IASC Global Nutrition Cluster Annual Meeting Report

Nairobi, Kenya

13-15 October 2015

List of acronyms

AAP	Accountability to affected populations
ACF	Action Contra la Faim
CCPM	Cluster Coordination Performance Monitoring
CMAM	Community Management of Acute Malnutrition
CLA	Cluster Lead Agency
FAO	United Nations Food and Agriculture Organization
IASC	Inter-Agency Standing Committee
IM	Information Management
IMO	Information Management Officer
KM	Knowledge Management
GNC	Global Nutrition Cluster
GNC-CT	Global Nutrition Cluster- Coordination Team
GNR	Global Nutrition Report
HCT	Humanitarian Country Team
HPC	Humanitarian Programme Cycle
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MMP	Multiple Micronutrient Powder
NCA	Nutritional Causal Analysis
NCC	Nutrition Cluster Coordinator
NGO	Non-governmental organization
PCA	Project Cooperation Agreement (UNICEF)
REACH	Renewed Efforts Against Child Hunger and undernutrition
RRT	Rapid Response Team
SAG	Strategic Advisory Group
SAM	Severe Acute Malnutrition
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 Global Nutrition Cluster (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 9th year that the GNC has held an annual meeting.

The **objectives** of the meeting were:

- To review the work of the GNC in the past five years and identify challenges and bottleneck as well as endorse and launch key GNC documents

- To provide a structured platform for discussions, sharing information and lessons learned from L3 and other countries from NCC, IMO and cluster partner perspective

- To discuss the role of the GNC in technical nutrition work and provide a forum for presenting technical updates relevant to improving effectiveness of Nutrition in Emergency (NiE) response

- To agree on the way forward with regards to the development of the GNC strategy 2017-2019

Achievements
Significant achievements have been made in the past five years of the GNC. A shift in strategy was made to focus on country support in response to the Transformative Agenda. Although the GNC had a strategic framework that it operated under, the first strategy was developed (2013-2015) with an updated Standard Operating Procedures and the creation of a Strategic Advisory Group (SAG). This has resulted in increased partnership within GNC and externally.

The GNC-CT has overseen a budget of $USD 14.7 million (2010-2015) which has allowed for several initiatives to move forward. Global tools and guidance have been developed including the Nutrition Cluster Handbook, Harmonized Training Package, coordination training package, Information Management Officer Toolkit, and Accountability to Affected Populations framework. A rapid response team (RRT) has been established for coordination (six individuals) and technical support (four individuals) and systematic support is provided to country Nutrition Clusters through the GNC Help Desk. Additionally, the GNC website has been developed along with monthly bulletins. Country case studies documenting learning across six countries are also underway.

Country experiences and learning
Four countries (Syria, Yemen, Ukraine and Nepal) presented on their experiences and challenges highlighting their strategic priorities, gaps in resources, achievements and challenges. A further three countries, involved in the Knowledge Management project, presented on their learning.

Some recurring questions in discussions that followed both sessions of country presentations included:

- How to most effectively work with local non-governmental organisations given that they often comprise the majority of actors responding?

- How best to respond to an emergency in a middle-income country not characterised by high levels of acute malnutrition?
- How to incorporate vulnerable groups other than children under five in a response?
- How to integrate nutrition into other sectoral responses?
- How to integrate treatment of severe and moderate acute malnutrition more effectively?
- How to secure funding for preparedness and link with other initiatives on this (i.e.: SUN)?

Presentations and corresponding group discussions highlighted an agreed need to institutionalize knowledge capture and sharing at global and country level. Documentation on experiences and learning (and corresponding guidance) around a variety of topics was requested including:
- Preparedness planning
- Improved assessment and situational analysis (to move beyond the focus on GAM)
- Preventative nutrition activities to include in an emergency response
- Integration of treatment for severe and moderate acute malnutrition
- Engagement between Nutrition Clusters and the Scaling Up Nutrition (SUN) movement at country level
- Inter-cluster coordination for nutrition

Results from Cluster Coordination Performance Monitoring
A review of issues raised in conducting Country Cluster Performance Monitoring (CCPM) across five countries was shared. Key challenges raised across all of these included:
- Limited capacity and high turn-over in the Ministry of Health (and partners)
- Gaps in coordination staff
- Insecurity
- Poor quality monitoring and reporting
- Communications and information flow

GNC projects
Updates on various GNC projects were presented.
- **ENN Knowledge Management project**. ENN is working with six countries to document learning around coordination. An overview presentation highlighted key themes being raised across countries. Three countries also presented their specific learning. Participants identified additional thematic areas of learning to be considered for documentation as well as innovative ways to capture learning. Case studies will be finalized by the end of 2015 and a summary of each will be published in a future issue of Field Exchange. Full documents will be available on the GNC website. A phase two for the project is being discussed.
- **UNICEF Transition Study.** Based on four country case studies highlighting experiences with transition, the Transition Study report identifies four working principles and sets of recommendations for transition. The recommendations were presented and participants identified what they would like to see in future transition guidance. The report and draft benchmark document will be shared with all partners. A phase two of the study is being commissioned that will look at practical issues to consider for the Cluster Lead Agency (CLA) and partners in the transition process. The end result will be specific guidance and benchmarks available for country use to guide the transition process. Partners will be consulted and engaged in this process moving forward.

- **Role of the GNC in providing technical support.** Findings from the Save the Children US survey and consultations on the role of the GNC in providing technical support were shared and discussed. In group work, the ideal flow of technical requests was elaborated in a diagram. A report will be written and a Task Force will be developed to take things forward.
- **Accountability to Affected Populations (AAP)**. An AAP expert from Help Age led a largely consultative process to develop a framework to facilitate incorporation of AAP in Nutrition programmes. The framework provides suggested actions and indicators to advance on the commitments to AAP. Tools, guidance, indicators and a checklist to mainstream AAP issues in the humanitarian programme cycle, have also been developed to use alongside the framework. Moving forward, UNICEF/EMOPS, Global Cluster Coordination Unit is conducting a piece of work on how to roll out AAP across countries across clusters.
- **Advocacy Strategic Framework.** The Advocacy Strategic Framework, developed by ACF in consultation with the GNC-CT, SAG and partners, aims to support the achievement of the GNC operational priorities by influencing changes in policy and practice at both global and national level. The Advocacy Strategic Framework serves as a global road map to support common positions, messages and activities to influence the global nutrition agenda. Further, it acts as an umbrella for more context- specific advocacy at a national level. The Advocacy Strategic Framework outlines Advocacy Goals, Objectives and Results to guide the advocacy work of the GNC and country clusters. ACF is also developing an advocacy toolkit. Following the Advocacy Cycle, the Advocacy Toolkit will provide guidance on how to develop and implement advocacy aligned with the Advocacy Strategic Framework and with a focus on country level advocacy. It is suggested that an Advocacy Taskforce is created to support the implementation of advocacy moving forward within the GNC.
- **IMO Toolkit.** The IMO toolkit has been developed by ACF in consultation with IMOs and NCCs. It is comprised of 27 tools that can be adapted for use by country clusters. It will be finalized by November and then rolled out. A corresponding training for IMOs will be developed as part of the next phase.
- **Nutrition needs of older people.** A new, comprehensive assessment for assessing the needs of older people has been developed by HelpAge, Brixton health and Valid International. The assessment includes nutrition, food security indicators, health (and mental health), disability and socio-economic indicators. The assessment package includes a users manual, questionnaire, data entry file and data analysis file for the open source software package (all in French and English). The indicators identified can be applied across methodologies. Practical guidance is now needed on how to effectively build capacity and advocate to donors on the importance of including older persons as part of a nutrition response. The Global Cluster Coordination Unit (GCCU) in UNICEF/EMOPS Geneva is currently conducting a piece of work on how to roll out AAP across countries across clusters.
- **Caseload calculations for severe and moderate acute malnutrition.** There has been much discussion on the discrepancy in caseload estimates when using different indicators (weight-for-height and mid-upper-arm circumference) for assessment of severe (SAM) and moderate acute malnutrition (MAM). There is a growing demand among partners to improve the way that caseload estimates are generated to improve programme planning. Participants articulated what they would like to see addressed in an updated global guidance on caseload estimates for SAM and MAM. UNICEF has funds to move this work

forward and develop interim guidance. UNICEF will share plans and invite partners to engage in the process.

Next steps for the GNC work plan and strategy

The existing GNC work plan ends in December 2015 while the strategy goes through 2016. The SAG has already developed the costed 2016 work plan. Activities mentioned in the meeting to be completed in 2016 will be incorporated into this costed work plan. For the strategy, it was agreed in plenary that the process of developing the next strategy will take time and thus should begin in early 2016. It was generally agreed that the GNC-CT would hire a consultant to move both the work plan and strategy forward from January.

The existing GNC work plan ends in December 2015 though the SAG has already developed the costed 2016 work plan. The GNC strategy ends in 2016 and it was agreed in plenary that the process of developing the next strategy will take time and thus should begin in early 2016. It was generally agreed that the GNC-CT would hire a consultant to move both the work plan and strategy forward from January.

Introduction

The GNC annual meeting provides an opportunity for cluster partners, donors, and country level NCC and IMOs to discuss achievements, priorities and mechanisms for moving forward collaboratively. This meeting marks the 9th year that the GNC has held an annual meeting.

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

- To review the work of the GNC in the past five years and identify challenges and bottleneck as well as endorse and launch key GNC documents

- To provide a structured platform for discussions, sharing information and lessons learned from L3 and other countries from NCC, IMO and cluster partner perspective

- To discuss the role of the GNC in technical nutrition work and provide a forum for presenting technical updates relevant to improving effectiveness of Nutrition in Emergency (NiE) response

- To agree on the way forward with regards to the development of the GNC strategy 2017-2019

The meeting was held over three days.

Day 1 set the scene with an update on the key achievements and challenges for the GNC over the past five years. This was followed by presentations by NCCs from both L3 and L2 countries highlighting programme performance and challenges. In the afternoon, results and challenges around the six-core cluster functions were presented, based on six countries' experience in implementing Cluster Coordination Performance Monitoring (CCPM). Group work discussions focused on how the GNC and global partners can support the identified challenges.

Day 2 opened with a presentation on the Knowledge Management (KM) project, highlighting issues being raised across the six focus countries. Three Nutrition Cluster coordinators presented on some of their specific experiences and learning around governance, partnership, rapid scale

up and information management. A marketplace was held which provided space to participants to showcase new technical initiatives, tools and experiences. A session on how best the GNC collective can support technical gaps at country level provided results from a survey and field visits as well as group discussion on way forward. The day ended with a presentation on the results from the UNICEF Transition Study that focused on experiences in four countries and resulted in four working principles and recommendations for transition. Participants commented on what they would like in the future guidance and how they would like to be involved in the process.

Day 3 highlighted some of the work the GNC has moved forward in the past nine months. A framework developed on AAP was presented. The Advocacy Strategic Framework and process for strategy development was shared and discussed. The Information Management Toolkit was presented alongside a timeframe for its role out and next steps in terms of training. New assessment software for identifying vulnerabilities in older people was shared. The challenges with estimating caseloads for treatment of acute malnutrition using both weight-for-height (WFH) and mid-upper-arm circumferences (MUAC) were presented and participants identified in group work what questions that they would hope interim guidance would address. The meeting was wrapped up with a session to discuss proposed next steps for developing the new GNC strategy for 2017 and work plan for 2017-2018.

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 GNC work in the past five years and identify challenges and bottleneck*
- *To provide a structured platform for discussions, sharing information and lessons learned from L3 and other 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: Gladys, Head, Nutrition and Dietetics Unit, MoH Kenya; Jacinta, Regional Director, Save the Children International and Josephine Ippe, Global Nutrition Cluster Coordinator.

Gladys Mugambi welcomed participants to Kenya and shared the success of Kenya in coordination, starting in 2008 in response to the emergency and later transitioning to the MoH. Kenya is also celebrating the important nutrition results in the GNR. Challenges remain, particularly with regards to the double-burden, stunting 26% and wasting has improved but with El Nino, there is a potential challenge of increase is wasting. The GNC meeting offers a great opportunity to share and learn from what other countries are doing in coordination to improve collective nutrition response.

Assumpta Ndumi welcomed everyone to Kenya on behalf of Save the Children.

Josephine Ippe provided an overview of the meeting aims, expectations and agenda.

Session 2: Update on GNC achievements and challenges 2010-2015
Presenter: Josephine Ippe

Significant achievements have been made in the past five years of the GNC. There has been a shift in strategy to focus more on country support in response to the Transformative Agenda; the GNC-CT currently provides support to 36 countries (sector and cluster). The first strategy was developed (2013-2015) with corresponding Standard Operating Procedures and the creation of a Strategic Advisory Group. This has been met with increased partnership within GNC and externally.

The GNC-CT has overseen a budget of $USD 14.7 million (2010-2015) which has allowed for several initiatives to move forward. Global tools and guidance have been developed including the Nutrition Cluster Handbook, Harmonized Training Package, coordination training package, Information Management Officer toolkit, and AAP framework. A rapid response team (RRT) has been established for coordination (six individuals) and technical support (four individuals) and systematic support is provided to country Nutrition Clusters through the GNC Help Desk. Additionally, the GNC website has been developed along with monthly bulletins. Country case studies documenting learning across six countries are also underway.

The presentation also included some thoughts on where the GNC should be heading from the perspective of the GNC-CT. Discussions on areas of focus for the GNC moving forward, highlighted issues of preparedness, building the capacity of other clusters to implement nutrition sensitive interventions and the need to broaden the emergency nutrition response outside of just a focus on acute malnutrition.

Session 3: Update from L2/L3 countries on performance of the Nutrition Cluster (Yemen, Nepal, Syria, Ukraine)

Four countries presented on the response and challenges they are facing. A synopsis of their presentations follows.
Nepal
The focus of the response is on IYCF, treatment of SAM/MAM, and multiple micronutrient powders (MMP) distribution. The response has been fully funded. The national NC supports two sub-national clusters. Currently, cluster responsibility is being handled hatting with UNICEF programme responsibilities at national and sub-national level. Technical gaps in partner agencies exist, particularly around treatment of SAM, partners are stronger in community activities. While supplies are available there have been gaps in transport and distribution. There are limited capacities within the government for nutrition coordination and information management (IM). There have been challenges to starting the supplementary feeding programme, but it should start by November.

Syria
The Syria response is coordinated from three locations (Damascus, S Turkey, Amman). The focus of the response is preventative nutrition services (infant and young child feeding, micronutrient supplementation and optimal maternal nutrition) and supporting a multi-sector response through other sectors. Assessments have been challenging due to limited access and political challenges.

Coordination and communication across three countries/regions (and some in Lebanon and Iraq) has been challenging. There is also limited capacity in technical issues. Capacity building activities to address this have faced challenges as partners are often unable travel for training and bringing in outside expertise into the country has been politically challenging. Transport of supplies is often problematic due to insecurity. There is a high influx of uncontrolled breastmilk substitutes (BMS) and no system is being put in place to address this due to lack of will of the government. Overall the response is only 18% funded ($8.5million). Targets have not been reached; it is assumed that the targets were overestimated. Technically, IYCF (multiple micronutrients and complementary feeding interventions) is the biggest challenge.

Ukraine
Nutrition coordination in Ukraine is functioning as a sub-cluster of the Health Cluster (as of March 2015). There has been a huge gap in coordination staff (March to October) and there remains limited capacity in nutrition in Ukraine, among government and partners. A capacity building plan was developed but no agency has come forward to conduct activities, only one orientation has taken place on IYCF. Insecurity has also limited programming. One of the challenges is how to work with small non-governmental organisations (NGOs) and civil society organisations (CSOs) that are not cluster partners and who do not have technical nutrition capacity. This experience has demonstrated the challenges in fundraising for nutrition as part of another cluster. Funding for nutrition has been very low, USD $600,000 out of a requested USD $9.5million (6%). This experience also highlights the limited interest of international NGOs in emergencies where acute malnutrition is not a key concern.

Yemen
The nutrition situation in Yemen has been at a critical level for years, in terms of both stunting and wasting. The national NC is supporting five sub-national clusters. Current response focuses on treatment of acute malnutrition, capacity building prevention of undernutrition, and resilience. The response is largely being implemented (90%) by local government and NGOs. In previous years the NC engaged regularly with SUN though recent conflict has stalled the SUN action plan moving forward. It is recognised that efforts are needed to strengthen sub-cluster coordination capacity, programme quality, bring treatment of MAM to scale, and integrate with the health cluster. The response has been well funded, but needs continue to increase. Key challenges include high government staff turnover, collapse of the banking system, high fuel price affecting availability of safe drinking water and poor quality field monitoring and reporting due to insecurity.

Questions and comments
Funding- 100% in Nepal but nothing in Ukraine, why? How can we learn from this? *(Ukraine) While it was activity-based costing, partners didn't submit projects to donors (except for a few from UNICEF) and there was no NCC to follow up and push partners to submit these. (Nepal) A Flash Appeal is entirely project based – all projects in the Flash Appeal got funding. There were two major donor conferences held in Kathmandu.*

Multi-sectoral response in Syria- what did this consist of and how was it done? T*he multi-sectoral approach is a priority in the strategic response in Syria, though some sectors are more integrated with nutrition than others. Nutrition was well integrated with Health because Nutrition partners were previous health partners so integrated nutrition services into health facilities. Work is on-*

going to integrated nutrition into Food Security Cluster (FSC). WASH partners are delivering some key nutrition messages as part of their hygiene interventions, though this is small scale.

IM Officers (IMO)- do NC need IMO specialised in nutrition? *A WASH IMO was hired to help the Nutrition sub-cluster in Ukraine but this was not terribly efficient as his understanding of nutrition (indicators and technical issues) was limited.*

Prevalence of acute malnutrition in Syria, why the discrepancy between targets and actual numbers? *Screenings have not identified the numbers expected. MOH supported assessment in several populations and found that in all populations in and out of camps the prevalence of GAM was 13%. Additionally, a CDC supported assessment cross boarder show very low prevalence, 7.2%. It is unclear if there was a much higher GAM before or if it is methodology issue causing the discrepancies.*

Participants were divided into groups to discuss the key challenges around the six elements of the Humanitarian Programme Cycle (HPC). Participants identified ways the GNC and global partners can support these moving forward.

Preparedness
Key actions identified included:
- Develop/roll out preparedness and response toolkit
- Develop preparedness plan and contingency plan of action
- NC link with those doing preparedness at national level
- RRT to take on new positions to cover preparedness
- Evidence on preparedness- what's working

It was highlighted that preparedness is a key function of UNICEF, and there is some on-going work in this regard. A preparedness toolkit is being developed, indicators of minimum preparedness capacity are being developed and there is on-going work on guidance on sector coordination before an emergency.

Assessment and analysis
It was recognised that key challenges to this include the limited focus on GAM and children under five years of age and the lack of assessment tools and guidance available to assess and understand other nutrition issues and age groups.

Suggested action points:
- Compile all different methodologies, constantly updated, guidance per phases of emergency and context specific
- Advocate and strengthen interaction with WHO on assessing NCDs in emergencies

Strategic planning
Key actions identified included:
- GNC and UNICEF to support preparedness efforts at country level to ensure nutrition is included country preparedness plans.
- Develop global guidance on prevention activities and longer-term development nutrition activities to include in an SRP.

- Advocacy with donors about multi-year funding that allows multi emergency into development.
- Develop guidance on multi-sectoral programming based on compilation and review of multi-sectoral learning/experiences to date.

Resource mobilization
Key actions identified included:
- Improve visibility and understanding of existing guidance and build capacity on resource mobilization for cluster teams
- Collect country experience and best practice to inform the development of global guidance on activity/project based costing
- Advocate for standby partners to allocate additional human resources and stimulate country requests for standby partners.

Implementation and monitoring
Key actions identified included:
- Develop and share tools to inform evidence-based implementation

Inter-cluster coordination
Key actions identified included:
- Document what is working well in various countries with regards to inter-cluster coordination and from this, develop guidance for NCC
- Collaborate at global level to foster regional and country level inter-cluster coordination-pilot a joint mission in a country, document process
- Document experience between GNC and other existing structures in-country (i.e.: SUN)

Emergency and development links
Key actions identified included:
- Map and document experiences of how SUN and NC work together
- Advocate for multi-year funding for transition funding
- Develop a position paper with guidance on the processes of shifting from humanitarian coordination to sector coordination with emphasis on resilience

Plenary discussion after group work presentations highlighted the following
- ENN has just started to scope out what the questions are to understanding stunting in emergencies- a draft will be developed in the coming weeks.
- The Global Nutrition Report (GNR) is an opportunity for the GNC to raise some of these issues and challenges to the wider nutrition audience, particularly that of AAP, drafts are due to the GNR by January 2016.
- There is significant work on costing nutrition actions conducted by SUN over the past four years. We need to think how the GNC and national NCCs can link with the SUN Community of Practice on costing of nutrition scale-up.
- There is collectively agreed need to document learning on variety of topics including
  - Preparedness- what is working?
  - How to assess wide spectrum of nutrition issues, get beyond the focus on GAM
  - Prevention activities- what to do when?

- o Links between NC and SUN at country level- what's going on and how can NCCs engage strategically?
- o Inter-cluster coordination for nutrition- how can nutrition expertise be used to address the needs of different demographic groups? What should an NCC be able to discuss with other clusters? What guidance is available for NCCs to engage with other sectors and support them to act in a more nutrition-sensitive manner? Could deputy NCC be mandated to attend other cluster working groups (Wash, FS, Health)?
- o Experiences on activity-based costing

Session 4: Analysis and presentation of Cluster Performance Monitoring (CCPM) conducted (S Sudan, Ethiopia, Sudan, Nepal, Central African Republic, Afghanistan)
Presenter: Ayadil Saparbekov (Deputy Global Cluster Coordinator)

CCPM is a country driven process to collaboratively assess the coordination functions of the cluster. An overview of the process was presented and results by core cluster function from three countries (Afghanistan, S Sudan and Ethiopia) were shared (see list below). Feedback on the CCPM process from countries involved in CCPMs in 2015 was reviewed. In general, guidance on the process was reportedly sufficient and support from Geneva in the process was good. Moving forward, clusters question how to reflect sub-national coordination in the process. There is growing interest in conducting CCPMs across countries and the GNC is available to support the process.

Key challenges identified across countries in 2015 CCPMs:
- Information flow between government and NC, national and sub-national level and from cluster team to partners is weak
- Poor attendance of meetings and participation in TWGs and lack of consistency of partners' engagement influences decision-making
- Linkages with other clusters/sectors are limited as are cross-cutting issues (age, HIV)
- Consultation with sub-national level partners is limited
- Short timelines hamper inclusiveness of consultations
- Lack of clear picture in terms of what to do for advocacy
- Timeliness, quality and completeness of reporting by partners
- Monitoring on sub-national level (quality of programmes vs. coordination) is challenging, particularly in insecure contexts
- Funding for preparedness and contingency is a challenge
- Contingency plans are often agency specific- how best to bring together as a cluster one?
- Engaging the community in assessments, planning and monitoring remains a challenges
- While agencies have their own AAP mechanisms, most have no mechanisms for feedback and response to complaints.

Participants were divided into 6 groups around 3 topics: supporting service delivery, advocacy and accountability to affected populations. Three issues or constraints were identified and discussed and ways in which they could be addressed were identified.

Accountability to Affected Population (AAP)

Challenges/key issues	How to Address

Lack of awareness and understanding among partners on the AAP concept	Determine level of AAP knowledge and plan AAP awareness sessions
Lack of transparency of Partners' accountability mechanisms	Develop minimum commitments of AAP (at Global level) signed by partners
Time constraints to implementing AAP in emergency settings	Inclusion of AAP mechanisms in preparedness plans, cycles
Limited awareness and orientation on accountability	Capacity development on accountability
Limited feedback mechanism	Reporting on Accountability (like CCPM)
Documentation and monitoring of accountability	Determine minimum accountability standards to be applied by GNC

Advocacy

Challenges/Key Issues	How to address
What is advocacy for the cluster?	We need to identify what is advocacy for the cluster, what are the guidance, can we identify the guidance, what are the tools. We need a clear framework that is based on the plan.
How can we advocate within the inter-cluster?	What is the difference between advocacy and information? Because influence people can happen as cluster or we have it as agencies, as that can be different.
There is no clear idea who is responsible for advocacy, GNC?	Focal point.
Specific advocacy roles. What we are aiming towards is not clear and who has a role to decide on this?	GNC advocacy strategy will define the aim plus define the roles of GN partners.
We talk to "ourselves". Language used is too technical, not good to advocating to non-technical audiences. Are we speaking to right forums? What other stakeholders do we need to engage with?	GNC can support community-led, grass root levels advocacy efforts. Show case successful advocacy approaches from country level.
Lack of evidence to support the case. Example IYCF.	Define how GNC advocacy fits within the global nutrition advocacy agenda.

Support to service delivery

Challenges/Key messages	How to Address
No clear programmatic support; difficulty in getting advocating issues in terms of programming to higher level coordination structure	Solicit technical support from technical surge program. Develop a system of feedback in case when NGOs are involved enough in the Cluster coordination and vice versa
Gaps in resource mobilization to build capacity in nutrition in emergencies at regional and national level	L3 country calls with GNC partners
No plan for handover/continuity of services	Invest and support high capacity and experienced NCCs

Lack of sharing from OCHA to GNC partners	Advocate for better quality of services – raise awareness
Gap in coordination of sub national level	Resource mobilization: HR, financial To support initiatives for sustainability
	Better plan for hand over/transition/between RRT/IMOs/ to have more overlap
	Acknowledge the importance subnational technical gaps depending on the context
	Information flow; MoH – NC National --- sub national Cluster team--- partners

Day 2

Agenda of the day:

- To share the lessons captured from three countries by the GNC Knowledge Management project and facilitate information flow and learning

- To discuss the role of the GNC in technical nutrition work and to provide a forum for presenting technical updates relevant to improving effective emergency nutrition response

Session 5: Update on the Knowledge Management project and presentations on country learning to date (Somalia, S Sudan, Philippines)
Presenters: Valerie Gatchell (ENN consultant), Samson Desie (NCC Somalia), Isaack Manyama (NCC S Sudan), and Aashima Garg (NNC Philippines)

The KM project is a one-year project conducted by ENN in collaboration with the GNC, as part of the GNC work plan. Through a scoping exercise, six countries (Somalia, S Sudan, Philippines, Bangladesh, Yemen and Ukraine) were identified and are currently working, with the support of ENN, to develop case studies on learning around various themes including information management, preparedness, and nutrition coordination in an L2/L3. Countries are at various stages in the documentation process; all case studies will be finalized by the end of the year and will be available on the GNC website. Summaries of case studies will be presented in a future issue of ENN's Field Exchange.

Key issues and questions coming out across countries include:
- Terminology- definition of a 'Nutrition Cluster' varies across countries
- As a sector we seem to have a default response in emergencies: treatment of SAM and focus on children under 5
- Integration of SAM and MAM at the site and reporting level is limited
- Integration of nutrition across sectors is challenging
- Coordination capacity in several countries has had significant gaps (national and sub-national level)
- Engagement in longer term programming is variable and there is questions as to 'how' to do this

Case studies were presented from Somalia, S Sudan and Philippines that highlight specific learning and challenges in their contexts. Presentations demonstrated how NCCs have worked with partners to make locally available structures work to improve engagement and how they have developed solution-based responses to challenges. Additionally presentations highlighted that a system for declaration of a 'Nutrition emergency' currently does not take into account indicators other than GAM. It is agreed that we as a collective need to identify other indicators to trigger emergency nutrition responses.

Participants affirmed that this is a very valuable piece of work. For further discussion, participants were broken up into eight groups, each group was asked 1) what learning they felt was most important and 2) how the GNC could move KM forward.

Priority areas for documentation of learning
- Situational analysis and response planning when GAM is low
- Assessment and nutrition programming for other populations (adults and PLWs)
- How to effectively link MAM and SAM management
- Nutrition sensitive cash programming
- How to respond to a non-breastfed population- experiences with breast-milk substitutes
- Experiences of integrating nutrition into other sectors (FS, health and WASH)
- Transition planning and process with the MoH
- Preparedness and systems building
- Impact of coordination on improving emergency response
- How NC adapt to long-term chronic emergency
- Nutrition in urban areas

Creative approaches included:
- Increased facilitation of cross-country learning through a web based platform
- Use existing CLA mechanisms to identify key information for discussion
- Include documentation of learning in SAG TORs at country level
- ENN to house an on-line En-net discussion forum/theme on coordination
- Webinars to share learning across countries
- Promote real time data collection and sharing in a major emergency
- Consider how to include KM as part of the CCPM process recognising that it would require an additional analytical process
- Develop a KM unit to help the GNC monitor NC country outputs (documentation) and identify experiences, best practices and consolidate thematically
- Formalize a KM WG within the GNC
- Establish a regular meeting of country cluster staff focusing on the analysis, synthesis and feedback of learning

In general, feedback from group work and discussions indicated that there is widespread agreement that the GNC needs to institutionalise KM at global and country level moving forward.

Session 6: Market Place

The aim of the Market Place was to provide a forum to showcase and discuss new tools and interesting initiatives (technical and coordination) being conducted by partners. Booths were set up on the following topics:

1. Updated MAM Decision Tool (WFP/UNICEF)
2. CMAM report (previously called MRP) (Save the Children)
3. Coverage surveys- Coverage Monitoring Network (ACF)
4. IYCF technical updates and new tools on IYCF (Save the Children and UNICEF)
5. Link NCA (Nutrition Causal Analysis) (Action Contra La Faim- ACF)- why and how
6. Somalia Nutrition Cluster experience- infographics on partner rationalisation (Somalia Cluster)
7. Emergency Nutrition coordination (hot spot monitoring and assessment) in Ethiopia (Ethiopia Cluster)
8. Regional and sub-regional coordination support structures for NiE preparedness and response capacity in Latin America and the Caribbean (UNICEF LAC Regional Office)
9. Nutrition Information Systems – learning and challenges (UNICEF, Kenya)

Participants were given time to visit all booths and interact with presenters and ask questions.

Session 7: The role of the GNC and country clusters in technical support to country clusters
Presenter: Jacqueline Frize and Geraldine Le Cuziat (for Save the Children US and the GNC-CT) (Expected outcome: agreement on the role of the GNC collective in technical nutrition work in support of country clusters)

If there are technical gaps that need to be addressed, how do we galvanize support from the collective to support country needs? This issue was raised in March and it was agreed that a TF be developed to work through this; however, the GNC-CT commissioned Save the Children US to conduct a review to understand more clearly the collective gaps before moving forward.

The review focused on identifying any technical nutrition needs arising at country cluster level and the channels through which any technical gaps are being met. The work began in September with wide ranging consultations of NCCs, IMOs, partner agencies, GNC members, external experts in Nutrition in Emergencies, and other global Cluster Coordinators. A field visit was conducted in Mali for face-to-face consultation and discussion with cluster partners, other consultations were held with those working in Syria/Turkey and Myanmar via Skype.

Key findings of the consultations presented in the session are as follows.

1. There is no official definition of "technical role". The 2013 governance review definition (compromised of Technical support, NIE Training and Guidance) is being used as a working definition for this review.
2. Communication channels for country clusters raising and addressing technical issues is varied and unsystematic. The preferred mechanism is the use of Technical Working Groups (TWG) at country level.
3. Response from 24 country clusters (in the online survey) indicates diversity in country level structures and technical expertise needs.
4. Models for technical support from the GNC collective need to take into account the CLA, the GNC-CT and the global level partners that often also have country and regional presence.

Discussions after the presentation suggested broad agreement that the coordination of technical support requires a common understanding of what technical role the GNC collective can provide. While it is clear where training and normative guidance fit within the GNC, the question of level and type of operational support is less so.

Group work provided additional time to discuss the role of the GNC collective in providing technical support, the scope of technical support and how to address these gaps. Flow diagrams were drawn to suggest how ideally technical support could be accessed from the country level. All groups noted the importance of NCCs engaging with technical working groups (TWGs) and SAGs to address what can be addressed at country level. Slight differences were highlighted on preferred/actual paths to access global technical support. Details on group work feedback is provided in Annex C.

Group work discussions and flow charts will feed into the report being written by Save the Children US and will be reviewed by the GNC-CT. It was recommended that a Task Force be established to move forward on this issue.

Session 8: Presentation on the UNICEF study on transition of humanitarian coordination functions
Presenter: Diane Holland, UNICEF NY

The session provided a summary of some of the key issues coming out of the UNICEF and GNC 'Transition study' and identified next steps. The study was based around four country case studies Ethiopia, Kenya, Philippines and Pakistan identified to represent a range of contexts. Four working principles have been identified with recommendations under each. These include 1) build on existing sectoral structures to function as effective coordination mechanisms, 2) develop capacities of partners in preparedness and emergency response capacity, 3) facilitate smooth transition to a nationally led coordination platform and 4) UNICEF (CLA) to ensure appropriate HR planning to support the development of a nationally led coordination platform.

The report and draft benchmark document will be shared with all GNC partners for comments after the meeting. Feedback from individuals during the meeting will feed into a phase two of the study. This next phase, will look at practical issues to consider for the CLA and partners in the transition process. Results from this will be shared in a consultation with partners and wider stakeholders. The end result will be specific guidance and benchmarks available for country use to guide the transition process.

Participants were asked to identify the critical questions that they would like guidance on transition to answer and what they see as key next steps.

What are the most critical questions that you need guidance on transition to answer?
- Clarifying who is responsible for transition and defining the roles and accountabilities. The skill set required to handle this role should be elaborated – defining separately cluster coordination roles and Information Management (IMO) roles
- Closely linked to the above, the government structures need to be addressed and specifically a) assessment of capacity and/or existing coordination mechanisms b) plans for capacity building c) securing sufficient resources (human resources and financial

resources). d) Application of a health systems strengthening approach and how it relates to transitioning from emergencies e) Options on how to work when there is no government or if working in non-government controlled areas

- Guidance on how to forge linkages with plans and programming related to resilience and disaster risk reduction
- Triggers (with thresholds) for the transition to be clearly articulated and de-linked from political influences but rather reflecting the actual changes in the emergency. Triggers also need to reflect different operational contexts. Guidance (a roadmap) should also include average timeframe for each milestone including actions that should be taken when the cluster is activated (should it be included in the cluster workplan?)
- Context-specific guidance will be important to differentiate between small-scale versus large scale, protracted versus short term emergencies
- Guidance on how the nutrition cluster should work with other clusters during the transition
- Guidance should also include process/indicators for validation of decisions as well as guidance on how to monitor performance in post-transition phase.
- Guidance should also include preparedness measures that are required to ensure transition is done efficiently.
- Participants requested for simple, step-by-step operational guide that is applicable with tools that include tips on how to develop a transition plan and involve government, checklist of minimum actions to consider including preparedness

What do you see as key next steps in developing this guidance?
- Documentation of lessons learned, good and bad practices and evidence
- Consultation with government and country offices including development partners – examples provided include the formation of a working group/taskforce/advisory group/consultative forum, regional/global workshop
- Piloting of the draft guidance to ensure it is adaptable to different contexts. Resource mobilization, sensitization of Nutrition Cluster Coordinators and subsequent roll out
- Evaluation of use after a few years

How do you want to be involved in moving forward?
- Providing input to development and review of guidance document/participate in working groups
- Involvement in piloting process

Additionally, specific issues related to UNICEF role as cluster lead agency were raised, including:
- Identify the core responsibilities for UNICEF in transition e.g.: In terms of sustained technical assist for both coordination and Information Management
- How is UNICEF going to sustain any initiative not related to children and women if it is only led by the Core commitments for Children?
- How can the UNICEF cluster coordinator move outside their own perspective/mandate to focus on longer-term multisectoral issues that will require broader vision?
- How can independence of nutrition cluster coordinators and IMOs be maintained when recruited by UNICEF?

Day 3

Agenda of the day:

- To present, review, endorse and launch key GNC documents that have been developed under the leadership of GNC partners
- To agree on the way forward with the development of the GNC strategy 2017-2019

Session 9: Nutrition, accountability to affected populations (AAP) and the Core People Related Issues: A project led by HelpAge International and the GNC
Presenter: Barb Wigley, HelpAge

There has been limited understanding around how to integrate AAP into emergency nutrition response. To address this the 2015 GNC work plan included a consultancy to develop guidance. A HelpAge consultant led a collaborative process comprised of discussions with a wide range of stakeholders including the FSC, and a visit to Chad, to guide the work.

In discussions it was acknowledged that one of the main challenges with AAP is that partners report on a different set of criteria/frameworks. There are two sets of commitments around AAP currently, IASC commitments (leadership, transparency, feedback/complains, participation, design and monitoring) as well as the Core Humanitarian Standards (CHS), which are slightly more complex and underpin many NGO partners commitments. This project aimed to create a common operational framework that synthesises the two and has resulted in the development of categories of commitments, community commitments and policy/process commitments.

The framework developed provides suggested actions and indicators to advance on the commitments. Tools, including guidance for cluster coordinators on AAP activities, indicators and a checklist to mainstream AAP issues in the humanitarian programme cycle, have also been developed to use alongside the framework.

Moving forward, the framework and tools are available for all to use to enhance programming and coordination. The Global Cluster Coordination Unit (GCCU) in UNICEF/EMOPS Geneva is currently conducting a piece of work on how to roll out AAP across countries across clusters.

A key discussion point raised the need to not only focus on NC activities around AAP but how we can collectively work to embed AAP in government systems.

Session 10: Presentation of the advocacy strategic framework
Presenter: Elena Gonzalez and Sandra Mutuma (ACF-UK)

ACF has been leading a participatory process to develop an Advocacy Strategic Framework since February 2015. ACF presented initial thoughts and received GNC partner feedback on priority areas for advocacy at the face-to-face Working Group meeting in March. This informed development of an online survey questionnaire widely disseminated to NNCs and GNC partners at both global and national level. An Advocacy Workshop was held in July with the GNC-CT, SAG and key partners to analyse the responses to the online questionnaire. ACF refined the framework based on this input and presented it in this meeting.

The purpose of the framework is to serve as a global road map to support common positions and messages to influence the global nutrition agenda. It is a tool to guide the development of more detailed advocacy strategies at global and national level. The framework outlines advocacy goals, objectives and results to guide the advocacy work of the Nutrition Cluster to 2019. It further suggests advocacy activities, although annual advocacy priorities and activities should be agreed as part of the GNC annual planning process.

ACF is also developing an advocacy toolkit that will provide guidance for country clusters on how to develop advocacy messages and strategies aligned with the framework. It is suggested that an Advocacy Taskforce is created to support the implementation of advocacy within the GNC.

Groups provided specific feedback on the focus and wording of the advocacy objectives and highlighted challenges not reflected in the Framework. Feedback will be reviewed and consolidated by the advocacy team in the final version.

Discussion following the group work highlighted the need for clear analysis to inform cluster activation at IASC level. It was explained that it is the heads of UN agencies and NGO representatives (as the Humanitarian Country Team) that sit and discuss with government to decide which clusters are important for the response. The individuals that make this decision do not necessarily comprehensively understand nutrition and thus often food is prioritized (Syria, Ukraine) over nutrition. As a collective, we need to simplify our language to advocate for nutrition at this higher-policy level.

Additionally, a point was raised that the identification of issues for advocacy should include the affected populations and the advocacy should not be top-down. It was acknowledged that the framework is indeed a global document that it is a starting point for more coordinated advocacy at global and country levels.

Session 11: Presentation of the information management toolkit
Presenter: Jose Luis Alvarez (ACF) /Anna Ziolkovska (RRT-IMO, UNICEF)

ACF has been working on the development of an IM toolkit since early 2015. This presentation provided an overview of the process of development of the toolkit and structure of the toolkit. The toolkit is structured around the IMO activities/information needs around the phases of the HPC, which includes needs assessment and analysis, strategic planning, resource mobilisation, and implementation. A general/administrative category has also been added.

The toolkit contains 27 tools. These tools are templates, for adaptation at country level. No IMO has to use these tools; it is just for guidance if there is need for a specific tool in country.

It is recognised that some countries have advanced beyond the use of excel based tools and have created and are using on-line, dashboard-like tools that provide real-time programme performance and results. Any country that has more advanced tools should continue with what they have developed. At a global level, UNICEF is developing an online database for all UNCIEF-led clusters to facilitate and streamline cluster reporting and these will be ready in a couple of years.

The toolkit will be finalised by end November 2015 and then piloted, translated and rolled out. User feedback will refine the toolkit in the future. As the next phase in this project, an IM training package will be developed (early 2016). Funds will be sourced to roll this out.

Questions and comments
- In countries where REACH is active, are the IM toolkit tools complementary? *Yes*
- IMO capacity across countries varies in terms of numbers, how does the GNC see staffing for IM moving forward? *The GNC is strongly advocating for the presence of IM and coordination staff in all countries responding to humanitarian crises. The FSC did an evaluation that looked at the cost and value of coordination staff concluding that staff were only 2% of overall response budget. This study is being used as advocacy with nutrition donors to ensure appropriate staffing.*

Session 12: Discussion on how to ensure that the nutritional needs of older people are include in the cluster response
Presenter: Pascale Fritch, Help Age

A new, comprehensive assessment for assessing the needs of older people has been developed by HelpAge, Brixton health and Valid International, called RAM-OP. It includes a user's manual, questionnaire, data entry file and data analysis file for the open source software package (all in French and English). The assessment looks at nutrition and food security indicators (GAM, MAM, SAM, all MUAC based), dietary diversity and meal frequency, age-specific micronutrients intake, hunger scale and coverage of food rations. It also includes health and mental health indicators, disability and socio-economic indicators. The methodology requires a sample size of 192 older people in 16 clusters of 12. The methodology was tested against SMART and resulted in the same precision with a smaller sample, less time and less cost. The indicators identified can be applied across methodologies (e.g. DHS, SMART, MICS).

There is recognition that we need to improve our capacity in how to include older people in humanitarian response from assessment to implementation. HelpAge is open to support partners in this moving forward. While this software can support assessment, practical guidance is needed on how to effectively build capacity and advocate to donors for this. It is recognised that it is our collective responsibility to advocate for the inclusion of older people in response moving forward, at country and global level. At country level in particular, NCCs/IMOs should raise this issue to the UNICEF representative and within NC partner meetings to identify ways it can be addressed.

Comments
- There is still a need to understand what it takes to deliver (capacity for assessments, capacity for response and resources) for this age group.
- There exist biases in agencies around mandates and institutional frameworks for targeting of older people and thus advocacy with donors is essential to enable agencies to assess and respond to needs of older people moving forward.

Session 13: SAM and MAM caseload estimates and links to programming
Presenter: Diane Holland (UNICEF NY), Ismail Kassim (UNICEF IMO, S Sudan), Hatty Barthorp (GOAL)

There has been much discussion on the discrepancy in caseload estimates when using different indicators (WFH and MUAC) for SAM/MAM. There is a growing demand among partners to improve the way that caseload estimates are generated to improve programme planning. This session provided an overview of the issue and some practical examples on the implications of using the two different indicators for programmes from analysis conducted in S Sudan.

There is agreement that we need a common voice to move this forward. It is also recognised that we need to generate caseload estimates for other areas of work (MN, IYCF- BF and CF, MAMI, BSFP and older persons). Save the Children with the London School of Hygiene and Tropical medicine (LSHTM) is doing some work on managing acute malnutrition in infants < six months of age (MAMI) in Malawi and Bangladesh related to how to identify cases currently, including determining what MUAC cut-offs may be appropriate for children 2-6 months.

Key questions raised in discussion included:
- Are we underestimating global caseload by only assessing by WFH?
- Can we use the same WHO growth standards everywhere?
- Are we saying the GS are not applicable in all areas?

Participants identified outstanding research questions including:
- What are the cost implications for switching from WFH estimates to MUAC estimates?
- How does use of WFH or MUAC impact length of stay?
- What are characteristics of those that meet both MUAC and WFH or just one or the other criteria?
- Which index will help us programmatically increase treatment coverage?
- What is the relationship between MUAC and stunting versus WFH and stunting?
- Given the bias towards younger children and greater predictive value for mortality, how do we ensure that children other than the very young are identified for acute malnutrition?
- What is the actual comparison between WFH and MUAC in relation to actual biochemical status? (studies ongoing)
- How do MUAC versus WFH change seasonally, in particular during the lean season?
- How to really assess nutrition vulnerability beyond measures of acute malnutrition?
- How to balance the choice of indicator with capacity to generate and use nutrition data? Ideal versus capacity.

Participants also identified what they would like to see addressed in an updated global guidance on caseload estimates for SAM and MAM, including:
- How to deal with survey data that may have MUAC or WFH- piecing together subnational data?
- How to modify guidance to better forecast caseloads for different scenarios?
- How to triangulate caseload estimates and programme data to refine estimates?
- Updated incidence factors recommendations based on emergency context
- Add in guidance for estimates of acute malnutrition in other age groups
- Add in how to address seasonality in acute malnutrition in estimates, to correct for seasonality issues

There were also questions about whether conversion between MUAC and WFH for GAM prevalence is possible. Available information at this time suggests that it is not possible however it may be helpful to summarize and share the state of play on that issue.

The proposed way forward is to update the guidance in 2016 based on available evidence and outline unresolved questions to address, and engage on a rolling update each year. UNICEF has put some resources towards this and will share proposed work and invite participation and comment for the next version.

It is also recognized that there is a need to generate caseload estimates for other areas of work- for example MN, IYCF (BF and CF), MAMI, BSFP, older persons, etc. In group discussions participants were asked to identify what they are using at country level in relation to these (or other) nutrition areas. Save the Children reported that they and LSHTM are involved in MAMI research being conducted in Bangladesh and already completed in Malawi to determine cut-offs for <6m. The MAMI interest group can provide additional information and Nicki Connell is the point person for this.

Session 14: Next steps for drafting the next GNC strategy 2017-2019
Presenter: Josephine Ippe (GNC-Cluster Coordinator, UNICEF Geneva)

The existing work plan goes through 2015, though the SAG has revised and costed this to continue through 2016.

The existing GNC strategy ends in 2016. In order to prepare for the development of the next strategy, some possible steps forward were presented for discussion and a suggested timeframe and who to be involved was discussed. The below is a summary of plenary discussion on this; however, it was recognised that this might need to be revised and refined.

Action points (timeline/by whom):
- Identify issues, strategies and activities which were raised in the previous three days that should be included in the Work Plan and considered in development of the next strategy (2nd week of Nov/GNC-CT to review report and presentations and present to SAG)
- Review of documents, such as the RRT/GNC-CT evaluation report, IASC documents (agreement to engage a consultant to do this)
- Formal evaluation of the nutrition cluster work (agreement that it would be a good idea but not to be conducted immediately and not necessary to inform strategy development)
- Drafting of the strategy, objectives and activities (by end January have a consultant on board to facilitate the process, SAG and interested partners to be involved)
- Presentation of the first draft (estimated 4-6 months, May 2016)
- Development and costing of the Work Plan and identification of lead agency for fundraising and implementation (by September 2016)
- Finalization and possible launch in various forums in Geneva (October 2016)

Session 15: Wrap-up and next steps
Presenter: Josephine Ippe, Global Cluster Coordinator

Josephine wrapped up the meeting by reminding us of the significant progress we have made in the past five years. She highlighted the tremendous work that has been conducted in the past

year, as demonstrated by the high quality of presentations presented at the meeting on the KM project, AAP framework, IMO toolkit, transition study, advocacy framework, and assessment tools for older people. She recognized the important shifts in capacity to provide surge support (in coordination, IM and now technical areas). Josephine highlighted the tremendous value of the country presentations and suggested that they play a larger role in future meetings.

Josephine re-iterated some of the key issues/gaps/challenges identified over the three days including the need to institutionalize KM at global and country level to support increased documentation on learning (and guidance development) around preparedness, assessing wider nutrition need (getting out of the SAM 'ghetto'), inter-cluster coordination mechanisms (to ensure nutrition is integrated in other clusters), and experience of engaging with SUN at country level. She recognized that there remains work to be done on how to streamline technical support to country clusters and build our collective capacity on how to respond to the needs of older persons.

Finally Josephine thanked everyone for their active participation and appreciated that there seems to be a growing feeling of openness and partnership among GNC partners for moving the GNC forward.

GLOBAL NUTRITION CLUSTER ANNUAL MEETING AGENDA
Southern Sun Mayfair Hotel
13 – 15 October 2015
Nairobi, Kenya
Final

The objectives of the GNC Annual meeting are:

- *To review the work of the GNC in the past five years and identify challenges and bottleneck as well as endorse and launch key GNC documents*

- *To provide a structured platform for discussions, sharing information and lessons learned from L3 and other countries from NCC, IMO and cluster partner perspective with an aim to improve coordinated response, information flow and learning.*

- *To discuss the role of the GNC in technical nutrition work and provide a forum for presenting technical updates relevant to improving effectiveness of Nutrition in Emergency (NiE) response*

- *To agree on the way forward with regards to the development of the GNC strategy 2017-2019*

Day 1 – Tuesday 13th October 2015
Chairs: Josephine Ippe, GNC and Britta Schumacher, WFP
Agenda of the day
• *To review progress on GNC work in the past five years, including challenges, bottlenecks and lessons learned*   • *To provide a structured platform for discussions, sharing information and lessons learned from L3 and other countries from NCC, IMO and cluster partner perspective with an aim to improve coordinated response, information flow and learning*
08:30 - 09:00   *Coffee and registration*

09:00 - 09:30	**Session 1: Introduction, welcome, objective and expectations** • Welcome remarks and introductions • Key note from presentative of organizer - GNC partner • Presentation of the agenda, aim & expectations Overview of the meeting and administrative information *Background documents*: Meeting agenda *Format*: Presentations	Head, Nutrition and Dietetics Unit, MOH, Kenya Regional Director, Save International Josephine Ippe, GNC Coordinator
09:30 - 10:30	**Session 2: Brief update on key GNC achievements, challenges and lessons learned: 2010-2015** *Background documents*: GNC strategic plan 2014-2016, GNC work plan 2014-2015, Annual report *Expected outcomes:* GNC work in the past 5 years – how far we have come and what lessons we have learned *Format*: Presentation (45 min) and Q&A (15 min)	Josephine Ippe, GNC Coordinator
10:30-10:45	*Coffee and tea break*	
10:30-12.00	**Session 3: Update from L3/L2 countries on performance of the Nutrition Cluster (Yemen, Nepal, Syria, Ukraine)** *Background documents*: NCC/IMO PowerPoint presentation on nutrition cluster response and challenges in L3/L2 countries, response plans *Expected outcomes:* Practical recommendations and actions developed on how to meet country clusters priority needs *Format:* Presentation (60 min – 15 min each country) and 30 min Q & A	NCCs/IMOs/RRTs
12:00 - 13:00	*Lunch*	
13.00-14:15	**Session 3: (continued) Update from L3/L2 countries on performance of the Nutrition Cluster (Yemen, Nepal, Syria, Ukraine)** *Format: Group work and feedback in a plenary* (45 min) and 30 minutes presentation to the plenary (5-7 min each group)	NCCs/IMOs/RRTs

14.15 - 15:15	**Session 4: Analysis and presentation of Cluster Performance Monitoring (CCPM) conducted (South Sudan, Ethiopia, Sudan, Nepal, CAR, Afghanistan) and discussion on findings and recommended actions)** *Background documents:* CCPM reports from South Sudan, Ethiopia, Sudan, Nepal, CAR, Afghanistan *Expected outcomes:* Participants are informed about country experience of the CCPM; a shared understanding of what worked well, what did not work well and recommended actions needed by the country cluster, the global cluster, partners and CLA to improve cluster coordination performance *Format:* Presentation (30 min), Q&A (30 minutes)	Ayadil Saparbekov, Deputy GNC Coordinator
15:15 - 15:30	*Coffee and tea break*	
15:30 – 17.00	**Session 4: (Continued) Analysis and presentation of Cluster Performance Monitoring (CCPM) conducted (South Sudan, Ethiopia, Sudan, Nepal, CAR, Afghanistan) and discussion on findings and recommended actions)** *Background documents:* CCPM reports from South Sudan, Ethiopia, Sudan, Nepal, CAR, Afghanistan *Expected outcomes:* Participants discuss recommended actions needed by the country cluster, the global cluster, partners and CLA to improve cluster coordination performance in groups *Format:* 45 min group work and 45 min feedback in plenary discussion on how to improve Cluster Coordination performances from NCC/IMO, GNC-CT and cluster partner perspective along six cluster functional core functions.	Ayadil Saparbekov, Deputy GNC Coordinator
17:00 - 17:30	Wrap up	
18:00 - 19:30	*Reception at the poolside*	

Day 2 – Wednesday 14th October 2015
Chairs: Diane Holland, UNICEF and Victoria Sauveplane, ACF

Agenda of the day

- *To share the lessons captured from three countries by the GNC Knowledge management Project and facilitate information flow and learning*

- *To discuss the role of the GNC in technical nutrition work and to provide a forum for presenting technical updates relevant to improving effective emergency nutrition response*

- *To update participants on the findings of the cluster transition study*

09:00 - 10:15	**Session 5: Presentation on the learning coming out of the Knowledge Management (KM), three country case studies (Somalia, South Sudan and Philippines)** ***Background documents:*** Overview of KM project ***Expected outcomes:*** Learning from three countries is shared with participants ***Format:*** Overview presentation (15 min) and three country presentations (3x20 minutes)	Valerie Gatchell, ENN/NCCs
10:15 – 10:30	*Coffee and tea break*	
10:30 - 11:30	**Session 5: (continued) Presentation on the learning coming out of the Knowledge Management (KM)** **Format:** Group discussion at your tables (30 min) and feedback (30 min)	Valerie Gatchell, ENN/NCCs

11:30- 12:30	**Session 6: Market Place**
	Background documents: Poster from varies agencies showcasing experience in programmatic NiE and coordination work
	  10. Updated MAM Decision Tool (WFP/UNICEF)
	  11. CMAM report (previously called MRP (Save the Children)
	  12. Coverage survey- CMN (ACF)
	  13. IYCF technical updates/ new tools on IYCF (Save the Children and UNICEF)
	  14. Link NCA (ACF)
	  15. Somalia Nutrition Cluster Infographics and Rationalisation Maps (Somalia Cluster)
	  16. Emergency Nutrition coordination, Monitoring, Assessment & Intervention in Ethiopia (Ethiopia Cluster)
	  17. Regional Nutrition Cluster and Minimum NiE preparedness and response capacity in LAC (UNICEF LAC Regional Office)
	  18. Nutrition Information Systems (UNICEF, Kenya)
	  19. Capacity Building for Integrated Programming (FAO)
	
	Expected outcomes: Participants are familiar with the current initiatives of other agencies and get some technical and coordinated related update and knowledge from those initiatives
	
	Format: One hour walk around the market place where the partners who have prepared the respective posters would show case their experience to participants at their respective stalls.	

12:30 - 13:30	*Lunch*	
13:30 - 15:30	**Session 7: Presentation and discussion on the role of the GNC and country clusters in technical work** *Background document:* N/A *Expected outcomes:* Agreement on the role of the GNC in technical nutrition work at country and global level *Format*: Presentation (30 min) and Q &A (15 min), Group work (45 min) and feedback to plenary (30 min)	Jacqueline Frize and Geraldine Le Cuziat, Save the Children US
15:30 - 15:45	*Coffee and tea break*	
15:45 - 17:00	**Session 8: Cluster Transition - Presentation of checklist and benchmarks and discussion on its finalisation (based on four country case studies –Pakistan, Kenya, Ethiopia and Philippines)** *Background documents:* Checklist and benchmarks for cluster transition *Expected outcomes:* Participants are familiar with the Checklist and benchmarks for cluster transition, way forward for its finalisation is agreed upon *Format:* Presentation (30 min), Plenary discussions on next steps (45 min)	Diane Holland, UNICEF
17:00 - 17:15	**Wrap up**	
17:30- 18:00	**Side session 1: Update on Inter-agency work on Nutrition products and presentation of the preliminary data on RUTF alternative recipe survey**	Alison Fleet, UNICEF/ Supply Division
18:00- 18:30	**Side session 2: Launch of the CMAM Report: presentation of the software**	Assumpta Ndumi/Onesmus Kilungu Save the Children

Day 3 – Thursday 15th October 2015
Chairs: Nicki Connell, Save the Children US and Samson Desie, NCC

Agenda of the day

- *To present, review, endorse and launch key GNC documents that have been developed under the leadership of GNC partners.*

- *To agree on the way forward with the development of the GNC strategy 2017-2019*

09:00-10.00	**Session 9: Joint Nutrition and FSL Clusters accountability to affected population (AAP) framework, actions and indicators** *Background document:* Joint Nutrition and FSL Clusters AAP framework, actions and indicators *Expected outcomes:* Participants are familiar with the draft AAP framework, actions and indicators way forward for its finalisation is agreed upon *Format*: Presentation (30 min) and plenary discussion (30 min)	HelpAge Int
10:00-10.45	**Session 10: Presentation of the advocacy strategy and group work to review, finalise and endorse it** *Background documents:* Draft advocacy strategy *Expected outcomes:* Participants are familiar with the GNC advocacy strategy, it is reviewed, finalised and endorsed *Format:* Presentation (30 min), Q&A (15 min)	ACF-UK
10:45-11:00	*Coffee and tea break*	
11.00-12.00	**Session 10: (continued) Presentation of the advocacy strategy and group work to review, finalise and endorse it** *Format:* Group work (30 min) and report back (30 min)	ACF-UK
12:00-13:00	*Lunch*	
13:00-14:00	**Session 11: Presentation of the information management toolkit** *Format:* Presentation (30 min), Q&A (15 min), discussion on the next steps (15 min)	Jose Luis Alvarez/Anna Ziolkovska, ACF-UK and GNC-CT

14.00-15.00	**Session 12: Discussion on how to ensure that the nutritional needs of older people are included in the cluster response** ***Background documents:*** HelpAge guidelines "Nutrition interventions for older people in emergency programmes", "Rapid Assessment method for older people: RAM-OP", Assessment reports: Juba South Sudan, Ukraine ***Expected outcomes:*** Participants are aware of the needs of older people and on how to assess them and plan interventions for old people. Discuss and agreed on practical steps on how to ensure needs of Older people are assessed and addressed by cluster partners in the field. ***Format:*** Presentation of older people's needs and on how to assess them (RAM-OP) (20 min), presentation of case studies (South Sudan and Ukraine) highlighting the problem (20min), Q&A and followed by discussion (20 min)	Pascale Fritch, Help Age
15.00-15:15	**Coffee and Tea break**	

15:15-16:15	**Session 13: SAM and MAM caseload estimates and links to programming**	UNICEF/WFP/GOAL
	Focus of the session: improving the way that we generate caseload estimates to improve programme planning, but that we are acknowledging that this is also linked to lots of other issues that we can't address in this session	
	Outcomes:	
	•Awareness of the link between caseload estimates and programming for acute malnutrition, including the components for current guidance on caseload estimates for SAM and MAM	
	Differentiation between technical/operational issues that need to be resolved by updating guidance on caseload estimates for SAM and MAM versus those that relate to overall approaches and protocols for SAM and MAM treatment	
	Clarity on how the GNC will collaborate in helping to address technical and operational issues related to update of caseload estimate guidance	
	Background documents:	
	• UNICEF caseload estimates guidance	
	• WFP caseload estimates guidance	
	• http://www.en-net.org/question/1922.aspx	
	Format: Presentation based on survey and programmatic data from cluster partners in South Sudan and global guidance on the issue and plenary discussion (30 min) and plenary discussion (30 min).	
16:15-17.00	**Session 14: Discussion and agreement on steps for drafting the next GNC strategy 2017-2019** *Background documents:* GNC strategy 2014-2016 *Expected outcomes:* Participants agree on activities to move forward drafting GNC Work Plan 2017-2019 *Format:* Plenary discussion (45 min)	Josephine Ippe, GNC Coordinator
17:00-17:30	**Wrap Up**	Josephine Ippe, GNC Coordinator

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Groups were established based on agency/function. Groups discussed the following questions:
1. Do you believe the GNC collective has a Technical Role to play? (Why/why not?)
2. Using the handout with a list of technical areas identified at country level, identify what the scope of the GNC collective should be to provide technical support?
3. Present back in plenary suggestions on how your group (as part of the GNC collective) should address those gaps?

Group feedback
Group 1. INGOs:
- Yes, role to play and INGOS are doing so already
- How to address gaps
  - Reactive technical guidance
  - Proactive
  - Development of guidance
  - Current mechanisms
    - Surge staff
    - GNC Help Desk
    - EN-net
    - Agency support (direct)
  - Diff scenarios
    - Grey areas- role of the GNC-CT is as a convener and promoting TF
    - Ukraine- low capacity context- what is the min cap of staff in NiE
    - How to implement guidance in different contexts
    - Need for technical support on development of guidelines
    -

Group 2. UN agencies (WFP, UNHCR, FAO):
- Yes GNC has a role to play in terms of facilitating access to technical expertise why?
- To ensure efficient support to emergencies
- All technical areas are relevant and UN agencies should be involved in these topics
- Resources- technical advisory group to ensure technical resource base is maintained
- Establish country technical support mechanisms so that country teams can reach out if they need technical support

Group 3. UNICEF CLA/MOH:
- Yes there is a role in specific ways. Depends on if normative guidance- if so, pointing way. Also layer of operationalization of this at country level- could be a role. If no normative guidance, GNC role is advocacy for normative guidance. Is a role for GNC in brining this together, Convener. Clarify how GNC and international community can come together to generate intereim guidance. What is our role in documenting challenges and implementation of this and feeding it back into loop.
- Are existing systems to manage technical support requsts being maximised?
  - Regional office
- Are there bottlenecks that we are not addressing in terms of accessing tools?
- Clear partner agency at country level
- Big areas-
  - Surveys

     o IYCF-E
     o Caseload estimates
     o Simplified treatment of SAM in emergencies
     o Lack of documentation on exactly what is going on…

Group 4. Donor (OFDA only donor present):

- Yes GNC should have a technical role
  - o Diverse range of expertise at meetings- if we leave technical discussions to agencies at
  - o Convener and mediator (at country and global level)
- Technical areas with gaps
  - o Coverage
  - o Min indicators with IYCF-E
  - o Cash – impact on nut
- How GNC could address?
  - o Technical liaison person in GNC-CT to take this on?

Group 5: Independent/technicians:

- There seems to be 2 country cluster settings, one in which the technical knowledge exists in country, and the other where it is not existing - 2 areas with different issues
- Currently partners utilise their HQs and En-net, NCC's go to GNC and En-net
- Ukraine- NCC may need to go to GNC vs. S Sudan with rich array of partners
- Needs to be good coordination within NC on what the gaps are and who is going to find support
- SUN movement has CoPs- because the need to find support and answers in thematic technical areas. SMS now will use en-net to communicate with each other.
- GNC as advocator for normative guidance

Groups 6, 7, 8 and 9 RRT/NCC/IMO/SAG:

These groups were tasked develop a diagram showing the ideal flow of technical requests at country level to the GNC collective when needed. While there was no time to present these back in plenary, they are included below.

Photos were taken of each group's flip charts are available with the GNC-CT. These will be used in further discussions on this subject.