GNC MID-YEAR REPORT

January to June 2019

Global NUTRITION CLUSTER

CONTENTS

GLOBAL NUTRITION CLUSTER

MID-YEAR REPORT,

JANUARY-JUNE 2019

FOREWORD

Josephine Ippe
Outgoing GNC Coordinator

Dear all, As I am moving to take up a new role in Zambia as a Chief of Nutrition, I would like to give special thanks to the 46 GNC partner agencies and the GNC Strategic Advisory Group (SAG), and the Global Nutrition Clusters Coordination team, the Rapid Response Team members including the technical Rapid Response team members, my UNICEF colleagues in EMOPS/ PD (including the Standby Partners) and many regional and country offices for the support I received over the years. What we have managed to achieve together at global level would not have been possible, neither would it have made any difference if not for the support of the dedicated country Nutrition Cluster Coordinator and the Information Manager, the RRTs, the country level cluster partners and the CLA support as well as the support of the numerous UNICEF programme staff in the 22 countries over the years.

I leave the cluster work at a time when the Nutrition section in PD with co-leadership support from WVI with its team have managed to demonstrate to the wide GNC partnership how the Global Technical Assistance Mechanism (GTAM) could be effective. I also leave at a time when we have great leadership within the organization to take cluster issues to the right level and would be great for the partners to contribute to this through the constrictive discussion and contribution you have made to the cluster over the years.

I truly feel we are and we have been on the right track for many years and the current focus on Humanitarian Development Linkage, integration and strengthening of nutrition sensitive programming within our humanitarian work and ensuring we deliver a comprehensive package of Nutrition specific intervention, our work on Cash and Nutrition, and the strong support on enhancing the technically quality of Nutrition in Emergency work while maintaining a strong coordination and information management capacity and our ability to showcase the collective results being achieved by the cluster are all the right and relevant priorities for the coming years and it is therefore up to you all to take the work and systems we are stablished and those yet to be established to the next level.

Stefano Fedele

Incoming GNC Coordinator

Dear Colleagues, I have had the pleasure of meeting many of you at the last GNC meeting in Brussels and those who were not there, I look forward to interacting directly in the coming months. The range and depth of GNC initiatives being discussed in Brussels were a testament to the great efforts, challenges and successes of the Nutrition Cluster partnership and for me a sobering and humbling experience, of the major tasks ahead but also, I have found great comfort in the passion and personal commitment of all colleagues present, to build on the great achievements already made. While recognizing the great achievements indicated by Josephine above, among the many interesting discussions during the GNC meeting a few priorities have come across as very important, urgent and as needing greater collective effort. These include the following.

- Greater institutional support by UNICEF as cluster lead agency for the Cluster.
- Securing longer term and predictable funding for cluster's work.
- Combine innovative approaches to the care of acute malnutrition with preventive measures for all forms of malnutrition.
- Greater strengthening of the Humanitarian and Development nexus, balancing short term responses with longer term solutions.
- Closer collaboration with other systems, in particular the Food, Health, Education, WASH and Social Protection systems for stronger and longer-term impact.
- Stronger knowledge generation and management, generating better evidence of impact.
- Deployment of human recourses to support cluster coordination teams to match the rapidly evolving needs of different context with quality, experienced and empowered staff.

The revision of the Global Nutrition Cluster Strategy which comes to its conclusion in 2020, provides us with a great opportunity for taking stock of the initiatives and approaches which have produced the most timely, effective and efficient responses to the nutritional needs of vulnerable populations. Rest assured that the GNC has taken note of the positive comments made and also more importantly of the persisting challenges and opportunities for further improvement and we look forward to continuing the great collaboration with all partners within and outside of the Nutrition Cluster, with the utmost commitment.

Anna Ziolkovska

Deputy GNC Coordinator

Dear all,

We are happy to share with you the 2019 Mid-Year report on the progress that the Global Nutrition Cluster (GNC) and country clusters made from January to June 2019. While we established GNC Annual reporting in 2014, this is only a second year producing a Mid-Year report, to showcase what has been done in the past six months, and as an accountability tool for all of us. We are improving our reports every time, and I hope you will appreciate the amount of work that went into this report to provide updates on the latest achievements at both global and country levels. We are continuing working to improve our reports and appreciate your feedback and suggestions for improvements.

We had a lot of changes in the GNC Coordination team's (GNC-CT) HR in the past six months. The GNC Coordinator, Josephine Ippe, who was with the Cluster for nine years has left for her new assignment, and Stefano Fedele took over in July 2019. Anteneh Dobamo, former Nutrition Cluster Coordinator in Afghanistan, was recruited by UNICEF as the GNC Rapid Response Team (RRT) member. Simon Karanja, Nutrition Cluster Coordinator (NCC) RRT with IMC, has left to take over his new position as an NCC in Nigeria. Angeline Grant, providing GNC Helpdesk Coordination support, has left on maternity leave and was replaced by Abigael Nyukuri, former NCC from Bangladesh. Several people remained in the GNC-CT, that allowed to ensure our uninterrupted work, namely Shabib AlQobati and Faith Nzioka, both GNC RRT members; Yara Sfeir, providing GNC Technical support, and myself, Anna Ziolkovska, Deputy GNC Coordinator.

Two new partners joined the GNC this year – Mercy Corps and The Eleanor Crook Foundation. Please join me in welcoming them to our collective.

This was an exciting period with many initiatives and achievements, and I wanted to mention some of them below.

- Three clusters were activated during this period, with two IASC System-Wide Scale-Up activations (replaced Level 3 activation protocols), namely
  - » 22nd of March - Activation of clusters and IASC System-Wide Scale-Up activation in Mozambique;
  - » 4th of May - Activation of clusters in Zimbabwe;
  - » 29th of May - IASC System-Wide Scale-up activation for Infectious Disease Events (Ebola) in DRC ;
  - » 1st of July - Activation of clusters in Venezuela.
- 23 countries provided information for the GNC mid-year report (compared to 18 provided data last year), which is due to new emergencies (Cameroon, Mozambique, Zimbabwe, Malawi, Venezuela). The total amount of funding requested by them for the nutrition in emergencies response in 2019 was 1.7bn USD (to target 28.7 People in need), out of which only 31 % (0.552 bn USD) was secured to date.
- UNICEF-led and World Vision co-led Global Technical Assistance Mechanism for Nutrition (GTAM), is now taking shape and has started providing the support it was formed for.
- The Global Intercluster Nutrition Working Group with support from RedR through funding from Swiss Agency for Development and Cooperation (SDC), finalized a training/workshop package on integration for nutrition outcomes, translated it in French, and delivered two workshops in Chad and CAR on integration for nutrition outcomes. We have received additional funding from USAID for this project and will be able to enhance support to countries and learning on integration for nutrition outcomes in the coming years.
- With the support of the SDC we have developed and piloted GNC Mentoring package for the country coordination teams to provide one-on-one support for their professional development.
- With USAID support we produced Nutrition Cluster Coordination checklist (to complement Information Management checklist developed in 2016), that gives details of all the expectations from the coordination teams, highlights the best practices for cluster coordination and provides additional resources for all related topics.
- This is just a few achievements among many that are highlighted in this report. I would like to take this opportunity to thank all country coordination teams, all partners and donors who contributed to make these achievements happened, and we hope to work closer with you in the coming months and years for the benefit of the most vulnerable girls, boys, men and women.

GNC STRATEGY 2017-2020

GNC work is guided by the GNC Strategy for 2017-2020, which is focused on the following three areas:

1 Supporting operational delivery of national emergency nutrition coordination platforms. This is focused on supporting national platforms to deliver the core cluster functions to ensure a more timely, effective and people-centered response. Based on the 'emergency continuum,' this involves supporting national platforms to:

a. Prepare for crises and be well positioned to meet their responsibilities during the response phase of an emergency.

b. Respond to crises when they arise, primarily by delivering the core cluster functions.

c. Lead the timely transition to national coordination mechanisms (where not already leading) to maximise efficiency, effectiveness and local ownership of responses.

2 Strengthening capacity through national/regional and global platforms to support national coordination platforms to deliver more effective and people-centred responses. The GNC intends to develop the capacity of nutrition practitioners globally and locally on nutrition in emergency response coordination. These outcomes are highly correlated with objective one as supporting national platforms helps build coordination capacity in practice.

3 Advocating and influencing for more effective coordination. The GNC will provide leadership (along with the cluster lead agency and cluster partners) in advocating for greater nutrition coordination in crises and for inter-cluster and multi-sector approaches to meet the needs of affected populations.

Other areas highlighted in the strategy include:

- Scope of activities which fully clarify the GNC's role in terms of its mandate and technical responsibilities, with an attempt to delineate the areas that are within the GNC's scope of activities and those that are not.
- Ways of working which briefly outline the roles and responsibilities of GNC constituents and other key stakeholders who would help deliver the strategy and related work plan.
- Outcomes, indicators and baseline targets have been linked to the strategic priorities and supporting objectives to help with delivery.

The GNC strategy, and specifically the strategic priorities, have guided the development of a yearly rolling work plan and prioritisation of activities to be implemented.

The 2019 GNC workplan and mid-year progress is available here

GNC STRATEGIC PRIORITY 1:TO PROVIDE OPERATIONAL SUPPORT BEFORE, DURING AND AFTER A HUMANITARIAN CRISIS TO NATIONAL PLATFORMS TO ENSURE QUALITY AND TIMELY RESPONSE.

One of the GNC priorities is in country support of the national and sub-national nutrition cluster/ sector working group coordination mechanisms. To do so, GNC has established a number of mechanisms, namely

RAPID RESPONSE TEAM

to support countries with deployments for up to eight weeks in cluster/sector working group coordination and information management (cost sharing options are agreed on a case by case basis with the requesting office and varies from zero to 100%). See more information below.

TECHNICAL RAPID RESPONSE TEAM

to support countries with deployments for up to eight weeks in nutrition in emergencies (cost sharing options are agreed on a case by case basis with the requesting office and varies from zero to 100%). See more information below.

SHORT MISSIONS OF THE GNC COORDINATION TEAM

for one-two weeks to review the challenges and provide recommendations to improve coordination and information management in clusters/sector working groups (as a rule, the trip is paid by the requesting office). Contact GNC-CT for more information.

A ROSTER OF PRE-VETTED CONSULTANTS

established under the Global Technical Assistance Mechanism for Nutrition (GTAM) available to nutrition cluster/ sector working groups and partners at global and country level in the following areas (cost to be borne by the requesting office):

- Community Management of Acute Malnutrition (CMAM) roster
- Micronutrient supplementation in emergencies roster
- Integrated nutrition-specific and nutrition-sensitive interventions roster
- Infant and Young child feeding in emergencies
- Needs assessment and analysis for nutrition outcomes

UNICEF STAND-BY PARTNERSHIPS AGREEMENTS WITH NGOS

to deploy mid-level specialists in cluster/sector working group coordination and information management and nutrition in emergencies for three to six months (at no cost to the requesting office). See more information below.

UNICEF INTERNAL SURGE AND STRETCH ASSIGNMENTS

in cluster/sector working group. coordination and information management and nutrition in emergencies for three to six months (travel-related cost and DSA to be paid by the requesting office). Contact local UNICEF HR office or the GNC-CT for more information

During the first half of the year, GNC had a team of three Rapid Response Team members (Shabib Alqobati, IMO with UNICEF, Faith Nzioka, IMO with WVC, and Simon Karanja, NCC with IMC). One post (NCC with UNICEF) was vacant and GNC-CT finalized its recruitment with Anteneh Dobamo starting from the 1st of July. RRT made five deployments to the following countries:

- One deployment of an NCC to **Zimbabwe** following cyclone Idai to support, build capacity and mentor the provincial and district nutritionists in Nutrition in Emergencies response and in cluster approach, to build the local capacity in responding to the emergency.
- Two deployments of an IMO to the **DRC** to establish IM system, as there was a gap in adequate IM support from July 2018, which lead to the cluster IM systems and processes being dysfunctional. After the departure of the RRT the CO has recruited the IMO to support the cluster for the next year.
- One deployment of an IMO to **Cameroon** following declaration of emergency, to establish IM systems. Upon departure of the RRT, the NCC was continuing supporting the system, however no funding for a separate IM function is secured to date.
- One deployment of an NCC to **Nigeria**, which is one of the priority GNC support countries, to maintain the sector's humanitarian coordination mechanisms and improves where necessary on gap filling basis as recruitment of substantive NCC is finalized. The RRT was directly recruited by the office after the end of the mission.
- RRT deployments to **Afghanistan** (NCC) and **Myanmar** (IMO) are planned for the second half of the year.

Despite the important contribution of the RRT team, the funding remains a challenge. Following a funding gap for the GNC RRT in 2018, in 2019 UNICEF has provided funding for all four positions through thematic funds; however it remains a challenge to fundraise for the functioning of the RRT for 2020 onwards.

Some country requests for on the ground support were not filled through RRT mechanism due to several reasons, mostly related to a limited number of the RRTs in the team, language constraints and a need to prioritize the requests. Such requests were mostly filled through other means. For example, Mozambique request for coordination support was filled through an internal mission of the Bangladesh Cluster Coordinator.

The GNC Technical Rapid Response Team (Tech RRT) is an emergency response mechanism formed in 2015, led by International Medical Corps in consortium with Save the Children and Action Against Hunger, which aims to improve the quality and scale of nutrition humanitarian responses. The Tech RRT has seen significant change in personnel over the past six months. A new CMAM/IYCF-E Advisor and Assessment Advisor have been recruited and an IYCF-E Advisor and part-time Social and Behaviour Change Advisor are currently under-going recruitment. The securing of some funding in June has also allowed for the recruitment and contracting of a Deputy Program Director who started in July, alongside the existing Program Director.

From January through June 2019, the Tech RRT has undertaken seven deployments:

- The SBC Advisor was deployed to **Yemen** from January to March to support ADRA to train staff on social behaviour change methodologies, to undertake barrier analysis to inform SBC programming within ADRA Yemen nutrition, health and WASH activities through the development of a program-wide SBC plan.
- An IYCF-E Advisor was deployed to the **Afghanistan** Nutrition Cluster in January/February to strengthen the capacity of IYCF-E service providers with the aim to improve service delivery for the IYCF-E drought response in Herat and Badghis. The deployment also developed a national pool of trainers for IYCF-E, ensuring there is capacity in country to improve IYCF-E programming nationally.
- Two deployments were undertaken to **Central African Republic**. In February/March, an IYCF-E Advisor deployed to work with the Nutrition Cluster partners to strengthen the IYCF-E response. This includes carrying out an IYCF-E capacity assessment, developing an IYCF-E response plan (including standardized M&E tools) and strengthening the capacity of partners on IYCF-E. In June, an adviser deployed to co-facilitate the Inter-Cluster Training Workshop.
- In **North East Nigeria**, the Assessment Advisor worked with the Nutrition Information Management Technical Working Group in March/April to strengthen their capacity, providing recommendations for immediate and future actions, developing and improving existing tools and building capacity for implementation and validation of survey protocols, survey results and reports.
- In partnership with Concern Worldwide, the Tech RRT is undertaking a deployment with the CMAM Adviser to **Ethiopia** to continue the development of a coaching package to improve quality of CMAM supportive supervision. This deployment has a learning component to improve the package for wider use; therefore, it is being carried out via 4 short visits from June 2019 until March 2020. At the end, lessons will be shared with all Nutrition partners in Ethiopia and the package will be piloted in other contexts.
- In May, an IYCF-E adviser deployed to **South Sudan** to support the Maternal and Infant and Young Children Nutrition (MIYCN) Technical Working Group to push forward many pieces of strategic work (response mapping, action plan for the Code of Marketing of BMS, road map for BFHI, costing tool for IYCF program in proposals, IYCF-E advocacy brief) as well as strengthening the capacity of cluster partners on IYCF-E.

Numerous other deployments are in the pipeline and under development for the second part of 2019.

In addition to these deployments, Tech RRT undertook one capacity strengthening webinar on on-the-job coaching to improve program capacity within the first half of the year, with the recording available here. Two other capacity strengthening series have been under development, one with Programme Spotlights on Multi-sectoral Integration with IYCF-E which will be held in July and the other series on programming for non-Breastfed Infants which will be held in September.

UNICEF Standby Arrangements has deployed Nutrition Cluster Coordinators to support responses in **Sudan and Malawi** where the deployees were in place just prior to the Cyclone Idai response. Candidates have been selected to support **Venezuela** and also the **DRC** Ebola responses and will deploy shortly pending visa.

Deputy GNC coordinator has provided on the ground support to several countries through short missions.

- She travelled to **South Sudan** to support training of the sub-national cluster coordinators in cluster coordination and support the country with the development of the standard workplan for the sub-national clusters, as well as to facilitate cluster coordination performance monitoring (CCPM) workshop for the national partners. Most of the participants of the training were local staff from UNICEF and WFP who are double-hatting as coordinators, as well as people from the Ministry of Health and the Strategic Advisory group.

Training of the sub-national cluster coordinators in cluster coordination, South Sudan Mar 2019

- In **Madagascar** the Deputy GN Coordinator supported training of the government staff on the cluster coordination, as a preparedness measure in the disaster-prone districts and establish sector coordination for the ongoing nutrition programs on the south. She also supported a workshop of the national, regional and district level coordinators to develop a terms of reference for the nutrition sector at all three levels to guide coordination work. Most of the 35 participants were from the ONN/ORN (Office National/Regional de Nutrition – government entity responsible for nutrition coordination), MoH (government entity responsible for nutrition implementation), UNICEF, and WFP.
- In **Bangladesh**, both in Dhaka for cluster coordination and in Cox's Bazar for sector coordination, she supported partner refresher trainings on cluster approach, followed by a CCPM workshop where action plans were developed to strengthen cluster/sector performance.
- GNC Helpdesk on coordination has travelled to **DRC** to support the organization of the Sub-National Nutrition Cluster workshop to improve cluster coordination. The workshop included 18 participants from 8 different provinces in DRC. Participant feedback on the training was very positive and action planning conducted during the training will help to strengthen and decentralize nutrition cluster coordination in DRC.

Sharing experiences and lessons learnt workshop on Integrating nutrition in the response to Ebola virus disease outbreak held in Goma DR Congo from 13th to 16th May 2019
Supported by the GNC helpdesk and RRT

GNC HELPDESKS

- Coordination Helpdesk: The Coordination Helpdesk provides guidance, support and remote assistance in the field of nutrition cluster coordination, specifically related to the implementation of the six core functions of a nutrition cluster and the integration of accountability to affected populations into nutrition programming.
- Information Management Helpdesk: The Information Management Helpdesk provides guidance, support and remote assistance on information management activities, processes and tools to support nutrition cluster coordination and response.
- Nutrition in Emergencies Helpdesk: The Nutrition in Emergencies Helpdesk provides technical assistance and remote support in the field of nutrition in emergencies, specifically in the areas of community management of acute malnutrition, micronutrient supplementation in emergencies and infant and young child feeding in emergencies.
- Integration for Nutrition Outcomes Helpdesk (will be established in August 2019): The Integration for Nutrition Outcomes Helpdesk provides technical assistance and remote support in the field of integrated programming to support nutrition outcomes, including the planning and implementation of holistic, nutrition-sensitive approaches to prevent undernutrition.

GNC Helpdesk on coordination has travelled to **DRC** to support the organization of the Sub-National Nutrition Cluster workshop to improve cluster coordination. The workshop included 18 participants from 8 different provinces in DRC. Participant feedback on the training was very positive and action planning conducted during the training will help to strengthen and decentralize nutrition cluster coordination in DRC.

USAID-funded GNC Nutrition in Emergencies helpdesk provided the following remote support to countries and to global level partners:

- A set of **generic Terms of Reference (TORs) was developed for country' technical working groups**, namely, Nutrition Information Systems, CMAM and IYCF-E and those are available in both in English and French. All countries are encouraged to review their current TWG's ToRs and to use them to guide the functioning of the technical working groups at country levels.
- During bilateral calls with NCCs the GNC Technical Helpdesk determines specific technical needs and links country cluster teams to global partners and initiatives. This has included linking the coordination team in **Venezuela** to global nutrition specialists for NiE training and SMART support and linking the **DRC** cluster with WHO regarding technical guidance on the Ebola response.
- **A checklist, focusing on the technical quality of a collective nutrition response**, is being developed by the GNC Technical Helpdesk. This checklist aims to review the quality of a joint nutrition response implemented by a collective of nutrition partners. It is currently under development and a finalised version, ready to be piloted, will be available in the second half of 2019.

USAID-funded GNC Coordination Helpdesk provided the following support:

- Provided orientation and induction to eight recently-appointed nutrition cluster coordinators on core cluster functions, key mechanisms of support provided by the GNC (both technical and coordination support), current GNC initiatives and core GNC guidance documents.
- Provided on-going CCPM guidance and support to a number of nutrition clusters **including DRC, Mali, Cox's Bazar, Myanmar, Ethiopia, Niger and South Sudan**. This support has involved providing orientation briefings on the CCPM process, tracking requests and supporting the organisation of CCPM workshops and report development. CCPM reports will form the basis for the development of nutrition cluster workplans in the second half of 2019 (in complementarity with the NCC checklist mentioned below).
- In order to ensure that support on coordination for country cluster coordinators is structured, and also to support cluster coordinators with evaluation of the coordination in the clusters/sectors, a checklist was developed by the **GNC Coordination HelpDesk for Nutrition Cluster Coordination**. This is a great milestone as this checklist enables country cluster coordination teams to do self-assessment and to be aware of areas that need improvement without a formal Cluster Coordination Performance Monitoring (CCPM) exercise, with detailed outputs and activities, in order to improve effective coordination. The plan moving forward is to conduct specific capacity-mapping based on the checklist with key clusters (Niger, Mozambique, Mali, CAR) to better structure GNC Coordination Helpdesk support and outline priority field-based nutrition cluster activities to support in 2019.
- Two case-studies on advocacy from **Yemen and Mali** were prepared with the support of the HelpDesk officer to ensure countries have practical examples of developing and implementing effective advocacy, the challenges and so that proposed way to address them are established. Support was provided for the expansion of nutrition cluster advocacy activities in Mali (advocacy for MAM scale-up, planning advocacy strategy development) and CAR (determining key advocacy messages).

GLOBAL NUTRITION CLUSTER CHECKLISTS

These are the important tools that help countries to evaluate their performance in cluster coordination, information management and their technical leadership. The Global Nutrition Cluster Coordination Team encourages all Cluster coordination teams and partners at global, national and sub-national levels to review the checklists and to develop a plan on improving their performance based on these checklists.

NUTRITION CLUSTER COORDINATION CHECKLIST

This guidance checklist has been developed to support Country Nutrition Cluster Coordination Teams, as well as the GNC Coordination Team in reviewing the practical outputs of country nutrition cluster activities, to support an impactful humanitarian response. This list is indicative and should be used as a guide, to prioritize key activities for cluster coordination teams and help with developing workplans to support coordination, and ultimately, the impact of nutrition emergency programming. The tool also helps to ensure consistency and completeness in carrying out cluster coordination functions across cluster countries and can be used for self-assessment. Throughout this document, the primary focus is nutrition cluster coordination structures and activities, however most of activities and outputs are also valid for sector coordination mechanisms or hybrid cluster-sector arrangements. This checklist should be used in conjunction with the IMO checklist to ensure a comprehensive assessment of the performance of both coordination and information management processes.

NUTRITION INFORMATION MANAGEMENT CHECKLIST

This checklist was developed in 2016 to help Country Nutrition Cluster Coordination Teams (CNC-CTs) at national and sub-national levels as well as Global Nutrition Cluster Coordination Team (GNC-CT)) in reviewing the Country Nutrition cluster performance in fulfilling it information management functions. The tool can also be used for self-assessment as well as for external audit. The tool also helps to ensure the consistency and completeness in carrying out an IM function by cluster countries. The checklist is not designed to evaluate an Information Management Officer's work but how the IM function is carried out by the cluster CT. This checklist should be used in conjunction with the NCC checklist to ensure a comprehensive assessment of the performance of both coordination and information management processes.

CHECKLIST FOR THE QUALITY OF NUTRITION CLUSTERS' RESPONSE

This checklist is currently being developed and will be available by the end of 2019.

During the reporting period, NCC/IMO outreach by the Helpdesks has been systematized through the delivery of targeted, **monthly GNC webinars** that focus on a specific theme but also provide space for discussion around key cluster coordination topics and challenges. In total, since the inception of the GNC webinar programme in January 2019, the GNC Helpdesk Officers facilitated a total of nine webinars in both English and French, attracting a total of 103 participants, with an average of 11 nutrition cluster coordination teams attending per webinar. Each of the webinars addressed specific country issues, as identified with the NCCs and IMOs during the GNC annual meeting in 2018. The GNC Helpdesk Officers have organised and facilitated five webinars (3 in English and one in French) on the Gender and Age Marker, two webinars (one in English and one in French) on tools and experiences to strengthen nutrition cluster advocacy, one webinar (in English) on Good Practices for IYCF-E assessment and programming, two webinars (in English and French) on nutrition and GBV integration. All GNC webinars are recorded and posted on the GNC website. Webinars on the updated HNO-HRP templates and Accountability to Affected Population are planned for the next two months.

Needs-based technical and coordination support was provided to 16 Nutrition Cluster Coordinators, and country cluster teams, through multiple Skype calls, email and face-to-face discussions. The countries that were provided with a variety of technical and coordination support include: **Cameroon, CAR, Cox's Bazar, Myanmar, Afghanistan, Sudan, DRC, Chad, South Sudan, North-Eastern Nigeria, Mali, oPT, Niger, Venezuela, Mozambique, Malawi and Zimbabwe.** Examples of needs-based technical support include support for the review of the national guidelines for breastfed infants in Ebola-affected areas in DRC, support for the IYCF-E technical WG in DRC, supporting the set-up of the IYCF-E TWG in Nigeria, supporting with documents and guidance to the CMAM TWG in Nigeria, remote support for a nutrition cluster assessment in Gaza and providing inputs into the CAR IYCF-E TWG workplan. Examples of needs-based coordination support include nutrition costing guidance for South Sudan, development of sub-national nutrition cluster ToRs for CAR, development of Mali cluster partner orientation package, guidance on CERF allocation for Niger, development of CASH and Nutrition guidelines for CAR, review and input into Mozambique NC bulletin, support to Afghanistan NCC recruitment exercise, support to Cameroon caseload definition and provision of GBV and nutrition integration guidance for Northeastern Nigeria. The GNC Coordination Helpdesk also reviewed and provided inputs to global-level guidance, including the HTP Module 22 and the update of the nutrition and child protection standard.

Since January 2019, three global partner calls have been organized focusing on the emergency nutrition responses of **Venezuela, Cameroon and cyclone Idai (Mozambique, Malawi and Zimbabwe)**. On average, a total of 30 people have participated in the global-level calls including global-level partners, regional and country-based partners and nutrition cluster/sector coordinators. The recordings from the global calls and compiled meeting minutes are posted to the GNC website.

UNICEF-funded IM Helpdesk provided the following support:

- **Sudan, WoS and Somalia** were supported by the helpdesk to review their IM systems' functioning using the IM checklist and to develop an action plan to improve the IM systems in their respective countries.
- The Helpdesk provided an ad-hoc support on IM to **Sudan, WoS, Nigeria, Yemen, Bangladesh**. The support ranged from the support in calculations of the beneficiaries to strengthen their whole IM systems.
- One on one orientations to the IMOs from were provided to the new IMOs from **Bangladesh, Sudan, WoS and Somalia**.
- Designed a real time interactive GNC RRT Deployment dashboard with analysis of the GNC RRT deployments since 2013 until now that will help to have a full understanding for deployment per level of emergency and function.In order to strengthen the effective mapping of partner presence and gap analysis in countries both Help Desk Officers are engaged with CDC on a mapping project. In collaboration with CDC and the GNC IMO, the GNC Helpdesk Officers clarified the requirements and aim of the maps, developed a draft data input spreadsheet and produced two draft map tools, which are attached. The aim of the first map is to compare immediate SAM needs to existing SAM treatment caseloads at district level and seeks to identify districts where OTPs and SCs can anticipate an increase in admissions (and therefore require increased resources), on the basis of recent SMART survey data. The aim of the second map is to compare cumulative admissions, over the course of a year, to annual cluster targets, at district level. It seeks to determine which districts are on track to meet their annual targets and which districts require increased resources and support to scale-up the coverage of CMAM activities to meet needs. The next step in rolling out these maps is two-fold: 1) identify countries where SMART surveys are scheduled in the coming months and pilot map 1; 2) liaise with selected nutrition cluster teams (e.g. Yemen, South Sudan) and pilot map 2.

The GNC has also received funding from USAID to establish **helpdesk on integration** for two years. The recruitment process is ongoing, and the helpdesk will be operational in August 2019.

CLUSTER COORDINATION PERFORMANCE MONITORING (CCPM)

The Cluster Coordination Performance Monitoring (CCPM) was developed by the IASC Sub-Working Group (SWG) on the Cluster approach and endorsed by the IASC WG in 2012, piloted in the same year and implemented since 2013. It has seen minor changes over the last couple of years where the overall CCPM process and purpose remained, but, attempts to make the language more accessible were made.

The CCPM is a self-assessment exercise and sets out to serve Clusters in assessing the quality of their coordination against six core Cluster functions set out in the IASC Reference Module for Cluster Coordination at Country Level, and elements of accountability to affected people, and to develop an action plan for their improvement:

1. supporting service delivery
2. informing the HC/HCT's strategic decision-making
3. strategy development
4. monitoring and evaluating performance
5. capacity building in preparedness and contingency planning.
6. advocacy
7. accountability to affected populations

It is a country-led process supported by the Global Clusters. Where feasible and appropriate, is can be conducted by all clusters (sectors) at the same time, otherwise implemented by individual clusters or a group of clusters. If the HC/HCT and/or clusters have not agreed to carry out a CCPM process across all clusters, individual clusters (or a small group of clusters) may initiate one independently.

CCPM can help clusters fulfil their core cluster functions and become more efficient and effective coordination mechanisms at national and sub-national level in both sudden onset and protracted crises.

A CCPM process should be undertaken annually in protracted emergencies. In sudden onset emergencies a CCPM process should be undertaken within three to six months and once every year thereafter. Clusters in preparedness mode are not expected to undertake the CCPM process.

The CCPM consists of the following stages;

- Preparing for a Cluster performance review
- The CCPM survey
- Cluster analysis and action planning meeting
- Following up and monitoring the implementation of Action Plans

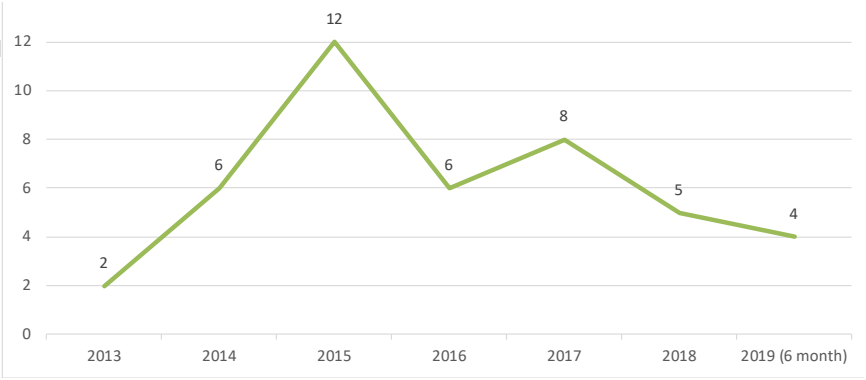
Cluster coordinators or inter-cluster coordination group should ensure that cluster partners participate, including UN agencies, national and international NGOs, national authorities and representatives of cross-cutting issues.

Global Clusters provide technical support to the survey and may help with facilitation. The OCHA Field Office is responsible for coordinating the CCPM exercise across clusters and ensuring the engagement of the HC/HCT.

The GNC supports countries with conducting regular Cluster Coordination Performance Monitoring Exercise (CCPM), both remotely and on the ground. The GNC provides the following support to the countries for the CCPM as needed:

- A repository of all related to CCPM guidance and tools, including all necessary presentation templates
- Online one on one orientations to the Cluster Coordinators on the CCPM and identification on what support would be needed from the GNC
- Online orientations on the CCPM to the Cluster Partners to support Cluster Coordinators in explaining the concept and steps of the CCPM
- Activation of the online surveys and compiling and sharing preliminary report with the Cluster Coordinators
- On the ground support with organization of the CCPM analysis and plan development workshop (recommended to be linked to a two days training of cluster partners on cluster approach, the delivery of which can also be supported by the GNC)
- Review of the final report to ensure that action points identified are SMART, and that timelines, roles and responsibilities are assigned.
- Any other support that may be requested by the Cluster Coordinators.

In 2019 five countries have completed the CCPM exercise: **DRC, Mali, South Sudan, Bangladesh Cluster and Cox's Bazar sector**. Four of them were completed with on the ground support of a member of the GNC, and a remote support was provided to Mali. Several countries are planning to conduct the CCPM in the second half of the year. Overall, there is an increased number of the CCPMs conducted in countries compared to 2018 (five during the whole year), however it is still well below the guidance on conducting CCPM in all countries with sector/cluster coordination mechanism once a year.



CCPM trend analysis (Jan 2013 - Jun 2019)

A work on the **GBV mitigation for nutrition clusters** was intensified in the past months due to active engagement with the UNICEF GBV Specialist. GNC Rapid Response Team, Nutrition Tech RRT, helpdesks and deputy coordinator attended a three-day GBV risk mitigation workshop in March where they learned how to integrate GBV risk mitigation in nutrition programme and cluster's work including HNO/HRP. GNC and the tech RRT made a few action points which were implemented since the workshop. There was one information management day where assessment specialists and IMOs worked to develop an analytical framework that identify GBV risks and barriers related to nutrition.

GNC formed a technical advisory group to revise the Harmonized Training Package Module 22 on Gender to update and include GBV risk mitigation aspects. The group has overseen the revision of technical note now call gender and GBV responsive nutrition since April and the entire package will be ready in the next quarter for pilot testing.

GNC organized two GBV and Nutrition webinars in English and in French in June. The webinars shared a basic concept and examples of how to integrate GBV into Nutrition and South Sudan Nutrition Cluster's experiences in safety audit. The record of webinar is uploaded at GNC website.

For more information related to GBV integration work in GNC, contact Masumi Yamashina, myamashina@unicef.org

STRATEGIC PRIORITY 2:RELEVANT NUTRITION STAKEHOLDERS (NATIONAL AND GLOBAL) HAVE THE CAPACITY TO COORDINATE A QUALITY AND TIMELY RESPONSE

GNC TRAINING PACKAGES ON COORDINATION AND INFORMATION MANAGEMENT

Nutrition Cluster Coordination training

Latest revision: 2019

Target audience: National level Cluster Coordinators and co-coordinators, co-chairs, government focal points

Summary: The goal of this course is to introduce participants to coordination roles, responsibilities, approaches, tools and outputs through practical exploration of the Humanitarian Program Cycle and Core Functions of Clusters and to develop knowledge and understanding of interpersonal skills and skills needed for leading coordination platforms.

Duration of the training: 5 days

GNC support in conducting the training: Trainings organized globally or regionally by the GNC on a regular basis.

Languages: EN, FR

Nutrition Cluster Information Management training

Latest revision: 2016

Target audience: National level Cluster Information Management Officers (IMOs), including government focal points for IM. It can be adapted by a national IMO to train subnational IMOs as needed. It is not recommended to use this generic package for the sub-national IM training in countries, unless adaptation to local context and tool has been made.

Summary: Course goal is to develop knowledge and skills in nutrition cluster information management and their application to the elements of the humanitarian programme cycle to ensure IM support of all cluster core functions.

Duration of the training: 5 days

GNC support in conducting the training: Trainings organized globally by the GNC on regular basis. If a country wants to use this package for sub-national IMOs training, a request can be sent to the GNC for support, however training package adaptation should be done in country.

Languages: EN

Sub-national Nutrition Cluster Coordination training

Latest revision: 2019

Target audience: Sub-national Nutrition Cluster Coordinators and other cluster coordination focal points from the government and NGOs at sub-national level

Summary: The goal of the course it to improve knowledge and skills of participants in coordination, their roles and responsibilities, approaches, tools and outputs through practical exploration of the Humanitarian Program Cycle and cluster core functions, and, to develop knowledge and understanding of interpersonal skills and skills needed for leading coordination platforms at sub-national level.

Duration of the training: 2 days training + 1 day country tailored workshop (to be designed in a country based on needs)

GNC support in conducting the training: Trainings should be organized by the National Cluster Coordinators. Support from the GNC (remote and in-country) can be requested as needed. There is a list of available vetted trainers (with the GNC) that can be hired directly by countries to co-facilitate the training.

Languages: EN, FR

Cluster Approach Awareness training for cluster/sector partners

Latest revision: 2018 EN, 2016 FR

Target audience: National and sub-national level cluster partners

Summary: The goal of the training is to introduce partners to cluster/sector working group coordination, roles and responsibilities of partners and coordination team, and tools that can be used to improve coordination through exploration of the Humanitarian Program Cycle and cluster core functions.

Duration of the training: 3 days (2 days training days + 1 day Cluster Coordination Performance Monitoring workshop to develop an action plan for improvement of the cluster work for each of the cluster core functions)

GNC support in conducting the training: Trainings should be organized by the National Cluster Coordinators. Support from the GNC (remote and in-country) can be requested as needed. There is a list of available vetted trainers (with the GNC) that can be hired directly by countries to co-facilitate the training.

Languages: EN, FR

Most of the training materials were updated in 2019, with a new package developed for the Sub-National Cluster Coordinators, that is now available in both French and English.

A number of trainings, funded by SDC, was delivered by the GNC in partnership with RedR this year.

- A Global Nutrition Cluster Coordination training was conducted in May 2019 to 21 cluster coordinators, co-coordinators and deputies from **12 countries**. The participants represented
- Half of the participants were local staff, which is a significant improvement on localization compared from previous trainings. 94% of participants rated the training as “good” or “excellent”, with 100% showing improved knowledge in cluster coordination according to pre- and post-training evaluation.
- A Global Nutrition Cluster Information Management training was delivered in May to 13 participants from **10 countries**, with only three of them being international IMOs. This is in line with an overall tendency to recruit IMOs who are local staff. Pre- and post- training evaluation showed a considerable knowledge gain. 100% of the participants rated it as ”good/excellent” and all of them had seen an improvement in their knowledge and skills.

Global Nutrition Cluster Information Management training , Budapest Mar 2019

- Three country level trainings for sub-national coordinators were conducted in **Madagascar, South Sudan and DRC**, with most of the participants from the government or local staff members. For example in Madagascar 30+ government officials attended the training and participated in the follow up workshop, most being from the sub-national level.

Training of the sub-national cluster coordinators in cluster coordination, Madagascar Mar 2019

- Two trainings to the cluster partners on cluster approach were conducted in **Bangladesh** at national level and in Cox’s Bazar

The GNC in partnership with RedR has developed a mentoring package for NCCs and IMOs with the pilot mentoring period for a duration of 6 weeks that finished at the end of May 2019. A total of six mentors (two GNC Helpdesk Officers and four GNC RRT members) have been matched with ten mentees during pilot with all of them completing the program. The evaluation of the mentoring package was positive by both mentors and mentees and GNC is rolling out the mentoring package in the second half of 2019.

While several training packages exist at the GNC and the trainings are regularly delivered to build capacity of coordination teams and partners in cluster approach, the number of challenges still exists, some of them described below.

- High turnover of cluster coordinators, information managers and partners at national and sub-national level. GNC estimation is that cluster partners’ training on cluster approach should be delivered at least on a yearly basis, with intermediate orientations on cluster approach.
- No or limited capacity mapping and development plans at country level, with any requests for support initiated on ad-hoc basis.
- Due to limited number of slots available for the global trainings of coordination teams, and high turnover in the staff of the Coordination Teams (most of whom are on temporary contracts), not all team members are trained on coordination and IM.
- Receiving visa for external trainings by the government officials and local staff is challenging, resulting in big number of cancellations (for example, in 2019, 11 people have cancelled their participation in the Cluster Coordination training due to non-issuance of visas).
- The trainings are focused on the coordination teams and partners who are already in their positions, with limited consideration to building a pool of people available for coordination and IM roles (mostly due to limited resources available). This leads to a limited number of NCCs and IMOs rotating among emergency countries, with a number of gaps to fill coordination and IM positions at any given time.
- No university or any other programs that incorporate teaching on how to be a cluster coordinator or information manager for nutrition clusters, thus heavy reliance on a five days training as a comprehensive program to build capacity of coordination teams.
- Over-reliance on training by partners and coordination teams and limited structured and unstructured self-learning.
- Financing challenges, both to organize the trainings and for partners and coordination teams to receive approved travel authorization and cover costs by their employers.
- Little or no local ownership for the country level trainings by coordination teams and heavy reliance on the GNC to sponsor, organize and deliver trainings.
- Insufficient focus on sub-national capacity, with GNC efforts until last year being heavily focused on building national capacity.

Recognizing a number of challenges above, the GNC-CT has initiated consultations on the development of a comprehensive and sustainable capacity building strategy for the partners and coordination teams at both national and sub-national levels in cluster coordination, IM and cluster awareness.

GNC MENTORING PACKAGE

The GNC's mentoring programme works in complementarity with its other capacity-building initiatives, such as GNC training sessions and GNC in-country support. Its aim is to enhance knowledge transfer and build confidence in the key areas of nutrition cluster coordination, information management and nutrition in emergency programming, in order to enhance the timeliness, appropriateness and effectiveness of nutrition responses in emergencies.

In contrast to a general training approach, the mentoring process seeks to develop individual mentor-mentee relationships in order to explore specific themes or areas of interest. The programme regularly matches experienced nutrition cluster coordinators, information managers and NiE specialists with field-based nutrition staff who are seeking to have the capacity and competencies built in a specific area. The programme uses the GROW mentoring model (Goal, Reality, Options, Way forward) to discuss particular issues, aspirations or challenges that the mentee may be facing. Mentors work as guides to help mentees identify and develop practical solutions to enhance collective nutrition responses.

The GNC solicits applications for its mentoring programme on a bi-annual basis. Selected mentees are requested to complete a mentee self-assessment form and mentors and mentees are subsequently matched 0 to profile and skill set, based on the needs assessed. Regular mentoring discussions are scheduled over a period of six weeks to explore a specific theme or challenge. The topics covered in the mentoring discussions are regularly reviewed by the GNC-CT and are used to determine collective needs and areas for further support. In addition, the regular appraisal of needs helps to feed into the preparation and agenda setting of the GNC's monthly webinars. At the end of the mentoring process, mentees re-appraise their areas of competence and determine their own progress in meeting their goals. Mentees may then benefit from mentoring training, provided by the GNC, to graduate to become mentors themselves in a specific field/area of competence.

STRATEGIC PRIORITY 3:TO INFLUENCE AND ADVOCATE FOR IMPROVED, INTEGRATED AND COORDINATED NUTRITION RESPONSE DURING HUMANITARIAN CRISES.

The primary forum for the integration work of the GNC is the Inter-cluster Nutrition Working Group (ICNWG). This is a gFSC/GNC Co-led working group that was established as a collaboration between the two clusters in 2012. Its overall goal is to contribute to safeguarding and improving the nutritional status of crisis affected populations, preventing a deterioration of the nutrition situation in population groups already affected or at-risk and enhancing the overall nutritional situation of the affected population.

During the last few years, the ICNWG observed and identified limited capacities of clusters and partners for multi-sectoral nutrition-sensitive programming, as one of the main barriers to effectively achieve nutrition outcomes in humanitarian settings.

An important event which recognised the strategic collaboration between the two clusters was the meeting on Promoting an Integrated Famine Prevention Package in the four countries at risk of famine, namely North East Nigeria, Yemen, South Sudan and Somalia. The event was jointly organised by gFSC and GNC with the support of the Cluster Lead Agencies FAO, UNICEF and WFP in April 2017 at WFP Headquarters in Rome/Italy. The objective of the meeting was to review collective nutrition and food security responses, identify gaps, and establish parameters for an integrated food security and nutrition response as well as for scaling-up responses across the four countries and through the Food Security, Nutrition, Health and WASH Clusters. Around 24 NGOs, 5 UN Agencies and ICRC participated and agreed to a Call for Action. The coordinators of the two clusters from the four countries were further requested to foster the in-country collaboration, including Health and WASH Clusters, and to develop joint action plans.

Subsequently in 2017, the ICNWG initiated the development of an integrated, inter-cluster training package to contribute to nutrition, which was finalised in April 2018 and piloted in South Sudan, Ethiopia and Nigeria. Based on the pilot results, the package was further revised by the training sub-group of the ICNWG in partnership with RedR and translated to French. In 2019, the training package was implemented in **DRC and CAR**, with two more trainings planned this year (**Chad and WoS**). The feedback from the countries was positive and each of the trainings resulted in the development of the action plan on integration.

Considering trainings that were facilitated in 2018, as well as the work on integration done independently by some national clusters, the ICNWG has realized the importance of documenting country experiences to further inform global and country learning on integration and to facilitate south-south cooperation among the countries. **South Sudan, Ethiopia, Nigeria and Yemen** have all been identified as countries with experience in integration that is important to be documented and the case studies documentation in planned for the second half of 2019 -beginning of 2020. The proposed case studies will focus on both nutrition specific and nutrition sensitive interventions in order to holistically evaluate what worked well and what the current challenges are to ensure integration for nutrition outcomes. While the development of the case studies might receive the support, distant or in person from ICNWG members, the direct involvement of country cluster coordinators or their members (NGOs, government, private sector, academia) would be critical. Any case study shall receive the final validation by the national level.

During the piloting of the training and follow up discussions with countries, one of the emerging issues was that, in order to truly achieve integration among the four sectors/clusters (WASH, Health, Food Security and Nutrition), with protection successfully mainstreamed in the related activities, it is necessary to provide constant support to the country level and sub-national clusters and guide them in the integration process and provide day to day support in developing and implementing country plans, as well as to further contribute to the global and country learning on integration. Therefore, the GNC is now in the process of establishment of the Helpdesk on Integration with a funding received from USAID, with the responsibility to support all countries in day to day integration.

GNC TRAINING PACKAGE ON INTEGRATION FOR NUTRITION OUTCOMESS

Title of the training program: **Inter-cluster training for nutrition outcomes**

Latest revision: 2019

Target audience: National and sub-national coordination teams and partners of the Nutrition, health, WASH and Food Security and Agriculture clusters/ sector working groups.

Summary: The goal of the training is to strengthen the ability of country clusters/sector working groups in programming the multi-sectoral integrated interventions for improved nutrition outcomes.

Duration of the training: 3 days (2 days training days + 1 day development of a plan to improve integration among the four clusters)

GNC support in conducting the training: As a part of the roll out of the package, 2019 trainings are supported by the Inter-cluster Nutrition Working Group of the GNC and the Global Food Security Cluster, in collaboration with Global WASH and Health Cluster Coordinators. Please let us know if you are interested in rolling out this training to your country. There is also a pool of vetted consultants available to support this training.

Languages: EN, FR

SUPPORTING OBJECTIVE 1: TO HELP DELIVER THE GNC PRIORITIES BY ENGAGING COLLECTIVELY AND INDIVIDUALLY WITH A RANGE OF EXTERNAL STAKEHOLDERS

The structure of the GNC includes the following categories:

GNC Partners are entities (organizations, groups or individuals) committed to respecting fundamental humanitarian principles, working in Nutrition in Emergencies, who are willing to actively help the GNC fulfill its role and contribute to the GNC work plan.

GNC Observers are organisations that are interested in the GNC work, but are not actively contributing to the GNC work plan. At global level, the GNC has 46 partners and observers representing International Non-Governmental Organizations (INGOs), research and development groups, academic institutions, UN agencies, donors and individuals. At a country level, in addition to these partners, local authorities, national NGOs and community based organisations are an integral part of each Nutrition Cluster.

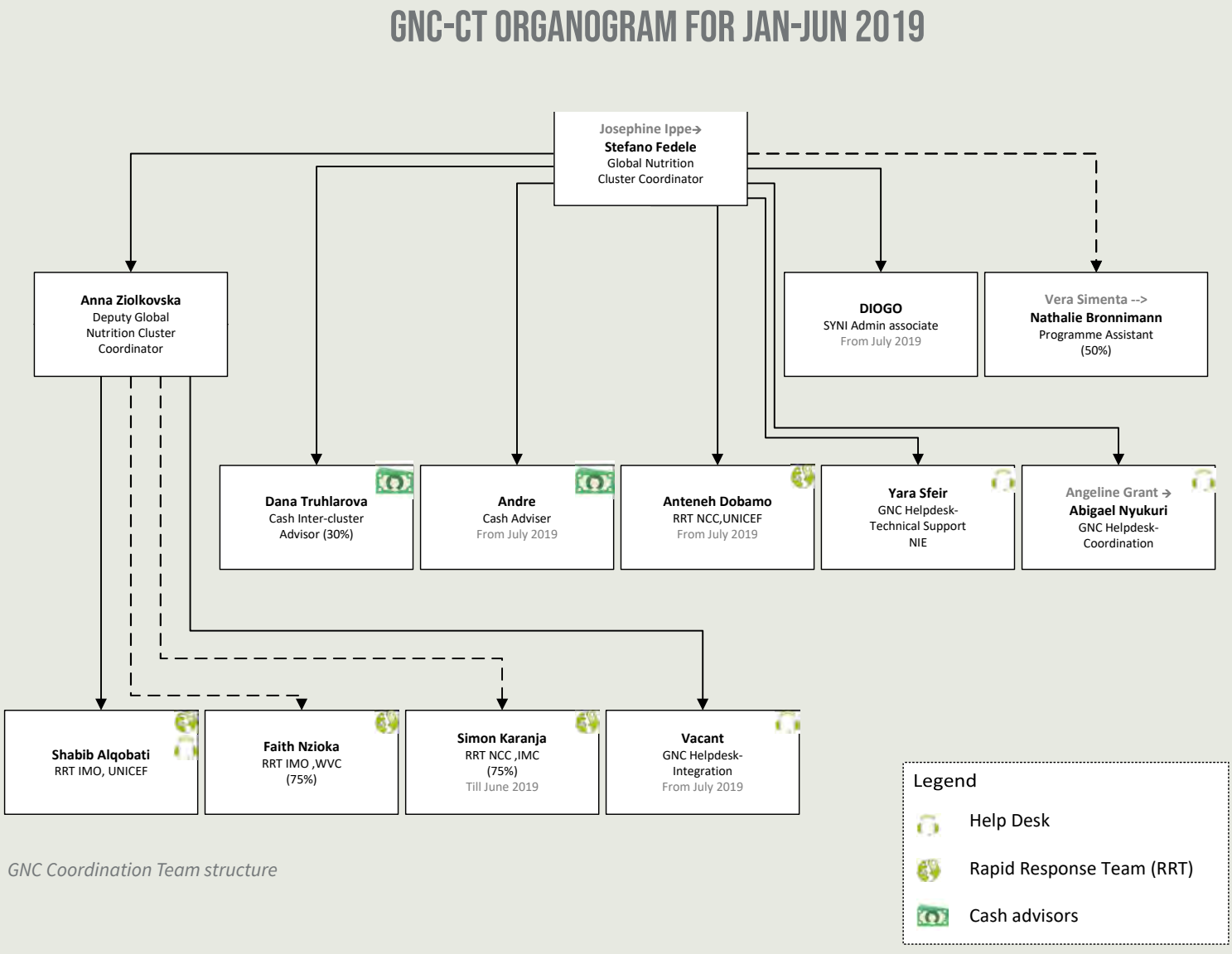
GNC Strategic Advisory Group (SAG) provides strategic support to the GNC-CT to guide direction of GNC affairs. The SAG is composed of representatives from GNC partners: three NGO partners, four UN agencies (UNICEF, WFP and UNHCR are standing members), two donor representatives and one Nutrition Cluster Coordinator.

GNC Coordination Team (GNC-CT) led by the GNC Coordinator, is the secretariat of the GNC. The GNC-CT supports fulfillment of GNC Strategic and workplans through activities in the GNC-CT Work Plan, acts as the secretariat of the GNC, represents the GNC at IASC meetings and contributes learning to IASC processes and guidance, provides operational support to country clusters, facilitates links and communications between various GNC groups, UNICEF as CLA, and other clusters, and writes the annual GNC report.

GNC Rapid Response Team (RRTs) is one option for sourcing surge/temporary staff for country clusters. The RRT ensures that high level deployable surge staff are secured to ensure that the cluster functions can be supported or established in the event of a sudden onset crisis or if an existing crisis escalates dramatically. The Global Nutrition Cluster's Rapid Response Team (RRT) is a partnership between the Global Nutrition Cluster (GNC) and INGO partners. The purpose of creating the RRT is to increase the capacity of the GNC to support cluster coordination and information management functions through rapidly deployable Nutrition Cluster Coordinators' (NCC) and Information Management Officers' (IMO) technical capacity in humanitarian situations.

The Global Technical Assistance Mechanism for Nutrition is a common global approach endorsed by over 40 Global Nutrition Cluster partners to provide systematic, predictable, timely and coordinated nutrition technical support to countries in order to meet the nutrition rights and needs of people affected by emergencies. The Global Technical Assistance Mechanism for Nutrition (GTAM) is co-led by UNICEF as the Cluster Lead Agency & World Vision. It includes a number of working groups in different stages of formation.

The GNC Coordination Team structure is presented on the organogram. UNICEF funds positions of the GNC Coordinator, GNC Deputy Coordinator and the four Rapid Response Team members (directly or through project cooperation agreements with IMC and WVC). USAID is currently funding the Helpdesk contracts of individual contractors. NRC and UNICEF are funding the work on cash for nutrition outcomes. The GTAM work is funded by USAID, Irish Aid, Save the Children UK, SIDA, Government of Luxemburg, UNICEF National Committees (Norwegian, Slovak and US Fund), Government of the Netherlands and UNICEF. Currently, the Technical Expertise Pillar of teh GTAM has funding from USAID, Sida and Irish Aid via their contributions to the Tech RRT. The rest of the work under the GNC workplan was funded by the UNICEF Thematic Funds and Swiss Development Cooperation.



GNC Coordination Team structure

One of the advocacy activities in the GNC work plan is to advocate for greater recognition by the UNICEF of its role as a Cluster Lead Agency. Over the years, GNC-CT and other UNICEF-led clusters advocated to UNICEF HQ and Country Offices to ensure sustainable HR capacity of coordination teams in countries. While a lot of progress was done over the years, there is still a number of posts on short term contracts or being seconded from other agencies.

The table on the right summarizes the information from the countries that provided HR data to the GNC over the last year, with arrows showing changes in the last six months.

Overall, the NCC positions are being incorporated in the UNICEF administrative structure with 10 out of 25 posts being on a fixed term contract, not double-hatting. Four countries have upgraded their posts from temporary appointments to fixed term appointments in the past months (**WoS, Bangladesh - Cox's Bazar, Niger, Northeast Nigeria**). However, in many protracted emergencies where Cluster Coordination positions were established several years ago, they are still hired on temporary appointments (***Bangladesh (national), CAR, Chad, DRC, Mali***). A number of Cluster Coordinators still double-hatting, even in high-profile emergencies (such as **WoS, Mozambique, Myanmar, Venezuela**). All clusters activated in the past year heavily relied on the surge or stand-by support (***Mozambique, Malawi, Zimbabwe, Cameroon, Venezuela, DRC-Ebola*** response).Analysing emergencies with a total ask for nutrition Cluster/Sector of more than $ 50±2 mln - several Cluster/Sector working group coordination positions remain on the temporary appointments (***Chad and Mali***), at the P3 level (***DRC, Chad, Mali***), or double-hatting (***WoS***). The situation with the cluster/sector working groups with the HRP below $ 50 mil even more worrisome.

Most of the countries have arrangements with another UN agency (WFP) or an NGO (ACF, MDA, IRC, COOPI, CWW, SCI, GOAL) to provide additional staff for the co-coordinator, co-chair or deputy position: out of the 25 countries with available data, only in **Yemen and Ethiopia** UNICEF is employing/contracting one of the above posts, while in 13 countries other agencies fill this position at national level (mostly WFP or ACF), while some have no additional co-chair (such as in ***Cox's Bazar***). This arrangement allows for greater contributions by cluster partners and greater flexibility if funding of cluster position is limited.

While some progress was done in including Cluster Coordination positions in the organizational structure of UNICEF over the past years, IMO posts creation and funding face more persistent challenges. Only three (!) of 25 posts benefit from a UN international fixed term contract (all the remaining employing national staff, using secondment or NCC double hatting as an IMO) **Afghanistan, Ethiopia, Somalia**).

Nine national IMOs are employed on temporary appointments, even for protracted crises (such as ***Bangladesh, CAR, Pakistan, South Sudan, Sudan, WoS, Zimbabwe***). ***Cameroon, Chad, Mali, Malawi, Mozambique and Venezuela*** do not have any IMO (with Cluster Coordinator or deputy coordinator performing this function), and in several countries IMOs are seconded to UNICEF through different arrangements (***DRC, Northeast Nigeria, Yemen***). Most of the IMOs are locally recruited, with only three (!) IMOs (**Niger, South Sudan and WoS**) being internationally recruited professionals, but all of them on temporary assignments.

Table. Summary of country coordination team HR at nation

Country	2019 HRP amount - required (nutrition)	Cluster/Sector working group	
Afghanistan	59	Cluster	
Bangladesh, Cox's Bazaar	48	Sector	
Bangladesh, national	N/A	Cluster	
Burundi	5	Sector	
Cameroon	3	none > Cluster	
CAR	26	Cluster	
Chad	70	Cluster	
DRC	160	Cluster	
DRC, Goma	tbc	None > Cluster scale up activation	
Ethiopia	202	Cluster	
Malawi	4	Sector	N
Mali	49	Sector/Cluster	
Mozambique	17	None > Scale up activation	
Myanmar	11	Sector	
Niger	76	Sector/Cluster	
Northeast Nigeria	106	Sector	
Pakistan	51	Sector	
Somalia	178	Cluster	
South Sudan	180	Cluster	
Sudan	110	Cluster	
Venezuela	14	Sector > Cluster	
WoS	84	Cluster	
Syria	with WOS	Sector	
Yemen	320	Cluster	
Zimbabwe	3	none > Cluster	

Note: ">" indicated changes in the reporting period January – July 2

al level (as per data provided by the countries to the GNC by the 5th of August)

Nutrition Cluster Coordinator						Nutiriton Cluster Information Management Officer			
Agency	Type of appointment - fixed term (FT) / temporary assignment (TA) / other	International (P) / national (NO)	Doublehatting?	Reporting to	Deputy NCC / co-lead / etc.	Agency	Type of appointment - fixed term (FT) / temporary assignment (TA) /other	International (P) /national (NO)	Doublehatting?
UNICEF	FT (vacant)	P4	No	Chief of Nutrition	ACF	UNICEF	FT	NOC	Yes
UNICEF	TA > FT	P4	No	Emergency Manager	None	UNICEF	TA (vacant)	NOB	No
UNICEF	TA (vacant)	NOC	No	Head of Field Services	None	UNICEF	TA	NOB	Yes
UNICEF	FT	P4	Yes	Chief of Health and Nutrition	None	None	None	None	None
Stand by > UNICEF	stand by > TA (vacant)	none > P3	No	Chief of Nutrition	None	None	None	None	None
UNICEF	TA	P3	No	Representative	MEDECIN D'AFRIQUE (MDA)	UNICEF	TA	NOC	Yes
UNICEF	TA	P3	No	Representative	IRC > DNTA	None	None	None	None
UNICEF	FT	P3	No	Representative	COOPI	COOPI	other	INGO	No
Unicef	stand by > TA	none > P3	No	National Coordinator nutrition cluster	None	None	None	None	None
UNICEF	FT	P4	No	Chief of Nutrition	UNICEF	UNICEF	FT	NOC	No
None > stand-by	None > stand by	none > P3	No	Chief of Nutrition	None	None	None	None	None
UNICEF	TA	P3	No	Nutrition Manager	ACF	None	None	None	None
none > UNICEF	none > TA (vacant)	P3	No	Nutrition Manager	UNICEF P3 TA	UNICEF	FT	NOC	Yes
UNICEF	FT	P3	Yes	Nutrition specialist (Nutrition Lead)	None	none > UNICEF	none > TA	NOB	Yes
UNICEF	TA > FT	P4	No	Chief of Nutrition	Action Against Hunger	UNICEF	FT	P3	Yes
UNICEF	TA > FT	P3 > P4	No	Emergency Manager	IRC	IMMAP	other	National	No
UNICEF	FT	NOC	Yes	Chief Of Nutrition	None	UNICEF	TA	NOB	No
UNICEF	FT (vacant)	P4	No	Emergency Manager	WFP	UNICEF	FT	NOB	No
UNICEF	FT	P4	No	Chief of Field Operations	WFP	UNICEF	TA	P3	No
UNICEF	FT (currently stand by)	P4	No	Emergency Speacialist	WFP, CWW, ACF	UNICEF	TA	NOB	Yes
UNICEF > Stand by	FT > stand by	P3	Yes > No	Representative	None	None	None	None	None
UNICEF	TA > FT	P4	Yes	Senior Emergency Specialist	SCI	UNICEF	TA	P3	Yes
UNICEF	FT	P4	No	Chief of Field Operations	None	UNICEF	FT	NOA	Yes
UNICEF	FT	P4	No	Chief of Field Operations	UNICEF (national > international)	CTG	other	National	No
UNICEF	FT	P4	Yes	Nutrition Manager	GOAL	UNICEF	TA	NOB	yes

2019

The Global Technical Assistance Mechanism for Nutrition (GTAM) is a common global mechanism endorsed by over 40 GNC partners to provide systematic, predictable, timely and coordinated nutrition technical assistance in order to meet the nutrition rights and needs of people affected by emergencies. The GTAM is co-led by UNICEF and World Vision (2-year term), with a small global team supporting three pillars of work, namely technical advice, consensus driven guidance and specialized technical expertise. The GTAM Coordination Team (GTAM-CT) consists of UNICEF, World Vision, Emergency Nutrition Network (ENN), Tech RRT, GNC-CT and GNC Technical HelpDesk.

From January until July 2019, the GTAM-CT concentrated on operationalizing and working out the practical details of the GTAM. This has been a critical period, during which the team's focus has been on ensuring that these details are reflective of the big picture and guiding principles which have already been endorsed by the GNC collective. The main achievements were:

- Identification and commencing their role as NGO co-lead by World Vision
- Development of Communication and branding aspects for the GTAM (Logo, one-pager etc.)
- Engagement with partners for the Technical Expertise Pillar (TEP) and development of supply matrix
- Development of a concept note and a Standard Operating Procedure (SoP) for the TEP Pillar with the engagement of all interested partners
- Advertising the roster of consultants for the GNC and country partners
- Engaging existing Global Technical Working Groups (GTWGs) and development of new groups, working on the development of work plans for some groups
- Planning and development of Knowledge Management products
- Gaps analysis to identify priority areas to be addressed by the GTAM
- Finalization of the Baseline report summarizing various technical needs assessment activities undertaken to inform the establishment and work plan of the GTAM
- TOR and Governance was developed for the development of the guidance on estimation of children with SAM
- Resources and action for GTWGs are being identified for the Guidance on Ebola and Nutrition

The GTAM-CT defined the details around the port of calls and how requests will travel from the requester, through the GTAM to the appropriate entity to address the request. An internal governance SoP was developed accordingly. The whole process includes several components: setting-up of the IT system, triaging the requests as well as escalating them. Regarding the IT system, some major delays were experienced due to contractual issues with the IT company. However, the GTAM-CT started to work on all prerequisites to develop the system (business case, wireframes, metadata, taxonomy, etc.).

The GTAM worked with the GNC partners to identify the priority areas of focus for the next year, which are:

- Estimation of number of deaths as results of untreated severe acute malnutrition
- Updates on estimation of the number of children with acute malnutrition
- Programming for non-breastfed children
- Cash in emergencies for nutrition outcomes
- In order to address these areas and solve future requests, the GTAM will engage the GTWGs. The following working groups were agreed to be formed:
- Infant and young child feeding GTWG – based on the existing IFE Core Group
- Nutrition-sensitive interventions GTWG – based on the existing Inter Cluster Nutrition Working Group
- CMAM GTWG – not yet formed
- Nutrition information Systems (NiS) GTWG - newly formed
- Cash for Nutrition outcomes GTWG – not yet formed

The main role of the GTWGs in relation to the GTAM will be to support technical advice and consensus driven guidance in their respective technical area and to flag a need for permanent guidance, contribute to filing specialized technical expertise needs, share updates with GTAM and GNC partners on their lessons/gaps in meeting country needs and collaborate with GTAM in promoting and implementing inter-country/region/partner learning.

The objective of the **Technical Expertise Pillar (TEP)**, which is a pillar under the GTAM, is to facilitate timely, coordinated and equitable provision of specialised technical expertise required by a country to deliver results for nutrition at scale. Access to technical expertise during emergencies will be strengthened through three different areas of work 1) providing technical assistance through deployments or remote support, 2) facilitating the identification of experienced consultants through the establishment of rosters , and 3) facilitating capacity strengthening, assessment and analysis. The TEP is being developed by the Tech RRT and World Vision as part of their role in the GTAM Core Team; the TEP currently has 18 members and will be coordinated by the Tech RRT when it becomes fully operational.

During the first half of 2019, the focus of TEP work has been to establish an expanded pool of suppliers (now called TEP members) that will provide support to requesting countries, to develop ways of working with TEP members and to develop a concept note. The TEP concept note defines the objectives and needs of the TEP and it can be used by GNC partners to seek resources for this pillar of work under the GTAM. The concept note details proposed activities, human resources and management as well as expected outcomes and a two-year budget for the TEP. Current funding will partially cover year one and therefore resources must be raised, especially for year two.

ENN developed a preliminary Monitoring Framework for the GTAM (to be completed once ways of working are finalised) which will be used

ENN developed a preliminary Monitoring Framework for the GTAM (to be completed once ways of working are finalised) which will be used to 1) collect key information required for decision making about the GTAM 2) identify emerging technical gaps for action and to 3) report on the functioning of the GTAM service against its objectives. Following a series of interviews with GNC partners, an article was developed on the History of the GTAM for publication in Field Exchange (FEX). With support from ENN, the Tech RRT wrote a FEX Article on its analysis of four en-net forums. This analysis was amongst the first of a series of processes undertaken to better understand the challenges commonly faced by practitioners at field level and to identify potential gaps in knowledge or guidance. ENN led on the production of the Baseline Technical Needs Assessment Report which documents the process of arriving at the initial priority technical gaps in IYCF-E, Assessments, SAM and MAM. Findings of the report were presented at the GNC Annual Meeting and are informing discussions with GTWGs on appropriate actions to be undertaken in response to identified priority gaps.

GNC is also working on strengthening the **humanitarian development nexus (HDN)** in country responses, for which GNC and the Scaling Up Nutrition (SUN) Movement Secretariat agreed to work together to develop two to three country studies to identify country specific nexus strengthening opportunities through the lens of those in need of immediate, medium- and long-term nutritional assistance. The country studies should bring to light what is needed by those directly affected by malnutrition, of those in charge of their protection and wellbeing, i.e. the State as ultimate duty bearer. The GNC and the SUN Movement Secretariat agreed that two to three SUN countries where the Nutrition Cluster has been activated will be selected for the study. The countries will be selected based on existing levels of coordination capacity at national and subnational level and overall positive disposition of the main stakeholders to accommodate each other's needs to make the nexus work for the affected population. The ToR for the case studies was developed, however the study is currently on hold due to lack of funding.

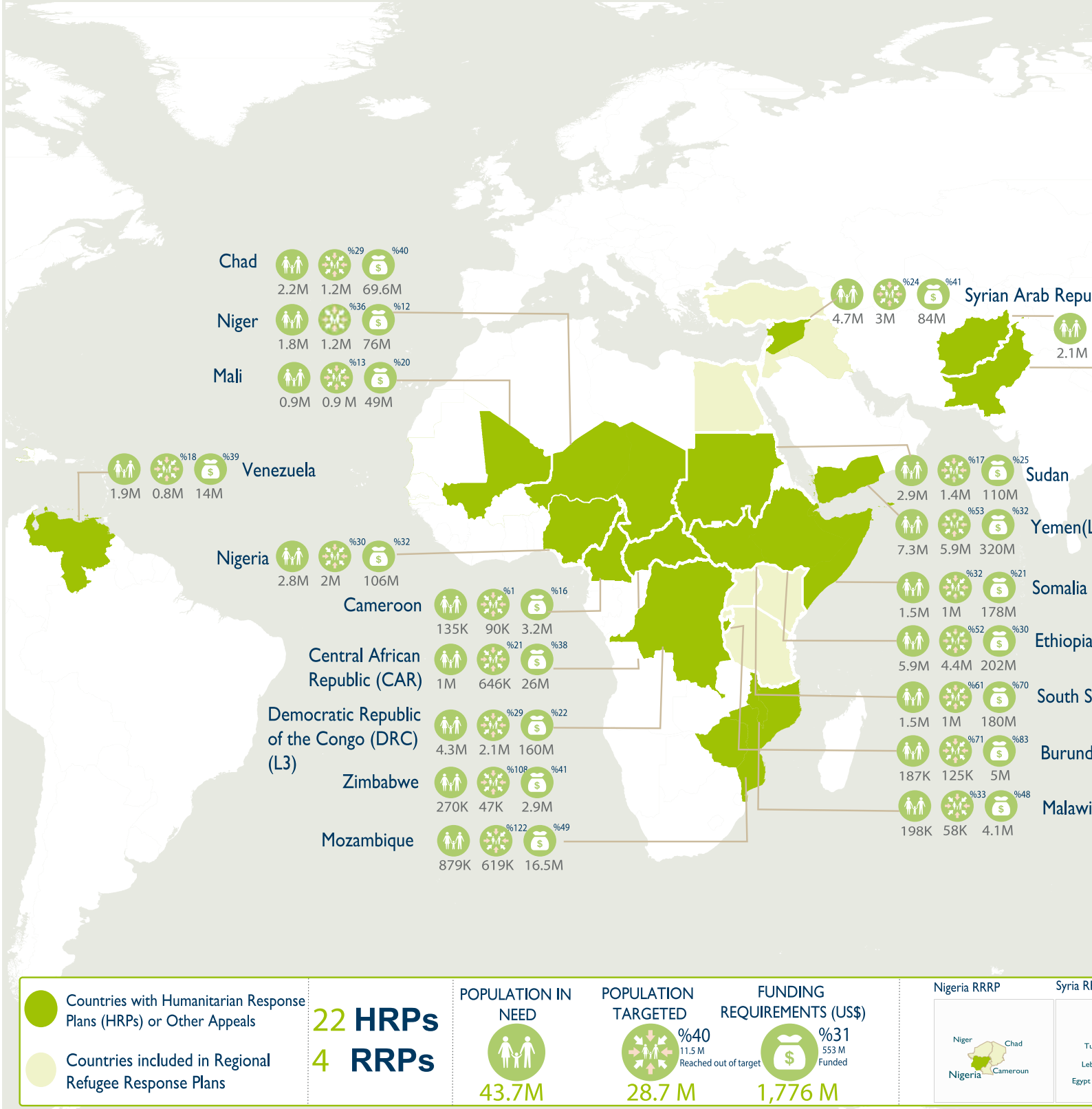
At the 2018 Annual Meeting, the GNC partners have identified a need to develop a guidance on cash for nutrition outcomes. GNC-CT in partnership with NRC has secured a part-time CashCap advisor to support GNC with initiation of the discussion around **cash for nutrition** at global level. A need for a full-time secondee was identified and GNC-CT secured a CashCap person (with funding from UNICEF and NRC) for one year to support GNC with a desk review, documentation of the case studies and guidance on the cash for nutrition, work starting from August 2019. A Steering Committee/Working Group will be formed in 2019 from the GNC partners and other stakeholders to guide development of the guidance, under the GTAM umbrella.

SUPPORTIVE OBJECTIVE 2: TO HELP DELIVER THE GNC STRATEGIC PRIORITIES BY STRENGTHENING INTERNAL WAYS OF WORKING

The GNC-CT maintains the website as a repository of all GNC documents and tools to ensure their availability to GNC partners, Cluster Coordination Teams and wider humanitarian community. Since late 2018, GNC, together with other UNICEF-led clusters, has initiated a project of migration of the GNC website to a new platform, which would result in a significant improvement of the knowledge exchange, due to a number of new features, such as country pages, online support request system for GTAM, real-time dashboards, etc.

To further strengthen internal ways of working, GNC has continued to organize a series of calls and webinars, such as monthly webinars for the Cluster Coordination Teams, monthly SAG calls, monthly RRT calls, as well as an ad-hoc calls for the GNC partners with a focus on priority countries. In 2019, the following calls were conducted: a call on **Venezuela and Cameroon**; and a call on Cyclone Idai (**Mozambique, Zimbabwe and Malawi**). Both calls were organized in order to share the updates from the sudden-onset emergencies and their impact on nutritional status of population, as well as to give an update on the work of the nutrition coordination mechanisms and to request support for the GNC partners for specific concerns.

SUMMARY OF THE NUTRITION CLUSTER / SECTOR WORKING GROUPS RESPONS



Countries with Humanitarian Response Plans (HRPs) or Other Appeals

Countries included in Regional Refugee Response Plans

22 HRPs

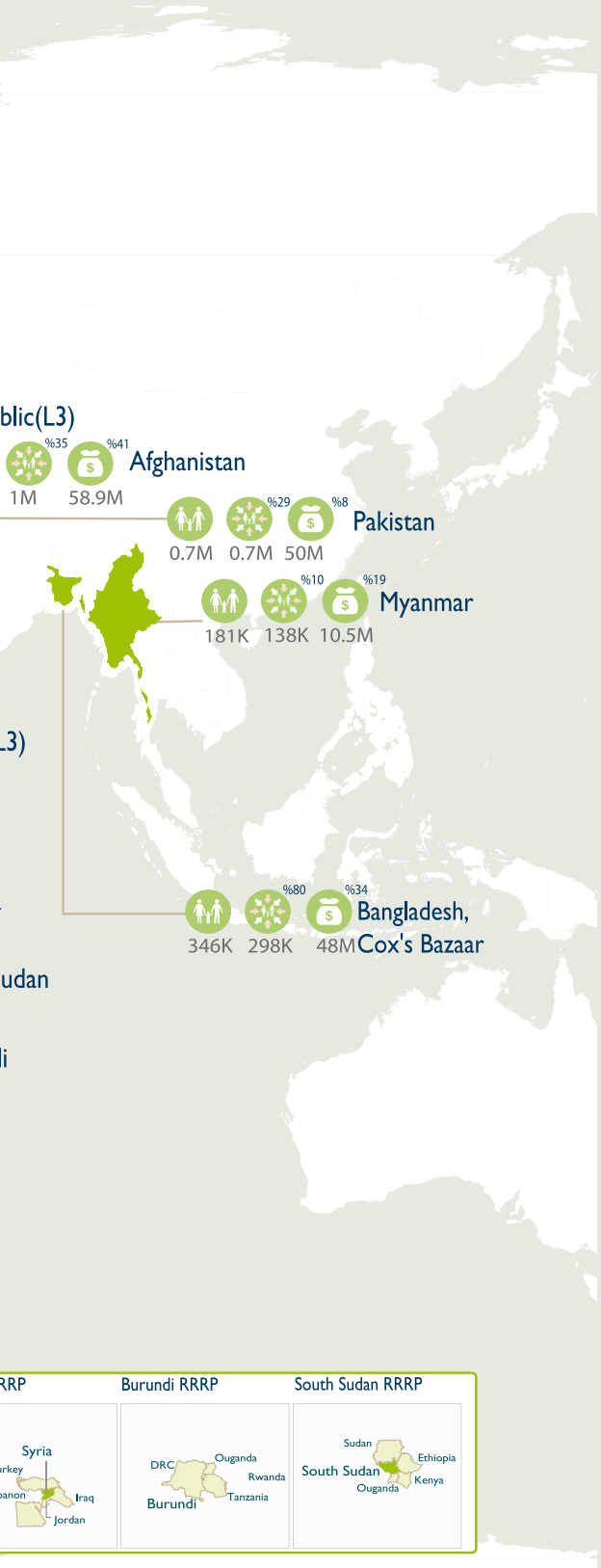
4 RRPs

POPULATION IN NEED	POPULATION TARGETED	FUNDING REQUIREMENTS (US$)
43.7M	%40 11.5 M Reached out of target	28.7 M
	%31 553 M Funded	1,776 M

Nigeria RRRP

Syria Rl

SE AT COUNTRY LEVEL



- **The Nutrition Cluster coordinated the sectoral response in twenty-two countries**:The nutrition coordination mechanism have been assuring timely and effective response to emergency nutrition needs of children and women in twenty two countries in Africa, Asia and South America. Four countries (**Nigeria, Syria, Burundi, and South Sudan**) had both regional refugee response and cluster/sector working group coordinated emergency nutrition response activities.
- **System Wide Emergency activation in two countries**:**DRC (Ebola response) and Mozambique**,were declared as a System Wide Scale up (former Level three (L3)) emergencies during the first half of 2019.
- **About 44 Million people were identified as people in need of nutrition interventions in 2019** : In the above countries,People in Need of nutrition services estimations reduced slightly as compared to 2018 with the number of targeted people increased by about 700,000. The possible reason for reduction is likely to be the differneces in calculating total PIN. In 2019 43.7 million people, including children aged under five years old, pregnant and lactating women were identified as being in need of life saving nutrition assistance across the 22 countries, but emergency nutrition programmes were able to target only about 29 million in 2019.
- **11.5 million people were reached through emergency nutrition response services by mid-2019**. This represents about 40% of the HRP and Regional Response Plans' target. Seven countries (**Bangladesh, Burundi, Ethiopia, Mozambique, South Sudan, Yemen, and Zimbabwe**) achieved over fifty percent of annual HRP target, while six countries (***Cameroon , Mali, Myanmar, Venezuela , Sudan, and Syria***) achieved below 25% of annual target.
- **About 555 Million USD of funding was received by nutrition partners out of 1.8 BillionUSD requested** so far this year. By June 2019 the Nutrition response had received 31 % of funding requested.Seven countries (***Cameroon, Mali, Myanmar, Pakistan, DRC, Niger ,and Somalia***) received less than 25% of the declared funding requirements.
- Overall, an estimated 48 USD per capita was spent on emergency nutrition response services provision by nutrition cluster partners in 22 countries.
- All of the following nutrition in emergencies interventions were implemented in 11 countries: treatment of moderate and severe acute malnutrition, Infant and young child feeding in emergency (IYCF-E) interventions, Vitamin A Supplementation, and multiple micronutrient Supplementation). Fourteen countries had acute malnutrition treatment and IYCF-E services. Twenty of 22 countries currently implement Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) treatment programs.
- Table. People reached with selected NIE interventions in countries with functioning NiE coordination mechanism .

NiE Services	People Reached	People Target	People in Need
SAM treatment	2.6M (70%)	3.7M	5.6M
MAM treatment	2.7M (31%)	8.6M	14.6M
PLW TSFP	1.6M (45%)	3.7M	6.9M
IYCF-E	4.4M (83%)	5.3M	7.7M

NiE : Nutrition in Emergency

SAM – Severe Acute Malnutrition

MAM – Moderate Acute Malnutrition

PLW – Pregnant and Lactating women

TSFP – Targated Supplementary Feeding Program (TSFP)

IYCF-E – Infant and Young Child Feeding Program in Emergency -IYCF-E

AFGHANISTAN

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2008

NCC: UNICEF P4 FT (Vacant)

Deputy: ACF

IMO:NOC FT

Coordination arrangement:

National cluster in Capital Kabul and 5 subnational clusters in Herat, Mazar, Nangarhar, Kndahar and Kabul cities

PARTNERS

LNGOs	17	INGOs	21
UN AGENCIES	3	AUTHORITIES	1
OBSERVERS	1	DONORS	5

NUTRITION PROJECTS IN THE 2019 HRP

UN projects	2	INGOs projects	4
NNGOs projects	0	Other projects	0
Nutrition as stand-alone intervention			5
Total number of projects			6

KEY EVENTS

KEY DOCUMENTS

- HRP Report Q1
- IMAM Guideline - 2018

SITUATION ANALYSIS

The nutritional situation in Afghanistan continues to be alarming. Ongoing conflict, low access to basic services, and impact of natural disasters have exacerbated the existing vulnerabilities of communities, contributing towards high rates of acute malnutrition. The findings of most recent nutrition surveys across Afghanistan indicated that 22 out of 34 provinces are currently above the emergency level threshold of acute malnutrition. Approximately, 2 million children suffer from acute malnutrition in 2019, of those 600,000 suffer from severe acute malnutrition. Despite scale up of treatment of acute malnutrition services over the last years, a significant proportion of children with acute malnutrition continue to have no access to treatment. Given the fact that the scale up of SAM services were putted on hold in 2019 as result of shortage of Ready to Use Therapeutic Food (RUTF), 129,000 (21% of total caseload) children aged 6-59 months reached with treatment services during the first half of 2019. Similarly, 51,081 Pregnant and Lactating Women (PLW) and 78,058 children aged 6-59 months with MAM were enrolled in nutritiion programmes.

The impact of drought in 2018 is likely to extend through the entire 2019, further aggravating the poor nutritional situation.The nutrition situation is likely to significantly deteriorate during the 3rd quarter of 2019 (July – Sep) as result of constant conflicts, impact of natural disaster and peak of diarrhea.

RESPONSE STRATEGY

SO 1: Save lives in the areas of highest need

SO2: Reduce protection violations and increase respect for International Humanitarian Law

SO 3: People struck by sudden- and slow-onset crises get timely assistance

The Nutrition sector is targeting almost a million boys, girls and women in 2019 with an overall funding requirements of $57.6

million. The priority emergency nutrition response activities for 2019 include outpatient and inpatient treatment for SAM;case management of Moderate Acute Malnutrition (MAM) for children (6-59months); targeted supplementary feeding for under-nourished PLW; emergency blanket supplementary feeding for children (6-23months); Infant and young child feeding practices in emergency (IYCF-E) services for mothers and children; and the provision of micro-nutrient supplements to children (6-59months). The cluster is working to strengthen referrals between the various components of emergency nutrition services and ensure a continuum of care for patients with acute malnutrition.

CHALLENGES

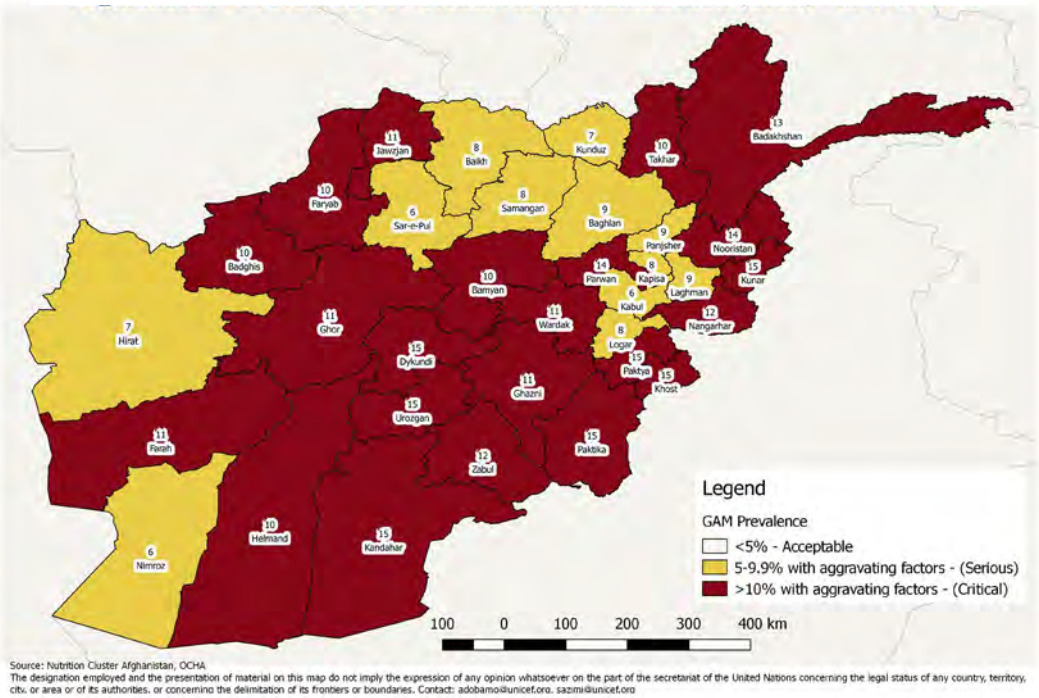
1. Constant insecurity affected continuous provision of lifesaving emergency nutrition services, frequent program monitoring and supportive supervision activities. Among the most notable access difficulty faced by cluster partners includes the situation in western Nooristan and the entire Farah province where the services significantly interrupted by AOG.
2. Foreseen possible shortage of Ready to Use Therapeutic Food (RUTF) supplies stock during the last quarter of 2019 might negatively affected the scale up of IMAM during the first quarter of 2020. As a mitigation strategy, in light of latest global evidences, UNICEF aims to work on a technical guidance note that recommend reducing the dose of RUTF required for treatment of children with Severe Acute Malnutrition. In addition, to mitigate the impact of shortage of RUTF, UNICEF and MoPH-PND decided to distribute RUTF to cover 1-2 months instead the three months dispatch at once in the first quarter. UNICEF continues to explore funding opportunities for procurement of RUTF to meet the needs through the end of the year. Considering the recent AHF (2019 1st SA) allocation, an additional 85,000 cartons of RUTF are still needed to treat around 93,000 children and pre-position supplies for winterization.
3. Less prioritization for delivery of nutrition supplies from Implementing Partners` warehouse to the Services Delivery Points (SDP), that led to stock out in some districts. To overcome this issue, UNICEF subjected deployment of supplies for IPs to the provision of supply distribution plan (from provincial warehouse to SDP).

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

Nutrition cluster is significantly underfunded, against HRP 2019. So far approximately 40% of total funding requirements has been received. Consequently, the key priority for nutrition cluster for the remaining half of the year is to develop and implement a fund raising strategy to enable acquisition of adequate funds that will enable delivery of comprehensive and quality lifesaving nutrition services to prioritized vulnerable groups.

Furthermore, nutrition cluster will focus on scaling up IYCF-E services from western and northern regions to eastern region; maintaining the current scale of severe and moderate acute malnutrition in the HRP priority provinces; additionally,further support and advocacy for maintaining the integrated response for drought affected IDPs in western region will be undertaken.

AFGHANISTAN GAM SEVERITY MAP - 2019



Source: Nutrition Cluster Afghanistan, OCHA
The designation employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the secretariat of the United Nations concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Contact: adobamo@unicef.org, sazimi@unicef.org

KEY LINKS

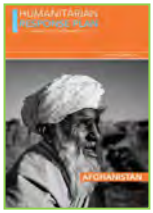
- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☒ IYCF Guidelines
- ☒ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019



HRP 2019

FUNDING

58.9 M

TOTAL FUNDING RECEIVED (USD)

23.8 M (41%)

TOTAL GAP (USD)

35 M (59%)

Key Figures In 2019

Figures below are from Jan to Jun 2019

%Total Reached vs Total Target
Total Reached
Total PIN
35%; 3 37 804
2,100,000
960,303
Total Target

Achievements Per Activity

Children 6-59 months

SAM new admissions
352%; 960,000
600,000
273,000

MAM new admissions
23%; 7 8,058
1,400,000
336,167

BSFP new admissions
No data; -

Vitamin A supplementation
4%; 3,159
78,000
78,000

Micronutrient Supplementation
No data; -

Pregnant and Lactating Women (PLW)

MAM new admissions
No data; -

IYCF-E counselling for PLW and caretakers of infants & under 2 years
22%; 1 8,221
83,7
83,7

BSFP new admissions
40%; 5 1,081
485,000
128,159

Micronutrient Supplementation
No data; -

Contact

Maureen Louise Gallagher
mgallagher@unicef.org

BANGLADESH, COX'S BAZAAR

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2017

NCC: P4 TA UNICEF

IMO:UNICEF NOB TA

Other: 1 CMAM Technical Expert, 1 IYCF Technical Expert and 1 Nutrition Consultant seconded to Civil Surgeon Office.

Coordination arrangement:

Co-led by UNICEF and Civil Surgeon Office, under Ministry of Health and family Welfare. Sub-national, but independent from the National Cluster. The sector is dedicated for supporting Rohingya response

PARTNERS

LNGOs	4	INGOs	7
UN AGENCIES	3	AUTHORITIES	1
OBSERVERS	4	DONORS	1

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	3	INGOs projects	5
NNGOs projects	0	Other projects	0
Nutrition as stand-alone intervention			1
Total number of projects			8

KEY EVENTS

- **Cluster Coordination Performance Monitoring ,Feb 2019**
- **Nutrition Action Week - 7 days, Mar 2019**
- **CIC Workshop - 1 day (April, 14th),Apr 2019**
- **IYCF-E Training - 3 days,May 2019**

KEY DOCUMENTS

- JRP 2019

SITUATION ANALYSIS

The Nutrition Sector has scaled up the essential nutrition services among the Rohingya and surrounding host communities. The prevalence of acute malnutrition has declined since the onset of the crisis in August 2017, however efforts to prevent and treat malnutrition in all its forms among the vulnerable groups needs to be sustained owing to the presence of aggravating factors (compromised living standards, disease outbreaks etc) that could further worsen the nutrition situation.

The third Round of SMART survey conducted in November 2018 showed a decline in the Global Acute Malnutrition rate (11.0% down from 19.3% realized in the second round) in makeshift settlements of Nayapara and Kutupalong. Additionally, the preliminary finding of an IYCF-E Monitoring Assessment conducted in the months of March and April, 2019 at the Rohingya camps depicted sub-optimal IYCF practices. The prevalence of pre-lacteal feeds (honey, sugar water and mustered oil) given to the newborn babies in the first three days of birth was at 50%, timely initiation of breastfeeding within one hour of brith was 79%, Exclusive breastfeeding rates was 64%, introduction of semi-solid, solid or soft food was 51% and continued breastfeeding at two year was 55%. Even though this is an improvement to the findings observed in the previous survey, the IYCF practices are still sub-optimal as per the Global thresholds. This therefore calls for more efforts and resources directed towards scaling up the IYCF-E response alongside other preventive interventions in an integrated approach working closely with other sectors to support and sustain uptake.

The Sector has begun undertaking Integration of different nutrition services including co-location of Nutrition Service delivery points close to health facilities. This is intended to reduce overlaps, improve coverage and strengthen the community outreach for active case finding, timely referrals as well as beneficiary follow up.

RESPONSE STRATEGY

1. To reduce excess mortality and morbidity among boys and girls under 5 years, PLW and other vulnerable groups through provision of life-saving interventions to treat Severe and Moderate Acute Malnutrition.
2. To reduce the burden of malnutrition among boys, girls, PLWs and other vulnerable groups through the strengthening and scale up of malnutrition prevention interventions.Strong focus on effective application of IYCF-E services at household levels (dissemination of information, etc.), through community groups and counseling.
3. To strengthen the collective nutrition sector response through timely collection and analysis of nutrition data, information management and effective coordination. Improvement of monitoring and data analysis tools and the regular collection of evidence will continue, including assessments to guide the sector response. The NS will strengthen camp level coordination of the nutrition partners.

CHALLENGES

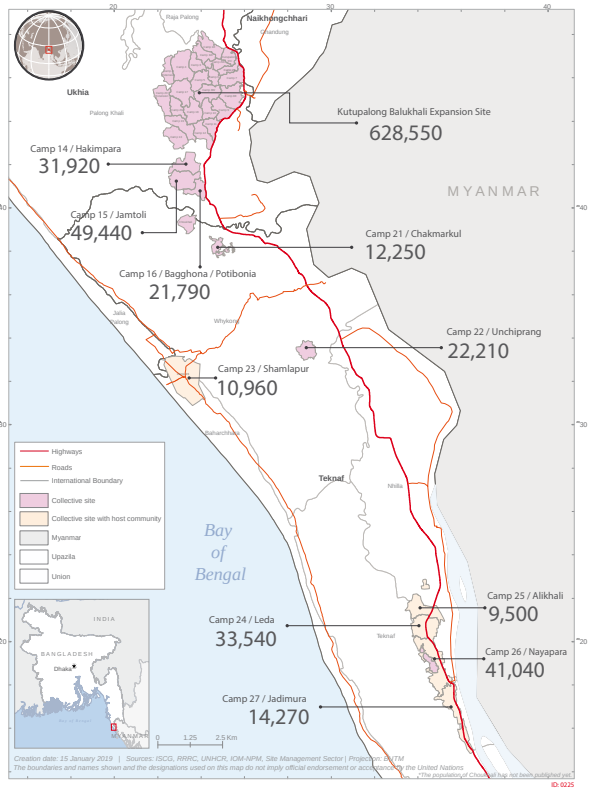
- The high staff turnover makes it difficult to recruit, train and retain skilled workforce , especially females. Most staff of the NS partners are overwhelmed with work, although the situation has stabilized significantly, but due to the large number of refugees and facilities, the workload is still extremely high.
- Despite significant progress made in identifying, referring and treating SAM and MAM children further improvement in terms of skills of outreach workers and volunteers and application of methodology requires continued strengthening through training and on the job support.
- The integration of nutrition facilities/services remains a priority and while a lot of progress has been made already, it is a difficult process due to lack of space.

- Communication with Rohingya community requires better understanding of socio-cultural, religious, linguistic and other issues determining knowledge, understanding, attitude and behavior of caregivers. Some vulnerable groups (people with disabilities, elderly, malnourished adolescents and adults, etc.) are not well covered.
- Coordination and cooperation with other sectors and at camp level requires further strengthening.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

1. Restructuring/consolidation of NS facilities :Integration of facilities to “CMAM facilities” ;Co-location with heath facilities (in future integration);Reduction and relocation of facilities;New system for stabilisation services
2. Strengthening of CMAM :Cascaded training plan ; Supervision, coaching & staff exchange
3. Strengthening of IYCF:Cascaded training plan;Supervision, coaching & staff exchange ;Expansion of outreach;Counseling (one on one);Group sessions (more intensive than messaging, but in groups);CNV IYCF messaging
4. Data collection, monitoring and utilization(Assessments & surveys,Reporting,Feedback to HFs)
5. Strengthening field/camp level coordination
6. Strengthening engagement with communities;Feedback sessions, FGD, etc. (AAP)
7. Increasing intersectoral collaboration

MAP OF REFUGEE SETTLEMENTS IN COX'S BAZAAR, BANGLADESH



KEY LINKS

- Nutrition Sector Google Drive
- Cluster Coordination Performance Monitoring (CCPM) Report

NUTRITION GUIDELINES

- ☑ CMAM Guidelines, but needs updating
- ☑ IYCF Guidelines, but needs updating
- ☑ Nutrition Assessment Guidelines,, but needs updating

NUTRITION RESOURCES


HRP 2019

CMAM guidelines

IYCF guidelines

FUNDING

48 M

TOTAL FUNDING RECEIVED (USD)

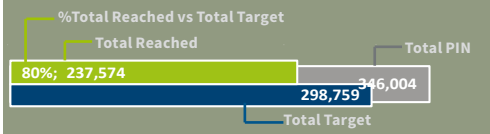
16.4 M (34%)

TOTAL GAP (USD)

31 M (66%)

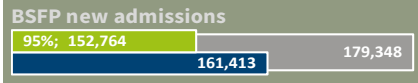
Key Figures In 2019

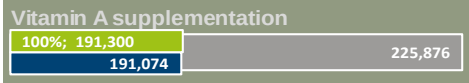
Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months



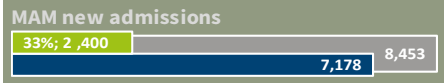


Micronutrient Supplementation

No data; -

-

Pregnant and Lactating Women (PLW)



Micronutrient Supplementation

-; -

-

Contact

Ingo Neu
ineu@unicef.org

BURUNDI

SITUATION ANALYSIS

Based on 2017 DHS III and 2018 SMART surveys, children under five years of age face alarming chronic malnutrition levels of 56%, coupled with Global Acute Malnutrition (GAM) rates of 4.5%. There are some discrepancies between provinces but none of the provinces have a GAM rate above 10%. The Joint Nutrition and Food Security Assessment (JANFSA) conducted in January 2019 revealed a national GAM rate of 5,1% compare to 4,5% in 2018 (statistically no difference) but SAM prevalence increased from 0,5% (SMART Survey 2018) to 1.1% Surveys indicate that boys are overall more vulnerable than girls to undernutrition. The Assessement further indicated that results, children 6-11 months are more affected by acute malnutrition with GAM rate at 8,5% and SAM rate of 1,9% which is close to emergency threshold of 2%. Trend in monthly Severe Acute Malnutrition (SAM) admissions remained stable compare to 2018.Diarrhea, fever and acute respiratory infections in children under five are a key underlying cause of under-nutrition.

Food insecurity remains a concern, mainly due to climate change and high chronic food insecurity. From Integrated Food Security Phase Classification (IPC) July-September 2018 results, 50% of the households faced food insecurity. Disaggregated data from the IPC analysis for January -March 2019, indicated 15% of the population are classified in Phase 3 of Food insecurity compared to 13% for the same period last year (March 2018). Nutrition sector will continue to monitor the situation through routine Programme data as well as Joint Nutrition and Food Security Assessments.

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2015

NCC: UNICEF P4 FT double hatting as co lead of Nutrition sector

Deputy: N/A

IMO:N/A

Coordination arrangement:

MoH Lead and UNICEF Co Lead

PARTNERS

LNGOs	2	INGOs	10
UN AGENCIES	5	AUTHORITIES	1
OBSERVERS	2	DONORS	1

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	3	INGOs projects	6
NNGOs projects	0	Other projects	0
Nutrition as stand-alone intervention			9
Total number of projects			9

KEY EVENTS

- **Joint Analysis of Food Security and Nutrition Survey (JANFSA) organized in January 2019 but results not yet validated by the government,Jan 2019**
- **Training on the 2018-2019 revised CMAM guidelines,Mar 2019**
- **Vitamin A campaign organized in June 2019 targeting children 6-59 monthssupplementation,Mar 2019**

KEY DOCUMENTS

- **2019 CMAM revised guidelines**
- **2019 National joint Food Security and Nutrition Survey (report not validated)**

RESPONSE STRATEGY

- Ensure access to nutrition quality care for 88,000 girls and boys aged 6-59 months with acute malnutrition (MAM and SAM), and 37,000 acutely malnourished pregnant and lactating women in the 11 priority provinces.
- Establish a nutritional surveillance and monitoring system for 700,000 girls and boys aged 6-59 months and women in the 11 priority provinces.
- Prevent malnutrition among girls and boys aged 6-23 months, and pregnant and lactating women through food supplementation, distribution of multi micro-nutrients and promotion of recommended Infant and Young child Feeding and Care Practices in the 11 priority provinces.
- Coordinate integrated interventions at the national and decentralized level, ensuring an integrated nutrition response at central, provincial and district levels.

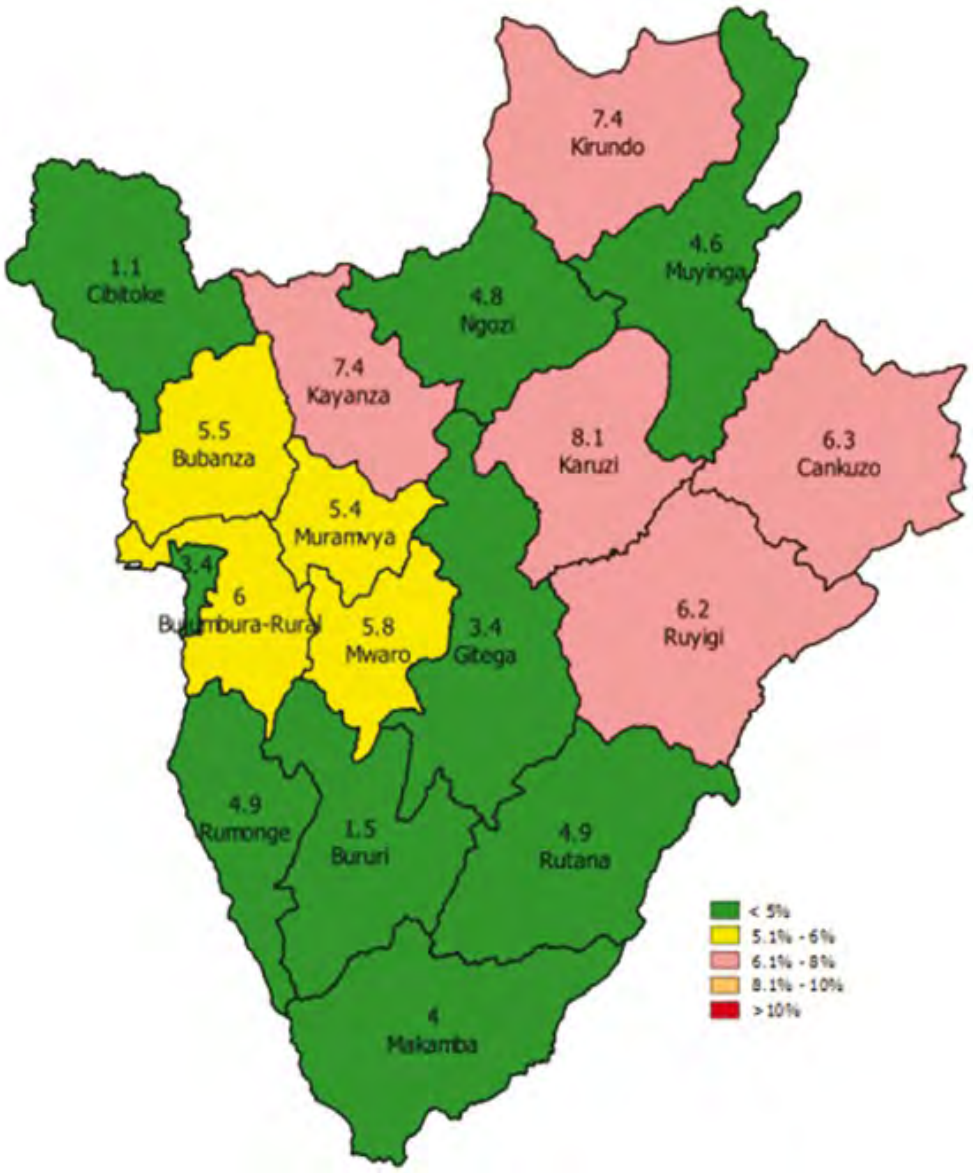
CHALLENGES

- Supply chain management and end user monitoring to ensure children in need receive the right ration remain key challenges: CMAM program faced stock out at facility level even though supplies are available at district and national level due to delay in requisition and reporting and RUTF diversion. An end use monitoring assessment will be conducted by end of 2019 to identify bottleneck and define actions to strengthen the system

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Access to quality care services: 125,800 including 8800 children under five years (44,800 girls and 43,120 boys) and 37,800 pregnant women, including more than 15,000 from specific categories (internally displaced persons and returnees), will have access to treatment services for acute malnutrition and other nutrition interventions.
- Nutritional surveillance: active screening will be organized for children aged below 5 years in the 12 priority provinces and children identified as malnourished will be referred to the care centers (SFP / OTP / IPF).

GLOBAL ACUTE MALNUTRITION MAP ©UNICEF/BURUNDI 2018, M. MISENGO



KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines, but needs updating
- ☑ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019

FUNDING

5 M

TOTAL FUNDING RECEIVED (USD)

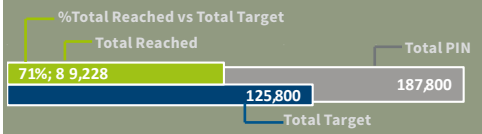
4 M (83%)

TOTAL GAP (USD)

0.85 M (17%)

Key Figures In 2019

Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months

SAM new admissions

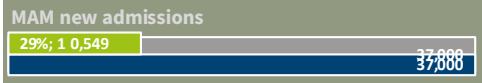
MAM new admissions

BSFP new admissions

No data; -

Pregnant and Lactating Women (PLW)

MAM new admissions



IYCF-E counselling for PLW and caretakers of infants & under 2 years

BSFP new admissions

No data; -

Contact

Elisabeth ZANOU
ezanou@unicef.org

CAMEROON

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2018

NCC: UNICEF P3 TA

Deputy: N/A

IMO:N/A

Coordination arrangement:

Sub-national Cluster for a regional crisis - UNICEF lead

PARTNERS

LNGOs	6	INGOs	3
UN AGENCIES	3	AUTHORITIES	1
OBSERVERS	0	DONORS	0

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	2	INGOs projects	1
NNGOs projects	0	Other projects	0
Nutrition as stand-alone intervention			2
Total number of projects			3

KEY EVENTS

- **One-day orientation session on nutrition in emergencies (NiE) in both NW and SW regions of Cameroon,Feb 2019**
- **Validation of nutrition cluster strategic response plan,Jun 2019**

KEY DOCUMENTS

- **CMAM Guidelines**

SITUATION ANALYSIS

The latest available data on nutrition situation, derived from the WFP's Emergency Food Security Assessment (EFSA January 2019), revealed that proxy Global Acute Malnutrition (GAM) rates for the North-West and South-West regions were 4.4% and 5.6% respectively. As per the most recent calculation, up to 7,000 children age 6-59 months with Severe Acute Malnutrition can be expected in the 2 regions until the end of the year. According EFSA and Famine Early Warning Systems network (FEWS-NET) monitoring reports, food security situation remains critical and continues to deteriorate due to low production, low incomes and fluctuating commodity prices. Furthermore, Livelihoods continue to deteriorate and as a result Internally Displaced persons and poor households are most likely to continue experiencing critical Food insecurity situation (IPC Phase 3) through January 2020. The nutrition situation is likely to deteriorate in the coming months due to prevailing vulnerabilities that are closely linked to malnutrition i.e. population displacements by conflict, food insecurity, deteriorating hygiene situation and limited access to healthcare.

RESPONSE STRATEGY

The cluster response plan aims to achieve the country's overarching humanitarian goals of saving life and alleviating suffering (HRP Strategic Objective 1) through the following sector objectives:

1. Improve access to quality lifesaving services for management of acute malnutrition for children (boys and girls 6-59 months) through systematic identification, referral and treatment of acutely malnourished cases.
2. Improve access to services preventing under-nutrition for the most vulnerable groups (children under five and pregnant and caregivers of children less than 2 years of age) focusing on infant and young child feeding in emergencies, micro-nutrient supplementation, and blanket supplementary feeding.
3. Establish and strengthen nutrition surveillance system to monitor the nutrition situation
4. Effective coordination of partner's response to the needs of affected population and management of information on the nutrition situation and response.

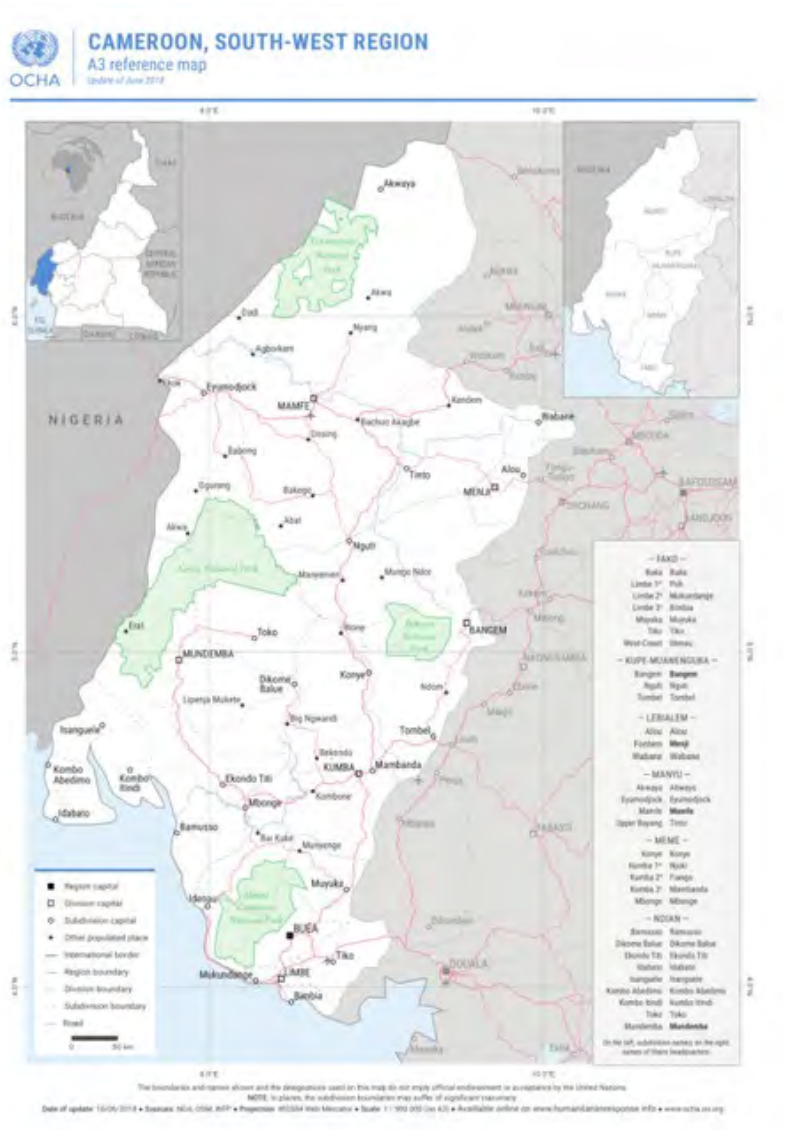
CHALLENGES

- There is limited capacities by existing partners to support the nutrition response especially in the inpatient case management of children with SAM.
- The coverage of nutrition response is very low in the two regions. Funding for nutrition response remains a big challenge.
- There are no nutrition services aimed for the prevention and management of Moderate Acute Malnutrition cases and this will result to deterioration to severe forms of acute malnutrition if this response is not put in place.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Build capacity of health workers on Mid Upper Arm Circumference (MUAC) screening, SAM management, infant feeding practices in emergency and nutrition assessment approaches.
- Conduct a rapid nutrition assessment.
- Improve acute malnutrition management coverage (using if needed the simplified approach).
- Reinforce IYCF programming.
- Translation of nutrition guidelines from French to English and distribution to service providers

MAP OF SOUTH WEST REGION - TAKING PICTURE IN THE CONTEXT OF THE SW/NW CRISIS IS A SENSITIVE ISSUE, AS OF NOW WE AVOID TO SHARE ANY



KEY LINKS

- Humanitarian Response website
- Nutrition cluster Google drive

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines, but needs updating
- ☒ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019

CMAM guidelines

FUNDING

3.2 M

TOTAL FUNDING RECEIVED (USD)

0.5 M (16%)

TOTAL GAP (USD)

2.7 M (84%)

Key Figures In 2019

Figures below are from Jan to Jun 2019

%Total Reached vs Total Target: 1%; 610

Total Reached: 90,810

Total PIN: 135,000

Total Target

Achievements Per Activity

Children 6-59 months

SAM new admissions

0%; 10 / 2,500 / 7,000

MAM new admissions

No data; -

-

BSFP new admissions

No data; - / 25,373 / 30,000

Vitamin A supplementation

-; 600

-

Micronutrient Supplementation

No data; -

-

Pregnant and Lactating Women (PLW)

MAM new admissions

No data; -

-

IYCF-E counselling for PLW and caretakers of infants & under 2 years

No data; -

-

BSFP new admissions

No data; -

-

Micronutrient Supplementation

-; -

-

Reason for low reporting rate : Serious access constraints, insecurity, low partners capacity, funding gaps

Contact

Céline BERNIER
cbernier@unicef.org

CENTRAL AFRICAN REPUBLIC

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2007

NCC: UNICEF P3 TA

Deputy: MEDECIN D'AFRIQUE (MDA)

IMO:UNICEF NOC TA

Coordination arrangement:

UNICEF Lead Subnational level: 4 sub-national hubs in Bambari, Bouar, Kaga-Bandoro and Bossangoa

PARTNERS

LNGOs	17	INGOs	15
UN AGENCIES	4	AUTHORITIES	1
OBSERVERS	1	DONORS	2

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	2	INGOs projects	10
NNGOs projects	2	Other projects	0
Nutrition as stand-alone intervention			4
Total number of projects			14

KEY EVENTS

- Tech IYCF-E Training,Mar 2019
- Inter-cluster training on nutrition,Jun 2019

KEY DOCUMENTS

- Nutrition cluster bulletin

SITUATION ANALYSIS

Central Africa republic (CAR) is the third-largest humanitarian crisis in the world, after Yemen and Syria, according to the proportion of the total population in need of humanitarian assistance. According to the 2019 Humanitarian Needs Overview (HNO), 2.9 million Central Africans, more than half of whom are children, are in need of humanitarian assistance. Some 1.6 million people have acute and immediate humanitarian needs. As of 31 May 2019, more than 620,000 Internally Dispalced Persons (IDPs) were reported throughout the country. Two thirds of IDPs are housed in host families and one third resides in 77 sites.

The sectoral analysis of the nutritional situation based on the results of SMART nutritional surveys conducted in 2018 showed a worrying nutritional situation. Indeed, Severe Acute Malnutrition (SAM) persists with prevalence rates above 2% in 39 (55 per cent) of the country's 71 health sub-prefectures. The national nutrition survey GAM stands at 7.1% and SAM at 2.1%. Compared to 2014, there is an increased the overall Global Acute Malnutrition malnutrition prevelnce. In IDP sites, the prevalence rate of Global Acute Malnutrition (GAM) is above the WHO GAM Emergency thresholds of 15% in 16 sites. 41% of the population, 1.81 million Central Africans, are food insecure (IPC phases 3 & 4), while only 50.2% of households have access to drinking water.

34% practice open-air defecation, due to the country's poor drinking water coverage and low level of hygiene infrastructure. The crisis has severely reduced access to essential services. To date, only 54% of the nutritional care units are operational. Chronic malnutrition affects 4 out of 10 children under five years of age. The nutrition status of women and children in CAR is associated with many factors that range from poor socio-economic and insecurity, food insecurity, poor childcare practices and limited access to healthcare, water, sanitation and hygienic infrastructure which lead to a cycle of malnutrition.

RESPONSE STRATEGY

- Provide equitable access to life-saving interventions to treat acute malnutrition of at least 80% of expected caseload
- To prevent deterioration of nutritional status of at least 80% of expected caseload
- Improve the management of acute malnourished children

CHALLENGES

- Delays in supplies pipeline and limited access to several areas due to insecurity severely compromised the effective scale-up of nutrition package .
- Human resources: Insecurity and ability to maintain teams in the field location due to the volatile situation – High turnover of staff and destruction of health facilities.
- Limited technical capacity in carrying out Infant and Young Child feeding interventions

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Support Nutrition surveillance and early warning system at large scale;
- Increase coverage of SAM and MAM treatment by using various strategies including simplified protocol or expanded admission criteria.
- Scale up prevention – promotion of Infant Young and children Feeding and others family practices
- Use cash transfer in the nutrition emergency response to ovoid relapse of SAM;
- Maintain nutrition cluster coordination;
- Strengthen Resource mobilization

PREVALENCE OF GLOBAL ACUTE MALNUTRITION (GAM) - SMART NUTRITION SURVEY 2018

KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- ☑ CMAM Guidelines, but needs updating
- ☑ IYCF Guidelines, but needs updating
- ☒ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019

FUNDING

26 M

TOTAL FUNDING RECEIVED (USD)

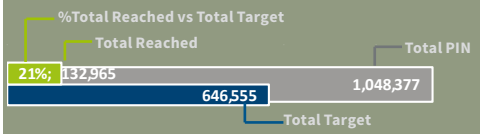
9.9 M (38%)

TOTAL GAP (USD)

16.1 M(62%)

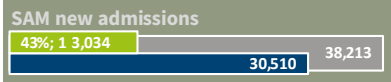
Key Figures In 2019

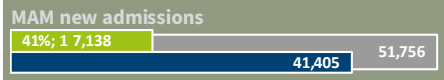
Figures below are from Jan to May 2019

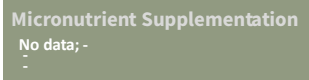


Achievements Per Activity

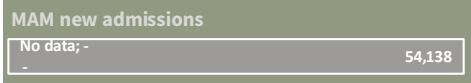
Children 6-59 months

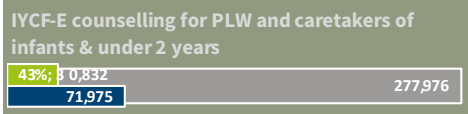


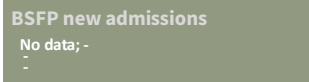


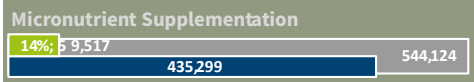


Pregnant and Lactating Women (PLW)









Contact

Yves Nzigndo
ynzigndo@unicef.org

CHAD

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2015

NCC: UNICEF P3 TA

Deputy: DNTA

IMO:N/A

Coordination arrangement:

UNICEF, MoH co-lead; ALIMA/ALERTE SANTE co-facilitator 1 sub-national hubs in Lac province

PARTNERS

LNGOs	12	INGOs	14
UN AGENCIES	4	AUTHORITIES	2
OBSERVERS	1	DONORS	6

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	5	INGOs projects	11
NNGOs projects	9	Other projects	0
Nutrition as stand-alone intervention			25
Total number of projects			25

KEY EVENTS

- **Supplementation en Vit A et déparasitage,Apr 2019**

KEY DOCUMENTS

- **2018 National Nutrition SMART Survey**
- IYCF Scalling up plan

SITUATION ANALYSIS

In 2018, Chad continued to face three interconnected humanitarian crises, affecting 4.4 million people throughout the country; including 2.5 million children, these include widespread insecurity, nutrition, forced displacement and health emergencies. Food insecurity and malnutrition continued to affect 4 million people including 409,000 refugees and 71,000 returnees. The nutritional situation remains a concern in Chad, and the results of the 2018 national SMART survey reveal a deterioration in the nutrition status among children aged below 5 years with a national Global Acute Malnutrition (GAM) rate of 13.9%. The 15% emergency threshold as per World health organization (WHO) standards was exceeded in 12 of the 23 provinces of Chad. The national prevalence of Severe Acute Malnutrition (SAM) is 3.9%, which exceed the 2.6% SAM rate of 2016. 15 out of 23 regions had over 2% SAM prevelence. More than 2 million people do not have access (or insufficient access) to basic social services including health, education, drinking water and sanitation; this has potentiality to further exacerbate the high malnutrition rates for the remaining half of the year.

RESPONSE STRATEGY

1. Ensure adequate care for people suffering from acute malnutrition
2. Strengthen prevention of different forms of malnutrition as well as nutritional resilience with a focus on community nutrition interventions
3. Strengthen the availability and accessibility of care services for people suffering from acute malnutrition and promote accountability and cross-protection
4. Maintain and strengthen coordination mechanisms of nutrition activities, nutritional surveillance and preparedness system

CHALLENGES

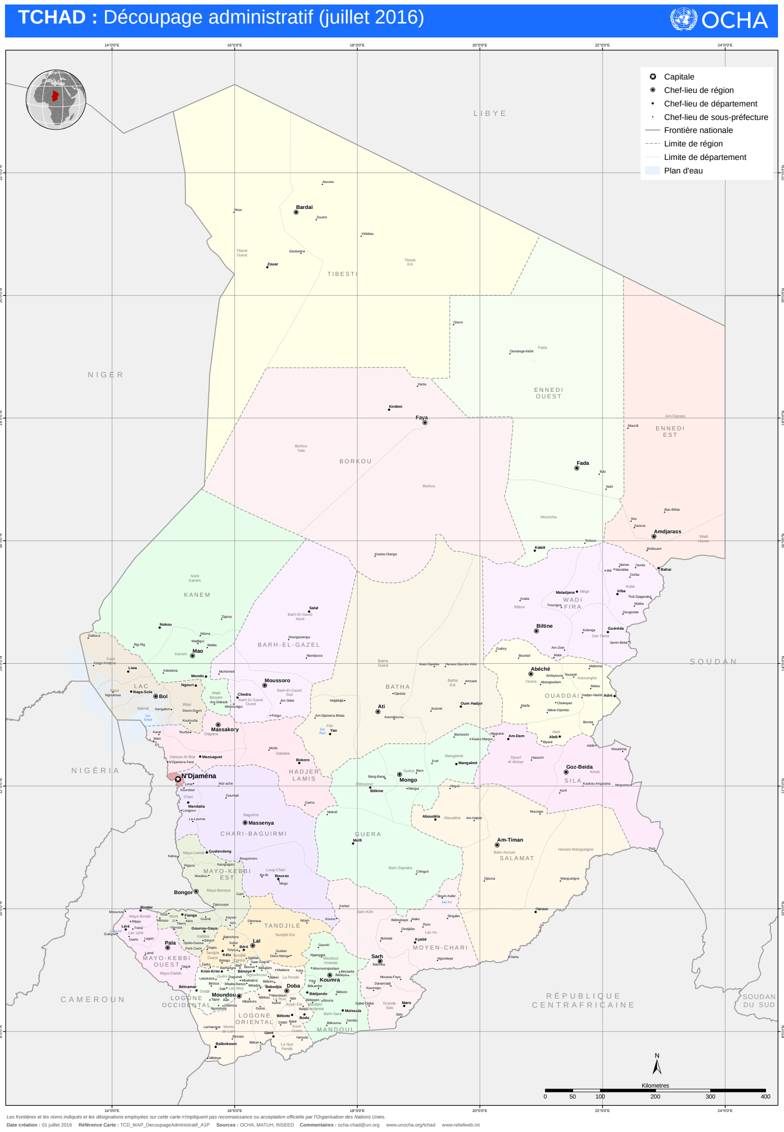
- Low funding for programs focusing on undernutrition prevention interventions affecting programme implementation and scale up.
- Constraints in funding negatively impacting the nutrition pipeline including availability of contingency stocks
- Low coverage of Nutrition Services due to Low Coverage of Health Facilities (57% at the end of 2018, no advanced strategies for increasing coverage e.g through mobile clinics)
- Low Geographic accessibility (only 20% of the population living within 5 km of the health center)
- Poor quality Reporting (incompleteness and promptness of data)
- sub-optimal numbers of human resources for nutrition programme implementation, both in quality and quantity
- Insufficient quality monitoring in the implementation of interventions and supervision of health personnel
- Existence of strong cultural barriers (habits and customs) negatively affecting nutrition service utilization

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Ensure the adequate care of 304,589 boys and girls aged below 5 Years suffering from severe acute malnutrition and 300,000 cases of moderate acute malnutrition among children <5 years in the 16 priority regions
- Strengthen prevention of different forms of malnutrition through scaling up Infant and Young Child Feeding activities in the 16 priority provinces. These activities will target 100,000 pregnant and lactating women, 162,593 cases of blanket feeding, 436,062 people for IYCF activities
- strengthen coordination mechanism at provincial level with active inolvement of Ministry of Health staffs
-

- Strengthen the availability and accessibility of appropriate acute malnutrition care services via lunching of new Out-Patient Therapeutic care programs, In-Patient Management of SAM Centers and organization of mobile clinics in hard-to-reach zones.
- Advocacy and fundraising for prevention of malnutrition activities

TCHAD: CARTE_DECOUPAGE ADMINISTRATIF_2016



KEY LINKS

- [Humanitarian Response website]()

NUTRITION GUIDELINES

- CMAM Guidelines.
- IYCF Guidelines
- Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019

C MAM guidelines

FUNDING

69.6 M

TOTAL FUNDING RECEIVED (USD)

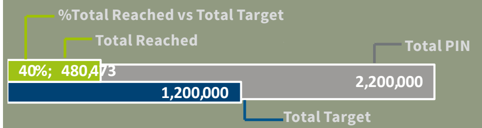
20.4 M(29%)

TOTAL GAP (USD)

49.2 M(71%)

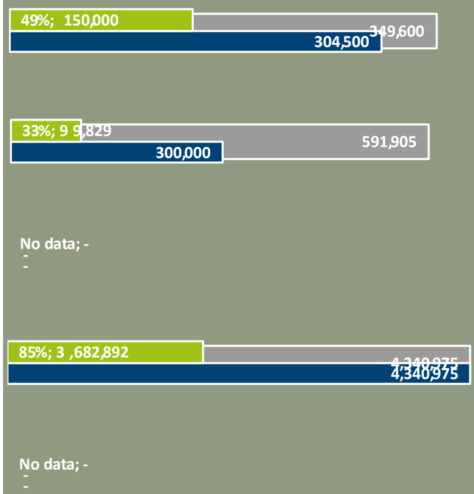
Key Figures In 2019

Figures below are from Jan to Jun 2019

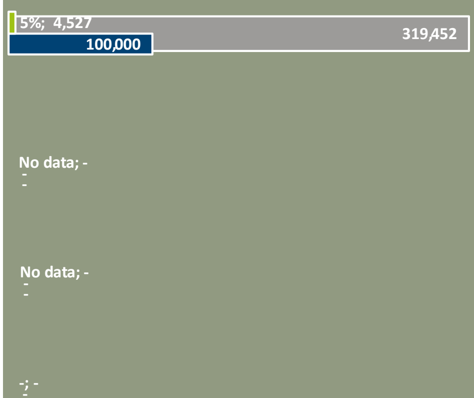


Achievements Per Activity

Children 6-59 months



Pregnant and Lactating Women (PLW)



Reason for low reporting rate : Activities for Infant and Young Child Feeding Interventions have not started due to funding constraints.

Contact

JEAN-JEACQUES INCHI
jsuhene@unicef.org

DEMOCRATIC REPUBLIC OF THE CONGO

CLUSTER INFORMATION

Coordination mechanism:Cluster

Year of activation: 2006

NCC: UNICEF P3 FT

Deputy: COOPI, Country Nutrition Coordinator

IMO:COOPI

Other: Cluster co-facilitator PRONANUT (MoH), 30% dedicated

Coordination arrangement:

National level:UNICEF lead, COOPI (INGO) co-lead, PRONANUT (MoH) co-lead Sub national level: 7 Sub national Nord Kivu, Sud Kivu, Kasai Central, Tanganyika, Ituri, Mbujimayi, Tshikapa

PARTNERS

LNGOs	7	INGOs	34
UN AGENCIES	4	AUTHORITIES	1
OBSERVERS	2	DONORS	11

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	2	INGOs projects	34
NNGOs projects	7	Other projects	0
Nutrition as stand-alone intervention			33
Total number of projects			44

KEY EVENTS

- **Review nutrition cluster guidelines,Apr 2019**
- **Sub national nutrition cluster coordinators training,May 2019**
- **Inter cluster training and integration,May 2019**

KEY DOCUMENTS

- **Guidlines IYCF emergency**
- **Guidlines promotion, protection and support IYCF and ebola context**

SITUATION ANALYSIS

More than a decade, nutrition is major public health issue in Democratic Republic of Congo (DRC). At present, 2 major health crisis are under way, there have been confirmed 1,790 deaths by Ebola Virus and 2,671 Measles cases. Measles epidemic has occurred in 23 out of 26 Provinces. From the 2014 District Health Survey, 43% of children under the age of five suffer from stunting (more than 6 million children); 7.9% of children under five suffer from wasting (more than 4 million children); 23% of children are underweight, 14.4% of women have an energy deficit and 38% of women of childbearing age are anemic. According to an Integrated Food Security Phase Classification (IPC) conducted in October 2018, approximately 13.1 million people are food insecure. The latest bulletin on nutritional surveillance and Early Warning Systems (EWS) covering the period from January to March 2019 reveal that 57 of the 468 health zones are on alert phase. This represents 12.39% health zones. The most affected provinces are Kasaï Central (with 14 health zones out of 26), Kwango (8 out of 57), Sankuru and Kasaï Oriental (6 for each of 57) and Kwilu (5 out of 57). 8 out of 13 nutritional surveys (61%) showed a worrying nutritional situation, either through the prevalence of Global Acute Malnutrition (GAM) which is higher than 10%, and Severe acute malnutrition (SAM) rates which is higher than 2% or the Crude Death Date among children under 5 years of age that exceeded 2.3 deaths per 10,000 children per day. The health zones and territories with nutritional situations of concern are Songa, Kikimi, Yumbi, Lubudi, Mungindu, Mbulula, Manono and Kanpanga. Faced with this worrying situation the nutrition cluster has initiated exchanges with some of these partners to scale up and integrate nutrition interventions in areas and territories not yet covered.

RESPONSE STRATEGY

As per 2019 HRP

- Specific Objective 1: Immediate improvement of the living conditions of the people affected by the crisis and in priority the most vulnerable.
- Specific objective 4: The decrease in excess mortality and excess morbidity of people affected by the crisis.

CHALLENGES

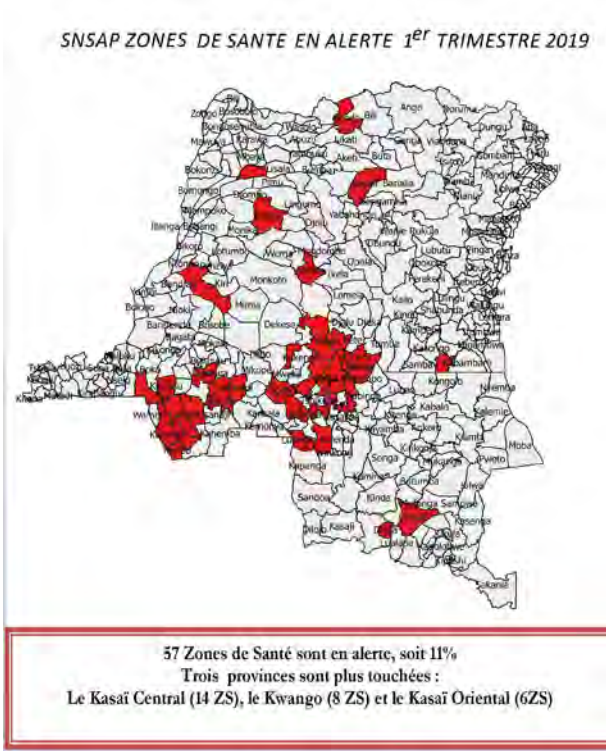
- Poor access to several health facilities related to insecurity and poor road conditions.
- Low level of integration of nutrition aspect in the Food Security, WASH and Social Protection projects.
- The cluster strategy is not updated.
- Donor priorities (geographical location) conflicting with effective priority locations
- Low availability of financial resources to scale up the management of cases of moderate and severe acute malnutrition;
- Low capacity of the health system to ensure the continuation of interventions after the withdrawal of NGOs.
- Low capacities for supply chain management for therapeutic products.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Validation of the Nutrition Cluster strategy by Government and Nutrition Cluster Partners.
- Advocacy for the integration of nutrition into the multi-sectoral projects of NGOs, and also its effective integration into the Minimum Package of Health facilities activities: The Strategic Advisory Group will be set up in early September (SAG). Nutrition Cluster will develop a common strategy to have a focused and systematic advocacy process.

- Advocacy for alignment of donors priorities with agreed priority areas: The nutrition cluster has developed a prioritization criteria for health districts which have been reflected in Draft Nutrition Cluster Strategy. In addition, the NC has reinforced its advocacy for the development of an overall cross-sectoral severity score (SGS in French) in 2020 Humanitarian Programme cycle. The NIS (Nutrition Information System) and CMAM GTT will also be set up in early September to improve data management and further inform the prioritization process.
- Ensure adequate human resources for cluster coordination team and information management at the sub national level: The coordination team will hold bilateral meetings with potential donors to increase the number of coordinators and IMs for sub-national levels. The ideal would be to have one coordinator and one IM per hub.
- Work with other Cluster in the development of 2020 Humanitarian Programme Cycle.
- Call for action from side events: This will be done through strengthening the nexus; increasing the engagement of development partners in emergency preparedness, response and recovery including stronger linkages with SUN Movement. NC will also undertake the development and implementation of a common decision framework with specific criteria and indicators- for each package of interventions for different contexts working towards ensuring a multi-sectorial nutrition response.
- A GTT SIN and a PCIMA will also be set up in early September to improve data management data and further inform the prioritization process.

SNSAP SURVEILLANCE NUTRITIONNELLE, SECURITE ALIMENTAIRE ET ALERTE PRECOCE (WITH UNICEF SUPPORT), BULLETIN NO. 35



KEY LINKS

- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines
- ☑ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019 C

MAM guidelines


IYCF guidelines


Assessment guidelines

FUNDING

160 M

TOTAL FUNDING RECEIVED (USD)

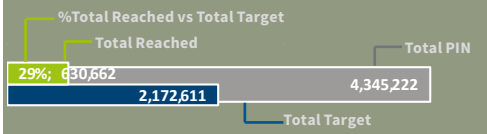
36 M (22%)

TOTAL GAP (USD)

124 M (78%)

Key Figures In 2019

Figures below are from Jan to May 2019



Achievements Per Activity

Children 6-59 months

SAM new admissions

56%; 365,399 | 646,948 | 1,293,896

MAM new admissions

17%; 265,263 | 1,525,663 | 2,744,661

BSFP new admissions

0%; 80 | 272,367

Vitamin A supplementation

-; -

Micronutrient Supplementation

No data; -

Pregnant and Lactating Women (PLW)

MAM new admissions

No data; - | 193,631 | 774,526

IYCF-E counselling for PLW and caretakers of infants & under 2 years

No data; -

BSFP new admissions

41%; 9 5,952 | 232,945

Micronutrient Supplementation

-; -

Contact

Kalil Sagno
ksagno@unicef.org

ETHIOPIA

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2000

NCC: UNICEF P4,FT

Deputy: UNICEF NOC,FT

IMO:UNICEF NOC,FT;One data clerk (UNICEF TA NOB);

Others: 1 IMAM coordinator (consultant); 1 international consultant at sub-national cluster coordination level (SNNP region) and 1 P3 TA Nutrition Cluster Coordination at sub-national level (Somali Region)

Coordination arrangement:

National level led by NDRMC and co-led by the Emergency Nutrition Coordination Unit (Nutrition Cluster). Six sub-national cluster coordination hubs

PARTNERS

LNGOs	1	INGOs	20
UN AGENCIES	4	AUTHORITIES	2
OBSERVERS	0	DONORS	2

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	-	INGOs projects	-
NNGOs projects	-	Other projects	-
Nutrition as stand-alone intervention			-
Total number of projects			-

KEY EVENTS

- CCPM ,July 2019
- SMART Manager training ,Aug 2019
- Woreda hotspot classification , July/Aug 2019

KEY DOCUMENTS

- Launch of the revised national acute malnutrition management guidelines in June 2019

SITUATION ANALYSIS

Despite adequate seasonal rains that contributed to a better food security situation in 2019, the scale and number of locations affected by high food insecurity and malnutrition remained high, especially in the low land parts and in areas with high number of Internally Displaced People (IDP). Prioritized emergency nutrition response was provided in protracted drought areas / chronically food insecure areas, mainly across the southern / south eastern belt and across Somali Region, parts of Oromia, Afar, and pocket areas of Amhara and Tigray regions. In southern parts of Somali region, 3 consecutive years of dry-spell episodes (including in the 2019 / sub-optimal Gu rainy season) severely eroded livelihoods e.g., capacity to produce camel milk and to increase the herd size. In addition, the recent and sudden rise of conflict-affected IDP along the Oromia- Somali border, Gedeo and West Guji Zones and Kamashi Zone of Benishangul Gumuz and East and West Wellega zones of Oromia Region significantly led to increased emergency nutrition response needs and resources required to respond to these needs are stretched.

RESPONSE STRATEGY

The response strategy as outlined in the HRP revolves around three specific objectives:

- To provide timely access to live-saving quality treatment of acute malnutrition among Children aged below 5 Years and pregnant and lactating women
- To strengthen life-saving preventive nutrition services for vulnerable populations focusing on prevention of micronutrient deficiencies
- To contribute to health system strengthening within the National Health Extension Programme and support early warning system to ensure effective emergency nutrition response

CMAM services will be delivered in 2019 using the recently revised Acute Malnutrition National guideline ; efforts will be made to ensure early identification and referral; enhanced access to services in remote and hard to reach communities including IDP/returnee sites; promotion of continuum of care for SAM and MAM treatment ; IYCF-E promotion across all interventions and promotion of nutrition prevention services notably Vitamin A supplementation and biannual provision of antihelminth to prevent micronutrient deficiencies.

CHALLENGES

In 2019, pronounced and prolonged TSFP pipeline breaks were the main challenges that led to lack of TSFP activities including in priority 1 woredas since March 2019.

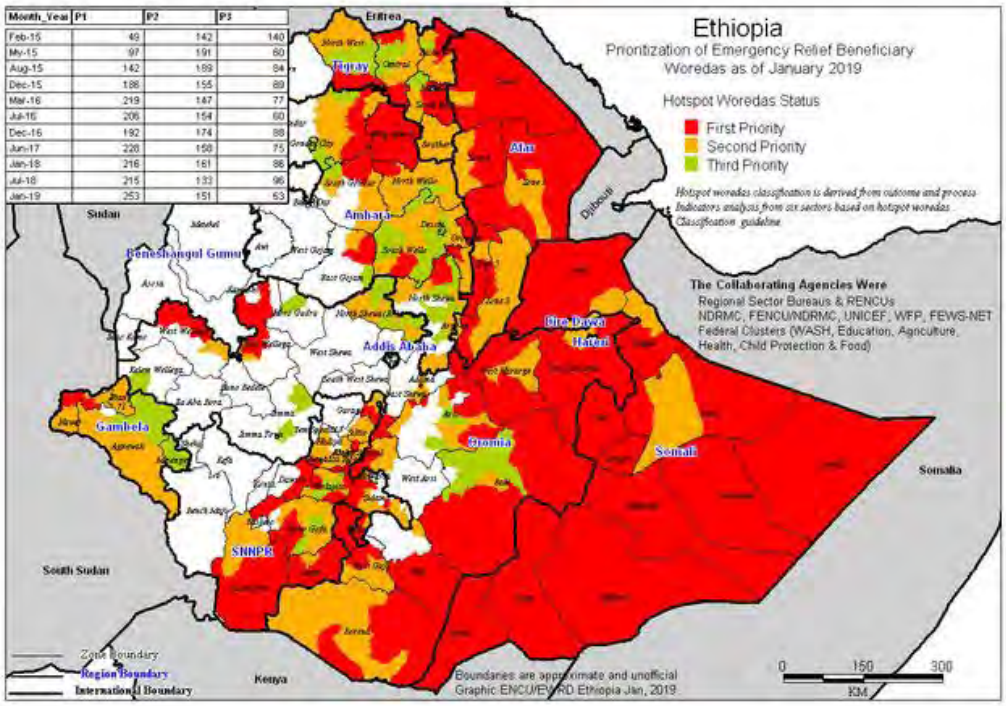
Sub-optimal active case finding at community level and limited outreach activities prevented early detection and referral of acute malnutrition all in all likely contributing to very high proportion of SAM cases with medical complications, e.g., in SNNP and BG regions in April the proportion of admissions in stabilization center over total new SAM admissions was above 20% (well above the national average of 9%).

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Roll out the revised guidelines for acute malnutrition treatment (leading to an expected increase in SAM and MAM admissions that will occur because of the adoption of internationally recommended 2018 updated WHO Wasting Thresholds).
- Expand the integration of Targeted Supplementary Feeding programme in the health system (SAM-MAM continuum) in additional food-insecure Woredas (105 woredas total).
- Strengthen Nutrition situation monitoring: Organize SMART Methodology training (2 sessions followed by implementation of at least 4 Nutrition Surveys)
- Conduct a Cluster Coordination Performance monitoring exercise

ETHIOPIA HOT SPOT CLASSIFICATION, JAN 2019

Month_Year	P1	P2	P3
Feb-15	49	142	140
May-15	97	191	60
Aug-15	142	189	84
Dec-15	188	155	89
Mar-16	219	147	77
Jul-16	206	154	60
Dec-16	192	174	88
Jun-17	220	150	75
Jan-18	216	161	86
Jul-18	215	133	96
Jan-19	253	151	53



KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines
- ☑ Nutrition Assessment Guidelines, , but needs updating

NUTRITION RESOURCES

HNO 2019

HRP 2019

FUNDING

202 M

TOTAL FUNDING RECEIVED (USD)

61 M (30%)

TOTAL GAP (USD)

141 M(70%)

Key Figures In 2019

Figures below are from Jan to Jun 2019

%Total Reached vs Total Target | Total Reached | Total PIN | Total Target

52%; 2 ,242,156 | 4,351,847 | 5,906,918

Achievements Per Activity

Children 6-59 months

SAM new admissions

38%; 178,211 | 466,179 | 582,723

MAM new admissions

40%; 686,292 | 1,715,800 | 2,573,756

BSFP new admissions

No data; -

-

Vitamin A supplementation

24%; 237,665 | 1,000,000 | 1,286,871

Micronutrient Supplementation

No data; -

-

Pregnant and Lactating Women (PLW)

MAM new admissions

40%; 656,224 | 1,647,907 | 2,142,284

IYCF-E counselling for PLW and caretakers of infants & under 2 years

No data; -

-

BSFP new admissions

No data; -

-

Micronutrient Supplementation

- -

Reason for low reporting rate : Here are reported SAM admissions (38% of target) and MAM admissions (40% of target) as end of June 2019. In addition, the report includes beneficiaries of Vitamin A supplementation only for 1 region.

Contact

Cecile Basquin
cbasquin@unicef.org

MALAWI

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2015

NCC: NCC on Surge Capacity

Deputy: N/A

IMO:N/A

Coordination arrangement:

Government lead; UNICEF co-lead

PARTNERS

LNGOs	5	INGOs	11
UN AGENCIES	2	AUTHORITIES	1
OBSERVERS	8	DONORS	7

NUTRITION PROJECTS IN THE 2019 HRP

UN projects	3	INGOs projects	5
NNGOs projects	2	Other projects	-
Nutrition as stand-alone intervention			5
Total number of projects			10

KEY EVENTS

- Nutrition in Emergency Training,Mar 2019
- Mass Screening and Active Case Finding campaign, to identify, refer and treat acutely malnourished children, as part of rapid emergency response,Mar 2019
- IYCF-E workshop, to integrate IYCF-E into regular IYCF and other key policy documents,Jul 2019
- Child Health days,Jul 2019

KEY DOCUMENTS

- Situation Report (Bi-monthly Sitrep)

SITUATION ANALYSIS

In early March 2019, Malawi experienced one of the worst tropical cyclone that formed in the Mozambican channel, bringing heavy rains and strong winds. Severe flooding negatively affected people's lives, livelihoods and socio-economic infrastructure, pushing more people into poverty. In total, an estimated 975,000 people were affected, with 86,976 displaced, 60 killed and 672 injured. In total, fifteen districts were impacted. In view of this, the Department of Disaster Management Affairs (DODMA) Malawi activated the Nutrition Cluster (NC) to effectively respond to the flood emergency. UNICEF as the lead agency for NC and in collaboration with the Department of Nutrition, HIV/AIDS (DNHA), has consistently provided technical and leadership support in co-leading the Malawi nutrition cluster. The nutrition cluster ensured swift implementation of life-saving interventions and rapid mobilization of resources to scale up nutrition interventions.

The Government of Malawi conducted a Post Disaster Needs Assessment (PDNA) in April 2019 to thoroughly understand the effects and impacts of the heavy rains and floods. The report indicated that livelihood sources such as agriculture experienced effects from 47,504 livestock deaths and over 91,638 hectares of productive land affected. Crops such as maize, pulses, sorghum and rice, key to household food and income sources were seriously affected, indicating outright crop failure and immediate food insecurity for 2,300,363 farming households affected. This will consequently affect the food, income and nutrition security of affected households. Based on 2019 SMART survey, GAM prevalence stands at a 0.5% low, down from 1.3% in 2018. Underweight prevalence reduced to 8.9% from about 11% in the last 2 rounds. Poor feeding practices still prevalent, children fed less diverse foods more frequently. The Malawi Vulnerability Assessment Committee assessment estimates that 3.3 million people will be food insecure in 2019.

RESPONSE STRATEGY

Following a state of emergency declaration by the government of Malawi, the nutrition cluster and others were re-activated to ensure response, to the cyclone Idai flood was adequate, elaborate and timely. The nutrition cluster developed a response plan, with the following response strategy;

1. Provision of quality of care for prevention and treatment of acute malnutrition among vulnerable groups (infants, children, pregnant and lactating, PLHIV).
2. Strengthening community capacity and linkages to enhance early identification of malnutrition and timely referral to health/nutrition facilities.
3. Prevention and protection for vulnerable groups, against the deterioration of nutrition status by continued provision of comprehensive and intergrated preventative nutrition support through provision of adequate targeted food assistance, fortified food blends, Micro nutrient powders (MNPs) Vitamin A supplementation, and deworming targeting high risk groups (infants, pregnant, lactating, and PLHIV).
4. Strengthening nutrition cluster coordination at national and district level

CHALLENGES

Among the key challenges noted, during the response are the following;

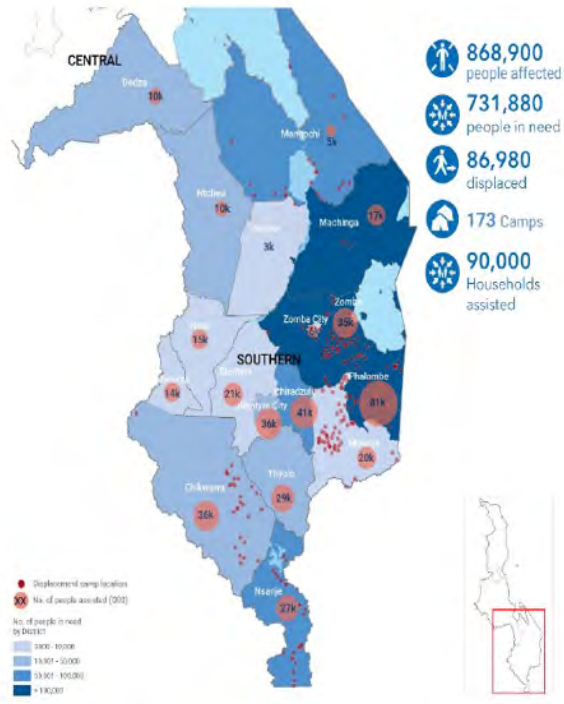
1. Inadequate coordination around funding -some donors financed partners, without consultation with the cluster/coordination; basically, some partners implement directly without consulting the Cluster and relevant government authorities.
2. Reliance on external funding for the emergency response. The government allocated inadequate resources, due to competing priorities.
3. Partners focused on providing services in camps, thus leaving behind those displaced but integrated in relations households.
4. Nutrition not adequately integrated in social protection. Nutrition education should be included alongside the cash transfers.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

The priorities for the next 6 months will focus on early recovery; Nutrition Cluster together with Health Cluster, will jointly implement the agreed sectoral early recovery plan, as informed by the post disaster Needs Assessments (PDNA). The following are among a list of key interventions/ priorities;

1. Capacity Development
   - Provide comprehensive Trainer of Traner (ToT) training on Infant and Young Child Feeding in Emergencies (IYCF-E)
   - Provide elaborate training to frontline worker supervisors IYCF-E, for 5-days.
   - Strengthen capacity to improve quality of care for management of severe acute malnutrition at district, facility and community level. Strengthen integration of nutrition therapeutic supplies into the national supply chain management system
2. Supervision and Monitoring Support monthly emergency coordination meetings at district levels as well as National level, through DoDMA.
   - Strengthen health system accountability at district and facility level through end user monitoring and supply distribution tracking using Rapid pro
   - Scaling-up of the newly introduced community health information system and the national nutrition information system for evidence-based decision-making
3. Community and Social Mobilization.
   - Conduct nutrition screening across all affected districts, including integrated nutrition education, Vit. A supplementation, deworming, WASH, etc.
   - Strengthen linkages between CMAM and nutrition prevention interventions at community level

2019 CYCLONE IDAI FLOOD AFFECTED DISTRICTS



KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- ☑ CMAM Guidelines, but needs updating
- ☑ IYCF Guidelines, but needs updating
- ☑ Nutrition Assessment Guidelines, but needs updating

NUTRITION RESOURCES

Flood Response Plan

FUNDING

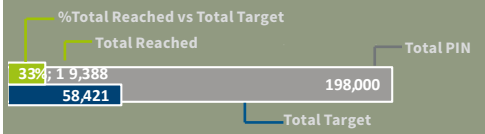
TOTAL FUNDING RECEIVED (USD) 2 M (48%)

4.1 M

TOTAL GAP (USD) 2.1 M (52%)

Key Figures In 2019

Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

No data; -

Vitamin A supplementation

Micronutrient Supplementation

No data; -

Pregnant and Lactating Women (PLW)

MAM new admissions

IYCF-E counselling for PLW and caretakers of infants & under 2 years

No data; -

BSFP new admissions

No data; -

Reason for low reporting rate : Target on track. However because the emergency has now subsided, most displaced women and children have returned to their places of origin, making it difficult to screen and identify any more children. Programme has been integrated into routine activities, as the country focuses on early recovery interventions.

Contact

Dr Wilfred Bengnwi
wbengnwi@unicef.org

MALI

CLUSTER INFORMATION

Coordination mechanism: Hybrid Sector/Cluster

Year of activation: 2012

NCC: UNICEF P4,TA

Deputy: ACF

IMO:N/A

Others: Nutritionist of the National Directorate of Nutrition (MOH): Co-Facilitator of the Nutrition Thematic Group (Part of the cluster coordination team)

Coordination arrangement:

UNICEF Lead, MoPHP co-lead and ACF Co-facilitator Subnational level:11 sub-national hubs in Gao, Timbuktu, Mopti, Menaka, Taoudenit, Kidal, Segou, Kayes, Koulikoro, Bamako and Sikasso.

PARTNERS

LNGOs	5	INGOs	25
UN AGENCIES	4	AUTHORITIES	5
OBSERVERS	0	DONORS	9

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	2	INGOs projects	20
NNGOs projects	0	Other projects	0
Nutrition as stand-alone intervention			19
Total number of projects			13

KEY EVENTS

- **Inter-cluster mission to Mopti and Tomboktou,Apr 2019**
- **Screening campaign for malnutrition coupled with polio imminization,Jun 2019**

KEY DOCUMENTS

- **Rapport du Cadre Harmonisé, novembre 2018**

SITUATION ANALYSIS

The most recent analysis of the Integrated Food Security Phase Classification ((March 2019) shows little evolution of the food and nutrition security situation, with 3,793,060 million people facing a serious food insecurity and subsistence crisis (CH 2- 5), compared to 3,445,872 million in the previous year (November 2018). It should be noted that 2018 had critical levels of food insecurity. The northern regions (Gao / Menaka, Timbuktu / Taoudéni) and central regions (Mopti and northern Ségou) are faced with insecurity preventing access to basic social services. Internally Displaced Persons(IDPs) and host populations in these areas (including children under 5, pregnant and lactating women) are in an alarming to emergency nutritional situation with prevalence of acute malnutrition ranging from 9% (Mopti) to 14% (Gao) with presence of various aggravating factors that may possibly worsen the nutrition situation.

The overall security situation has continued to deteriorate since the second half of 2018, resulting in an increase in the number of IDPs and impacting host communities. The IDP numbers increased from 63,000 in June 2018 to 148,000 IDPs in June 2019. The ICC organized an inter-agency multisectoral evaluation mission during this period, in the region of Segou. Nutritional screening was carried out in the various IDPs sites to all the children aged 6 to 59 months. The results indicated an emergency nutritional situation with Global Acute Malnutrition (GAM) rates of 18% and Severe Acute Malnutrition (SAM) rates of 4%, both above the World Health Organization emergency thresholds. Infant and young child feeding practices were also found to be sub-optimal. IDP households majorly dependent on emergency food assistance which is not adequate and nutritionally balanced, food assistance has also been affected by access constraints. The nutrition cluster estimates that 185,000 children will suffer from SAM in 2019 compared to 160,000 originally planned.

RESPONSE STRATEGY

- Timely identify and treat cases of acute malnutrition and prevent malnutrition among population at risk
- Monitor the nutritional status of the population at risk of malnutrition
- Strengthen institutional technical capacity for coordination to deliver integrated nutrition services and contribute to bridging the Humanitarian and Developmental divide.

CHALLENGES

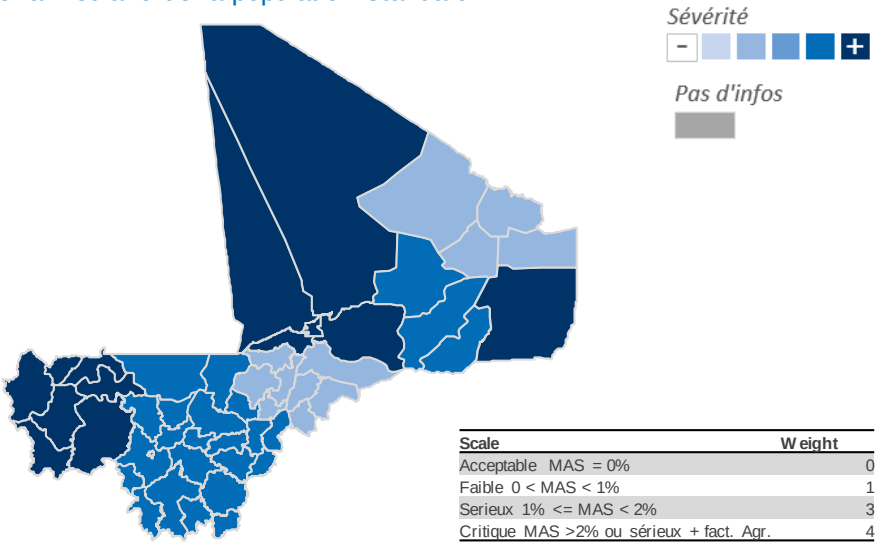
- Lack of Early Warning Systems in geographical areas not covered by the national SMART survey that is conducted annually.
- The establishment of sentinel sites for nutritional surveillance at community level is underway. A total of 54 sites are operational. Newsletters on surveillance and early warning will be published.
- Sub-optimal Coverage of nutrition Services: The SLEAC assessment conducted in 2014 showed low coverage (22%) of Nutrition Services; Prise en Charge Intégrée de la Malnutrition Aigüe (PCIMA). To improve coverage, a PCIMA pilot project on community-level decentralization (Community Health Care Sites) of treating SAM without medical complications has been piloted.
- Maintaining the minimum quality standard after the removal of humanitarian actors from nutritional care integrated into the health system: After the withdrawal of humanitarian actors in the health centers , the performance indicators have significantly deteriorated. The exit strategy needs to be reviewed to improve the resilience of the health system for the management of malnutrition.
- MAM: There are serious funding problems. WFP has only targeted areas that cover only 25% of the target. The rest is not covered.
- Funding Shortfalls (Institutional Funding or Government Contribution): Moderate Acute Malnutrition (MAM) Programmes does not have sufficient funding. This has an impact on the high number of children and PLW with MAM to be supported leading to sub-optimal coverage. The simplified protocol (Management of MAM and MAS by RUTF) is being piloted in two Health Districts to address this.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Continue screening and treatment of acute malnutrition among the population at risk
- Implement a second pilot project on the simplified MAM treatment protocol combined with MAS with RUTF. ALIMA, a Non-Governmental Organization will support the implementation of this project in Bamako in an urban context.
- Develop and implement a Humanitarian-Developmental Nexus Strategy: Organize workshops on strengthening the Nexus with the support of the international consultant
- Reactivate Technical Working Group on Advocacy to undertake advocacy for nutrition to mobilize funding
- Participate in the preparations for the National Nutrition Forum scheduled for July 2019.
- Strengthen the capacity of humanitarian actors and the government on IYCF in emergencies

CARTES DE SEVERITE POUR LA NUTRITION

Nutrition : MAS, prévalence (%) de la malnutrition aiguë sévère chez les enfants de 6 à 59 mois d'âge basé sur la présence d'œdèmes bilatéraux et / ou de poids-pour-taille Z-score inférieur à -3 écarts types de la médiane de la population standard



Scale	Weight
Acceptable MAS = 0%	0
Faible 0 < MAS < 1%	1
Serieux 1% <= MAS < 2%	3
Critique MAS >2% ou sérieux + fact. Agr.	4

KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines
- ☒ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019

CMAM guidelines

FUNDING

49 M

TOTAL FUNDING RECEIVED (USD)

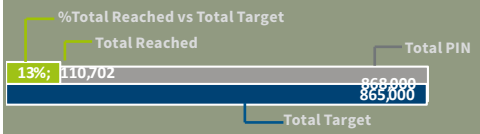
9.6 M (20%)

TOTAL GAP (USD)

39.4 M (80%)

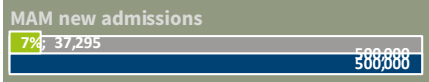
Key Figures In 2019

Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months



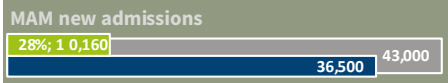
Vitamin A supplementation

-; -

Micronutrient Supplementation

No data; -

Pregnant and Lactating Women (PLW)



Micronutrient Supplementation

-; -

Réason for low reporting rate : The target for MAM will not be reached for lack of funding. IYCF interventions started in July as well because of funding constraints. The BSFP Interventions are planned during the lean season: July to October 2019.

Contact

CLAUDE BANYWESIZE CHIGANGU
bchigangu@unicef.org

MOZAMBIQUE

CLUSTER INFORMATION

Coordination mechanism:Cluster

Year of activation: 2019

NCC: P3 TA (Double Hatting)

Deputy: P3 TA

IMO:UNICEF NOC FT (Double Hatting)

Other: P4 alternate NCC (double hatting)

Coordination arrangement:

UNICEF and Mozambican Ministry of Health co-led at national and provincial level (Beira and CaBel Delgado provincial levels)

PARTNERS

LNGOs	3	INGOs	5
UN AGENCIES	4	AUTHORITIES	3
OBSERVERS	0	DONORS	2

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	12	INGOs projects	10
NNGOs projects	1	Other projects	0
Nutrition as stand-alone intervention			17
Total number of projects			23

KEY EVENTS

- **Nutrition in Emergencies Training Zambezia and Manica provoinces,Feb 2019**
- **National Heath Week as part of the health and nutrition response,Apr 2019**
- **Integrated Food Security Phase Classification Analysis Workshop,Jun 2019**
- **Integrated Food Security Phase Classification Training,Jun 2019**

KEY DOCUMENTS

- **Mozambique Cyclone Idai Post-Disaster Needs Assessment (PDNA)**
- **Mozambique Nutrition Cluster Bulletin**

SITUATION ANALYSIS

Two strong tropical cyclones made landfall in the country during the same season in 2019, leaving a trail of death, damage and destruction whose impacts will be felt well into 2020. A general deterioration of nutrition conditions is also expected in the coming months, particularly during the upcoming lean season, form September 2019 to February 2020. For the first time since 2001 in Mozambique, cases of pellagra (vitamin B3 deficiency) have been reported in June. Even though the deficiency is caused by a specific nutrient deficiency, Pellagra is a reflex of a poor diet and the situation can get even worse if there is not an integrated and multi-sectoral humanitarian intervention to improve the quality of the diet in the affected populations. An estimated 42,000 children require treatment for malnutrition in the districts classified to be in Integrated Phase Classification (IPC) phase 2 or above for acute malnutrition (AMN), according to the SETSAN nutrition survey. Although the prevalence of Global Acute Malnutrition (GAM) is classified IPC AMN phase 1 “Acceptable” (<5 percent) for most of the districts, at least 18 districts will surpass the “Alert” level or IPC AMN 2 (5 to 9.9 percent) and within those, 4 districts will reach the serious level (IPC AMN phase 3 : 10 to 14.9 percent) during the period.

RESPONSE STRATEGY

- Restore and expand capacity for life-saving nutrition interventions thorough health facilities and outreach activities for children under five suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), and Pregnant and Lactating Women with Acute Malnutrition living in the affected districts.
- Implement active case finding and referral of malnourished children and pregnant and lactating women and monitor the nutrition situation through MUAC screenings.
- Undertake the treatment of nutritional treatment for Pellagra cases following MISAU/WHO guidelines and supplement with multivitamins the affected populations.
- Procure and preposition nutrition supplies for therapeutic feeding and micronutrient supplements for the nutrition response activities.
- Undertake rapid nutrition assessments and screening for detection, referral, and follow-up, supported by community health and nutrition workers.
- Promote optimal breastfeeding and complementary feeding practices, and overall Infant and Young Child Feeding (IYCF) best practices messages for caregivers of children under two in the affected districts.

CHALLENGES

- Mozambican MoH is sole provider of Nutrition treatments services in country. Scaling up the response and accessibility to timely data to inform the response was challenging because of capacity constraints, understaffing and difficulties in accessing government data. Due to the limitations in accessing data in a timely manner, it was difficult to depict a true picture of the nutrition situation and nutrition response based on programmatic information.
- Limited engagement on the nutrition response from humanitarian actors as a results of underfunding and reluctance from MoH to allow delivery of curative nutrition services by Humanitarian actors
- Key material, guidelines and standards were not translated and validated in Portuguese therefore limiting its utilization by ministry of health and other actors
- External support dwindling when nutritional needs likely to increase (post cylcones and increasing malnutrition, Pellagra for the upcoming lean season) due to deactivation of the emergency phase to early recovery phase.
- Weak community outreach components for the timely identification and referral of acutely malnourished children aged below 5 years, done predominantly through Health weeks.
- Nutrition Cluster was heavily under-funded (5% for the first quarter) with funding limited to UN agencies.This was based on the fact that Nutrition was de-prioritized by bilateral donors and

in pooled funding mechanisms (CERF) in light of the low GAM levels at the onset of the crisis, even though there was sub-optimal IYCF, high chronic malnutrition levels prior to the crisis and presence of aggravating factors (Cholera outbreak, poor food security, compromised living conditions, poor WASH) that had potentiality of worsening the situation if preventive efforts were not scaled up and sustained.

- Poor comprehension of the cluster approach and cluster functions by MoH and Nutrition actors which compounded the coordination challenges.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Restore and expand capacity for life-saving nutrition interventions thorough health facilities and outreach activities for children under five suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), and Pregnant and Lactating Women with Acute Malnutrition living in the affected districts.
- Implement active case finding and referral of malnourished children and pregnant and lactating women and monitor the nutrition situation through MUAC screenings.
- Assure nutritional treatment for Pellagra cases following MISAU/WHO guidelines and supplement with multivitamins the affected populations.
- Provide nutrition supplies for therapeutic feeding and micronutrient supplements for the nutrition response activities.
- Undertake rapid nutrition assessments and screening for detection, referral, and follow-up, supported by community health and nutrition workers.

IPC AMN IN MOZAMBIQUE AFTER LEAN SEASON AND SHOCKS 2019

KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- [x] CMAM Guidelines.
- [x] IYCF Guidelines, but needs updating
- [x] Nutrition Assessment Guidelines

NUTRITION RESOURCES

HRP 2019

FUNDING

16.5 M

TOTAL FUNDING RECEIVED (USD)

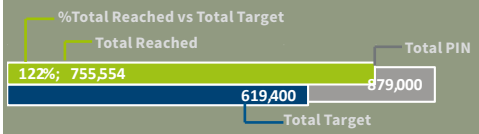
8.1 M (49%)

TOTAL GAP (USD)

8.4 M (51%)

Key Figures In 2019

Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

No data; -

Vitamin A supplementation

-; -

Micronutrient Supplementation

No data; -

Pregnant and Lactating Women (PLW)

MAM new admissions

IYCF-E counselling for PLW and caretakers of infants & under 2 years

BSFP new admissions

No data; -

Micronutrient Supplementation

-; -

Reason for low reporting rate : The data are collected through DHIS-2 which in first using year. The completeness and timelime are both low during first semestr of 2019

Contact

Javier Rodriguez
jrodriguez@unicef.org

MYANMAR

CLUSTER INFORMATION

Coordination mechanism:Sector

Year of activation: 2009

NCC: UNICEF P3 FT (double-hatting)

Deputy: N/A

IMO:N/A

Other: UNICEF NOB and NOC Nutrition Officers

Coordination arrangement:

UNICEF lead; MOHS co-lead Two sub-national hubs in Rakhine and Kachin State (led by State Health Department Director/Deputy and State Nutrition Team Leader)

PARTNERS

LNGOs	3	INGOs	18
UN AGENCIES	2	AUTHORITIES	1
OBSERVERS	0	DONORS	2

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	3	INGOs projects	4
NNGOs projects	2	Other projects	0
Nutrition as stand-alone intervention			0
Total number of projects			9

KEY EVENTS

- **Biannual nutrition promotion campaign activities (Vitamin A supplementation and deworming to children),Feb 2019**
- **Township level Infant and Young Child Feeding Counselling training in Rakhine State ,Jun 2019**
- **Central level IMAM training ,June 2019**
- **Integrated Management of Acute Malnutrition Training to nutrition partners at central level, Jul 2019**

KEY DOCUMENTS

- **UNICEF Myanmar Humanitarian Situation Report No.6**

SITUATION ANALYSIS

According to Myanmar's DHS 2016, the national prevalence of Global Acute Malnutrition (GAM) is 7% and Severe Acute Malnutrition (SAM is 1.3%). In Rakhine, Yangon and Taninythari States the prevalence of GAM is >10%. Significant humanitarian challenges persist in Rakhine, Kachin and Northern Shan States with a greater number of displaced and stateless persons, returnees and vulnerable persons living in crisis-affected areas. The deteriorated protection environment has forced over 700,000 civilians to flee their homes in Northern Rakhine to Bangladesh. Humanitarian needs are increasing, particularly in nutrition, food security, protection, WASH, shelter and health. Limited access to affected populations continues to be a major challenge, resulting in low coverage of services.

Nutrition data from program result monitoring such as the number of children aged (6 to 59 months) with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) admitted to therapeutic care, shows the improvement of nutrition situation since the beginning of the year. The achievements of SAM & MAM treatments are higher than those from the same period of last year while others such as micronutrient supplementations are less due to delayed campaign activities and supply support in 2019. The national Integrated Management of Acute Malnutrition (IMAM) and Infant and young child Feeding (IYCF) programs have been introduced and rolled out in coordination with UNICEF and nutrition partners (Access to Health Fund partners) in targeted States/Regions, the nutrition status is therefore expected to further improve in the coming quarters of 2019. However, operational challenges such as access constraint due to ongoing armed conflicts in Rakhine and natural disasters during cyclone season may negatively affect the programme implementation period if not mitigated appropriately.

RESPONSE STRATEGY

HRP Objectives

1. Promote respect for human rights, ensure protection of civilians, and support durable solutions for internally displaced people and other crisis-affected populations
2. Ensure that vulnerable, crisis-affected people have access to assistance, services and livelihoods opportunities
3. Contribute to strengthening the resilience of communities and building national capacities to prepare for and respond to natural disasters and other emrgency

NC Objectives

- Improve access to management of acute malnutrition – Focus on nutritionally vulnerable children U5, PLW/G and caregivers of young children. Target children 5-9 years with SAM. Priorities include screening of acute malnutrition and IMAM through support to inpatient/outpatient facilities and blanket supplementary feeding programmes. Interventions focusing on prevention, treatment, monitoring, coordination and resilience strengthening through community engagement and health system strengthening.
- Improve access to key preventive nutrition-specific services for nutritionally vulnerable groups – Multiple micronutrient supplementation provided to children and PLW. Vitamin A and deworming tablets provided to children. Promotion of IYCF practices and interventions such as counselling, behaviour change communication, establishment of breastfeeding safe spaces, cooking and responsive feeding demonstrations and monitoring of BMS Code violations. Focus on reaching displaced and other vulnerable non-displaced people with humanitarian needs.
- The 2019 achievements so far in nutrition are relatively limited due to capacity and partner availability, as well as travel and access restrictions.UNICEF and partners have admitted nearly 2,000 children between 6 and 59 months for treatment of severe Acute malnutrition (SAM) and supported optimum infant and young child feeding (IYCF) Practices to nearly 7,500 pregnant and Lactating women.

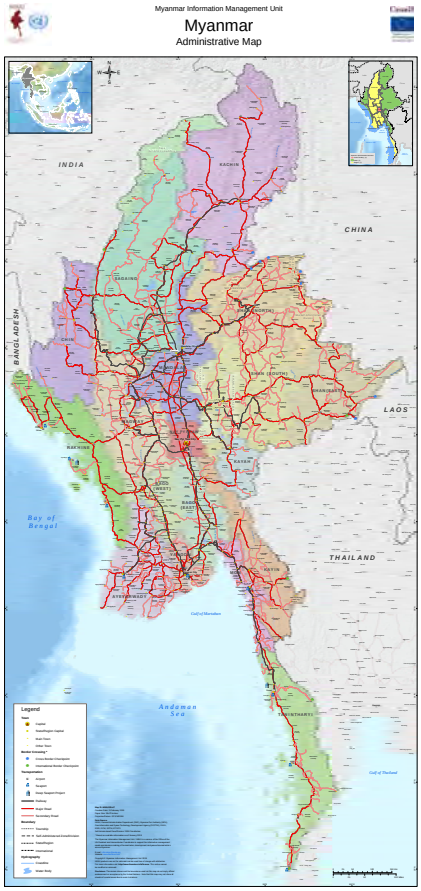
CHALLENGES

- Restrictions to access vulnerable communities, particularly in the northern townships of Rakhine State due to ongoing armed clashes and travel restrictions to community/villages levels.
- Weak referral system for SAM cases in the northern part of Rakhine State.
- Limited resources and capacities for emergency nutrition response, especially in Kachin State.
- Limited capacity on information management.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Improve access to treatment and management services for children and women with acute malnutrition particularly from conflict affected areas in Rakhine and Kachin States.
- Continue supporting the national IMAM and IYCF roll out programs
- Improve access to preventive nutrition-specific services for nutritionally vulnerable children and women.
- Strengthen and reinforce timely nutritional assessment and surveillance system

MYANMAR ADMINISTRATIVE MAP



KEY LINKS

- Myanmar Information Management Unit

NUTRITION GUIDELINES

- [x] CMAM Guidelines
- [x] IYCF Guidelines
- [ ] Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019

Treatment Protocol

Operational Protocol

FUNDING

10.5 M

TOTAL FUNDING RECEIVED (USD)

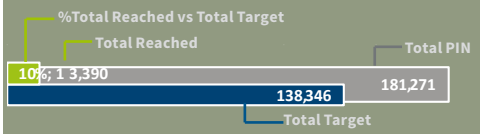
2.1 M (19%)

TOTAL GAP (USD)

8.4 M (81%)

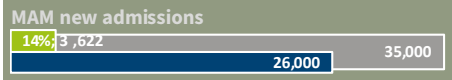
Key Figures In 2019

Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months



BSFP new admissions

No data; -

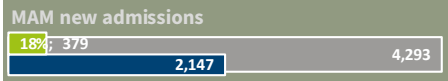
-

Micronutrient Supplementation

No data; -

-

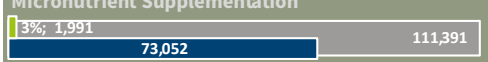
Pregnant and Lactating Women (PLW)



BSFP new admissions

No data; -

-



Reason for low reporting rate : Partners' activities have been limited because of travel authorization constraint and security concerns due to ongoing armed conflicts in Rakhine

Contact

Jecinter Akinyi Oketch
jaoketch@unicef.org

NIGER

CLUSTER INFORMATION

Coordination mechanism: Hybrid Sector/Cluster

Year of activation: 2010

NCC: UNICEF P4 TA until June 2019 (recruitment one P4 FT ongoing)

Deputy: Cofalicitator : Action Against Hunger has a person dedicated full-time since Jan 2019

IMO:UNICEF Nutrition Specialist P3 (double-hating)

Coordination arrangement:

National level: MoPH lead, UNICEF co-lead Sub-national level: no cluster approach activated at sub-national level, sector coordination (health and nutrition integrated); Action Against Hunger Cofacilitator

PARTNERS

LNGOs	4	INGOs	18
UN AGENCIES	6	AUTHORITIES	3
OBSERVERS	0	DONORS	3

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	2	INGOs projects	13
NNGOs projects	1	Other projects	0
Nutrition as stand-alone intervention			10
Total number of projects			16

KEY EVENTS

- **IYCF-E in Niamey (23-27th April 2019),Apr 2019**
- **Vitamin A Campaign coupled with Polio (14-17 June 2019),Jun 2019**

KEY DOCUMENTS

- **NTG's Positionning paper**

SITUATION ANALYSIS

With a population of about 20 million and poverty rate of 44.%, Niger is one of the poorest nations in the world. Although poverty is declining in Niger, it remains widespread, especially in rural areas (World Bank 2017). According to 2018 data, 15% of children are acutely malnourished in Niger (unchanged since 2006).As Niger's population continues to grow, the burden of malnutrition will persist, unless significant efforts are put on prevention of malnutrition that address all the multisectoral causes. The number of stunted children is expected to increase by 44% by 2025 owing to population growth. There are signs of a deteriorating nutrition situation in the Sahel region compounded with presence of aggravating factors (food insecurity, health worker strike nation-wide, increased population displacements in border regions).

The overall Nutrition situation consists of persistently alarming to critical levels of acute and chronic of malnutrition. Poor infant and young child feeding (IYCF) practices are pervasive , including a very low prevalence of exclusive breastfeeding for the first 6 months of life, low prevalence of early initiation of breastfeeding, and inadequate complementary feeding . Poor maternal nutrition, which is highly prevalent, especially among adolescent girls, significantly contributes to an intergenerational cycle of malnutrition and poverty and are significant drivers of both stunting and wasting . One of the biggest concern is the agro-pastoral lean season tied to seasonal malaria leading to a peak of acute malnutrition observed every year. Key activities during this season include scale up of Moderate Acute Malnutrition treatment, Blanket Supplementary Feeding programme and mass MUAC screening integrated to the campaign for seasonal chemo-prevention of malaria.

RESPONSE STRATEGY

As per 2019 HRP :

- SO1: To ensure access to SAM and MAM treatment (for under five children) and pregnant and lactating women
- SO2: To prevent malnutrition among under five especially in vulnerable areas
- SO3: To strengthen coordination mechanisms and nutrition situation monitoring and evaluation

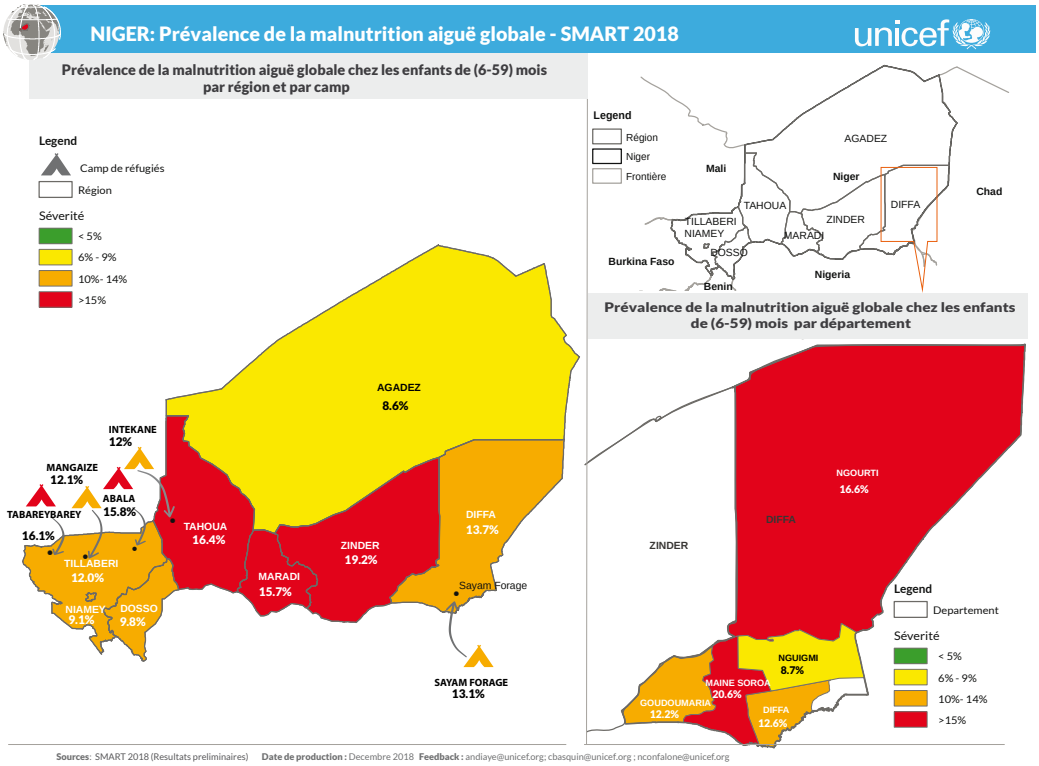
CHALLENGES

- Overall financial limitations pushing partners to scale down their support.
- Overall lack of commitment for nutrition from national authorities resulting notably in too few domestic engagements toward nutrition security (food security focus).
- Challenges in achieving adequate coverage and quality of services; lack of good quality routine data, lack of capacities for critical analysis; slow adoption of necessary program optimizations; and issues of misuse of supplies.
- Lack of at-scale preventive approaches ahead of the seasonal acute malnutrition peak; and low capacities for emergency preparedness and response planning for nutrition.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Strengthening Integrated Management of Acute Malnutrition (IMAM) programming with measures to increase treatment coverage while shifting from supporting service delivery to providing more technical support to MoPH
- Scaling-up preventive Maternal infant and Young Child nutrition (MIYCN) interventions and multi-sectoral approaches
- Bridging the gap between humanitarian action and development
- Strengthening coordination mechanisms and nutrition information management

PREVALENCE OF GLOBAL ACUTE MALNUTRITION (GAM) - SMART NUTRITION SURVEY 2018



Sources: SMART 2018 (Resultats preliminaires) **Date de production :** Decembre 2018 **Feedback :** andiaye@unicef.org; cbasquin@unicef.org ; nconfalone@unicef.org

KEY LINKS

- Humanitarian Response website
- Nutrition cluster Google drive

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines, but needs updating
- ☒ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019 C

MAM guidelines

IYCF guidelines

FUNDING

76 M

TOTAL FUNDING RECEIVED (USD)

8 M (12%)

TOTAL GAP (USD)

67 M (88%)

Key Figures In 2019

Figures below are from Jan to Jun 2019

%Total Reached vs Total Target

Total Reached

Total PIN

36%; 426,839

1,194,308

1,750,820

Total Target

Achievements Per Activity

Children 6-59 months

SAM new admissions

43%; 163,783

380,166

380,166

MAM new admissions

31%; 153,180

498,750

922,656

BSFP new admissions

46%; 3 0,843

66,818

66,818

Vitamin A supplemen tation

-; -

Micronutrient Supplementation

No data; -

-

Pregnant and Lactating Women (PLW)

MAM new admissions

37%; 6 0,418

163,000

303,757

IYCF-E counselling for PLW and caretakers of infants & under 2 years

No data; -

-

BSFP new admissions

No data; -

-

Micronutrient Supplementation

-; -

Reason for low reporting rate : The data are collected through DHIS-2 which in first using year. The completeness and timelime are both low during first semestr of 2019

Contact

Helene Schwartz
hschwartz@unicef.org

NORTH EAST NIGERIA

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2013

NCC: UNICEF P4 FT (Coordination structure for NE Nigeria)

Deputy: N/A

IMO:IMO (seconded by IMMAP)

Other: Alternate Co-lead - IRC .

Coordination arrangement:

FPHCDA lead at Federal level

SPHCDA and UNICEF Co-lead at the NE Nigeria States LGA level coordination (informally through "lead agency" implementing in the LGA)

PARTNERS

LNGOs	2	INGOs	14
UN AGENCIES	4	AUTHORITIES	2
OBSERVERS	5	DONORS	7

NUTRITION PROJECTS IN THE 2019 HRP

UN projects	15	INGOs projects	9
NNGOs projects	2	Other projects	-
Nutrition as stand-alone intervention			20
Total number of projects			26

KEY EVENTS

- **Training in SMART proposal and survey validation process,Mar 2019**
- **Maximising the quality of scaling up of nutrition MQSUN+workshop,Mar 2019**
- **Maternal, Newborn and Child Nutrition Health Week (MNCHW),Apr 2019**

KEY DOCUMENTS

- Monthly Humanitarian Situation Updates
- Nigeria: Cadre Harmonisé for Identification of Risk Areas and Vulnerable Populations in (16) Stat
- Community Engagement Strategy and Action Plan

SITUATION ANALYSIS

According to the Integrated Food Security Phase Classification (IPC) analysis, an estimated 3.7 million people are in IPC level 3 to 5 and in need of food assistance in the three most-affected states of Adamawa, Borno and Yobe. Majority of those in need are in the host communities (2.6M) whilst approximately 0.6M are Internally Displaced Persons and 0.5M are returnees. Approximately 0.2M people have still been accessed by humanitarian assistance. It is estimated that over one million children aged 6-59 across the three states are undernourished, with 367,000 with Severe Acute Malnutrition (SAM) and 727,000 with Moderate Acute Malnutrition (MAM).

The areas of central Borno and Northern Yobe are the most affected and are facing a critical nutrition situation, with global acute malnutrition (GAM) rates of 10 to 20 per cent (the global emergency threshold is 15 per cent).

The nutrition situation is currently compounded by the ongoing military operation and escalation of attacks. The deterioration of security has resulted in displacement and influx of IDPs mostly into the existing camps or secure centres. The newly arrivals will further put a strain to the already stretched nutrition, health and WASH facilities with a high likelihood of outbreak of diseases, further shortage of food by both the IDPs and host communities.

The overall IYCF situation is poor, with low rates of exclusive breastfeeding estimated at 30%. The monitoring of IYCF indicators and overall care giving practices is very poor, with no KAP survey done in the recent past.

Overall, the NE Nigeria States have the highest levels of malnutrition,with the weakest government structures to responsd to the nutritional situation. Overall the NE states only contribute a third of the total national burden of acute malnutrition.

RESPONSE STRATEGY

HRP Strategic Objectives

- SO1: Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.
- SO2: Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability.
- SO3: Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection.

Nutrition Cluster Objectives

1. Strengthen the quality and scale for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.RELATES TO SO1 nutrition services through the
2. Improve access to quality curative most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability. RELATES TO SO AND SO2
3. Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection. RELATES TO SO3

CHALLENGES

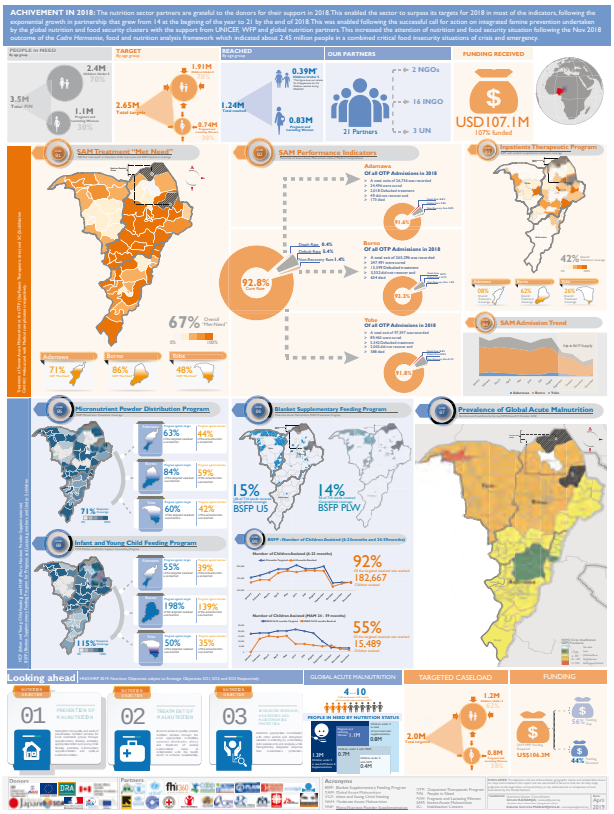
- Population movement due to conflict with many newly displaced persons arriving from the inaccessible areas; this has increased the burden on the existing nutrition services as this movements are associated with extreme needs as those IDPS arriving from these areas have not accessed humanitarian services.

- Disruption of nutrition response in some LGA due to the ongoing conflict including destruction and looting of nutrition supplies.
- Limited nutrition capacity, experience and high turnover of staff, particularly in “deep field” locations due to insecurity and inadequate accommodation, affected the quality of the nutrition response.
- Limited joint needs assessment and a gap in structured nutrition sector planning for nutrition surveys including SMART, coverage surveys and rapid assessments.
- Inadequate quality support supervision and monitoring of the nutrition response due to insufficient resources, manpower and training.
- Break of supply pipeline (RUTF) in October/November resulting to suspension of OTP services in many areas.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Strengthen preventative nutrition services for vulnerable groups focussing on supplementary feeding, IYCF practices and MNP supplementation
- Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral and treatment of SAM cases. This will be implemented by careful selection of partners with capacity to access the hard to reach areas, careful monitoring of supplies and fund raising to cover the RUTF shortage gap.

NORTHEAST NIGERIA NUTRITION SECTOR DASHBOARD, 2018



KEY LINKS

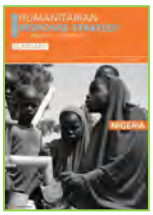
- Humanitarian Response website

NUTRITION GUIDELINES

- ☑ CMAM Guidelines, but needs updating
- ☑ IYCF Guidelines, but needs updating
- ☑ Nutrition Assessment Guidelines, but needs updating

NUTRITION RESOURCES


HNO 2019


HRP 2019 C


MAM guidelines

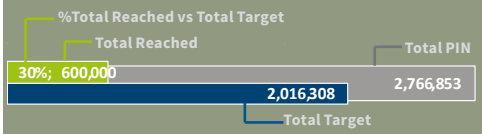

IYCF guidelines


Assessment guidelines

FUNDING

Key Figures In 2019

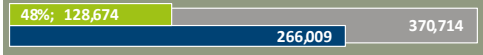
Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months

SAM new admissions

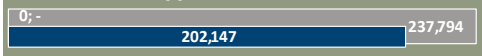


MAM new admissions

BSFP new admissions

Vitamin A supplemen ntation

Micronutrient Supplementation



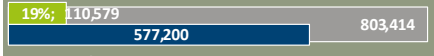
Pregnant and Lactating Women (PLW)

MAM new admissions

IYCF-E counselling for PLW and caretakers of infants & under 2 years

BSFP new admissions

Micronutrient Supplementation



Reason for low reporting rate : Poor accessibility to all targeted areas due to ongoing conflict.

Contact

Simon Karanja
skaranja@unicef.org

PAKISTAN

CLUSTER INFORMATION

Coordination mechanism:Working Group

Year of activation: 2013

NCC: UNICEF NOC FT (double-hatting)

Deputy: N/A

IMO:UNICEF NOB FT (ongoing)

Other: Consultants (Nutrition Officers and IMOs) at Provincial Level

Coordination arrangement:

UNICEF and government co-lead at federal level and UNICEF and government co-leads at provincial level.

PARTNERS

LNGOs	7	INGOs	2
UN AGENCIES	4	AUTHORITIES	1
OBSERVERS	0	DONORS	3

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	6	INGOs projects	2
NNGOs projects	6	Other projects	0
Nutrition as stand-alone intervention			6
Total number of projects			14

KEY EVENTS

- **UNICEF's has supported the Planning Commission to train stakeholders on public finances for nutrition,Jan 2019**
- **Government capacity to promote adequate infant and Young child feeding practices ,May 2019**
- **Parenting Month focusing on promoting Nurturing Care for Children engaging parents [Mothers and Fathers],Jun 2019**
- **To reinforce implementation of the BMS ,legislationsTraining,Jun 2019**

KEY DOCUMENTS

- **National Complementary Feeding Assessment Study - Key Findings Report**

SITUATION ANALYSIS

The continuous drought like situation have led to high number of children being wasted in Sindh & Balochistan (23.3% and 18.9 % respectively, NNS 2018-19). The survey reported highest prevalence of acute malnutrition in drought affected districts as high as 33.3% in Tharparker Sindh and 29.0% in Pishin Balochistan with all effected districts with minimum of 15.3% of Global Acute malnutrition rate.

According to Integrated Food Security Phase Classification (IPC) analysis of the projection period (July to November 2019) In Balochistan; out of 14 districts analyzed, rural areas of 2 Districts (Chagai and Washuk) have been classified in IPC Phase 4 (Emergency), whereas drought affected areas in 12 remaining districts are classified in IPC Phase 3 (Crisis).For Sindh, according to the projection period (October 2018 to October 2019) 4 out of the 7 drought-affected Districts analyzed (Tharparkar, Umerkot, Sanghar and Jamshoro) have been classified in IPC Phase 4 (Emergency), whereas drought-affected areas in 3 Districts are classified in IPC Phase 3 (Crisis). The current on-going dry spell has adversely affected farmers: due to limited availability of irrigation water, subsistence level farmers could not cultivate land optimally and produce adequate cereals and pulses for their own consumption. The harsh terrain, thinly spread populations, poor infrastructure, lack of health services, deprived socio-economic indicators continue exacerbating the already deteriorating conditions with the drought-like situation. Moreover, Tribal Districts of Khyber Pakhtunkhwa remain one of the most underdeveloped regions of Pakistan enduring decades of unrest, crises, poverty and underdevelopment. The region is marked by poor nutrition indicators, with around 20% Global Acute Malnutrition rates far above the 15% emergency threshold which calls for the need to scale up the nutrition in Emergency Response.

RESPONSE STRATEGY

- UNICEF has initiated monthly drought response coordination meeting for its implementing partners to strengthen internal UNICEF Coordination of the response in Sindh; UNICEF is part of the Bi-weekly drought response coordination meeting in Balochistan, a forum led by OCHA and bringing together agencies supporting the drought response.
- Nutrition Working Group has been established and functional in Sindh province. Till date, three meetings of NWG have been conducted, and action points documented and shared with all stakeholder involved in nutrition sectors. Also meeting were organized on emergency preparedness and response plan, which was chaired by Provincial Disaster Management Authority.
- In Balochistan Nutrition Sector Working Group (NWG) for the coordination of nutrition response has been activated. NWG is led by the Provincial Nutrition Directorate and Co led by UNICEF and PDMA. The main partners in NWG are department of health and other line departments, WFP, WHO, PPHI, LHW program and local and international NGOs. So far, 5 coordination meetings have been conducted.

CHALLENGES

- Funding shortfalls have impacted programme coverage. In addition, limited funds for programming versus funds for supplies has in some cases also impacted effective implementation of nutrition programmes
- Delay in the issuance of the Procurement authorization from the Umer Kot District Government and delayed procurement and clearance of off-shore supplies
- Widespread geographical areas result in low coverage of healthcare delivery services especially to far flung areas, Volatile security situation in some parts of district Killa Abdullah
- Human resources constraints due to the difficult operating environment which influence staff retention
- Unlike other sectors like Health, Education, WASH etc, Nutrition sector has not been formalized yet as a sector in the government. There are still gaps of dedicated coordination mechanism for nutrition in the existing structures of Government.

Currently almost all of the nutrition support services in the newly merged districts of Khyber Pakhtunkhwa rely on donors/UN support [UNICEF, WFP, WHO and Donors like DFID, USAID etc].

- Pakistan Humanitarian Country Team Lead by OCHA is currently considering deactivation of the formal cluster system in Khyber Pakhtunkhwa. Since the government capacity on nutrition is weak, dedicated coordination mechanism for nutrition is non-existent in the current government system, deactivation of the nutrition cluster will leave a big coordination gap.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Continue nutrition response that consists of Management of Acute malnutrition at health facility level through technical staff along with the prevention package of eternal infant and young child nutrition intervention,Micro-Nutrient Powder supplementation for children aged below 5 years and Iron folic acid supplementation for maternal through health workers, community volunteers and other health staff, at sub-national level in 8 drought-affected districts of Sindh and 14 districts of Balochistan.
- Mobilize donor funds for nutrition response in merged districts of Khyber Pakhtunkhwa since govt. has very negligible allocations for nutrition.
- Capacity building of the provincial and District health and nutrition management on nutrition in Emergencies and cluster affairs to enable them effectively coordinate the nutrition response in case of any emergencies arises.
- Further scale up of Nutrition Information management system in all provinces.

PAKISTAN NNWG MAP

KEY LINKS

- NMIS web portal

NUTRITION GUIDELINES

- [x] CMAM Guidelines , but needs updating
- [x] IYCF Guidelines
- [ ] Nutrition Assessment Guidelines

NUTRITION RESOURCES

Drought Response Plan

FUNDING

50.6 M

TOTAL FUNDING RECEIVED (USD)

4.2 M (8%)

TOTAL GAP (USD)

46.4 M(92%)

Key Figures In 2019

Figures below are from Jan to Jun 2019

%Total Reached vs Total Target

Total Reached

Total PIN

29%; 200,000

700,000

Total Target

Achievements Per Activity

Children 6-59 months

SAM new admissions

17%; 9 ,756

57,744

MAM new admissions

44%; 3 3,399

75,566

BSFP new admissions

100%; 295

295

Vitamin A supplementation

-; -

Micronutrient Supplementation

No data; -

Pregnant and Lactating Women (PLW)

MAM new admissions

54%; 5 0,215

92,394

IYCF-E counselling for PLW and caretakers of infants & under 2 years

31%; 7 3,289

239,566

BSFP new admissions

No data; -

Micronutrient Supplementation

21%; 8 6,284

414,664

Contact

Syed Saeed Qadir

sqadir@unicef.org

SOMALIA

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2006

NCC: UNICEF P4 FT Currently vacant but a SURGE support from UNICEF New York

Deputy: WFP

IMO:UNICEF NOB FT

Other: Cluster Support Officer NOB FT.

Coordination arrangement:

Unicef cluster lead ; co-coordinated by WFP and MOH. Decentralized into regional level and there are 13 existing sub-national clusters voluntarily led by LNGOs & INGOs with support the Country nutrition Cluster

PARTNERS

LNGOs	85	INGOs	28
UN AGENCIES	6	AUTHORITIES	3
OBSERVERS	7	DONORS	5

NUTRITION PROJECTS IN THE 2019 HRP

UN projects	3	INGOs projects	17
NNGOs projects	54	Other projects	-
Nutrition as stand-alone intervention			57
Total number of projects			74

KEY EVENTS

KEY DOCUMENTS

- Somalia 2019 Humanitarian Response Plan
- Drought Impact Response Plan (June to December 2019)
- Somalia IPC Acute Malnutrition Analysis

SITUATION ANALYSIS

Somalia is among the top ten countries with the highest prevalence of malnutrition in the world, and the third highest in the eastern and southern Africa region. The median prevalence of Global Acute Malnutrition (GAM) has remained Serious (10–14.9%) over the past three seasons (12.6% in 2018 Deyr, 14.0% in 2018 Gu and 13.8% in 2017 Deyr). A high level of acute malnutrition persists across Somalia due to a combination of factors such as: High morbidity (High disease incidence e.g acute watery diarrhea, Poor Infant and Young child feeding & caring practices, Persistent continued complex emergency resulting from a combination of Continued conflict , drought , disease and Floods. Other contributing factors include: food insecurity, limited health service availability (poor EPI coverage), increased morbidity, poor health-seeking behavior & difficulty in accessing clean water supply.

Somalia is experiencing the negative impact of abnormally performing Gu' rains (April – June) which follow a poor 2018 Deyr season (Oct-Dec), and unusually dry conditions during the 2019 Jilaal season (Jan-Mar). Except the 2018 Gu', every rainy season since late 2015 has been below average, leading to increased vulnerability and decreased coping ability. The 2019 Gu' is the second consecutive below-average rainy season, in a country still recovering from the prolonged drought in 2016-17. The 2019 Gu' started late throughout the country and in most areas resulted in cumulative below-average rainfall. At the same time, in some parts of the country heavy rains received in a short period resulted in flooding and significant damage to planted crops, land and other resources critical for agriculture and livestock production. While the rains in late May and early June eased drought conditions, improved water availability and supported the livestock sector to some extent, they will not be sufficient for sustainable agricultural production.

RESPONSE STRATEGY

1. Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micro-nutrient interventions and optimal maternal nutrition. RELATES TO SO1.
2. Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases. RELATES TO SO1, SO4.
3. Strengthening robust evidence based system for Nutrition with capacity in decision making to inform need based programming. RELATES TO SO2.
4. Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions. RELATES TO SO2.

CHALLENGES

- Recurrent shocks and disaster; recent drought impact in Somalia.
- Limited humanitarian funding is a major challenge in Somalia
- Insecurity: some regions/districts in South Central Somalia are inaccessible affecting programme coverage
- Limited capacity for local organizations to provide multi-sectoral services

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

Due to the recent drought impact in the country affecting the nutrition situation in the country the nutrition cluster planned to more effort on below below priorities:

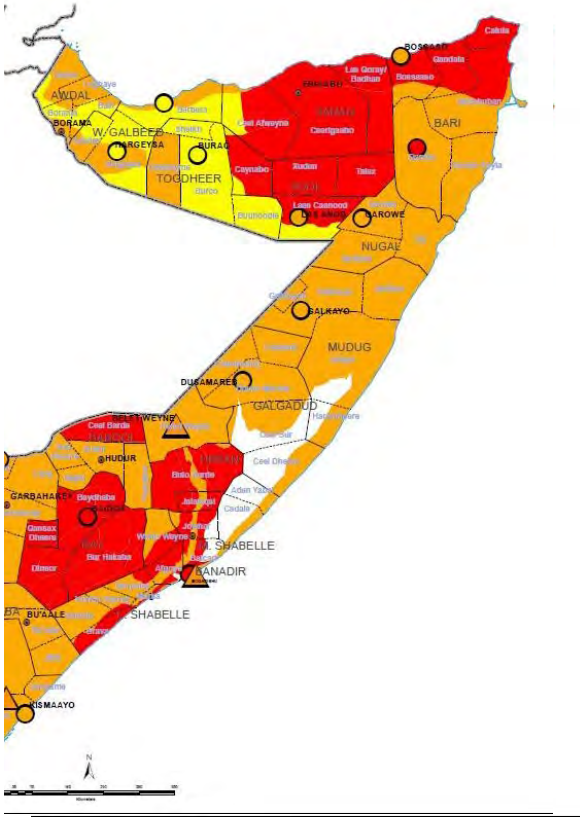
1. The response priority will follow the GAM rate and the overall burden in terms geographic prioritization, while individual objective measurements (anthropometry) will be used in targeting cases with a package of comprehensive life saving services.Boys and girls under the age of two and pregnant and lactating women (PLW) will be targeted with food-based therapeutic nutrition services during periods of lean seasons. Consequently, the cluster will respond to drought impact in line with the Drought Impact Response Plan (DIRP).

2. The key Response Activities to be prioritised would include the regular identification of acutely malnourished children and PLW, including through the Mothers MUAC approach, and therapeutic feeding support for the treatment of acute malnutrition cases.

3. The Nutrition Cluster will also promote and advocate with all development and humanitarian actors for prioritisation and implementation of micronutrient support to vulnerable groups, such as PLW and children under age five including the provision of Vitamin A & MMN, food-based and non-food based preventive actions, including nutrition sensitive activities and integrated multisectoral Nutrition, Health, and Hygiene P reventative Care (NHHP), food security and promotional support, and MCHN/ IYCF-E support (promotional and preventative), and especially support to caregivers.

4. The Cluster will continue to support cash based interventions to adress the root causes of malnutrition at household level and to support treatment outcomes. Cash based interventions, especially those targeting households with children under the age of five, can significantly contribute to overall resilience/livelihood and/or well being of the families, ultimately impacting dietary diversity & frequency positively.

MAP OF SOMALIA, 2019



KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- ☑ CMAM Guidelines, but needs updating
- ☑ IYCF Guidelines
- ☑ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019 HRP 2019

FUNDING

178 M

TOTAL FUNDING RECEIVED (USD)

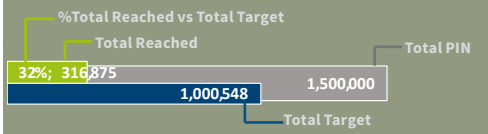
38 M (21%)

TOTAL GAP (USD)

140 M (79%)

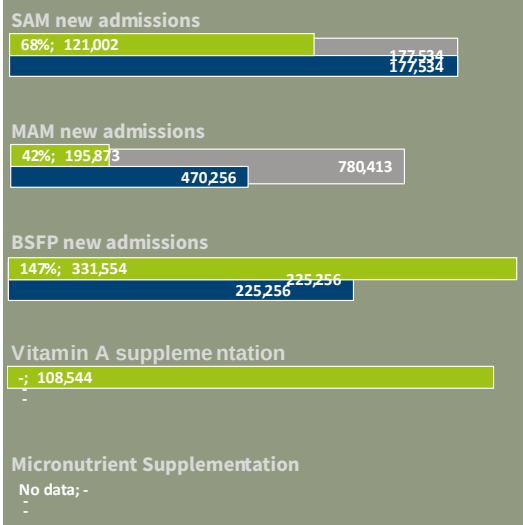
Key Figures In 2019

Figures below are from Jan to Jun 2019

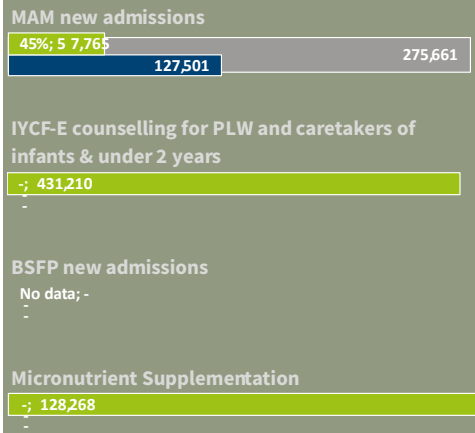


Achievements Per Activity

Children 6-59 months



Pregnant and Lactating Women (PLW)



Contact

Sara Karimbhoy
skarimbhoy@unicef.org

SOUTH SUDAN

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2010

NCC: UNICEF P4,FT

Deputy: WFP

IMO:UNICEF P3,FT

Others:co-cluster coordinator, Concern World Wide and Roving cluster coordinator (ACF)

Coordination arrangement:

National level: Lead UNICEF, co-lead-Concern World Wide Subnational level: Sub state=10 in State HQs

PARTNERS

LNGOs	20	INGOs	37
UN AGENCIES	6	AUTHORITIES	1
OBSERVERS	6	DONORS	5

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	4	INGOs projects	21
NNGOs projects	20	Other projects	0
Nutrition as stand-alone intervention			45
Total number of projects			45

KEY EVENTS

- Sub-national cluster capacity strengthening workshop,Mar 2019
- Cluster Coordination Performance Monitoring (CCPM) workshop,Apr 2019
- National immunization Day with Vitamin A supplementation,Apr 2019
- Master training on MIYCN,Jun 2019

KEY DOCUMENTS

- CMAM Guidelines Book 2018
- MIYCN Guidelines Book 2018
- SAM Guidelines for Inpatients 2018

SITUATION ANALYSIS

The nutrition situation is assessed based on Standardized Monitoring & Assessment of Relief & Transition (SMART) surveys, Food and Nutrition Security Monitoring Surveys (FSNMS), Integrated Phase Classification (IPC) reports, and monthly selective feeding program data. Similar to 2018, high levels of acute malnutrition continue to be reported in many parts of South Sudan. The National average for Global Acute Malnutrition prevalence stands at 11.6% and stunting at 17.9%. About 46% of the 13 SMART surveys conducted in 2019, reported critical nutrition situation with GAM prevalence of 15% and above the WHO emergency threshold, compared to 45% of the 51 SMART Surveys conducted in 2018. Renk county reported GAM rate 32.1%, the highest reported in the country since 2018. In 2018 none of the surveys indicated GAM rate of above 30 %. According to IPC projections, an estimated 6.96 million people (61% of the population) are likely to face Critical (IPC Phase 3) acute food insecurity or worse between May- July 2019, out of which an estimated 1.82 million people will face Emergency (IPC Phase 4) acute food insecurity and 21,000 will likely be in Catastrophic Phase (IPC phase 5) . In 2019, about 860,000 children under five are estimated to be acutely malnourished including 259,000 with severe acute malnutrition (SAM), out of which 220,700 (85%) are targeted for treatment.

The latest FSNM Survey indicate that three-quarters of children aged below 6 months are exclusively breastfed and 93% have continued breastfeeding at one-year age (12-15 months). However, only 20% of children aged 6-23 months receive diversified foods (4 or more food groups) whilst 24.3% of children aged 6-23 months meet their minimum desired meal frequency. Only 7.1% met the minimum acceptable diet. The High GAM rates coupled with sub-optimal IYCF practices could further exacerbate the nutrition situation and calls for more efforts to scale up and sustain curative and preventive nutrition services.

RESPONSE STRATEGY

Nutrition Cluster's primary goal is to prevent and treat malnutrition and promote good health among vulnerable groups. In 2019, the nutrition cluster will scale up treatment services whilst strengthening prevention through MIYCN promotion and integration with Food Security and Livelihoods, Health, Protection and WASH clusters to address inter-related underlying causes of malnutrition, such as food insecurity, suboptimal childcare and feeding practices, and lack of safe water and sanitation.

Cluster Objectives:

1. Deliver life-saving management of acute malnutrition for the most vulnerable and at-risk U5 children and pregnant and lactating women.
2. Prevent under-nutrition by increasing access to maternal, infant and young child nutrition interventions.
3. Increase access to integrated nutrition, health, WASH, FSL and protection interventions.
4. Enhance nutrition situation monitoring, analysis and utilization of nutrition information for early warning and decision making.

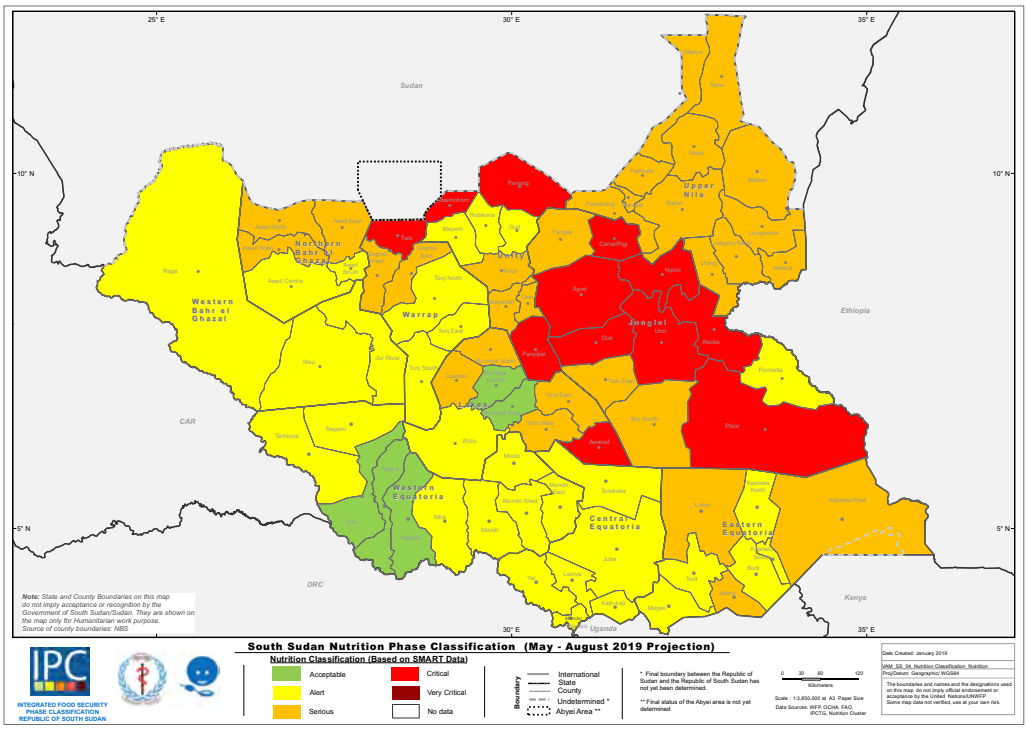
CHALLENGES

- Persistent insecurity across the country disrupting the continuation of nutrition services.
- Limited linkages with other clusters at implementation level for integrated interventions
- Limited linkages with other clusters for integrated intervention.
- Inadequate supply in commodities for TSFP and BSFP

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

1. Sustain the coverage and quality of SAM and MAM treatment.
2. Develop a strategy to inform integration of SAM and MAM treatment in the health system.
3. To promote collaboration with other clusters for integrated service delivery.
4. Finalization of nutrition sites mapping and rationalization plan to inform advocacy and programming.
5. Strengthen utilization of data for decision making at subnational level.

SOUTH SUDAN NUTRITION PHASE CLASSIFICATIONS(MAY-AUGUST 2019 PROJECTION)



KEY LINKS

- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines
- ☑ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019 | HRP 2019 | Work plan 2019 | C MAM guidelines | IYCF guidelines

FUNDING

180 M

TOTAL FUNDING RECEIVED (USD)

125 M (70%)

TOTAL GAP (USD)

54 M (30%)

Key Figures In 2019

Figures below are from Jan to Jun 2019

%Total Reached vs Total Target | Total Reached | Total PIN | Total Target

61%; 629,742 | 1,028,263 | 1,461,112

Achievements Per Activity

Children 6-59 months

SAM new admissions

59%; 130,443 | 220,680 | 259,732

MAM new admissions

58%; 281,110 | 486,821 | 600,437

BSFP new admissions

53%; 398,144 | 754,087 | 1,675,748

Vitamin A supplementation

150%; 2 ,766,172 | 1,840,000 | 2,300,000

Micronutrient Supplementation

-:-

Pregnant and Lactating Women (PLW)

MAM new admissions

61%; 218,189 | 356,458 | 672,562

IYCF-E counselling for PLW and caretakers of infants & under 2 years

78%; 723,564 | 923,846 | 1,539,744

BSFP new admissions

33%; 8 0,911 | 246,952 | 705,578

BSFP new admissions

-:-

Contact

Hermann Ouedraogo
houedraogo@unicef.org

SUDAN

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2008

NCC: UNICEF P4,FT

Deputy: N/A

IMO:UNICEF NoB TA

Coordination arrangement:

UNICEF lead, FMOH co-lead 8 sub-national coordination hubs

PARTNERS

LNGOs	14	INGOs	27
UN AGENCIES	6	AUTHORITIES	2
OBSERVERS	0	DONORS	4

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	4	INGOs projects	14
NNGOs projects	9	Other projects	0
Nutrition as stand-alone intervention			27
Total number of projects			27

KEY EVENTS

- IPC Nutrition,Jan 2019
- Nutrition Sector partner's retreat,May 2019
- Measles and Vitamin A campaign (National Level),Jun 2019
- S3M Launch , Jul 2019

KEY DOCUMENTS

- Sudan Multi-Year Humanitarian Strategy (2 2019)

SITUATION ANALYSIS

Sudan continues to experience a protracted humanitarian crisis driven by a myriad of factors including, food insecurity, acute malnutrition, disease outbreaks, displacement, refugees, climatic shocks, armed conflict and protection risks. The situation has recently been exasperated by political instability and economic downturn involving elevated inflation rates (73% in 2018), devaluation of the local currency (160% in 2018) and cash and fuel shortages. Poverty affects 46% of the population. The malnutrition landscape is characterized by persistent elevated levels of acute malnutrition in children aged below 5 and pregnant and lactating women, chronic malnutrition (stunting) and micronutrient deficiencies. The situation is aggravated by poor WASH leading to disease outbreak, limited food intake, poor dietary diversity at household level and poor young child feeding practices (IYCF). In 2018-2019 the Sudan Global Acute Malnutrition rate was 14.5% ('critical' level) including 4.3% children under 5 with severe acute malnutrition, with 36.5% stunting.

Despite substantial attention to the provision of treatment services in the conflict-affected states over the years, the majority (52%) of Sudan's acutely malnourished children live in the nine non-conflict affected states where the response has been inconsistent. The stagnation in the prevalence of all forms of malnutrition is an indication that different ways of working are needed. Since January 2018, Sudan has been facing a new set of challenges following a 160% devaluation in the official USD – SDG exchange rate. The annual inflation rate soared above 60% in June 2018, leading to a sharp rise in the cost of living and a precipitous drop in purchasing power. The deteriorating macroeconomic situation is worsening economic conditions for all Sudanese people, especially vulnerable families and children aged below 5. WFP data shows a large decline in the proportion of people who can afford the local food basket in 2018.

RESPONSE STRATEGY

The nutrition sector's response strategy covers preparedness, response, coordination and cross-cutting needs across various profiles and categories of affected people, as identified and formulated in its specific objectives.

1. Deliver quality life- saving management of acute malnutrition for the most vulnerable and at-risk U5 children and pregnant and lactating women. SO1
2. Prevent under- nutrition by increasing access to maternal, infant and young child nutrition interventions- SO1
3. Increase access to integrated nutrition, health, WASH, FSL and protection interventions.- SO3
4. Enhance nutrition situation monitoring, analysis and utilization of nutrition information for early warning and decision making. SO3

Nutrition sector partners provided life-saving nutrition interventions by establishing mobile clinics, fixed nutrition sites and outreach clinics to treat and prevent SAM and MAM in children under five years and pregnant or lactating women. Working closely with the state and the health sector, nutrition partners continued to scale-up services to manage SAM with medical complications in hard-to reach areas. Overall, the 2019 HRP called for approximately $1.2 billion USD to deliver life-saving interventions to 5.7 million of the most vulnerable people in Sudan. The Nutrition Sector received only $27.7 million USD out of the $110 million USD required for 2019. Around sixteen key donors are supporting the humanitarian response and are playing a critical role in Sudan. Currently around 1,447 Outpatient Therapeutic Programmes (OTP), 587 Supplementary Feeding Programmes (SFP) and 134 Stabilization Centers are operational throughout Sudan. From January to July 2019, the Nutrition Sector partners were able to treat 89,029 cases of severe acute malnutrition (SAM), 156,818 cases of moderate acute malnutrition (MAM) and 8,957 SAM children with medical complications.

CHALLENGES

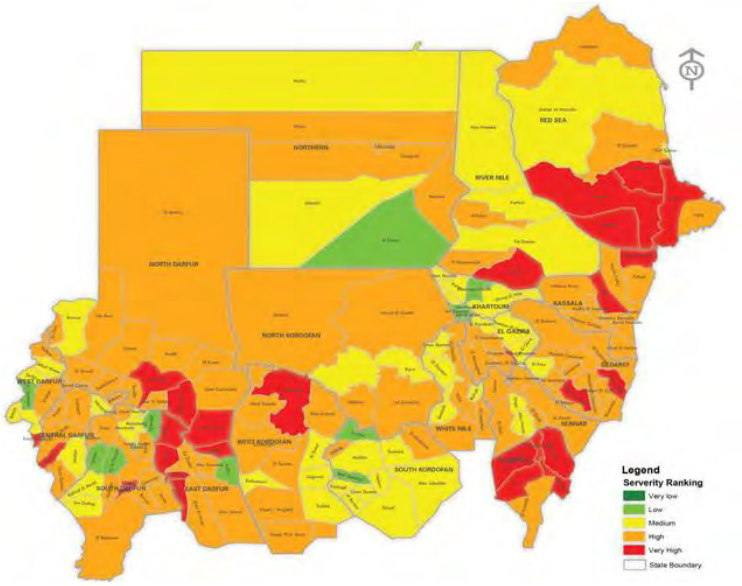
Despite efforts by nutrition sector partners, a huge gap remains between the actual coverage of nutrition services and the needs of the targeted population.

The Sudan Humanitarian Response Plan (HRP) 2019, targeting only 30% of the national SAM burden and one fifth of the national MAM burden because of financial and capacity constraints, leaves almost 1.6 million children vulnerable to morbidity and death. The nutrition sector has received only $27.7 million USD of the $110 million USD required for 2019.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Better alignment within the nutrition program components (CMAM-OTP, SFPs, SCs & IYCF)
- Strengthening Accountability to Affected Population (AAP)
- Strengthening Protection mainstreaming/Integration in Humanitarian Programme Cycle
- Strengthening sub-national coordination and supporting new way of working

SUDAN SEVERITY MAP



KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines
- ☒ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

HRP 2019


CMAM guidelines

IYCF guidelines

FUNDING

110 M

TOTAL FUNDING RECEIVED (USD)

27.7 M(25%)

TOTAL GAP (USD)

82.8 M(75%)

Key Figures In 2019

Figures below are from Jan to Jun 2019

%Total Reached vs Total Target
Total Reached
Total PIN
17%; 245,847
1,417,081
2,930,414
Total Target

Achievements Per Activity

Children 6-59 months

SAM new admissions
30%; 89,029
300,000
693,924

MAM new admissions
14%; 129,833
913,000
1,690,000

BSFP new admissions
No data; -
-

Vitamin A supplementation
90%; 6,136,764
6,800,000

Micronutrient Supplementation
No data; -
-

Pregnant and Lactating Women (PLW)

MAM new admissions
13%; 26,985
203,000
406,000

IYCF-E counselling for PLW and caretakers of infants & under 2 years
111%; 751,780
678,000

BSFP new admissions
No data; -
-

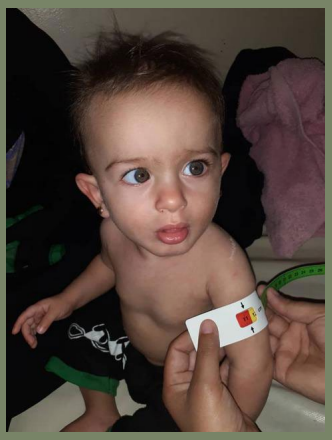
Micronutrient Supplementation
52%; 61,842
119,877
913,000

Reason for low reporting rate : As a result of the recent evenets in the country , including internet service blockage, still some states were not able to sent their reports.

Contact

Alam Fakhre Khattak/grace Maclean
faalam@unicef.org;gmaclean@unicef.org

WHOLE OF SYRIA



CLUSTER INFORMATION

Coordination mechanism: Hybrid Sector/Cluster

Year of activation: 2015

NCC: P4 FT UNICEF double hatting ; Syria sector cluster coordinator P4 FT who is supported by 5 sub-national cluster coordinators

Deputy: Save the children

IMO:UNICEF P3,TA ; In Syria NOA FT

Coordination arrangement:

In NWS Unicef is leading the sector for WoS operations and inside Syria UNICEF is leading the sector with the government

PARTNERS

LNGOs	62	INGOs	13
UN AGENCIES	6	AUTHORITIES	2
OBSERVERS	0	DONORS	4

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	4	INGOs projects	17
NNGOs projects	14	Other projects	0
Nutrition as stand-alone intervention			13
Total number of projects			35

KEY EVENTS

- **Nutrition cluster review 2018 and planning for 2019 HRP, Jan 2019**
- **IYCF E training for cluster partners, Apr 2019**
- **Comprehensive SMART survey in Syria, May 2019**
- **SMART manager training, May 2019**

KEY DOCUMENTS

SITUATION ANALYSIS

In 2019, it is estimated that 4.7 Million girls and boys under the age of five years and pregnant and lactating women are at risk of under nutrition and in need of comprehensive curative and preventive nutrition services. Around 92,000 children under the age of five years are expected to suffer from acute malnutrition ,out of which 19,000 girls and boys are at risk of death due to severe acute malnutrition; a life threatening condition that requires immediate treatment. Without appropriate care, Children with sever acute malnourished children are nine times at risk of mortality than their well-nourished counter-parts. Approximately 865,295 girls and boys under the age of five years suffer from micro nutrient deficiencies. It is estimated that 1.6 Million mothers will require maternal nutrition services and skilled support to necessitate optimal infant and young child feeding and care practices.

Global Acute Malnutrition among boys and girls under the age of 5 years remains within acceptable international benchmarks in most of the assessed areas during 2018. However, there are some pockets where SMART surveys and nutrition surveillance information show an increased stunting rates such as Eastern Ghouta (36%) and Tel Abyed (32%) which are close to the 40% emergency thresholds for stunting according WHO thresholds. Chronic malnutrition was a problem in Syria even before the crisis and increased rates have been observed recently (SMART surveys 2019) . Nutrition surveillance system in some areas such as North West Syria indicate that up to 90% of children aged below 6 months are not exclusively breast fed and most of the mothers are not practicing optimal complementary feeding practices . There are increasing concerns on appropriate feeding and care practice for non-breast fed infants. Overall, the coverage of nutrition services is below recommended level due to capacity constraint, heightened insecurity affecting access and resource limitations.

RESPONSE STRATEGY

- Strengthening life-saving and preventive nutrition services for vulnerable population groups focusing on safe and appropriate IYCF practices in emergency contexts and beyond, micronutrient interventions, and optimal maternal nutrition. Infant and young child feeding interventions will be provided in the community, health facilities, and local health system structures in close collaboration and coordination with the health sector and reproductive health sub-cluster, food security and child protection sectors.
- Improve equitable access to high quality, life-saving, curative nutrition services through systematic identification, referral, and treatment of acutely malnourished cases for boys and girls under five and PLW. The response modality will be informed according to context and will be adjustable and flexible to serve the needs of the target groups. Provision of management of acute malnutrition will be ensured at the health facility and community level and in integration with infant and young child feeding services and primary health care services.

CHALLENGES

The main challenges encountered are :

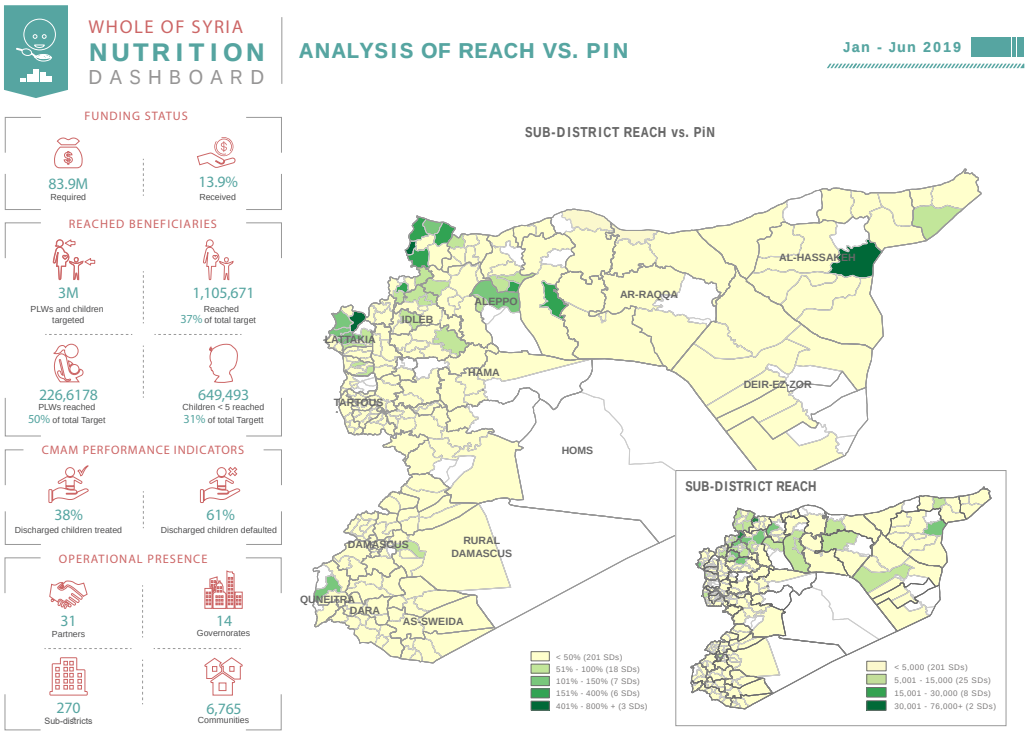
1. Continuous deterioration of the security situation which limits population access to services , suspension of services and displacements.
2. Acute malnutrition is not a priority since GAM and SAM rates are not high and hence nutrition cluster was only 55% funded during 2018 and less than 20% funded during the first quarter of 2019, for which cluster has initiated lots of advocacy with donors to put more emphasis on acute and chronic malnutrition prevention which increased funding slightly during the first half , more funds for nutrition are pledged during the second half of 2019.
3. Implementing cluster partners are mostly medium to low scale national NGOs with limited capacity to effectively undertake nutrition in Emergencies interventions.
4. Despite the fact that access has improved inside Syria, quality of services remains a challenge.

5. Remote programming which puts lots of focus on quality assurance and ensuring assistance is delivered in alignment with humanitarian principles which includes monitoring quality , aid diversions and influence of aid , cross cutting issues such as gender and disabilities.
6. Coordination between different hubs and ensuring continuity of services has been a challenge due to political sensitivities , with increasing communication and engagement with all hubs now it is less challenging.
7. Capacity issues with the partners inside Syria, nutrition interventions are carried out by the ministry of health. In areas where MOH has no access, NGOs fill in a gap as well as INGOs. Approvals for work for INGOs and NGOS remain a challenge.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Strong focus on preventive nutrition services especially scaling up community based infant and young child feeding program.
- Nutrition survey results will help prioritize geographical areas but in general nutrition cluster is prioritizing areas with severity 3,4 and 5 which includes government controlled areas, North West , North West Aleppo and parts of North East Syria.

WOS NUTRITION DASHBOARD



KEY LINKS

- Humanitarian Response website

NUTRITION GUIDELINES

- [x] CMAM Guidelines, but needs updating
- [ ] IYCF Guidelines
- [ ] Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019

Reason for low reporting rate : *Funding remains the major challenge across WOS , partners capacity and availability in some areas is the other reason behind low achievement , cluster is trying to bypass these challanges through integration and working closely with the other clusters.*

FUNDING

84 M

TOTAL FUNDING RECEIVED (USD)

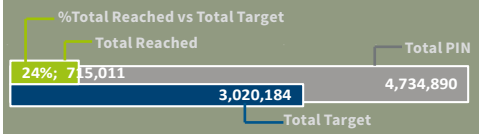
11.7 M (14%)

TOTAL GAP (USD)

72 M (86%)

Key Figures In 2019

Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months

SAM new admissions

54%; 4 ,338 | 7,997 | 14,539

MAM new admissions

39%; 1 4,060 | 36,309 | 63,700

BSFP new admissions

No data; -

-

Vitamin A supplementation

7%; 189,499 | 2,714,103 | 2,856,951

Micronutrient Supplementation

No data; -

-

Pregnant and Lactating Women (PLW)

MAM new admissions

67%; 1 3,136 | 19,521 | 48,803

IYCF-E counselling for PLW and caretakers of infants & under 2 years

42%; 232,456 | 549,038 | 915,063

BSFP new admissions

No data; -

-

Micronutrient Supplementation

18%; 189,481 | 1,082,634 | 1,804,390

Contact

WOS

Tarig Mekkawi ;tmekkawi@unicef.org

Inside Syria

Najwa Rizkallah, nrizkallah@unicef.org

YEMEN

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2009

NCC: UNICEF P4 FT

Deputy: P3 TA- to be on board end of August

IMO: Seconded by third Party CTG Organization

Other: Roving NCC, UNICEF NOB, 5 Sub-national CCs double hatting UNICEF FT NOA/NOB/NOC, and Sub-national Co-coordinators from INGOs/NNGOs .

Coordination arrangement:

National: UNICEF Lead, MoPHP Co-Chair

Sub-National: Aden, Ibb, Hodaida, Saada and Sanaa.

PARTNERS

LNGOs	16	INGOs	16
UN AGENCIES	4	AUTHORITIES	1
OBSERVERS	4	DONORS	7

NUTRITION PROJECTS IN THE 2019 HRP

UN projects	-	INGOs projects	-
NNGOs projects	-	Other projects	-
Nutrition as stand-alone intervention			-
Total number of projects			-

KEY EVENTS

- **Workshop on Gender with Age Marker(GAM),Jan 2019**
- **IPC for acute malnutrition in Yemen,Apr 2019**
- **Cluster Coordination Performance Monitoring (CCPM) workshop,May 2019**
- **Vitamin A supplementation campaign planned in August**

KEY DOCUMENTS

- AAP Operational Guidance and Toolkit
- Nutrition Cluster advocacy Strategy
- ToRs for sub-national cluster coordination

SITUATION ANALYSIS

In Yemen, an estimated 7.4 million people are in need of humanitarian nutrition assistance.

3.2 million people will require treatment for acute malnutrition in 2019, including 2.05 million children under the age of five and 1.1 million pregnant and lactating women (PLW). About 2.4 million of PLW and caretakers of children aged 0-23 months need to be provided with life saving Infant and Young Child Feeding (IYCF) counseling. Recently, the cluster coordination team and IYCF Technical Working Group held a meeting with a local NGOs that was soliciting Breast Milk Substitute online for children in Yemen- Sanaa, and the issue was addressed appropriately. Five governorates (Al Hudaydah, Lahj, Taizz, Aden and Hajjah) continue to be classified with critical levels of acute malnutrition prevalence above 15 per cent- the WHO emergency threshold.

In the beginning of the year, it was estimated that Food insecurity will affected about 20.1 million people,representing 67% of the total population. Water, Sanitation and Hygiene (WASH) services remain sub optimal with 16 million people lacking adequate Water, hygiene and sanitation. Provision of basic health services are also sub-optional with only about 50% of the health facilities providing health services. The combination of food insecurity with sub optimal health and WASH services contribute to the deterioration of nutrition situation in some of the Districts and Governorates. SMART surveys results in Hajjah, Taizz and Socotra conducted during the first half of 2019 indicate the nutrition situation this year being worse than it was during the same period in 2018 in those Governorate. Programm data indicates that 2.4% more SAM cases have been treated in OTP/TSFP in 2019 compared to the same period (Jan-June 2018) achieving about 55% of the target (285,990) and 44 percent of the projected caseload (357,487).

RESPONSE STRATEGY

- Reduce the prevalence of acute malnutrition through systematic identification, referral and treatment of acutely malnourished boys, girls aged below 5 years of age,Pregnant and Lactating Women.
- Strengthen humanitarian life-saving preventive nutrition services for vulnerable population groups focusing on appropriate Infant and Young child Feeding Practices in emergency, micronutrient, Blanket Supplementary Feeding Programme and optimal maternal nutrition.
- Strengthen capacity of national authorities and partners to ensure effective decentralised nutrition response.
- Ensure a predictable, timely and effective nutrition response through strengthening robust evidence based system and nutrition needs analysis and advocacy, monitoring and coordination.

CHALLENGES

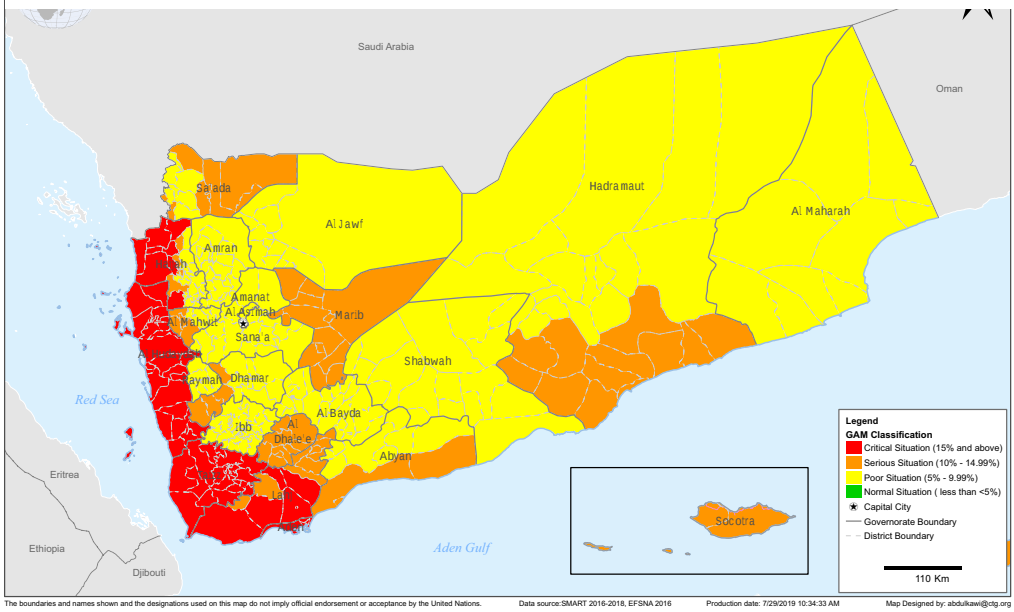
- Delayed approval of partners projects and restriction of international nutrition staff to work in the country (slots)
- Bureaucratic delays in approvals for nutrition cluster partners.
- Restricted movement of partners which impeded project monitoring.
- Stock out of in the some of the nutrition responses such as TSFP and BSFP
- Low reporting rate in the some of the programmes mainly in the TSFP.
- Insecurity and limited access in some of the districts and locations especially in front line areas.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Scaling up nutrition responses throughout the country with focus in districts with serious and critical (GAM 15% and above) levels of acute malnutrition (will reach minimum 80% of children with SAM and 60-70 % of children with MAM)
- Strengthening community outreach components for the timely identification and referrals of children with acute malnutrition, including those with medical complications.
- National wide mass screening of acute malnutrition at least twice per year. based on CMAM national guidelines and the agreed criteria between WFP, UNICEF and the cluster.

- Implementation of integrated minimum high impact multi-sectoral interventions (Health, WASH, nutrition, FSAC with focus on livelihood and nutrition sensitive interventions) in priority 45 districts.
- Capacity building of partners on nutrition lifesaving interventions, assessments/ SMART, surveillance, information management, monitoring &coverage surveys through suitable and context specific approaches.
- Scaling up malnutrition Preventive intervention through provision of micro nutrients supplementation and other supplementary food for children U5, adolescent & PLWs (will reach 60% per cent of children U5 & 60% per cent of PLWs). Implementation of Blanket Supplementary Feeding Programme along with General Food Distribution in 58 new Districts (reaching approximately 130,000 children aged 6- 2 years and 185,000 PLW for 2 months to prevent widespread malnutrition.
- Use of expanded criteria i.e use of Ready to Use Therapeutic food to treat Moderate Acute Malnutrition and Ready to Use Supplementary Food to treat SAM where needed based on CMAM national guidelines and the agreed criteria between WFP, UNICEF and the cluster.
- Effective monitoring of the nutrition response through quarterly reviews at national, governorate and district level including CHV review meetings on quarterly basis.
- To improve TSFP reporting , WFP is working on a new approach where reporting is linked to payment to health workers in collaboration with MoPHP

YEMEN NUTRITION CLUSTER, GAM RATE CLASSIFICATION (AS 30 JUNE, 2019)



KEY LINKS

- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report, Final Report not yet finalized and published

NUTRITION GUIDELINES

- ☑ CMAM Guidelines, but needs updating
- ☑ IYCF Guidelines, but needs updating
- ☒ Nutrition Assessment Guidelines

NUTRITION RESOURCES

HNO 2019 HRP 2019 Work plan 2019

FUNDING

320 M

TOTAL FUNDING RECEIVED (USD)

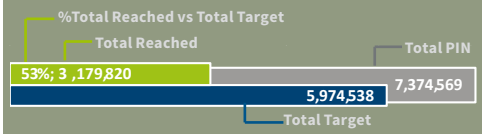
102 M (32%)

TOTAL GAP (USD)

218M (68%)

Key Figures In 2019

Figures below are from Jan to Jun 2019



Achievements Per Activity

Children 6-59 months

SAM new admissions

55%; 157,978 — 357,487 — 285,990

MAM new admissions

28%; 259,584 — 1,518,890 — 937,878

BSFP new admissions

43%; 298,392 — 800,719 — 688,098

Vitamin A supplementation

1%; 50,378 — 4,766,718 — 4,290,047

Micronutrient Supplementation

No data; -

-

Pregnant and Lactating Women (PLW)

MAM new admissions

42%; 268,016 — 1,140,532 — 639,210

IYCF-E counselling for PLW and caretakers of infants & under 2 years

84%; 1 ,414,823 — 2,403,337 — 1,682,336

BSFP new admissions

51%; 361,151 — 1,211,146 — 712,267

Micronutrient Supplementation

34%; 971,767 — 4,766,718 — 2,860,031

Reason for low reporting rate : Delayed payment of government health workers in nutrition sites with respect to TSFP

Contact

Isaack Manyama
imanyama@unicef.org

VENEZUELA

CLUSTER INFORMATION

Coordination mechanism: Working Group

Year of activation: 2019

NCC: stand by partners

Deputy: Caritas Venezuela

IMO: N/A

Coordination arrangement:

UNICEF Lead, Caritas Venezuela co-lead Subnational level: Tachira, Bolivar and Zulia supporting by Unicef

PARTNERS

LNGOs	8	INGOs	3
UN AGENCIES	5	AUTHORITIES	0
OBSERVERS	0	DONORS	0

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	15	INGOs projects	5
NNGOs projects	10	Other projects	0
Nutrition as stand-alone intervention			15
Total number of projects			30

KEY EVENTS

- **Nutrition in Emergencies, Jun 2019**

KEY DOCUMENTS

SITUATION ANALYSIS

The humanitarian situation in the country has come under additional strain, due to continued economic challenges, political instability and a subsequent deterioration in the provision of essential services. The most vulnerable groups include people with chronic health conditions and serious illnesses, Pregnant and Lactating Women, newborns and children under five, indigenous people, people on the move, older persons, women, and children at risk and people with disabilities among others. The humanitarian situation was impacted by electricity blackouts during March and July, which left all states of the country without electricity. Other services such as water, education, healthcare, fuel supply, and telecommunications were also affected. There have been some improvements in the overall operating environment, with greater recognition of the humanitarian situation and the need for assistance.

RESPONSE STRATEGY

In the case of the Venezuelan Response Plan, these were developed by the Resident Coordinator's Office in conjunction with sector leaders.

These are;

1. To Protect the survival of the most vulnerable people by age group, gender, and diversities, improving their access in quantity, quality, continuity and territorial coverage to essential goods and services under a rights-based approach
2. Promote and strengthen respect for the protection of human rights by supporting prevention and response mechanisms and capacity building at the individual, community and institutional levels.

Nutrition strategic Objectives.

- Objective 1: Improve access to outpatient health services and community nutrition programs for children under 5 and pregnant and lactating women in priority states for the prevention of acute malnutrition and micronutrient deficiencies.
- Objective 2: Improve access to and delivery of ambulatory, hospital and community health services for the management of acute malnutrition as part of efforts to reduce infant morbidity and mortality.

CHALLENGES

Until 2019, Venezuela activated a coordination mechanism in the face of the deterioration of the situation, hence the response capacity is quite limited. Currently, there are several challenges which include;

- Human Resources: There was no dedicated Cluster coordinator in the reporting period.
- Operational capacity: limited by lack of personnel (by the migration) and logistic costs affected by hyperinflation.
- Government involvement: Government authorizations for collection of nutritional status information are very limited, despite high-level advocacy.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Prioritize the most vulnerable areas of the 10 prioritized areas to implement and strength nutrition interventions in the field, supporting local implementing partners-
- Capacity building Government health and nutrition workers in specific nutrition interventions -including integrated management of acute malnutrition- due to lack of technical expertise in primary and specialized health and nutrition services.
- Capacity building in nutrition interventions in partners and governmental institutions.

VENEZUELAN POLITICAL MAP

KEY LINKS

- Venezuela Reliefweb

NUTRITION GUIDELINES

- [X] CMAM Guidelines
- [x] IYCF Guidelines, but needs updating
- [X] Nutrition Assessment Guidelines

FUNDING

14 M

TOTAL FUNDING RECEIVED (USD)

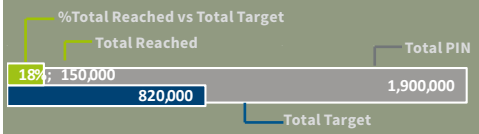
5.5 M (39%)

TOTAL GAP (USD)

8.5 M (61%)

Key Figures In 2019

Figures below are from Jan to May 2019



Achievements Per Activity

Children 6-59 months

SAM new admissions
No data; -

MAM new admissions
No data; -

BSFP new admissions
No data; -

Vitamin A supplementation
-; -

Micronutrient Supplementation
No data; -

Pregnant and Lactating Women (PLW)

MAM new admissions
No data; -

IYCF-E counselling for PLW and caretakers of infants & under 2 years
No data; -

BSFP new admissions
No data; -

Micronutrient Supplementation
-; -

Reason for low reporting rate : Operational capacity in consolidation and consequences of blackouts at state level.

Contact

Zandra Estupinan;
ynzigndo@unicef.org
Alejandro Del Aguila Murphy
adelaguila@unicef.org

ZIMBABWE

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2019

NCC: P4 FT; UNICEF Surge (2 months)

Deputy: GOAL

IMO:UNICEF NOB,TA

Others: Nutrition Consultant; Field based NOA

Coordination arrangement:

national and Sub-National: Manicaland Province; Chipinge and Chimanimani Districts

PARTNERS

LNGOs	5	INGOs	10
UN AGENCIES	4	AUTHORITIES	1
OBSERVERS	0	DONORS	1

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	2	INGOs projects	4
NNGOs projects	3	Other projects	0
Nutrition as stand-alone intervention			0
Total number of projects			9

KEY EVENTS

- **Integrated Active Screening and IYCF for CHWs,Mar 2019**
- **IMAM training for health Workers, Apr 2019**
- **Rapid Pro Info management Training,May 2019**
- **OCV 1 and 2,May 2019**
- **Master training on MIYCN,Jun 201**

KEY DOCUMENTS

- Nutrition Cluster Response Plan

SITUATION ANALYSIS

Zimbabwe has been experiencing consecutive El'Nino, reduced agricultural production coupled by a protracted economic breakdown. Cyclone Idai Emergency hit the country in March 2019 amidst a drought season and the food security situation is expected to continue declining. It is estimated by the peak of the hunger season (January-March 2020), 59% of rural households will be food insecure and Global Acute Malnutrition (GAM) rates are expected to follow the same pattern. Besides the joint rapid assessment conducted jointly for the initial response through the annual Vulnerability assessment Committee, a food and nutrition security assessment was conducted in May in all the 60 rural districts including cyclone affected districts. The assessment found a national GAM of 3.6% an increase from 2.5% reported in 2018, and increased food insecurity; it is estimated that in Zimbabwe by the peak of the lean season, 59% of the population will be food insecure, an increase from 28% reported in 2018 for the same season. Even though the GAM rates in the cyclone affected districts are all below 5% , there is suboptimal Infant and Young child Feeding Practices; including very poor diet diversity ; 15% and with only 6.9% having attained the Minimum Acceptable Diet.

RESPONSE STRATEGY

1. Save lives and livelihoods by providing integrated humanitarian assistance and protection to people impacted by the cyclone Idai and by the economic crisis and severe food insecurity.
2. Provide life-saving humanitarian health assistance by responding to outbreaks and procuring essential medicines.

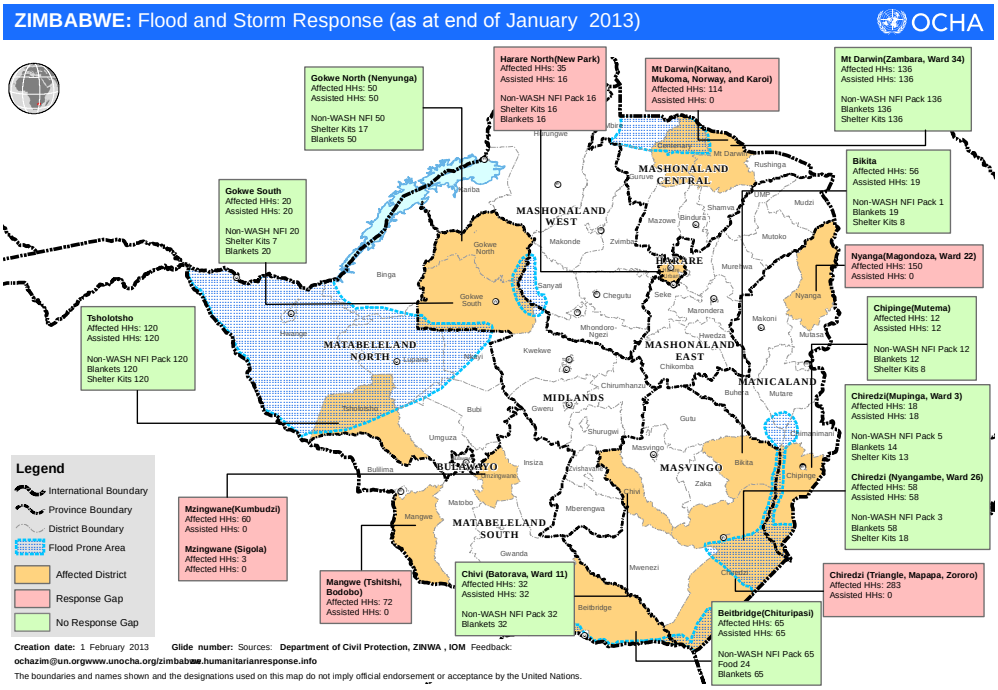
CHALLENGES

1. Inaccessible communities and health facilities as roads and communication infrastructure was destroyed by the cyclone
2. Lack of disaggregated data on people in need for planning and targeting. Of the 270,000 estimated affected by the cyclone, the data was not clear how many would be children or pregnant women. However in terms of the results of the response, National Health Information System does provide age and sex disaggregated data
3. Routine Government reporting systems were not provided on timely basis to feed the data needs of emergency reporting
4. Limited funding to meet the needs of the response

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

1. Procurement and pre-positioning of essential nutrition supplies in all affected districts
2. Scale-up early identification and mobilisation including in districts in IPC phase 3 and above for Acute Food Insecurity
3. Accelerate resource mobilization through development and utilization of a resource mobilization strategy for the protracted drought emergency

ZIMBABWE FLOOD PRONE DISTRICTS



KEY LINKS

- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report

NUTRITION GUIDELINES

- ☑ CMAM Guidelines.
- ☑ IYCF Guidelines
- ☑ Nutrition Assessment Guidelines

NUTRITION RESOURCES

2019 Flash Appeal

FUNDING

2.9 M

TOTAL FUNDING RECEIVED (USD)

1.1 M (41%)

TOTAL GAP (USD)

1.7 M (59%)

Key Figures In 2019

Figures below are from Jan to Jun 2019

%Total Reached vs Total Target

Total Reached

Total PIN

108%; 5 0,851

47,000

270,000

Total Target

Achievements Per Activity

Children 6-59 months

SAM new admissions

20%; 232

1,172

1,406

MAM new admissions

20%; 545

2,733

3,280

BSFP new admissions

44%; 1 0,263

23,400

56,640

Vitamin A supplementation

94%; 4 4,515

47,200

56,640

Micronutrient Supplementation

No data; -

-

-

Pregnant and Lactating Women (PLW)

MAM new admissions

No data; -

-

46,267

IYCF-E counselling for PLW and caretakers of infants & under 2 years

171%; 6 5,806

38,556

46,267

BSFP new admissions

9%; 932

9,958

46,267

Micronutrient Supplementation

109%; 5 1,587

47,200

56,640

Reason for low reporting rate : *The targets for active screening and micronutrient supplementation were reached. The SAM and MAM treatment targets were not met mainly because of the huge focus on prevention that was the main part of the response. The target presented is only for cyclone affected districts and the response has only been running since Mid-March.*

Contact

Annastancia Chineka
achineka@unicef.org

GNC WORK PLAN SUPPORTED BY :

GTAM DONORS :

USAID FROM THE AMERICAN PEOPLE

Irish Aid
Rialtas na hÉireann
Government of Ireland

Sida
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

THE GOVERNMENT OF THE GRAND DUCHY OF LUXEMBOURG

Government of the Netherlands

unicef

Save the Children

TECHNICAL RRT DONORS :

USAID FROM THE AMERICAN PEOPLE

Irish Aid
Rialtas na hÉireann
Government of Ireland

Sida
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Save the Children

DONORS FUNDING THE REST OF THE GNC WORKPLAN :

unicef

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

NOR CAP