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2022

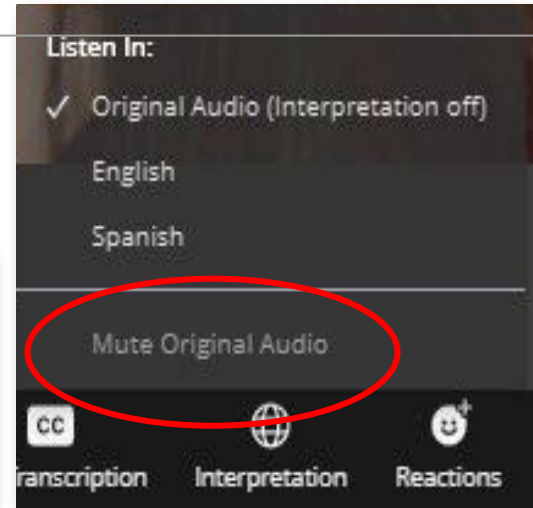
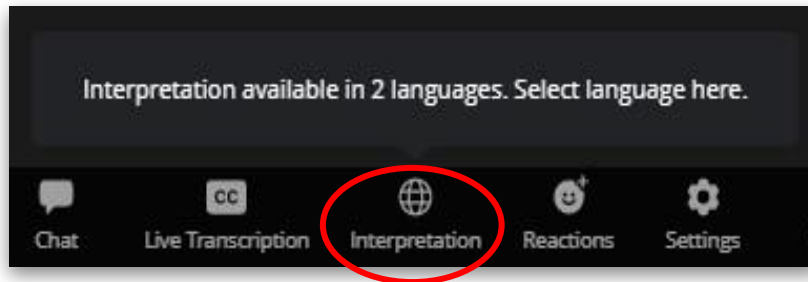
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Global Nutrition Cluster Annual Meeting - Day 2

January 25, 2023

ZOOM LANGUAGE INTERPRETATION

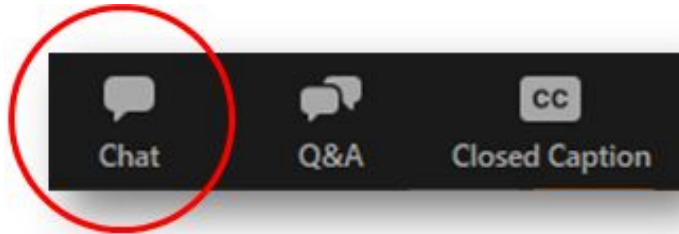
English	Click the Interpretation icon to have the option to hear the meeting in French, Spanish, or Arabic. To hear the webinar only in French, Spanish, or Arabic, select Mute Original Audio.
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عربي	انقر فوق رمز الترجمة للحصول على خيار الاستماع إلى الاجتماع باللغة العربية. لسماع الندوة باللغة العربية فقط ، كتم الصوت الأصلي.



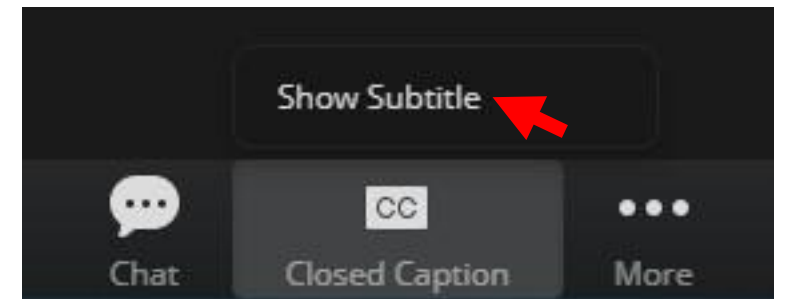
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Global Nutrition Cluster Annual Meeting - Day 2

Recap & Overview of Agenda

RECAP FROM YESTERDAY (DAY 1)

Opening remarks: centrality of coordination & urged participants to give bold recommendations to improve collective impact

Recall on the three SOs of the GNC 2022- 2025 Strategy

Strategic Objective ①: People (HR for coordination)

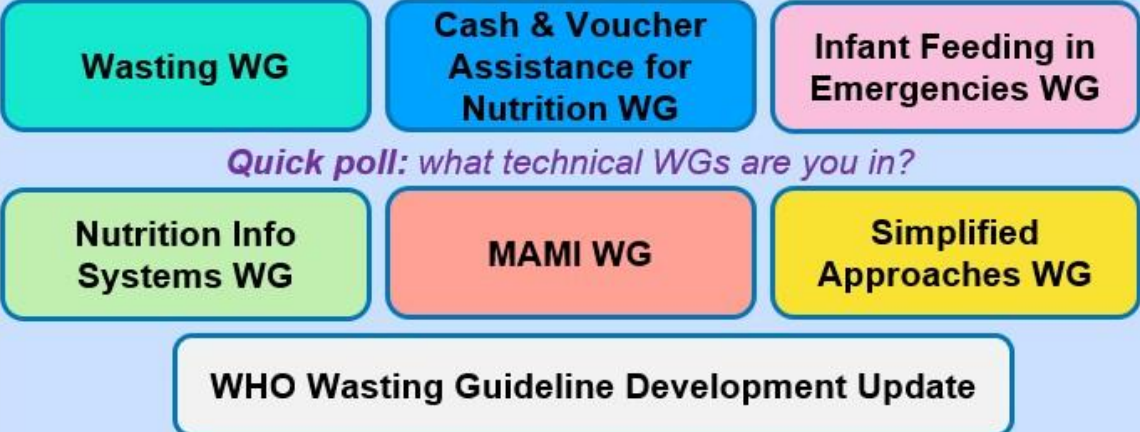
- Support for staffing as per minimum recommendations (dedicated NCC & IMO): direct support to 37 priority countries
- Capacity strengthening provided in various areas – 3 Channels

Strategic Objective ②: Operational and technical support

- **Coordination & IM:** from the frameworks (CB & Competencies) to the E-learning platforms: 5643 courses completed, 315 participants in fast-tracked training using a blended approach
- **Nutrition in Emergencies:** Competency frameworks, mapping & disseminating online modules, NiE cap. strengthening TF
- **Emergency Response Planning:** guidance update, short course under E-learning platform, 3 global virtual workshops
- **Technical Support Team:** helpdesk support, in-country/remote in-depth support, consultant roster.
- **Global Thematic WG** (Wasting, IFE CG, NIS, CVA, MAMI) & Task Forces (Nut. in Ebola, Women's Nut. in Hum. context)
- **Quick remote support requests:** 2022, 356 requests fulfilled (Coordination, IM, NiE, NIS, ISC, advocacy and CS)

Overall tremendous, need-based work despite challenges, including upstream/processing work (frameworks, guidelines, packages, etc.) and operational support to countries.

AGENDA FOR TODAY (DAY 2):

SO 2 (cont): Operational & Technical support	13:00– 13:10 CET	1. Welcome, Day 1 Recap, Zoom housekeeping	Hermann and Kate
	13:10– 14:30 CET	2. Thematic and technical working group updates:  <p><i>Quick poll: what technical WGs are you in?</i></p>	Chairs of each of the working groups <ul style="list-style-type: none"> • Tamsin Walters (Wasting) • Diane Moyer (CVA for Nut) • Jodine Chase (IFE) • Anne Celine Delinger (NIS) • Kelsey Grey via video (MAMI) • Bethany Marron (Simplified Approaches) • Zita Weise Prinzo (WHO guidelines)
	14:30– 14:40 CET	BREAK	
	14:40– 15:00 CET	3. Operational and Technical Support: progress & challenges from RRT	Rasha Al Ardhi , Deputy Nutrition Cluster Coordinator and RRT team
SO3: Enabling Environment	15:00- 15:30 CET	4. Enabling Environment: <ul style="list-style-type: none"> • Advocacy and Financing WG Update • Intersectoral Collaboration WG Update 	Elena Gonzalez (Adv & Finance) Rachel Lozano (ISC)
	15:30– 15:50 CET	5. Mozambique experience: Enabling Environment	Faceni Balde (Mozambique NCC)
	15:50 – 16:00 CET	6. Questions and Answers & very quick wrap up	Hermann and Kate

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Wasting Global Thematic Working Group

Co-chaired by ENN and UNICEF

REMIT AND MEMBERSHIP (1/2)

Purpose

To facilitate a consensus driven process to develop timely interim guidance or expert advice on emerging nutrition technical issues or areas where guidance is lacking/evidence inconclusive, linking with WHO rapid or longer-term normative guidance development mechanisms where appropriate.

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REMIT AND MEMBERSHIP (2/2)

- Provide rapid responses to questions escalated by the GNC Helpdesk and TST
- Specialised temporary subgroups are created according to need to explore specific sub-themes and issues.
- Established prior to the COVID-19 pandemic. GTWG scaled up activity significantly between April and July 2020 in response to numerous questions seeking guidance on programme adaptation in response to the pandemic
- Meets monthly and has approximately 50 members from UN agencies, INGOs, academics/research institutions, independent experts, etc.

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WORKSTREAMS 2022

1. Supporting the revision of national protocols on child wasting	Chairs: AAH/UNICEF
2. Programming in the absence of therapeutic products	Chairs: WFP
3. Costing guidance for CMAM programmes	Chairs: Save the Children/AAH
4. Prevention of wasting	Chairs: FAO/WFP
5. Cost of inaction	Chairs: Save the Children
6. Moderate wasting Initiative	Chairs: TST

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Workstream 1

Supporting revision of national protocols

WORKSTREAM 1: SUPPORTING REVISION OF NATIONAL PROTOCOLS

RATIONALE

In light of the recent and upcoming changes and innovations in the implementation of CMAM, map the process and develop guidance for these changes to be taken up by national protocols

WORKPLAN

- Phase 1: Create a mapping of upcoming national protocol revisions, and record experience (barriers, facilitators, process, etc.) of those who have recently undertaken national wasting guideline development and updates
- Phase 2: Create generic guidance for inter-agency support of national protocol revision processes

OUTPUTS

- Report on 'Updating National CMAM Guidelines: Lessons from Previous Experiences' & excel sheet which maps the status of wasting guideline updates in 95 countries: <https://www.enonline.net/UpdatingNationalCMAMGuidelines2022>
- Summary of the work in Field Exchange 68 December 2022: <https://www.enonline.net/fex/68/nationalwastingguidelinesmapping>
- To come (2023): briefing note/guidance for the development/update of national protocols/guideline on acute malnutrition

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Workstream 2

Programming in the absence of therapeutic products

WORKSTREAM 2: PROGRAMMING IN THE ABSENCE OF THERAPEUTIC PRODUCTS

RATIONALE

Provide practical guidance on what to do when there are supply breaks of therapeutic and supplementary food products in wasting treatment programmes, expanding beyond COVID-19 context

WORKPLAN

- Review and obtain field practitioner feedback on the 2020 COVID-19 adaptations Information Note
- Revise the 2020 Information Note taking into consideration comments received and release it as a standalone piece applicable beyond COVID-19 context
- Consider any future activities relevant to this topic once the Information Note has been updated and released

OUTPUTS

- Guidance note produced and circulated via the GNC
website: <https://www.nutritioncluster.net/resources/programming-absence-nutritional-products>

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Workstream 3

Costing guidance for CMAM/wasting programmes

WORKSTREAM 3: COSTING GUIDANCE FOR CMAM/WASTING PROGRAMMES

RATIONALE

There is currently a lack of standardised approaches for assessing the cost of wasting treatment. There are also some challenges in how best to utilise costing information to inform decisions and programming

WORKPLAN

- Compilation, creation and roll-out of methods and standards for cost data collection and reporting & compilation and analysis of costing data for more complete, consistent and accurate cost data
- Creation of a “one-stop-shop” web resource/repository for improved accessibility of cost data
- Implementation of a comms and advocacy plan to increase awareness and ability to use costing resources by all relevant people

OUTPUTS

- Established an en-net forum, and a community of practice page/one-stop shop
- 2 webinars completed:
- Use of data for decision-making
- How to conduct cost-effectiveness analysis (Myatt/Puett)

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Workstream 4

Prevention of wasting

WORKSTREAM 4. PREVENTION OF WASTING

RATIONALE

- Prevention of wasting is increasingly being recognised as a slightly neglected but vitally important area. This encompasses a broad range of nutrition-sensitive and specific interventions to prevent both moderate and severe wasting.

WORKPLAN

- Maternal Balanced Energy and Protein (BEP) Supplementation: a) Background document on BEP supplementation outlining the evidence-based, WHO recommendations, and examples from countries b) Conduct a mapping of BEP supplementation coverage, practices and bottlenecks in at least one sub-region
- Multi-sectoral programming for Healthy diets: Development of a technical guidance note on multi-sectoral programmes that link together agrifood systems and social protection to enable healthy diets for the most vulnerable individuals in both humanitarian and development settings with high burden of child wasting

OUTPUTS

- Technical Guidance Note under development
- Contribution to the Prevention thematic domain under the Wasting 'Reset' in preparation for 2021 UNFSS and N4G Summit

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Workstream 5

Cost of inaction

WORKSTREAM 5: COST OF INACTION

RATIONALE

In response to budget cuts and insufficient funding for wasting, organisations are looking to develop coordinated and consistent advocacy messages backed by clear, agreed statements on the impact on children/populations if wasting programmes are not funded.

WORKPLAN

- To establish agreed method(s) and tools to allow GNC partners to consistently and transparently estimate and communicate the number of lives saved/ lost from treatment/non-treatment of wasting in a given context, that can be used for advocacy purposes to non-nutrition actors (general public, donors etc.) to draw attention and resources to respond to nutrition crises
- A document that presents the strengths and limitations of each method, any biases inherent to each method, and any recommendations on when/where/how to implement each method and how to interpret results
- Identify the data needed and the gaps in data available to implement each method. Identify additional data sources or data triangulation strategies to fill these gaps
- A research agenda for gathering data upon which more robust assumptions can be based for whichever model / method is selected

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Workstream 6

Moderate wasting Initiative

WORKSTREAM 6: MODERATE WASTING INITIATIVE

RATIONALE

±70% of wasted children globally are moderately wasted, yet management of moderate wasting and prevention of severe wasting is not systematically addressed. This sub-working group aims to identify replicable solutions to bring management of moderate wasting to scale

WORKPLAN

- Collate and catalogue information on alternative practices for the management of moderate wasting
- Map out and design context-specific solutions at sub-national level in five countries with multi-sectoral stakeholders, potentially: Nepal, Chad, Niger, Madagascar, and Brazil/Nicaragua
- Pilot the solutions and document learning

OUTPUTS

- Catalogue drafted
- Steering Committee established
- Countries identified and initial contacts established

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A silhouette of a person standing on the peak of a hill, looking out over a vast, hazy landscape under a warm, golden sunset sky. The person is positioned on the left side of the frame, with the horizon line just below their waist. The ground is a textured, brownish-yellow surface, possibly a dirt path or a natural ridge. The sky transitions from a deep orange near the horizon to a pale yellow and then to a clear, light blue at the top. A solid light green horizontal bar is located in the top right corner of the image.

Rapid Technical Assistance

RAPID TECHNICAL ASSISTANCE

Some examples of questions and related key actions that came to the Wasting GTWG in 2022:

- Use of micronutrient supplements in combination with RUF products; toxicity risk, etc. => Linked with the Home Fortification Technical Advisory Group
- When to end COVID-19 program adaptations and return to normal programming => Collaboration with GNC Helpdesk and country offices
- Cost of inaction => led to a subgroup
- Coordination with Global simplified approaches WG, other WGs, etc. => ongoing
- Codex Alimentarius for RUTF: impacts on programming => Working group discussion and actions to be defined in 2023
- Regular updates on the WHO Guidelines' review process => ongoing

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Global Technical Working Group: CVA for nutrition outcomes

Main Update

Who are we?

Launched in **Mar 2021** following the publication of the **Guidance Note on the Use of CVA for Nutrition (UNICEF)**

54 active members from both **Nutrition and CVA** background

Representatives from **NGO (25%), UN (25%), clusters and coordination (42%), donor (2%) and academic field (6%)**

Aim of responding to technical gaps, promote knowledge sharing, capacity building on CVA for Nutrition Outcomes.

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Global Technical Working Group: CVA for nutrition outcomes

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What have we achieved in 2022?

Developed guidance on basic nutrition indicators for multipurpose cash assistance in by the broader Multipurpose Outcome Indicators and Guidance

Launched and finalised study on *CVA for Nutrition: promising practices and operational challenges*

Coordinated work with Advancing Nutrition study on Supplemental Nutrition Assistance

Supported facilitation of several webinars on CVA for nutrition at global and regional level

Set up MEAL subgroup on CVA for nutrition to strengthen overall M&E of CVA of nutrition programme and better document results to support programming decisions.

Supported a light touch mapping of the current research gaps and priorities in nutrition in emergencies

Supported production of operational guidelines on the use of CVA for nutrition (Nigeria)

SO2: Operational & Technical Support Thematic and technical WG Updates (GTWGs & Others) – progress on work done to date and future priorities

IFE Core Group – GTWG



Individual members: Caroline Abla, Brooke Bauer, Bindi Borg, Karleen Gribble, Hiroko Hongo, Isabelle Modigell, Yara Sfeir, Victoria Sibson, Mija Tesse-Ververs, Magdalena Whoolery

STEERING COMMITTEE
standing members



WHAT IS THE IFE CORE GROUP?

- Established in 1999. Created to respond to concerns and gaps related to **infant and young child feeding during emergencies**.
- A **global collaboration** of agencies and individuals committed to the **protection, promotion, and support** of appropriate infant and young child feeding in emergencies (IYCF-E).
- Together, dedicated to ensure more effective IYCF-E support in emergency contexts by **strengthening learning; guidance and policies; planning and capacity** in IYCF-E.

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Our Future

Infant and Young Child Feeding in Emergencies

Operational Guidance for Emergency Relief Staff and Programme Managers

Developed by the IFE Core Group

Version 3.0 – October 2017

Operational Guidance: BREASTFEEDING COUNSELLING IN EMERGENCIES

JULY 2021

Based on the UNICEF action framework for improving the diets of young children during the complementary feeding period

February 2022

USAID IFE CORE GROUP Irish Aid

SUPPORTING INFANTS DEPENDENT ON ARTIFICIAL FEEDING DURING EMERGENCIES

Guidance for **frontline workers** (including health, nutrition and child protection staff)

Infants and young children who are fed with Breastmilk Substitutes (BMS) such as infant formula are at high risk of malnutrition, illness and death during emergencies. Act immediately to protect them and to support mothers and other caregivers to minimize risk and meet their infant's nutritional needs.

In emergencies, the use of BMS requires a coordinated, coordinated and sustained package of care and critical support to protect and support ALL children (both breastfed and non-breastfed). Refer to the infographic on 'How to coordinate complementary feeding interventions during emergencies' for guidance on how to establish this support.

- 1. Carefully check eligibility for BMS support through 1-3 assessment**
 - Artificial feeding needs should be assessed through individual assessment by a specialist health or nutrition worker trained in complementary and artificial feeding.
 - Infant eligibility:**
 - Under 2 years of age
 - Not breastfed or not exclusively breastfed
 - Not receiving BMS
 - Not receiving any other form of artificial feeding
 - Not receiving any other form of complementary feeding
 - Not receiving any other form of supplementary feeding
 - Not receiving any other form of supplementary feeding
 - Not receiving any other form of supplementary feeding
 - Using BMS eligibility:**
 - Not receiving BMS
 - Not receiving any other form of artificial feeding
 - Not receiving any other form of complementary feeding
 - Not receiving any other form of supplementary feeding
 - Not receiving any other form of supplementary feeding
 - Not receiving any other form of supplementary feeding
 - Not receiving any other form of supplementary feeding
 - Not receiving any other form of supplementary feeding
- 2. Determine if BMS can be used hygienically at home**

What is needed	Powered or Ready-to-use (RTU)	Ready-to-use (RTU)
Facilities used for measurement	Yes	Yes
Measuring facilities	Yes	Yes
Clean and dry storage	Yes	Yes
Heat source	Yes	Yes
Measuring facilities (if not available, use a clean container)	Yes	Yes
Measuring facilities (if not available, use a clean container)	Yes	Yes

 - Can a BMS be prepared to ensure hygienic preparation at home?
 - Provide the link: [Provide on-site feeding with 24/7 access](#)
- 3. Immediately provide BMS and essential supplies (BMS kit)**
 - All complementary BMS that is labeled in the correct language and is compliant with the WHO International Code.
 - Refer to the infographic on 'Planning and Managing Artificial Feeding Interventions during Emergencies' for guidance on how to coordinate complementary feeding interventions during emergencies.
 - Storage, preparation and cleaning instructions
 - Feeding instructions
 - Safe water
 - Hygiene practices
- 4. Support steps to ensure that children can be fed with BMS for at least 6 months of age**
 - BMS should be provided for as long as the child needs it.
 - Ensure that the BMS is safe and that the child is receiving the BMS in a safe and hygienic environment.
 - Ensure that the BMS is safe and that the child is receiving the BMS in a safe and hygienic environment.
 - Ensure that the BMS is safe and that the child is receiving the BMS in a safe and hygienic environment.

IFE CORE GROUP

THE REPOSITORY

access here

Overview of what peer-reviewed journal articles currently state on IYCF in an emergency context

- Established in 1995. Created to respond to concerns and gaps related to **infant and young child feeding during emergencies**.
- A **global collaboration** of agencies and individuals committed to the **protection, promotion, and support** of appropriate infant and young child feeding in emergencies (IYCF-E).
- Together, dedicated to ensure more effective IYCF-E support in emergency contexts by **strengthening learning; guidance and policies; planning and capacity** in IYCF-E.

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GTWG role

- The IFE Core Group has a broader mandate, but one of our roles is to support the GNC as the Global Thematic Working Group in the thematic area of nutrition for infants and young children
- Key: Rapid response to technical needs as identified and shared through GNC Helpdesk and the Technical Support Team through the escalation protocol
- Examples 2022:

Sense-checking: question from Poland/Ukraine - guidance re: "follow-on formula" and OG- IFE

Operational Guidance misalignment re: Cash/BMS

On 23 July, 2019, Clara, 8 months, is breastfed by her mother, Rosina, at their home in a rural area of the department of San José, Uruguay. Rosina breastfeeds Clara 'on demand' (when she is hungry). Even though Clara is already eating other foods, Rosina believes that breastfeeding is a special way of bonding. Credit: @UNICEF/UN0343154/Pazos



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GAP IDENTIFICATION 2022

- Support to **"wet nursing" guidance** work underway, led by UNICEF
- Ukraine: IYCF-E guidance in first days after **nuclear plant accident** with radiation leak - broader **chem/bio gap** also identified (CBRN)
- A **lessons learned** brief is underway through the GNC Technical Alliance around supporting implementation of IYCF-E programming in the Ukraine response

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GAP IDENTIFICATION/PRODUCT/OUTPUTS 2022

- **Ukraine: IYCF-E guidance** in first days after nuclear plant accident with radiation leak
- IYCF-E **Research** Repository
- Complementary Feeding in Emergencies **case studies** in Nigeria and Sudan
& **FEX Special Series on CFE**
- **Sharing and Learning / Webinars**
 - World Breastfeeding Week launch, IYCF-E 10 years of Progress
 - Complementary Feeding in Emergencies case studies
 - Breastfeeding Counselling in Emergencies – how do we do it?

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TRANSLATIONS

Translations happen directly with funding support from our partners, and we also support and facilitate third-party translations.

- **OG-IFE** – now in Arabic, Bahasa Indonesian, Bangla, Croatian, English, French, Hindi, Italian, Japanese, Portuguese, Spanish, Swahili. Ukrainian underway.
- **Many materials rapidly translated** into various European languages at outset of Ukraine war
- Supported rapid translation of **Supporting Infants Dependent on Artificial Feeding** Infographic to Armenian

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WORKSTREAMS 2023

- OG-IFE template and "how to" to support country uptake
- Complementary Feeding in Emergencies – actions towards guidance
- IYCF-E: 10 Years of Progress – what's next?
- Learn more at our "sneak peek" side-event next week

IYCF-E) – What's Happening in 2023
31 Jan
Session 2-B

8:00-8:55 AM EST 2:00-2:55 PM CET

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ZOOM POLL

Are you a member of any of the following groups?

(can select more than one)

- Wasting
- CVA & Nutrition
- IFE CG
- NIS
- MAMI
- Simplified Approaches
- WG

Are you a member of a country level WG on any of these topics?

(can select more than one)

- Wasting
- CVA & Nutrition
- IFE CG
- NIS
- MAMI
- Simplified Approaches
- WG

NiS GTWG – Day 2

Progress on work done in 2022
& 2023 priorities

ACF-CA and UNICEF

BACKGROUND



- NiS GTWG activated in 2019
- Co-chaired by ACF-Ca and UNICEF
- About 20 regular members
- Two active taskforces: 1 providing contextualised and coordinated technical NIS support to Yemen country team & 1 other looking at predictive analytics.



NiS GTWG
Date: 23.01.25



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OBJECTIVE



Produce and oversee the development of technical guidance, methods and tools on NiS related issues based on identified gaps and needs.



Ensure networking between Global NIS experts for information sharing and strategic reflexions.

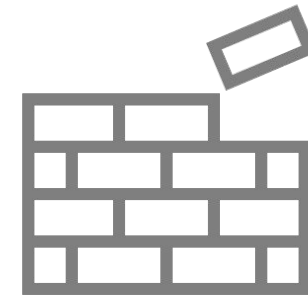


Provide coordinated technical support to Country Teams to address NiS challenges and/or support new NiS initiatives.



2022 Work Plan

Progress & Achievements



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10 planned activities

Major still ongoing:

- Develop IYCF-E assessment methodology
- Draw different approaches to calculate wasting PIN
- Create open-source nutrition and related data platform, available at all levels
- Map-out existing data collection methods used in situations where there is no physical access and develop guidance and tools
- Support predictive analytics system to “nowcast” and “forecast” nutrition situation



Main achievements

1/. In-countries support

- Yemen : Support in implementing 44 surveys, an IPC AMN analysis and in launching the RMF.
- Afghanistan: Support in implementing the 1st national SMART survey covering 34 provinces, and conducting the 1st IPC AMN analysis
- CAR: Support in successfully completing a national SMART survey thanks to the SMART Initiative.



Main achievements

2/. SMART + Initiative

- Development of the new data infrastructure for assessments was completed and successfully piloted in South-Sudan and Kenya.

3/. Diagnosis Paper on NiS in Fragile and Conflict Situation

- Release of the NiS in FCS Diagnosis paper which suggest how NIS-FCS can be strengthened to better inform programming which seeks to address the nutrition-related needs of populations in FCS.



2023 Work Plan

Priority Actions





Priority actions

1. Develop a NiS Strategic Roadmap based on the NiS-FCS Diagnosis Paper and informed by the NuVAC Joint Initiative (UNICEF/WFP)
2. Support the new IPC-AMN roadmap
3. Develop the landscape analysis for predictive analytics
4. Launch the SMART+ initiative



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S02: Operational & Technical Support:
Thematic and technical WG updates - progress on work done to date and future priorities

MAMI Global Thematic Working Group (GTWG)

25th Jan 2023

MANAGEMENT OF SMALL AND NUTRITIONALLY AT-RISK INFANTS UNDER SIX MONTHS OF AGE AND THEIR MOTHERS (MAMI)

- ‘At-risk’ infants include those who are LBW, wasted, stunted or underweight, those with growth concerns, and those who are sick.
- In late 2022, the MAMI GTWG was established to answer escalated programmatic questions related to gaps in guidance or challenges in application of what exists, regarding the management of small and nutritionally at-risk infants under six months and their mothers.

S02: Operational & Technical Support - Thematic and technical WG updates - progress on work done to date and future priorities

MAMI GTWG

Date: 25.01.23



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The MAMI GTWG is convened under the **MAMI Global Network**, coordinated by ENN.

Alliance-funded activity in 2023 – translation of key MAMI documents:

- MAMI Global Network Strategy (2021 – 2025) (French)
- MAMI Communications Guide and associated social media cards (French)
- MAMI membership ‘recruitment’ video (French)
- MAMI Care Pathway Package (Spanish)

The **MAMI Global Network** is an established active community of local, national and international implementers, researchers and policy-makers working together to improve policy, evidence and practice for small and nutritionally at-risk infants under six months and their mothers



MAMI GTWG working group members:

Co-chairs: MAMI Global Network Coordinator (Kelsey Grey), Amanda Murungi (independent, Uganda)

Members: Kirrily de Polnay (WHO), Priscilla Blesson (independent), Grainne Maloney (UNICEF), Hatty Barthorp (GOAL Global), Hedwig Deconinck (MOMENTUM), Saba Shahid (independent - Pakistan), Karine Le Roch (ACF), Alice Burrell (MAMI TST), Sajia Mehjabeen (Concern), Marie McGrath (ENN), West Africa representative (to be identified).

Additional experts will be identified as required on a case by case basis.

S02: Operational & Technical Support - Thematic and technical WG updates - progress on work done to date and future priorities

MAMI GTWG

Date: 25.01.23



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Global Simplified Approaches Working Group Update– Day 2

Grace Funnell, UNICEF - Co-chair
Bethany Marron, IRC – Co-chair

SIMPLIFIED APPROACHES WORKING GROUP ACTIVITIES

Overall Objective

To support partners and organizations in the implementation of the simplified approaches by providing a platform in which to share and discuss operational successes, challenges and experiences, and identify and collaborate on the development of tools, guidance learning and evidence generation.

Specific Objectives

- To share experience within the group and inform development of tools and guidance
- To build/generate evidence on simplified approaches
- To support operational aspects of implementation of the simplified approaches
- To facilitate learning and coordination globally in a systematic manner to inform policy and support advocacy efforts

DECISION MAKING GUIDANCE FOR THE USE OF SIMPLIFIED APPROACHES IN EXCEPTIONAL CIRCUMSTANCES

This tool has been designed to support implementers on deciding whether it is necessary to make adaptations to services to ensure continued availability and access.

USING SIMPLIFIED APPROACHES IN EXCEPTIONAL CIRCUMSTANCES

WHAT ARE THE SIMPLIFIED APPROACHES?

The term "simplified approaches" refers to several modifications and simplifications to the existing national and global protocols for the treatment of child wasting. These modifications are designed to improve effectiveness, quality, coverage and reduce the costs of caring for children with uncomplicated wasting. The simplified approaches have also been used to maintain service availability and continuity in exceptional circumstances until standard programming can resume.

The simplified approaches are:

- 1) Family MUAC: Engaging family members to screen and refer their children
 - 2) CHW-led treatment of wasting: Management of wasting by Community Health Workers (CHWs)
 - 3) Reduced Frequency of Follow-up Visits
 - 4) MUAC and oedema only: Admission, treatment, discharge based on Mid-upper arm circumference (MUAC) and/or oedema
 - 5) Expanded admissions criteria: Systematic expansions of MUAC to include more children (e.g., 120mm or 125mm)
 - 6) Use of a single treatment product: Use of ready-to-use food (RUF) for the treatment of all wasted children in need of treatment
 - 7) Optimized Dosage: Treatment dosage of RUTF product modified over course of recovery
- The final four simplifications are often used conjointly in what is known as the combined nutrition protocol.¹

SIMPLIFIED APPROACHES

Implementing Simplified Approaches

DECISION MAKING GUIDANCE



TRAINING TOOLKIT

Aimed at health facility-based and community-based health workers who will be managing childhood wasting.

Available on Kaya as a downloadable training manual with four chapters on Simplified Approaches:

- Family MUAC
- Community Health Worker-Led Treatment
- Reduced Frequency of Follow-Up Visits
- Simplified Treatment Protocol



2023 PRIORITIES

- Training toolkit webinar series (*Family MUAC in February*)
- Training toolkit updates re: WHO Guidance
- Research Outcome mapping (ongoing) and identification of gaps
- Documentation to strengthen current evidence landscape on simplified approaches (e.g., case studies, evidence products, implementation resources)
- Development of a global database on simplified approaches
- Support development or adaptation of existing implementation tools for countries engaged in rapid scale-up (e.g., BHA high burden countries)



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www.simplifiedapproaches.org

nutritioncluster.net

Wasting and nutritional oedema: Update on WHO Guideline development

Department of Nutrition and Food Safety, WHO
January 2023

2013 WHO GUIDELINE UPDATES ON SAM

- Admission/ discharge criteria
- Where to manage children with SAM and oedema
- Use of antibiotics
- Vitamin A supplementation
- Therapeutic feeding approaches
- Fluid management with and without shock
- Management of HIV in SAM children
- Identifying and managing infants less than 6 months of age



FOCUS OF THE CURRENT WASTING GUIDELINES

- Infants below 6 months (at risk of poor growth and development)
- Moderate wasting in infants and children 6-59 months
- Severe wasting and/or nutritional oedema in infants and children 6-59 months (updates and new recommendations)
- Prevention of wasting and/or nutritional oedema

PROGRESS AND NEXT STEPS

16 Guideline questions (27 including sub-questions!)

23 Systematic reviews were commissioned (*effectiveness SRs and qualitative evidence syntheses*)

11 Guideline sub/questions covered so far (*19 virtual GDG meetings and a 4-day F2F meeting*)

Recommendations made based on GRADE Framework

OVERVIEW OF THE GUIDELINE QUESTIONS

Infants less 6 months of age (at risk of poor growth and development)

- Interventions to manage problems and improve breastfeeding
- Criteria when and infant should receive therapeutic/supplementary feeding interventions, what is the most effective intervention (milk) and for how long
- Routine antibiotics
- Admission and discharge criteria
- Maternal nutritional supplementation and mental health interventions

OVERVIEW OF THE GUIDELINE QUESTIONS

Moderate wasting (above 6 months of age)

- Which children require specially formulated foods and what is optimal type, dose and duration
- Admission and discharge criteria
 - Criteria which identify children at high risk of mortality or deterioration
- Post-hospital discharge interventions

OVERVIEW OF THE GUIDELINE QUESTIONS

Severe wasting (above 6 months of age)

- Admission, discharge criteria
 - Criteria which identify children at high risk of mortality or deterioration
- Optimal quantity and duration of RUTF
- Feeding intolerance (use of hydrolyzed milks)
- Identification of dehydration
- ReSoMal vs ORS

OVERVIEW OF THE GUIDELINE QUESTIONS

Prevention of wasting

- Population/community characteristics that modify or mitigate risk of mortality for individual children
- Population/community interventions that prevent wasting
- Population-based (blanket) interventions vs targeted ones for prevention of wasting

Family MUAC	Not covered by a PICO, need to think of impact of referral on health system
CHW-led treatment	13. In infants and children with wasting without co-morbidities , what is the effectiveness of the identification and treatment of wasting by community health workers (in community settings)?
Reduced frequency of follow-up visits	Not covered by a PICO, outstanding questions on effectiveness and patient safety
MUAC/Oedema only admission, discharge	2. A) In infants and children >6 months, what are the criteria that best inform the decision to initiate treatment in an outpatient/community setting for wasting and/or oedema? 2. D) In infants and children >6 months receiving outpatient/community treatment for wasting and/or oedema, what are the criteria that best inform the decision for discharge from outpatient/community treatment?
Expanded admissions criteria	7. In infants and children >6 months with moderate wasting across settings and contexts, which children require specially formulated foods;
Use of a single treatment product	7. In infants and children >6 months with moderate wasting across settings and contexts, what is the effectiveness of specially formulated foods (including RUSF, RUTF, CSB++, MDCF) vs non-specially formulated food interventions vs other approaches?
Reduced dosage	8 In infants and children >6 months with moderate wasting, what is the appropriate dietary treatment in terms of optimal type, quantity, and duration? 9. In infants and children >6 months with severe wasting or oedema, what is the optimal quantity and duration of RUTF?

NEXT STEPS

- 11/16 questions, submit for approval by GRC in the first part of 2023
- Publish the recommendations and Good Practice Statements as soon as they get approved by GRC
- The recommendations will be published electronically (via MAGICapp) as well as PDF file
 - Enables quick updating of one recommendation at a time without requiring revising the whole guideline document
 - Rapid dissemination of the recommendations
 - Link with other existing WHO guidance



*How do we translate
recommendations into practice?*

OPERATIONAL GUIDANCE

Covering aspects not covered by recommendations: The ‘how to’ aspect of the guideline recommendations:

- Manual, Training Tools, Clinical decision-making tools, Policy briefs
 - *Different audiences: Policy makers, Program Managers, Health care workers*
- Updating products that include the management of wasting/nutritional oedema :
 - *EmCARE app (WHO child health guidance more readily available)*
 - *Pocket Book on the hospital management of the sick child*
 - *IMCI components related to wasting/nutritional oedema*

UNICEF/WHO TECHNICAL ADVISORY GROUP ON WASTING AND/OR NUTRITIONAL OEDEMA

- Official advisory group to the WHO
- Core group (approx. 15)
- Country representation and NGOs
- Subgroups – ops guidance, research, CHWs, definitions and terminologies

INFORMATION ON THE GAP AND GUIDELINE PROCESS

<https://www.childwasting.org/normative-guidance>



INTRODUCTION

One essential element of the Global Action Plan for wasting is to update and develop normative guidance (wasting guidelines) and tools to support governments on the prevention and treatment of child wasting in all contexts

The World Health Organization (WHO) is the lead agency at a global, regional and national level to update this normative guidance and will then work with other UN agencies and key stakeholders, to support the review and update of national guidelines as well as overseeing all future research and policy efforts on child wasting under the Decade of Action on Nutrition (2016-2025).

The resources below give more information about this process and current progress to date. They will be updated as new information becomes available.



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BREAK

Operational & Technical Support

Progress & Challenges: GNC's experience in RRT deployment at RO-level (ESARO-WCARO)

GNC-OPS/RR Team

Shabib, Faith, Inchi & Magnat & Rasha

BACKGROUND

Horn of Africa countries under ESARO & Multiple countries under WCARO are experiencing a deterioration in the nutrition situation due to drought, conflict, displacement, destroyed infrastructure, and collapsed basic social services.

IPC AMN indicates a critical situation of Nutrition emergency

Rise in the levels of acute malnutrition associate to the UNICEF's Level 2 (L2) & Level 3 (L3) Corporate Emergency Activation Procedure (CEAP).

Despite the established nutrition coordination mechanisms (cluster/ sector), there were increasing support needs specially with understaffing.

Need to help the countries to adapt their coordination mechanism to cope with the Corporate Emergency Activation Procedure (CEAP) Scale-up.

OBJECTIVES OF THE DEPLOYMENT

- ❖ Timely response
- ❖ Continue to strengthen coordination and information management (IM) capacities
- ❖ Provide multi-country nutrition cluster coordination (NCC) and IM support
- ❖ Flexible support approach
- ❖ Address HR Mapping capacities of the NCCs & IMOs
- ❖ Confirm all sub-national/hub nutrition clusters have all the necessary coordination and IM tools
- ❖ Ensure smooth functioning of the Nutrition response & preparedness
- ❖ Establish and strengthen channels of communication

THE TEAM



Faith Nzioka
Cluster Coordination



Jean-Jacques Inchi
Suhene Mumbere
Cluster Coordination



Shabib AlQobati
Information Management



Magnat Kavuna
Information Management

Support type: Hybrid (in-person & virtual)

Two rounds of support: May round and October round

GNC's experience deploying the RRT at RO-level
(ESARO-WCARO)
25.01.23



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WHAT WE
HAVE
LEARNED

WHAT WE
MUST DO



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LESSONS LEARNED



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- Facilitating communication with country level teams
- Synchronization of communication between GNC collective and countries
- More focused NCC & IM support
- Better visibility of HOA and Sahel situation/response
- Information sharing and harmonization of best practices

KEY CHALLENGES



© UNICEF/UN0639628/Ayene

- Lengthy administrative process
- Inflexible TOR / plan
- Country level coordination activities
- Delays in sharing information
- Priority activities
- Mapping of existing community based basic services



LINK

BEST PRACTICES

- Key priorities defined
- The RRT/NCC as focal point
- Streamlined support efforts
- Advocacy
- Capacity strengthening
- Monthly Horn of Africa coordination calls
- Developed a dashboard
- Functions of the NCC and IM checklists

West and Central Africa | Nutrition Cluster Coordination & Information Management Checklist

Performance monitoring checklist

1.1 Nutrition Cluster Checklist | Per country | Summary | 2.1 Information Management Checklist | Per country | Summary | 2.2 Information Management Checklist | Summary | 3. Cluster/Sector Dashboard | Web page | Key Contacts

Updated on: December 9, 2022

This checklist is developed to help Country Nutrition Cluster Coordination Teams (CNC-CTs) at national and sub-national levels as well as Global Nutrition Cluster Coordination Team (GNC-CT) in reviewing the Country Nutrition cluster performance in fulfilling its information management (IM) functions. The tool can also be used for self-assessment as well as for external audit. The tool also helps to ensure the consistency and completeness in carrying out an IM function by cluster countries. The checklist only covers standard IM outputs/functions, therefore depending on the country cluster context the CT might opt to include and use additional IM tools and outputs.

INFORMATION MANAGEMENT CHECKLIST | SUMMARY ALL COUNTRIES

Section	Question	Burkina Faso	DR Congo	Mali	Niger	Nigeria	République Centrafricaine
01. Human resources for IM function	1.01 Is there a dedicated IMO for nutrition cluster/sector?	At 100%	At 100%	At 75%	At 50%	At 50%	At 100%
	1.02 Is the role of the IMO clear?	Yes	Yes	Yes	Yes	Yes	Yes
02. IM HRP	2.01 Does the cluster have access to up-to-date information to establish needs and develop response plan?	Yes	Yes	Yes	Yes	Yes	Yes
	2.02 Is correct population profile being used for caseload calculations?	Yes	Yes	Yes	Yes	Yes	Yes
	2.03 Is technical assistance provided for caseload calculations?	No	Yes	Yes	Yes	Yes	Yes
	2.04 Are all indicators in the HRP SMART?	Yes	Yes	Yes	Yes	Yes	Yes
03. IM M&E	2.05 Was humanitarian indicators registry used for defining indicators?	Don't know	Yes	Yes	Yes	Yes	Yes
	3.01 Does the cluster have access to up-to-date information to establish needs and develop response plan?	Don't know	Yes	Yes	Yes	Yes	Yes
	3.02 What template is being used for the M&E framework?	Don't know	Yes	Yes	Yes	Yes	Yes
	3.03 Was the M&E framework reviewed/developed concurrently with HRP?	Don't know	Yes	Yes	Yes	Yes	Yes
	3.04 Are partners aware of and agreed to use the M&E framework?	Don't know	Yes	Yes	Yes	Yes	Yes
	3.05 Are all indicators in the HRP SMART?	Yes	Yes	Yes	Yes	Yes	Yes
	3.06 Were Cluster partners engaged in the M&E framework development?	Don't know	Yes	Yes	Yes	Yes	Yes
	3.07 Does the M&E framework specify how the indicators will be monitored?	Yes	Yes	Yes	Yes	No	Yes
	3.08 Does the M&E framework include roles and responsibilities in monitoring the indicators?	Don't know	No	Yes	Yes	No	Yes
	3.09 Does the M&E framework specify how often each indicator should be monitored?	Don't know	No	Yes	Yes	No	Yes
	3.10 Does the M&E framework specify baselines and targets for each indicator?	Yes	No	Yes	Yes	Yes	Yes
	3.11 Is the M&E framework used for tracking cluster progress?	Yes	Yes	Yes	Yes	Yes	Yes
3.12 Is cluster progress towards targets shared with the partners regularly?	Yes	Yes	Yes	Yes	Yes	Yes	

LINK



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NEXT STEPS / WAY FORWARD

- Establish dedicated NCC & IM capacities at RO level
- Adopting a more flexible approach
- Systematic engagement between RO & GNC
- Improving communication channels
- Strengthen engagement between TST and RO
- Standardization of actions
- Flexible work plan





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SO3: Enabling Environment

Advocacy and Inter Cluster/Sector Collaboration Work

Achievements, existing gaps & challenges, future priorities

Advocacy

Elena Gonzalez

ICSC

Rachel Lozano

Objectives and Structure of Advocacy

GNC strategy 2022 – 2025:

- Advocacy directly relates to SO3 – Be a driver of change to build an enabling policy and financial environment
- Advocacy indicator: At least 20 examples per year of influencing decision-making

Advocacy structure:



2022 Achievements - Global

Nutrition in emergencies Advocacy WG

Goal

- Guide GNC engagement in advocacy activities at global, regional and country levels

Efforts to date:

- 2022-2025 GNC Advocacy Strategy
- Mapping of global advocacy networks

Nutrition in emergencies Financing WG

Goal

- Support the GNC in creating a supportive financial environment

Efforts to date:

- Mapping of current, prospective, & innovative nutrition resource partners
- Report on nutrition financing in fragile states



**GNC website/Strategic
Priorities/Influencing and Advocacy**

Advocacy priorities:

- Coordination
- Prioritization
- Funding

2022 Achievements



GLOBAL

- GNC Resource Partners Engagement Plan
- Advocacy monitoring and reporting



COUNTRY

- 31 advocacy request from countries supported (Mozambique, Ethiopia, Somalia, Kenya, Yemen, CAR,..)
- Advocacy strategies developed in Myanmar (Rakhine State), Lebanon, Ethiopia



LEARNING

- E-learning modules on advocacy
- Supporting learning webinars
- Advocacy tools developed

The 10-step plan was created to help guide you in developing an advocacy strategy and action plan:

- Step 1: Description of the problem
- Step 2: Overall advocacy goal
- Step 3: Key strategic objectives
- Step 4: Evidence mapping
- Step 5: Stakeholder mapping
- Step 6: Analysis of risks and mitigators
- Step 7: Development of key messages
- Step 8: Opportunities for advocacy
- Step 9: Advocacy activities and annual plan
- Step 10: Reporting and evaluation



Process for writing a general advocacy note

An advocacy note gives us the opportunity to share our knowledge and understanding with stakeholders for support – it might be their attention, their consideration, scaled up support.

Step 1. Strategic thinking

Before you start writing an advocacy note, think about its purpose and the information needed to make your case. If there are many issues to address, you could bring bigger gains if address them in a more focused way. What are your key messages? What evidence do you have? Who are your stakeholders? What are your objectives? What are your key messages? What evidence do you have? Who are your stakeholders? What are your objectives?

A Call to Action Urgent Scale-up of Coordinated Nutrition Action Needed in Mozambique

December 2022

This is a Call to Action for the Government of Mozambique, donors, embassies, international organizations, non-governmental organizations and local organizations to urgently support and scale-up humanitarian nutrition action and financing in Mozambique.



SEARCH UPDATES COUNTRIES DISASTERS ORG

Informing humanitarians worldwide 24/7 — a service provided by

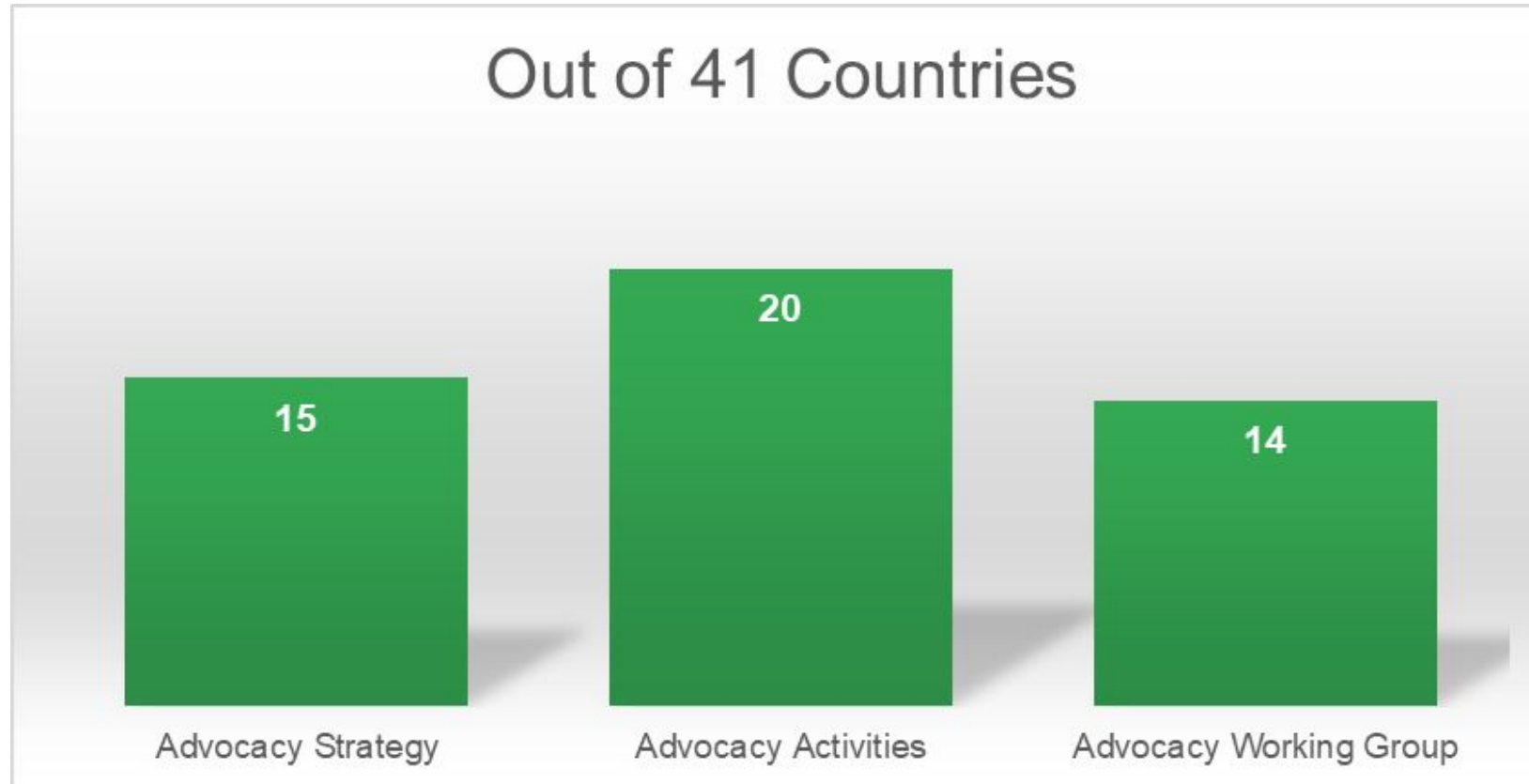
Somalia

Urgent action needed to avert risk of famine in Somalia

News and Press Release • Sources: [Nutrition Cluster](#), [UNICEF](#) • Posted: 24 Apr 2022 • [Original](#)

Widespread and rapid deterioration of the food security and nutrition situation

Snapshot of country advocacy





Key Challenges

- Fragmented messaging
- Insufficient and inconsistent data
- Insufficient coordination between humanitarian/development actors
- Local level chronically under-resourced

2023 Priorities

Global advocacy

- Deepen and expand engagement
- Maintaining advocacy helpdesk support
- Increasing advocacy support to ICSC
- Mapping evidence and gaps to underpin advocacy
- Supporting workstreams to develop GNC positioning

Support to countries

- Continue ongoing support in development of advocacy n notes/adv strategies

A new acronym: ICSC

ICSC = Inter Cluster/Sector Collaboration

To encompass both sector and cluster mechanisms

"Inter-Cluster/Sector Collaboration (ICSC) refers to the joint actions carried out by relevant clusters/sectors to coordinate joint responses with their partners towards a common objective."

To
replace ISC:
Intersectoral
Collaboration

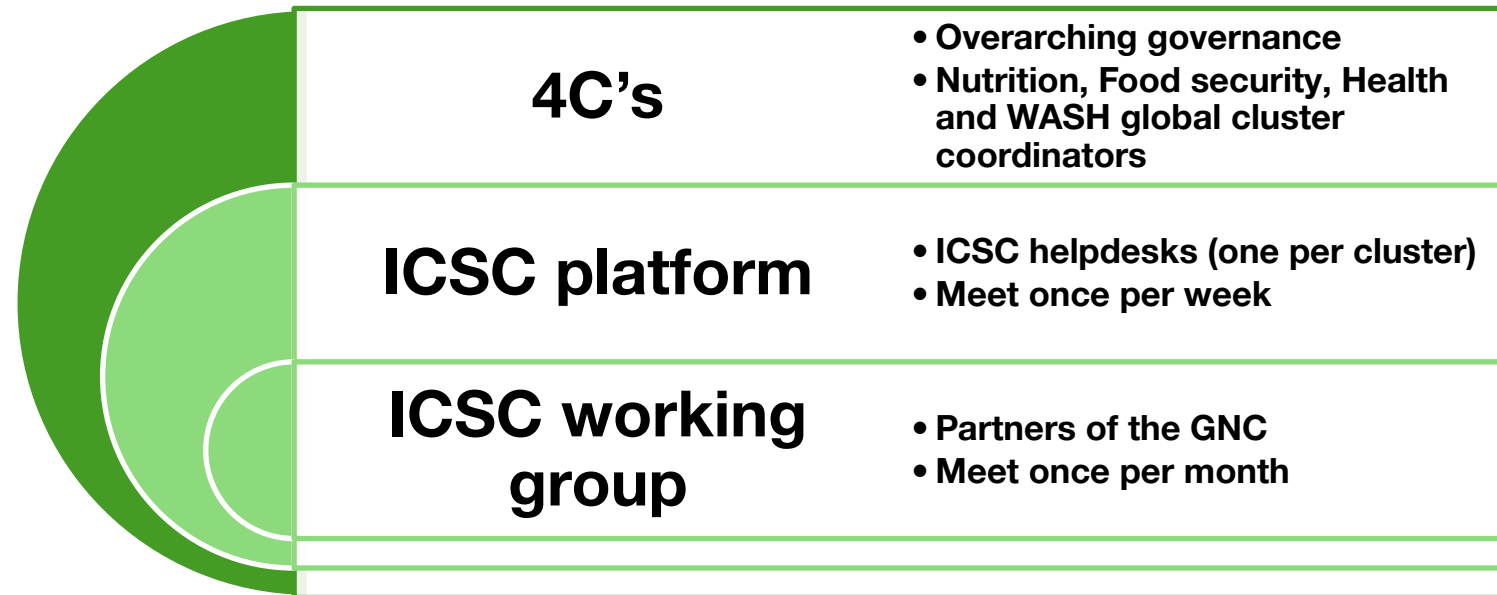
Objectives and Structure of ICSC



Objective 3: Building an Enabling Environment

- 1) At least 70% of GNC priority countries implement inter-sectoral plans.
- 2) There is at least a 25% increase in funding.

Structure



GLOBAL NUTRITION
CLUSTER STRATEGY
2022-2025



1. Document objective and audience

This document is drafted to ensure internal alignment on vision for Inter-Cluster/Sector Collaboration (ICSC) among the global clusters of Food Security, Health, Nutrition and WASH – hereby referred to as the 4Cs.

Key terminologies used along the document are in Annex 1.

2. Defining Inter-Cluster/Sector Collaboration

Inter-Cluster/Sector Collaboration reflects the joint actions carried out by relevant clusters/ sectors to coordinate joint responses with their (humanitarian) partners.

The joint programs are delivered at the same time, same place, for the same people based on prioritization of needs and to achieve a jointly agreed outcome.



Urgent and coordinated action needed to avert wide-scale catastrophe

13 June 2022

For those in conflict, displacement, persistent drought and water scarcity, and others in host areas are struggling to feed and drink a scarce humanitarian crisis across multiple countries around the globe. The global Food Security, Health, Nutrition, and WASH Clusters — humanitarian organizations working together in each of these sectors — are united in calling for all partners to urgently step up, align and implement the most pressing interventions required to address the overwhelming increase of needs to save lives and prevent livelihoods.

Key achievements in 2022



GLOBAL

- A functioning ICSC platform
- A face-to-face meeting with the 4C's; vision document and WP
- ICSC WG active
- ICSC reflected in the GNC website
- Issue of a joint statement for 12 priority countries
- Joint assessment for the 12 priority countries



COUNTRY

- Initiation of joint calls (national and global)– Mozambique and Ethiopia
- 1 partner calls with the Ethiopian national clusters
- Ongoing country support (Mozambique, Ethiopia, Somalia, Yemen, CAR, Benin...)
- Participated to country workshop (Benin)
- Participated to the development of Advocacy strategies – ICSC part – for Myanmar (Rakhine)

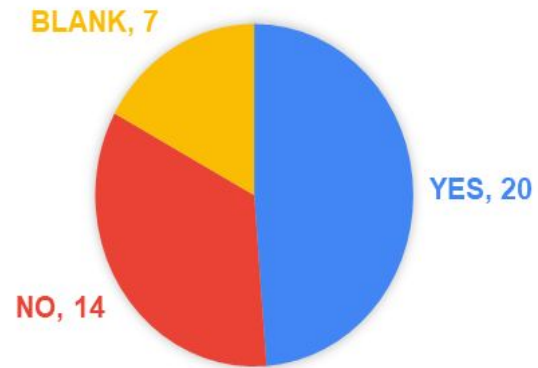


LEARNING

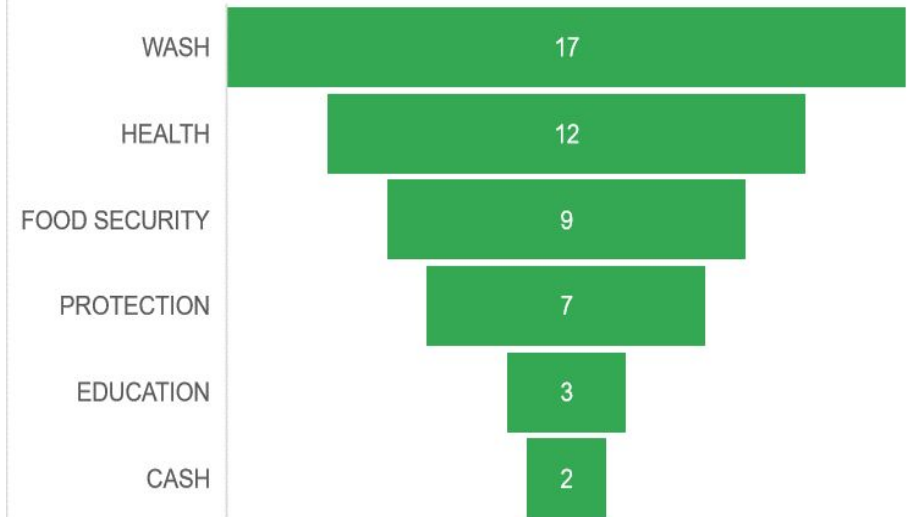
- Finalization of 2 case studies (DRC and Burkina Faso)
- Guidance to write an ICSC Advocacy note

Snapshot of ICSC at country level

COUNTRIES REPORTING DOING ICSC PROJECTS



COLLABORATION OF NUTRITION WITH:



Key challenges in 2022



1) From the global perspective:

- Platform functionality and recent engagement from the 4 global clusters
- Confusion between ICSC and ICCG (Inter cluster coordination group)

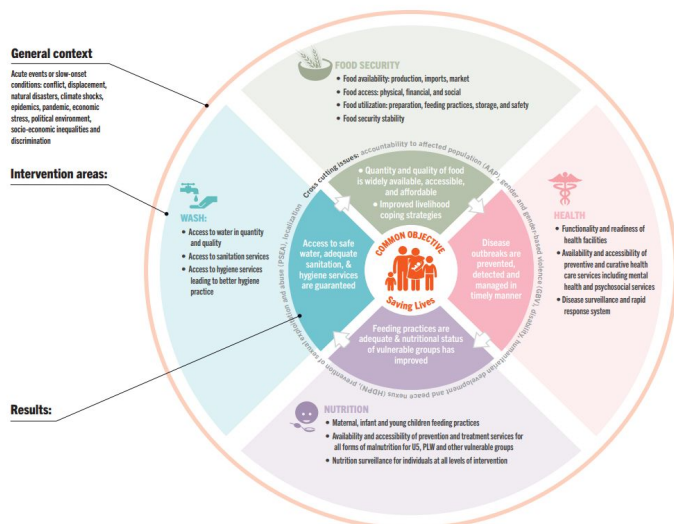
2) From the country perspective:

- Only 50% of the countries use ICSC programming
- No cross-cluster/sector platforms for proper coordination
- Inter-cluster gaps not fully addressed
- Humanitarian versus development and the impact on funding
- Cost

Main priorities for 2023

The more aligned our priorities are, the better prepared we are, and the earlier we act, the more lives we save

Inter-cluster/sector collaboration: our common objective



Continue to strengthen ICSC to support country cluster/sectors to respond to different scenarios, e.g., food insecurity crises, cholera outbreak, conflict... at each step of the humanitarian program cycle.



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SPECIAL CALL TO JOIN OUR WORKING GROUPS!

ADVOCACY: mcusick@unicef.org

ICSC: rlozano@unicef.org



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SO 3: Enabling Environment

Country perspective

Mozambique Nutrition Cluster

Advocacy

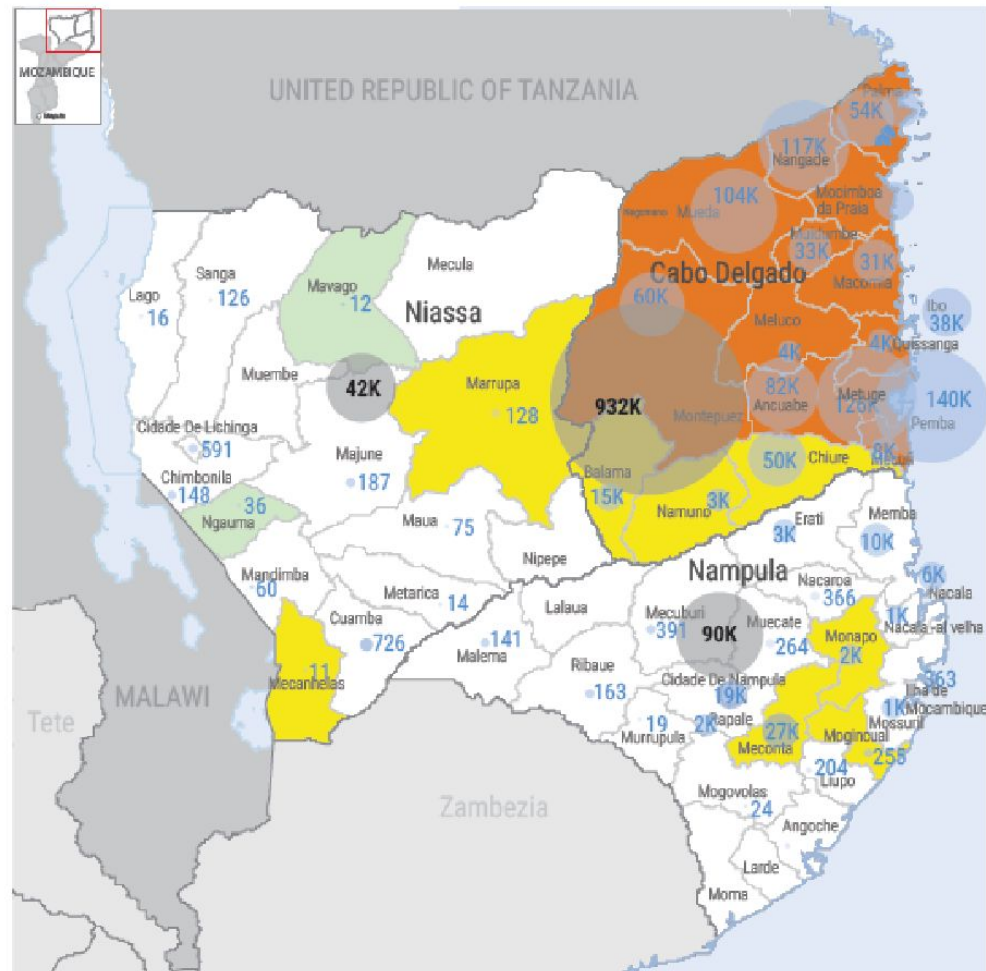
Elena Gonzalez

NCC Mozambique

Fanceni Balde

BACKGROUND

- Vulnerable humanitarian landscape
- More than 1,000,000 people are displaced
- Few Nutrition cluster partners and low humanitarian presence
- Low coverage of lifesaving nutrition interventions
- Unable to sustain and scale up nutrition response



IPC Food Insecurity Phase

1: Minimal	3: Crisis	XX Severely food-insecure people
2: Stressed	4: Emergency	XX Internally displaced people (DTM Round 16)

ADVOCACY OBJECTIVES

- Improve visibility
- Strengthen inter-cluster / sector collaboration (ICSC)
- Elevate nutrition in the humanitarian agenda



A Call to Action

Urgent Scale-up of Coordinated Nutrition Action Needed in Mozambique

December 2022

This is a Call to Action for the Government of Mozambique, donors, embassies, international organizations, non-governmental organizations and local organizations to urgently support and scale-up humanitarian nutrition action and financing in Mozambique.

The Nutrition Cluster is requesting US\$29 million to scale up lifesaving nutrition actions for 400,000 children at risk of and affected with acute malnutrition in conflict and climate shock settings.

This call to action is in line with the national nutrition strategy (ESAN III) and the humanitarian needs identified in the 2023 Nutrition Cluster Humanitarian Response Plan.





ACTIONS

- Joint Needs Assessment (SMART and MSNA)
- Global and national level call to re-initiate ISC
- Intersectoral meetings
- Protection mainstreaming in nutrition
- UNICEF-WFP Joint Strategy for the North
- Call to Action for Nutrition Humanitarian response
- Advocacy meeting with OCHA and HC



LESSONS LEARNED

- Close coordination and collaboration is key
- Unique voice is powerful
- Regular engagement is useful



REMAINING NEEDS

- Continue engagement
- Ensure CLA priorities align with cluster priorities
- Increase reach and impact
- Subnational level collaboration
- Enhance and elevate advocacy



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KANIMAMBO

ASSANTI SANA

KARIBU

QUESTION & ANSWER

If you have a question for the panelists, please type it in the chat box.

RECAP OF DAY 2

EVALUATION SURVEY

Please fill out the evaluation survey. The link to the survey is in the chat box.



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