



GLOBAL NUTRITION CLUSTER ANNUAL MEETING REPORT

BRUSSELS, BELGIUM
2-4 July 2019



EXECUTIVE SUMMARY

The Global Nutrition Cluster (GNC) is a collective of 35 partners and 15 observers led by UNICEF as the Cluster Lead Agency (CLA). The Global Nutrition Cluster provides support to both formally activated country Nutrition Clusters as well as other nutrition sector humanitarian coordination groups to ensure rapid, high-quality and effective response to nutrition emergencies.

The annual GNC meeting took place from 2-4 July 2019 in Brussels, Belgium, was hosted by the European Commission for Humanitarian Aid (ECHO) and attended by 114 participants. The objective of the meeting was to galvanise action across the GNC partners for improved Nutrition in Emergencies preparedness and response.

This report highlights major discussion points. A more detailed transcript of the meeting can be found here: <http://nutritioncluster.net/2019-gnc-annual-meeting/>.

Key points of discussion included emergency preparedness and response within the context of the humanitarian development nexus (HDN) with examples of government-led emergency responses to Cyclone Idai in Mozambique, Malawi and Zimbabwe. Updates were provided on the current evidence base for the use of simplified approaches to the treatment of acute malnutrition, as well as an overview of ongoing work in this area. The issue of the management of non-breastfed infants was also discussed. A review of the degree of implementation of the High Impact Nutrition Interventions was provided as well as the challenges to full implementation of these interventions.

Technical initiatives were a key focus of the meeting with the new Global Technical Assistance Mechanism (GTAM) presented as well as updates to the Integrated Phase Classification (IPC) as well as the Cash and Voucher Assistance (CVA) for Nutrition.

INTRODUCTION

The Global Nutrition Cluster (GNC) is a collective of 35 partners and 15 observers led by UNICEF as the Cluster Lead Agency (CLA). The Global Nutrition Cluster provides support to both formally activated country Nutrition Clusters as well as other nutrition sector humanitarian coordination groups to ensure rapid, high-quality and effective response to nutrition emergencies.

The annual GNC meeting took place from 2-4 July 2019 in Brussels, Belgium, was hosted by the European Commission for Humanitarian Aid (ECHO) and attended by 114 participants. The full list of participants can be seen in Annex 2.

The overall objective of the meeting was to galvanise action across the GNC partners for improved Nutrition in Emergencies preparedness and response.

GNC ANNUAL MEETING DAY 1

Objective: To examine global level programming initiatives and country level experiences and realities so as to improve nutrition in emergencies preparedness.

Topic 1. Nutrition in Emergencies (NE) Preparedness and Response - Cyclone Idai

In the morning session, presentations were given by Mozambique, Malawi and Zimbabwe detailing each country's response to Cyclone Idai. The cyclone hit the three countries in March 2019 causing mass destruction and widespread flooding with Mozambique most severely affected.

In all three countries, disaster management and nutrition are integrated into government structures down to the local level. Once the cyclone hit, governments had systems in place to respond to the emergency, but each of the countries responded in a different way.

Mozambique

In Mozambique, preparedness plans were in place and Nutrition in Emergencies training had been completed the previous year. All service delivery is by government and NGO presence is limited. However, the scale of the impact was far beyond the scenarios used in the preparedness plans and support from the Nutrition Cluster was needed. The design of the response was pre-determined by the preparedness plans and as a result, the Cluster was requested, not to design the response, but to determine its role in this existing design. The existence of the preparedness plan supported strong joint understanding of the components of a nutrition in emergencies response. However, IYCF-E was not included in the preparedness plan and there were challenges in negotiating for this aspect to be included in the response as this meant a divergence from the government plan. A joint statement on the distribution of Breast Milk Substitutes (BMS) was released and large donations of BMS avoided, but small church groups were found to be distributing formula and milk powder. The response also suffered from underfunding as nutrition was seen as a low priority due to the low GAM rate.

Malawi

In Malawi, the government manages and transports RUTF as part of its medical supply chain to routine programmes. Supplies were already available in the affected areas. The area had also been affected by drought in recent years and government nutrition, health and disaster management staff had recent experience of emergency response. Following the emergency, the government scaled up screening, particularly in camps for those displaced by the emergency. IYCF services were provided in the camp by government staff and children requiring treatment for acute malnutrition were referred to existing services. No BMS distributions were reported.

Zimbabwe

In Zimbabwe, the government initiated its own surge response where nutritionists from other parts of the country were redeployed to affected areas to support the emergency response with

the government providing top up allowances for their deployment from its own budget. Quick decisions were made in terms of the response with many staff redeployed within a week and the agreement to use a simplified protocol was also made. Challenges faced by the response were related to the lack of IMAM and emergency response experience of staff prior to the emergency. Zimbabwe also received BMS donations from the Government of Botswana, the Red Cross in the Emirates and church groups from South Africa.

Next steps and actions

- Consider how preparedness is managed in East African and updating plans to account for large scale rapid onset emergencies.
- Ensure that IYCF-E is included in government preparedness plans.
- Document the exit strategy, successes and challenges in all three countries

Topic 2. Building and Sustaining Nutrition Coordination Systems

In the afternoon there was a presentation on building and sustaining nutrition coordination systems with lessons learnt from Afghanistan and Zimbabwe. This was followed by a panel discussion with representation from SUN conveners and Nutrition Cluster Coordinators from Afghanistan, Malawi and Somalia.

Key points of agreement from both sessions were:

- The “nexus” is not “mixus”, but a comprehensive strategy to support reinforcement of local systems .
- That currently we do not engage on climate or political issues and we must.
- Nutrition should not sit in one line ministry. We should take a systems approach and provide sustained advisory support to these ministries to allow us to build relationships and capacity.
- We need to conduct more political, economic and cultural analyses and use this to guide our approach to system building.
- We need to move beyond policy frameworks and shift to capacity development which goes beyond technical training and knowledge sharing. The question should be “how can the system function better?” not “how many trainings have we done?”.
- We are yet to see the UN put in place capacity development plans for local NGOs over multiple years.
- Development partners should be more flexible and focus on risks that are not anticipated and be willing to change. Humanitarians should be willing to think long term, beyond that particular emergency.

Next steps and actions (this is from the notes)

- Provide a sustained dedicated advisory role to governments, particularly line ministries that are not the MOH.
- Conduct and use political, economic, social and cultural analysis

GNC ANNUAL MEETING DAY 2

Objective: To examine country level programming and global level experiences in High Impact Nutrition Interventions (HINI) to improve the quality of nutrition in emergencies responses.

Topic 1. Simplified approaches to the treatment of acute malnutrition

In the morning, there were presentations on “Simplified Approaches” to the treatment of acute malnutrition with a summary of the evidence on these approaches, a presentation on possible drawbacks to the MUAC-only approach as well as experiences from West Africa with the implementation of these approaches.

Key points:

- That there are various adaptations to the CMAM protocols, being piloted. These range from modifications to screening methods, to change in dosages.
- The evidence base on the costing and impact of these simplified approaches is still limited.
- Experience shows that no CMAM approach has perfect coverage and treatment efficacy/efficiency but any changes from the current protocol standards needs to be based on clear evidence of risk reduction. WHO guidelines on the management of acute malnutrition will not be updated to include simplified approaches until the evidence base is stronger.

Next steps and actions

- Generate more evidence on simplified approaches.
- Consider the most appropriate costing/cost-effectiveness methods when piloting these approaches to allow the tracking of caseloads. Focus on actual expenditure instead of estimating costs and ensure that staff time is included.
- Support the roll-out of certain simplifications where they are proven to be safe and effective such as family MUAC.
- Hold key learning and dissemination events, including a regional workshop in West Africa in the last quarter of 2019.
- Continue to provide technical support and coordination to partners.

Topic 2. IYCF and Comprehensive Nutrition Package Overview

In the afternoon there were presentations and discussions on: experience in implementing IYCF-E interventions in the DRC; protecting all infants dependent on artificial feeding; the

findings of the review on the High Impact Nutrition Interventions (HINI) in Humanitarian Response Plans.

Key points from these sessions were:

- Although operational guidance on artificial feeding for non-breastfed infants are available, in practice, the challenges of adequate implementation are often overestimated, limiting their consideration. We need to consider the range of barriers and bottlenecks which hamper the adequate utilization of BMS.
- Ready-to-use BMS was integrated within the Ebola response in DRC. Support from the Tech RRT to train staff followed by ongoing technical support/troubleshooting from the GNC helpdesk were critical to the scale-up of this component.
- HINI: The GNC reviewed the package of 13 nutrition interventions (based on the Lancet Series 2013) in 15 countries to understand which were implemented at country level. The purpose of the mapping was to start the conversation around what might have been considered and also which types of nutrition-sensitive interventions should be implemented. Generally SAM treatment and some form of IYCF programming was implemented but limited implementation of other components was taking place. A checklist has been created by the GNC to review the quality of the response and facilitate discussion on a) how much we would need to broaden the scope to improve nutrition response b) how should we review the quality of a response?

Next steps and actions

- WHO is going to publish a policy document on key actions which include nutrition-sensitive and -specific interventions.
- There will be a 3-part webinar with UNICEF, UNHCR, IFE Core group and others in the integration of IYCF within other sectors.

Day 2 Group Work

In the afternoon session, participants broke into groups to discuss opportunities, challenges, available resources, and next steps for the following topics:

1. Improving the quality and scale of treatment of wasting
2. Improving Infant and Young Child feeding in Emergencies
3. Implementing a comprehensive package of nutrition interventions in humanitarian settings

Group 1: Improving the quality and scale of treatment of wasting.

Top challenges identified

- Difficulty in integrating the treatment of wasting into routine health care

- Limited personnel and health system capacity: Lack of medical personnel trained in management of wasting at the national and international level, poor health system coverage, limited community outreach.
- Lack of guidance on sustainable scale up of MAM treatment.
- Pipeline breaks of therapeutic foods.
- Donor restrictions.

Actions and next steps identified

- Remote spatial analysis of programme performance
- Multi-sectoral convergence supporting supply chain management system
- IPC acute malnutrition analysis - systematic way to analyse contributing factors - useful way to look beyond treatment
- Revise MAM decision tool to incorporate SAM
- Review, revise, test and stick to standard tools for context analysis, planning and implementation of programmes. These tools can then be adapted for different contexts.
- Integrate nutrition into existing health systems and facilities and ensure that it is part of IMCI.
- Be creative about entry points and use vaccination campaigns.
- Map coverage of health facilities and mobile teams for outreach
- List alternative structures which can be used for expansion in informal settlements.

Group Work 2: Improving Infant and Young Child Feeding in Emergencies.

Top challenges identified

- *Guidance*: Multiple guidance resources are available, but they are not always easy to apply in all contexts.
- *Technical expertise*: There is some level of expertise on IYCF, but management of artificial feeding is a gap. It's also frequently not clear whose role it is to address non-breastfed infants in health systems.
- *Fear of the targeted use of BMS for non-breastfed infants* There is a need for advocacy with governments with strong policies against the marketing of breastmilk substitutes and about the need for artificial feeding to be considered as a last resort approach for non-breastfed infants.
- Challenges in communicating what success looks like in IYCF programming.

Actions and next steps identified

- Reframe IYCF as a life-saving Public Health Issue and not a nutrition/food issue
- There should be a clear position from UNICEF on their mandate in terms of leading on

the management of non-breastfed infants and leadership on advocacy around this area.

- Conduct a risk analysis at global and country level to understand how to best ensure that non-breastfed children can be managed safely in different contexts.
- GNC to publish an advocacy/briefing paper on care for infants and young children in emergencies. This should clarify that targeted use of BMS for non-breastfed infants when AFASS can be assured is in line with the Code.
- Targeted Advocacy: Leadership from UNICEF in terms of advocacy on IYCF-E
- Mapping the sources of unsolicited BMS donations in emergencies for targeted advocacy to prevent these donations. In particular, hold WHO member states accountable.
- Ensure that clusters have IYCF-E working groups
- Ensure that IYCF-E is routinely reflected in preparedness documents
- Embed IYCF into all assessments.
- Develop do no harm indicators for IYCF-E
- Budget guidance on what should be budgeted for an IYCF response

Topic 3: Implementing a comprehensive package of nutrition interventions in humanitarian settings.

Challenges identified

- The package needs to be contextualised depending on needs assessment
- Donors have their own agenda which does not necessarily support these interventions.
- Difficulties in communication/ consensus with other sectors
- Inadequate Supply chain management
- Gaps in guidelines and operational guidance

Actions and next steps identified

- Map out the gaps in implementing these interventions
- Conduct further analysis to identify the operational gaps
- Reach out to other sectors to understand opportunities and capacity to support these interventions.
- Change the narrative to the donors and communicate that the comprehensive package is life-saving and cost-effective.
- Review and seek input on the checklist for comprehensive package of interventions

GNC ANNUAL MEETING DAY 3

Objective: To review progress of the Global Technical Assistance Mechanism for Nutrition (GTAM), key achievements and challenges in the implementation of the GTAM work plan for 2019 and confirm GTAM priorities for 2019-2020.

Topic 1: The Global Technical Assistance Mechanisms (GTAM) for Nutrition.

The sessions included: Why we need the Global Technical Assistance Mechanisms (GTAM) for Nutrition; Nutrition Information Systems Working Group; IYCF-E Working Group; Nutrition-Sensitive Working Groups; Technical Expertise Pillar Working Group.

Key Points from the sessions and the discussion

- The GTAM was created in response to the need to provide technical expertise beyond which the GNC had the capacity to provide.
- The GTAM will only be used if the technical gaps cannot be addressed in-country.
- The GTAM provides technical support for guidance and can also provide in-country support through the Tech RRT and the consultancy roster.
- The GTAM core team consists of UNICEF, ENN, GNC and the Tech RRT.
- A baseline technical needs assessment report was done to review technical gaps. Priorities from these gaps were identified for CMAM, IYCF-E and assessments.
- The Inter-cluster Working Group has developed four products 1) a training package on working with other clusters, 2) country training on the integration of nutrition 3) a concept note on the roll out of the integrated package 4) case studies from this experience.
- The purpose of the TEP is to link country needs with technical expertise and to ensure a high quality of work. There is a flowchart to explain the process of requesting expertise.

Actions and next steps

- UNICEF will be launching an NIE online course. This will have an updated version of the basic training and also includes the New Ways of Working and Grand Bargain commitments.
- ENN will be developing case studies. Where gaps are identified, they will look to case studies to see how these issues were dealt with in other contexts.
- Applications have been received for the GTAM consultancy roster and the shortlisting and interview process will take place in the coming months.

Topic 2. Cash and Voucher Assistance (CVA) for Nutrition

This session provided a recap of the discussions in the 2018 GNC meeting and reviewed plans for the coming months.

Key points from the session

- Existing resources and ongoing initiatives can be an entry point to incorporate nutrition in the work the Global Health Cluster, Research For action (R4ACT), and the Research on Food Assistance for Nutritional Impact (REFANI) project.
- The GNC CashCAP is a specialised roster of 40 people who work on cash.
- We have not yet determined the best governance structure or how it will be formed. Partners in the governance structure will provide technical support and quality assurance.
- It is important to find a way of advocating and influencing the design of cash in other sectors so they can be nutrition-sensitive.

Actions and next steps

- A desk review, case studies and guidance will be developed by the GNC CashCap, and also by partners based on the work already done, and in coordination with key existing initiatives. They will also build a repository of resources.
- Agree on a common approach to advocacy with other sectors on the use of CVA for nutrition outcomes.

Topic 3. Overview of Integrated Phase Classification for Acute Malnutrition (IPC-AM)

In this session, there was a presentation on the IPC-AM, its key principles and functions. While the IPC has traditionally included Nutrition related data, its focus has predominantly been on Food Security, hence the need for developing a more specific version for Acute Malnutrition has been identified and addressed.

Key points from the session:

- IPC is not a response analysis but a set of protocols to guide the analysis and interpretation of data that is already available. No extra data are collected by IPC.
- The latest version of the IPC manual has been released, but challenges remain with regards to famine classification. In August, they plan to work on this with food security colleagues.
- A strength of the IPC is that it looks at other contributing factors in addition to SAM and MAM rates.
- The IPC analysis provides a good opportunity for countries to assess their data in terms of quality and availability and then to identify gaps.

Challenges identified

- It was raised that although in theory the IPC is an approach which integrates information from multiple sources, in practice the nutrition and food security data analyses are conducted separately.
- Additionally, SMART surveys do not always provide contextual information or data on underlying causes.
- Data availability is a major challenge. There is a need for longer term efforts to strengthen data systems.

Actions and next steps

- Work with SMART at the global level to ensure more routine collection of information on underlying causes of malnutrition.
- New technology is being investigated including the use of “MERIAM” where artificial intelligence (AI) is used to model data to predict acute malnutrition trends.
- The Gates Foundation has been supporting the strengthening of Demographic and Health Surveys (DHS) as well as routine surveillance.

Additional Resources

All presentations and detailed meeting notes including group work can be found here:

<http://nutritioncluster.net/2019-gnc-annual-meeting/>

Annex 1: Global Nutrition Cluster Annual Meeting Agenda

2019 Global Nutrition Cluster Annual Meeting Agenda

GLOBAL NUTRITION CLUSTER ANNUAL MEETING

2-4 July 2019



[European Commission building, Rue Philippe Le Bon 3, Brussels](#)

(please bring ID you indicated while registered)

Objectives of the meeting: To galvanize action across the GNC partners for improved NIE preparedness and response

Day 1:	Tuesday 2 nd July 2019
Chairs:	Patricia Hoorelbeke, ECHO & Ruth Situma, UNICEF
Objectives:	To set the scene for the GNC Annual Meeting in terms of GNC strategy, objectives and focus; & To examine global level programming initiatives and country level experience and realities.
08.00 - 09.00	Registration of participants (please come in advance due to lengthy security procedures)
09.00 - 09.15	Introductions - the co-chairs of the day
09.15 - 09.30	Opening Remarks by Jean-Louis De Brouwer, Director of the Directorate C – DG ECHO and Meritxell Relano, Director, Office of Emergency Operations, UNICEF
09.30 - 09.45	Overview of the 2019 GNC Annual Meeting objectives and focus (including the introduction of the marketplace) – Ruth Situma, UNICEF
09.45 - 10.45	Presentation by Josephine Ippe, GNC Coordinator 1. 2017-2020 GNC Strategy achievements highlights; key activities and the link between GNC work and country clusters activities; 2. Summary of the outcomes of the 2018 October GNC annual meeting; lessons learned, actions and achievements
10.45 – 11.00	Summary of key outcomes of the side event meeting on Afghanistan and DRC (1 st July 2019) – Alison Donnelly, GNC-CT Consultant
11.00 - 11.30	Break

2019 Global Nutrition Cluster Annual Meeting Agenda



Day 1 (continued):	Tuesday 2 nd July 2019
Objective:	To examine how preparedness in Nutrition in Emergencies response and coordination capacity, or sometimes lack of it, has facilitated the emergency response - as an example of the Humanitarian-Development Nexus
11.30 – 11.45	Mozambique - Abigael Nyukuri & Javier Rodriguez, Mozambique Cluster Coordinator (online)
11.45 - 12.00	Zimbabwe - Alison Donnelly, GNC-CT Consultant on behalf of the Zimbabwe Coordination Team
12.00 - 12.15	Malawi - Wilfred Bengnwi, Nutrition Sector Coordinator
12.15-13.00	Q&A
13.00-14.00	Lunch
14.00 – 14.30	Presentation on building and sustaining nutrition security coordination systems at country level – even in fragile contexts: Lessons learnt from Afghanistan and Zimbabwe - Annalies Borrel, Independent
14.30 – 15.30	Panel discussion with the SUN focal points from Somalia , Afghanistan , Malawi, and from the global level on the preparedness and coordination in countries with fragile context and lessons learned in enabling the Humanitarian-development nexus - facilitated by Annalies Borrel, Independent
15.30 – 16.00	Break
16.00-17.00	Q&A and plenary discussion on the role of the GNC and how to enable better HDN
17.00 – 17.30	Wrap up and main action points for the GNC
17.30 - 18.00	Introduction to the marketplace
18.30 – 20.30	Reception at “The office”, Rue d’Arlon 80, Brussels

2019 Global Nutrition Cluster Annual Meeting Agenda



Day 2:	Wednesday, 3 rd July 2019
Chairs:	Erin Boyd, USAID & Caroline Wilkinson, UNHCR
Objective:	To examine country level programming and global level experiences in High Impact Nutrition Interventions (HINI) to improve the quality of NIE responses
09.00 – 09.15	Summary and key highlights of Day 1
09.15 - 09.30	Presentation of the UNICEF/WHO/UNHCR/WFP communiqué on the innovative approach for management of CMAM - Zita Weise Prinzo , WHO
09.30 - 10.00	Presentation of the findings of the literature review on the innovative approach for management of CMAM - Nicolas Joannic , WFP
10.00 - 10.15	Presentation on the ACF/CDC study using survey data to display drawbacks on targeting and programmatic aspects of MUAC-only innovative protocols - Danka Pantchova, ACF
10.15 - 10.30	Presentation on the regional experiences in West Africa on expanded criteria - Sophie Woodhead, UNICEF
10.30-10.45	Questions and clarifications
10.45 -11.15	Break
11.15 – 11.45	DRC experience in IYCF - Kalil Sagno, DRC Cluster Coordinator
11.45 – 12.15	Presentation on the BMS for the non-breastfed infants - Linda Shaker, IFE Core Group Facilitator
12.15-12.45	Presentation of the findings of the review on the HINI in the HRPs - Yara Sfeir, GNC HelpDesk
12.45 - 13.00	Questions and clarifications
13.00 – 14.00	Lunch
14.00 - 15.30	Group work on the next steps for the GNC partners on how to address the challenges with the IYCF and CMAM and in adopting HINI by partners
15.30 - 16.00	Break
16.00 - 17.30	Group Presentations
17.30 - 18.00	Wrap up and main action points for the GNC



Day 3:	Thursday, 4 th July 2019
Chairs:	Nicolas Joannic, WFP & Colleen Emary, WVI
Objective:	To review progress of the Global Technical Assistance Mechanism for Nutrition (GTAM), key achievements and challenges in the implementation of the GTAM workplan for 2019 and confirm GTAM priorities for 2019-2020
09.00 - 09.15	Summary and key highlights of Day 2
09.15 – 10.00	Presentation of key highlights of the GTAM 2019 progress and challenges - Ruth Situma, UNICEF; Juliane Gross, World Vision & Isabelle Modjelle, ENN
10.00 – 10.20	Nutrition Information Systems GTWG progress update - Louise Mwirigi, UNICEF, Co - Chair of <u>NIS</u> GTWG
10.20 – 11.00	Presentation on the new IPC guidance on the declaration of famine with no adequate data - Douglas Jayasekaran, FAO and Louise Mwirigi, UNICEF
11.00 - 11.30	Break
11.30 – 11.45	IYCF-E GTWG progress update – Linda Shaker, IFE Core Group Facilitator
11.45 – 11.55	CMAM GTWG progress update – Ruth Situma, UNICEF
11.55 – 12.15	Update on the work done under the Nutrition-sensitive interventions GTWG update – Darana Souza, FAO & Antony Peter, WVC co-chairs of the ICN WG
12.15 – 12.45	Update on the work done under Specialized Technical Expertise pillar of the GTAM – <u>Andi Kendle</u> , Tech RRT and Colleen Emary, World Vision, Co - Lead GTAM
12.45 – 13.15	Cash and Voucher Assistance for nutrition update – Dana Truhlarova Cristescu, <u>CashCap</u> / NORCAP
13.15 – 14.15	Lunch
14.15 – 15.00	Group Work on GTAM
15.00 – 16.00	Group feedback in the plenary
16.00 - 16.30	Break
16.30 – 17.00	Wrap Up and Closing Remarks – Josephine Ippe, GNC-CT

Join the Whatsapp Group of the 2019 GNC Annual meeting participants through this QR code (you need a QR code reader to be active/installed on your phone)



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