



# 2020 Mid-year report (Jan-Jun)



Global  
**NUTRITION**  
CLUSTER

# GNC is adjusting to the changing needs and opportunities

---

The GNC responded to COVID-19 with two key approaches:

- a) Expanded support from 30 HRP/emergencies to sectoral/cluster coordination in 63 GHRP countries
- b) Redirected in-country support and face to face meetings into remote/digital support

Key achievements include:

- Revamped website, including dedicated [COVID-19 Coordination Resource Site](#)
- Developed COVID-19 guidance and support contextualization and implementation
- Strengthened collaboration with UNICEF PD, Regional Offices, SUN, GNC partners
- Focused on remote support (webinars and one-on-one) and Knowledge Management
- Started development of a Capacity Building strategy
- Internal online training facilitation skills

# GTAM leads technical support for NiE and COVID-19

---

- Launched dedicated [COVID-19 NiE Resource Site](#)
- Established a process to ensure questions not covered by existing guidance could be appropriately escalated to the GTWGs or WHO
- Rapidly developed COVID-19 and nutrition technical briefs
- Established Programmatic Adaptation Teams to compile, curate and present potential adaptations and related tools and resources
- Conducted webinars to support NiE programming in the COVID-19 context
- ENN produced [podcasts](#) with field-level practitioners to share how programmes are adapting in light of COVID -19
- Replaced in-country TechRRT support with remote deployments





© UNICEF/UNI336569

**Strategic priority 1: To provide operational support before, during and after a humanitarian crisis to national platforms to ensure quality and timely response**

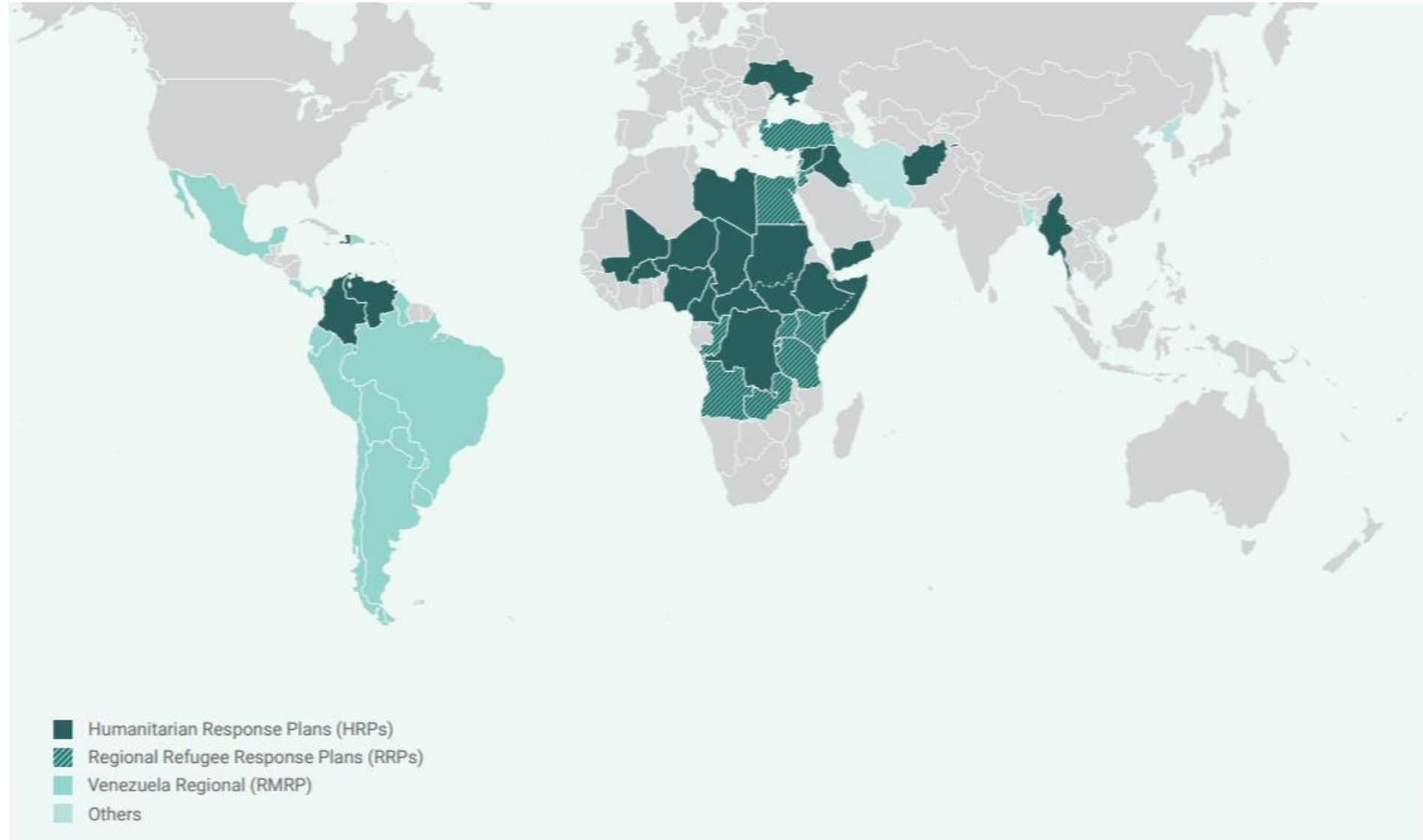




# GHRP was launched to address COVID-19

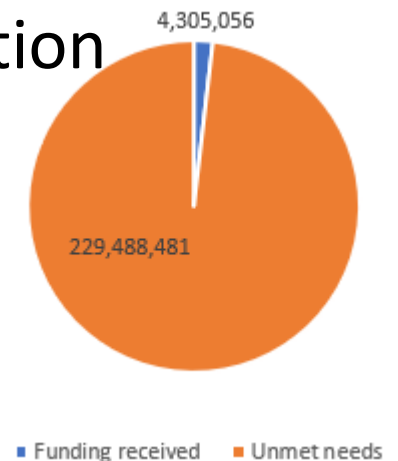
The [GHRP](#) was launched by the humanitarian community on 25 March 2020 and updated on 7 May and 17 July.

It includes COVID-19-related humanitarian needs in 63 priority countries.



# GNC expanded support to all GHRP countries

- GNC-CT made support available to 63 GHRP countries to better cope with COVID-19 impact. 52 countries benefitted from support as of end of July.
- GNC-CT provided guidance to countries through two webinars focusing on clarification of objectives of the GHRP, the GHRP and HRP revision process and COVID-19 nutrition needs.
- NIS helpdesk led global consultations to introduce nutrition indicators for GHRP monitoring.
- 28 GHRP countries have established or strengthened coordination mechanism (cluster or sector) with GNC support.
- Nutrition response in GHRP received only 2% funding of \$4.3 M requested





# 43 countries participated in the COVID-19 calls

Since the onset of COVID-19 pandemic GNC-CT strengthened its collaboration with UNICEF PD and Regional Offices to extend the offer of support to all countries included in GHRP.

## GNC Support dashboard | Regional coordination calls

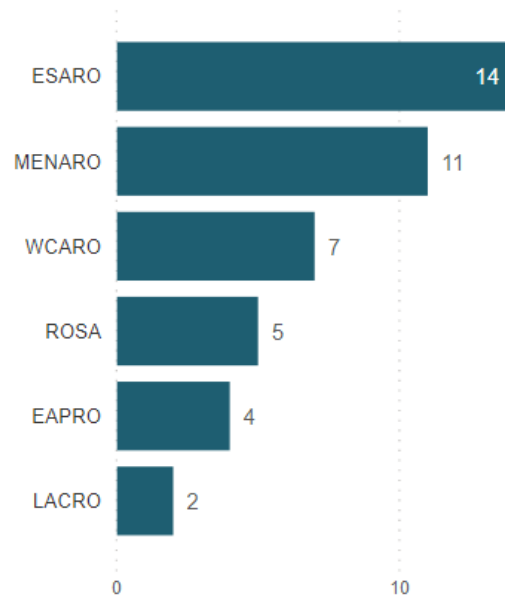
(01 March 2020 - 30 June 2020)

Clear filters 

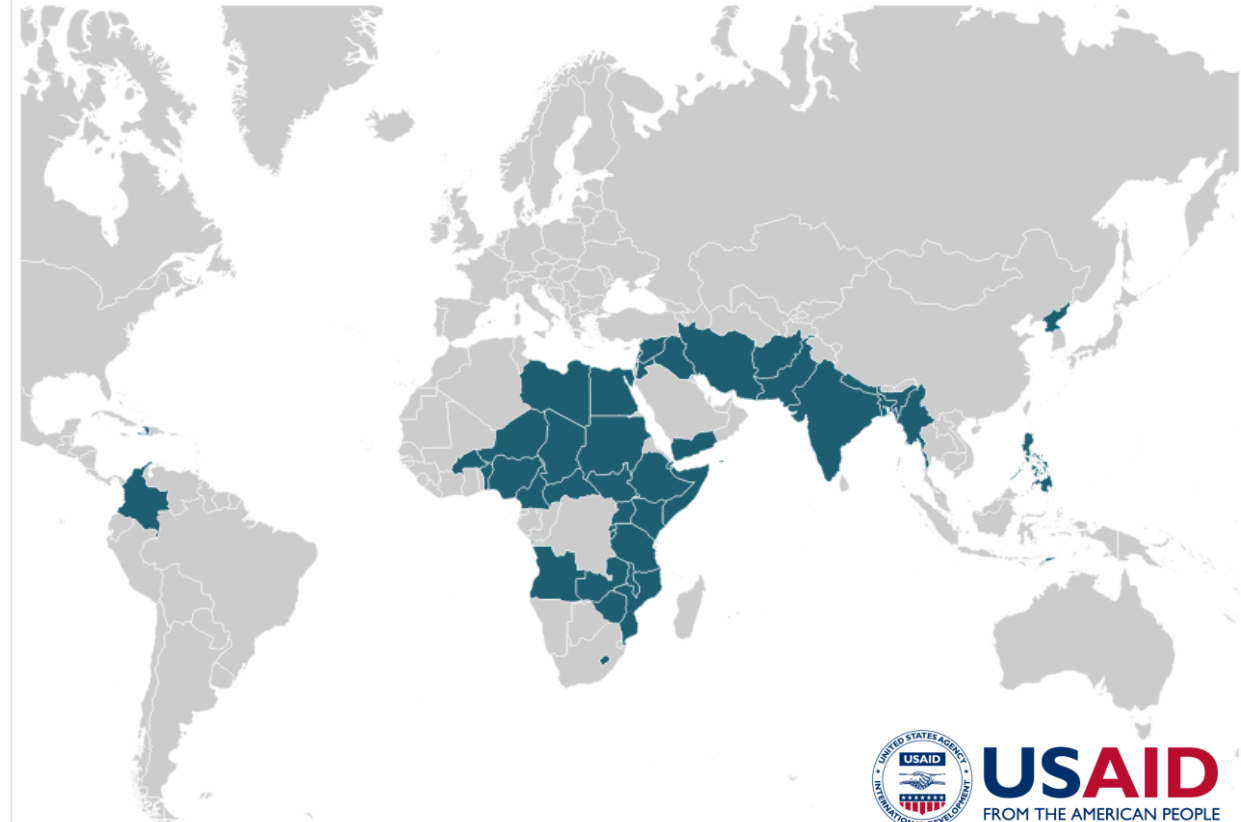
Contact made with countries to provide advisory support on coordination and nutrition in emergency technical matters.

**43** countries  
**6** UNICEF regional groupings  
**11** calls conducted

# of countries by UNICEF regional grouping



Countries attended regional coordination calls




# GNC helpdesk supported 33 countries

## GNC-CT helpdesk:

- Coordination
- IM
- Intersectoral coordination
- Cash and voucher assistance
- Nutrition information systems
- NiE

## GNC Support dashboard | Helpdesk support

(01 March 2020 - 30 June 2020)

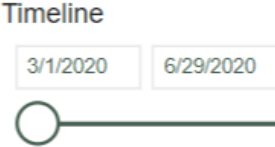
Clear filters 

The GNC-CT one-on-one support to countries on Sectoral Coordination, Information Management, Intersectoral Coordination, Nutrition Information System, Nutrition in Emergency programming and Cash and Voucher assistance. GNC-CT has got six full time help desks to support countries.

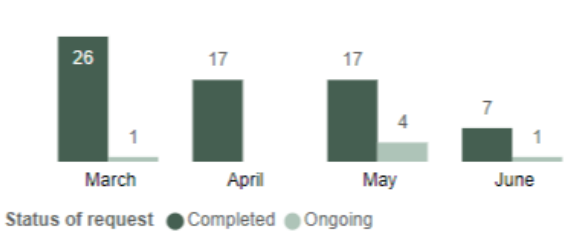
### UNICEF regional grouping



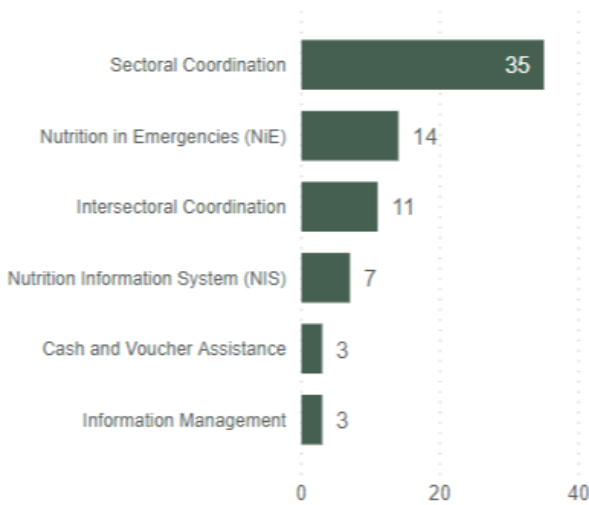
**33** countries provided with helpdesk support    **73** requests addressed    **6** requests ongoing



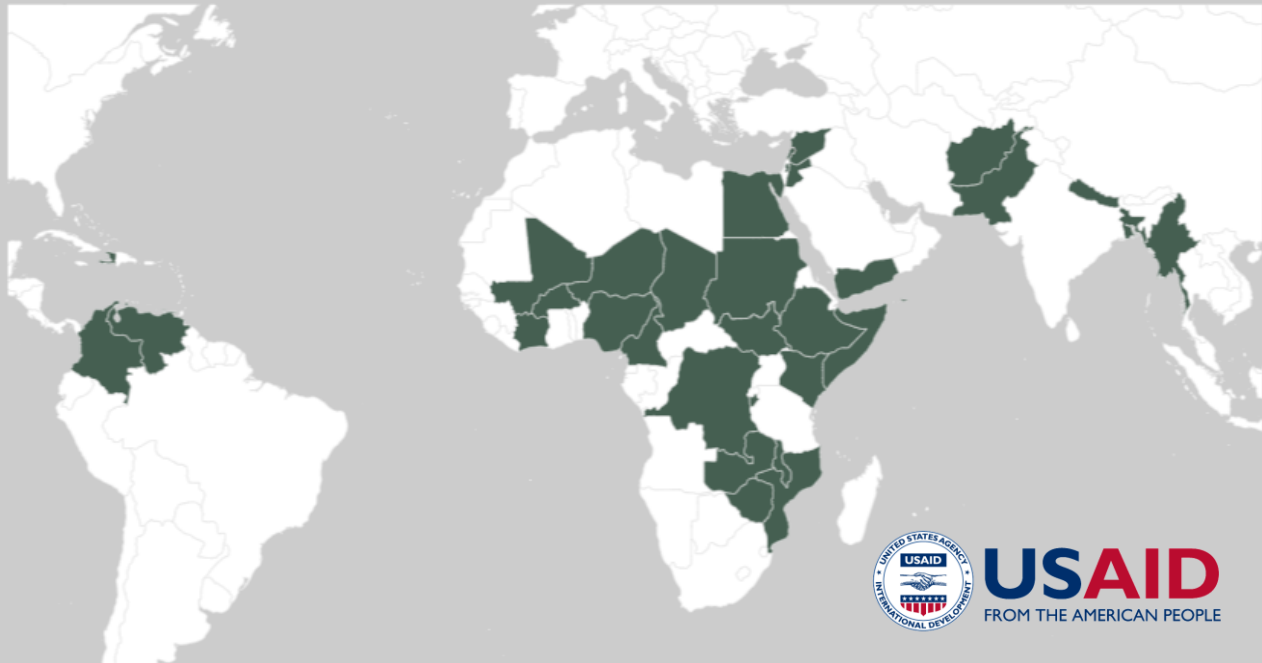
### # of requests by month/status



### # of requests by thematic area\*



### Countries provided with helpdesk support



\*Thematic areas for GNC-CT direct support provision and in addition to contributing to the Programmatic Technical assistance provision by the **GTAM**

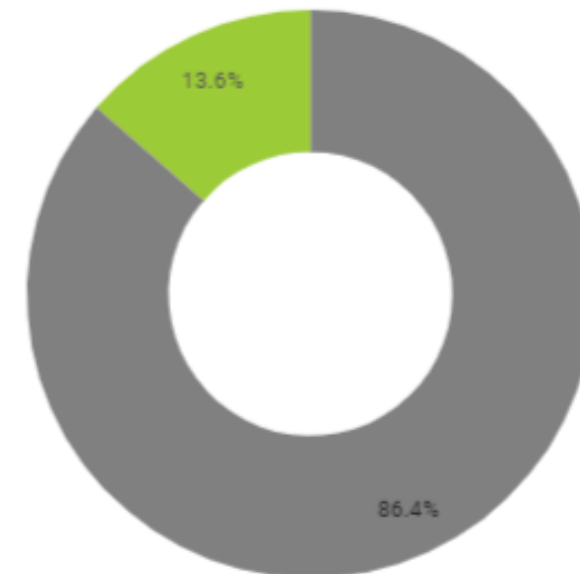




# RRTs & TechRRTs deployed to 5 countries

Total	Total Deployments	Total Days of Deployment	Total Staff deployed	Countries
	8	191.0	6	5
RRT	Total Deployments	Total Days of Deployment	RRT deployed	Countries
	1	26.0	1	1
Tech RRT	Total Deployments	Total Days of Deployment	Tech RRT deployed	Countries
	7	165.0	5	4

● Tech RRT ● RRT



Country	RRT/TechRRT	Thematic Area
Burkina Faso	RRT	IM
DRC	TechRRT	IYCF, CMAM
Ethiopia	TechRRT	IYCF
Myanmar	TechRRT	SBC, IYCF, CMAM
Venezuela	TechRRT	IYCF

# Coordination & NIS and COVID-19 guidance developed

- [Operational guidance on cluster and sector coordination in the context of COVID-19](#) – EN/FR/AR,
- + [Generic ToR for Nutrition and COVID-19 working group](#) – EN/FR/AR
- + [Generic Template for the Joint statement on COVID-19 and IYCF](#) (IFE Core Group) – EN/FR/AR

Version 1 - March 2020

Version 2 - April 2020

Version 3 - May 2020

## [Nutrition Information Management, Surveillance and Monitoring in the context of COVID-19](#) (GNC-CT & NIS

GTWG) - EN, FR, AR

Version 1 – April 2020

Version 2 – July 2020



### Operational guidance on Nutrition Sectoral/Cluster Coordination in the context of COVID-19

Version 3.0 of 5<sup>th</sup> of May 2020  
(see revision history in Annex 3)

The GNC Coordination team (GNC-CT) will adapt this guidance and support provided for Nutrition Sectoral/Cluster Coordination, Inter-sectoral/inter-cluster Coordination, and Information Management, to increase the relevance and flexibility of approaches to respond to the evolving challenges and opportunities as the number of countries at risk of deterioration of the nutritional status of their vulnerable groups<sup>1</sup> due to COVID-19 increases.

The purpose of this document is to guide Nutrition Sector/Cluster coordination mechanisms at the national level on the adaptation of the core cluster coordination functions and working modalities, due to the COVID-19 pandemic. This document will be updated regularly to provide guidance based on the latest available evidence and information, based on two scenarios:

- Scenario 1: No population mobility restrictions
- Scenario 2: Partial or full population mobility restrictions

This document does not include specific guidance on Nutrition Programming and Information Systems as this is covered by additional resources issued by the Global Technical Assistance Mechanism for Nutrition (GTAM) available from [GNC COVID-19 Resources](#).

#### Global Humanitarian Response Plan (GHRP) for COVID-19

The COVID-19 GHRP is a joint effort by members of the Inter-Agency Standing Committee (IASC), including UN, other international organizations and NGOs with a humanitarian mandate to analyse and respond to the direct public health and indirect immediate humanitarian consequences of the pandemic, particularly in countries that are already facing a humanitarian crisis because of conflict, natural disasters, and climate change.

The GHRP aims to ensure complementarity, synergy, gaps and needs identification, and coordinated response by complementing and supporting existing government responses and national coordination mechanisms. The GHRP indicates that at the national level the usual coordination mechanisms apply, and where a Humanitarian Response Plan (HRP) is implemented, the Resident Coordinator (RC)/Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT) will lead the response, with support from OCHA and the Clusters. WHO provides lead support and expertise on public health issues in consultation



### Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19

Brief No. 2

July 2020

#### BACKGROUND & INTRODUCTION

To support implementers to prepare for and respond to the COVID-19 pandemic, a series of evidence-based guidance briefs are produced and updated as new information and evidence emerges. The first brief on nutrition information, surveillance and monitoring in the context of COVID-19 was released in April 2020. Building of recommendations from brief 1, this brief provides priority actions and recommendations for undertaking nutrition situation analysis and estimating its magnitude, monitoring impacts of COVID-19 including a proposed list of indicators, and alternative ways of data collection.

#### MAINTAIN PHYSICAL DISTANCING AND USE ALTERNATIVE WAYS FOR DATA COLLECTION

In line with global recommendations on curbing the spread of COVID-19, it is recommended to continue to **suspend all primary data collection activities (i.e. population-based surveys e.g. SMART, MICS, DHS, etc. and mass screenings) involving in-person contact, unless deemed essential after critically weighing harms and benefits and until operational guidance on minimum criteria to restart population-based surveys<sup>2</sup> is released**. Even when mobility restrictions have been lifted and governments deem it safe to proceed with primary data collection activities, key ethical issues in relation to undertaking evidence generation in the context of COVID-19 should be considered<sup>3</sup>:

- Weighting harms and benefits** – Determine clear justifications for the urgency and necessity for in-person data collection activities vs. direct benefits for programming. A robust harm-versus-risk analysis should be undertaken to recognize the moral imperative to **'do no harm'**; determine:
  - the urgency and absolute necessity of the data for decision making despite the risk;
  - the process to ensure the health and safety of the community and enumerators;
  - the resources required for recruitment, training, data collection, quality assurance and follow-up while ensuring adequate IPC<sup>4</sup> measures;
  - the sensitization of the community on the objectives of data collection at this time. Consider how COVID-19 restrictions and messaging may affect community participation and engagement.
- Ensure privacy, confidentiality and consent** during and after the pandemic, when gathering data and appropriate communication of findings.

- [1. \[https://www.nutritioncluster.net/resource\\\_nisandCOVID19\]\(https://www.nutritioncluster.net/resource\_nisandCOVID19\)](https://www.nutritioncluster.net/resource_nisandCOVID19)
- [2. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/activities-for-public>](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/activities-for-public)
- [3. Ongoing work is currently being done led by SMART, CDC, MICS, N-ANES and DHS teams.](#)
- [4. UNICEF \(2020\) Ethical considerations for evidence generation involving children on the COVID-19 pandemic.](#)
- [5. Infection Prevention and Control \(IPC\)](#)



GLOBAL TECHNICAL ASSISTANCE MECHANISM FOR NUTRITION



# Technical COVID-19 guidance developed

## [Infant and young child feeding \(IYCF\) programming in the context of COVID-19 – EN/FR/ES/AR](#)



### INFANT & YOUNG CHILD FEEDING IN THE CONTEXT OF COVID-19

Brief No. 2 (v1)  
(March 30th, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of evidence-informed guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to infant and young child feeding (IYCF) in the context of COVID-19. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19. Documenting and disseminating these lessons and emerging evidence will be key to implementing the most appropriate and effective responses in the face of this pandemic.

This brief consolidates recommendations on Infant and Young Child Feeding in the context of the COVID-19 pandemic. The recommendations align with WHO's interim guidance on *Home Care for Patients with COVID-19 presenting with mild symptoms and management of contacts* (17 March 2020), the *Clinical Management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected* (13 March 2020) and *Operational guidance on infant feeding in emergencies* (2017).

#### KEY MESSAGES AND PRIORITIES

1. Programmes and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.
2. Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practices<sup>1</sup> with necessary hygiene precautions during feeding.
3. Alignment and coordination in the mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children in the context of COVID-19.
4. Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.
5. Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IFE Operational Guidance.
6. Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

## [Management of child wasting in the context of COVID-19 – EN/FR/ES/AR](#)



### MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19

Brief No.1  
(March 27th, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to services and programmes for the management of child wasting in the context of COVID-19, and it contains information that is not already available elsewhere. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19.

Documenting and disseminating this guidance and emerging evidence and lessons will be key to implementing the most appropriate and effective responses in the face of this pandemic. Please share your questions and programmatic adaptations with us:

English: <https://www.en-net.org/forum/31.aspx> French: <https://fr.en-net.org/forum/31.aspx>

#### KEY MESSAGES & PRIORITY ACTIONS

1. Intensify the public awareness<sup>1</sup>, protection, promotion and support of appropriate and safe feeding for all breastfed and non-breastfed children and use all opportunities to include hygiene messages, key messages on COVID-19 symptoms, and infection, Prevention and Control (IPC) measures<sup>4</sup>.
2. Intensify pre-positioning (with a minimum buffer stock of 2 months) of essential commodities for nutrition programming (e.g. F100/75, Ready to Use Foods, Fortified Blended Food, Lipid-based Nutrient Supplements, Multiple Micronutrient Powders) and routine medicinal supplies at national, health facility and community level in anticipation of supply chain disruptions<sup>8</sup>.
3. In food insecure contexts where communities have limited access to an adequate diet, scale-up preventive distribution of Specialized Nutritious Foods (e.g. fortified flours and Medium Quantity-UNS) for all households with children under the age of 2.
4. Intensify efforts to strengthen the capacity of mothers and caregivers to detect and monitor their children's nutritional status using low-literacy/numeracy tools including Mid-Upper Arm Circumference (MUAC) tapes<sup>9</sup>.
5. Initiate necessary discussion with Ministries of Health and national coordination platforms/nutrition clusters on context-specific simplifications of treatment protocols for child wasting<sup>10</sup>, including simplifying anthropometric criteria, dosage and distribution schedules of Ready to Use Foods (RUFs) and other specialized nutrition foods, as well as potential adaptations to inpatient management for complicated cases in the context of COVID-19.
6. Initiate efforts to build capacity of community health workers (CHWs) to provide treatment for uncomplicated wasting at the community level<sup>11</sup>, including training on low/no-touch assessment, simplified treatment protocols, remote supervision and key messages on COVID-19<sup>12</sup>.
7. Strengthen real-time monitoring and surveillance systems for child wasting with the use of mobile technologies to inform response options and allocation of resources.

## [Protecting Maternal Diets and Nutrition Services in the Context of COVID-19 – EN/FR/ES/AR](#)



### Protecting Maternal Diets and Nutrition Services and Practices in the Context of COVID-19

Brief No. 4

22 April 2020

To support decision-makers and implementers on how to prepare and respond to the COVID-19 pandemic, a series of guidance briefs are produced and periodically updated as new information and evidence emerge. **This brief provides interim programmatic guidance on actions to protect the diets and nutrition services and practices of pregnant women and breastfeeding mothers (henceforth referred to as 'women') during the mitigation phase<sup>1</sup> of the COVID-19 response.** Disseminating this guidance and documenting emerging evidence and lessons learned will be key to implementing the most appropriate and effective responses in the face of this pandemic. Please share your questions and programmatic adaptations with us:

English: <https://en-net.org/forum/31.aspx> French: <https://fr.en-net.org/forum/31.aspx>

#### RELEVANCE OF THIS BRIEF TO THE GLOBAL COVID-19 RESPONSE

The COVID-19 pandemic and its socio-economic impacts are likely to disproportionately impact the diets, and nutrition practices and services of women. Pregnancy and breastfeeding are periods of nutritional vulnerability when nutrient needs are increased to meet physiological requirements, sustain fetal growth and development and protect the health of the mother while breastfeeding. Globally, many women do not meet their dietary needs, which has negative consequences for their own nutrition, health and immunity, as well as for the nutrition, growth and development of their infants. In the context of COVID-19, women may face additional risks impacting diets, nutrition practices, and access to nutrition services as follows:

- Disruptions in food systems may limit the availability of and access to nutritious foods, increase food prices making nutritious foods unaffordable, and increase the availability and/or reliance on cheap staple (cereals, roots and tubers) and nutrient-poor ultra-processed foods. Such disruptions may affect the quality of diets and impact the nutritional status of women and newborns. In food insecure households, COVID-19 may also exacerbate discriminatory gender and social inequalities around food with adverse impacts on the nutritional status of women.
- The COVID-19 response may limit the availability and access to essential nutrition services for women. Even before the pandemic, quality and timely maternal nutrition services were mostly unavailable, inaccessible or unaffordable for many women. This situation may be exacerbated due to mobility restrictions and reduced capacity of already overstretched healthcare systems. Moreover, human, financial, and logistical resources may be diverted to prioritize the COVID-19 response. Fear of infection may also prevent women from seeking care. Disruptions to essential nutrition services may be amplified for at-risk women.
- Socio-cultural factors and gender norms may adversely affect women from healthy practices during COVID-19. Social exclusion, limited decision-making power, and hampered physical mobility may constrain the needs and concerns of women from being identified and hinder access to information and participation in food and nutrition, counselling and financial assistance. Existing social protection schemes may not support the needs of women. Women may face increased stress, trauma, depression and other mental health concerns along with gender-based violence resulting from loss of social support structures and disruptions during physical distancing.

<sup>1</sup> Mitigation phase, where community spread has occurred. At this stage, countries typically switch to population-based measures, including social distancing, to slow the virus's spread and to reduce the burden on the health system.

# IYCF-E checklist developed

- [IYCF-E checklist](#) developed by the NiE Helpdesk and IFE Core Group – EN/FR
  - + [Checklist to review the quality of the IYCF- E response](#) -EN
  - + [IYCF-E capacity mapping toolkit](#) by SC & UNICEF – EN/FR
- Developed previously
  - [Nutrition Cluster Coordination checklist](#) - EN
  - [Nutrition IM checklist](#) -EN
- Currently being developed
  - Wasting checklist



## Nutrition in emergencies checklist for the nutrition cluster Infant and Young Child Feeding in Emergencies (IYCF-E)

This checklist is a tool designed to help each nutrition country cluster review and reflect on the service delivery aspect of the nutrition in emergency response. The checklist is to be used at least once a year by the nutrition cluster coordination country team – or any in-country nutrition in emergency mechanism- to self-assess the quality of the service delivery aspect of the nutrition response before, during and/or after a crisis.

The checklist is organized by nutrition in emergency themes, the four main themes tackled are Part I. Infant and Young Child Feeding in Emergencies, Part II. Acute Malnutrition Management, Part III. Nutrition Information Systems and Part IV. Micronutrients Supplementation. Under each theme, a set of questions are asked in the left column to prompt reflection, elements of the answer and examples from other countries are under the right-hand column. The questions under each theme span the humanitarian program cycle.

### Infant and Young Child Feeding in Emergencies (IYCF-E)

During emergencies, communities and families go through shocks that often disrupts their normal day to day lives. In many cases, IYCF practices significantly deteriorates during emergencies. For example, a breastfeeding mother may no longer have an adequate private space for breastfeeding or a woman who was feeding her infant with breastmilk substitute may no longer have access to clean water or can no longer clean the utensils used to feed her infant. This therefore results in infants having increased risk of mortality, which reinforces the need to address sub optimal IYCF practices before, during and after emergencies as one of the top priorities for the nutrition cluster.

#### Before the emergency

##### Policies and guidance

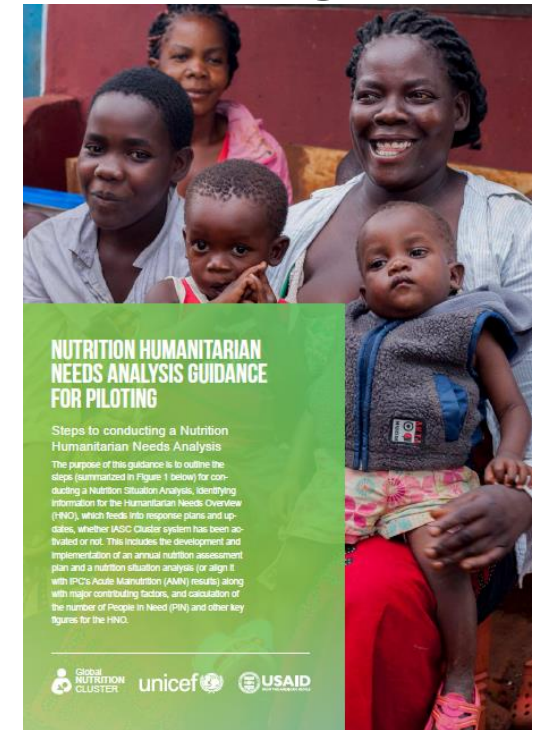
- Are there national policies aligned with global guidance on infant and young child feeding that include IYCF-E? Note that policies are formal statements issued by the state.

Each country should have an up-to-date national policy on infant feeding that includes during emergencies. During non-emergency response times, it is important to advocate for a national policy that includes IYCF and IYCF-E. This is particularly important when such a policy does not exist in country, is incomplete-i.e. does not include IYCF in emergencies for example- or is obsolete. During an emergency, Technical Working Groups (TWG) find themselves wrapped up in updating the national policy and this takes away from the time they need to dedicate to the response. For this reason, it is recommended that TWGs can rely on a hired consultant who can



# Nutrition Needs Analysis Guidance developed

- [Nutrition Humanitarian Needs Analysis Guidance for piloting](#) (EN/FR) for both clusters and sectors developed.
- [Webinars](#) for 60+ NCCs, IMO and AWG chairs in [EN/FR](#) and UNICEF Program Division in June 2020. [Webinar](#) for 45 IMOs on how to use the accompanying spreadsheet tool.
- [Webinar](#) for 60 GNC Partners in July 2020.
- Being piloted this year in HRP countries for 2021 HPC.



# IPC Acute Malnutrition Analyses plans for 2020

IPC AM analysis is the foundation of the nutrition HNO in countries with GAM > 5%

Country	Analysis Dates	Status - Data for Analysis
Mozambique	May	Completed
Madagascar	May	Completed
Uganda	Aug	Planned - Recent data (less than 6 months old) and historical trends
Kenya	Aug	Planned - Historical data+ routine data from sentinel sites
Yemen	Aug	Planned - Recent Data +routine information
Somalia	Aug-Sep	Planned - New and historical data
South Sudan	Aug-Sep	Planned - New and historical data
Niger	Oct-Nov	Planned - New data and/or historical data
Chad	Oct-Nov	Planned - New data and/or historical data
Burkina Faso	Oct-Nov	Planned - New data and/or historical data
Mali	Sept-Oct	Planned - New data and/or historical data
Nigeria	Oct-Nov	Planned - New data and/or historical data
Mauritania	Oct-Nov	Planned - New data and/or historical data



# Preparedness guidance developed

04 — EMERGENCY RESPONSE PREPAREDNESS OVERVIEW AND QUICK REFERENCE CHECKLIST

## 4.2 QUICK REFERENCE CHECKLIST

### RISK ANALYSIS AND MONITORING

Preparedness measures also make the response more 5.1.1

### PREPAREDNESS ACTIONS

#### COORDINATION 6.1

Nutrition in emergency coordination mechanism established 6.1.1

Terms of reference for Nutrition Cluster staff are available 6.1.2

TOR for the Nutrition Cluster are agreed upon 6.1.3

Technical Working Group and Strategic Advisory Group created and TOR available 6.1.4

Contact list of nutrition sector partners is available and updated 6.1.5

The Nutrition Cluster participate and contribute to inter-sector coordination 6.1.6

Cluster members are familiar with humanitarian principles, cluster approach and accountability to affected populations 6.1.7

#### INFORMATION MANAGEMENT (IM) 6.2

Role and responsibilities for IM agreed upon with Government and Cluster members 6.2.1

A platform for storing and sharing documents is operational 6.2.2

Data collection tools harmonised and available to all members 6.2.3

#### NEEDS ASSESSMENT, ANALYSIS AND MONITORING 6.3

Rationale and methods for needs assessment and analysis understood by partners 6.3.1

Historical nutrition data are retrieved and analysed 6.3.2

Nutrition is included in joint/common rapid assessment 6.3.3

Rapid and standard nutrition assessment are agreed by all partners 6.3.4

Nutrition screenings and surveillance systems are set up 6.3.5

#### RESOURCES 6.4

Donor relation is established 6.4.1

Cluster members are familiar with CERF and common appeals processes 6.4.2

Cluster members build preparedness for supplies management 6.4.3



[Preparedness guidance for NiE coordination](#) – EN – developed by GNC-CT & UNICEF

A [webinar for NCCs](#) – EN – on preparedness conducted in Feb 2020

# NCC toolkit updated with 9 new tools

- [NCC roles & responsibilities – infographics – EN/FR/ES/AR](#)
- [Generic ToR for a Nutrition Cluster/Sector – EN](#)
- [Generic welcome pack for the partners – EN](#)
- [Generic orientation for partners on cluster approach – EN/FR](#)
- [NCC handover template – EN](#)
- [Cluster workplan template – EN](#)
- [SAG TOR – EN](#)
- [NIS TWG – EN/FR](#)
- [Email etiquette – EN](#)

TERMS OF REFERENCE (TOR)  
 OF THE NUTRITION CLUSTER STRATEGIC ADVISORY GROUP

**BACKGROUND**

The cluster approach, introduced as part of the humanitarian reform, aims at ensuring clear leadership, predictability and accountability in international responses to humanitarian emergencies by clarifying the division of labour among organizations and better defining their roles and responsibilities within the different sectors involved in the response. It aims at improving the effectiveness of humanitarian response while at the same time strengthening partnerships between NGOs, international organizations and UN agencies, the international Red Cross and Red Crescent Movement.

[Brief details on emergency: key events and dates, crisis level, affected population, immediate priorities, if Flash Appeal or HRP have been developed, etc.]

[Fill in with details on cluster approach in country: which clusters have been activated and when, lead and co-lead agencies, SRSG and/or HC and/or RC, OCHA presence, Government role, sub-national level clusters]

[If the cluster is led by UNICEF] UNICEF as nutrition cluster lead agency and in line with the Core Commitments for Children in Humanitarian Action, is fully committed to interagency humanitarian reform and supports this through provision of leadership and participation in assigned clusters and sectors.

[Brief details of nutrition cluster's main functioning, main achievements, if pre-existing, and challenges to date]

[If there is any specific background information that led to the creation of a SAG, please detail it here. E.g. "given the politically sensitive nutrition programming and information management in the nutrition cluster..." or "considering the increasing number of partners operational in the response to dramatic nutrition crisis there is a need to improve the governance and decision making process of the cluster..." Note that the SAG should always be formed as a result of a discussion and agreement by the cluster partners.]

**PURPOSE**

The main objective of the Nutrition Cluster Strategic Advisory Group (SAG) is to provide advice and support to the Cluster Coordination Team on strategic and policy issues. The members of the SAG will improve the cluster governance.

**KEY TASKS FOR THE NUTRITION CLUSTER STRATEGIC ADVISORY GROUP (SAG)**

- To provide advice and support to the Cluster Coordination Team on key priorities, including:
  - Develop, review and propose to cluster partners the nutrition cluster strategic priorities for preparedness, response, and contingency plans;
  - Develop and monitor the implementation of the Nutrition Cluster workplan;
  - On behalf of the cluster partners establish technical working groups (TWG) and task forces (TF);
  - Endorse all technical guidance prepared by TWG and TF and ensure conformity with international standards, guidelines, policies, and procedures;

**GLOBAL NUTRITION CLUSTER | NCC ROLES & RESPONSIBILITIES**

Version 1  
13 Jan 2020

**General tasks:**

- Manage cluster coordination team
- Organize regular meetings to coordinate the work progress and address common challenges
- Provide strategic leadership for the sub-national clusters
- Ensure cluster members contact list is regularly updated
- Bring to HCT/HC lead agency cluster coordination and concerns
- Facilitate information exchange with and without the cluster through media, shared data, etc.

**Needs Assessment & Analysis**

- Draft/validate a pre-emergency contextual analysis
- Ensure the development and implementation of the Rapid Assessment plan
- Ensure that a cluster-wide agreement on standard assessment tools are developed and used
- Ensure the cluster has a database with the assessment results
- Ensure that the assessment reports are available widely and in a timely manner
- Ensure that there is a data quality assurance and validation mechanism in set up under the HC
- Ensure the cluster has conducted PE Acute Distribution Analysis where appropriate
- Ensure, in the absence of BGL, ABC, situation, capacity and gap maps are available and updated
- Lead the development of the needs analysis, including multi-sector contributions to the HNC
- When relevant, aggregate nutrition assessment data from multiple sources
- Ensure contribution to the international needs assessments and analysis, including for the HNC
- Ensure analysis and interpretation of the programme data
- Ensure affected population are consulted in the planning and implementation of nutrition assessments
- Ensure assessment findings are fed back to affected population
- Ensure cross-cutting issues (including gender/equality, child protection, disability, DRR, ...) are reflected in the nutrition section of the HNC
- Contribute to relevant OCHA products (HR maps, HRP progress report, etc.)

**Strategic response plan**

- Establish a strategic advisory group
- Share, with cluster members, geographical, population and programme priorities
- Collaborate, with cluster members, solutions to cover protection and gaps
- Develop a nutrition cluster strategic response plan for HRP and workplan
- Ensure affected population perspectives and contribution are considered into the HC response plan
- Ensure cross-cutting issues (including gender/equality, child protection, disability, DRR, early recovery, local capacity building, ...) are considered in the nutrition cluster response plan
- Develop mechanisms to avoid project duplication
- Contribute to the inter-cluster coordination group and to other relevant clusters (Health, FSL, ...)
- Lead development of the advisory strategy for the cluster

**Resource mobilization**

- A commonly agreed activity per activity costing standard is established and adhered to by partners
- A commonly agreed HR cost categories are established and adhered to by partners
- Budget the nutrition cluster collection response plan
- Ensure cluster partners contribute to the FTS online system
- Provide updates on the level of funding of the nutrition cluster response
- Highlight funding constraints and priorities of the inter-cluster and HCT level
- Share and discuss with cluster partners funding opportunities
- Support and cooperate with partners on common application management
- Ensure clear and transparent selection of project funding opportunities
- Support and cooperate with partners on common application management
- Ensure affected population concerns have been taken into account in the funding process
- Lead implementations of the nutrition cluster workplan with targets and allow
- Ensure supply objectives for the nutrition cluster are met and address any challenges to ensure the cluster approach is as food security, WASH

**USAID**  
 FROM THE AMERICAN PEOPLE



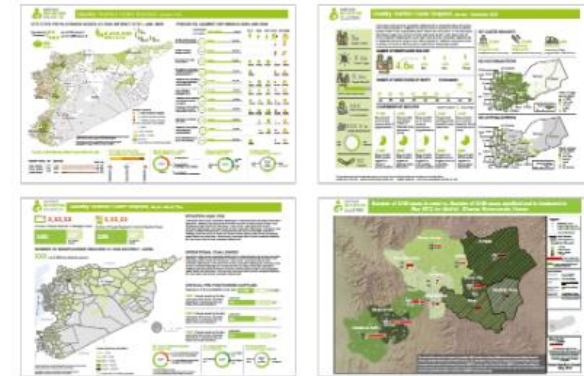
**Orientation on Cluster Approach**

For Nutrition Cluster partners

Global NUTRITION CLUSTER

# IM toolkit updated with 15 new tools

- [Nutrition Cluster Brand Book](#) – EN/FR
- [IMO roles & responsibilities – infographics](#) – EN/FR/ES/AR
- Changed the GNC and country clusters [logo](#)
- [Letterhead](#), [Admin note](#), [Fact sheet](#), [MS Word](#) and [MS Power Point](#) templates – EN
- Set of standardized [nutrition icons](#)
- [Email signature](#) – EN
- [Meeting agenda](#) & [meeting minutes template](#) – EN/FR/ES
- [Newsletter](#) – EN & [Bulletin](#) templates (MS Publisher) – EN
- [Maps template \(Adobe Illustrator\)](#) – EN





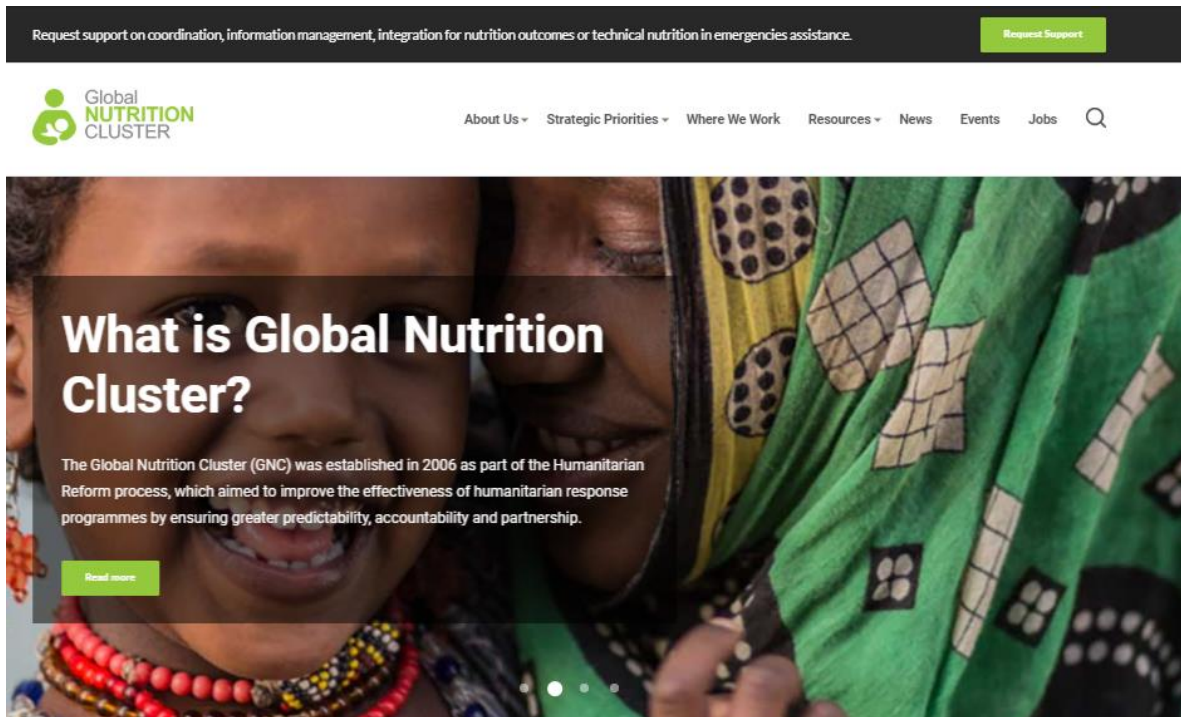
# Cash for nutrition outcome guidance being finalized

---

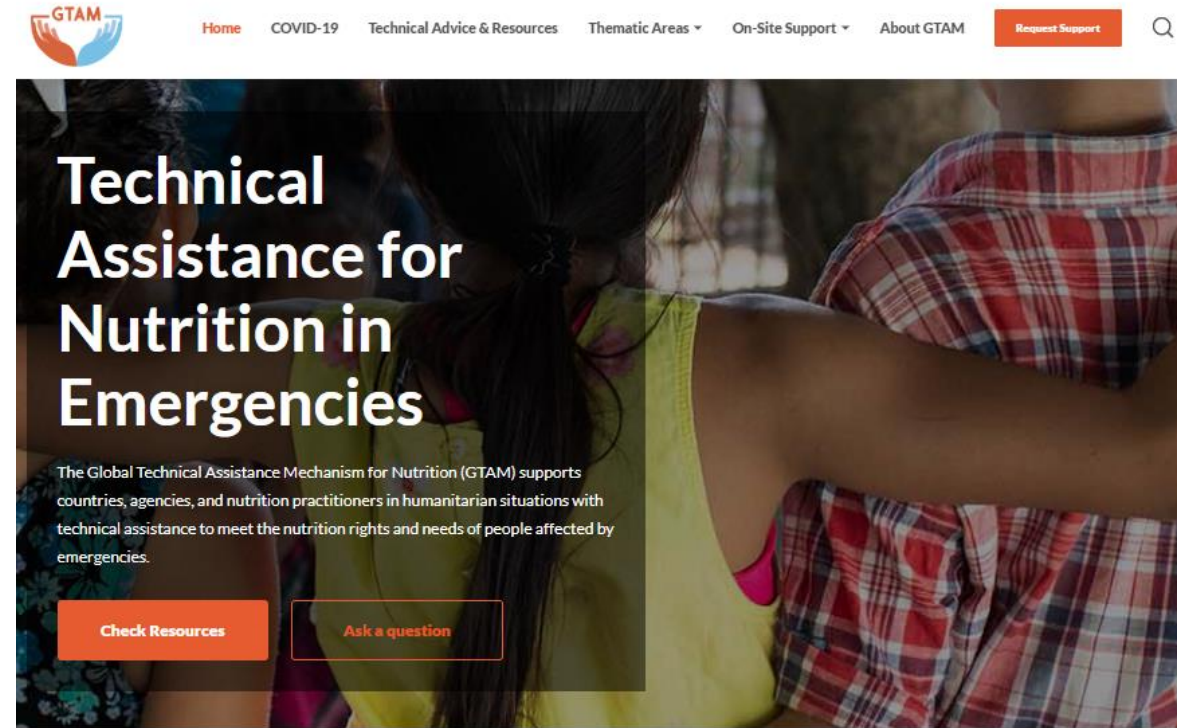
- [Nigeria case study](#) finalized and [webinar](#) with nutrition clusters and partners held in May.
- [Somalia case study](#) to be finalized and the [webinar](#) to be conducted in Jul 2020.
- The **Cash for Nutrition outcomes guidance** will be finalized in Aug 2020.
- Guidance launch webinar for NCCs in [EN](#) and [FR](#) and partners to be conducted in Jul 2020.
- The guidance will be officially launched by the GNC/NRC/SDC on 18 Aug 2020. It will be translated to FR and designed.



# GNC and GTAM websites launched



<https://www.nutritioncluster.net/>



<https://gtam.nutritioncluster.net/>



# GNC weekly newsletter launched

- 12 issues of the weekly newsletter since 17 Apr 2020
- Provides weekly highlights, COVID-19 updates, news, events, open vacancies
- 800+ subscribers
- Subscribe here:  
<https://www.nutritioncluster.net/news>



Global Nutrition Cluster

Issue 1 | April 17, 2020

## Welcome to the updated GNC newsletter!

Dear all,

I am happy to share with you to a number of updates and them all in an email that will ad hoc emails. This email w subscribed on our website free to forward it to your coll updates from us.

This newsletter will feature r Global Technical Assistance relevant. We will still use ex



Global Nutrition Cluster

Issue 7 | May 29, 2020

## COVID-19 updates







© UNICEF/UNI336539

**Strategic Priority 2. Relevant Nutrition Stakeholders  
(national and global) have the capacity  
to coordinate a quality and timely response**



# 20 webinars conducted

---

- Nutrition Needs Assessment guidance launch - [EN/FR](#) , GNC-CT
- Capacity building strategy consultations - [EN/FR](#), GNC-CT/GTAM
- Webinar on the use of CVA for nutrition outcomes in Nigeria - [EN](#), GNC-CT
- Protecting Maternal Nutrition in the context of COVID-19 - [EN](#), TechRRT/GTAM
- Protecting, promoting and supporting IYCF during the COVID-19 pandemic - [EN/FR/ES/AR](#), TechRRT/GTAM
- Child Wasting programming in response & preparation to COVID-19 pandemic - [EN/FR/ES](#), TechRRT/GTAM
- Nutrition Information during the COVID-19 pandemic - [EN/FR/ES](#), TechRRT/GTAM
- Webinar on preparedness guidelines - [EN](#) ,GNC-CT
- Nutrition Cluster/Sector coordination in the context of COVID-19 - [EN](#) ,GNC-CT
- Webinar on guidelines for the revision of COVID-19 country HRPs - [EN](#) GNC-CT
- COVID-19 and IYCF: a new tool: the nutrition in emergencies IYCF-E checklist - [EN](#), GNC-CT/GTAM



# 14+ webinars planned

---

- Webinar on the use of CVA for nutrition outcomes in Somalia – EN, GNC-CT, 08 July
- Interim launch of CVA guidance with NCCs – EN/FR, July
- Wasting Case Detection in the Context of COVID-19 - EN/FR/ES, Tech-RRT/GTAM, Jul
- Supporting CHWs to treat uncomplicated wasting in the context of COVID-19: presentation of a new toolkit - EN/FR/ES, TechRRT/GTAM, Jul
- Learning and Sharing Café: IYCF programming adaptations in the context of COVID-19 - EN/FR/ES, TechRRT/GTAM, Jul-Aug
- Capacity building strategy consultations (GNC partners) – EN, GNC-CT, Aug
- Adapting treatment and prevention of wasting during the COVID-19 pandemic - EN/FR/ES/AR, Tech RRT/GTAM, Aug
- CVA for Nutrition outcomes guidance launch (GNC partners) – EN, GNC-CT, Aug



2021 HPC  
NUTRITION  
CLUSTER

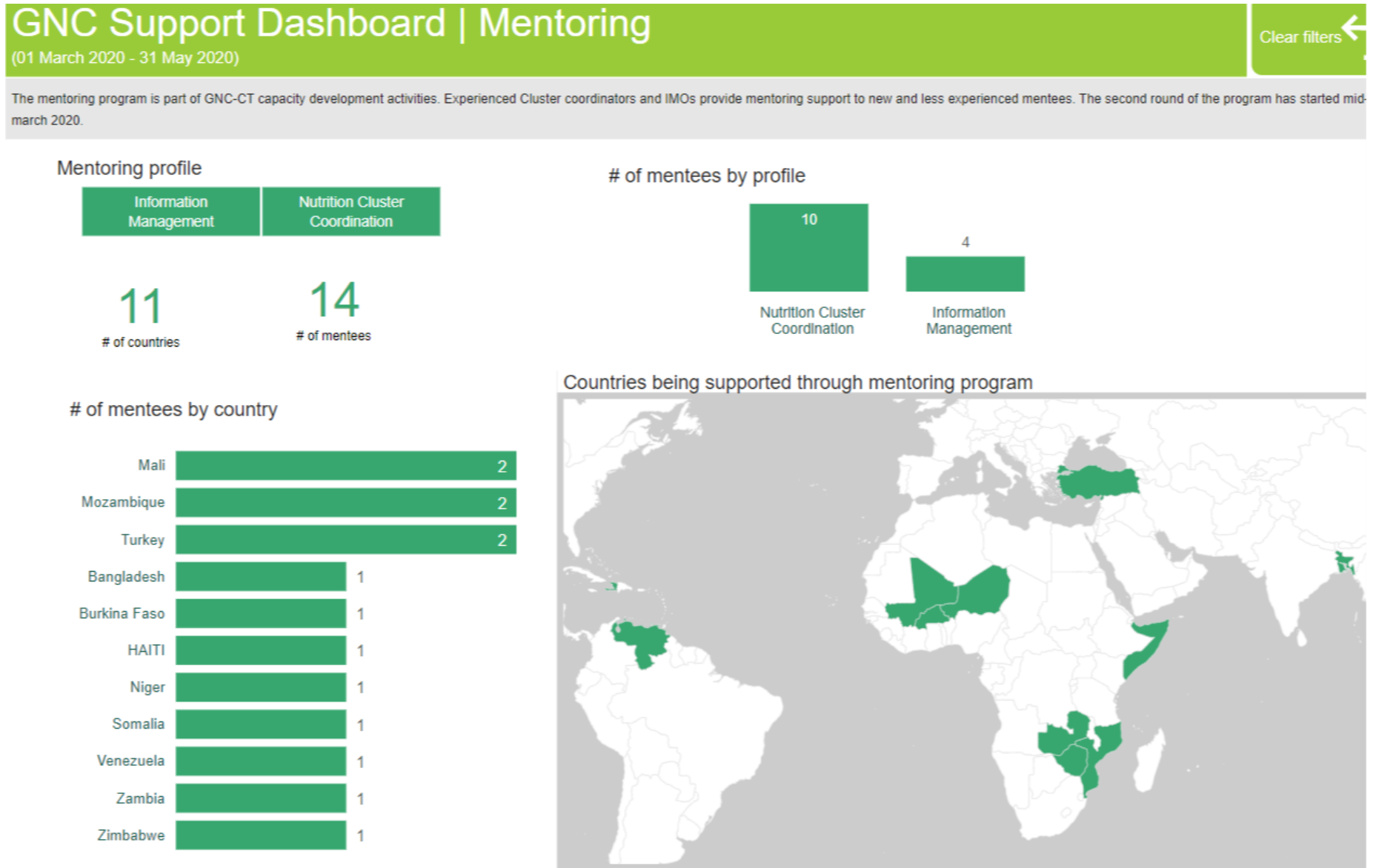


2021 HPC process – EN, GNC-CT, Aug-Sep

And others – stay tuned!

# 14 people mentored

- Mentoring programme launched in 2019.
- Currently 10 active mentors.
- Three rounds completed (EN/FR). 37 staff mentored since 2019, 14 this year.



# GNC-CT delivery of trainings

---

- GNC-CT conducted **ToT training for all its staff** to transition all outsourced training to the team to save about \$200 k per annum in f2f trainings, decrease implementation time and increase training satisfaction
- Following COVID-19 travel restrictions, all TechRRT and GNC-CT staff were trained **on online training facilitation**
- Adaptation of the GNC partner training on Cluster Awareness to deliver it as an online instructor-led training is ongoing
- Online ToT on [Inter-cluster training package for Nutrition Outcomes](#) conducted 2-11 of June for **Somalia**

# Competency frameworks for IM and coordination developed

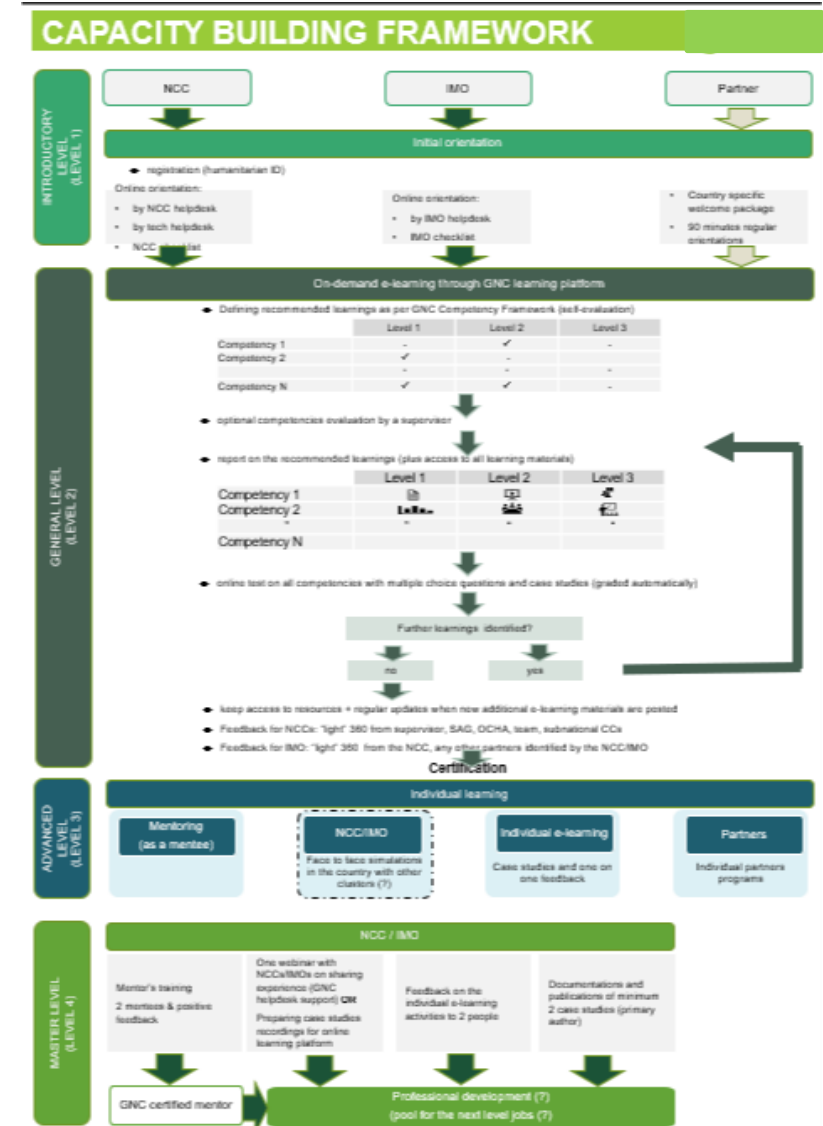
- Competency frameworks (CF) for [Cluster Coordination](#) and [IM](#) developed – EN/FR
- These CFs are being adapted by the Global WASH, Education Clusters & Child protection AoR
- **CF for NiE** for the GNC partners is being developed by the GTAM
- The CFs will be a basis for the JD descriptions and the GNC CB strategy





# CB strategy development ongoing

- [Scoping report on the global clusters' CB initiatives](#) developed as a benchmark and to avoid overlaps
- Mapping of the GNC partners' CB initiatives to avoid overlaps conducted
- Consultations with the GNC partners, GTAM, NCCs and IMO's ongoing.
- Draft CB framework developed
- Concept note for funding developed. The first phase requires \$600,000 USD over 12 months (5% funded only)





© UNICEF/UNI336574

**Strategic priority 3. To influence and advocate for improved, integrated and coordinated nutrition response during humanitarian crises**





# Joint statements on Wasting and COVID-19 published

- [IFE Core Group Template of Joint Statement on Infant and Young Child Feeding in the Context of COVID-19](#) includes a consolidation of available recommendations related to IYCF in the context of COVID-19. It is to be adapted by countries or nutrition clusters and to be issued at the national level.
- [Joint UNICEF and GNC statement on COVID-19 and Wasting](#), calling for the inclusion of children affected by wasting, in the list of highly-vulnerable groups



## Risk of COVID-19 complications in children affected by Wasting.

A Joint Statement by the United Nations Children's Fund and the Global Nutrition Cluster

7<sup>th</sup> April 2020.

As the COVID-19 pandemic reaches many countries with fragile health systems and/or already affected by a humanitarian crisis, it is critical to include wasted children in the list of vulnerable groups to COVID-19 complications.

Despite global progress in reducing child mortality over the past few decades, an estimated 5.5 million children under age five still die every year from preventable causes. Malnutrition is the underlying cause of an estimated 45% of deaths among children under five<sup>1</sup>.

Wasting, primarily defined by a low weight for height, is a form of acute malnutrition which adversely affect specific and non-specific defense mechanisms, resulting in increased susceptibility to infections. Wasted children, particularly those who are severely wasted, are at a significantly higher risk of death from common childhood illness such as diarrhea, pneumonia, malaria and measles.

Available evidence on COVID-19 infections, indicates that children generally present milder symptoms<sup>2</sup> but we do not know yet how it will affect wasted children. It is reasonable to assume that such children are at higher risk of COVID-19 related pneumonia. Further, while the relative risk of COVID-19 complications may be lower for children from Europe and/or high income countries, we do not yet know how it will affect children in regions where the prevalence of child wasting is high, as is the case in sub-Saharan Africa (6.4%) and South Asia (14.3%)<sup>3</sup>.

As countries are rapidly developing COVID-19 response policies, strategies and programmes, weighing in the effects on public health and their economies, it is critical that they do not underestimate the potential impact of reduced immune-suppression associated with wasting on the survival of a large number of children and the future of their nations.

Countries should:

- Intensify efforts to prevent child wasting including decisive measures to protect, promote and support breastfeeding, including among infected mothers, nutritious complementary foods and adequate complementary feeding practices, including responsive and active feeding during illness, and continued utilization of primary health care and water and sanitation services where appropriate and necessary for the prevention of wasting.
- Sustain and adapt existing services for the early detection and treatment of child wasting to respond to anticipated increases in the prevalence of child wasting, due to the secondary socio-economic impact of COVID-19, and to ensure continuity of the provision of critical services for the early detection and treatment of child wasting while reducing the risk of infection among service providers and between service providers and children and planning for alternative options if and when delivery platforms become disrupted or non-functional.

## Template<sup>4</sup> for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic

<Joint Signatories> call for ALL involved in the response to COVID-19 pandemic to protect, promote, and support the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth and development and to prevent malnutrition, illness and death.

This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in line with adopted IYCF guidance in the context of the COVID-19 pandemic response.

Box 1 – Infant and young child feeding recommendations

Children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. Recommended practices<sup>5</sup> are:

- 1) Early initiation of breastfeeding (putting baby to the breast within 1 hour of birth);
- 2) Exclusive breastfeeding for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated);
- 3) Introduction of age-appropriate, safe and nutritionally adequate complementary feeding from 6 months of age; and
- 4) Continued breastfeeding for 2 years and beyond.

In the context of the COVID-19 pandemic, the recommended IYCF practices should be protected, promoted and supported while applying appropriate respiratory hygiene during feeding, care, and contact with the infant and the young child in line with the IYCF in the context of COVID-19 brief<sup>6</sup>.

Particular concerns in the COVID-19 pandemic that may negatively impact infant feeding practices<sup>4</sup>:

- Policies and practices implemented for mothers and infants with suspected or confirmed COVID-19 in the immediate postnatal period that physically separate infants from their mothers making it more difficult to establish and maintain breastfeeding.
- Decreased access to health services and IYCF support services (e.g. skilled support) due to mobility restrictions or health workers getting ill.
- Loss of social support structures for pregnant and lactating women (PLWs) due to social distancing and fear of contact.
- False beliefs, misinformation and misconceptions about infant and young child feeding and lack of understanding that stress or trauma does not impact milk production and that breastfeeding is safe for COVID-19 positive women.
- Concerns for the supply chain of BMS, increased demand for infant formula and panic regarding the scarcity of formula resulting in needs of formula dependent infants not being met, poorly/untargeted BMS distribution and inappropriate marketing of infant formula.
- Concerns about transmission via food, affecting complementary feeding practices and maternal dietary intake.
- The inability to implement recommended infection prevention and control measures.
- Compromised access to markets and fresh produce which can lead to over-reliance on highly processed foods that are of typically low nutritional value and inappropriate for infants and young children.

<sup>1</sup> The template Joint Statement on Infant and Young Child Feeding (IYCF) in the Context of the COVID-19 Pandemic includes a consolidation of available recommendations related to IYCF in the context of Covid-19. It is to be adapted by countries or nutrition clusters and to be issued at the national level. It was developed by the IFE Core Group. It is important that this Joint Statement is accompanied by the IYCF programming brief (1).

<sup>2</sup> <https://www.who.int/news-room/facts-sheets/detail/covid19-children-and-young-child-feeding>

<sup>3</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>4</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>5</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>6</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>7</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>8</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>9</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>10</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>11</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>12</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>

<sup>13</sup> <https://www.unicef.org/infyouth/stories/0620/covid-19-children-and-young-child-feeding>





# GNC supports improved convergence with other clusters

---

- GNC-CT and [Inter-cluster Nutrition Working Group \(ICNWWG\)](#) supported drafting of case studies depicting various inter-cluster initiatives in Yemen and South Sudan. Case studies will be available soon.
- GNC-CT and ICNWWG adapted the training materials for online delivery and conducted an online Training of Trainers for Somalia to establish a country roster of trainers on the [Inter-Cluster Training Package for Nutritional Outcomes](#).
- GNC-CT is currently drafting a guidance and toolbox to support inter-cluster collaboration for improved synergy

# GNC-SUN collaboration guidance being developed

---

- GNC-CT & SUN Secretariat are developing an **advocacy note for the HCs/RCs** on malnutrition prioritization and closer collaboration at country level
- GNC-CT & SUN Secretariat are working to develop a **guidance on the joint SUN-GNC collaboration** at country level, informed by
  - Currently ongoing three case studies in Niger, Afghanistan and Myanmar
  - Desk reviews of available documents
  - Consultations at global and country levels
- The guidance is to be available in October 2020

# Joint Inter-sectoral Analysis Framework (JIAF) launched

---

- GNC NIS Helpdesk took part in the technical discussions for the development of the intersectoral [JIAF methodology](#) between Jan-Jul 2020
  - Streamlining the use of Nutrition Indicators with those provided in the recently released Nutrition Humanitarian Needs Analysis Guidance;
  - Discussing potential aggregation methods that will be piloted this year;
  - Consolidating technical feedback from other Clusters on key technical matters;
  - Providing multiple rounds of feedback on drafts of the sections of the methodology that are ready for piloting this year (the full JIAF methodology is not yet complete and would require peer-review based on this year's experiences across countries)
- An addendum on Nutrition contributions to the JIAF analysis in countries will be developed in Aug-Sep.





©UNICEF/UNI358519

Challenges, opportunities and next steps  
at global level



# Challenges and opportunities at global level

---

- Response to the COVID-19 pandemic required reprioritization of activities, repurposing of RRT and Helpdesk staff and request for additional human resources.
- Although travel restrictions limited amount of in-country support that can be provided, GNC has maximized remote support and deployment
- Further need to scale-up capacity for online training (webinars, e-learning)
- Need to further strengthen knowledge management at global level to provide better information for decision-making
- Funding gaps remain, especially for ensuring RRTs and helpdesks in 2021
- Anticipating how the COVID-19 will shape our future country support work is difficult to predict, therefore we adopted flexible approach to maximize opportunities.

# Next steps at global level

---

- Support in coordination and NiE to 63+ countries, through remote modalities
- Continuous update of the NCC, IM toolkits and NiE checklists
- Support to countries with the roll out of the pilot HNO guidance and lessons learned
- Finalization of the ongoing guidance (Cash for nutrition outcomes, GNC-SUN collaboration)
- Development of the guidance on convergence with other sectors based on continued collaboration with Health, WASH and Food Security
- Development of the NiE Competency framework and GNC capacity building training materials through the GNC CB Working Group
- Development of new GTAM strategic vision and priorities for 2020-2023

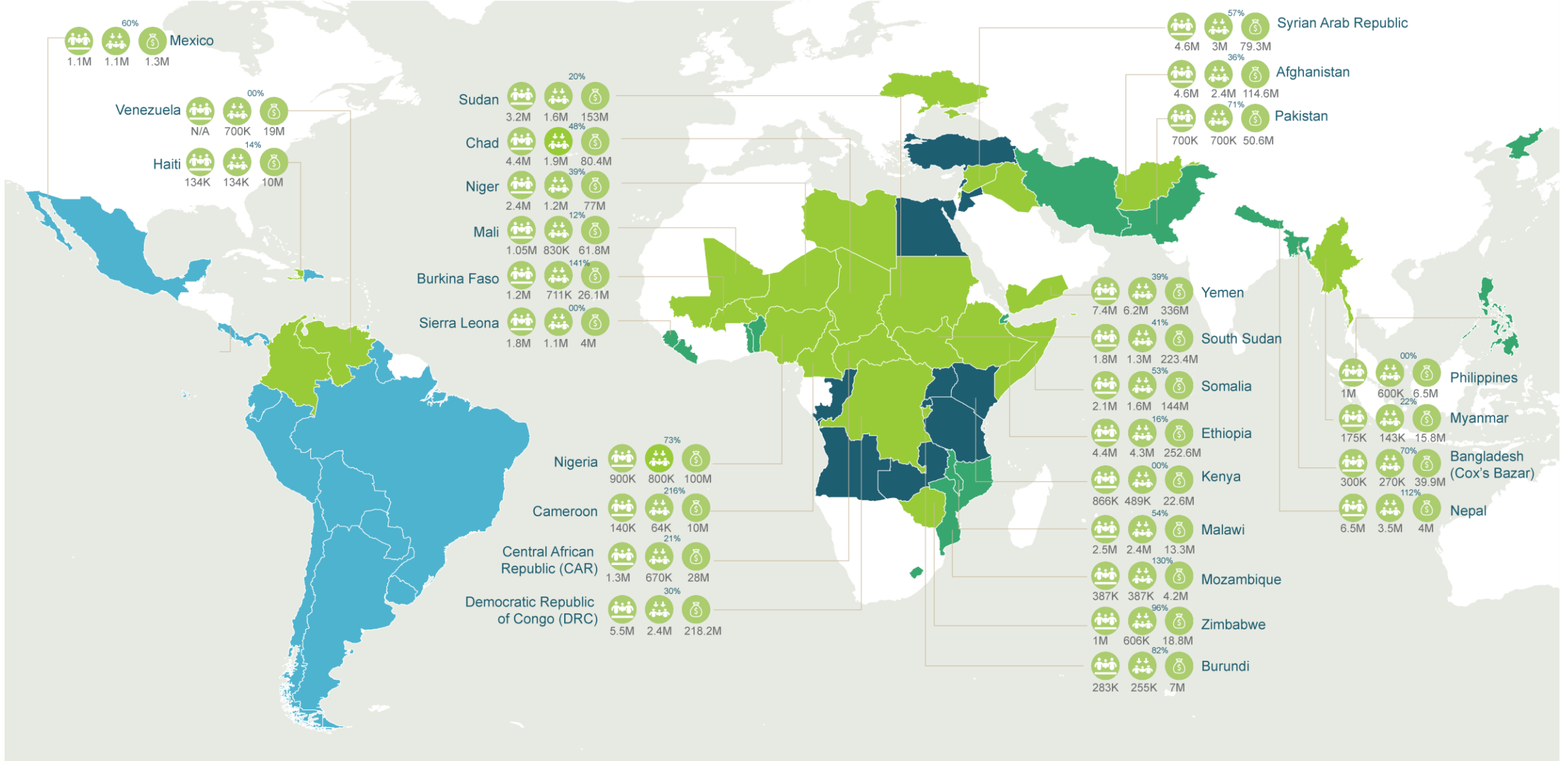




© UNICEF/UNI336566

**Summary of achievements of the country-level  
nutrition in emergencies coordination mechanisms  
(Jan-Jun 2020)**





**63** countries included in the Global Humanitarian Response Plan (GHRP)

Population in need



**61.6M**

Population targeted



**41.7M**

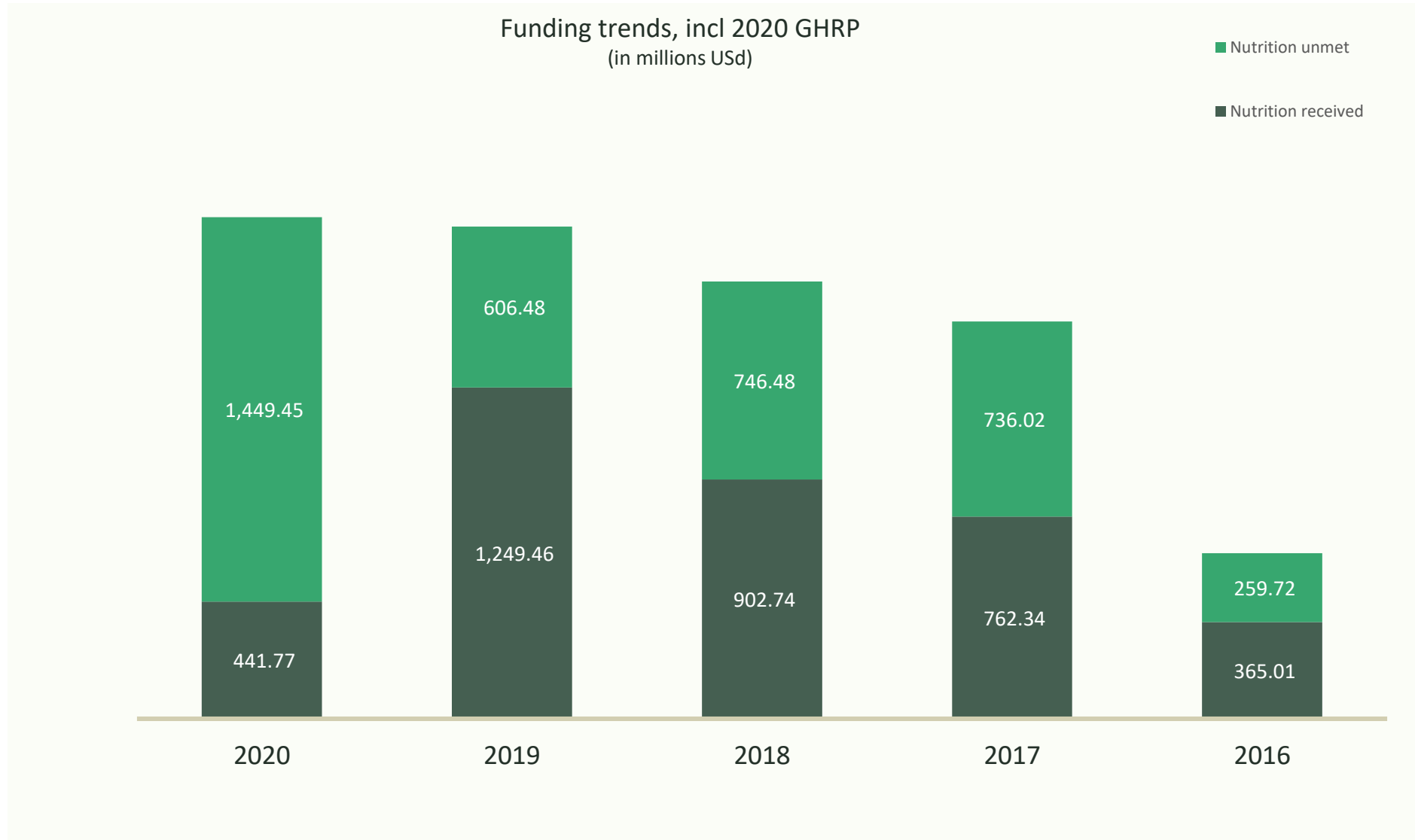
47% (19.6M) reached out of targeted

GHRP countries per type of humanitarian appeal

- Humanitarian Response Plan (HRP)
- Refugee Response Plan (RRP)
- Regional Refugee and Migrant Response Plan (RMRP)
- Other appeals (including Nepal, Malawi & Lesotho)

# Funding remains a major challenge at country-level

Funding restrictions is one of the main challenges at country-level (only **30% of nutrition appeals are funded to date for HRP, 2% for GHRP**), complemented by the lack of flexibility from some donors to reallocate the funds to new urgent priorities





# Multiple programme challenges at country level

---

- High staff turnover, both coordination/IM and NiE
- Limited availability of PPE and disinfectants for health workers and CHVs/CHWs
- Lack of recent data due to postponed/cancelled assessments for the needs analysis and planning for 2021, incl. IPC
- Interruptions of programs and receiving monitoring data, difficulties scaling up COVID-19 measures and adoption of new protocols
- Temporary suspension of community mobilization activities such as active case finding, defaulter tracing and community outreach services
- Reduced utilization of nutrition services due to fear of contracting COVID-19
- Cancellation of mass campaigns (i.e. Vitamin A, mass screenings)
- Delays in receiving supplies due to logistics, closed borders and slowed down customs' work
- Reduced or non-existing monitoring and field visits
- Focus on the CMAM as oppose to balanced package of nutrition-sensitive and nutrition-specific interventions

# Afghanistan

**Aye Aye Khaine**  
akhaine@unicef.org

**Beka Teshome**  
nuthod@af-  
actionagainsthunger.org

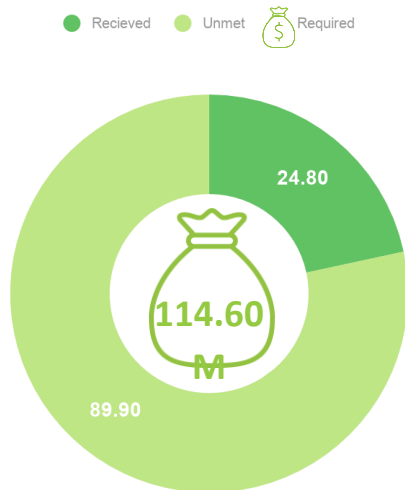
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: National cluster in Capital Kabul led by UNICEF with ACF
- Subnational hubs: 5 subnational clusters in Herat, Mazar, Nangarhar, Kandahar and Kabul cities

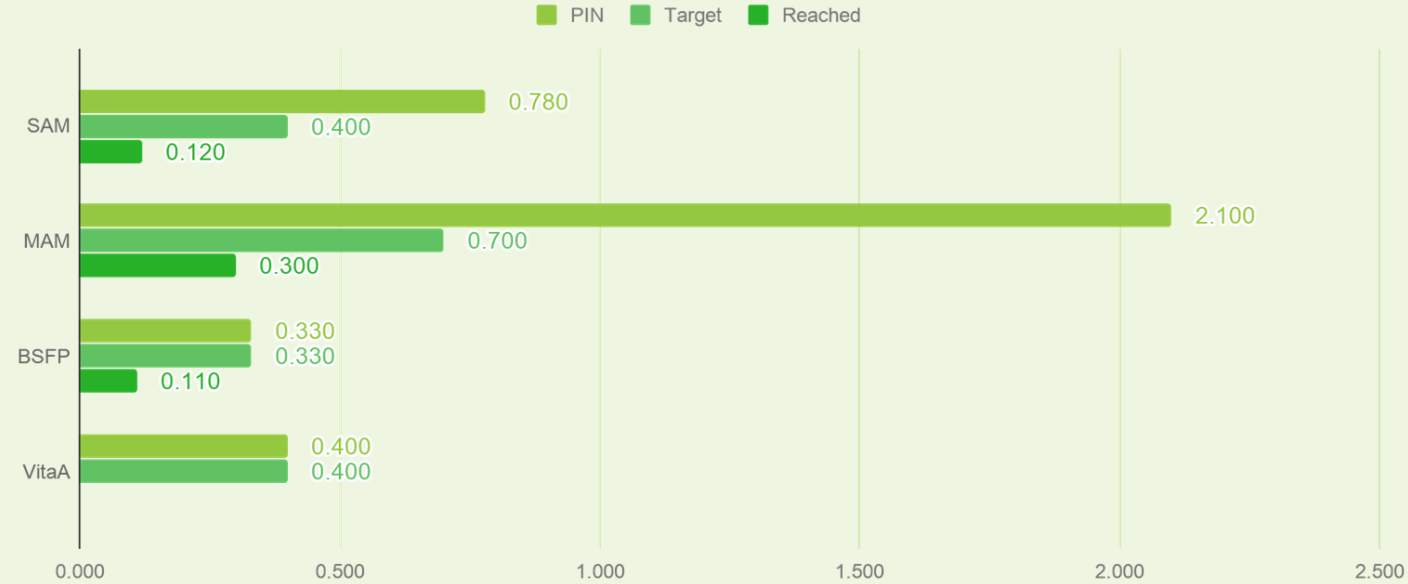
## 46 partners



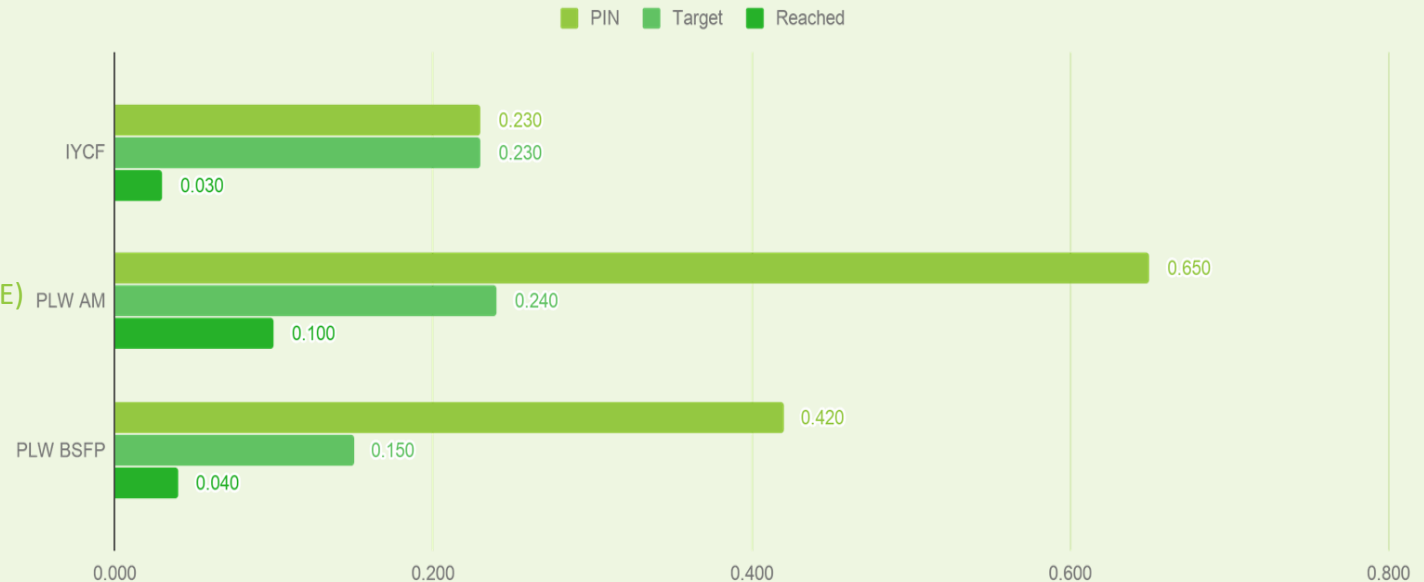
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Bangladesh, Cox's Bazaar

**Bakhodir Rahimov**  
brahimov@unicef.org

**Abid Hasan**  
abhasan@unicef.org

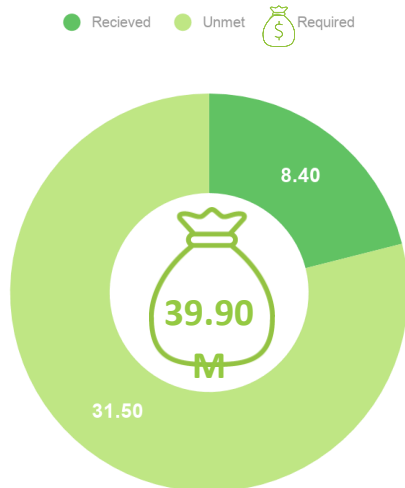
## Coordination arrangements

- Coordination mechanism: Sector
- leadership arrangements: Led by UNICEF and Civil Surgeon Office, under the Ministry of Health and Family Welfare
- Subnational hubs: The sector is dedicated to supporting Rohingya response

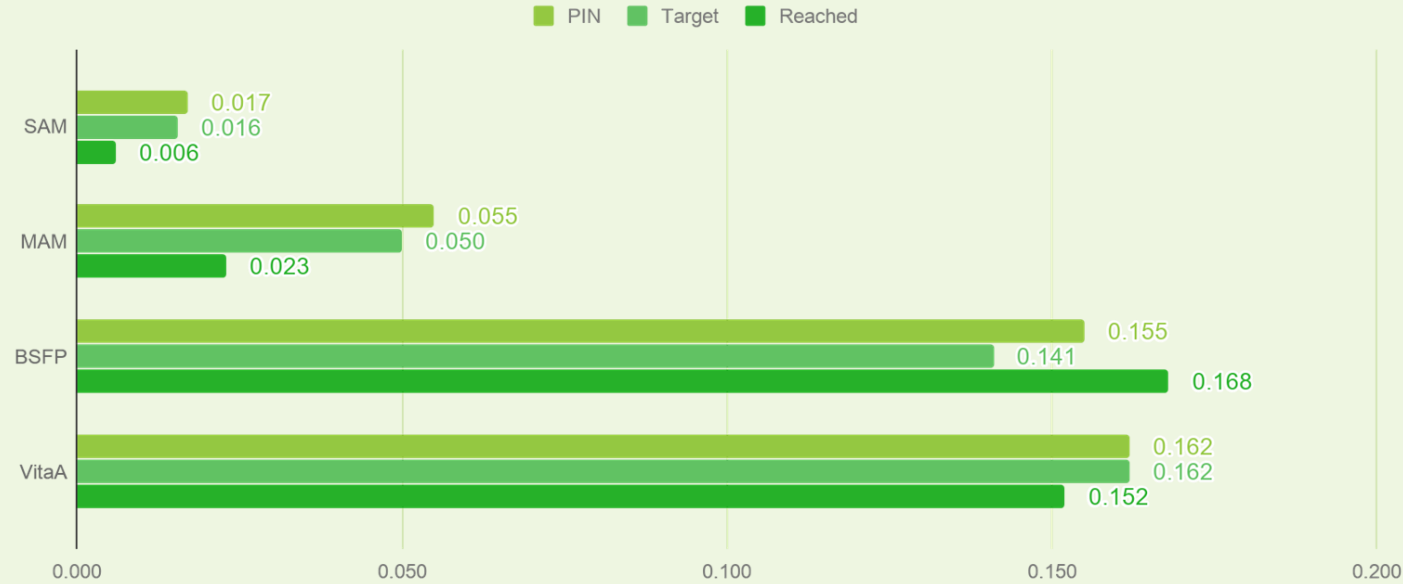
## 17 partners



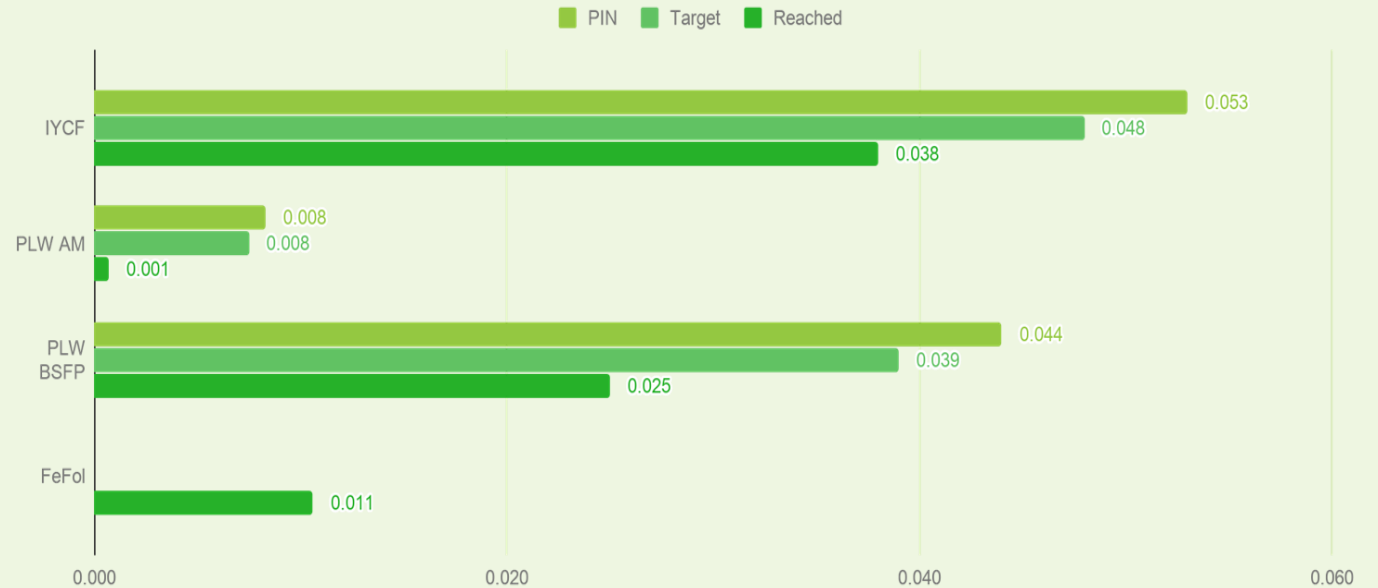
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)





# Burkina Faso

**Claude Chigangu**  
bchigangu@unicef.org

**Paul Bigirinama Kagayo**  
coordadj-clustnut@bf-  
actioncontrelafaim.org

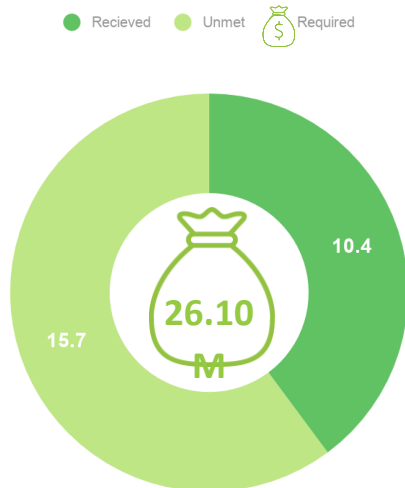
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: Led by UNICEF & Ministry of Health
- Subnational hubs: Regional nutrition clusters in Dori, Kaya and Fada

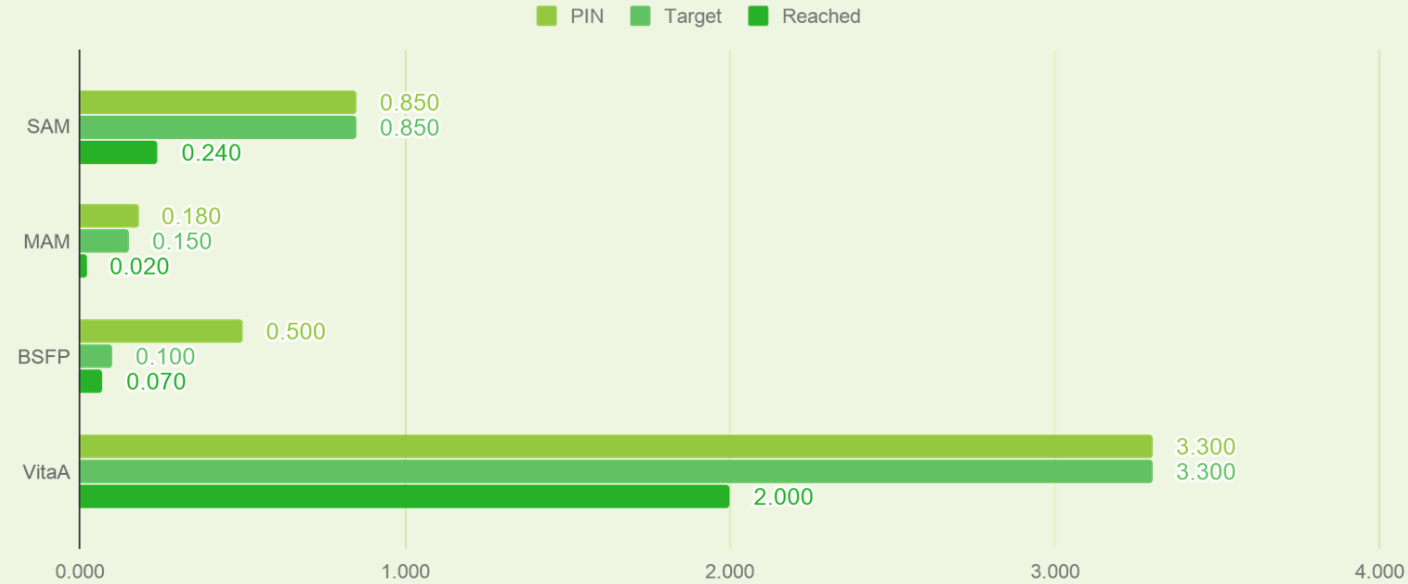
## 28 partners



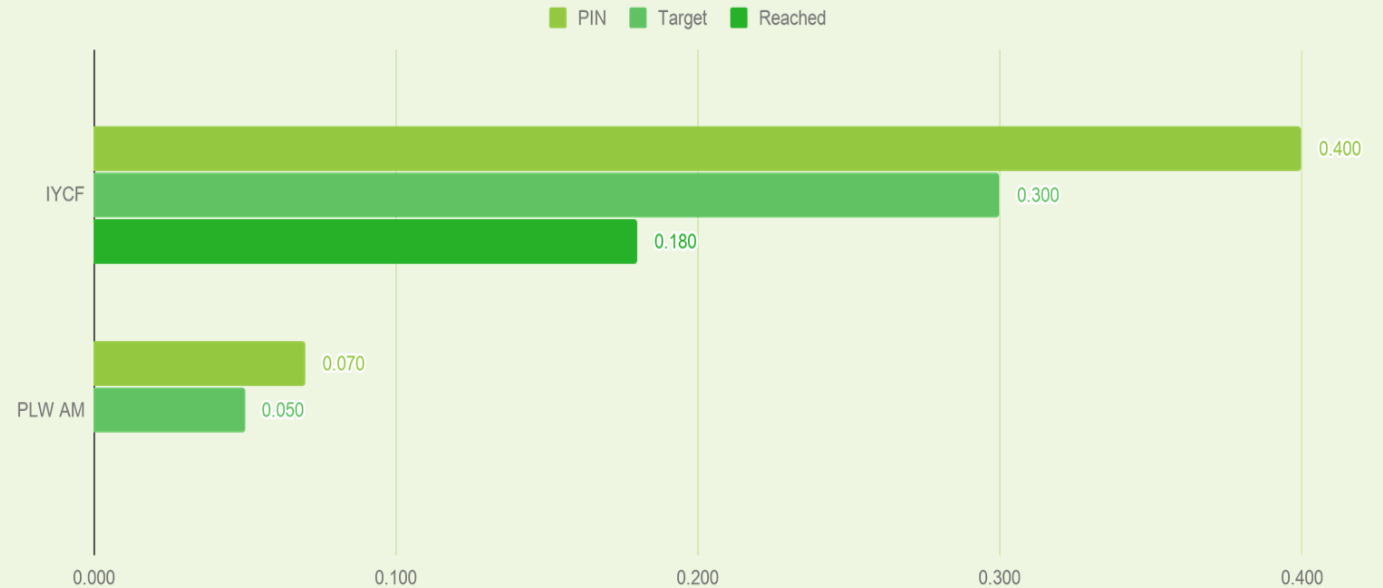
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Burundi

**Elizabeth Zanou**  
ezanou@unicef.org

**Dr Nkezabahizi Fidele**  
nkezafide2014@gmail.com

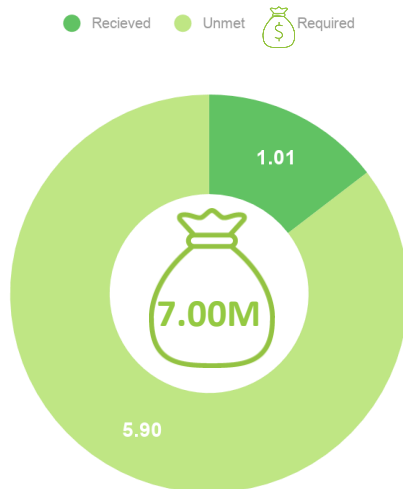
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: Led by Ministry of Health and UNICEF
- Subnational hubs: no data

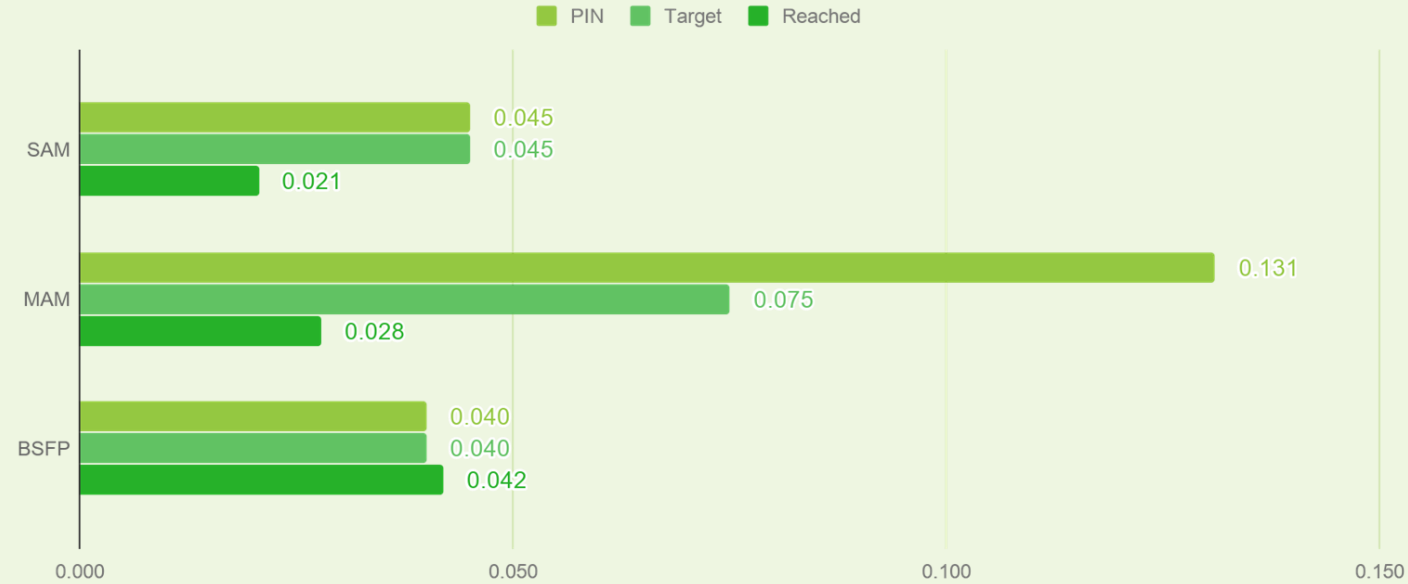
## 20 partners



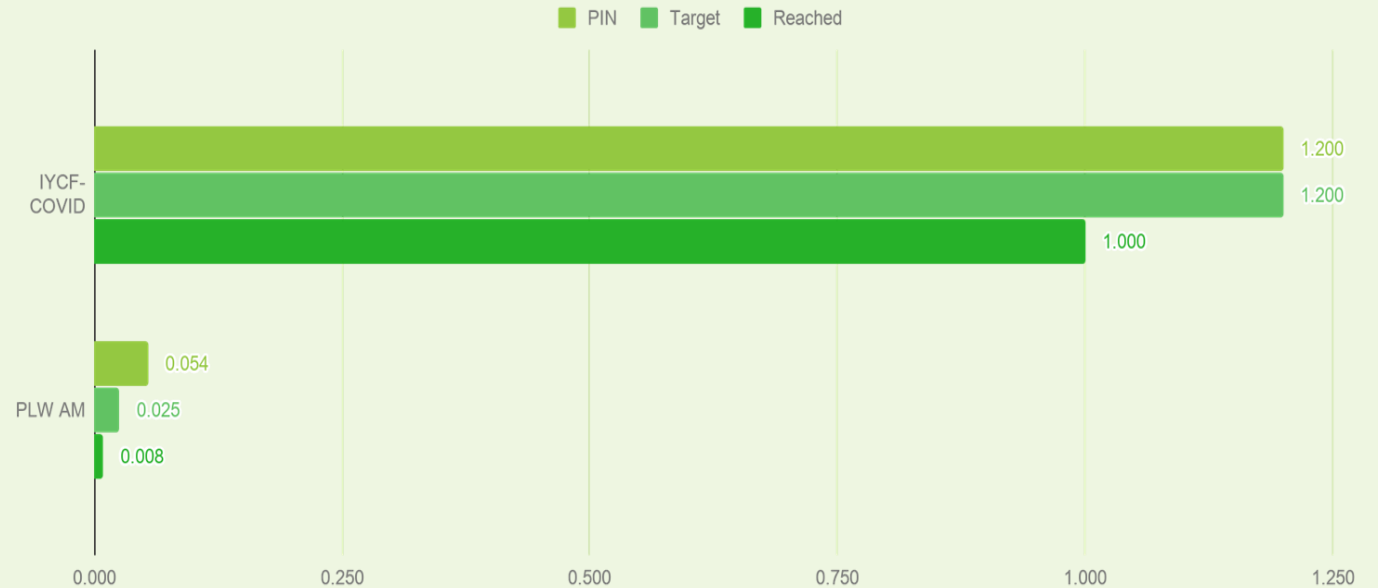
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Cameroon

**Dr Inchi Mumbere**  
**Suhene Jean-Jacques**  
jsuhene@unicef.org

**Celine Bernier**  
cbernier@unicef.org

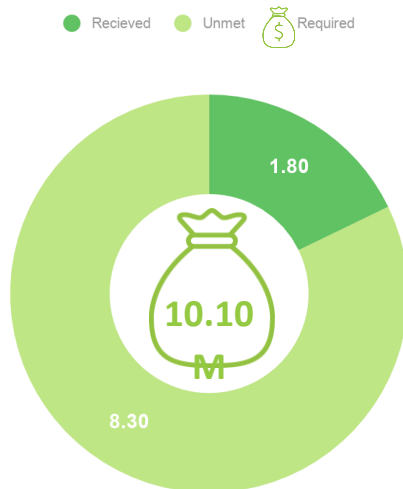
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: Led by UNICEF
- Subnational hubs: Sub-national cluster for a regional crisis

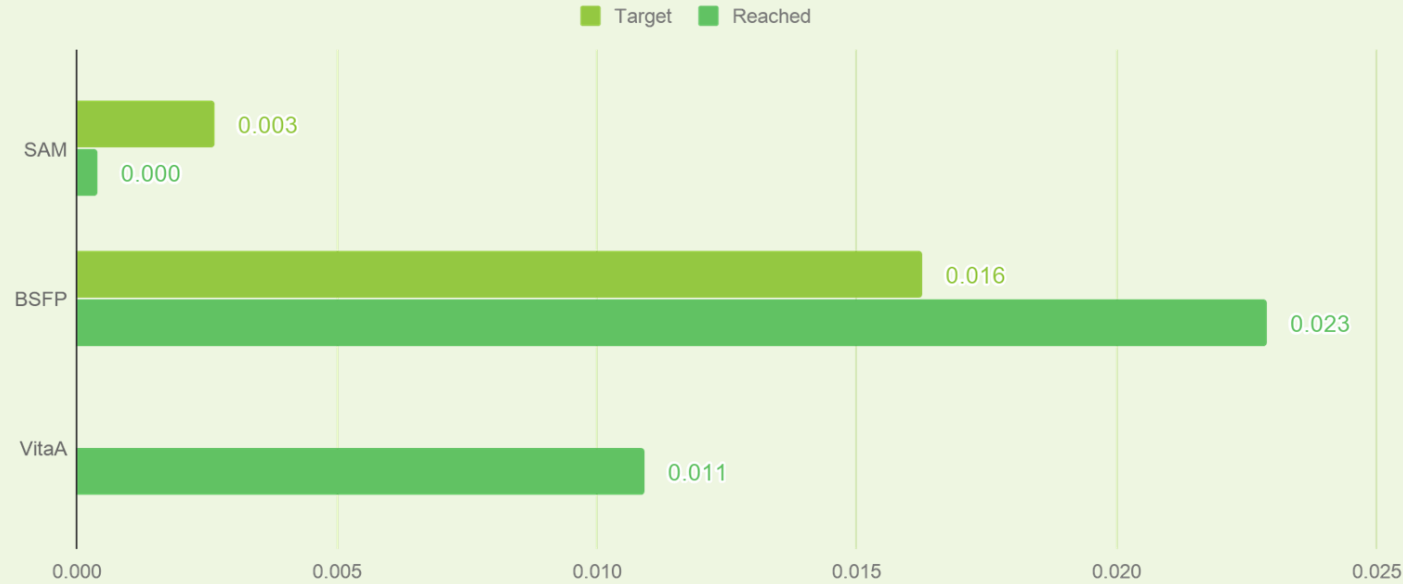
## 21 partners



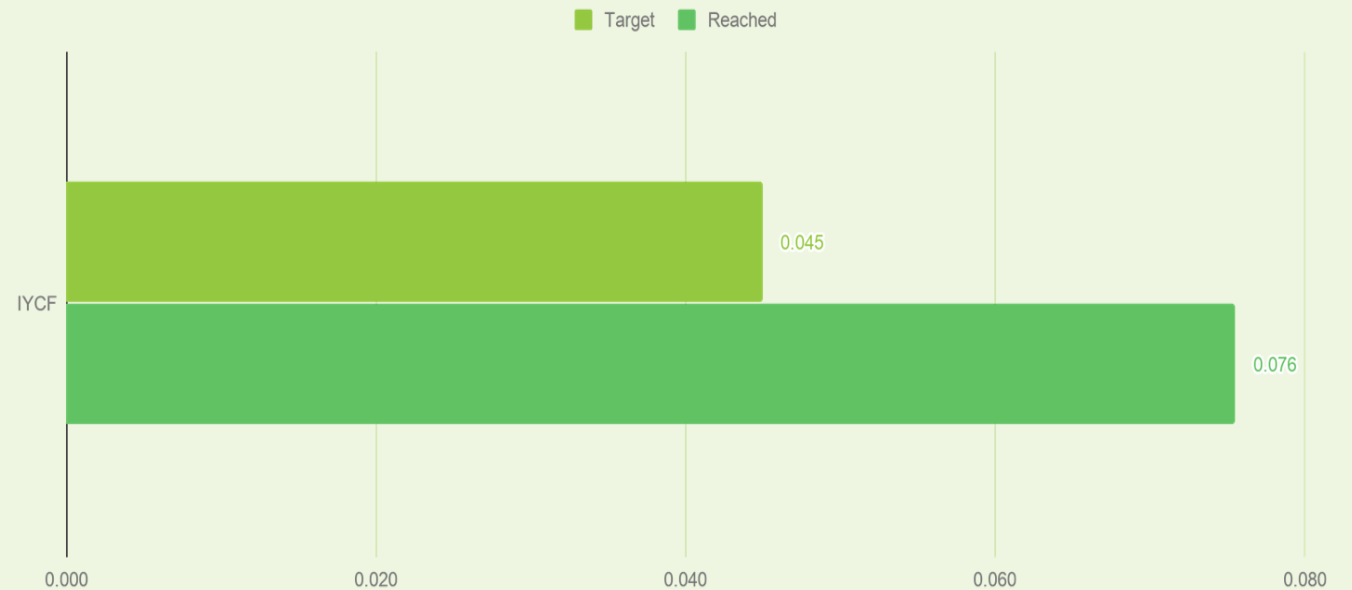
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)





# Central African Republic

**Yves Nzigndo**  
ynzigndo@unicef.org

**Douam Jules Firmin**  
jdouam@unicef.org

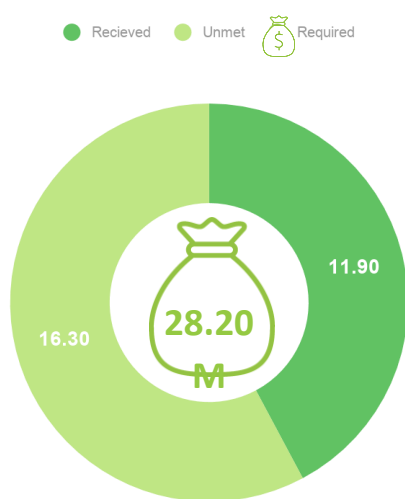
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: led by UNICEF
- Subnational hubs: 4 sub-national hubs in Bambari, Bouar, Kaga-Bandoro and Bossangoa

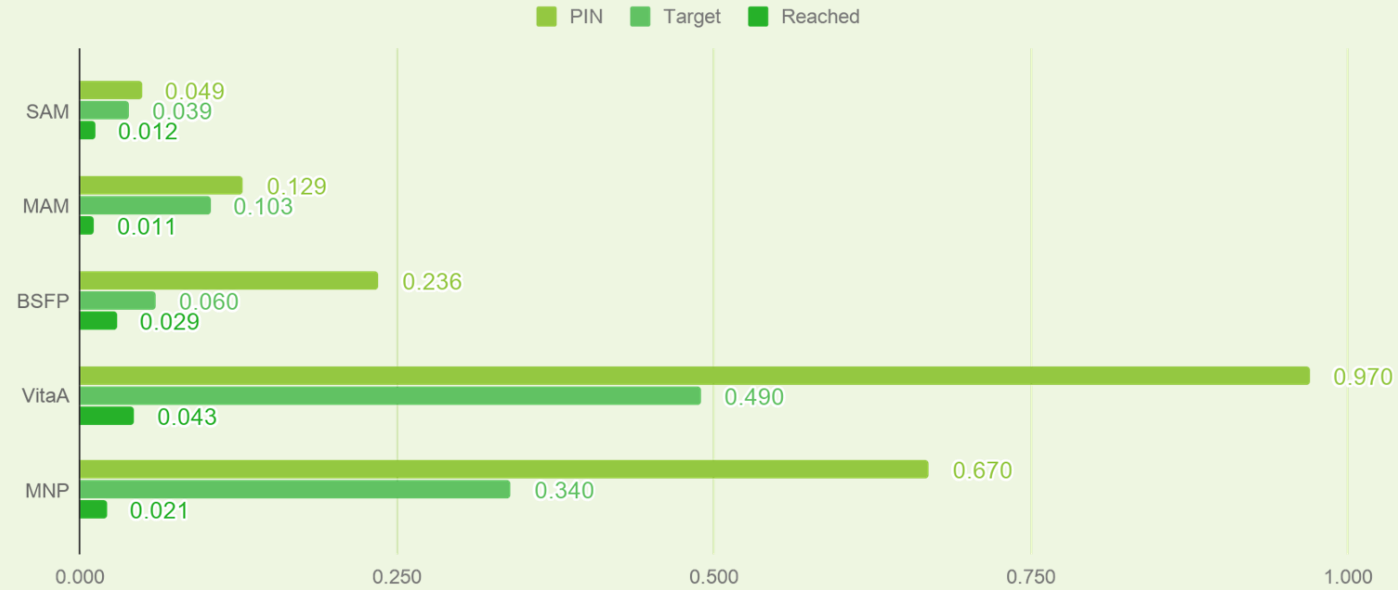
## 38 partners



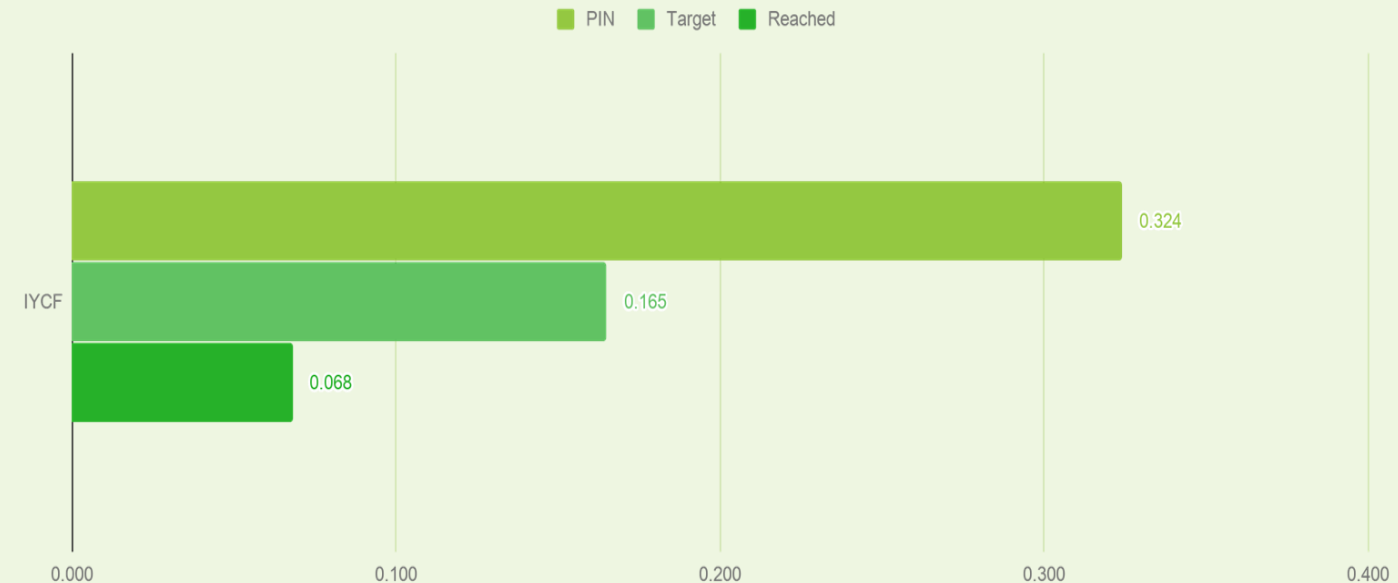
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Chad

**Jean Sendwe Nyombo Luboya**  
jluboya@unicef.org

**Dr Mahamat Bechir**  
mahamatbechir@yahoo.fr

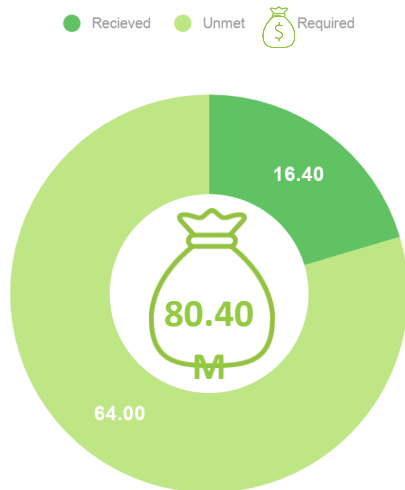
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: UNICEF Lead; MoH co-lead; Effective Solution co-facilitator
- Subnational hubs: 1 sub-national hubs in Lac province

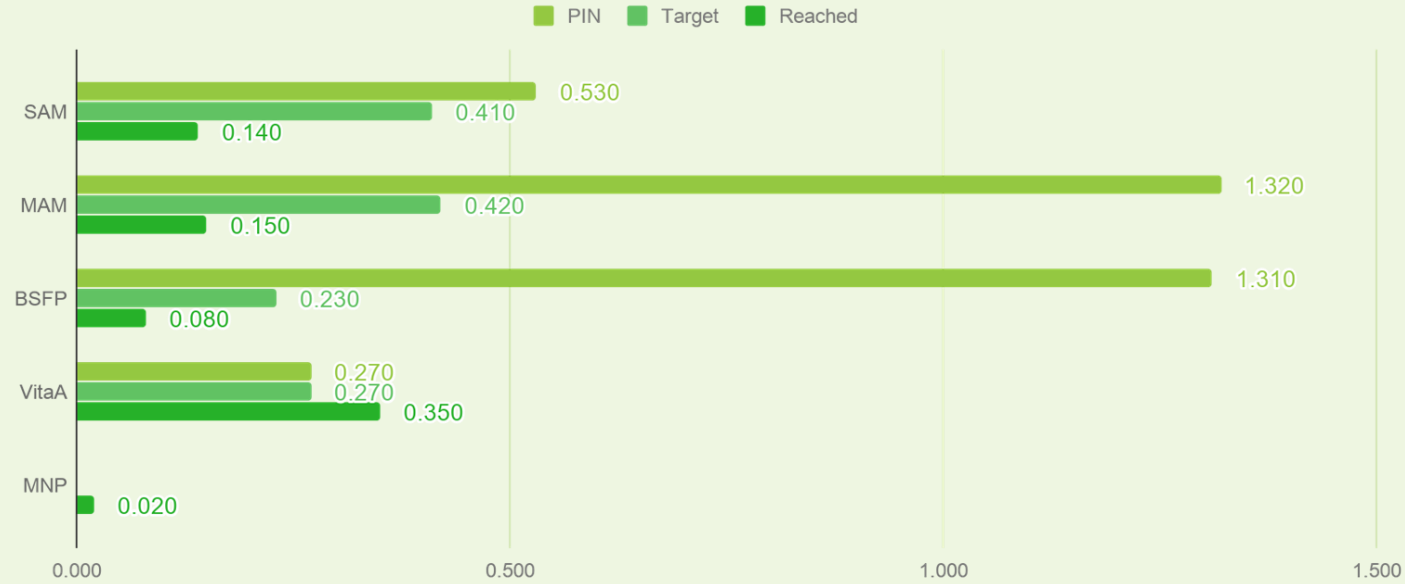
## 33 partners



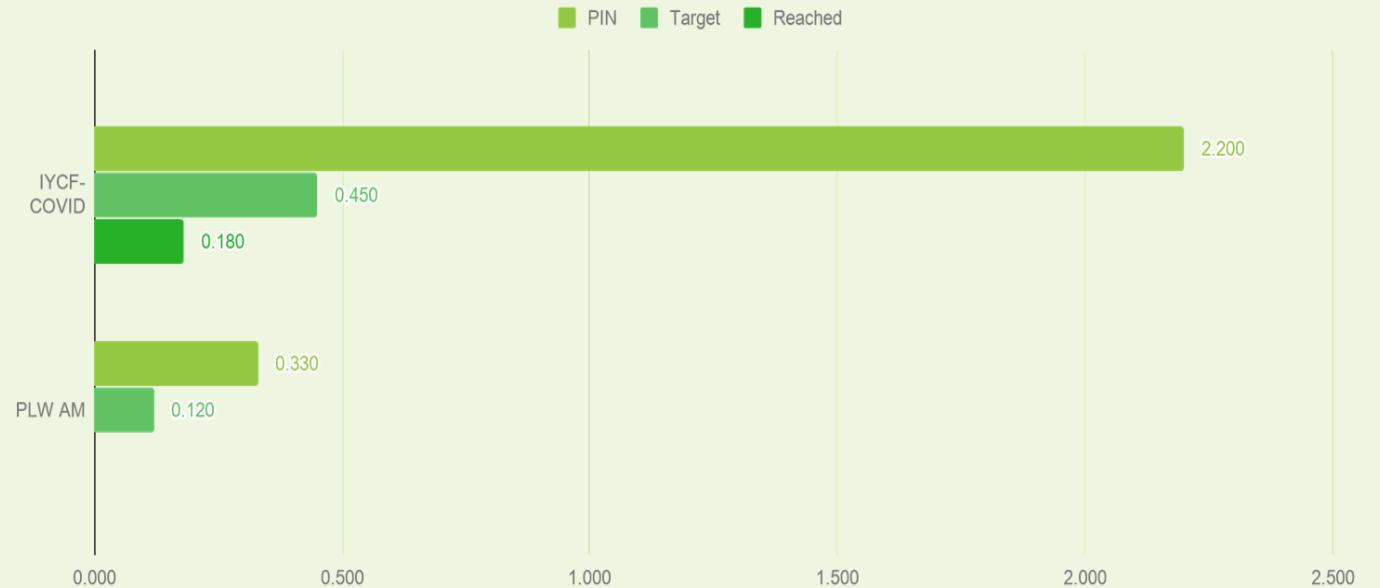
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# DR Congo

**Kalil Sagno**  
ksagno@unicef.org

**Daouda Mbodj**  
nutrition.rdc@coopi.org

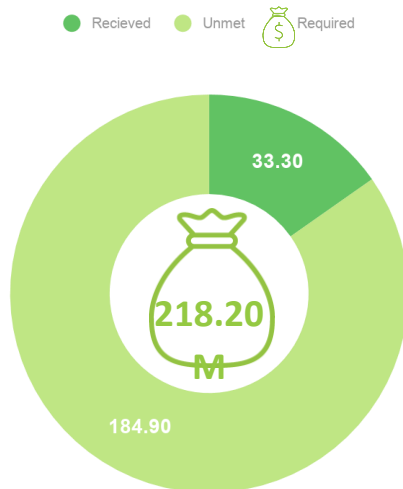
## Coordination arrangements

- Coordination mechanism: Cluster
- Cluster leadership arrangements: Led by UNICEF with COOPI (INGO) & PRONANUT (MoH)
- Subnational hubs: 7 sub-national clusters in Nord Kivu, Sud Kivu, Kasai Central, Tanganyika, Ituri, Kasai Oriental & Kasai

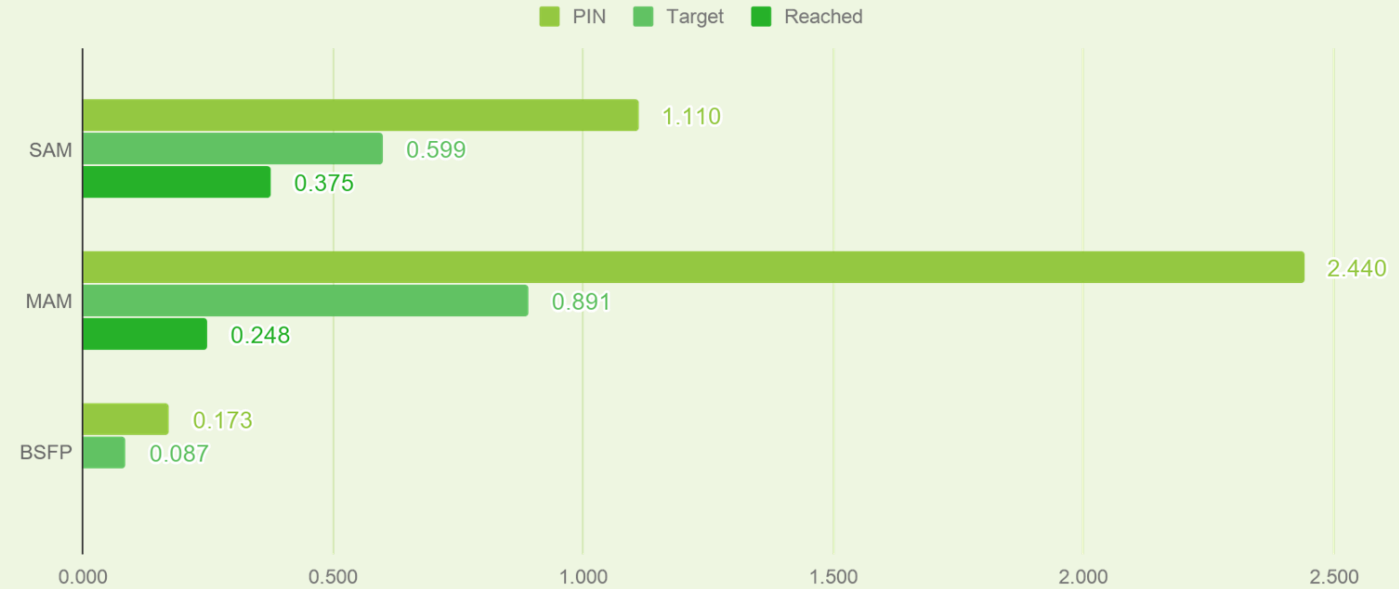
## 56 partners



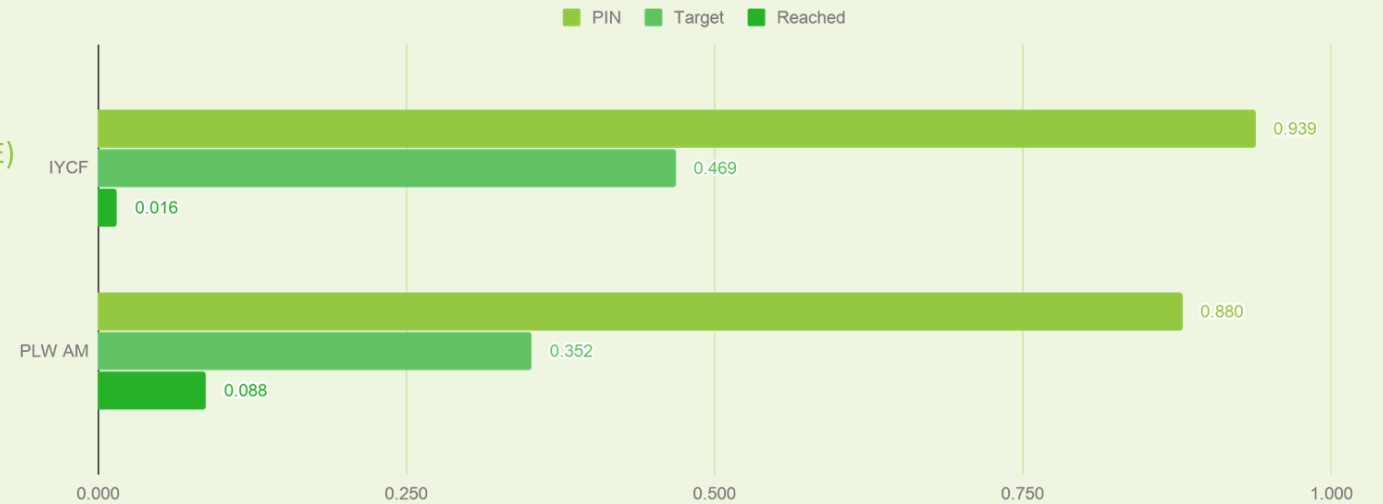
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)





# Ethiopia

**Cecile Basquin**  
cbasquin@unicef.org

**Mathewos Tamiru**  
mtamiru@unicef.org

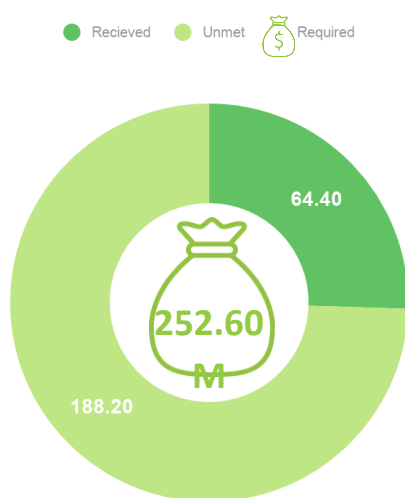
## Coordination arrangements

- Coordination mechanism: Cluster
- Cluster leadership arrangements: NDRMC chairs and Unicef co-leads the ENCU/Nutrition Cluster) at Federal level
- Subnational hubs: 6 Regions

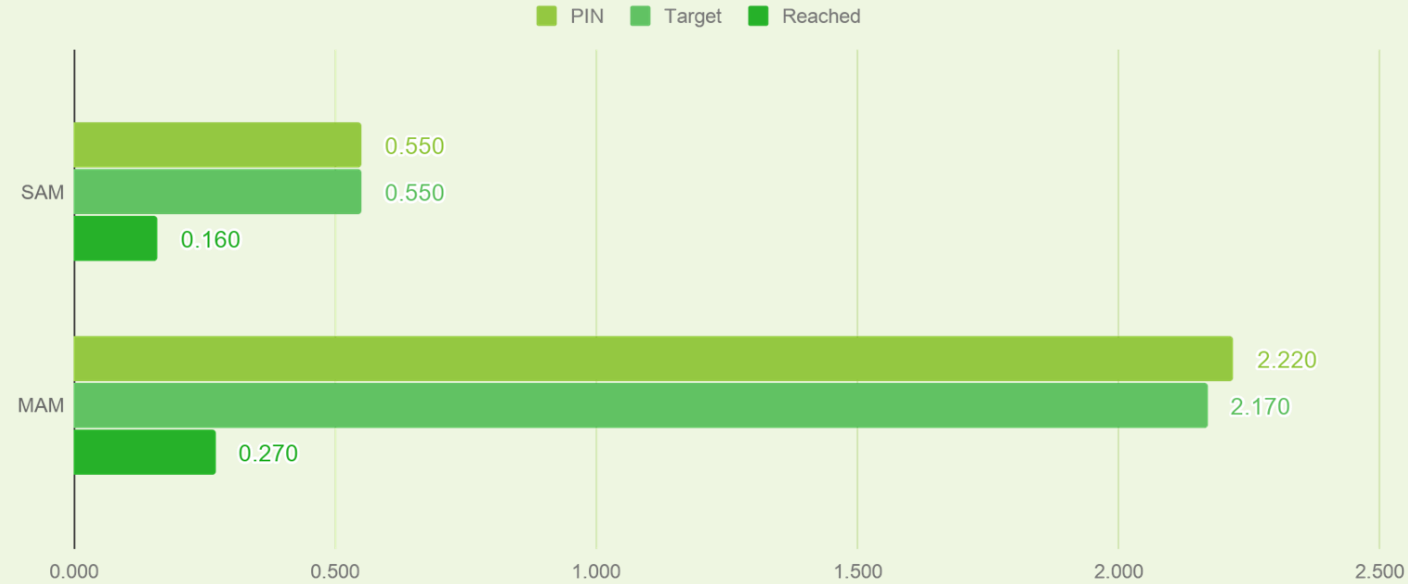
## 21 partners



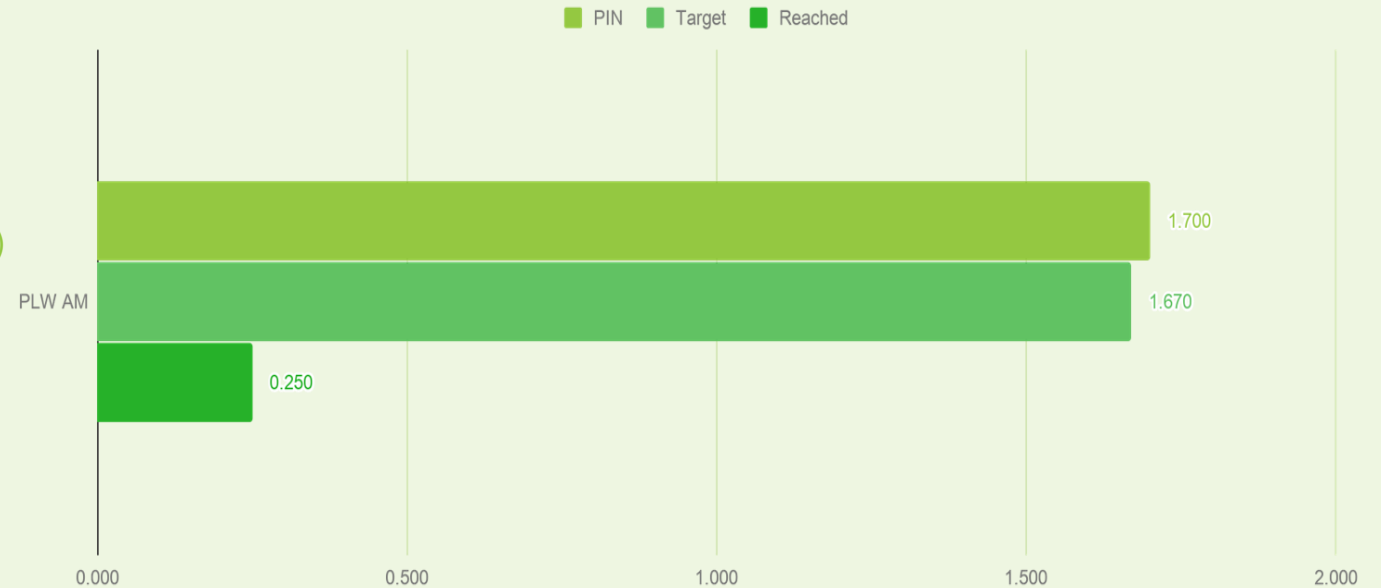
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Haiti

**Anne Marie Dembele**  
amdembele@unicef.org

**Leonard Kouadio**  
lkouadio@unicef.org

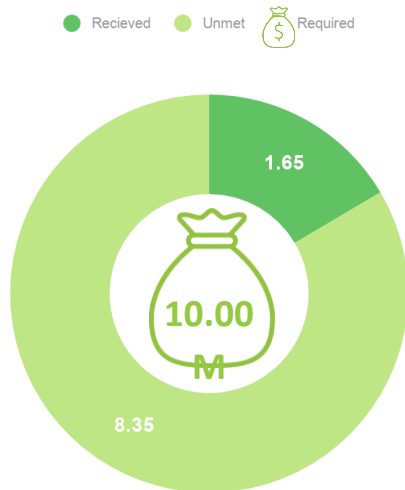
## Coordination arrangements

- Coordination mechanism: Cluster
- Cluster leadership arrangements: Co-led by MSPP and UNICEF
- Subnational hubs: no data

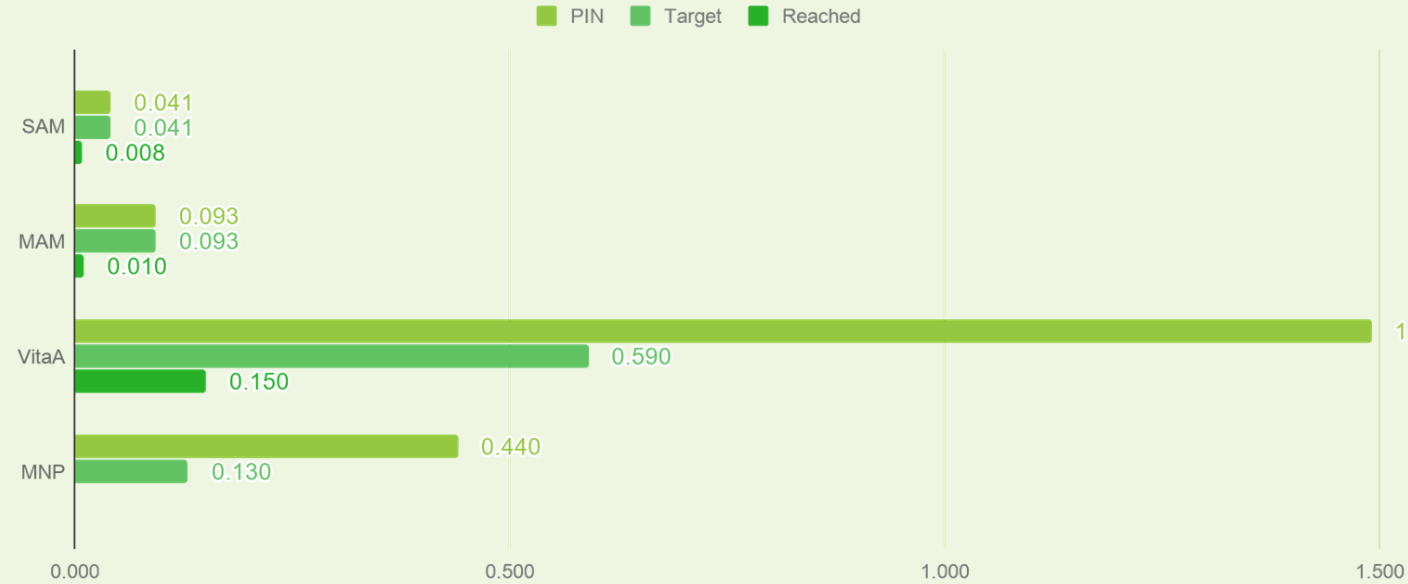
## 25 partners



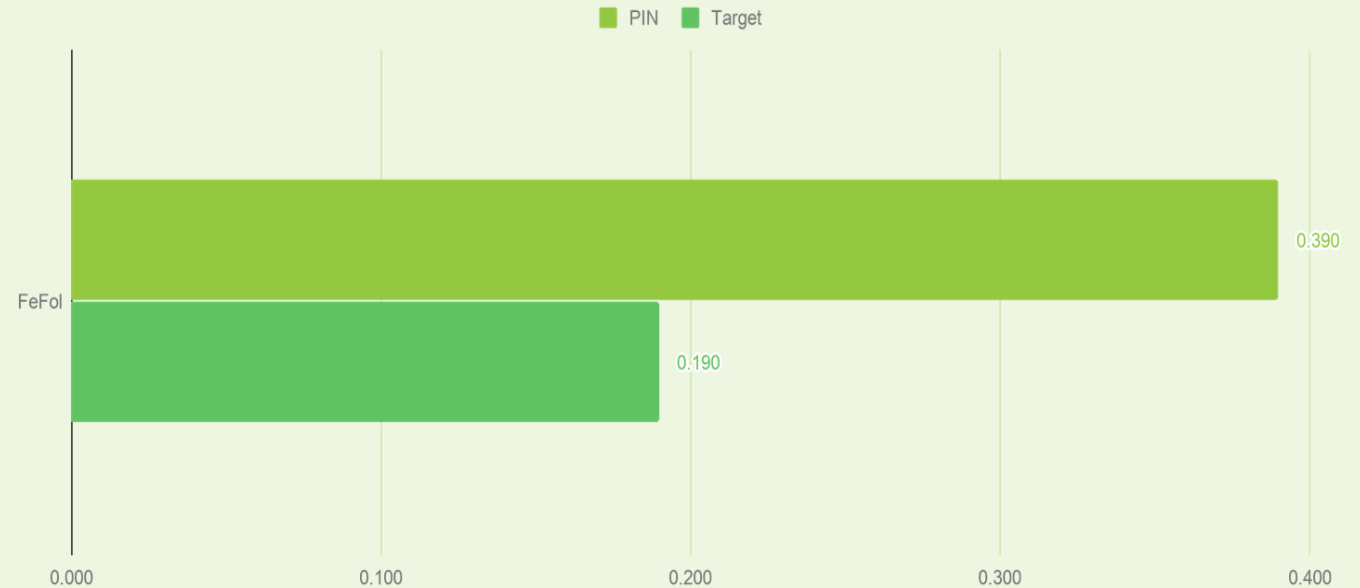
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



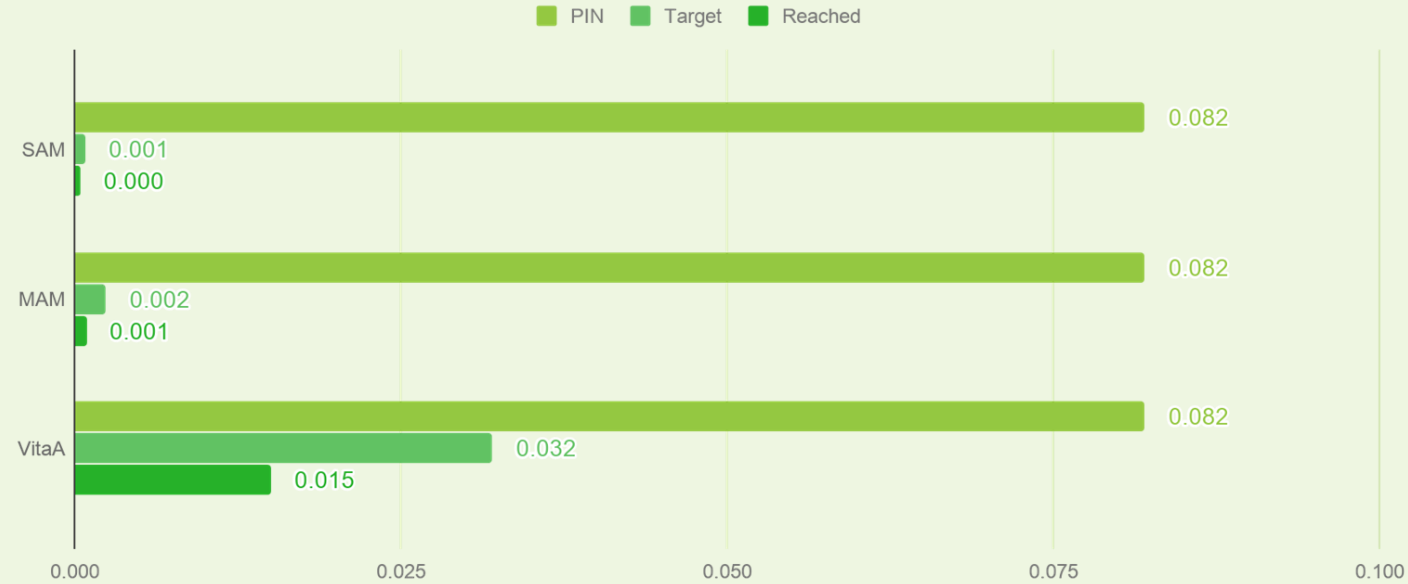
## Iraq

**Ali Al-Taie**  
aaltaie@unicef.org

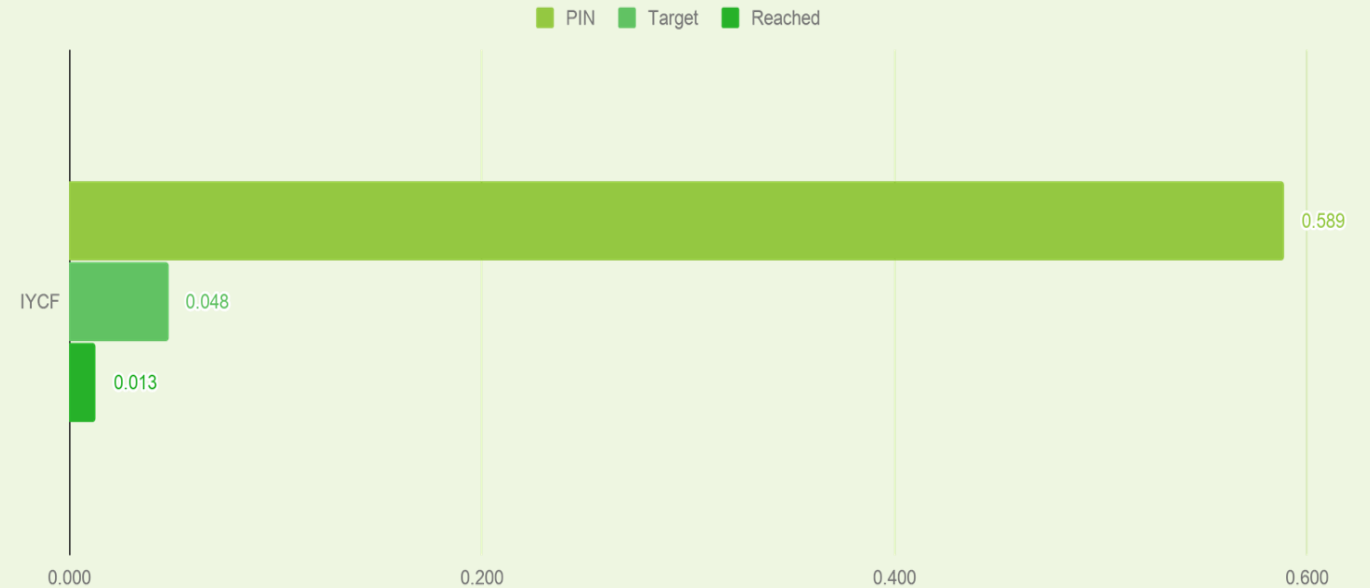
### Coordination arrangements

- Coordination mechanism: Food Security and Nutrition Sectoral working group
- leadership arrangements: Led by UNICEF with WFP
- Subnational hubs: no data

### Children Under five (MILLIONS PEOPLE)



### PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Kenya

**Victoria Mwenda**  
vmwenda@unicef.org

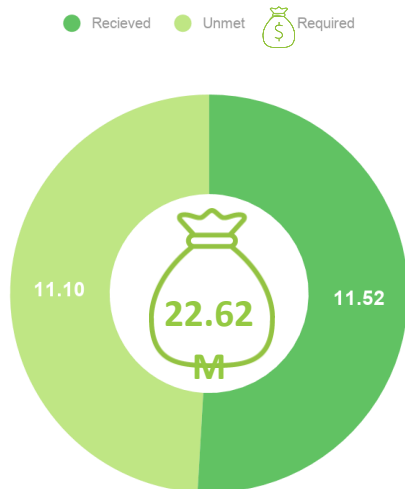
## Coordination arrangements

- Coordination mechanism: Sector
- leadership arrangements: led by MoH
- Subnational hubs: no data

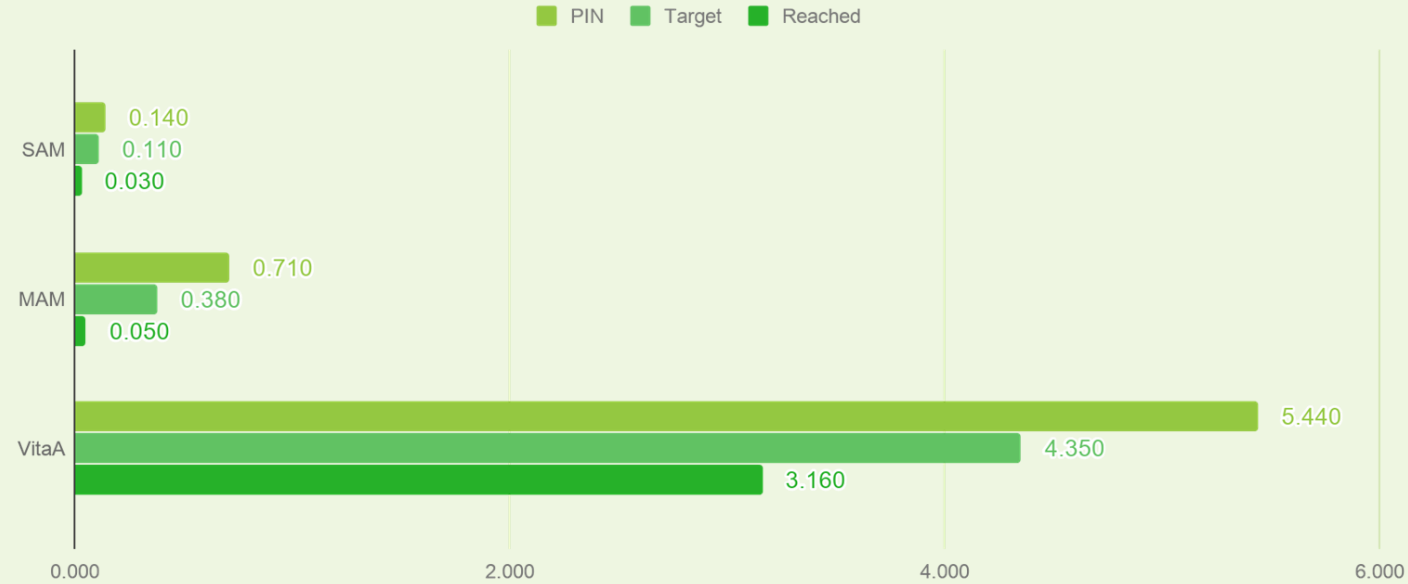
## 24 partners



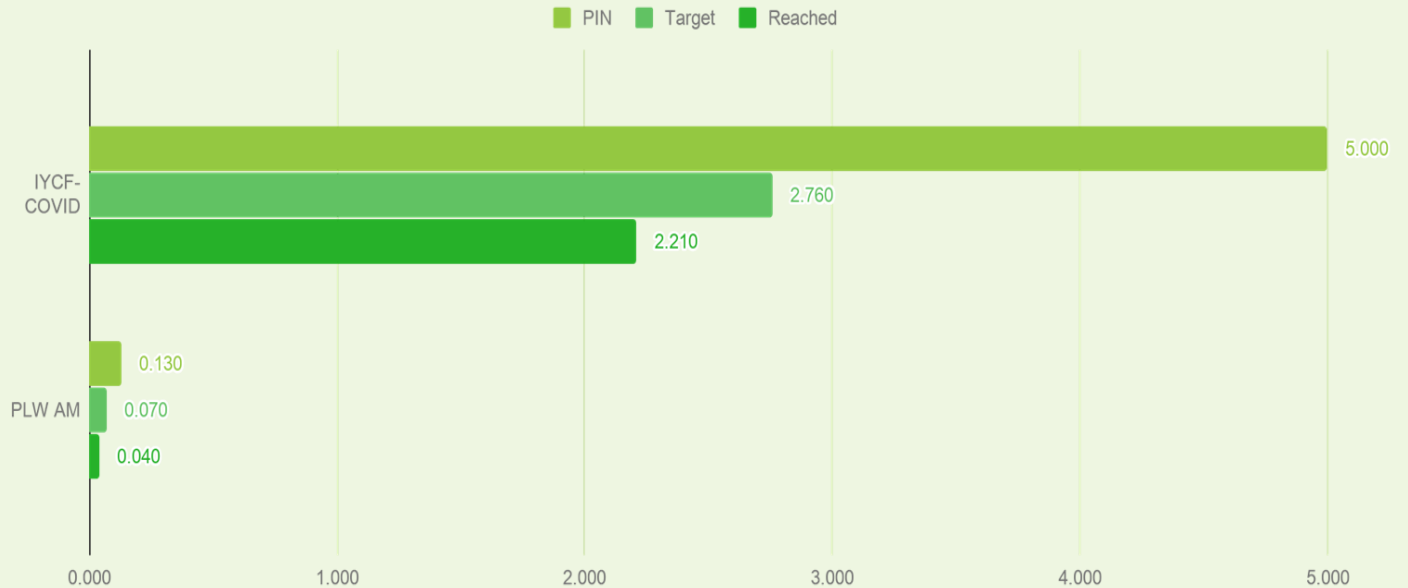
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)





# Malawi

**Stanley Mwase**  
svmwase@unicef.org

**Felix Phiri**  
felixphiri8@gmail.com

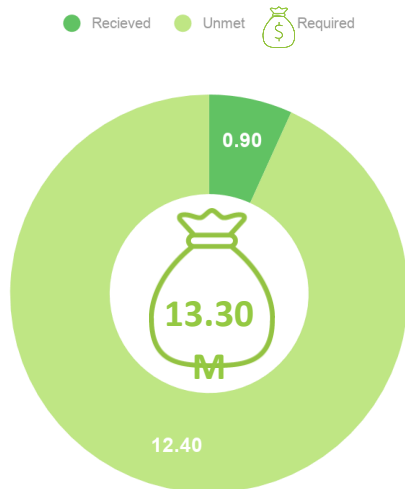
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: UNICEF co-lead with MoH
- Subnational hubs: no data

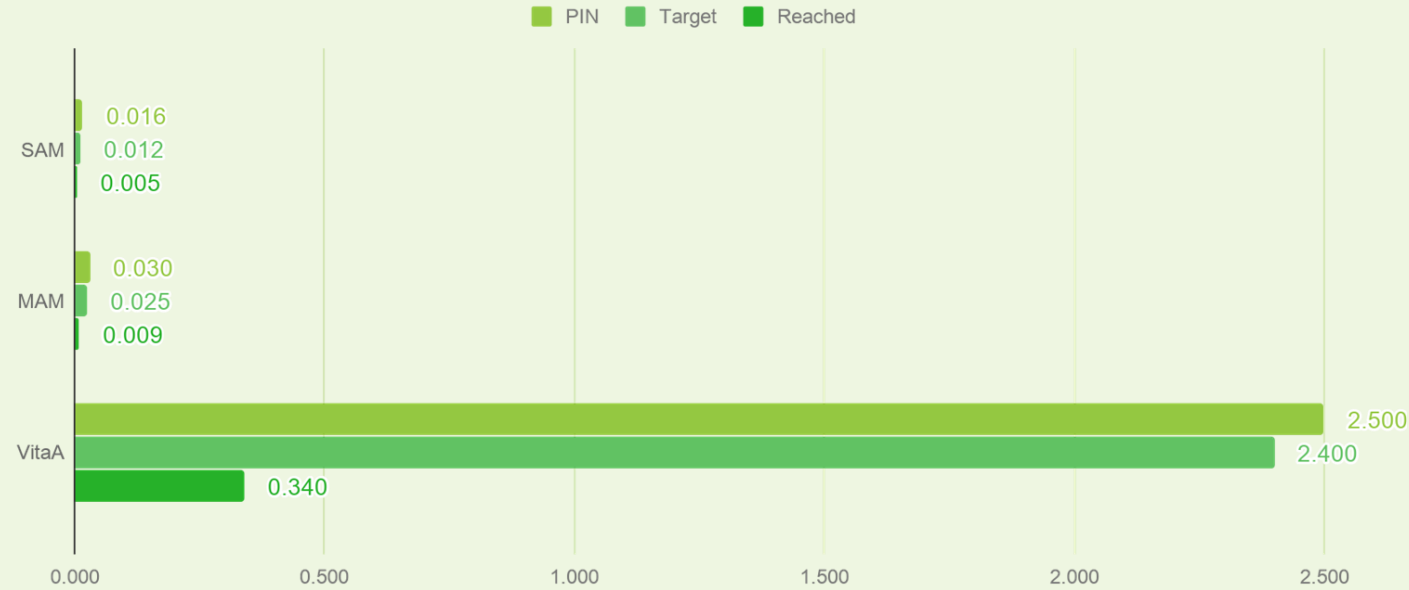
## 34 partners



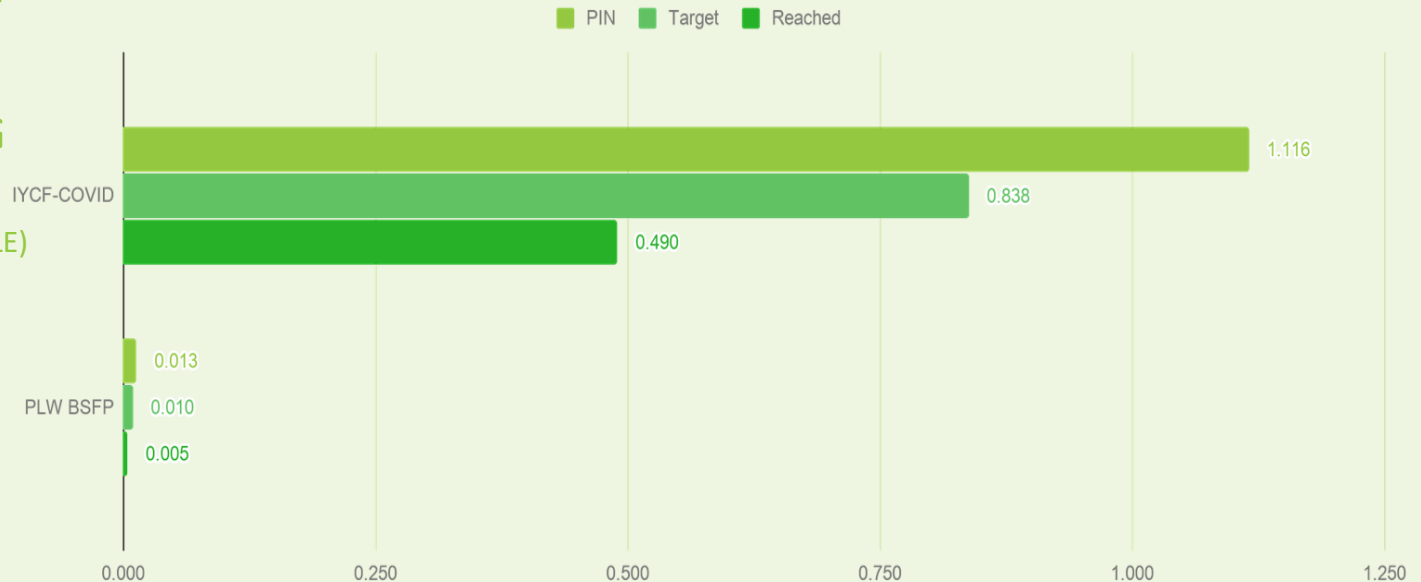
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Mali

**Alima Diourte**  
Co-Coordinator

**Perrine Loock**  
ploock@unicef.org

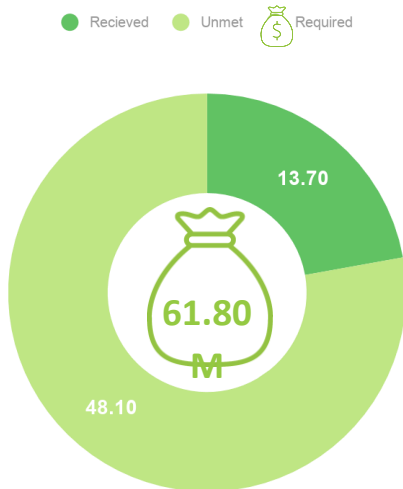
## Coordination arrangements

- Coordination mechanism: Hybrid Sector/Cluster
- leadership arrangements: UNICEF Lead, MoPHP Co-lead and ACF Co-facilitator
- Subnational hubs: 5 in Gao (covering Menaka & Kidal), Timbuktu (covering Taoudenit), Mopti (covering Segou), Kayes & Sikasso. Bamako & Koulikoro covered by central level.

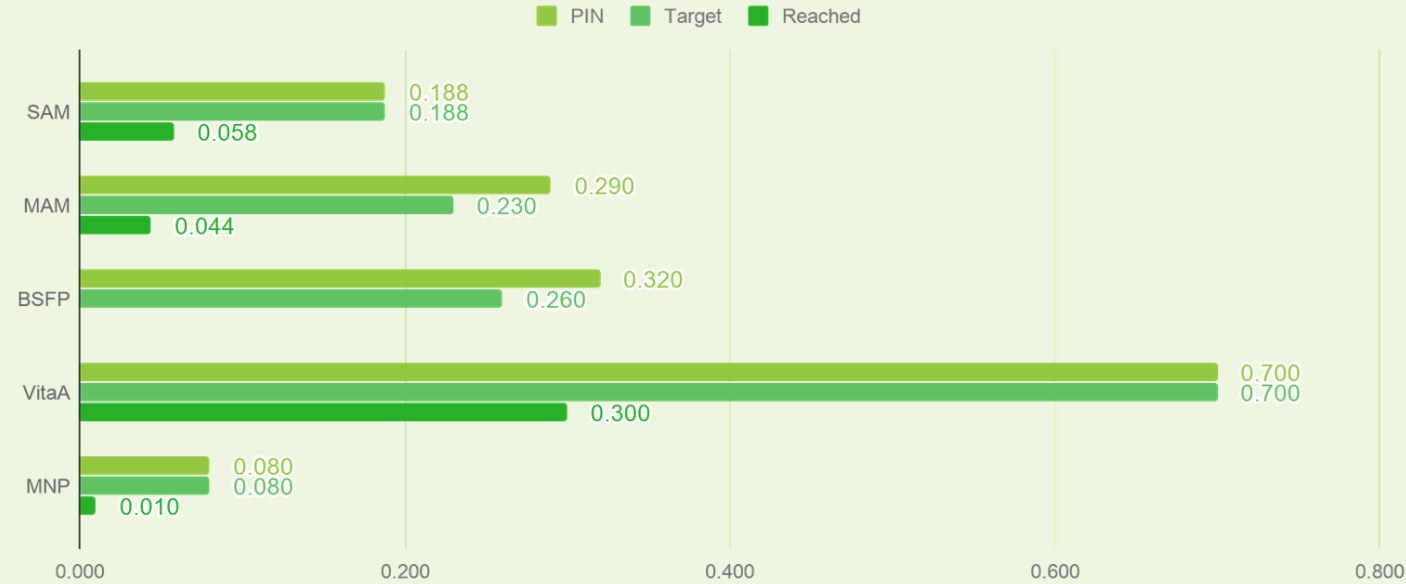
## 37 partners



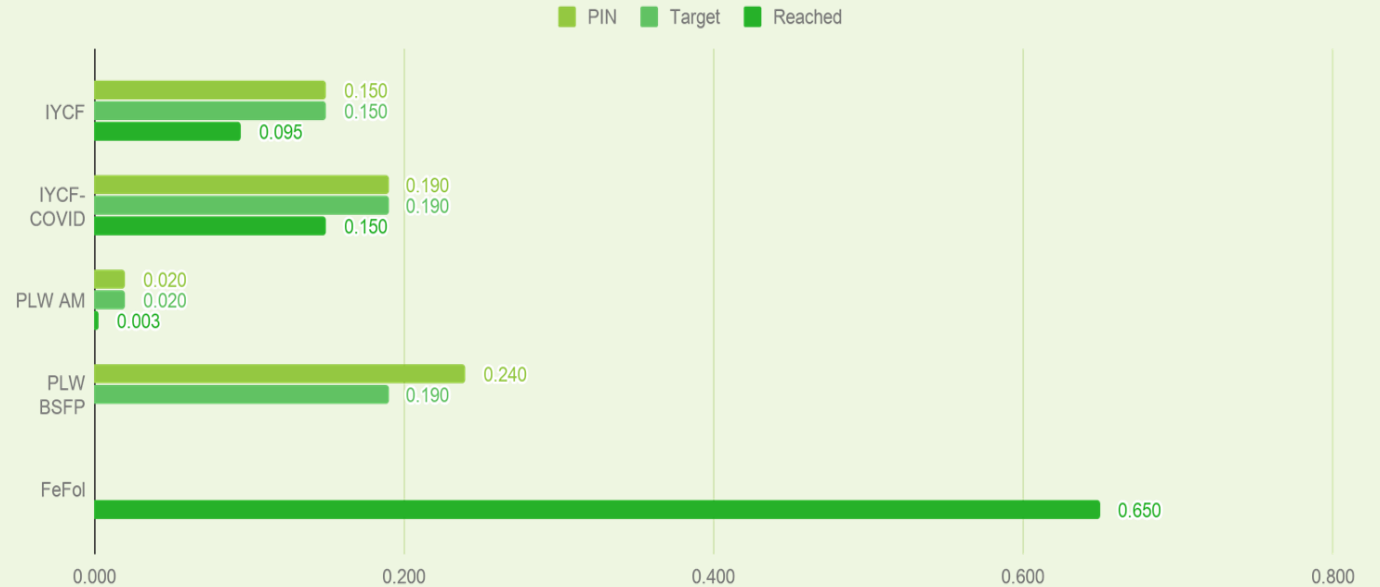
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Mexico

**Mauro Brero**  
mbrero@unicef.org

**Matthias Sachse**  
msachse@unicef.org

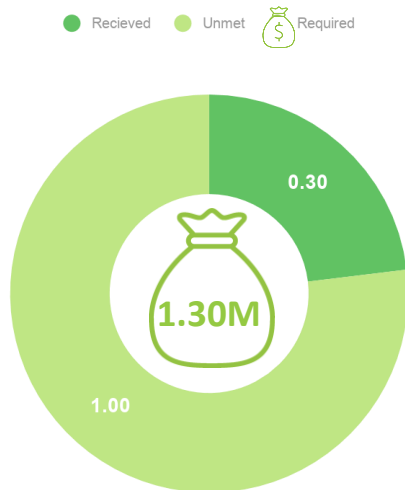
## Coordination arrangements

- Coordination mechanism: UN Framework to reduce socio-economic impact of Covid-19 Pandemic
- leadership arrangements: UN agencies coordinate the 5 Pillars of the Framework, UNICEF leads Nutrition support to Secretaria de Salud
- Subnational hubs: no data

## 7 partners



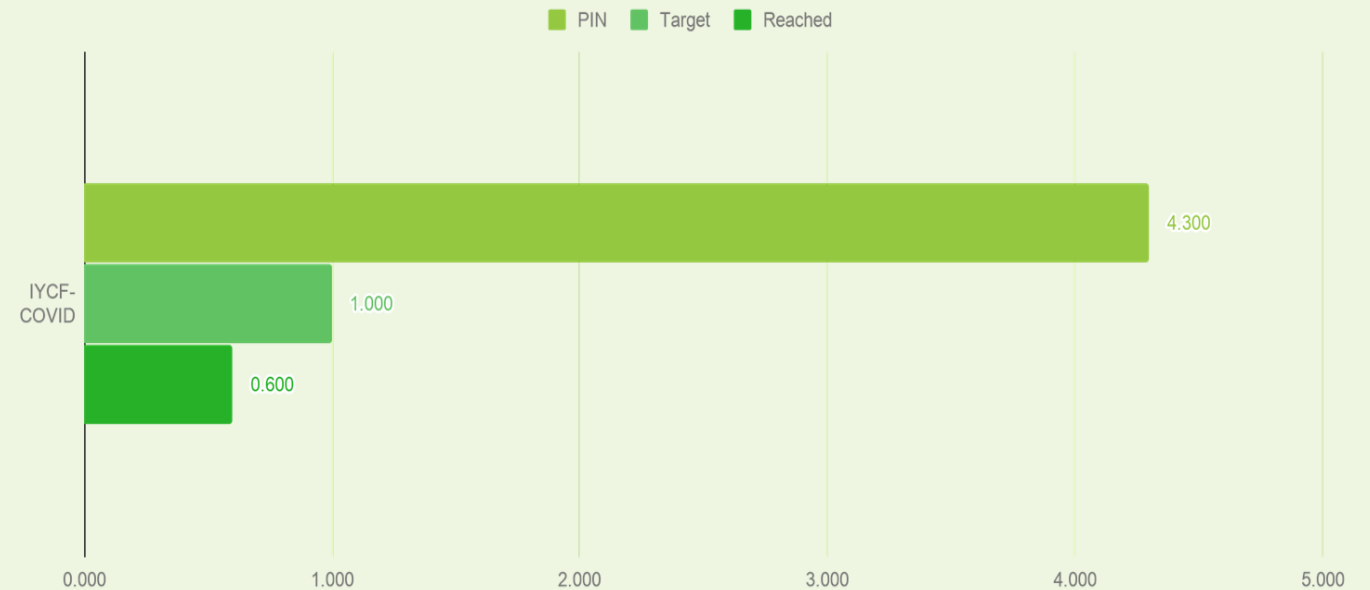
## Funding in 2020 (millions USD)



Children  
Under five  
(MILLIONS  
PEOPLE)

No data

PREGNANT  
AND  
LACTATING  
WOMAN  
(MILLIONS PEOPLE)



# Mozambique

**Javier Rodriguez**  
jrodriguez@unicef.org

**Dorothy Foote**  
dfoote@unicef.org

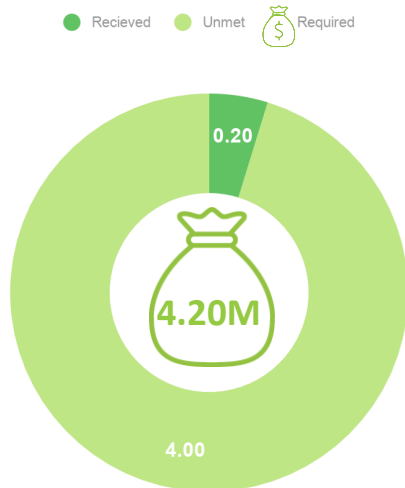
## Coordination arrangements

- Coordination mechanism: Sector coordination
- leadership arrangements: Co-led by UNICEF and Mozambican Ministry of Health
- Subnational hubs: Beira and CaBel Delgado provincial levels

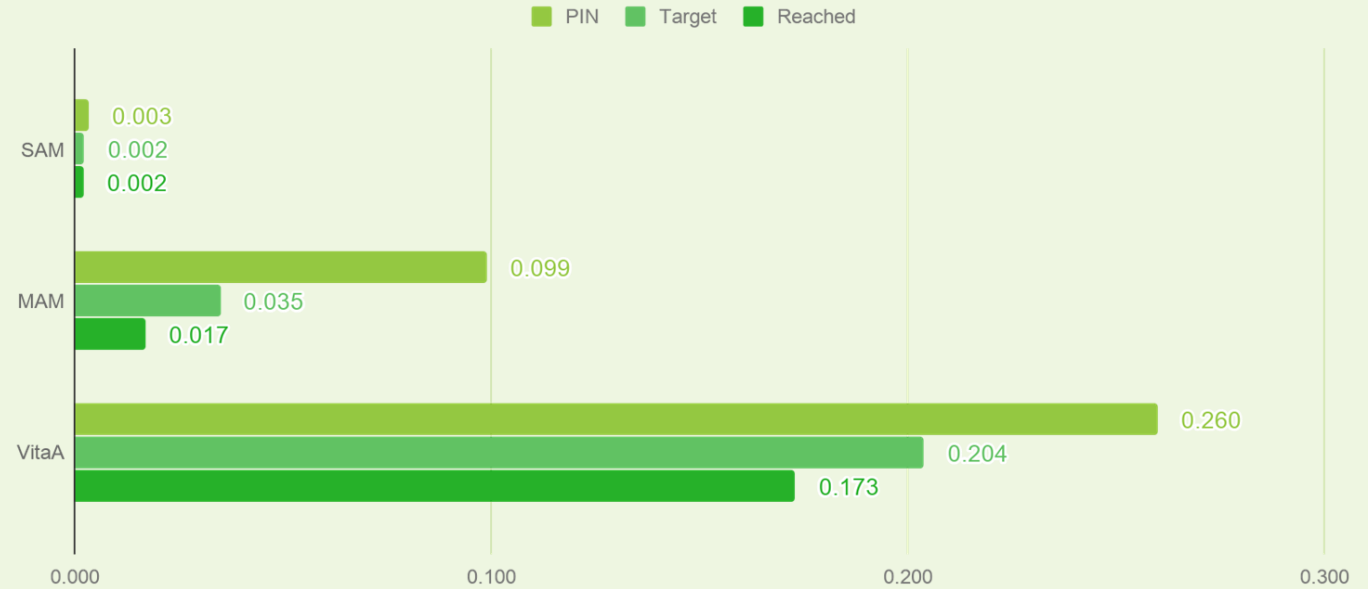
## 28 partners



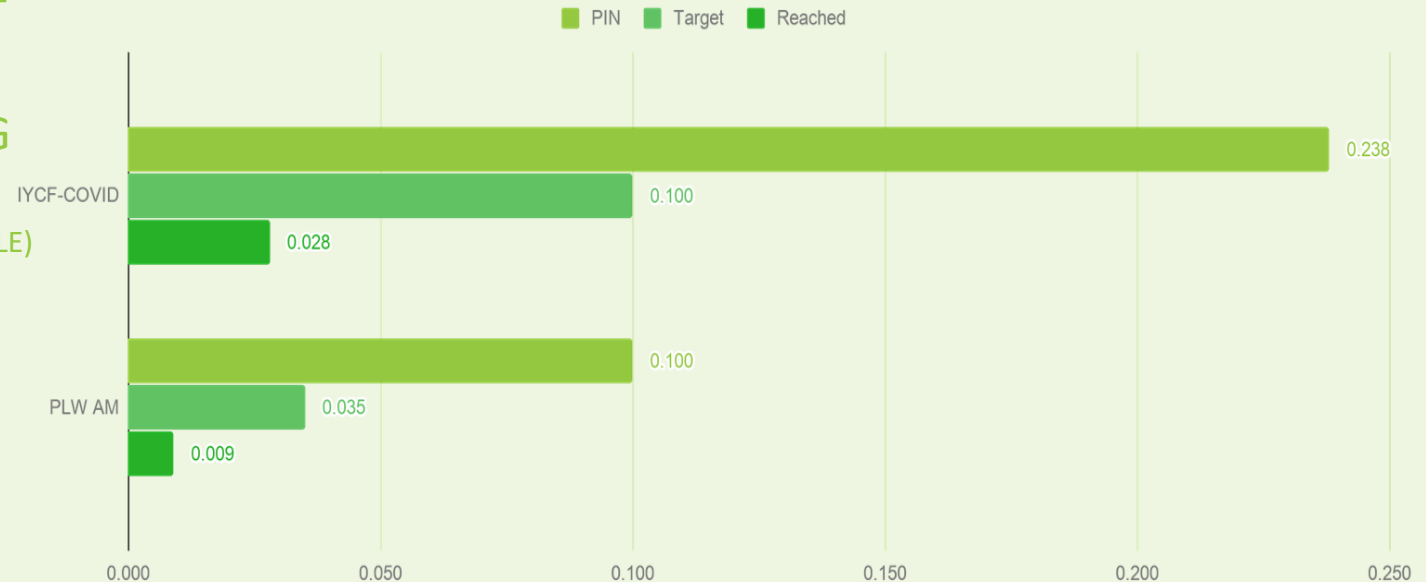
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)





# Myanmar

**Jecinter Oketch**  
jaoketch@unicef.org

**Win Lae**  
wlae@unicef.org

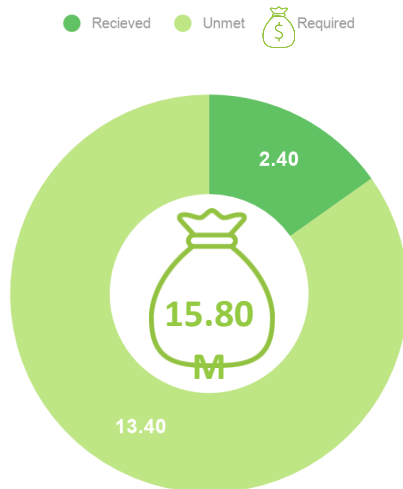
## Coordination arrangements

- Coordination mechanism: Sector
- leadership arrangements: UNICEF lead
- Subnational hubs: MOHS co-lead Two sub-national hubs in Rakhine and Kachin State (led by State Health Department Director/Deputy and State Nutrition Team Leader)

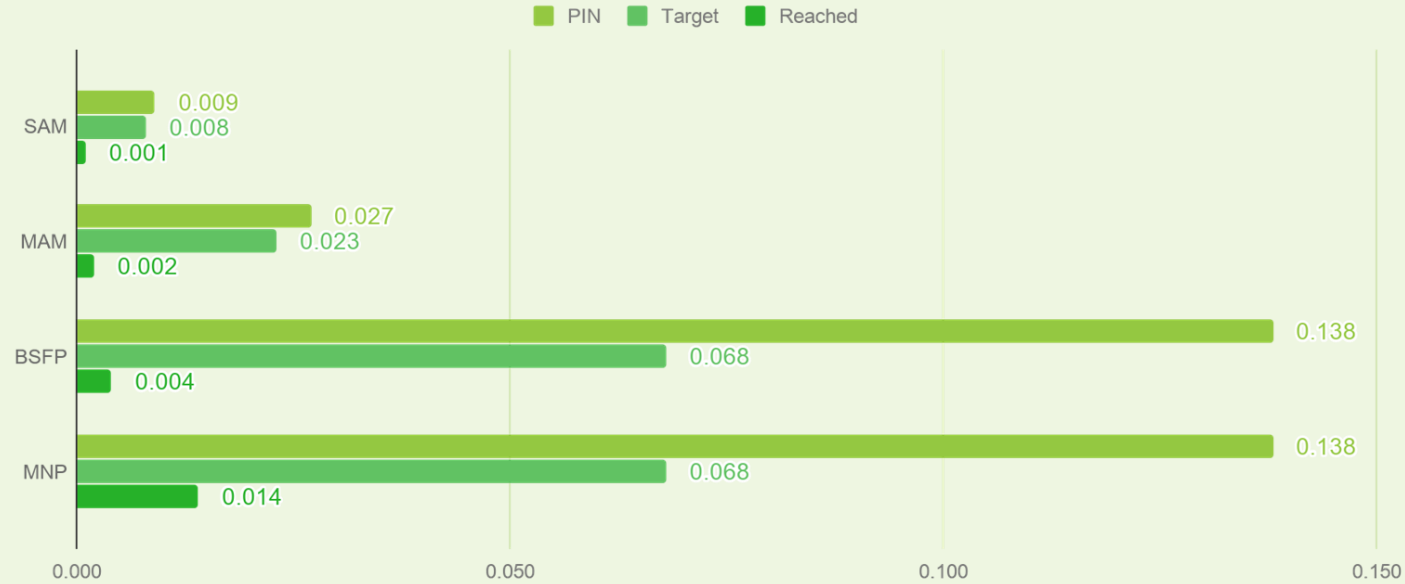
## 20 partners



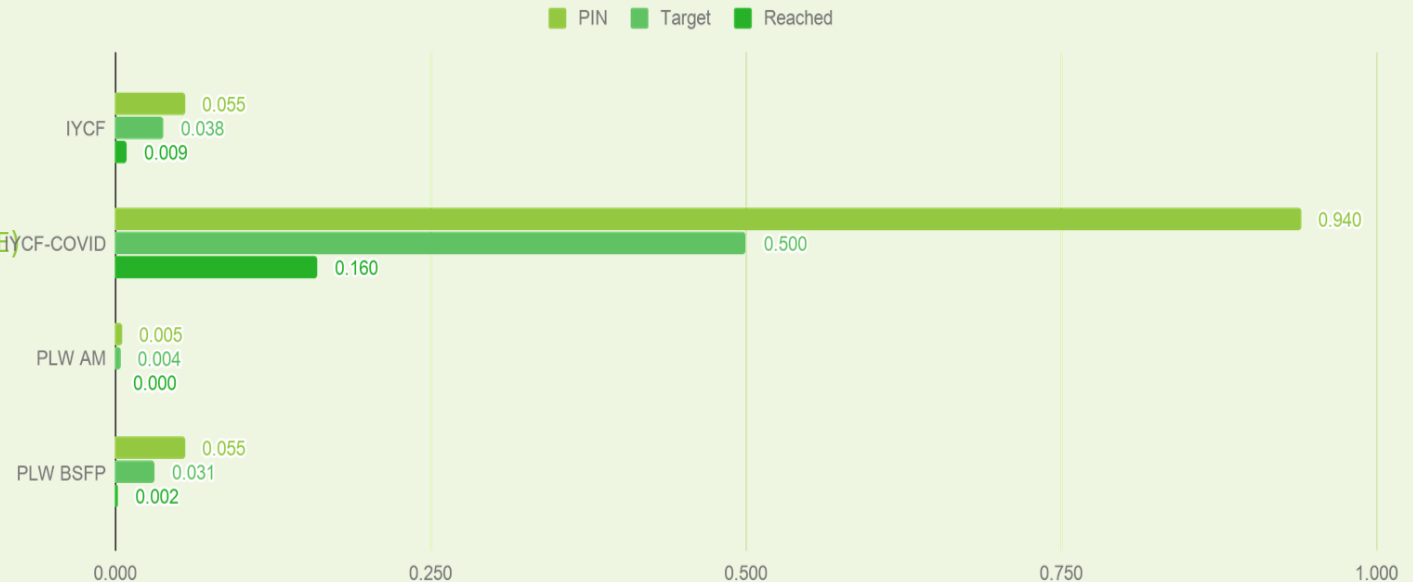
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Nepal

**Mr. Kedar Raj Parajuli** parajulikedar3@gmail.com  
**Mr. Anirudra Sharma** ansharma@unicef.org

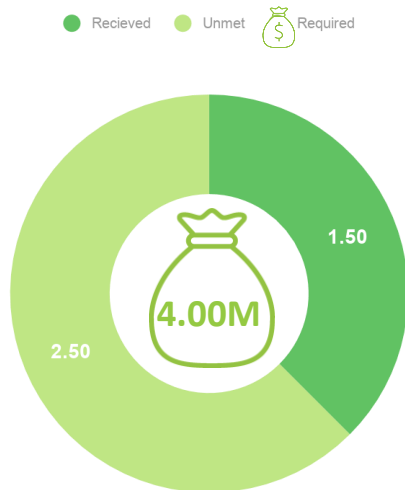
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: led by Ministry of Home Affairs with support by UNICEF
- Subnational hubs: no data

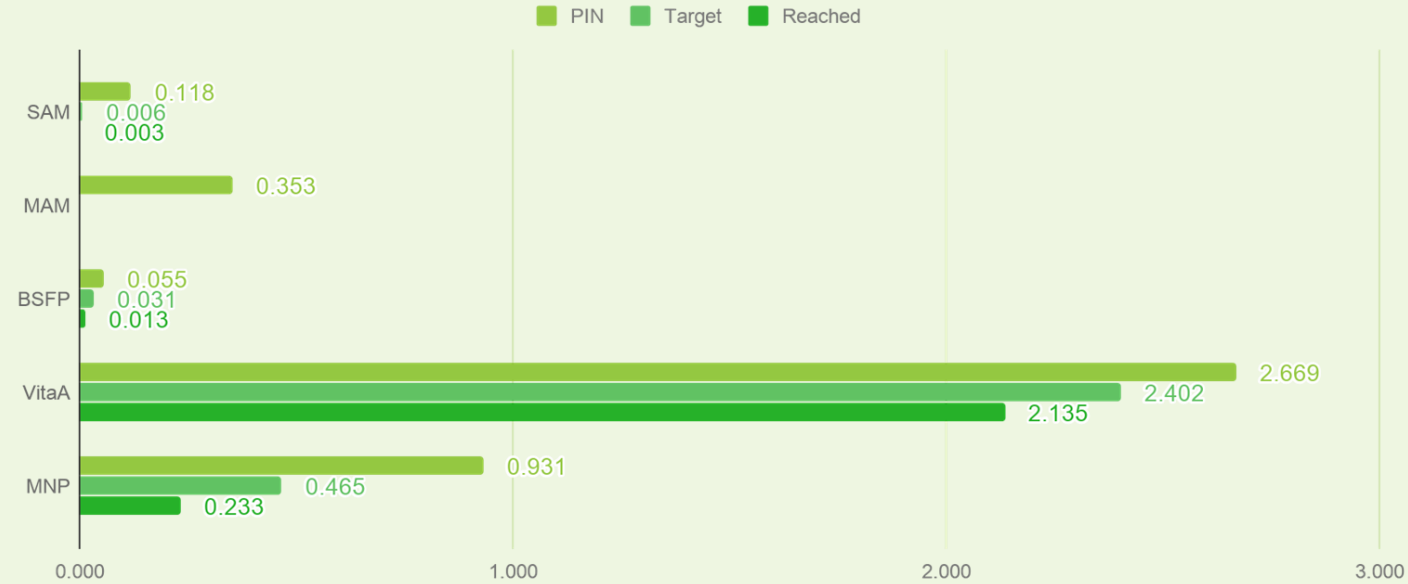
## 27 partners



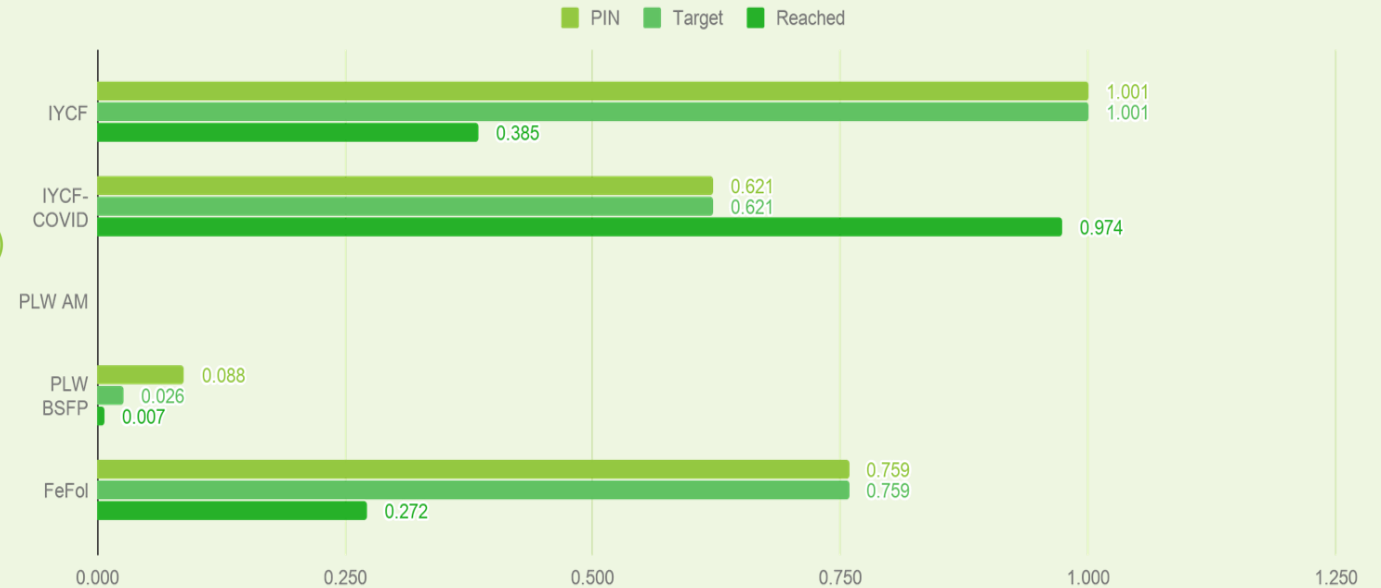
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Niger

**Ann Defraye**  
adefraye@unicef.org

**Ibrahim Garba Dandano**  
igarbadandano@ne.acfspain.org

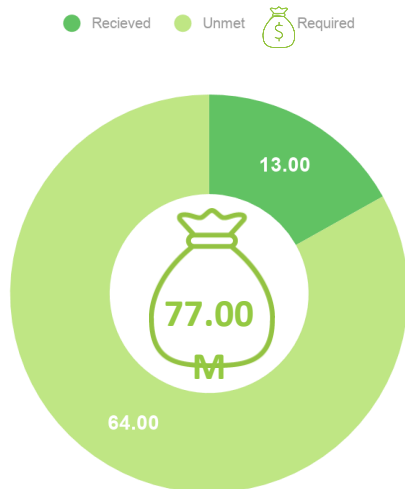
## Coordination arrangements

- Coordination mechanism: Hybrid Sector/Cluster
- leadership arrangements: led by UNICEF
- Subnational hubs: no cluster approach activated at sub-national level, sector coordination (health and nutrition integrated); Action Against Hunger co-facilitator

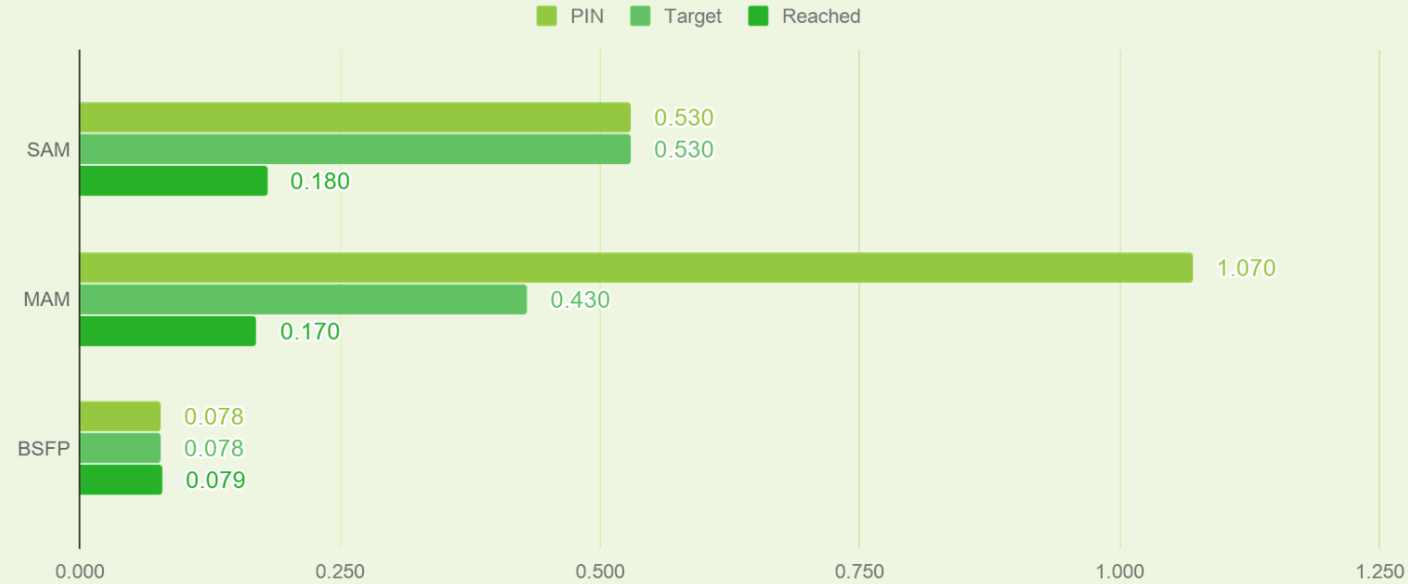
## 20 partners



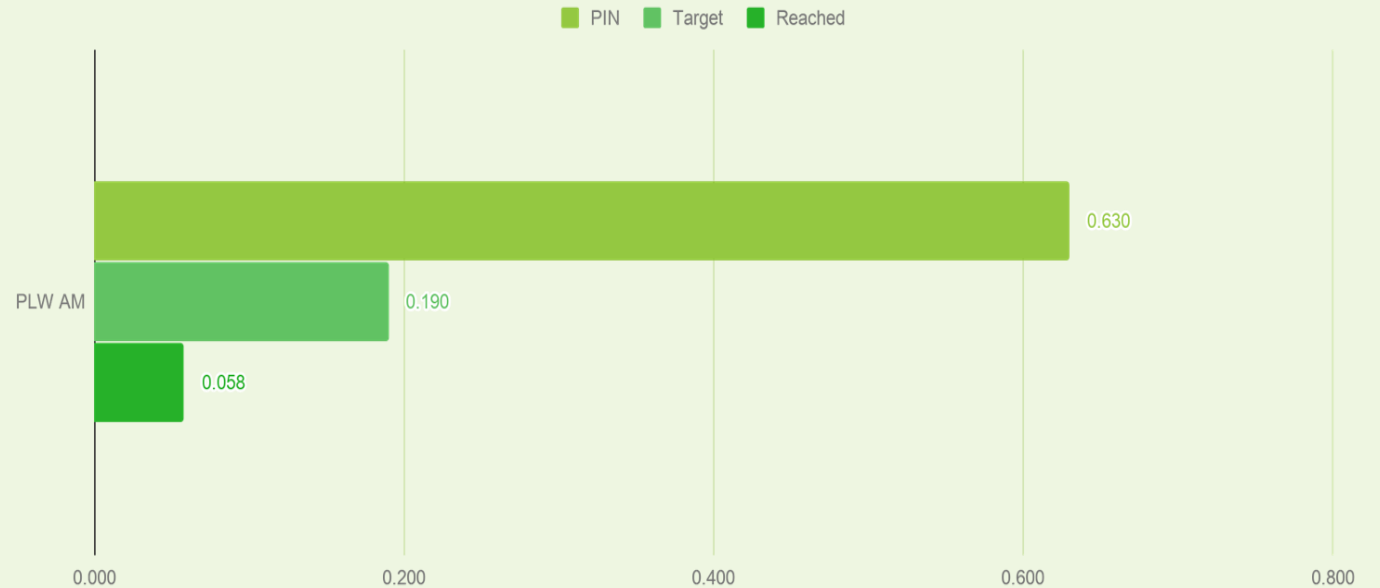
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Nigeria

**Simon Karanja**  
skaranja@unicef.org

**Adeola MAKANJUOLA**  
amakanjuola@unicef.org

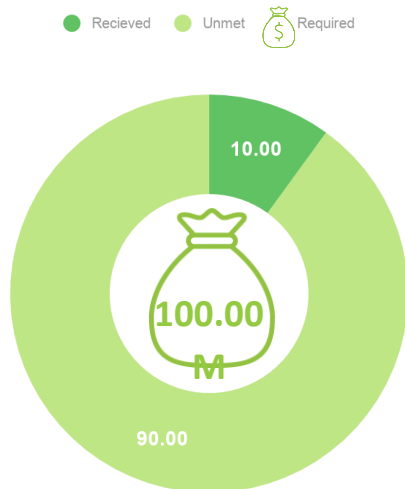
## Coordination arrangements

- Coordination mechanism: Sector
- leadership arrangements: Federal Primary Health Care Development Agency lead at Federal level
- Subnational hubs: SPHCDA & UNICEF Co-lead at the Northeast Nigeria State level.

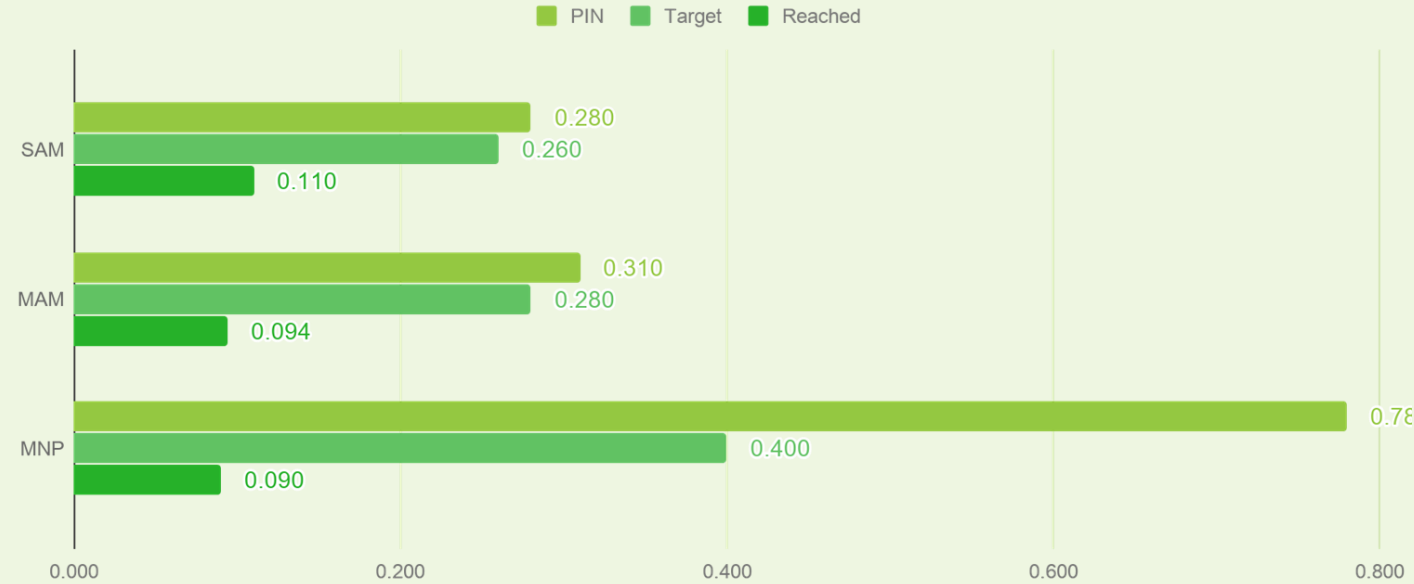
## 30 partners



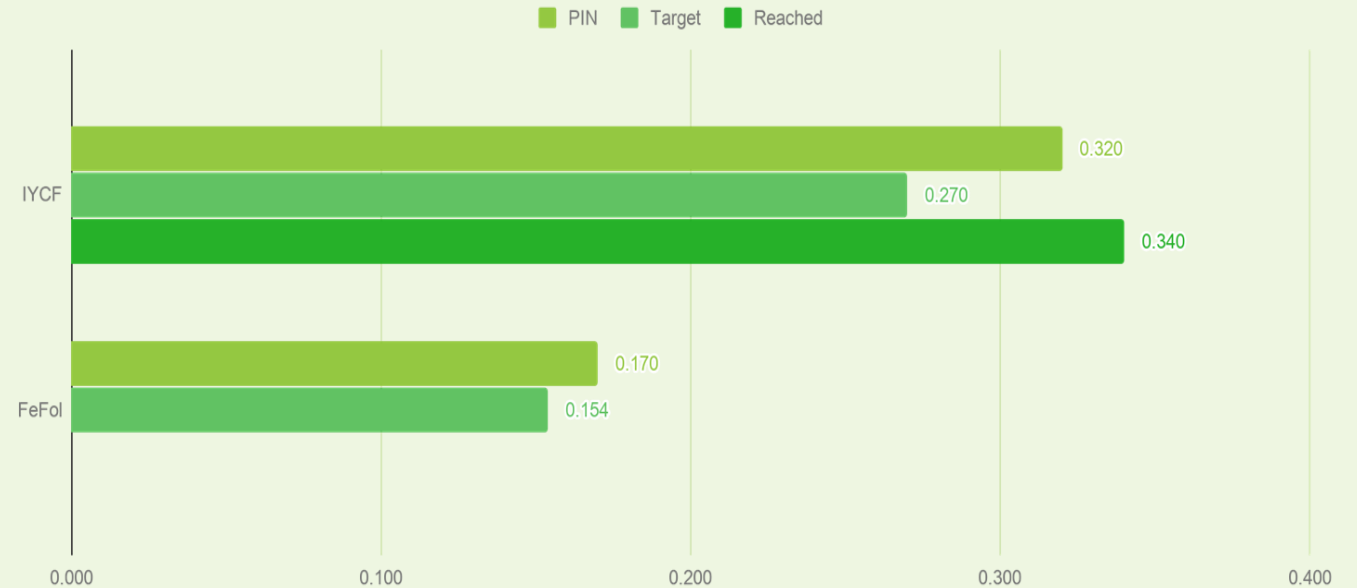
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)





# Pakistan

Syed Saeed Qadir  
sqadir@unicef.org

Mah Jabeen  
mjabeen@unicef.org

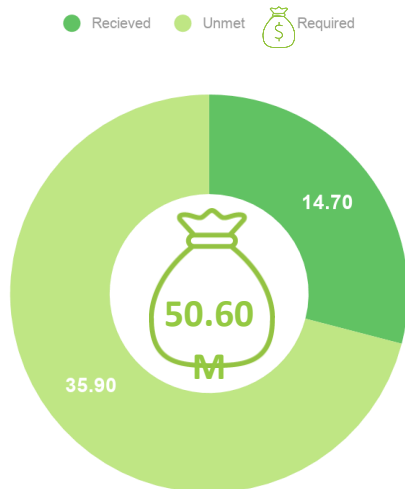
## Coordination arrangements

- Coordination mechanism: Working Group
- leadership arrangements: co-led UNICEF and Ministry of Health Services at federal level
- Subnational hubs: UNICEF and Government co-leads at provincial level

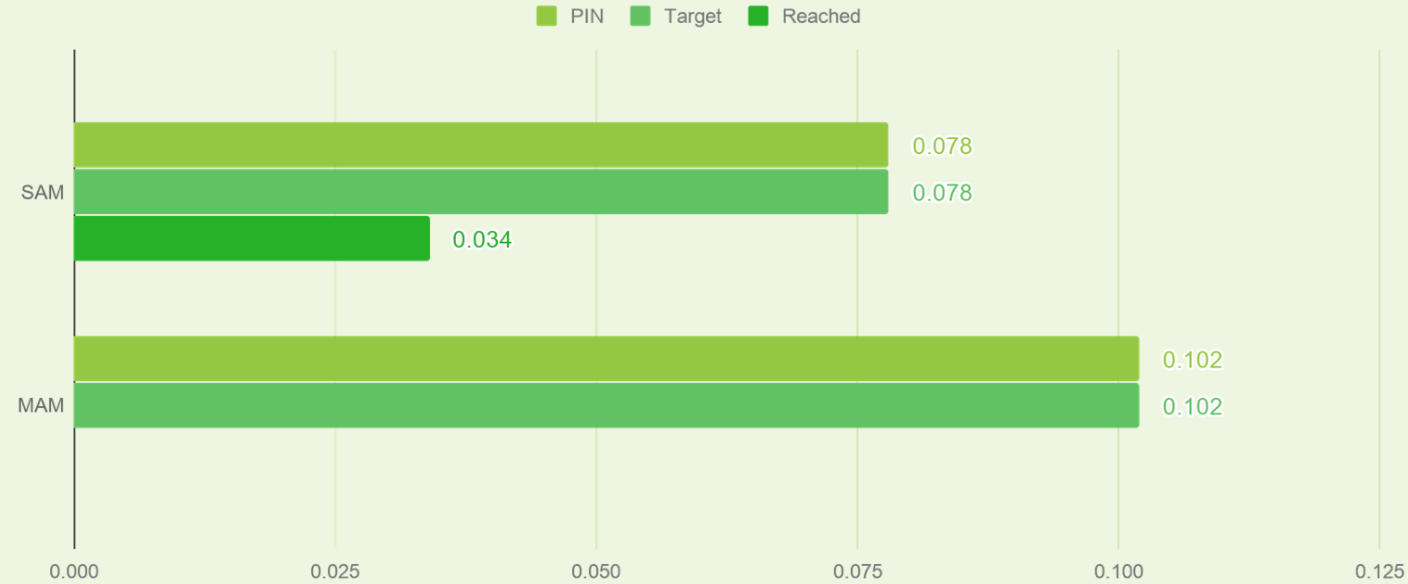
## 17 partners



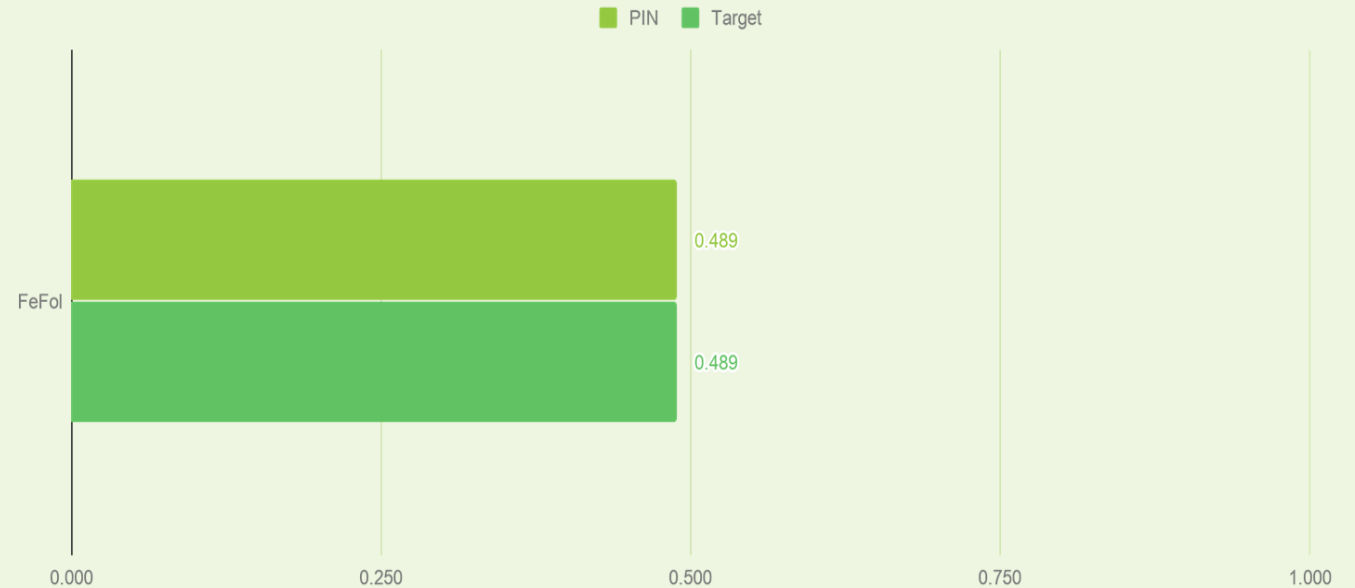
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Philippines

**Rene Gerard Galera**  
rggalera@unicef.org

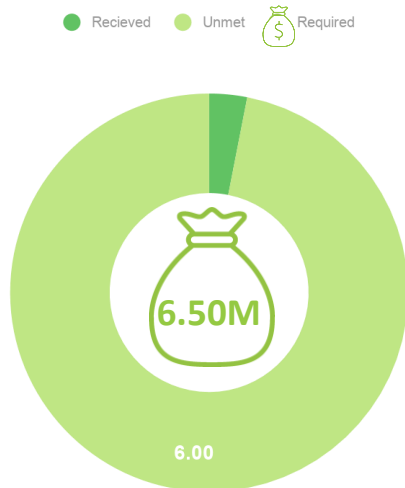
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: led by National Nutrition Council / HCT Nutrition Cluster (UNICEF as focal agency)
- Subnational hubs: no data

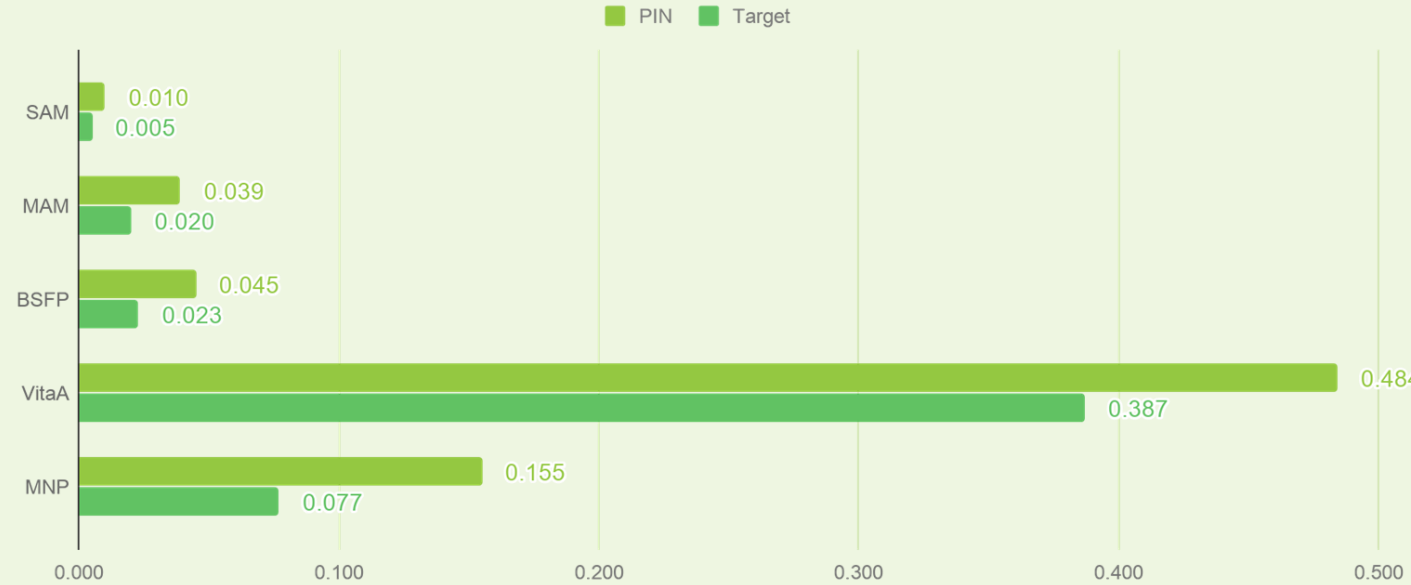
## 29 partners



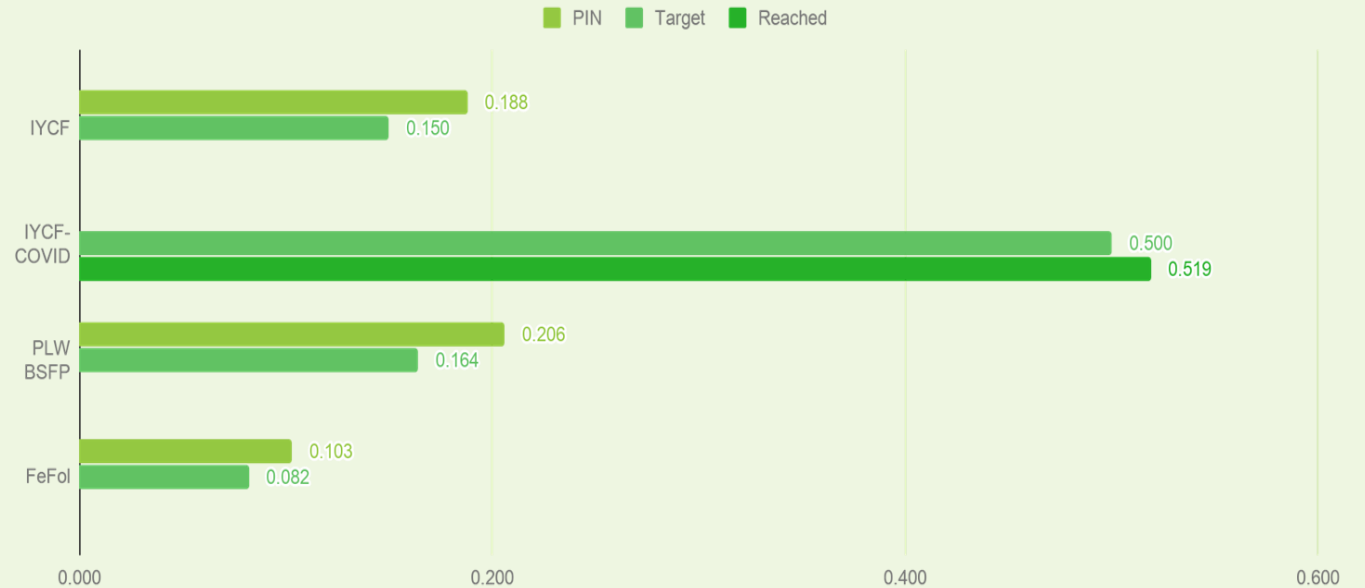
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Sierra Leone

**Katherine Kay Faigao-Samonte**  
kfaigao@unicef.org

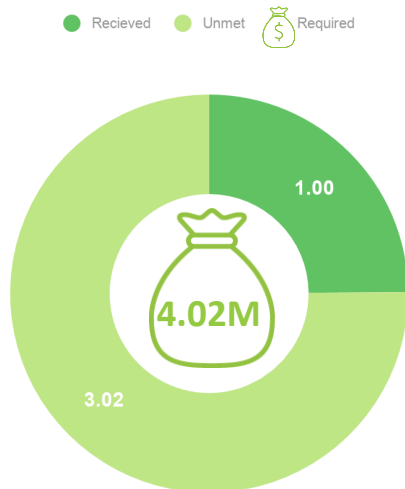
## Coordination arrangements

- Coordination mechanism: Coordination mechanism under the Food Assistance and Nutrition Pillar of MoH
- leadership arrangements: Co-chaired by Ministry of Health and Sanitation (MoHS) and UNICEF
- Subnational hubs: no data

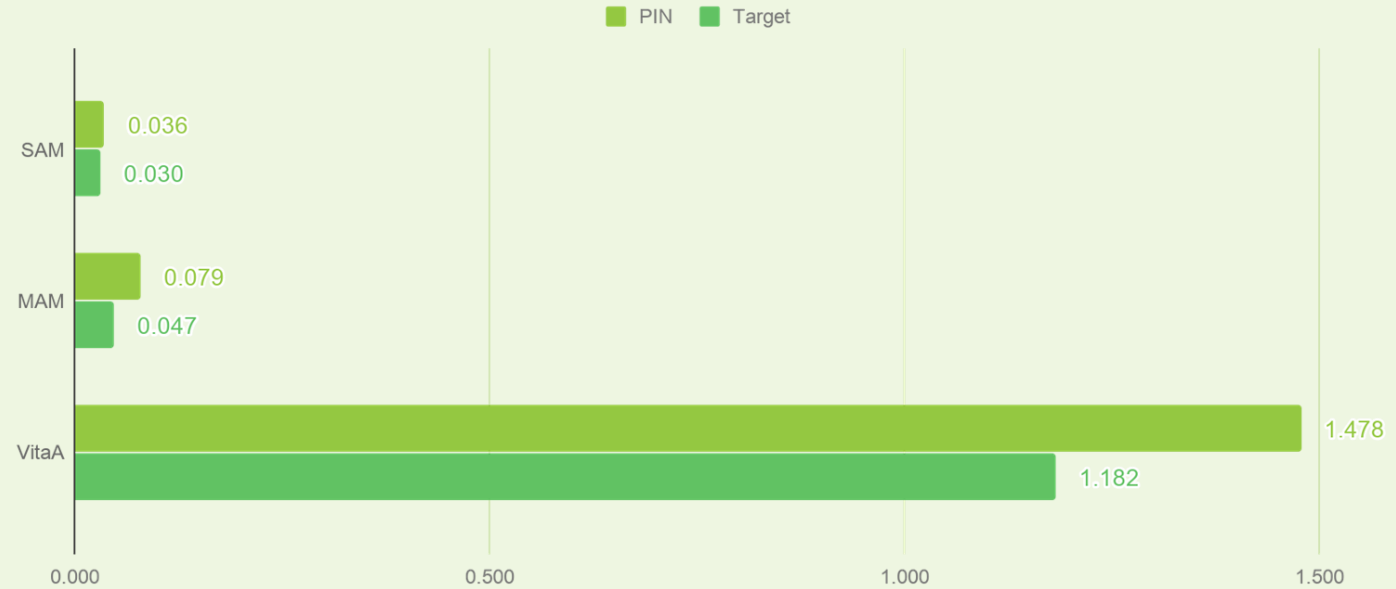
## 13 partners



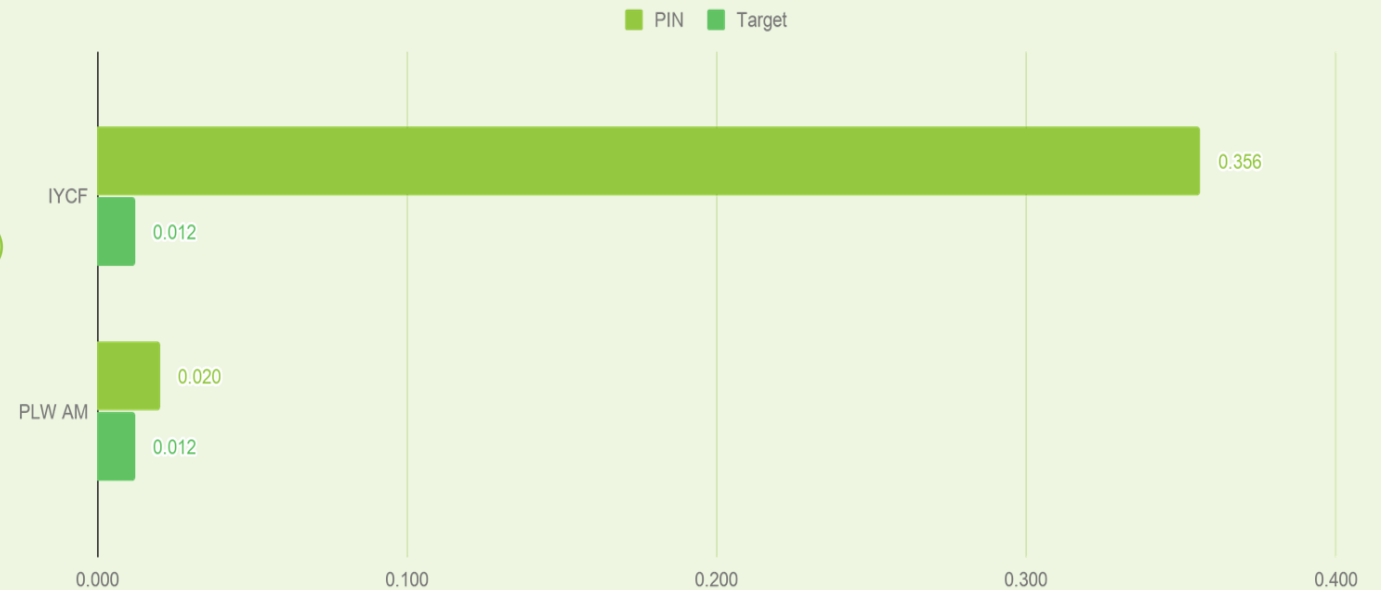
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Somalia

**Muhammad Faisal**  
mfaisal@unicef.org

**Naema Hirad**  
naema.hirad@wfp.org

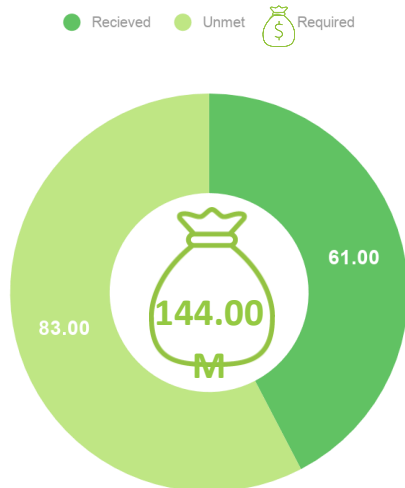
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: led by UNICEF with MoH and WFP
- Subnational hubs: 13 existing sub-national clusters voluntarily led by LNGOs & INGOs with support from the Country nutrition Cluster

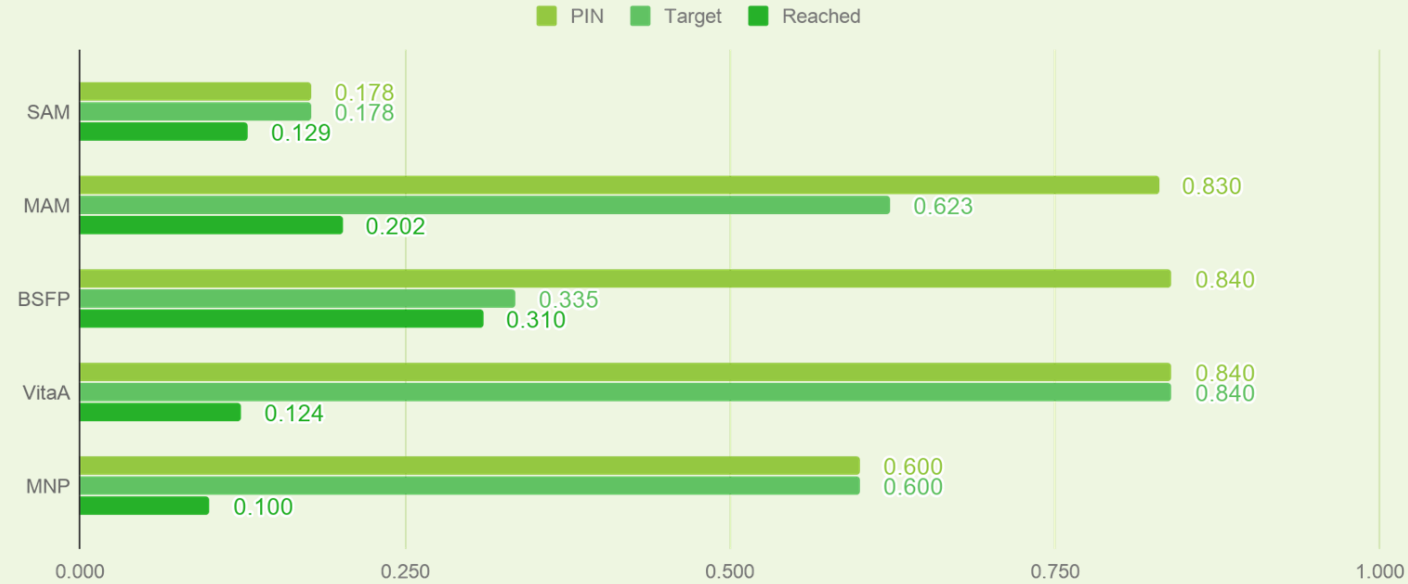
## 103 partners



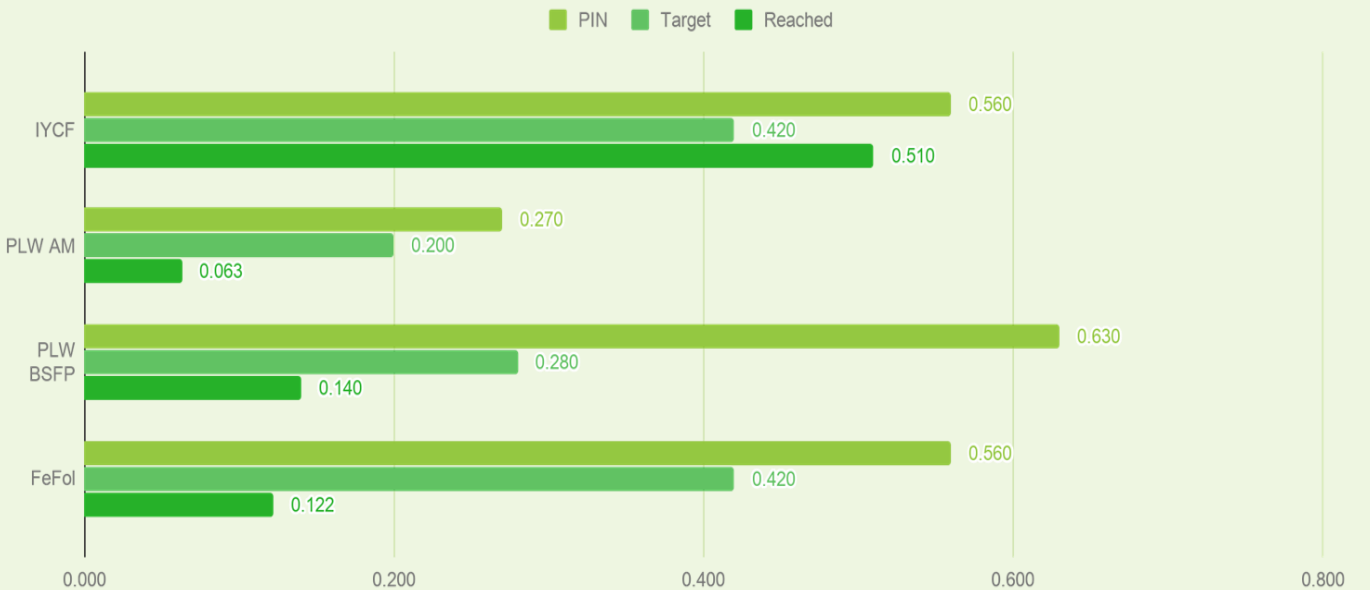
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# South Sudan

**Hermann Ouedraogo**  
houedraogo@unicef.org

**Komborero Chirenda**  
kchirenda@International  
MedicalCorps.org

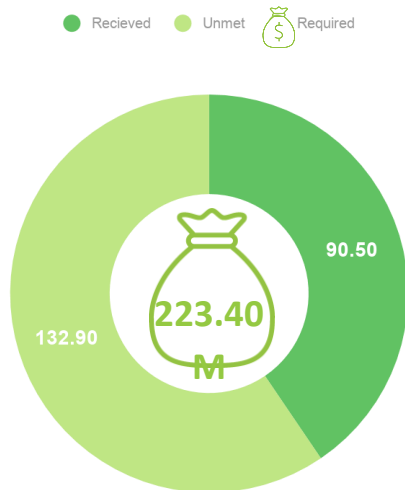
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: Lead UNICEF with Concern WorldWide
- Subnational hubs: Sub state=10 in State HQs

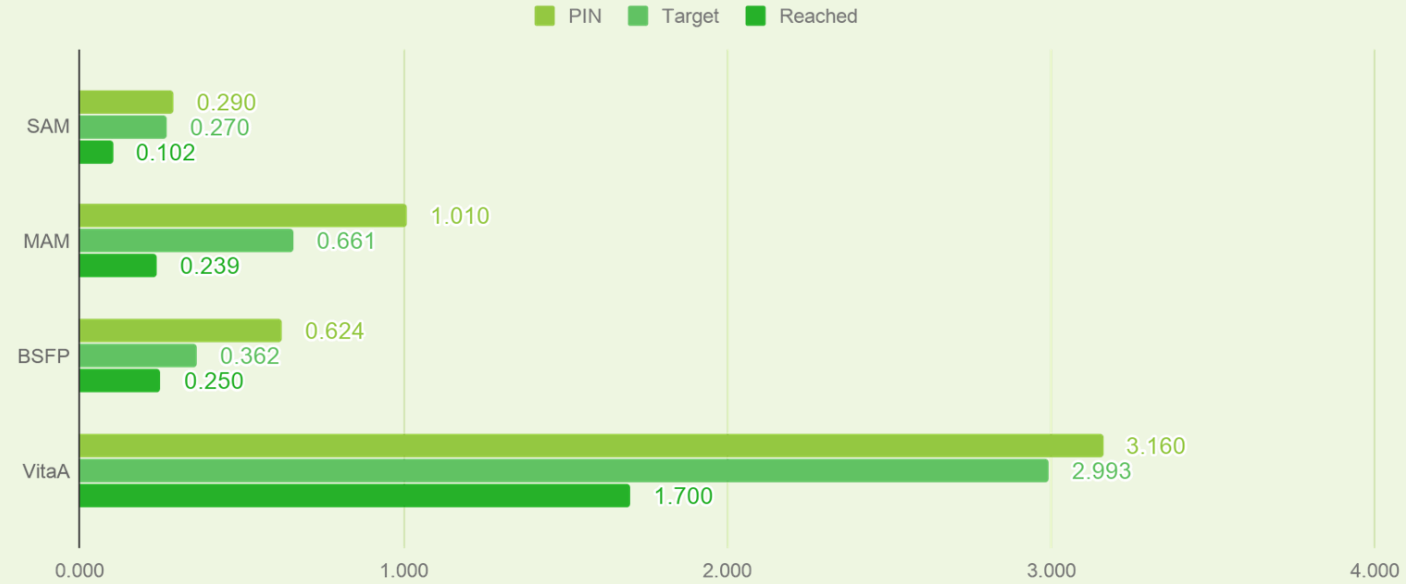
## 86 partners



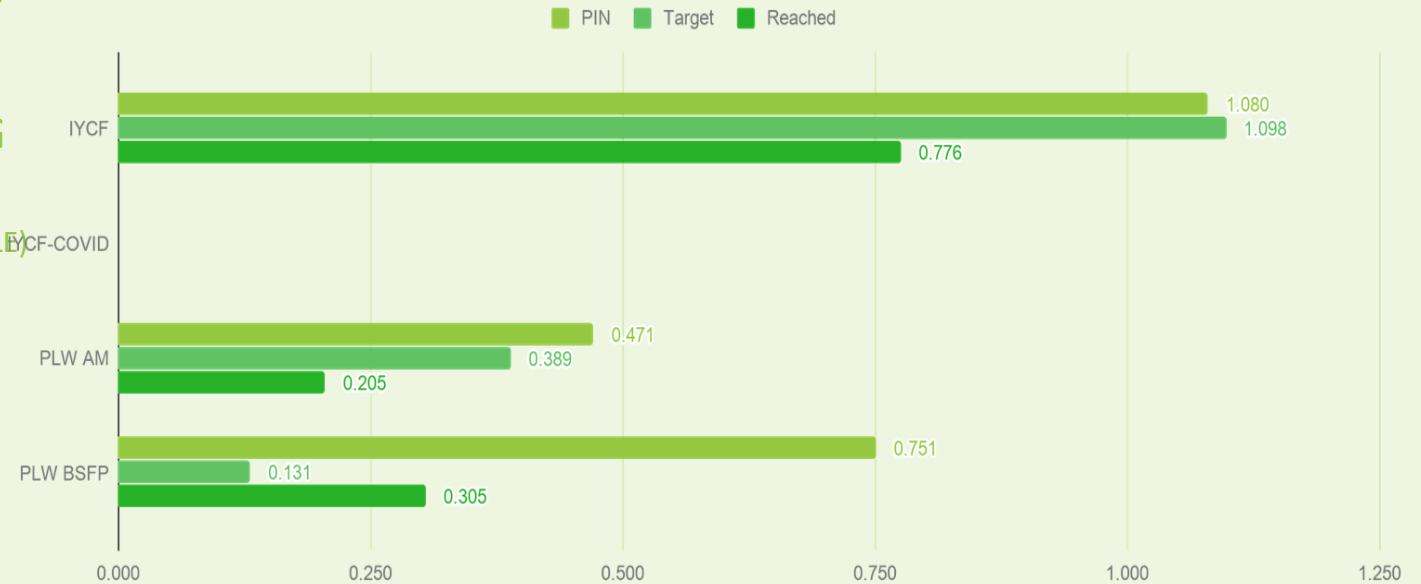
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)





# Sudan

**Alam Khattak**  
faalam@unicef.org

**Mohammed Abdelhafeez**  
mabdelhafeez@unicef.org

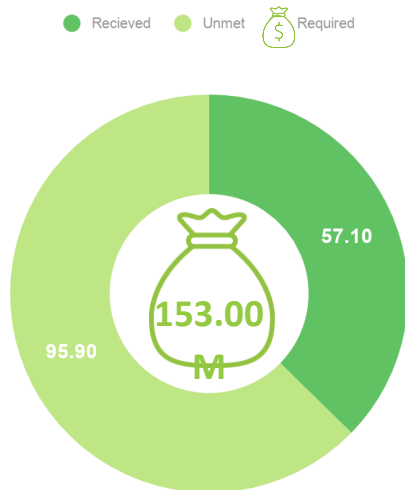
## Coordination arrangements

- Coordination mechanism: Sector leadership arrangements: UNICEF lead, FMOH co-lead
- Subnational hubs: 8 sub-national coordination hubs

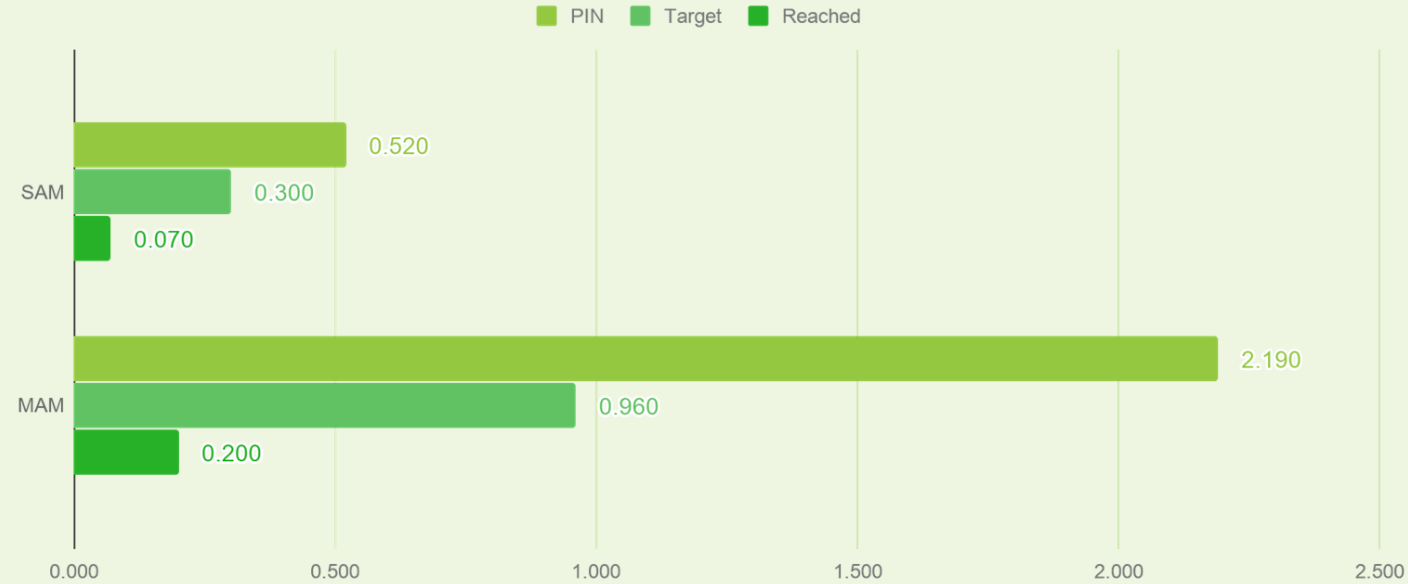
## 54 partners



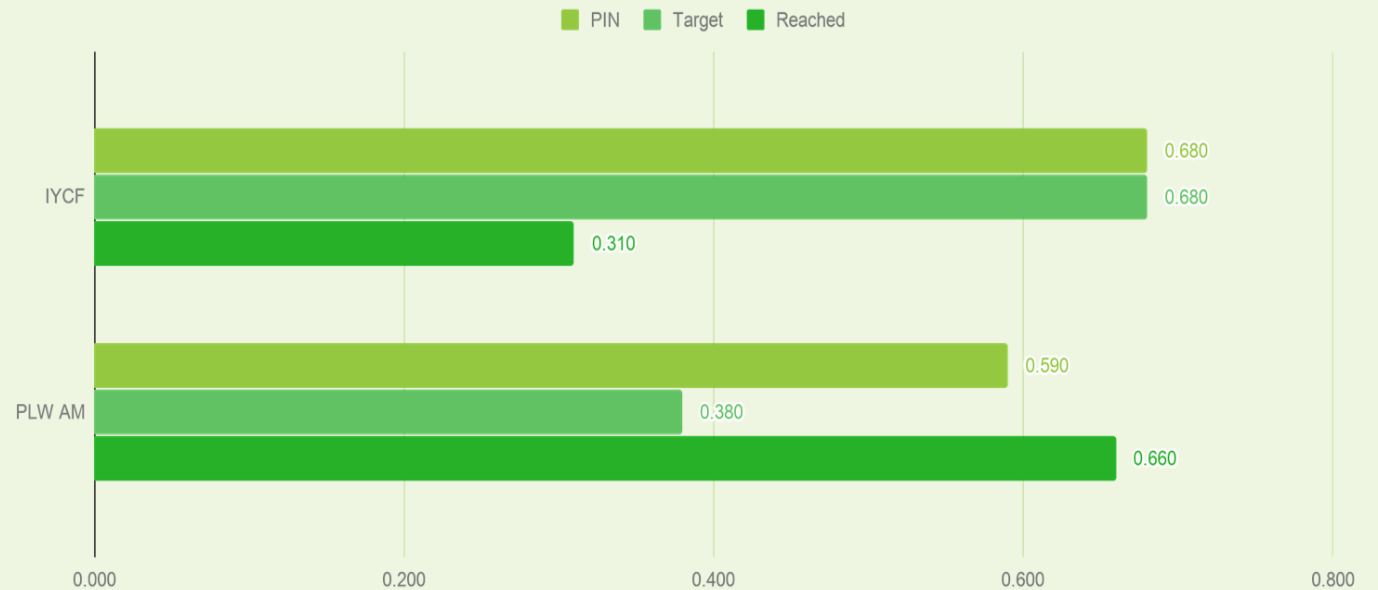
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Venezuela

**Mónica Rodríguez**  
morodriguez@unicef.org

**Karol Ramirez**  
morodriguez@unicef.org

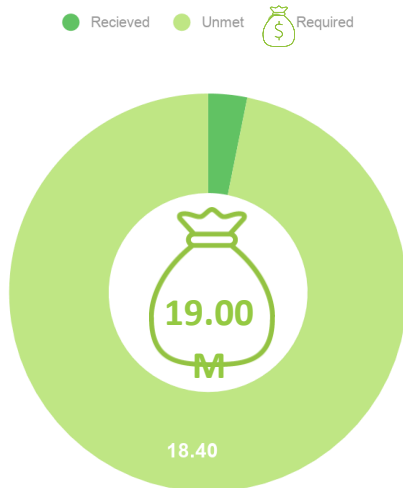
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: UNICEF Lead
- Subnational hubs: Gran Caracas, Tachira, Bolivar and Zulia

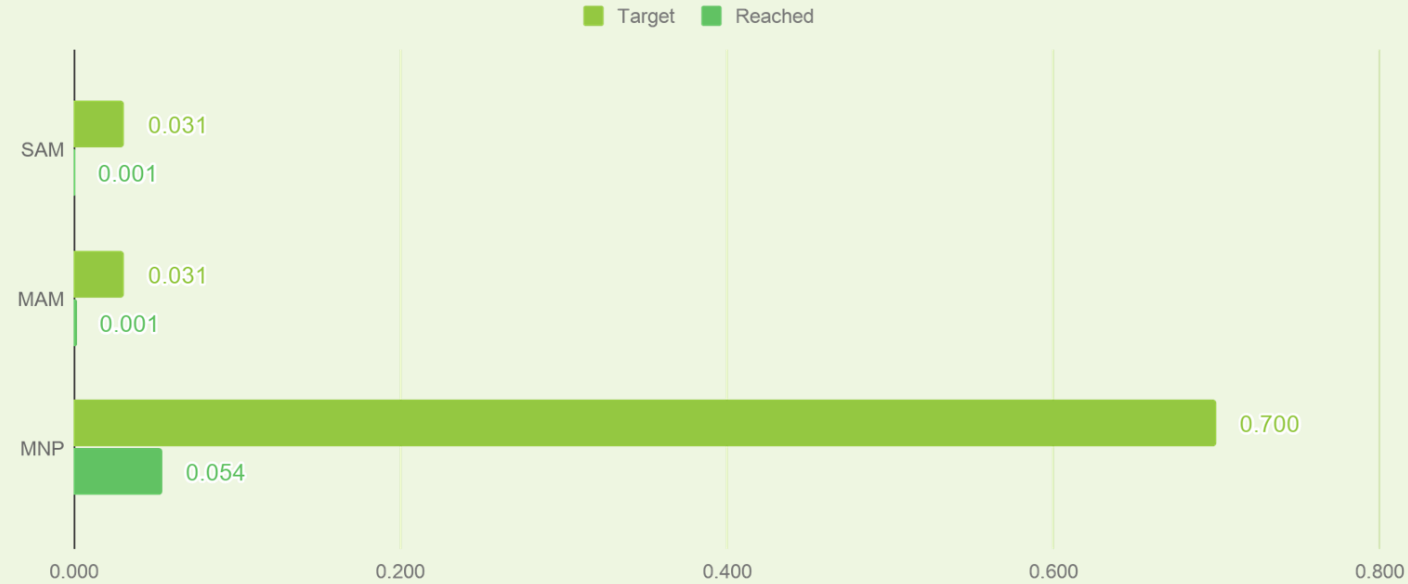
## 20 partners



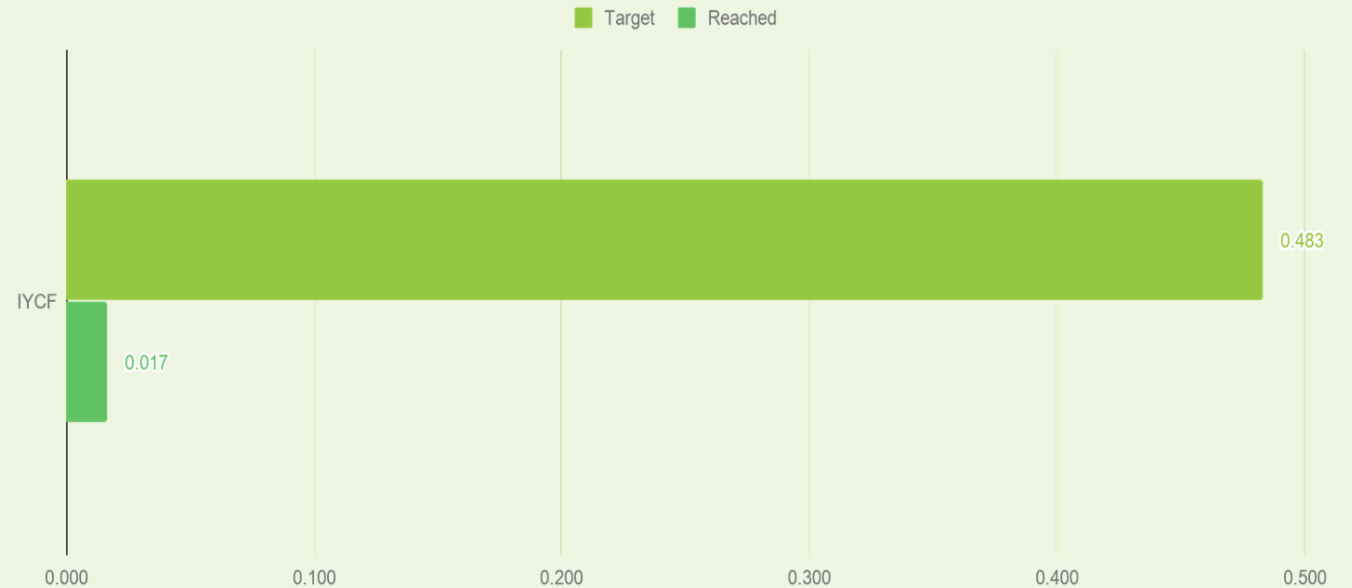
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Whole of Syria

**Tarig Mekkawi**  
tmekkawi@unicef.org

**Najwa Rizkallah**  
nrizkallah@unicef.org

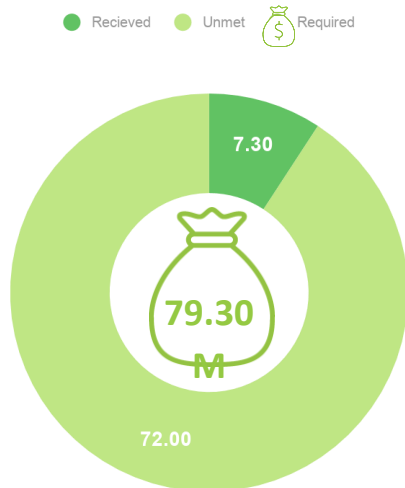
## Coordination arrangements

- Coordination mechanism: Hybrid Sector/Cluster
- leadership arrangements: In NWS UNICEF is leading the sector for WoS operations and inside Syria UNICEF is leading the sector with the government
- Subnational hubs: no data

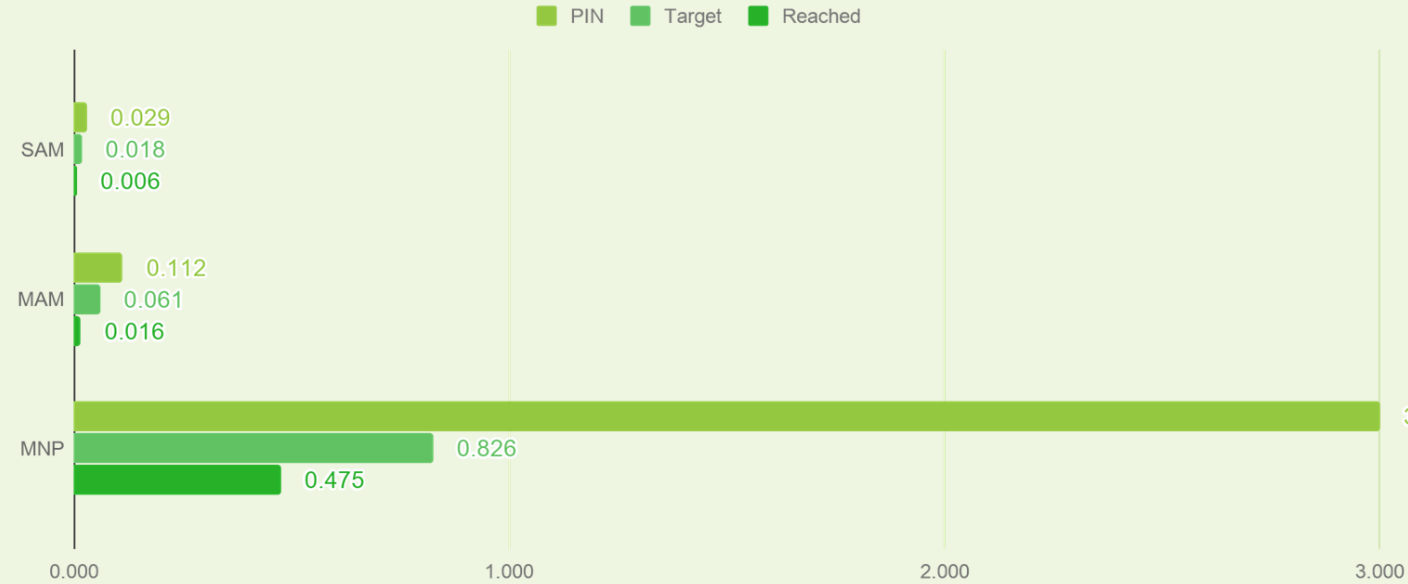
## 73 partners



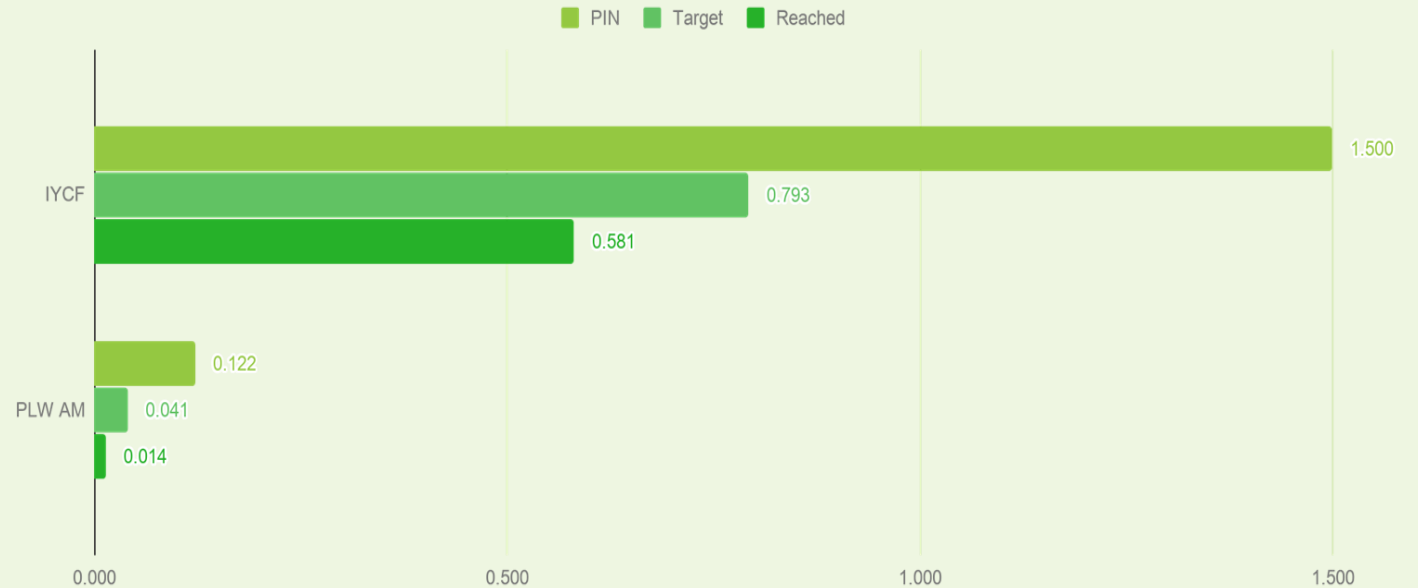
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Yemen

**Isaack Manyama**  
imanyama@unicef.org

**Mutahar Al Falahi**  
malfalahi@unicef.org

## Coordination arrangements

- Coordination mechanism: Hybrid Sector/Cluster
- leadership arrangements: UNICEF Lead, MoPHP Co-Chair
- Subnational hubs: Aden, Ibb, Hodaida, Saada and Sanaa

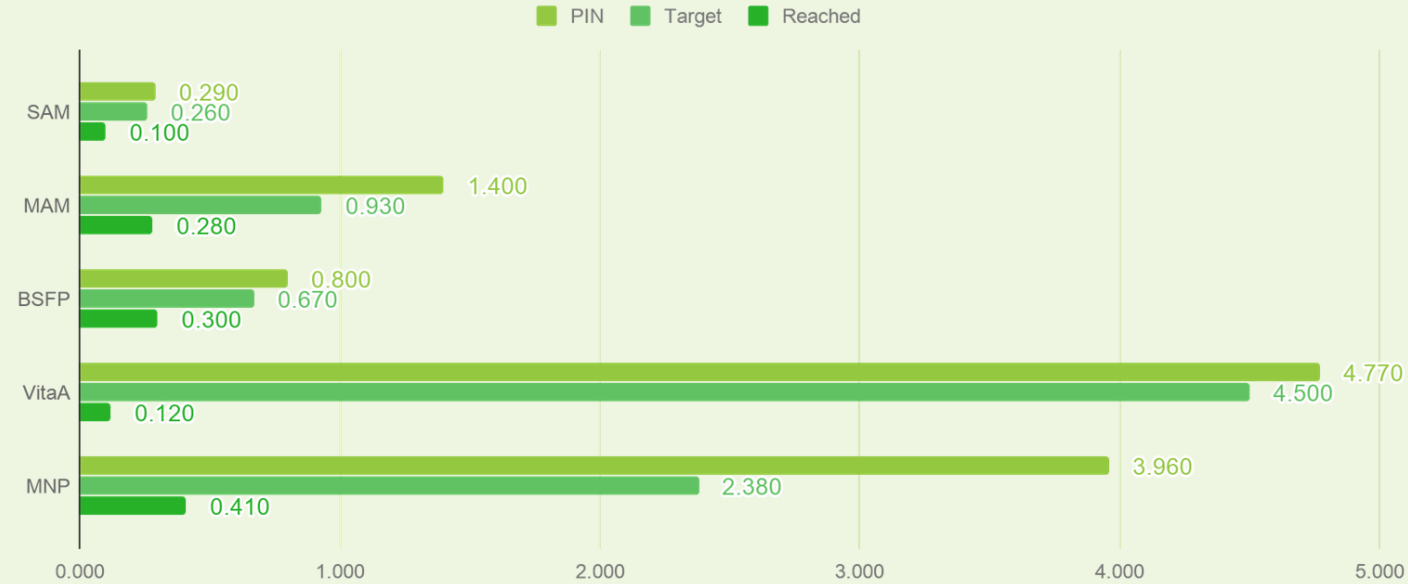
## 40 partners



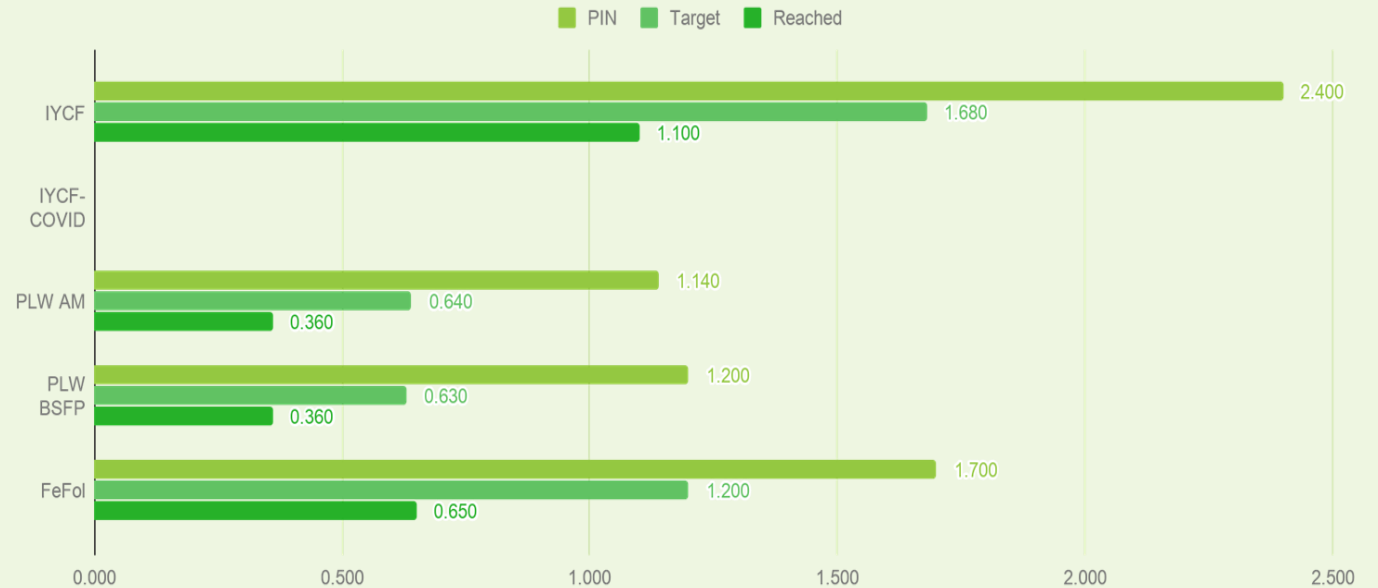
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)



# Zimbabwe

**Agnes Kihamia**  
akihamia@unicef.org

**Nakai Munikwa**  
nmunikwa@unicef.org

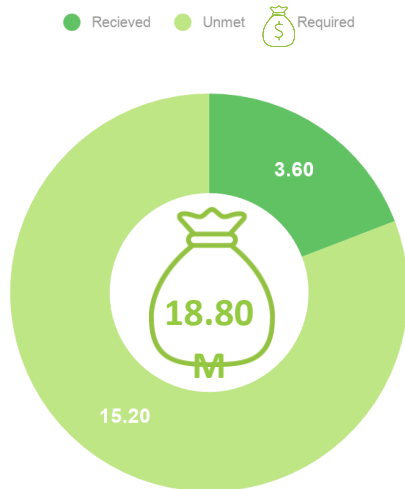
## Coordination arrangements

- Coordination mechanism: Cluster
- leadership arrangements: in progress
- Subnational hubs: Manicaland Province; Chipinge and Chimanimani Districts

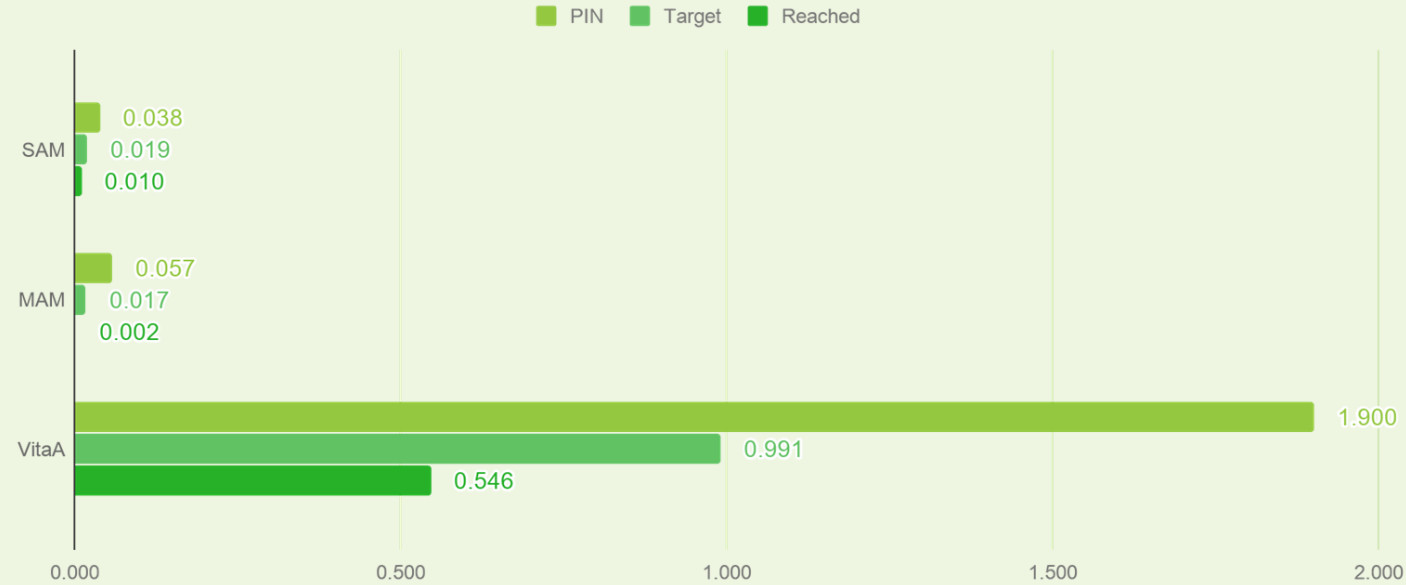
## 18 partners



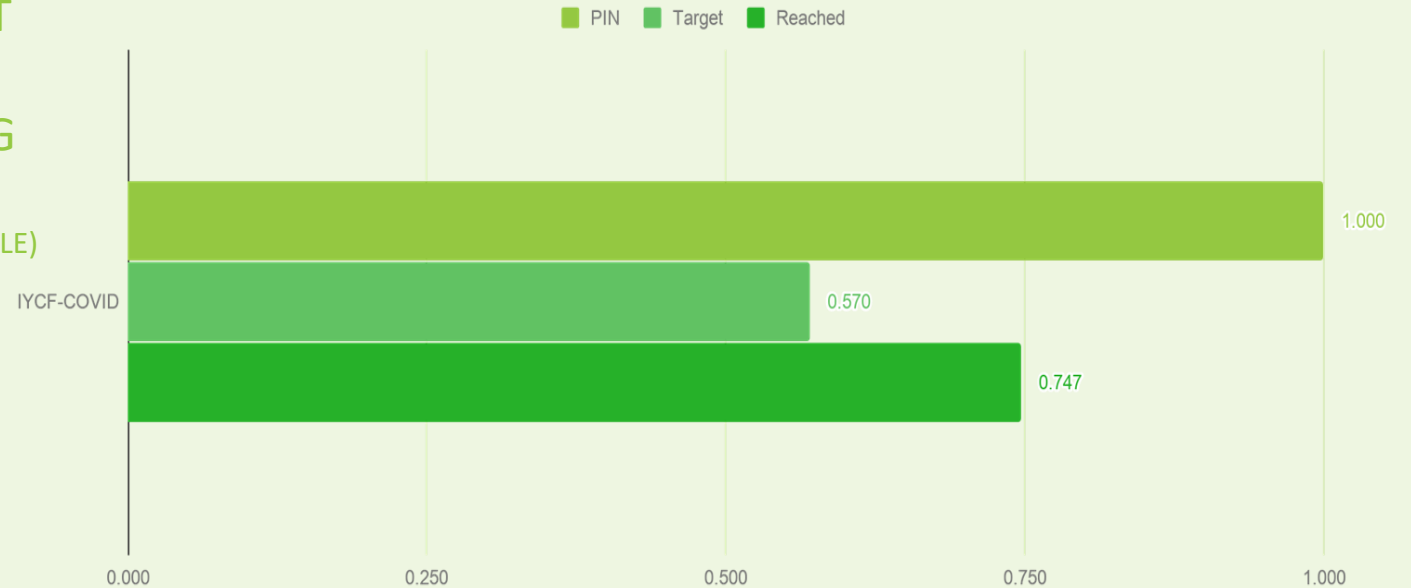
## Funding in 2020 (millions USD)



## Children Under five (MILLIONS PEOPLE)



## PREGNANT AND LACTATING WOMAN (MILLIONS PEOPLE)





# Argentina

**Fernando Zingman**  
fzingman@unicef.org

## Coordination arrangements

- Coordination mechanism: in progress
- leadership arrangements: Ministry of Health/Government
- Subnational hubs: no data

## 2 partners



# Bolivia

**Maria Perales Valdivia**  
mperales@unicef.org

**Carmen Lucas**  
clucas@unicef.org

## Coordination arrangements

- Coordination mechanism: Health and Nutrition Thematic Group
- leadership arrangements: in progress
- Subnational hubs: no data

# Brazil

**Eduardo Stramandinoli Moreno**  
esmoreno@unicef.org

## Coordination arrangements

- Coordination mechanism: Sectoral group
- leadership arrangements: Lead MoH with Unicef and ADRA
- Subnational hubs: no data

# Costa Rica

**Raquel Barrientos**  
rabarrientos@unicef.org

## Coordination arrangements

- Coordination mechanism: no data
- leadership arrangements: no data
- Subnational hubs: no data

# Lesotho

**Lineo Mathule**  
lmathule@unicef.org

## Coordination arrangements

- Coordination mechanism: Sectoral Working Group
- leadership arrangements: MoH Health & Nutrition Working Group
- Subnational hubs: no data

# Libya

**Mohammad Younus**  
amdembele@unicef.org

## Coordination arrangements

- Coordination mechanism: in progress
- leadership arrangements: UNICEF leading international support
- Subnational hubs: no data

# Tanzania

**Margaret Benjamin**  
mbenjamin@unicef.org

## Coordination arrangements

- Coordination mechanism: Multi-sectoral platform
- leadership arrangements: Development Partners Group for Nutrition currently chaired by USAID; Co-chaired by WFP & SAVE; UNICEF is the secretariat.
- Subnational hubs: 26 regions and 184 district councils

# Uganda

**Kimberley Peek**  
kpeek@unicef.org

## Coordination arrangements

- Coordination mechanism: no data
- leadership arrangements: no data
- Subnational hubs: no data

### 113 partners



# Abbreviations

---

- **PiN** – population in need

Children under the age of 5 years:

- **SAM** - Number of children aged 0-59 months with Severe Acute Malnutrition;
- **MAM** - Number of children aged 6-59 months with Moderate Acute Malnutrition;
- **BSFP** - Number of children aged 6-23 months in need of Blanket Supplementary Feeding Programme;
- **VitA** - Number of children aged 6-59 months in need of Vitamin A supplementation;
- **MNP** - Number of children aged 6-59 months in need of micronutrient powder supplementation.

Pregnant and lactating women (PLW):

- **IYCF** - Number of PLW counseled (one-on-one) on infant and young child feeding practices;
- **IYCF-COVID** - number of caregivers of children less than two years old who were reached with messages on breastfeeding, young child feeding, or healthy diets in the context of COVID-19 through national communication campaigns;
- **PLW AM** - Number of moderately acutely malnourished PLW;
- **PLW BSFP** - Number of PLW in need of Blanket Supplementary Feeding Programme,
- **FeFol** - Number of pregnant women in need of iron-folate supplementation.



GNC Coordinator - **Stefano Fedele**, [sfedele@unicef.org](mailto:sfedele@unicef.org)

Partnership, Programs, and Advocacy Team, Deputy GNC Coordinator - **Anna Ziolkowska**, [aziolkowska@unicef.org](mailto:aziolkowska@unicef.org)

Operational Support Team - **Anteneh Dobamo**, [adobamo@unicef.org](mailto:adobamo@unicef.org)

<https://www.nutritioncluster.net/>



GTAM lead: UNICEF,  
**Saul Ignacio Guerrero Oteyza**,  
sguerrerooteyza@unicef.org

GTAM co-lead: WVI,  
**Colleen Emary**,  
Colleen\_Emary@worldvision.ca

<https://gtam.nutritioncluster.net/>



# GNC partners



AGA KHAN FOUNDATION



ICRC

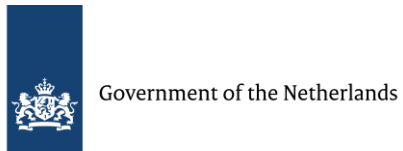


Lamont-Doherty Earth Observatory  
COLUMBIA UNIVERSITY | EARTH INSTITUTE



# Acknowledgements

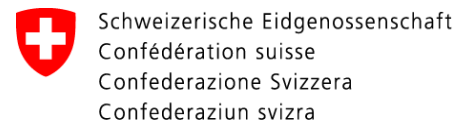
## GTAM DONORS



## TECHNICAL RRT DONORS



## DONORS FUNDING THE REST OF THE GNC WORKPLAN



# Disclaimer

---

The logos of donors on each slide shows who funded the work described on a particular slide. In addition to the funding provided for specific projects, UNICEF provides Global Thematic Funds.

For the USAID-funded projects and related slides, note that relevant publications were made possible through support provided by the U.S. Agency for International Development under the terms of Awards 720FDA19IO00048 WW and 720FDA18IO00026-P001 WW. The opinions expressed in those publications are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

Music: <https://www.bensound.com>