



Annual Global Nutrition Cluster Meeting
Nutrition Cluster Coordinators and Information Management Officers Meeting
Amman, Jordan, Marriott Hotel
25 October 2018

Tentative Agenda

Timing	Agenda Item	Moderator/Presenter/ Facilitator
08:30 – 09:00	Registration and welcome coffee	
09:00 – 09:10	Introduction	Josephine Ippe
09:10 – 09:20	Opening remarks	Vilma Tyler (tbc)
09:20 – 10:45	Review of the action points from the last year meeting	Josephine Ippe
10:45 – 11:00	Coffee break	
11:00 – 13:00	How to structure helpdesk support to countries: <ul style="list-style-type: none"> • <i>Overview – 10 min</i> • <i>Technical Helpdesk (including review of the WG functioning at country level and way forward) (including clarifications on the NiE technical body) – 60 min</i> • <i>Cluster Coordination helpdesk – 25 min</i> • <i>Information Management Helpdesk– 25 min</i> <i>Each help desk: presentation on the work up to date, proposed way to organise support to countries, discussion on the appropriate support needed</i>	Josephine Ippe Yara Sfeir Anna Ziolkovska Shabib AlQobati
13:00 – 14:00	Lunch	
14:00 – 15:30	How to improve IM in countries: <ul style="list-style-type: none"> • <i>Summary of the review of the country cluster websites and ways to improve it</i> • <i>How to improve IM products standardization across countries</i> • <i>New capacity mapping tool by CDC</i> • <i>Nutrition Cluster IMOs working group</i> 	Shabib AlQobati Mija-Tesse Ververs, US CDC
15:30 – 15:45	Coffee break	
15:45-17:30	How to address capacity weaknesses of UNICEF as a CLA <ul style="list-style-type: none"> • <i>Presentation of the review of the HR weaknesses of UNICEF to ensure effective CC at HQ, RO, CO and FO</i> • <i>Discussion on the proposed recommendations and way forward to address identified challenges</i> 	Anna Ziolkovska
17:30 -18:00	Wrap-up and way forward	Josephine Ippe

Action points from the 2017 Nutrition Cluster Coordinators and Information Management Officers Meeting

AAP

1. Discuss how to capture the three complementary experiences and review similarities and differences.
2. Country teams to give feedback on specific support that the CLA could give. This is an opportunity to advise on what the essentials would be in moving forward.
3. Determine the entry points for incorporating AAP in fundraising document and proposals: through country common Humanitarian pooled funding (CHF), local NGOs? How can AAP be mainstreamed into programmes and proposals of partners?
4. Josephine to see who is responsible in OCHA and review how to raise issues and challenges at the OCHA level in order to coordinate and systematize AAP. This is important for strengthening inter-cluster efforts.
5. GNC is working on AAP training packages (one for CC done, pending one for partners). Cluster coordinators to advocate at country level to raise funds for consultants and training with programme sections.
6. GNC to add a module 24 on AAP in the Harmonized Training Package (HTP).
7. Work on integrating AAP in training package for UNICEF programs.

Advocacy Toolkit

8. GNC to reach out to countries to determine what specific support needs to be provided and what advocacy issue/s should be brought to attention. Then to develop a concept note and seek funding. Some countries have already expressed need for support:
 - a. Somalia: the NC is developing an advocacy strategy now. A consultant has been recruited to develop the advocacy strategy with the help of a task force. Need technical support to ensure the document is aligned with the global level goal and support for the roll out.
 - b. Nepal: the nutrition cluster operating guideline will be revised soon. Advocacy can be part of it. Expecting support from global level to do this integration.
 - c. Turkey (for N. Syria): advocacy WG supported by TRRT. Advocacy strategy along IYCF-E. ToR developed. Non-traditional donors approached. Need support to continue effort started.
 - d. Yemen: need to develop an advocacy strategy. No capacity in country. Will need external expert.
 - e. Sudan: what is needed is an internal UNICEF advocacy toward Management for them to approach malnutrition as an outcome of other sectors failure. This issue should be communicated at higher level, including regional level and GNC should advocate also at global level too.
 - f. South Sudan: need support from GNC to sharpen current advocacy strategy: structuring it and prioritization of concerns.

Humanitarian-Development Nexus Linkages (including preparedness and transition)

9. GNC to set up a call with individual countries to learn more about structures and differences to map out different approaches, see if good practices can be identified and replicated and to determine the structural support and scaling up/down necessary to give adequate support.

10. IFRC is taking concrete steps to linking humanitarian and development. How can they be engaged? Josephine to see how far IAHP section on how to work with IFRC at global level on the localization agenda.

Global Nutrition Cluster Gaps Analysis - Mapping

11. Amber to give the presentation in more depth with just the Nutrition IMOs and receive feedback.
12. Cluster coordinators and IMOs to provide feedback on proposed maps and include case studies.
13. Following additional consultations with CDC and countries, GNC to determine what templates would be useful.
14. Josephine to put CDC in touch with the IPC acute working group for an update.
15. CDC to sit with Somalia team to review what they are working on (interactive maps).
16. Countries to provide data on caseload estimation to develop a guidance by the end of this year.
17. CDC to reach out to 3 or 4 selected priority countries to support them on data collection and mapping.
18. Revision of the GNC IM toolkit.
19. GNC with the support of CDC to work on additional thresholds and standardization of indicators.