to see how we can advocate as a collective, raise it to donors, governments. Our collective responsibility around this is important.

- **Other indicators of malnutrition.** Severe stunting in protracted situations, is this something that IPC could address? How can IPC help us to transition out of looking at only GAM to determine vulnerability? This was discussed at IPC working group, decision for now was to look at acute but aim to look at chronic in the future.
- **Lessons learned in terms of process needs to be shared and discussed further.**
- **Other malnutrition?** Is there any discussion of classifying other forms of malnutrition (such as chronic), which can have higher mortality than MAM? No, for moment it will focus on acute but other forms of malnutrition are being kept in mind.
- Opportunity here at this meeting to identify issues and pass them to Douglas as the Nutrition Working Group group meets next week to discuss this.

Session 9: Update on Ebola and response

Presenter: Diane Holland, UNICEF

Session overview:

- An overview of the outbreak to date was presented- it is believed that the peak in the outbreak has not been reached.
- 3 nutrition programming implications
 - IYCF
 - SAM and MAM treatment
 - Nutritional support during Ebola treatment and convalescence
- Critical messages
 - No touch policy
 - Loss of partners
 - Collapsed health facilities
 - Women disproportionately affected (mothers, nurses, cleaners)
 - This is the time for multi-sectoral prevention- health, wash, livelihoods
- Main response: (i) guidance and decision tree developed, (ii) social mobilization campaigns, (iii) sourcing and controlled distribution of RUIF.
- *Details on guidance available in the presentation (available on GNC website www.nutritioncluster.org) and on UNICEF and WHO websites and in related En-net threads.*

Comments/discussions:

- **RUIF for replacement feeding.** Are there other options? It is preferred, it is difficult to source and not found locally. On the EN-net thread there are several options though RUIF remains the best. Cases are widely dispersed so difficult to source and distribute.
- **Food support can be 'just food'** it doesn't have to be highly processed. Anything nutrient dense is a great option.
- It is globally acknowledged as a L3 emergency- clusters that have been activated: health, WASH, and focus on the coordination around the communication (not a cluster but a focus). Protection and education might be activated. Nutrition has not been activated as of yet but the coordination is essential and UNICEF's Regional office is coordinating this.

- Big challenge is the management of the epidemic. Consider re-launching health and nutrition activities. All focus on Ebola. Inter-sectoral coordination is not working and is a big issue. (ACF)
- Nutrition support for people in Ebola centres- it is 'care' and 'support' not treatment. MSF using off the shelf products for ease.
- Ebola has shut down many programmes as fear of bringing people together. Need to consider how to bring these back.
- **Key point is coordination-** we don't need the activation of the cluster to discuss and coordinate at global/regional level. Need to find a way of sharing with wider GNC. Doesn't have to be a formal activation, GNC can still support- partners are on the ground, how do we organize ourselves in a coordinated manner. The issue about not being a cluster is more about not being at the table and fighting from behind and the delay this often causes.

Session 10: FAO Update on ICN2

Presenter: Anna Lartey (FAO)

Summary:

- Last INC was 22 years ago. With all the momentum around nutrition now, the aim of the ICN2 is to review past 22 years of nutrition and look at way forward to end malnutrition in all forms, everywhere and get commitments into action.
- Outcomes
 - Political declaration (Rome declaration on Nutrition) where commitments are made and member states will sign
 - Framework for action- technical document that guides implementation
- More information available on the ICN2 website <http://www.fao.org/about/meetings/icn2/en/>

Questions and answers:

- **How is ICN2 distinct different from the Nutrition for Growth Summit and the SUN movement?** Nutrition for Growth and SUN have received commitments, ICN2 aims to tie all these opportunities together. Political outcome document is being drafted by member states. Aim is to complement efforts to move things forward. Nutrition for Growth monitoring report will be coming out periodically and this can be used to monitor what comes out of ICN2.
- **Plan for follow up.** Recognized need for this- there will be a round table on how they should hold themselves accountable.
- **Health aspects and food aspects of nutrition.** The division between the two is the problem. Ultimately we should all make sure the food we are eating is making us healthy, not sick. Each intervention has its place. Sectors should not be fighting. Which one best fits the situation.

Day 3

Agenda of the day:

- To provide an update on the funding situation of the GNC in relation to the costed Work Plan
- To provide an opportunity for partners to meet and identify and further specific Work Plan tasks

Session 11: GNC funding for Work Plan and fundraising strategies moving forward

Presenter: Josephine Ippe

Session overview:

- The history of GNC funding was presented from 2006 to the present. The below table outlines funding history since 2006.

Donors	Funds contributed to the GNC by year (in USD)					
	2006-2009	2010-2011	2012	2013	2014	Total
UNICEF	300,000	310,000	321,158	385,800	310,000	1,626,958
DFID UK	200,000	834,739	19,260	125,274	502,000	1,681,273
SWITZERLAND	-	-	14,342	1,579	214,500	230,422
ECHO -EU	-	1,896,000	-	1,313,864	-	3,209,864
USAID/OFDA	1,308,440	-	-	-	-	1,308,440
SWEDEN	455,775	-	-	-	-	455,775
NORWAY	405,825	-	-	-	-	405,825
DENMARK	463,575	-	-	-	-	463,575
IRELAND	158,293	-	-	-	-	158,293
CANADA-CIDA	176,340	-	-	-	-	176,340
SWEDEN-SIDA	366,807	-	33,042	-	-	399,849
TOTAL	3,835,055	3,040,739	387,803	1,826,517	1,026,500	10,116,613

- The budget for the work plan was reviewed by pillar and overall funding and gaps in funding highlighted, see table below.

GNC Costed Work Plan 2014-2015³

	Total cost	Funded	Unfunded
Pillar 1. Partnership, communication, advocacy, and resource mobilization	1,189,000	756,000	433,000
Pillar 2. Capacity development in humanitarian coordination	\$1,284,700	\$82,200	1,202,500
Pillar 3. Operational and surge support to country clusters	2,219,300	1,183,300	1,036,000
Pillar 4. Information and Knowledge Management	433,763	58,600	375,163
Totals	5,126,763	2,080,100	3,046,663

³ As of July 2014

- A review of various fundraising strategies outlined in the fundraising strategy (draft document- currently being reviewed by the SAG) was presented. These included (but are not limited to):
 - Identification of new donors, particularly in the Geneva area where the GNC-CT can liaise with directly
 - Strengthen relationship with previous and existing donors through routinely sharing information (GNC bulletins and learning documents), inviting to donor briefings in Geneva and asking for their input into strategic discussions.
 - Liaise with other clusters for potential funding synergies
 - Discuss with other UNICEF fundraising and programme departments to see how the GNC can leverage existing fundraising initiatives
 - Identify how country clusters can advocate for global funding for/include funding for global activities in country cluster funding proposals and appeals
 - Investigate opportunities with regional offices of large bi-lateral donor agencies such as USAID and DFID

Questions and comments

- **Strategic focus towards donors.** Need to have strategic discussions with donors now that we have a strategic plan. USAID now has 5-7 year Nutrition Strategy- need to review and see where we can align- how the GNC's strategy links and supports donor strategies.
- **Potential new donors (and private donors)?** Yes new donors have been identified as part of the work around the fundraising strategy development. They were contacted and invited to the launch of the Strategy and the following donor meeting. There is a hunger for information on nutrition and what the GNC is doing by many. While some were away on holiday and did not make the meeting, the Swiss agreed to host future donor events to give space for the GNC to engage strategically with new donors.

Session 12: Group work on ways forward at national and global level

Participants were divided into two groups (global level and country level actors). The global level group reviewed the work plan and identified outstanding activities, potential new activities based on the discussions over the past two days and additional, potential collaborating agencies for existing activities. The country level group reviewed priorities identified over the past two days and agreed on what they can move forward at national level, what support they would need for this and what activities should be prioritized to take forward at the global level.

Overview of feedback

Global Presentation

Pillar 1

- Remaining funding needs: GNC meetings, Advocacy strategy (partial)
- IMC to get back to GNC-CT on activity 1.6
- World Vision will feed back to GNC-CT on activity 1.13
- Activity 1.21: IMC and GAIN might be interested and will get back to GNC-CT

Pillar 2

- Activity 2.3 partners re-confirmed, ACF would revert back.
- Activity 2.4 there is a Red R concept note but still need to fundraise (GNC-CT and Red R)
- Activity 2.6 SAG will take over

- Activity 2.8 (translation) requires funds – suggested that UNICEF offices in francophone and Arabic-speaking cluster countries are contacted to see if they have or could advocate for some funding
- Activity 2.11 (update the Harmonized Training Package) funds needed- a Taskforce (Concern Worldwide, IMC, ACF, Nutrition Works, ENN and Save the Children) agreed to talk through developing a fundraising strategy. Nutrition Works may be interested to organize and lead the update but will not fundraise for the activity.
- Activity 2.14 (funded and on-going): ACF-UK organizing national coverage workshops, if country cluster require this type of training they should contact ACF-UK directly.
- Activity 2.16 GNC and ACF working on this

Pillar 3

- 3.2 GNC-CT waiting answer form ECHO so this funding gap might be filled. One idea is to increase the pool of RRTs (more than what is in proposal to ECHO) given demands. Some agencies (Concern Worldwide, IRC) expressed interested in taking this on and fundraising for additional support, they will revert back once they have basic documents from existing RRT partner agencies. Much of additional funding for this is pending the RRT evaluation as donors waiting for this before additional funding.
- Activity 3.5 contributing agency- SAG (not a TF)
- Activity 3.8 pending evaluation- might need to find new donors

Pillar 4

- Activity 4.1, no gaps
- Activity 4.2, no gaps
- Activity 4.4, check with WHO and Save the Children
- Activity 4.6-4.9, ENN has developed a concept note and the GNC is following up with this on donors. If funding goes through ACF and Save want to be involved in the discussions on this.

Next steps: a partners' telecom in October will review the above.

Country level group presentation

1. Things NCs can run with now

- Generating government buy-in around improved nutrition Coordination
- Improving Inter-sectorial Linkages at country level to facilitate joint programming.
- Funding cycles and fundraising to facilitate country response
- How to ensure SRP takes into account sub-region feedback/inputs

2. NCC can do it but need some support from GNC- need to articulate needs to guide additional support needed from GNC

- Generating government buy-in around improved nutrition Coordination
- Improving Inter-sectorial Linkages at country level to facilitate joint programming.
- Funding cycles and fundraising to facilitate country response
- How to ensure SRP takes into account sub-region feedback/inputs

3. Things that need international consensus or major issues that need to be articulated at global level to create the enabling environment for countries Clarifying practically the nutrition cluster role in preparedness

- Clarification on the role of nutrition cluster IMO vis-a-vis CLA IMO, OCHA engagement.
- Improve caseload estimate methods
- Poor definition/understanding of advocacy conveyed in HPC- need for advocacy with IASC when reviewing new HPC
- CAP/SRP tips
- Guidance for field monitoring of coordination activities

Plenary questions and discussions

- SUN movement has been involved with a team of economists to developing costing of moving to scale nutrition interventions- perhaps this should be located also within the global SUN/GNC discussions. Tool is very adaptable at country level.
- Improving partner reporting- everyone wants same info in different formats, MRP (now CMAM report) has so much data- is there anyway that this can be used somehow for UNICEF
- NCCs need guidance on if they are monitoring coordination or tech...
- OCHA has recruited a UNV to help with cluster monitoring.
- Group 1 and 2- NCCs need to refine so will go back and discuss by phone
- Group 3- review with SAG and see how to accommodate this moving forward

Session 13: Wrap-up and next steps

Presenter: Josephine Ippe

Strategic direction moving forward

- SAG support immense to put in place the strategic documents, launch and meeting-setting the stage. Moving forward the focus will be revised based on the SAG TOR and a redefinition to ensure that the SAG work is strategic moving forward.
- Moving forward need to use and engage with partners more on things like meetings and planning to enable SAG to be more strategic and allow partners to get closer and more engaged.
- Priorities/activities listed here in meeting- SAG to pull out the strategic issues and discuss next steps and will report back to partners

Global level next steps

- Consolidation/revision of WP. Based on input in discussions here the WP will be updated to recognize new partners contributing to certain activities.
- Fundraising. Funding gaps will be followed up by the GNC-CT. GNC-CT will arrange a telecom to discuss donor interest in outstanding concept notes and discuss how to re-apportion money if ECHO money comes through.
- Monitoring. A traffic light system will be developed and posted on website. It will be updated every 3 months so that by the end of the year it would give partners updates on what is going on for each WP activity.
- Meeting report will be drafted, shared (SAG and then partners) and finalized. Presentations will be available on USB stick and posted on website.

- Next working meeting will be held in February, next Annual Meeting in September 2015.

Country level next steps (by NCCs)

- Develop action plan, timeline and ways of monitoring progress (by mid-October)
- Identify a feedback mechanism for systematically gathering NCC/IMO to feedback on IASC guidance.

Words of thanks to: FAO, SAG, partners, NCCs/IMOs, UNICEF country staff, RRTs, GNC-CT and global Food Security Cluster.

Annex A. GNC Meeting Agenda, Rome 16-18 September, 2014

Day 1 – Tuesday 16th September 2014		
Chairs: Diane Holland and Anne Dominique Israel		
08:30 - 09:00	<i>Coffee and registration</i>	
09:00 - 09:30	Session 1: Welcome, introductions, objective and expectations <ul style="list-style-type: none"> • Welcome remarks and introductions - Dominique Burgeon, Director of the Emergency and Rehabilitation Division and Anna Lartey, Director, Nutrition Division • Presentation of the agenda, aim & expectations - Josephine Ippe, GNC Coordinator • Overview of the meeting and administrative information 	
09:30 - 10:15	Session 2: Update from the GNC Coordination Team on the GNC Strategic Plan, GNC work plan and progress made towards the implementation of the GNC work plan, challenges and bottlenecks	Josephine Ippe, GNC Coordinator
10:15 - 10:30	Session 3: Update from the SAG on its progress to date and priorities to consider for the coming months	Anne Dominique Israel
10:30-10:45	<i>Coffee and tea break</i>	
10:45-12:00	Session 4: NCC and IMO needs (and discussions on how GNC can support NCCs and IMOs priority needs)	Leo Mutunga, NCC Afghanistan
12:00 - 13:00	<i>Lunch</i>	
13:00 - 15:00	Session 5: Cluster Performance Monitoring (CCPM) - Process (and discussion on the highlights of the CCPM findings based on five country cluster CCPM)	Ayadil Saparkov and Anna Ziolkovska
15:00 - 15:15	<i>Coffee and tea break</i>	
15:15 – 16:15	Session 5 (continued): Cluster Performance Monitoring (CCPM) –Group work presentations and feedback	
16:15 - 16:30	Wrap up	
18:00 - 20:00	<i>Reception</i>	
Day 2 – Wednesday 17th September 2014		
Chairs: Britta Schumacher and Nicki Connell		
09:00	- Introduction to the day	Britta Schumacher
09:15		

09:15 10:45	- Session 6: Response Planning and Nutrition Cluster Programme Scale Up (based on recent Level 3 emergencies) – Challenges and way forward from NCC and Cluster partner perspectives	GNC-CT and NCCs
10:45 11:00	- <i>Coffee and tea break</i>	
11:00 12:45	- Session 6: (continued) Response Planning and Nutrition Cluster Programme Scale Up	
12:45 13:45	- <i>Lunch</i>	
13:45 14:15	- Session 7: Nutrition Information in Emergencies with focus on adapted SMART surveys– implication for the Nutrition Cluster	ACF-Canada/CDC
14:15 15:00	- Session 8: Nutrition Information in Nutrition indicators in IPC – implication for the Nutrition Cluster	CDC and IPC TWG on Nutrition
15:00 15:15	- <i>Coffee and tea break</i>	
15:15 15:45	- Session 9: Update on Ebola and response	TBD
15:45 16:30	- Session 10: FAO Update on ICN2	FAO
16:30 17:00	- Wrap up	
Day 3 – Thursday 18th September 2014		
Overall Chair: Carmel Dolan		
Working Group Chairs: Jackie Frize, Caroline Abla, Anne Dominique and Jose Luis Alvarez		
09:00- 09:30	Session 11: GNC funding for Work Plan and fundraising strategies moving forward	TBD
09:30 12:30	- Session 12: Group work on ways forward for activities under each Strategic Pillar of Work Plan	Presenters from groups
<i>Coffee and tea break (included in group work discussion above)</i>		
12:30 13:00	- Wrap up and closing of the meeting	Josephine Ippe
13:00 14:00	- <i>Lunch</i>	
14:00 17:00	- Side meetings	Josephine Ippe

Annex B. List of participants

Surname	First Name	Organisation	Position	Country
1. Abla	Caroline	International Medical Corps (IMC)	Director Nutrition and Food Security	USA
2. Akwanyi	Brenda	United Nations Childrens Fund (UNICEF)	Nutrition Sector Coordinator	Kenya
3. Alam	Qutab	United Nations Childrens Fund (UNICEF)	Information Management Specialist	Somalia
4. Ali Khan	Kashif	United Nations Childrens Fund (UNICEF)	Nutrition Information System Officer	Pakistan
5. Altare	Chiara	Centre for Research on Epidemiology of Disasters - Université Catholique Louvain (CRED/UCL)	Researcher	Belgium
6. Alvarez Moran	Jose Luis	Action Against Hunger (AAH)	Sr Technical Advisor	UK
7. Antikainen	Kaisa	global Food Security Cluster (gFSC)	Junior Professional Officer	Italy
8. Ayambaye	Francis	United Nations Childrens Fund (UNICEF)	Nutrition Cluster Coordinator	CAR
9. Bhujel	Gyan Bahadur	United Nations Childrens Fund (UNICEF)	Health and Nutrition Officer	Nepal
10. Bonvin	Nathalie	International Federation of Red Cross (IFRC)	Sr Officer Nutrition	Switzerland
11. Brinkmann	Suzanne	Plan International	Nutrition in Emergencies Specialist	USA
12. Butler	Sarah	Save the Children USA/Australia	Emergency Nutrition Team Leader	UK
13. Callanan	Anne	global Food Security Cluster (gFSC)	Sr Advisor	Italy
14. Captier	Valérie	International Committee of Red Cross (ICRC)	Nutritionist	Switzerland
15. Connell	Nicki	Save the Children USA	Humanitarian Nutrition Advisor	UK
16. Culver	Kate	Concern Worldwide	Nutrition Advisor	Ireland
17. Deconinck	Hedwig	CMAM Forum	Public Health and Nutrition Advisor	France
18. Dolan	Carmel	Emergency Nutrition Network (ENN)	Technical Director	UK
19. Dufour	Charlotte	Food and Agriculture Organisation (FAO)	Nutrition Officer	Italy
20. Fritsch	Pascale	HelpAge International	Humanitarian Health and Nutrition	UK
21. Frize	Jacqueline	Save the Children UK	Sr Humanitarian Nutrition Advisor	UK
22. Garg	Aashima	United Nations Childrens Fund (UNICEF)	Emergency Nutrition Coordinator	The Philippines
23. Gatchell	Valerie		Public Health Nutritionist Consultant	France

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24. Gebremichael	Anteneh	United Nations Childrens Fund (UNICEF)	Nutrition Cluster Coordinator	Yemen
25. Geniez	Perrine	World Food Programme (WFP)	Nutrition Policy Officer	Italy
26. Giyose	Boitshepo Bibi	Food and Agriculture Organisation (FAO)	Sr Nutrition Officer	Italy
27. Grant	Angeline	Global Nutrition Cluster (GNC)	RRT Cluster Coordinator	USA
28. Holland	Diane	United Nations Childrens Fund (UNICEF)	Sr Nutrition Advisor Programme Division	USA
29. Horner	Anna	United Nations Childrens Fund (UNICEF)	Nutrition Manager	Mali
30. Ingle	Brian	Global Alliance for Improved Nutrition (GAIN)	Director Nutrition in Emergencies	UK
31. Ippe	Josephine	Global Nutrition Cluster (GNC)	Global Cluster Coordinator	Switzerland
32. Israel	Anne-Dominique	Action Contre la Faim (ACF)	Sr Nutrition and Health Advisor	France
33. Karanja	Simon	Global Nutrition Cluster (GNC)	RRT Information Management Officer	Kenya
34. Kauffmann	Domitille	Food and Agriculture Organisation (FAO)	Nutrition & Resilience Advisor	Italy
35. Khadka	Rudra Bahadur	United Nations Childrens Fund (UNICEF)	Nutrition Officer	Nepal
36. Kiess	Lynnda	World Food Programme (WFP)	Head of Branch Nutrition	Italy
37. Komrska	Jan	United Nations Childrens Fund (UNICEF)	Contracts Specialist Supply Division	Denmark
38. Lewis	Gwyn	United Nations Childrens Fund (UNICEF)	Inter Cluster Coordinator	Switzerland
39. Manyama	Isaack	United Nations Childrens Fund (UNICEF)	Nutrition Cluster Coordinator	Ethiopia
40. Matunga	Leo	United Nations Childrens Fund (UNICEF)	Nutrition Cluster Coordinator	Afghanistan
41. Muraskiewicz	Marisa	global Food Security Cluster (gFSC)	Consultant	Italy
42. Mutuma	Sandra	Action Against Hunger (AAH)	Sr Nutrition Advisor	UK
43. Mutunga	Mueni	United Nations Childrens Fund (UNICEF)	Chief of Nutrition Section	Sudan
44. Najeeb	Mohammad	United Nations Childrens Fund (UNICEF)	Nutrition Specialist	Syria
45. Nevalainen	Petri	United Nations Childrens Fund (UNICEF)	Information Management Officer	South Sudan
46. Nzigndo	Yves	United Nations Childrens Fund (UNICEF)	Information Management Officer	CAR
47. Ousta	Dima	International Orthodox Christian Charities (IOCC)	Health and Nutrition Coordinator	Lebanon
48. Peter	Antony	World Vision International (WVI)	Emergency Nutrition Specialist	Canada
49. Phelan	Kevin	Médecins Sans Frontières (MSF)	Nutrition Working Group Coordinator	France
50. Phelan	Mark	United States Agency for International Development (USAID)	Nutrition Advisor	USA
51. Qadir	Syed Saeed	United Nations Childrens Fund (UNICEF)	Nutrition Specialist	Pakistan

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52. Saparbekov	Ayadil	Global Nutrition Cluster (GNC)	Deputy Coordinator	Switzerland
53. Sauveplane	Victoria	Action Contre la Faim (ACF)	SMART Program Manager	Canada
54. Scarborough	Gregory	Mercy Corps	Sr Advisor Nutrition and Food Security	USA
55. Schumacher	Britta	World Food Programme (WFP)	Program Policy Officer	Italy
56. Sharma	Anirudra	United Nations Childrens Fund (UNICEF)	Nutrition Cluster Coordinator	Nepal
57. Surkati	Salwa	Federal Ministry of Health	Director of Nutrition	Sudan
58. Talley	Leisel	Centers for Disease Control (CDC)	Epidemiologist	USA
59. Tamiru	Mathewos	United Nations Childrens Fund (UNICEF)	Information Management Officer	Ethiopia
60. Tenaglia	Paula	Action Contre la Faim (ACF)	Director of Operations	Canada
61. Wasike	Paul	Global Nutrition Cluster (GNC)	RRT Cluster Coordinator	Kenya
62. Weise Prinzo	Zita	World Health Organisation (WHO)	Public Health Nutritionist	Switzerland
63. Zanou	Elisabeth	United Nations Childrens Fund (UNICEF)	Nutrition Specialist	Mauritania
64. Ziolkovska	Anna	Global Nutrition Cluster (GNC)	RRT Information Management Officer	Switzerland

Annex C. Summary of achievements and challenges documented in the 5 CCPMs

Core functional area	Achievements	Challenges
1. Service delivery	<ul style="list-style-type: none"> • Partners happy with how service delivery is going (SS, Afgh, Somalia, Phil) • Reg mtgs are held (SS, Afgh, Philippines) • Websites developed (SS, Phil) • IM tools, forms available and used (SS) • Capacity mapping completed (SS) • Partners list updated regularly (Afg) 	<ul style="list-style-type: none"> • Information flow between MoH and Nutrition Cluster is weak (SS, Phil) • Information flow between national and sub-national level weak (SS) • Information flow from Cluster team to partners is weak (SS) • Cluster approach not well understood by some partners (S Sudan) • Poor attendance of meetings by gov agencies (Phil) • Poor attendance of technical staff from agencies in the field (Chad) • Parallel coordination structure of HCT and gov (Phil)
2. Informing strategic decision making of the HC/HCT for the humanitarian response	<ul style="list-style-type: none"> • Working group reviews surveys (SS) • Some cross cutting issues (age, gender) included in reporting (SS) • Some cross cutting issues being taken into consideration (Afg) 	<ul style="list-style-type: none"> • Nutrition info not analyzed in relation to other sectors (SS and Afgh) • Prioritization of activities (and areas for response in SS) not grounded in strong analysis (SS, Afgh, Phil) • Gap analysis and prioritization of needs jointly with partners and other clusters is weak (SS, Afgh, Somalia-weak with other clusters, good with partnes) • Analysis of some cross cutting issues (HIV/AIDS and disability) weak (Somalia) •
3. Planning and strategy development	<ul style="list-style-type: none"> • Application and adherence to existing standards and guidelines <ul style="list-style-type: none"> – Tech guidance and standards available (phil)-on website (SS, Afgh) – Intl guidelines have been contextualized (SS) • Clarify funding requirements, prioritization and cluster contributions to humanitarian funding considerations <ul style="list-style-type: none"> • Satisfied (Afgh) • Not satisfied (SS, Chad) • Strategic plan developed (Somalia) • OK at national level but lack of clarity at sub-national (Phil) 	<ul style="list-style-type: none"> • CRP strategic planning was not widely consultative-strategic directions omitted and cross cutting issues not addressed (SS) • Donors not adequately sensitized on when to consult cluster (SS) • No deactivation or phase-out strategy though sector coord initiated (Afg) • Need to clarify funding requirements, prioritization and cluster contributions to HC's overall humanitarian funding considerations (SS, Somalia, Phil, Chad) • Good strategic plan at national level but limited at sub-national level (Phil)

<p>4. Advocacy</p>	<ul style="list-style-type: none"> • Satisfied with advocacy work (Afgh) through recognize need for strategy • Opportunity for partners to raise and discuss advocacy issues (Somalia) • Advocacy around milk code received unified support (Phil) • Existing nutrition advocacy activities applied to emergency (Phil) 	<ul style="list-style-type: none"> • Issues requiring advocacy are not discussed comprehensively within the cluster or proactively taken forward when identified (SS) • Unclear on if advocacy issues get raised to HCT, limited feedback (Somalia) • Limited understanding of nutrition in gov and public (Phil) • Advocacy has not been addressed in cluster meetings and there is limited engagement with donors (Chad)
<p>5. Monitoring and reporting</p>	<ul style="list-style-type: none"> • Country bulletins produced (Afg) 	<ul style="list-style-type: none"> • Targets not calculated correctly (SS) • Implementation of strategic plan has not been monitored well (SS) • Insufficient reporting back to partners on progress towards CRP targets (SS) • Field monitoring by Cluster Coordination team is infrequent (SS) • Unclear mechanisms for sharing reports with WFP, UNICEF and the Cluster- leads to duplication and gaps (SS) • Reports available but late (Afgh) • Partner reports considered in cluster reporting, publication of cluster bulletins and monitoring and response of the cluster could be improved (Somalia) • Lessons learned from Yolanda not documented and used for programming (Phil)
<p>6. Contingency planning and preparedness</p>	<ul style="list-style-type: none"> • Partners felt involved in planning and risk asmts (Afg) 	<ul style="list-style-type: none"> • Contingency planning scenarios identified by OCHA without consultation of cluster partners (SS) • No national contingency plan (Somalia), preparedness plans exist but are outdated (Phil) • Limited partner involvement in risk assessment and analysis (Somalia) • Preparedness plans exist but are outdated (Phil) • There is an overall emergency/contingency plan but it is outdated and there is not a specific one for nutrition (Chad)
<p>7. Accountability to affected populations</p>	<ul style="list-style-type: none"> • Most partners have mechanisms for this though need standard mechanism for cluster to involve affected pop in decision making and act on complaints (Afg, Somalia) 	<ul style="list-style-type: none"> • No review done of cluster accountability to affected populations (SS) • Most partners have some but no standard mechanisms and limited mechanisms for response to complaints (Afgh, Somalia, Phil)

Annex D. Key issues/priorities raised from Days 1 and 2

Priority activities/issues (already mentioned in the work plan)

- Addressing capacity gaps in information management (in terms of numbers of IMOs and their capacity/skill set)
 - Guidance on data analysis and use at country level- compilation/review of what works and experiences
- Addressing gaps in knowledge management (more precisely articulated here than in WP)
 - Review of management structures in different contexts- what works, what doesn't (organograms, management lines, engagement with government, HCT, CLA, AAP etc.)
 - Experience and learning moving from cluster to sector (and experiences linking clusters to REACH, transition plans etc.)- link to study led by UNICEF
 - Explore practically how to ensure cross sectoral linkages in various contexts – experiences and good practice
- Explore practical linkages/dialog between SUN and the Global Cluster at global level
- Explore practical linkages and mechanisms of engagement between Nutrition Clusters and REACH at country level
- Develop advocacy plan and guidance for national clusters

Priority activities/issues (not in work plan)

- Addressing technical gaps- develop clear MoUs or mechanisms of working and guidance for NCCs on how to access technical support
- Generating government buy-in around improved nutrition coordination
- Guidance (methodologies) on improved methods for assessment and surveillance need to be developed (incorporating other age groups and causal analysis), partnerships for technical support-linked between emergency and development
- Clarifying practically the Nutrition cluster role in preparedness activities (for example need systems for data collection to ensure it happens)
- Clarification of the role of the nutrition cluster IMO vis-à-vis CLA IMO activities, OCHA engagement and resources for IMOs to access technical support
- Improve inter-sectoral linkages at country level to facilitate joint programming
- Funding cycles and formats for mounting humanitarian response not flexible enough to respond in real time to changes on the ground
- How to incentivize skill sharing to address capacity issues in partners and government (including development of transition strategies)
- Modification of technical protocols (example: expanded criteria)
- Making effective coordination links between prevention and treatment in nutrition and other sectors
- Need to look at different way of working in protracted emergencies
- Funding cycles and fundraising to facilitate country response
- Enhancing donor willingness to fund transition strategies are funded
- Capacity to develop transition strategies in partnership with government
- Synthesize experiences and best practices/guidance on strategic response planning
 - How to link HPC to SRP
 - How to ensure government and donor involvement in SRP
 - How to ensure engagement of sub-national clusters in SRP

- How to ensure SRP takes into account sub-region feedback/inputs
- Advocacy issues- while developing an advocacy plan is in the WP, there are existing resources NCCs can draw from now (UNICEF advocacy toolkit available, cluster handbook)
- Improve partner reporting on supplies and performance
- Improve caseload estimate methods
- Guidance on costing of nutrition interventions (and supplies) and usage of commodities (estimates/treatment) for NCCs
- Poor definition/understanding of advocacy conveyed in HPC- need for advocacy with IASC when reviewing new HPC
- Capacity mapping tools for NCCs
- Documentation on any experience in mobile phone technology and guidance on how this could be used
- CAP/SRP tips
- Guidance for field monitoring of coordination activities
- Practical guidance on contingency planning
- Provide OCHA/IASC feedback on HPC and assessment processes- timeliness
- Guidance/documentation on AAP