GLOBAL NUTRITION CLUSTER
SIDE EVENT ON YEMEN AND SUDAN
21 October 2018, Amman, Jordan
MEETING REPORT
Acknowledgements

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This one-day side meeting was convened by the Global Nutrition Cluster (GNC) and hosted by the UNICEF MENA regional office on the occasion of the GNC three-day annual meeting in Amman, Jordan.

The aim of the meeting was:
1. To discuss the nutrition situation in Sudan and propose immediate actions for a longer-term comprehensive nutrition approach, identifying practical mechanisms that provide support to the Government of Sudan in bridging humanitarian and development work to improve the nutritional status of children across the country.

Specific objectives for Sudan were:
• To identify successes, challenges and bottlenecks in responding to immediate needs in Sudan and in implementing a long-term transitional strategy to sustain programmes.
• To examine opportunities for an improved interface between existing structures and the nutrition-in-emergency coordination structure.
• To discuss actions to address the structural and programmatic challenges to delivery of a comprehensive package of nutrition interventions through strengthened national systems, while ensuring the humanitarian imperative is upheld.
• To advocate for enhanced engagement of donors and the international community to support a comprehensive nutrition approach in Sudan.

2. To identify the operational implications of the Call to Action to end malnutrition in Yemen following the commitments made at the United Nations Global Assembly (UNGA) in September 2018; specifically:
   • To prepare for operationalisation of the three-year plan, defining the support needed to address key challenges.

The event brought together a group of 76 participants from Sudan and Yemen, including representatives of government, Nutrition Clusters, SUN Movement, UN and non-governmental organisations (NGOs), alongside key donors and GNC partners with an operational presence or interest in engaging in Yemen and/or Sudan. The Sudan team of 18 delegates comprised national and sub-national Nutrition Sector coordinators, the Humanitarian Aid Commission (HAC) Coordinator for Nutrition, the SUN Technical Focal Point, Federal Ministry of Health, UNICEF, WFP and Save the Children International; the Yemen team of 16 comprised national and sub-national Nutrition Cluster Coordinators, the SUN Focal Point, MOH, ECHO-DG, DFID, USAID, WFP, UNICEF, WHO and BFD. A list of participants is available in Annex 1.

1 The three-year plan is detailed in the Call to Action, with the vision: "Over the next three years, the international community will offer Yemen a commitment to Nutrition that aims to secure a tangible improvement of nutritional status by reducing acute and chronic malnutrition levels."

"Over the next three years, the international community will offer Yemen a commitment to Nutrition that aims to secure a tangible improvement of nutritional status by reducing acute and chronic malnutrition levels.

Addressing malnutrition in Yemen. Call to Action, September 2018

Abdulsalam Yahiya"
Background

Yemen is currently experiencing the biggest humanitarian crisis in the world, amidst a fragile political situation; Sudan is facing a protracted emergency with alarming levels of wasting and stunting at a time when the government is committed to improving longer-term planning and attention to nutrition as a development issue.

Sudan

The nutrition situation in Sudan has been characterised by persistently high levels of undernutrition since records began in 1987. Currently, 38 per cent of children less than five years of age are stunted\(^2\). The national prevalence rate of global acute malnutrition at 16.5% places Sudan in a “critical” situation according to WHO thresholds, while four states have acute malnutrition levels above that threshold and can be characterised as being in crisis.\(^3\)

Despite substantial attention to the provision of treatment services in conflict-affected states over the years, the majority (52 per cent) of Sudan’s acutely malnourished children live in nine non-conflict-affected states,\(^4\) where the response has been inconsistent. Existing programmes primarily focus on treatment, while there has been less focus on the preventative side. This is reflected in the stagnation in the prevalence of all forms of malnutrition and an indication that different ways of working are needed.

Most of the donor funding for nutrition in Sudan (80%) is for short-term support of humanitarian action with limited longer-term outcomes, while the country’s operational and financial capacity to implement a comprehensive nutrition policy is limited.

Since early 2018 Sudan has been thrown into a severe and acute economic crisis, characterised by extreme inflation and a shortage of fuel and basic commodities. The economic crisis, coupled with disease outbreaks and ongoing protracted conflict in some regions of the country, is expected to have severe implications on food security and the nutritional situation in the coming months.

The Government of Sudan and its development and humanitarian partners have agreed on the development of an actionable, multi-sector operational plan to reduce the very high undernutrition burden of Sudanese children and women. At the same time, the response to the immediate needs over the next six months to one year requires sustainable financing and an operational model that more closely aligns humanitarian and development policies and programming. However, sustaining political and development partners’ commitment will remain a challenge.

Yemen

The humanitarian crisis in Yemen is widely acknowledged as the worst in the world. Sixty per cent of the country’s population is hungry, including 8.5 million acutely food insecure people and an additional ten million people who will slip into pre-famine conditions by the end of the year unless the conflict ends. A staggering 7.5 million Yemenis, 25% of the entire population, are in need of nutrition interventions. At least 1.8 million children and 1.1 million pregnant or breastfeeding women are acutely malnourished, including over 400,000 CU5 who are suffering from severe acute malnutrition (SAM).

Development partners have been working strategically to support the vulnerable population. However, partners agree that major efforts need to be made to further strengthen the response. This requires scaling up the collective ambition for the country through investment to enhance collaboration and resourcing, developing a joined-up strategy with multiyear funding for nutrition, alongside efforts to ensure unfettered humanitarian access.

In September 2018 a Call to Action for Yemen was presented at the United Nations General Assembly and commitments made by donors, UN agencies and NGOs to support Yemen to reduce all forms of malnutrition over the next three years. To put these into practice, actions are needed to address identified operational barriers.


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\(^2\) MICS 2014.

\(^3\) North Darfur (28%), Red Sea (20%), Blue Nile (19%) and South Darfur (18%).

\(^4\) Red Sea, Kassala, Gezira, Khartoum, Northern, River Nile, Gedaref, Sennar and White Nile.
Overview of the meeting

Opening remarks

The UNICEF Regional Deputy Director, Bertrand Bainvel, welcomed the participants on behalf of UNICEF Middle East and North Africa (MENA) regional office. He highlighted the challenges in both countries – namely high malnutrition rates underpinned by complex humanitarian factors that require urgent regional and global attention: almost 7 million people need nutrition support in Yemen and 2.5 million in Sudan.

However, at this point in time, there are unprecedented opportunities to address these challenges. For example, recent political commitments have been made to accelerate progress on malnutrition in the region, while the SUN Movement is bringing multiple stakeholders together into a broader coalition. In 2016 the Sudan investment case, developed by the Sudan Federal Ministry of Health, UNICEF and WFP made a recommendation to fight malnutrition. An Action Plan that reflects this commitment is under development. For Yemen, partners met in September 2018 at the UNGA and supported the call for action to end malnutrition in Yemen.

We are at a junction where we need to develop a more comprehensive and coherent approach to addressing malnutrition. This means moving out of our silos and embracing a multi-sector approach.

This month initiatives are ongoing to improve the information base in both countries: SMART surveys are ongoing in Yemen governorates most affected by SAM, while surveys using simple spatial surveying methodology (s3m) are providing multi-sector data to guide programming in Sudan. Working with robust and up-to-date information is key to defining the optimal response.

Key questions and areas to be addressed by this meeting:

1. Both countries have made a written commitment to address malnutrition and both are aligned to SUN. How can we support the Sudan Investment Case and the Yemen Call to Action?
2. How can we step up our prevention interventions and what is the best multi-sector approach to address malnutrition?
3. How can we scale up social protection systems to deliver improved nutrition outcomes?
4. Scaling up treatment coverage for acute malnutrition is needed, with emphasis on quality. The health system has a key role to play and we need to emphasise community linkages.
5. We are all part of the Cluster and the coordinated response. It is important to coordinate the data we produce and examine both the data quality and collection methods together so that we reach a common understanding and deliver clear messaging and advocacy. Often this is missing. Together we can engage in more compelling action.

Victor Aguayo, Associate Director and Chief of Nutrition, Programme Division, UNICEF New York, opened his comments by saying that the large number of attendees at the meeting (70+) was a clear sign of hope and concern for the children, women and families in Sudan and Yemen. He welcomed the teams from the two countries and congratulated them on their commitment and work to date. He then made the following points:

Almost 10 million people in Yemen and Sudan are in need of urgent response: 10 million people are 10 million reasons to do a good job.

UNICEF’s strategic plan 2018-21 demonstrates the organisation’s strengthened commitment to support, prepare and respond to nutrition emergencies, while UNICEF’s Core Commitments for Children reiterates its role in addressing nutritional challenges.

Recent positive global developments made by UNICEF include the imminent launch of a Global Technical Mechanism to provide timely programming advice; an enhanced partnership with WFP in emergencies to improve response; and work with the No Wasted Lives coalition to support scale up of SAM management in all contexts.

Strong partnerships are of the essence: to make progress, we need to act together to bring a collective response with renewed ambition and determination. We need to accelerate this response, ensuring quality and scale.

Opening remarks were followed by a presentation on each country in plenary, which included analysis of the nutrition situation and drivers of the current high rates of undernutrition; description of the existing delivery systems and challenges; and proposals for next steps in terms of support needed to move forward priority actions. For Yemen, the Call to Action commitments were also presented.

Following the plenary session, participants broke into discussion groups to focus on key questions and issues to develop practical recommendations for next steps for each country. The findings of the discussion groups were fed back in plenary for agreement among stakeholders.

The full agenda is in Annex 2.
Summary of presentations

Sudan

In Sudan 5.5 million people are currently in need of humanitarian assistance. However, this is a ‘silent emergency’ which has created few global headlines.

Drivers of the current crisis include a dramatic currency devaluation amidst an ongoing economic crisis, which has led to increased prices of basic food commodities and shortages of medicines and fuel, coupled with disease outbreaks. Sudan faced one of its worst outbreaks of acute watery diarrhoea in 2017, alongside measles outbreaks in the context of a weak health system: 11.7 million children missed their second vaccination opportunity in addition to 81,453 children who missed routine immunisation due to shortfalls in supplies and functioning of the health system.

The country is hosting 1.2 million registered refugees and further high numbers of displaced people, which puts additional strain on an already overstretched and under-resourced system. Poor sanitation and food insecurity are important underlying contributors to the high rates of undernutrition in the country. The economic situation is depleting available opportunities, forcing people to adopt negative coping strategies and may ultimately, force them to migrate across the Mediterranean.

Global acute malnutrition (GAM) prevalence currently stands at 16.3% nationally (MICS 2014), which represents 2.3 million CU5: 38% of children are stunted, while almost a third (32%) are born with low birth weight. These national figures hide regional variations: 33 localities record a stunting prevalence of over 50%, and 59 localities have GAM rates over 15%. These high rates of undernutrition have remained largely stagnant over the past 30 years.

Although both SAM and moderate acute malnutrition (MAM) treatment have been steadily expanding, with increasing admissions over the past 8-10 years, mid-year analysis for 2018 shows that just 41% of MAM target admissions and 61% of SAM have been achieved. A large unmet need remains to scale up the continuum of care, both for prevention and treatment.

The investment case made in 2016 estimated that the cost of scaling up a package of high-impact nutrition interventions to reach 90% of the population would be USD $524 million per year, while the Government can currently commit just US$81 million of that amount. Sudan has been facing international sanctions which have restricted opportunities for donor funding and support. The majority of funding pledged for nutrition in the country is humanitarian, but the Humanitarian Response Plan (HRP) for nutrition in 2018 is currently only 24% funded.

Following 30 years of advocacy, the Government has recognised the challenge...
of malnutrition in the country and is taking ownership of the response. Sudan joined the SUN movement in December 2015 with a commitment to eliminate undernutrition by 2030 and has established a functioning Secretariat, supported by stakeholder networks. The Federal Ministry of Health co-chairs the Humanitarian Nutrition Sector (the equivalent of the Nutrition Cluster in Sudan) with UNICEF, which works through a system of sub-national coordinators. This high level of government commitment needs to be protected and harnessed through concerted action by partners at this critical time for the country.

Current major challenges for the country include:

Sustainable and predictable financing: more than 80% of ongoing programmes are funded through short-term and earmarked humanitarian funds. Securing long-term, sustainable financing remains a challenge;

Capacity constraints: the current response is capped at 30%. In order to reach the remaining 70% caseload, Sudan requires twice the existing capacity;

System strengthening: strengthening of the nutrition information system and establishment of a nutrition surveillance system is needed to inform scale up; supply chain management needs improvement and integration into the health system;

Coordination: linking and institutionalising the humanitarian and development coordination structures remains a challenge; how to operationalise a ‘new way of working’ in Sudan?

Multi-sector integrated programmes and decentralisation: development of an integrated multi-sector plan and its implementation at sub-national level within a semi-autonomous fiscal system remains a challenge; Sudan is looking for lessons learned and experiences to build on.

The full presentation can be found here: http://nutritioncluster.net/wp-content/uploads/sites/4/2018/10/GNC-meeting-PPT-draft-version-17-October-20-AK.pptx

Yemen

There has been escalating conflict in Yemen since March 2015, leading to over two million people becoming internally displaced. Since June 2018 further escalation of conflict near Hodeidah port, the “lifeline” of Yemen, has exacerbated the humanitarian situation further.

There are now 22.2 million people (out of a population of 27.4 million) in need of humanitarian assistance: 17.8 million people (65% of the population) are food-insecure, while 16 million (59%) need support to meet basic water, sanitation and hygiene (WASH) needs and access healthcare.

1.8 million children under five years old (CU5) (16%) are estimated to have acute malnutrition (0.4 million suffering from SAM), as well as 1.1 million pregnant and lactating women. Forty-seven per cent of CU5 are stunted, with significant variation in prevalence across the country. More than two thirds of children and women of reproductive age were found to have anaemia in the DHS 2013, which precedes the current crisis. Exclusive breastfeeding rates are very low in Yemen, estimated at just 10% of infants aged 0-5 months.

Yemen joined the SUN movement in 2012. In 2015, a five-year US$1.2 billion Multi-Sectoral Nutrition Action Plan was developed. However, it was never implemented due to the focus shifting towards humanitarian assistance. The Nutrition Cluster was established in 2009, co-led by
the Ministry of Public Health and Population and UNICEF, and in March 2015 a level 3 emergency was declared.

The HRP for nutrition is well funded. However, despite significant scale-up of services, overage has been uneven: 22% of health facilities have no SAM or MAM services; only 71% of SAM services are accompanied by MAM services; and preventative services (infant and young child feeding (IYCF) interventions), blanket supplementary feeding programmes (BSFP), micronutrient powder (MNP) distributions lag behind.

The Health, Nutrition, Food Security and Health (FSAC), and WASH Clusters have prioritised 107 districts at highest risk of famine to receive a comprehensive package of interventions at community, household and health facility levels. Operational guidance on how to implement Integrated Famine Risk Reduction (IFRR) in Yemen is being piloted. However, despite this considerable progress in how to implement multi-sector programming, challenges in securing multi-cluster/sectoral funding are yet to be overcome.

The Call for Action to reduce all forms of malnutrition in Yemen, presented at the UNGA in September, has led to widespread commitment to its key targets to:

- Reduce GAM to pre-crisis levels in all governorates, and in the long-term, aim for rates below the serious threshold of 10% in each of the 22 governorates.
- Reverse chronic malnutrition prevalence to pre-crisis levels and aim for a long-term annual rate of reduction of 1%.

Achievement of these targets is dependent on three conditions: increasing coverage and quality of nutrition programmes; improving access to both preventive and curative services; and ensuring adequate capacity and commitment among national counterparts.

**Obstacles to progress identified for Yemen include:**

**Political challenges:** a fragile political situation alongside escalation of the war impede progress in the country as well as access for UN and NGOs, creating operational challenges related to movement and displacement of populations and import of relief items and commodities.

**Workforce challenges:** health workers and Ministry of Public Health and Population (MoPHP) staff have not been receiving salaries and the limited number of health workers in the country are overwhelmed, lacking time to train and supervise community health volunteers; UN and NGOs have failed to standardise incentive rates across programmes.

**Financial challenges:** most ministries are working without any budget for programming, thus functioning at a minimal level, which is negatively affecting service delivery in health facilities. There is also a reluctance/uncertainty by donors and government to fund multi-sector nutrition programming in the absence of evidence of what works in this context.

**Capacity challenges:** difficulties in bringing international technical expertise to Yemen has led to insufficient focus on implementation of IYCF-E and a slow start to scaling up WFP activities; there are gaps in continuity of care (geographical, quality, access) and inadequate nutrition information systems.

In addition, there are gaps in nutrition-sensitive programming (WASH hygiene education and hygiene kits, food assistance, health services) and a focus mainly on humanitarian response, with little or no support for developmental activities and capacity development.

In conclusion:

- Yemen has scaled up emergency response significantly in the past years, but more needs to be done: the nutrition situation remains alarming and is likely to deteriorate further.
- Multi-sector plans have stalled in the face of the humanitarian crisis.
- The Call to Action event at the UNGA yielded key joint commitments by UN agencies, NGOs and donors to address malnutrition in Yemen: these now need to be translated into practical actions.

Discussion revolved around questions to clarify points in the presentations and share experiences.

There was consensus that similar key challenges exist in both countries:

- Both are highly dependent on humanitarian financing; e.g. in Sudan 80% of nutrition programmes are funded through the HRP.
- Access to longer-term and flexible funding to strengthen government systems is very weak; e.g. difficulties in paying key front-line government staff.
- Coordination between humanitarian and development partners is a challenge: how can the Cluster and SUN coordination mechanisms conjoin more effectively? There is currently no clear written guidance on how to strengthen the humanitarian and development nexus. The New Ways of Working Collective Outcomes is in progress in Sudan, but operationalisation is unclear while three coordination work streams are evolving; the Nutrition Sector has been active since 2008 while the SUN mechanism and New Ways of Working Collective Outcomes are relatively new.
- Integration of nutrition-specific interventions into government health systems is challenging; not least because many front-line staff in Yemen do not receive a regular salary, while in Sudan supply chain management and procurement services are managed by external partners.
- There has been a lack of progress in scaling up multi-sector programmes, although in Yemen there has been progress on Integrated Cluster Programming since the Rome famine prevention meeting and call for action in 2017.
- Data are either out of date or not nationally representative, leaving countries working in a data vacuum without credible information to link to advocacy and policy decisions.
- In Yemen there are two authorities (north and south); in Sudan nutrition sits between the Federal Ministry of Health (FMoH) with the emerging SUN Movement and the humanitarian system and both have sub-national coordination challenges.


Participants divided into working groups to examine key issues.

For Yemen participants divided into three groups – UN, NGO and donor – to focus on the commitments made by each group in the Call to Action. Each group was asked to examine what has been tried, what has worked and what hasn’t for each question and to identify clear next steps to move the issues forward. Questions had been prepared by the Cluster Coordination country team to prompt discussions.

**Donor questions**
1. How to increase multi-year and flexible funding to implement the multi-sector plan for Yemen?
2. How can we secure predictable, sustained payment for health workers and community health volunteer (CHV) networks?
3. How do we advocate for increased access of UN and partners in hard-to-reach and marginalised areas to increase operations/programmes addressing malnutrition across the country?

**UN agencies**
1. What needs to be done to improve the continuum of care for treatment of acute malnutrition?
2. How to scale up preventative nutrition interventions, given the very low performance and link to treatment?
3. How to address challenges related to the different modalities of UN agencies?

**NGOs**
1. How to ensure that NGO projects support (rather than replace) health systems?
2. What are the ways to increase technical capacity of NGOs without needing to bring international technical expertise into the country?
3. What are the opportunities to strengthen continuum of care for acute malnutrition?

For Sudan groups were divided up to examine three thematic areas and identify how to move forward, prompted by questions prepared by the Cluster Coordination country team: Financing (immediate and longer-term), Multi-Sector Nutrition Programming, and Coordination:

**Financing**
- What do the Government of Sudan and partners need to do to get additional resources to fund the nutrition HRP?
- What are the next actionable steps to fill the critical funding gap?
- How can we establish funding mechanisms to build for a longer-term comprehensive approach?
- What does the Government of Sudan need to do and how can stakeholders change the position of the International financing institutions and non-traditional donors to mobilise resources for the longer term?
- What are the next actionable steps to address this?

**Multi-sector nutrition programming**
- What steps have already been taken by the Government of Sudan? What are the next steps? How can partners support these?
- How can the nutrition sector work on a multi-sector integrated package and generate evidence of effectiveness to scale up?
- Strengthening of information and surveillance to inform programming?
- What can we learn from other countries about models and approaches for coordinating and implementing multi-sector nutrition programmes, for example from Ethiopia, Pakistan and Bangladesh?
- What are the next actionable steps to move the agenda forward?
Coordination

- How do we structurally need to configure coordination to bring Nutrition Cluster, development partners and government/SUN closer together?
- What systems need to be put in place and what support will be required to move forward?
- Under the United Nations Development Assistance Framework (UNDAF)’s collective outcomes, “new way working” groups are being established to connect the humanitarian and development programmes. How should these be structured and leveraged?
- How should the SUN coordination mechanism evolve to accommodate the needs?
- How can sub-national coordination be sustained and scaled up?

Key discussion points that emerged were:

Yemen

Donor group: There was agreement to focus on prevention and underlying causes as well as treatment of malnutrition and work to link the Government’s multi-sector planning with Cluster plans. The group identified a need to strongly engage donors beyond those with a humanitarian focus (development donors, such as the World Bank and the African Development Fund had been invited to the side event). Recognising the challenges for donors to directly fund government infrastructure or salaries, suggestions focused around supporting training and incentives or examining pooled funding opportunities to address payment/capacity challenges.

UN group: Proposals were made to strengthen reporting and enhance mobile teams to improve coverage. A need to define preventive packages was noted, alongside mapping of what services are available for referral and linkage and improving coordination. A common UN strategic approach for the delivery of services should be developed, including harmonisation of incentives and partner agreement modalities.

NGO group: The focus should be to strengthen partnerships and technical capacity exchange between international and national NGOs, as well as expanding community-based interventions linked to the health system.

Sudan

Financing: A comprehensive gap analysis of the funding and programming needs is needed, as well as improved and streamlined donor coordination; maintaining government commitment and coordination with partners is essential; financing for information systems a priority. Sudan can learn from other countries, such as Ethiopia, where resilience-building objectives and activities were added to the HRP, and seek to diversify funding sources by moving the dialogue away from ‘business as usual’. Advocacy should be pursued through the government with a push to align humanitarian and development funding and a greater focus on the latter, linked to an improved national nutrition plan.

Multi-sector programming for nutrition: There was agreement to develop an action plan for the 2016 investment case (multi-sector and focused on prevention and treatment) and align the HRP with this; government and partners should commit to funding and implementing the plan and to improved coordination around action; priority should be given to a national surveillance system built on the work already started by WHO (this is integrated within the health system but is, as yet, small scale). Progress could be catalysed by learning from other countries.

Coordination: Support to improve government leadership is needed. It is critical to move the narrative away from ‘numbers of malnourished’ to ‘how to ensure a well-nourished, healthy population’. Additional actions: improve coordination and sharing between humanitarian and development systems, always linking, and where possible, embedding, development partner activities within government systems; include development objectives in the HRP and humanitarian ones in SUN-initiated national plans; ensure that SUN builds networks and approaches that support a humanitarian-development nexus; and strengthen the role of government at the sub-national level.
Conclusions from plenary

The humanitarian nutrition community needs to proactively engage with development actors, e.g. World Bank, EU, USAID programmes and global funding facilities, to ensure they are ‘at the table’. It is the role of the GNC and UNICEF as Cluster Lead Agency (CLA) to ensure their representation at the next GNC meeting.

The GNC and SUN should move very quickly and clearly on some form of guidance for strengthening coordination between these two entities in both countries. Sudan proposed itself as the pilot country to examine how and what this looks like. A great opportunity currently exists as the UNDAF is in development and SUN structures are being established.

It is essential to examine what room for manoeuvre there is within HRPs in protracted crisis contexts to include longer-term objectives and programming. GNC and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) are looking at opportunities, but a sense of urgency is needed so that we can move to practical application.

Greater clarity is needed on the transition triggers, agreed milestones and indicators for deactivation of Clusters in contexts such as Sudan through development of a comprehensive transition plan that ensures a gradual and systematic approach to handover of programming to the government.

Senior UN officials need to encourage donors to provide longer-term flexible funding in protracted crisis contexts. The lack of technical staff in donor agencies means that the importance of this isn’t always grasped. While donors fund Cluster partners towards the HRP, they have different modalities that vary from up to 6 months or 12 months (e.g. country pooled funds from the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) in Yemen) to up to five years for some donors who have more flexible approaches (e.g. the UK Department for International Development (DFID) for Yemen). OFDA cannot provide multi-year funding (one to two-year funding cycle in emergency contexts) and does not support the UN General Assembly three-year plan in Yemen due to time restrictions on its funding; it cannot fund salaries. Multi-year funding is also very difficult for ECHO, although it is beginning to think increasingly about it in the context of the humanitarian development nexus and their potential to link up with EU and WB for longer-term commitment. It is critical to have the World Bank strongly engaged and invested; in Yemen, the World Bank funding in a humanitarian context is the first of its kind and will hopefully lead to greater engagement by the agency in fragile contexts moving forward.

Complex contractual arrangements that vary by UN agency frustrate joined-up SAM and MAM programming; in Sudan, as a result of different agency mandates, three vertical programmes have emerged funded by the three agencies, UNICEF, WFP and WHO. The community-based management of acute malnutrition (CMAM) approach has therefore become difficult to adopt. This challenge is being examined by the agencies and the discussion at the meeting reinforces the necessity and urgency to address this.

Connections made between the SUN Movement Secretariat and GNC in Geneva begun three years ago have stalled (due to changes in staff, etc). These need to be reignited and go much further. Potential has been identified today to use Sudan as a case study to explore in detail working together and how this can be improved operationally. It is critical to move forward with this to support the new ways of working already underway in Sudan.

The Cluster should examine the potential for multi-year HRPs and Multi-Year Humanitarian Strategy (MYHS) with the inclusion of development indicators. UNDAF should likewise consider including emergency nutrition objectives, such as those related to treatment of acute malnutrition.

The continuum of care, i.e. prevention preceding treatment, requires much more effort and investment. This must translate into integrated high-impact nutrition intervention (HIINI)-strengthened health systems and multi-sector approaches.

There is a need to improve the narrative so that we have one common approach that spans humanitarian and development objectives for nutrition.
Final words from country delegates

A country representative from Sudan and Yemen was each invited to share their immediate take-home messages/actions coming out of the proceedings.

Yemen noted that:
• We need to encourage donors to provide multi-year funding to take account of short-and longer-term needs.
• We need to ensure that, in addition to treatment, we keep our focus on prevention.
• Treatment needs to be enhanced at both community and facility level.
• UN needs a well-planned, coordinated and focused response.
• INGOs and UN should invest more in local NGOs and ministries of health (MoH) as they are here to stay.

Sudan noted that:
• We will continue to advocate for nutrition as a top priority on the government’s agenda based on evidence. This is helpful for more domestic resource mobilisation.
• At country level, we will push for better coordination for better outcomes. We need to agree on joint targets/outcomes for which we are accountable.
• We must invest more in strengthening the system to allow better integrated nutrition packages with the continuum of care as a priority. We have increased admissions to treatment, but there is much still to be done to prevent the need for treatment.

Follow up immediately post-meeting identified the following commitments by the country teams, the GNC and UNICEF programming:

The Yemen Nutrition Cluster commits to:
• Develop a costed Nutrition Cluster operational plan for the three years with clear roles and responsibilities of each partner – by 31 December 2018.
• Support the SUN Secretariat in the Ministry of Planning and International Planning (MoPIC) to update the Action Plan for 2019-2021 – by June 2019.
• Scale up integrated service delivery (Integrated) Management of Childgood Illness (IMCI), Expanded Programme on Immunisation (EPI), Reproductive Health (RH) and treatment of acute malnutrition and preventive services) through community-based mechanisms (Community Health Volunteers (CHVs) and Community Health Workers (CHWs)), periodic service delivery mechanisms (integrated outreach activities and mobile teams) and, most importantly, through operationalising health facilities for Therapeutic Feeding Centres (TFCs), Outpatient Therapeutic Programmes (OTPs), Targeted Supplementary Feeding Programmes (TSFP) and other interventions (RH, IMCI, immunisation and preventive care);
expand linkages with WASH, food security and protection interventions, with a coordinated programming focus on high-priority districts.

- Harmonise and align treatment protocol and referral mechanisms for SAM cases with suspected cholera/acute watery diarrhoea with existing cholera treatment protocols.
- Strengthen and unify monitoring and reporting systems that prevent double counting of beneficiaries, including regular programme monitoring from service delivery to central level and third-party monitoring systems.
- Strengthen coordination among, and technical capacity of, partners at the sub-national level.
- Harmonise incentive rates and modalities of payments for all community and facility-based health workers, including CHVs, CHWs and facility-based health workers in the North and the South.

The Sudan country team commits to:

- Continue upstream advocacy at the national and sub-national level to sustain leadership commitment and ensure nutrition is being placed at the highest level in the political agenda. This also entails improving the nutrition narrative from humanitarian life-saving to a development focus, meaning that advocacy with in-country stakeholders will move away from words such as ‘starvation’, ‘hunger’ and ‘deaths’ to messages around sustainable development and improving health and wellbeing to reduce the double burden of malnutrition and generate economic returns.
- Develop a national multi-sector nutrition action plan that incorporates both nutrition-specific and nutrition-sensitive action as well as integrating the ongoing nutrition-in-emergencies programmes;
- Strengthen the nutrition information and surveillance system for evidence-based advocacy, policy, planning and implementation;
- Harmonise humanitarian and development coordination mechanisms at the national and sub-national level i.e. strengthen the nexus and adopt the ‘New Way of Working’ approach.

UNICEF commits to:

- Recasting the narrative of nutrition in emergencies, with greater emphasis on prevention, for child survival growth and development with timely and quality treatment when prevention fails; a common narrative that spans humanitarian and development objectives for nutrition is needed.
- Facilitate SUN-GNC engagement to better define how to support nutrition coordination in fragile contexts with no humanitarian-development divide. This is in addition to engaging both development and humanitarian donors around a common vision for maternal and child nutrition in fragile contexts.
- Support country-focused side events in the subsequent GNC meetings to create opportunities for in-depth focus on specific countries and/or geographies.
- Ensure high-level and expansive UNICEF representation in the subsequent GNC annual meetings, including the Chief of UNICEF Global Nutrition Programme, and UNICEF Regional Nutrition Advisors and Senior Advisors from different UNICEF programme areas as relevant.

The GNC commits to:

- Prepare and disseminate a two-page summary of the side event to EMOPS, regional and country offices.
- Include a similar country-focused side event in 2019, aligned with the GNC annual meeting.
- Follow up with SUN secretariat to re-establish the relationship and define the next steps to taking forward the action needed to review the humanitarian-development nexus (HDN) in Sudan and support the country office in consolidating key recommended actions to take HDN forward from a nutrition perspective.
- Follow up with the two countries on the implementation of the actions they have set for themselves and regularly update the countries on the discussion with OCHA on multi-year funding and with SUN on the HDN support.

The meeting was closed by thanks from Josephine Ippe, GNC Coordinator, and Vilma Tyler, UNICEF MENA region.
### Annex 1: Participants

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Murad Abdullah</td>
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<td>Adulkawi Abdulrahman Abdulwaheed Moharram</td>
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<td>Mr. Abdulakreem Nasser Ahmed Ali</td>
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<td>Gamila Hibatulla</td>
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<td>Mahfood Ali Muqbel Bokeet</td>
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<td>Isabel Maria Pereira Figueira Periquito</td>
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<td>Dr. Karanveer Singh</td>
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<td>Ashley Wickland</td>
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<td>Torben Bruhn</td>
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<td>Ruth Situma</td>
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<td>Casie Tesfai</td>
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Annex 2: Agenda

Taking the next steps together to Scale Up of Nutrition in Emergencies (NiE) with a longer-term vision

Side Event on Yemen and Sudan, 21st October 2018, Amman, Jordan

Agenda

9.00 - 9.15 Opening Remarks by Deputy Regional Director, MENARO and Associate Director – Nutrition Programme, Program Division, UNICEF HQ

Yemen

9.15 - 10.15 Presentation from Yemen on the current context: response to date; current challenges focusing on how a continuum of care/integration of CMAM/IYCF and prevention/treatment programmes are being delivered and challenges facing delivery. This will be followed by a presentation that outlines the UN General Assembly commitments.

10.15 - 10.30 Tea/Coffee Break

10.30 - 11.00 Questions and Answers

Sudan

11.00 - 12.00 Presentation of the current situation and changes since the investment case was developed: what has been done since to move the dialogue forward; remaining challenges highlighting the key constraint of financing modalities and donor interest; a way forward to link the current humanitarian response better with the investment case.

12.00 - 12.30 Question and Answers

12.30 - 13.30 Lunch Break

13.30 - 15.30 Working groups on Yemen and Sudan concurrently

Sudan: Recommend key actions and commitments required from various stakeholders to progress on the implementation of the investment case with specific consideration of how to take practical steps to align the humanitarian and development aspects of the nutrition response. Key questions will guide the group discussion and plenary.

Yemen: Review the commitments from the UNGA and formulate actions that need to be taken by the partners and donors to transform those commitments into practical steps on the ground.

15.30 – 15.45 Tea/Coffee Break

15.45 – 16.30 Working Group presentation and plenary discussion on the key actions from Sudan

16.30 – 17.15 Working Group presentation and plenary discussion on the key actions from Yemen

17.15 – 17.45 Wrap-up and closing remarks